

First, some basic facts. According to the nonpartisan Congressional Budget Office, the affordable care act will reduce the deficit over the next 10 years by over \$200 billion; then, another \$1 trillion in the second decade. This is an important measure to reduce health care costs, reduce government outlays, and reduce the deficit. So the decision of the Court will have an impact on that particular element.

The law does a number of specific things to reduce health care costs while saving lives. Because of the affordable care act, preventive services for many Americans are now free. In my home State of Illinois, last year 1.3 million people on Medicare—that is about 10 percent of our population—and 2.4 million people with private health insurance received preventive care at no cost. This is important, because preventive services such as mammograms and cholesterol screenings can help lower costs, prevent illness, and save lives. On the subject of prevention, the law provides help for States with their prevention programs—programs, for example, that try to discourage kids from smoking; programs that detect and treat diabetes at an early stage; heart disease, arthritis, and so many other areas that can be treated successfully if there are preventive efforts.

Another reason this law is important is because of lifetime limits. Before this law was enacted, insurance companies routinely told families: Sorry, you hit your limit. We are not going to pay for any more of your chemotherapy or your premature baby's illness. People did not know there was a limit until it was too late. The law changed that.

Because of this law, 4.6 million people in my State, Illinois—4.6 million—got the care they needed last year without having to worry about the insurance companies cutting them off, saying they reached their limit.

In these tough economic times many young adults are having trouble finding work. Another thing this bill did was to extend the coverage of family health insurance to cover those through the age of 25. Because of the affordable care act, parents can keep their kids under their policy until the young people reach the age of 26. Across the country 2.5 million young adults, including 102,000 in my State of Illinois, have been able to stay on their parents' insurance plan.

The law also requires companies to spend more of their money on actual health care. One might think that is obvious, but it turns out it is not. The law says insurance companies have to spend at least 85 percent of their premiums on health care rather than spend it on advertising, overhead, or executive compensation.

Mr. President, \$61 million has been returned in my State to over 300,000 people in the form of rebates because of this "medical loss ratio"—85 percent to be spent on health care. That is money that flows back to families and individuals and businesses.

The affordable care act has had a profound impact on seniors and those living with disabilities. Because of this law, seniors and those living with disabilities on the Medicare Program in Illinois have saved more than \$155 million on prescription drugs. Seniors taking their medicine as they are supposed to are likely to stay healthy longer and be less of a cost to the system and lead more independent and stronger lives.

We have talked and talked in this Senate about how we need to help seniors afford to buy prescription drugs. We know this bill that will be decided by the Supreme Court tomorrow has been closing the doughnut hole that was created by Medicare Part D. When we passed the affordable care act, we did something about it.

Illinois seniors saved \$155 million because the affordable care act was signed into law. By 2020—if the Supreme Court does not strike this law or this provision—the doughnut hole will be fully closed and seniors will not have to worry anymore about that gap in coverage that eats into their savings.

I have been working for years to help small businesses find ways to afford health care for their employees. I introduced a bill in 2009 with the help of the small business community and the insurance industry that would allow small businesses to work together in a health care exchange. The affordable care act built on that principle and improved it dramatically.

The new health care law provides a tax break for small businesses that are doing the right thing and buying health insurance for their employees. So far, across the country, more than 228,000 businesses have taken advantage of this new tax credit and saved \$278 million.

For those who say the affordable care act really has not helped small business, here is proof otherwise.

Another 30 million people who have no health care coverage today will be covered when the affordable care act is implemented. By 2019, 15 million of those will be able to participate in Medicaid, and the States will not be left on the hook. The affordable care act provides help to the States for the first several years.

The affordable care act provides much needed assistance to community health centers—centers such as the Erie Family Health Center in Chicago. In fact, because of a \$650,000 grant from the Department of Health and Human Services, Erie is going to open a new health center in Evanston—one that is desperately needed.

So these are but a few of the reasons the Supreme Court, I hope, will uphold this law to continue to help move us toward a day when the rate of growth in the cost of health care is brought under control. We have a long way to go, but this bill is a step forward. For those who have campaigned from one side of America to the other, saying they would eliminate the affordable

care act, which they derisively call ObamaCare, let me tell them: There are real people in Illinois and across the Nation who have benefited from this act and will in the future.

Now is the time for us to work together to improve the act where it needs improvement but to use it as the basis for building a future of security and quality health care for all Americans.

MORNING BUSINESS

Mr. DURBIN. Mr. President, I ask unanimous consent that the Senate proceed to 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.

INTENTION TO OBJECT

Mr. GRASSLEY. Mr. President, I intend to object to proceeding to the nominations of Mark J. Mazur, to be an Assistant Secretary of the Treasury and Matthew S. Rutherford to be an Assistant Secretary of the Treasury.

My support for the final confirmation of these nominees will depend on both Treasury and Internal Revenue Service responses to questions I have posed regarding their implementation of the tax whistleblower program. I rewrote the statute in 2006 to encourage whistleblowing on big-dollar tax cheats. However, nearly six years since those changes were enacted, Treasury has yet to issue much needed regulations and IRS has paid less than a half dozen awards under the new program.

I have sent several letters to Secretary Geithner and Commissioner Shulman to get to the bottom of this. Our staffs have been meeting, including most recently on June 26, 2012. I understand that Secretary Geithner and Commissioner Shulman intend to provide written responses to my questions. Until I receive those responses, I will object to proceeding with the nominations of Mr. Rutherford and Dr. Mazur.

VOTE EXPLANATION

Mr. MCCAIN. Mr. President, I fully support the passage of S. 3187, the Food and Drug Administration, FDA, Safety and Innovation Act. This important piece of legislation reauthorizes and establishes important user fee agreements for drugs, devices, generic drugs and biosimilar biological products. Furthermore, the bill improves the medical device approval process and modernizes FDA's global drug supply chain authority to ensure that the drug manufacturing process is safer.

The legislation also contains provisions to incentivize development of pediatric drugs and devices, spur innovation of new drug therapies for life-threatening medical conditions, mitigate drug shortages, and improve agency accountability and transparency in the drug and device approval process.