

with foreign policy issues. Yes, providing the needed Senate response and meaningful legislative proposals is difficult. Yes, ultimately the final responsibility and leadership rests with the President. But the Senate historically has been instrumental in developing and influencing U.S. foreign policy. At this critical time, we must do so again, and we must do so again particularly because so little comes our way from 1600 Pennsylvania Avenue.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

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

MAINE COMMUNITY HEALTH OPTIONS

Mr. KING. Mr. President, I rise to speak about a little-discussed aspect of the Affordable Care Act. Before touching on the main subject, I should point out that I think as of tonight there will be more than 11 million Americans who will have already signed up for health care coverage under the Affordable Care Act so far this year. Of course, the deadline is coming up next week, and this weekend there could be a very large influx of newly insured Americans, which I think is an occurrence we should all feel very proud of and should celebrate.

I wish to speak about a part of the Affordable Care Act that gets very little mention, very little discussion, and very little controversy. It is a provision that enables local organizations within a State to form cooperative insurance entities, to form nonprofits, to provide insurance to their citizens. Today I wish to speak about one of those—and one of the most successful in the country—the Maine Community Health Options program.

It is a story of an opportunity. It is a story of a vision. It is a story of an idea. It is a story of risk taking. It is a story of creative and dedicated Maine professionals who were willing to take a risk and try to implement a new idea. It is one of the health insurance co-ops, as I mentioned, that was established by the Affordable Care Act. The Affordable Care Act provided the opportunity to develop something new and different in health insurance—a company where purchasers of health insurance also become members and then elect other members to serve on the board of directors of their insurance company.

Kevin Lewis and Robert Hillman, two of the founders, saw an opportunity in the ACA to develop this idea they knew was needed to address the challenges of health care coverage for Maine citizens. Working with a group of people in Maine who shared their concerns about health care, they built Maine Commu-

nity Health Options based on this vision of meeting Maine's people's health insurance needs in a direct and hands-on way.

Would it work? Nobody knew. When the enrollment opened last year, their goal, their hope, their vision was for 15,000 signups. By the time the dust settled at the deadline last spring, they had 40,000 signups. Eighty-three percent of the marketplace signups in Maine had signed up with this fledgling company. This year, I am told, as of today they have over 60,000 signups.

I did a tour of their offices recently in Lewiston, ME, and we talked about this phenomenon of all the signups that came unexpectedly. It reminded me of a TV commercial we all saw a few years ago where these young people start an Internet startup. They see the sales orders coming in, and they are happy. Then they start to come in even faster, and they get even more excited. Then they start to come in even faster, and they look at each other and say, what do we do now? These people in Maine experienced exactly that. Great, it is working. A few more. Wow, that is great. Then it went crazy. They all shook their heads. When we talked about this in Lewiston a few weeks ago, they said that is exactly the way it felt.

This sounds simple and straightforward, and it wasn't. When those 40,000 folks were signing up and the systems were challenged, Maine Community Health Options faced those issues head-on. They figured out where the problems were, addressed them, and communicated to members quickly and directly. That is really the Maine way.

The explosion of growth of this little company from zero to 60,000 is a jobs story as well. Maine Community Health Options now employs over 130 people and has even contracted with a local call center in Maine to provide additional customer support during this enrollment period. Even their chosen location is a good-news story. It is a great news story for New England and for Maine because they are in an old textile mill. The textile industry flourished in New England up through the 1950s but then left these beautiful old mills in Lewiston, ME. One of these mills—first one floor and now two floors—is being repurposed for this 21st century project of bringing health insurance to the people of Maine. It is humming with activity, new jobs, and people supporting their families.

It is also a local control story. Maine Community Health Options recently held elections for the board—a board that has to be made up of 51 percent of their individuals who are members who are elected by other members. In other words, the people who use the products and who buy the health insurance are actually making decisions about how those products should be designed. They are responsible to the folks who elect them—like us.

The structure of the organization is only part of the story. I think this is

very important. They are also focused on the business of health—individual health and community health. They are focused on prevention.

The cheapest medical intervention of all of this is the one that never occurs, because people have preventive care that keeps them from more serious chronic care. They have a chronic illness support program and a tobacco cessation program which are both designed to make it easier and cheaper for members to manage chronic care or stop smoking. That is how we are going to save money in the health care system. They have a behavioral health partnership creating a nearly seamless transition for members in need of short-term mental health services, with no copay for the first three visits. They are doing community outreach. They recognize many people who have never had health insurance coverage before don't fully understand how to use it. Their community outreach effort includes informational presentations on health care for members and nonmembers alike.

Another part of the good-news story is Maine Community Health Options has just expanded its coverage into New Hampshire and is providing a new health care option for the people of New Hampshire. Whereas last year, as I understand it, New Hampshire only had one option on their exchange, now I think they have at least two, and perhaps three or four, one of which I commend to the Presiding Officer is based in Lewiston, ME.

Finally—and I think this is very important—what has this done for rates? I think we have lost sight of this in the last couple of years. For many years, one of the problems in health care in this country was the exaggerated inflation of health care costs—5, 6, 7, 8 percent a year was not unusual in the late 1990s and the early first decade of this century. That was the typical, somewhat expected inflation in the rates of health care costs—in the cost of health care and, therefore, in insurance rates.

Maine Community Health Options not only has reduced its already competitive rates, reduced its rates by 1 percent this year, but that competitive pressure, we believe, has also brought pressure to reduce rates for other providers and other carriers in Maine.

This is a great news story. This is people who saw an opportunity created by the Affordable Care Act to create a new kind of health insurance company that is owned and run by its members, that is delivering health care, quality health care insurance coverage, to the people of Maine and now the people of New Hampshire, that is helping to control costs, and I think most importantly is taking an active role in assisting its members in improving their own health. Of course, this is about cost. Of course, it is about access. Of course, it is about all the mechanics of health insurance. But in the end, if the result is healthier people, people who need the intervention of the health

care system less frequently, that is a huge win for those individuals, for our State, for our region, and for our country.

I come to the floor today just to share some good news about an aspect of the Affordable Care Act that is absolutely working, and it is making a huge difference in the lives of thousands, tens of thousands, of Maine people. Better health coverage, better health at a lower cost—what is not to like about that formula?

I am very proud of what these entrepreneurial individuals in Maine have undertaken and the success they have enjoyed so far. I look forward to working with them as they continue the project that has meant so much to my people.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Ms. AYOTTE). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

OUR SOUTHERN BORDER AND IMMIGRATION REFORM

Mr. CARPER. Madam President, last weekend—this past weekend—I was privileged to visit our Nation's border with Mexico. Not my first visit but maybe the most productive, most informative visit I have had. I had the opportunity, as a member of the Homeland Security and Governmental Affairs Committee, on which the Presiding Officer serves, to visit our Nation's border with Mexico from—really from California, from the Pacific all of the way across the southern part of our country, almost to the Gulf of Mexico.

I did not cover every square inch of it or every mile of that border, but we had a chance to look up close and personal, if you will, to see what we are doing and what we have been doing in California, in parts of Arizona, in parts of Texas. As we all know, those are some big States. But we have been there enough, talked to enough smart people, went with our colleagues, this time with the chairman of our committee now, RON JOHNSON from Wisconsin, and with BEN SASSE, the new Member from Nebraska. I am grateful to them for including a former chairman of the committee and my staff. I thought it was very productive. I learned a lot. I thought I already knew a lot going down there, but I came back even better informed. I hope they felt that way as well.

We had some discussions going and coming about the President's Executive orders with respect to the status of some of the undocumented folks in our country. I know there is a fair amount of heartburn on the part of our Republican colleagues that the President may have acted inappropriately.

We understand that unhappiness. My hope is that we will not take that unhappiness out on the Department of Homeland Security whose employees are working hard to try to do their jobs, to protect us from all kinds of dangers, not just on the borders of our country with Mexico or Canada but all kinds of threats around the world.

My hope is that at the end of the day we will use this dustup, if you will, this disagreement with the President's actions to provide a sense of urgency to take up and debate again comprehensive immigration reform—not next year but this year, not this fall, not this summer but the beginning of this year, now or very close to now.

One of the things we have learned in terms of our own work on the Committee on Homeland Security and Governmental Affairs is immigration reform done well—and I do not know how the Presiding Officer voted. I voted for it. I was not crazy about it. My guess is she probably voted for it as well. But was it perfect? No, not by any stretch of the imagination. Was it better than nothing? It sure was. Are there some things I would like to change? You bet there are.

My hope is that we do immigration reform again, hopefully soon, and that we will have the opportunity to keep what is good and valuable in that legislation and change the things that are not. But among the things on the positive side that came out of that legislation is, one, the bill, supported by two-thirds of the Senate a year and a half ago, does a couple of things.

How does it affect gross domestic product? How does it affect our economy? It grows it by about 5 percent over the next 20 years. That is a pretty good little stimulus to help make sure the economic recovery continues. So that is something to have us keep in mind.

The other immigration reform question a lot of people back home in Delaware asked me was, Immigration reform, isn't that going to cost us a lot? Isn't it going to make the budget deficit bigger?

The Congressional Budget Office, which is neither Democratic nor Republican, has actually studied that, drilled down on that, and here is what they have concluded. The immigration reform, imperfect though it was, that we passed a year and a half ago with strong bipartisan support, would actually reduce our budget deficit over the next 10 years by \$200 billion and further reduce our budget deficit over the next 10 years after that by \$700 billion. Add those together, it is \$900 billion in deficit reduction.

We are at a time when, as our Presiding Officer knows, we still have all the deficits down by two-thirds from where it was 5 or 6 years ago. It is still higher than we want it to be. There are actually a number of things we can do to continue to drive it down closer to zero, where we would like it to be. I know I would like that. I know the Presiding Officer feels that way too.

One of the things we had in the immigration reform bill, as I recall, was some provisions dealing with guest worker programs. What I have heard in my visits to Honduras, Guatemala, El Salvador, my visit to the border, a lot of the people—it is primarily those three countries from which the greatest numbers of people are coming across the border in South Texas—that is where they are coming from. Are there still Mexicans who come into the United States? Yes. Legally and illegally? Yes.

Last year I am told almost as many Mexicans were going back into Mexico from the United States as are coming into the United States from Mexico. The origin of the illegal immigration is Honduras, Guatemala, and El Salvador. People say: Why would anybody allow their 7-, 8-, 9-, 10-year-old daughter or son to literally leave in the arms of a coyote on a train—not on a passenger train but on the top of a train—and try to travel 1,500 miles with all kinds of threats to their life and limb? Why would anybody do that?

Having been in those countries—Honduras is the murder capital of the world, and I have seen in that country and in Guatemala and El Salvador police who do not police, prosecutors who do not prosecute, judges who do not administer justice, correctional systems that do not try to correct the behavior.

The school system in Honduras is a great example. Kids in Honduras go from—I know the Presiding Officer has young children. Our boys are through school out into the world. But in schools in Honduras, public schools, they go from grade 1 to grade 6. About half the kids actually make it to grade 6. Of the ones who make it to grade 6, only about half of them can read at grade 6 level. As to the ones who actually make it through grade 6, only 5 percent of them can do sixth grade math. That is a problem.

Several years ago when Hurricane Richard came through Honduras, it wiped out half of their secondary roads. In that country, they have electricity costs which are two or three times what they are in the countries to the south of them and to the north of them. Most of the electricity is created by petroleum. It is expensive. What they need to do is use natural gas, bring it down from Mexico, be able to convert that into electricity and build a grid that helps distribute that electricity.

The other thing they need in that part of the world—as a former attorney general, our Presiding Officer knows well how important this is—is to restore the rule of law. In visiting the three countries—Honduras, I will use again as an example. Until last year, I think their murder rate was about 95 per 100,000 people. That was their murder rate. It was the murder capital of the world.

A number of businesses were shut down by extortion because small business people in Honduras got tired of