

Under the House plan, millionaires would receive an average tax cut of at least \$150,000. Meanwhile, seniors would eventually have to pay nearly \$6,000 more for their health care. That is a big increase when the average senior has a fixed income of only \$25,000 a year.

Most Americans would agree that this doesn't pass the smell test.

We know we need to reduce our deficit.

But asking seniors to pay an additional quarter of their income for their health care while giving millionaires a six-figure tax break just isn't fair. It is certainly not balanced. And it is the wrong choice.

The House plan would also end the Medicare Program seniors know today. It would eliminate guaranteed benefits. It would charge seniors more for their prescriptions. It would make them pay for the screenings and doctor visits they get free now.

The millions hurt by this plan include former members of our Armed Forces who served for more than 20 years or were injured while on duty. This budget leaves these military retirees—and other seniors—high and dry.

It takes a lot of courage to serve a full career in the military. But there is nothing courageous about cutting care for our military retirees. I will stand up for our military and our seniors and make sure they have the health care they need.

The House budget also increases the eligibility age for Medicare from 65 to 67 years old. That means seniors would be forced to work later in life, just to keep their health care.

And the House budget replaces Medicare with a voucher program.

Seniors would have to use these fixed-price vouchers to purchase private insurance or Medicare. But this voucher wouldn't cover seniors' health care needs.

Seniors would be forced to make up the difference by spending thousands of dollars out of their own pockets.

To make matters worse, under the House plan, seniors would be paying more and getting less.

Private insurance companies would get to dictate what care seniors can get—and what they can't. Private companies could say a senior can't have hospice or nursing home care or they could limit hospital stays or prescription drug coverage.

The House plan would end the guaranteed benefits that Medicare protects today.

I won't let this happen. I won't let others break our promise to America's seniors. I won't let anyone dismantle Medicare.

Besides ending the Medicare seniors rely on today, the House budget does not solve our country's deficit problem. It just makes seniors and middle-class families pay more than their fair share.

Fortunately, this is not the only option we have to reduce our country's debt. We have another choice—the path we took with health reform.

We know our long-term deficits are in part due to health care costs. For the past several decades, these costs have been growing faster than inflation. This makes Medicare more expensive for the government.

That is why health reform focused on lowering overall health care costs.

This lowers premiums for seniors enrolled in Medicare today. And it helps keep the program strong for generations to come.

If we hadn't passed health reform, the deficit would be more than \$1 trillion higher over the next two decades.

If we hadn't passed the affordable care act, health care spending would have doubled. We passed health reform to bend the cost curve and slow this cost growth.

Last week marked the second anniversary of the health care reform law. We are already seeing results. According to CBO, over the next 10 years, per-person Medicare costs will decrease by four percentage points compared to the past thirty years.

How did we make this progress?

We know that when doctors and hospitals don't talk to each other, patients receive the same tests twice and other duplicative services. Health reform improves coordination by giving providers incentives to work together.

We know that expensive diseases can be better managed if they are caught early. Health reform provides free preventive care to catch and treat costly chronic conditions.

We know criminals try to rip off taxpayers. Health reform provides law enforcement new tools to protect Medicare and Medicaid from fraud and recoup taxpayer dollars.

We know that some of the best ideas to lower costs don't come out of Washington. They come from our communities. Health reform leverages these good ideas by partnering with the private sector.

This is the path we need to continue down. We need to ensure these tools are successful and work to improve them. We need to build on these reforms to keep saving consumers' and taxpayers' money.

As we look to solving our country's largest problems, we need to remember our priorities.

We need to focus on fairness. We need to remember that the choices we make matter.

The choices we made in the affordable care act are making our health care system more efficient. These choices are lowering costs for everyone.

The House plan chooses to ignore rising health care costs. It simply shifts risks and costs onto the backs of America's seniors.

That is a plan that is not right for seniors. It is not right for our health care system. And it is not right for our future. The American people know which choice we should make.

HEALTH CARE

Ms. COLLINS. Mr. President, this week marks the 2-year anniversary of the signing into law of President Obama's health care bill. There was no question that our health care system required substantial reform. In passing this law, however, Congress failed to follow the Hippocratic oath, "first do no harm." The new law increases health care costs, hurts our seniors and health care providers, and imposes billions of dollars in new taxes, fees, and penalties. This will lead to fewer choices and higher insurance costs for many middle-income Americans and most small businesses—the opposite of what real health care reform should do.

I find it particularly disturbing that President Obama's health care law does not do enough to rein in the cost of health care and provide consumers with more affordable choices. In fact, Medicare's Chief Actuary estimates that the law will increase health spending across the economy by \$311 billion, and the nonpartisan Congressional Budget Office says the law will actually increase premiums for an average family plan by \$2,100. Moreover, a recent report issued by the CBO found that the new law will cost \$1.76 trillion between now and 2022. That is twice as much as the bill's original 10-year price tag of \$940 billion.

The new law also means fewer choices for many middle-income Americans and small businesses. All individual and small group policies sold in the United States will soon have to fit into one of four categories. One size simply does not fit all. In Maine, almost 90 percent of those purchasing coverage in the individual market have a policy that is different from the standards in the new law.

I am also very concerned about the impact the law will have on Maine's small businesses, which are our State's job creation engine. The new law discourages small businesses from hiring new employees and paying them more. It could also lead to onerous financial penalties, even for those small businesses that are struggling to provide health insurance for their employees. According to a 2012 Gallup Survey, 48 percent of small businesses are not hiring because of the potential cost of health insurance under the health care law, and the Director of the Congressional Budget Office has testified that the new law will mean 800,000 fewer American jobs over the next decade.

Even where the law tries to help small businesses, it misses the mark. For example, I have long been a proponent of tax credits to help small businesses cover employee health insurance costs. The new credits for small businesses in the health care law, however, are poorly structured. They are phased out in such a way that businesses will actually be penalized when they hire new workers or pay their employees more. Moreover, they are temporary and can only be claimed for 2 years in the exchange.

Finally, I am very concerned that the new law is paid for, in large part, through more than \$500 billion cuts to Medicare, a program which already is facing long-term financing problems. It simply does not make sense to rely on deep cuts in Medicare to finance a new entitlement program at a time when the number of Medicare beneficiaries is on the rise.

Moreover, according to the administration's own Chief Actuary, these deep cuts could push one in five hospitals, nursing homes, and home health providers into the red. Many of these providers could simply stop taking Medicare patients, which would jeopardize access to care for millions of seniors.

It doesn't have to be this way. The bitter rhetoric and partisan gridlock over the past few years have obscured the very important fact that there are many health care reforms that have overwhelming support in both parties. For example, we should be able to agree on generous tax credits for self-employed individuals and small businesses to help them afford health insurance, thus reducing the number of uninsured. We should be able to agree on insurance market reforms that would prevent insurance companies from denying coverage to children who have preexisting conditions, permit children to remain on their parents' policies until age 26, require standardized claim forms to reduce costs, and allow consumers to purchase insurance across State lines.

We should be able to agree on delivery system reforms that reward value rather than volume and quality over quantity and that increase transparency throughout the health care system. And we should be able to agree on ways to address the serious health care workforce shortages that plague rural and smalltown America. Simply having an insurance card will do you no good if there is no one available to provide the care.

In short, we should repeal ObamaCare so that we can start over to work together to draft a health care bill that achieves the consensus goals of providing more choice, containing health care costs, improving quality and access, and making health care coverage more affordable for all Americans.

BETTER HEALTH REWARDS PROGRAM ACT OF 2012

Mr. WYDEN. Mr. President, I wish to advocate for legislation my colleague, Senator PORTMAN, and I have coauthored that focuses on driving better health outcomes for America's seniors through the use of real, positive financial incentives.

I think we can all agree on a theory—the best health care is often the least expensive, and it is often health care you can have real control over—prevention.

According to the Hastings Center, 76 percent of Medicare spending is on pa-

tients with five or more chronic diseases: stroke, heart disease, diabetes and cancer lead the way. And with \$2.7 trillion spent annually on health care, one of the best ways to slow the growth of that spending is to keep Americans healthier, and to do that, we have to reduce the prevalence of chronic disease.

I think Medicare can help spark that transformation. It is a large Federal program, some of the smartest health policy links the Federal Government and the private sector, and, most important, the Federal Government already pays for seniors to have an annual physical.

At present, when seniors leave that physical, too often there is no game plan or specific steps a senior can take to get healthier in the year ahead. Seniors get a bunch of numbers about their tests, possibly a prescription, and some medical lingo about their general health, but mostly everyone just hopes things will turn out OK at the next physical. Maybe it was an OK year, and that extra dessert wasn't a problem after all.

We believe that if the Federal Government is already paying for that physical, it is only common sense to wring every possible advantage for seniors out of it, specifically by giving seniors the tools to make changes that promote good health and reward them for staying motivated.

That is exactly what the bill I have written with Senator PORTMAN does. Typically, the assumption has always been that preventive care means more services. But in this case, government already pays for the service—the \$3.8 billion on the annual wellness visit—and we are saying, let's get more out of that visit.

Here is how our legislation—the Medicare Better Health Rewards Program Act—would do that:

First, it is voluntary. Since we hear a little discussion about mandates these days, this is voluntary.

In year 1, a senior has their physical, has their tests run, and their health provider has a conversation with them about their health. They come up with a plan to use the next year so that the senior can get healthier. The provider then lets Medicare know their patient is participating.

In year 2, the senior comes back for their next annual wellness visit. Again, tests are run, and they discuss the changes that may have occurred over the last year. If they have gotten healthier and their provider confirms it, they are eligible for a Healthy Reward. If they haven't, they still had their physical at no out of pocket cost to them. Their provider still gets paid. The same happens again in year 3.

Finally, the money to pay these rewards comes from the fact that as participating seniors get healthier, Medicare is spending less money on them. They are saving the system money. If that occurs, those seniors who are getting healthier will be able to share in the savings.

Bottom line: Innovation is rampant in American health care, and we are here with a new strategy to bring a fresh wave of innovation to Medicare.

I would like to thank Senator PORTMAN for working with me on this new approach to Medicare reform, and I urge my colleagues to join us in co-sponsoring our legislation.

DISTRICT OF COLUMBIA EMANCIPATION DAY

Mr. CARDIN. When Congress returns to session on Monday, April 16, 2012, we will recognize an important anniversary and holiday here in Washington. That day will be the 150th anniversary of District of Columbia Emancipation Day. Nine months before President Abraham Lincoln issued the Emancipation Proclamation in January 1862, the President signed the District of Columbia Compensated Emancipation Act. The act ordered the release of the 3,100 enslaved persons of African descent held in the Nation's capital. District of Columbia residents were therefore known as the "First Freed" slaves by the Federal government during the Civil War.

In 1865 the Confederacy surrendered and the Civil War ended, and later that year the 13th Amendment to the Constitution was ratified, which states that: "Neither slavery nor involuntary servitude, except as a punishment for crime whereof the party shall have been duly convicted, shall exist within the United States, or any place subject to their jurisdiction."

Emancipation Day celebrations were held annually in the District of Columbia from 1866 through 1901, and resumed in 2002. In 2005 Emancipation Day was made an official public holiday in the District of Columbia.

On March 6, 2012, the District of Columbia City Council adopted ceremonial resolution 19-207. The resolution finds this anniversary to be "an important, historic occasion for the District of Columbia and the nation and serves as an appropriate time to reflect on how far the District of Columbia and the United States have progressed since institutionalized enslavement of people of African descent. Most importantly, the 150th anniversary reminds us to reaffirm our commitment to forge a more just and united country that truly reflects the ideas of its founders and instills in its people a broad sense of duty to be responsible and conscientious stewards of freedom and democracy." I ask unanimous consent to place a copy of this resolution in the RECORD at the end of my statement.

(See exhibit 1.)

In the recent past, we have been blessed to celebrate numerous historic achievements for African-Americans in Washington, DC and throughout the Nation, including the election of the first African-American President of the United States, the dedication of the Rev. Martin Luther King, Jr. Memorial, and the groundbreaking for the