

Order of Police, and the National Conference of State Legislatures. It provides new tools for law enforcement and new help for trafficking victims.

It is time for the Democrats to stop obstructing this legislation and to allow the Senate to pass this bill—a bipartisan achievement and something that is much needed and long overdue. There is a crisis in this country that needs to be addressed. We can do something about it. We ought to do it, and we ought to do it now.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. (Mr. JOHNSON). Without objection, it is so ordered.

SGR LEGISLATION

Mr. LEE. Mr. President, we are here today because our Medicare status quo is not working and it hasn't been working for a long time.

For decades, Medicare has been on a path to insolvency. In 1997, Congress attempted to impose some fiscal discipline on the program by creating the sustainable growth rate or SGR. This is a budget-enforcing mechanism that calls for annual adjustments to the amounts physicians are reimbursed for treating Medicare patients.

The SGR was originally billed as a permanent solution to Medicare's unsustainable fiscal trajectory. The idea was to restrain Medicare spending by linking physician reimbursements to a target amount based on the general performance of the economy as a whole.

While this may have seemed like a good idea at the time—when the economy was relatively strong and stable and growing—it quickly lost its appeal when we went into the 2001 recession just a few years later.

The plan also suffered from the central planners' fatal conceit that trusts bureaucracies, rather than consumer preferences and real price pressures, to determine the cost of a particular good or service. As it turns out, the actual cost of medical goods and services and the practice patterns of physicians do not necessarily align with the health of the economy or the predictions of government bureaucrats.

So each year since 2003, the SGR formula has called for cuts to physician payments, and each year—often several times each year—Congress has passed legislation to temporarily prevent the reimbursement reductions from kicking in.

While these so-called doc fix bills have yielded some modest savings as new spending has traditionally been offset with cuts elsewhere in the budget, they have not restrained the quick-

ening pace of Medicare spending. While they have successfully avoided cuts to doctors' pay, they have put the Medicare system in a near constant state of uncertainty and instability, leaving Medicare doctors and their patients hanging in the balance.

America's physicians and America's seniors deserve better than this, but they also deserve better than the bill before us today—H.R. 2, the Medicare Access and CHIP Reauthorization Act of 2015.

Congress has long wanted to repeal the SGR—and with good reason—but this is not the way to do it. Not only does the House bill double down on Medicare's broken price control model, but it does so, according to the Congressional Budget Office, while adding \$141 billion to the Federal debt over the next decade.

Let's look first at the policy implications of the underlying bill.

The new payment scheme proposed in this bill is simply more of the same inefficient form of central planning that further embeds Washington bureaucracy into every aspect of our health care system. It continues the role of the Federal Government as price setter, rather than the price taker, in the free market. It also inflates the administration's power as the regulator and compliance officer.

The principal change proposed by H.R. 2 is to move from a Medicare payment system based on volume to one based on bureaucratic measures of quality and value, but we already know this doesn't work because it is the same policy introduced under ObamaCare that requires physicians to comply with established government guidelines and stick to rigid, one-size-fits-all best practices or pay a penalty.

Instead, we should be freeing the health care community from heavy-handed regulation and constant intrusive bureaucratic scrutiny. Doing so is the only way to allow doctors to develop individualized quality treatment plans for each of their patients and to unleash innovation in the delivery of health care.

But with the current doc fix expiring tomorrow and Medicare physicians facing a 21-percent pay cut, there is not enough time to reopen the bill and rewrite it with better policies. But there is—there is—enough time to address the fiscal irresponsibility of this bill.

That is why I am offering an amendment to this bill that would simply require Congress to pay for that \$141 billion under its normal pay-as-you-go budget rules—rules that this bill explicitly exempts itself from in section 525 of the bill. The pay-as-you-go budgeting rules, which share bipartisan support in Congress and the White House, wouldn't force us to offset the new spending immediately. Rather, we would have until the end of the year to find these savings and 10 years in which to achieve them.

My amendment would not delay or change anything else in the bill. Doc-

tors and seniors wouldn't notice any difference. It would just require Congress to budget for the costs, just as we promised we would.

Indeed, just 2 weeks ago, the Senate passed a 10-year balanced budget, stating specifically that any SGR patch or repeal would not add to the deficit. So passing this bill in its current form would not only be irresponsible, it would be dishonest. It would be inconsistent with what we have just said with the budget.

We have known for a long time that Medicare cannot survive without structural changes to its price control system, and we know this bill, H.R. 2, does not contain such reforms. They aren't there. According to a report issued last week by Medicare's actuaries, "Under the new payment system, most doctors will see cuts in 2025."

The only way to put Medicare on a sound fiscal footing is to make it work for America's doctors and for America's seniors. To do that, we need to work toward replacing the centralized price-fixing system of the status quo with a functional consumer market that empowers seniors' access to the high-quality, individualized health care they deserve, and that enables doctors to do what they do best, which is provide the very best medical treatment in the entire world.

This is my goal. I believe this is a goal widely shared within this Chamber. But we can't deceive ourselves: To get there, we must be responsible with the public trust and we must be honest with ourselves. To that end, I implore my colleagues to support this amendment.

To put it very simply, paying for this new spending is the right thing to do, and we just passed a budget promising that we would do it. My amendment does nothing more than hold us to that very promise.

Thank you, Mr. President.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

RECESS

Mr. LEE. Mr. President, I ask unanimous consent that the Senate stand in recess as under the previous order.

There being no objection, the Senate, at 12:28 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. PORTMAN).

The PRESIDING OFFICER. The Senator from Texas is recognized.

SGR LEGISLATION

Mr. CORNYN. Mr. President, hopefully this afternoon we will take up a