

Prevention, to establish and implement a birth defects prevention, risk reduction, and public awareness program.

S. 1167

At the request of Mr. JOHNSON of South Dakota, the name of the Senator from Hawaii (Mr. INOUE) was added as a cosponsor of S. 1167, a bill to amend the Public Health Service Act to improve the diagnosis and treatment of hereditary hemorrhagic telangiectasia, and for other purposes.

S. 1280

At the request of Mr. ISAKSON, the names of the Senator from Ohio (Mr. BROWN), the Senator from Pennsylvania (Mr. CASEY), the Senator from New York (Mrs. GILLIBRAND), the Senator from Missouri (Mrs. MCCASKILL) and the Senator from Oregon (Mr. MERKLEY) were added as cosponsors of S. 1280, a bill to amend the Peace Corps Act to require sexual assault risk-reduction and response training, and the development of sexual assault protocol and guidelines, the establishment of victims advocates, the establishment of a Sexual Assault Advisory Council, and for other purposes.

S. 1350

At the request of Mr. COONS, the name of the Senator from Minnesota (Mr. FRANKEN) was added as a cosponsor of S. 1350, a bill to expand the research, prevention, and awareness activities of the Centers for Disease Control and Prevention and the National Institutes of Health with respect to pulmonary fibrosis, and for other purposes.

S. 1359

At the request of Mr. TESTER, the name of the Senator from Hawaii (Mr. INOUE) was added as a cosponsor of S. 1359, a bill to make the National Parks and Federal Recreation Lands Pass available at a discount to members of the Armed Forces and veterans.

S. 1385

At the request of Mr. VITTER, the name of the Senator from Alaska (Mr. BEGICH) was added as a cosponsor of S. 1385, a bill to terminate the \$1 presidential coin program.

S. 1395

At the request of Mr. BARRASSO, the name of the Senator from Georgia (Mr. CHAMBLISS) was added as a cosponsor of S. 1395, a bill to ensure that all Americans have access to waivers from the Patient Protection and Affordable Care Act.

S. RES. 175

At the request of Mrs. SHAHEEN, the name of the Senator from Delaware (Mr. COONS) was added as a cosponsor of S. Res. 175, a resolution expressing the sense of the Senate with respect to ongoing violations of the territorial integrity and sovereignty of Georgia and the importance of a peaceful and just resolution to the conflict within Georgia's internationally recognized borders.

S. RES. 185

At the request of Mr. ROCKEFELLER, his name was added as a cosponsor of

S. Res. 185, a resolution reaffirming the commitment of the United States to a negotiated settlement of the Israeli-Palestinian conflict through direct Israeli-Palestinian negotiations, reaffirming opposition to the inclusion of Hamas in a unity government unless it is willing to accept peace with Israel and renounce violence, and declaring that Palestinian efforts to gain recognition of a state outside direct negotiations demonstrates absence of a good faith commitment to peace negotiations, and will have implications for continued United States aid.

S. RES. 216

At the request of Mrs. BOXER, the names of the Senator from Maryland (Mr. CARDIN), the Senator from Louisiana (Ms. LANDRIEU) and the Senator from Delaware (Mr. COONS) were added as cosponsors of S. Res. 216, a resolution encouraging women's political participation in Saudi Arabia.

#### STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. KERRY (for himself and Mr. FRANKEN):

S. 1416. A bill to amend title XVIII of the Social Security Act to increase the minimum loss ratio required of Medigap policies; to the Committee on Finance.

Mr. KERRY. Mr. President, the Affordable Care Act helped to ensure that insurance companies spend a substantial portion of premium dollars on medical care and health care quality improvement, rather than on administrative costs and profits. However, due to remaining discrepancies not all Medicare beneficiaries are afforded the same protection under the law.

Medical loss ratios make the insurance marketplace more transparent and make it easier for consumers to purchase plans that provide better value for their money. Beginning this year, the medical loss ratio provision in the Affordable Care Act requires insurance policies sold in the individual and small group markets to spend 80 percent of premium dollars on medical care. Policies sold in the large group market are required to spend 85 percent of premium dollars on medical care. Insurance companies that fail to meet this standard are required to provide a rebate to their customers beginning in 2012.

The Affordable Care Act also required Medicare Advantage plans to spend 85 percent of premium dollars on medical care starting in 2014 or they would be required to refund the difference to the Federal Government.

Compared to most other insurance products, Medigap policies now have lower statutory minimums for the percentage of premium dollars that must be spent on medical care. Under current law, Medigap policies must meet a minimum medical loss ratio of 65 percent in the individual market and 75 percent in the group market.

In 1990, Congress first passed legislation standardizing Medigap policies

and instituting minimum MLR standards in reaction to evidence of widespread sale of duplicative policies with high overhead. Today, more than 9 million Medicare beneficiaries purchase private supplemental Medigap policies to help cover cost sharing and deductibles in traditional Medicare.

The Medigap Medical Loss Ratio Improvement Act updates the MLR standards for Medigap insurers, increasing the percentages to levels put forth in health reform for other products. Specifically, it will raise the MLR from 65 percent to 80 percent in the individual market and from 75 percent to 85 percent in the group marketplace. To give insurers time to prepare for this change, it would not become effective until 2014.

This legislation is endorsed by organizations representing millions of senior citizens and consumers of all ages, including: AARP, AFSCME, Alliance of Retired Americans, Center for Medicare Advocacy, Community Catalyst, Families USA, Health Care for America Now, Medicare Rights Center, National Council on Aging, and the National Senior Citizens Law Center.

In endorsing the bill, AARP highlights that, "AARP supports this change because it will provide greater transparency and accountability for expenditures made by health insurance issuers, and encourage them to become more efficient in their operations to help ensure that consumers receive fair value for their premium dollars."

The reforms in this bill would ensure that Medigap enrollees receive the same value for their premium dollars that is afforded to every other American family. I look forward to working with my colleagues in the Senate to pass this legislation.

#### SUBMITTED RESOLUTIONS

SENATE RESOLUTION 238—DESIGNATING THE THIRD WEEK IN JANUARY 2012 AS "TEEN CANCER AWARENESS WEEK"

Mr. MENENDEZ submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 238

Whereas cancer among adolescents is rare, but is still the leading cause of death from disease in teenagers between 15 and 19 years of age;

Whereas teen cancer patients receive treatment at a number of different medical establishments, including pediatric hospitals, pediatric oncology centers, and adult cancer facilities;

Whereas teen cancer patients may feel out of place in any of these settings if their clinical and psychosocial needs are not met;

Whereas 40 percent of cancer patients aged 14 and younger are enrolled in clinical trials, compared with only 9 percent of cancer patients between the ages of 15 and 24;

Whereas teens with cancer have unique concerns about their education, social lives, body image, and infertility, among other concerns, and their needs may be misunderstood or unacknowledged;