

Marion has never been one to boast or brag. Instead, he lets his accomplishments speak for themselves. In the past 40 years, Wyoming's production of trona has grown from 1 mine that produced 300,000 tons per year to 4 mines which produce over 10 million tons annually. When he speaks, people listen. They know that his opinions reflect a lifetime of study and are tough, balanced, and fair.

Throughout his career, Marion Loomis has been a champion for Wyoming energy. He was a steadfast leader for the Wyoming Mining Association during several boom and bust cycles in energy development. The State's uranium production is a prime example. He witnessed a booming industry stagnate in the 1990s. Today, it has emerged again as a valuable resource. Marion has always promoted Wyoming as a key player in our Nation's quest for energy independence. He truly does ride for the brand, and his leadership is inspiring.

Marion retired from the Wyoming Mining Association earlier this month. He will be missed, but he has left both the association and the industry stronger, thanks to his dedication and hard work. In the days ahead, Marion plans to fish the streams of Wyoming's Bighorn Mountains, where he and his wife have a cabin. I cannot think of a more fitting reward for a job—and a career—well done.

NATIONAL HEALTHCARE DECISIONS DAY

Mr. NELSON. Mr. President, I wish to recognize National Healthcare Decisions Day, which is next Wednesday, April 16, a day to educate the public about advance care planning and encourage them to have conversations with loved ones to plan for end-of-life decisions. I am pleased that over 50 organizations—representing health providers, communities of faith, the legal community, and the public sector—in Florida are participating in the day's events.

This issue has been important to me throughout my career, and as the chairman of the Senate's Special Committee on Aging, I had the opportunity to chair a hearing on end-of-life care last June. We found that polls show most Americans would like to talk about their advanced care needs, but they do not know how or with whom to have these conversations. In fact, only about 20 percent of Americans have executed an advanced directive, in part due to a lack of knowledge about planning.

Our hearing also touched on some commonsense solutions that individuals have used to broach this topic with their loved ones. For example, Aging with Dignity, an organization based in my home State of Florida, has created a simple resource called Five Wishes that is focused on things that are meaningful for patients and families, rather than a system of advance

care planning dictated exclusively by the terms of doctors and lawyers. Five Wishes takes into account personal, emotional, and spiritual needs as well as medical wishes. With a straightforward, easy-to-complete questionnaire, Five Wishes takes end-of-life decision-making out of the emergency room and into the living room.

There are also areas where the Federal Government could help alleviate some of the barriers individuals face in trying to complete an advance directive. We know many people could use the assistance of a trusted health care provider in completing an advance directive. In 2010, the Centers for Medicare and Medicaid Services—CMS—included advance care planning as a reimbursable item as part of the annual wellness visit for Medicare beneficiaries under the Affordable Care Act. Unfortunately, just a short time later, CMS reversed itself and removed this service as reimbursable. I hope this decision is revisited.

At the same time, there are efforts at the State level. For example, in Florida, a consortium of health care providers, faith-based groups, and the legal profession are collaborating to establish the Physician Orders for Life-Sustaining Treatment program to ensure that advance directives are honored.

It is my hope Congress will support the goals of National Healthcare Decisions Day. Advance care planning is a desired health service and should be a normal part of health care. Advance care planning can empower individuals and allow adults to voice their medical treatment preferences. Together, we can ensure Americans' wishes for medical care at the end of their lives are respected and achieved.

MEDICARE PHYSICIAN PAYMENT SYSTEM

Mr. FRANKEN. Mr. President, recently the Senate failed to permanently repeal the current system of automatic payment cuts for physicians who treat Medicare patients and to replace it with a more sensible system for reimbursing physicians. Instead, the Senate voted—yet again—to pass a short-term patch to this broken system, which postponed these payment cuts for one more year.

After talking with Medicare providers in my State, I decided to oppose this legislation since it provides only a bandaid for a wholly broken system. I believe that an enduring solution is possible and absolutely necessary, and I will continue to fight for a more sustainable replacement that rewards physicians for the high-quality care they deliver.

Minnesota is No. 1 in the Nation when it comes to the quality of the health care that we provide. If our system of reimbursement could reward providers for their efficiency and quality—rather than the quantity of the services they administer—we could im-

prove the value of the care that our seniors receive while rewarding providers who keep patients healthy. We can do that by overhauling the Medicare physician payment formula and implementing a system that rewards health care value over volume, and there has never been a better moment to do that than now. Over the past 10 years, Congress has spent \$150 billion on short-term fixes; the Congressional Budget Office estimated earlier this year that the cost of permanently repealing the formula and replacing it with a more sustainable program now would be even lower than that total so far. For the first time since the passage of our current formula, there was bipartisan, bicameral legislation to fully repeal the Medicare physician payment formula and replace it with a payment system that would better reward physicians for providing high-value care.

We have a unique opportunity to permanently solve this problem. Temporary patches—like the one just passed—only perpetuate the instability created by the annual threat of payment reductions. This instability is bad for patients and bad for providers. Take, for example, the young physician from Rogers, MN who recently called my office to discuss how proposed payment cuts would affect his practice and his future. As a father and a new surgeon, this doctor described the challenges of paying off high levels of debt and starting a new practice in a time of financial uncertainty. Temporary fixes will not help this young doctor to establish a practice and provide the best possible care to his patients. Stopgap measures fail to address the underlying problem with the way Medicare pays for physician services, and I am tired of postponing good policies that help support high-quality providers in Minnesota.

It is clear that now is time to permanently repeal and replace the Medicare physician payment formula. That is why I did not support the legislation to temporarily patch our provider payment system and why I am committed to working towards a permanent solution that would put in place a payment system to reward high-value care.

My goal is to make sure that Medicare beneficiaries, now and in the future, have access to high-quality, affordable health care services. To achieve this, Medicare must be on sound financial footing and be prepared to meet the needs of an aging baby boomer generation.

Replacing Medicare's broken system of provider payments with a system to promote high-value care is a critical step in this direction. I remain committed to helping to take this step.

Mr. CHAMBLISS. Mr. President, I rise today to pay tribute to an invaluable member of my staff on the Select Committee on Intelligence, Andrew Kerr. Andrew has been a familiar face around the committee for the last 7 years, but he will leave us shortly to return to the State Department. I am