

insurance. We have seen people be able to gain enormous savings on the amount of money they spend on health care.

We have seen the amount of money the Federal Government spends on health care dramatically reduced—a \$1.2 trillion savings over the baseline when the ACA was passed, the amount of money the Federal Government is projecting to save over a 10-year period of time.

We have seen quality get better. Indicators—from hospital readmissions to infection rates—are all going in positive trendlines because, of course, the Affordable Care Act isn't just about getting people access to affordable care, it is also about transforming our payment system away from one that just bases our reimbursement system on the amount of medicine practiced to one that is actually rewarding the quality and outcomes that are gleaned as a part of our health care system.

It is a triple whammy. More people have access to affordable care; we are spending less money than we had planned to spend, by dramatic numbers, from the Federal perspective; and we are getting better quality outcomes.

Lots of us have ideas about how we can improve the Affordable Care Act, and we hope that with the legislative fights behind us and with the judicial fights largely behind us, we can now focus on ways to perfect this law. But there is no question that it is returning enormous benefits to people across this country.

Here is just another quick way to look at it. As shown here, this is the percentage of uninsured by county across the country. Here is 2013. You can see that in almost every county, we have north of 16 percent uninsured. But look how quickly these numbers change. Look how quickly almost every county, at least in the sort of vast swath of territory from the Northwest across to the Northeast, moves down to 2015, where we have majority sections of the country with close to 10 percent uninsured—a 30-percent national reduction in the number of people without insurance. We still have these big gaps where people are in the coverage gap, people who are making so little money that they don't qualify for Medicaid but also can't get into the subsidies, but this is enormous progress all across the country. We can make more progress, and a lot of that comes through consumers being educated during this open enrollment period as to the choices in front of them.

Here are some stunning numbers. Eighty-six percent of current enrollees—people who are on Affordable Care Act plans today—can find a lower premium plan at the same level before tax credits by returning to the marketplace to shop for coverage. If every consumer in the country went back and shopped for the lowest cost premium plan at the same level, the total savings across the country would be

\$4.5 billion. The average consumer—let's say you bought a silver plan last year and you decided to shop for a better deal this year—can save about \$52 a month. That results in a savings of about \$625 a year. So shopping can save you money.

You might be satisfied with your plan—and the satisfaction numbers are pretty remarkable. Seventy-five percent of people who are on the exchange today report being wholly satisfied with their plan, which is, frankly, a higher satisfaction level than for those who are on private insurance outside of the exchanges. But even if you are satisfied, go back and look at the plans that are available to you. You can find a plan that will get you the same coverage for lower costs. Let's make sure people are getting that return on their investment.

The good news is that there is more choice out there than ever before. Every year since the inception of the Affordable Care Act, plans have been added to these State-based and Federal exchanges. The average number of issuers on an exchange was 8 in 2013 and then 9 in 2014 and then 10 in 2015. So choice for the average consumer is increasing. Now, there are certain areas in which choices maybe stayed the same or maybe in some areas choices have been reduced, but on average across the country, you have more choices today than you did before, so there is no excuse not to go back out and try to find a plan that saves you some money.

In Connecticut, we are probably the poster child for effective implementation of the Affordable Care Act. We are a small State. We have a congressional delegation of only five in the House of Representatives. Yet we have had 700,000 Connecticut residents who have obtained health insurance through the Affordable Care Act, either on the exchange or on Medicaid. We have gone from an 8-percent uninsured rate—so we were already on the low end—down to a 3.8-percent uninsured rate. That is a remarkable number over the course of just a few years. We only have so much progress we can make when we have under 4 percent uninsured, but we have a goal of putting 10 to 20,000 people on the Affordable Care Act over the course of this open enrollment period.

Nationally, because we have made so much progress, the goals are going to be modest compared to years past as well, but the point of coming down to the floor today is to say that at this point in the implementation, when we have made such great progress, we want to continue to try to kick down the uninsured rate. But the real benefit in open enrollment is going to come not simply by reducing the number of people without insurance but by making sure that everybody is on the plan that best represents their financial and medical needs. Again, that number—across the country, \$4.5 billion could be saved between now and the end of January—is pretty remarkable.

This Senator has been on the floor a number of times, along with my colleagues, to talk about the simple premise that despite all of those who have been rooting for the Affordable Care Act to fail, it has worked. It has worked from an empirical basis and an anecdotal basis. The statistics don't lie. There are dramatic reductions in the number of people without insurance, dramatic reductions in the pace of health care inflation, and dramatic improvement in the quality of medicine being practiced across the country.

We all have stories of individuals from our State whose lives have been transformed by this act. There are parents who no longer have to worry about their children being locked into a future dictated by their illness, cancer patients who now know they are going to be able to have access to an affordable product and will never be denied access to health care just because of their illness, and taxpayers who see a trajectory of health care spending that is not going to bankrupt this country as fast as it would have had we not put changes inside this act.

So open enrollment is open until January 31, 2016. I encourage all my Republican and Democratic colleagues to get the word out about this. Everyone has constituents who can benefit. Whether or not you support the Affordable Care Act, it is the law of the land and your constituents can benefit from it. We should all be out there talking about the potential for our constituents collectively to save almost \$5 billion if they shop on Affordable Care Act exchanges between now and the end of January.

Thank you.

Mr. President, I yield the floor.

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

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

EXECUTIVE SESSION

EXECUTIVE CALENDAR

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to consider the following nomination, which the clerk will report.

The legislative clerk read the nomination of Scott Allen, of Maryland, to be United States Director of the European Bank for Reconstruction and Development.

The PRESIDING OFFICER. The question is, Will the Senate advise and consent to the Allen nomination?

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

The PRESIDING OFFICER. Is there a sufficient second?

There is 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 Missouri (Mr. BLUNT), the Senator from Louisiana (Mr. CASSIDY), the Senator from Mississippi (Mr. COCHRAN), the Senator from Texas (Mr. CRUZ), the Senator from Arizona (Mr. FLAKE), the Senator from Colorado (Mr. GARDNER), the Senator from Nevada (Mr. HELLER), the Senator from Alaska (Ms. MURKOWSKI), the Senator from Kentucky (Mr. PAUL), the Senator from Florida (Mr. RUBIO), the Senator from Louisiana (Mr. VITTER), and the Senator from Mississippi (Mr. WICKER).

Further, if present and voting, the Senator from Colorado (Mr. GARDNER) would have voted "yea."

Mr. DURBIN. I announce that the Senator from Minnesota (Ms. KLOBUCHAR), the Senator from Missouri (Mrs. McCASKILL), the Senator from Maryland (Ms. MIKULSKI), the Senator from Vermont (Mr. SANDERS), and the Senator from Michigan (Ms. STABENOW) are necessarily absent.

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

The result was announced—yeas 83, nays 0, as follows:

[Rollcall Vote No. 300 Ex.]

YEAS—83

Alexander	Feinstein	Murray
Ayotte	Fischer	Nelson
Baldwin	Franken	Perdue
Barrasso	Gillibrand	Peters
Bennet	Graham	Portman
Blumenthal	Grassley	Reed
Booker	Hatch	Reid
Boozman	Heinrich	Risch
Boxer	Heitkamp	Roberts
Brown	Hirono	Rounds
Burr	Hoeven	Sasse
Cantwell	Inhofe	Schatz
Capito	Isakson	Schumer
Cardin	Johnson	Scott
Carper	Kaine	Sessions
Casey	King	Shaheen
Coats	Kirk	Shelby
Collins	Lankford	Sullivan
Corker	Leahy	Tester
Cornyn	Manchin	Thune
Cotton	Markey	Tillis
Crapo	McCain	Toomey
Daines	McConnell	Udall
Donnelly	Menendez	Warner
Durbin	Merkley	Warren
Enzi	Moran	Whitehouse
Ernst	Murphy	Wyden

NOT VOTING—17

Blunt	Heller	Rubio
Cassidy	Klobuchar	Sanders
Cochran	McCaskill	Stabenow
Cruz	Mikulski	Vitter
Flake	Murkowski	Wicker
Gardner	Paul	

The nomination was confirmed.

The PRESIDING OFFICER. Under the previous order, the motion to reconsider is considered made and laid upon the table and the President will be immediately notified of the Senate's action.

LEGISLATIVE SESSION

The PRESIDING OFFICER. Under the previous order, the Senate will resume legislative session.

MILITARY CONSTRUCTION AND VETERANS AFFAIRS AND RELATED AGENCIES APPROPRIATIONS ACT, 2016—Continued

The PRESIDING OFFICER. The Senator from Illinois.

AMENDMENTS NOS. 2772 AND 2766 TO AMENDMENT NO. 2763

Mr. KIRK. Mr. President, the ranking member and I have a small package of amendments that have been cleared by both sides.

I ask unanimous consent that the following amendments be called up, reported by number, and the Senate vote on the amendments en bloc: Shaheen No. 2772 and Heller No. 2766.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The clerk will report the amendments by number.

The senior assistant legislative clerk read as follows:

The Senator from Montana [Mr. TESTER], for Mrs. SHAHEEN, proposes an amendment numbered 2772 to amendment No. 2763.

The Senator from Illinois [Mr. KIRK], for Mr. HELLER, proposes an amendment numbered 2766 to amendment No. 2763.

The amendments are as follows:

AMENDMENT NO. 2772

Purpose: To require the Comptroller General of the United States to conduct audits relating to the timely access of veterans to hospital care, medical services, and other health care from the Department of Veterans Affairs

At the appropriate place, insert the following:

SEC. _____. The Comptroller General of the United States shall conduct random, periodic audits of medical facilities of the Department of Veterans Affairs and the Veterans Integrated Service Networks to assess whether such facilities and Networks are complying with all standards imposed by law or by the Secretary of Veterans Affairs with respect to the timely access of veterans to hospital care, medical services, and other health care from the Department.

AMENDMENT NO. 2766

Purpose: To prohibit the use of funds to transfer amounts from the Filipino Veterans Equity Compensation Fund to any other account in the Treasury of the United States

At the end of title II, add the following:

SEC. 247. None of the amounts appropriated or otherwise made available by this title may be used to transfer any amount from the Filipino Veterans Equity Compensation Fund to any other account in the Treasury of the United States.

The PRESIDING OFFICER. If there is no further debate, the question occurs on agreeing to the amendments en bloc.

The amendments (Nos. 2772 and 2766) were agreed to en bloc.

MORNING BUSINESS

Mr. KIRK. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

The Senator from Connecticut.

MILCON-VA APPROPRIATIONS BILL

Mr. BLUMENTHAL. Mr. President, I thank Senators KIRK and TESTER for their bipartisan leadership on a measure that is vastly improved since the vote we had on a similar measure recently. I know this topic is very close to the heart of the Presiding Officer, and I thank him for his leadership as chairman of the Committee on Veterans' Affairs. It is truly a tremendous challenge that we are working step by step to address.

About a month ago, I came to the floor to help raise serious concerns about the funding levels in the MILCON-VA appropriations bill that we are now addressing because it contained serious, egregious shortfalls. As a result, I could not support it. Veterans in Connecticut as recently as this weekend asked me how and why I could vote against a measure that provided funding for the VA. My answer is: It wasn't enough. It wasn't good enough. It failed to do the job.

This measure, fortunately, is a profoundly important step toward addressing the needs of our veterans and keeping faith with them, making sure that we leave no veteran behind. This new version provides what many of us have been fighting to achieve—real help for our veterans.

We are about to consider an amendment that would restore much needed funding to the Department of Veterans Affairs. The Kirk-Tester amendment provides a much needed increase in funding for the Department of Veterans Affairs, bringing full funding to that agency—\$71.2 billion. That amount is \$2 billion more—to be precise, \$1.97 billion—over the previous reported bill, which will supplement the VA's medical services. This additional funding is not window dressing. It is not a convenience or a luxury. It will allow the VA to more appropriately account for treating hepatitis C, supporting the family caregiver program, and providing care in the community. Demand for care from the VA has continued to grow in recent months, and I will continue with my colleagues and with the Department to ensure that the VA is spending the funds in an appropriate manner, with integrity and responsiveness, to provide high quality, timely health care to our veterans.

This bill also fully funds the operation of the VA Benefits Administration. The VBA has been plagued by problems, some of them attributable to underfunding, and this amount at \$2.69 billion will facilitate the transformation from a paper-based claims process to a digital one. It will allow the VA to hire hundreds of new claims processors, speeding and streamlining the system so that veterans receive the benefits they have earned and are spared the rigamarole and redtape that has so often produced a backlog.

Recognizing increased demands, the bill also provides an increase of \$20