

improve the quality of care, avoid medical errors, coordinate care better, reward prevention and primary care, reduce administrative overhead, and reward who gets the best health outcomes, not who orders the most treatment procedures.

I worked with Senator MIKULSKI on this project. She authored the key delivery provisions of the law and has great expertise in this area.

These changes will make a real difference for millions of Americans, and I look forward to sharing the report and its findings with my colleagues next week.

Before I close, I would like to acknowledge Rhode Island's work on a State health insurance exchange provided for by the affordable care act. Rhode Island is leading the way as the first State to receive level two grant funding to set up the exchange. The exchanges are commonsense, local, competitive marketplaces where individuals and small businesses will be able to purchase health insurance, with the prices and benefits out there on display. When insurance companies compete for your business on a transparent, level playing field, it will drive down costs. Exchanges will let individuals and small businesses use their purchasing power to drive down costs, much like big businesses are able to do.

Progress has been made by State leaders such as our Lieutenant Governor Elizabeth Roberts, who is leading this effort to get to this point. They are remarkable. I urge them to keep up the good work.

Whether it is changing the lives of Gregg and Will or Olive or Brianne or Geoff and his employees or whether it is building our community health center infrastructure or supporting the private sector leaders who are pivoting to a new and better and more efficient delivery system or whether it is something as simple as a marketplace for health insurance that is open, fair, and on the level, the affordable care act has made a real difference for hard-working families in Rhode Island. I will continue to work hard alongside these leading health care providers, alongside the Obama administration, and alongside my colleagues in the Congress to see the full promise of the affordable care act realized for this great Nation's advantage.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

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

#### ORDER OF PROCEDURE

Mr. ENZI. Mr. President, it is my understanding that the other side will not have their speakers use the last minutes, so we will start on our side.

I ask unanimous consent that we be allowed to do a colloquy and have several Senators join in.

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

#### HEALTH CARE

Mr. ENZI. Mr. President, we are going to talk about Medicare today and the way the Patient Protection and Affordable Care Act cuts into Medicare, destroys Medicare.

Two years ago the President wanted a health care bill in the worst way, and that is exactly what he got, and that is exactly what America got.

Anybody out there on Medicare or about to be on Medicare or young enough that someday they will be on Medicare should be very concerned about what happened under this act. All of you, I am sure, are aware of somebody who is on Medicare who has already been denied a doctor; they are being denied because they are not being paid what they ought to be paid.

To call it the "patient protection" and "affordable" care act is a major mistake. It neither protects Medicare patients nor makes it more affordable. In fact, one of the things we will bring out today is that there has been a theft of \$500 billion from Medicare to fund other parts of the program. There is some fraud in it because it was spent, but it still shows up in the account. That is how they show that this really doesn't add to the debt. To solve the whole thing, they have a whole new board of unelected bureaucrats to make additional cuts to Medicare to make it look as though it is OK. And then there is the accounting sleight of hand. I am one of the two accountants in the Senate now, and you have to pay attention to see it. It goes back to the fraud because if this same sort of thing were being done in the private sector, people would go to jail.

There are a number of ways that we will bring out how that is not just budget gimmicks and sleight of hand but is actually taking advantage of seniors.

The Chief Medicare Actuary said that Medicare will go broke in 2024. That is 5 years earlier than last year's report by the Chief Medicare Actuary. He is the guy who works for Medicare; he doesn't work for us. He has to figure out each year how much in the hole it is and what needs to be done to fix it.

My contention, of course, is that you can't steal \$500 billion out of a program that is already going broke and expect it to be fine. We warned about that as we were going through the passage of this Patient Protection and Affordable Care Act, which, as already mentioned, was passed 2 years ago tomorrow. It could have been fixed. There were three plans on the Republican side that would have done what is claimed to be done by this act. Those ideas were largely rejected.

Today we are going to talk about some thefts, fraud, unelected bureau-

crats, and accounting sleight of hand. I have some people here who want to respond to some of the things that have been said.

Senator COBURN has listened to some comments made on the other side celebrating this great day.

Mr. COBURN. Mr. President, I listened very intently to the first two speakers this morning. As somebody who has now been a physician for almost 30 years—I practiced full time for over 25 years—I heard the Senator from Iowa and what his desire would be on the chart he showed. He said that 100 percent screening is occurring now in three areas. That isn't true. We are not screening. We hope to screen, and we hope to screen 100 percent, but the facts on screening that are available are that it is only used 5 percent by Medicare patients on the screening that was already available with no cost to Medicare patients. So we have to distinguish between what we desire and what is actually going to happen.

Let's take the example of colon screening. I am a colon cancer survivor. I was diagnosed, through colonoscopy, with colon cancer. Let's take that example, and then let's take the example of the other aspect of the affordable care act, called the Independent Payment Advisory Board. What is the purpose of that Independent Payment Advisory Board? Its purpose is to cut the cost of Medicare through the decreasing of reimbursements—first, for the first 8 years, physicians and outside providers, and then, starting in 2019, hospitals. What do you think the first thing to be cut will be? It is the reimbursement rate for a colonoscopy. So when the reimbursement rate for a colonoscopy goes below the cost—and it is very close right now, by the way, the cost to perform a colonoscopy versus what Medicare reimburses—when that is cut, what do you think will happen on screening?

The goal of changing health care is an admirable goal. We know that \$1 in \$3 doesn't help anybody get well or prevent them from getting sick today. But what the American people need to understand is that what is coming about is a group of 15 unelected bureaucrats, who cannot be challenged in court, who cannot be challenged on the floor of the Senate or the House, mandating price reductions to control the cost of Medicare. What does that ultimately mean? They will do their job. We won't be able to do anything about it. But what it means is that they will reimburse at levels less than the cost to do services, and so, consequently, what will happen is the services won't be there.

They also are going to do what is called comparative effectiveness research. We know about comparative effectiveness research. If you are a practicing physician today, you have to do continuing medical education. Part of that medical education is knowing the latest comparative effectiveness research. It is as if they are reinventing