

case. Well, here is the alliance leading. Here is the alliance doing what we have wanted them to do for years. And here, all of a sudden, are Members of Congress suggesting it is OK to pull the rug out from under that alliance. I think that would really toll the bell for NATO.

I believe we need to see the realities of the strategic interests that are on the table and proceed. Will we stand up for our values and our interests at the same time? Will we support the legitimate aspirations of the Libyan people? I think our own security ultimately will be strengthened immeasurably if we can assist them to transition to a democracy. The cost now will be far, far less than the cost in the future if we lose our resolve now.

I thank my colleague for his generous allowance of the extra time.

The PRESIDING OFFICER (Mrs. SHAHEEN). The Senator from Nebraska.

HEALTH CARE

Mr. JOHANNES. Madam President, over a year ago now, the President signed into law health care legislation that we are finding is certainly long on promises but short on sound policy. Unfortunately, the legislation did not follow a transparent or thorough process. Instead, it was hastily rushed through on a premise that has now become famous, as said by Speaker PELOSI: We have to pass it to see what is in it. Now, almost daily, newspapers, constituent mail, and independent reports continue to reveal that the law's promises are not reality.

Recently, the Columbus Dispatch told the story of a family with a pre-existing condition. Two years ago, their struggles to find health insurance coverage outraged this administration. In fact, their hardship was specifically used as an example of why we needed to get the health care system reformed. Well, party affiliation did not define how we felt about this family. We all empathized and sympathized with their struggles and recognized the need for basic health insurance reforms. But, unfortunately, we did not harness that common ground to develop sound policy that addresses the very real problems within the health care system. Instead, a bitterly partisan bill was shoved through Congress, and now we are stuck with its consequences.

So what are the consequences for the family who struggled to get insurance? The article reports that their annual premium has increased a whopping \$12,000. Clearly, one result of the law is soaring premiums. President Obama promised no fewer than 20 times that he would cut premiums by \$2,500 for the average family by the end of his term. But, unfortunately, this is not an isolated story. This broken promise is evident in homes all across this great Nation. Mail from frustrated Nebraskans continues to flood my office. They question how a health care law that costs so much yet still allows sky-

rocketing premiums could have ever passed.

A single mother from Bellevue, NE, recently found out that her family's health care premium increased by \$700 per year. Her insurance provider explained it was due to mandates in the new health care law.

She pleaded with me:

Please stand up on behalf of single moms like me. We do all we can to hold our world together, give up time with our children to work two jobs . . . and now this! How am I supposed to maintain health insurance for my family?

Well, I wish I could tell constituents their premiums will not go up, as the President promised. I wish I could tell them the new health care law addressed the rising costs of health care, as the President promised it would. Instead, these stories reflect what the experts predicted would happen if the law passed. The nonpartisan Congressional Budget Office estimated that individual health insurance premiums would increase by an average of \$2,100 per family due solely to the new mandates included in the law. That puts the gap between Candidate Obama's promise and President Obama's health care law at an alarming \$4,600 per family.

The administration's own Medicare Actuary expects health care costs to increase \$311 billion over the next decade under the new law. In fact, the Actuary testified that the President's promise that the health care law would lower costs was "false, more so than true."

Now, some may say: MIKE, just wait until the law is fully implemented. That is when the promises will be fulfilled. But I continue to get reports on my desk forecasting the negative consequences of this irresponsible and shortsighted piece of legislation.

For example, one of the law's major flaws is that about half of its new health insurance coverage is achieved by locking millions of more people on an already-broken Medicaid system.

Yet the New England Journal of Medicine recently released a study showing those on Medicaid struggle to find doctors to treat them.

The medical journal's research revealed that 66 percent of individuals who mentioned Medicaid's Children Health Insurance Program when calling to schedule a medical appointment were denied an appointment for the child.

That is compared to only 11 percent who said they had private insurance.

That is right—those on Medicaid's CHIP were six times more likely to be denied treatment.

And when Medicaid was accepted, the children had to wait, on average, 22 days longer than those with private insurance.

Researchers blame low Medicaid payments, delays in paying, and bureaucratic redtape driving doctors from even accepting these patients.

As a former Governor, I can tell you that these problems have long plagued the Medicaid Program.

Yet in 2014 the President's new law dramatically expands Medicaid, dumping over 24 million more Americans onto this very broken system. How can the President promise guaranteed coverage for these millions of Americans when this study shows the majority of our most vulnerable population is denied treatment under the Medicaid system? The bottom line is you cannot receive care if you cannot find a doctor to provide it. The logic simply does not match the promise.

Another recent study by the consulting group McKinsey & Company calls another one of the President's guarantees into question. Their study analyzed the impact of the health care law on employer-sponsored benefits.

Prior to the health care law, America's employers were the backbone of our Nation's health care system, providing 165 million Americans with health care coverage. The McKinsey study found that 30 percent of employers will definitely or probably stop offering their employees health care insurance after 2014.

During the health care debate, supporters of the law insisted that the law builds on the principle of employer-sponsored coverage.

The President even repeatedly promised if you like your plan, you can keep it. But again, this appears to be an empty promise.

According to the study—and others that came before it—employees will be stripped of plans that they like and dumped onto the new law's health care exchanges to fend for themselves.

I realize there is some disagreement surrounding this particular study. But how can we deny this commonsense logic?

The more you know about this law, the more you conclude it just does not make sense for employers to offer a health care plan.

Beginning in 2014, the health care law mandates that employers with more than 50 workers offer health insurance coverage or pay a penalty of \$2,000 per worker. And with this mandate comes a slew of other requirements. Suddenly dropping coverage and paying the \$2,000 penalty becomes an economic necessity.

During the health care debate, I spoke about this on the Senate floor. I and many others warned that the proposed penalties for businesses would create a perverse incentive. When you do the math, I said back then this is no penalty at all, compared to the cost of private insurance.

It is a wise business decision if you are worried about the bottom line. That is how the law encourages employers to dump their employees onto the exchange.

A Deloitte consultant told the Associated Press, "I don't know if the intent was to find an exit strategy for providing benefits, but the bill as written provides the mechanism." John Deere has responded by saying businesses will look into "just paying the

fine." Not surprisingly, employers have done their own math. AT&T reported that its \$2.4 billion cost of coverage would drop to \$600 million for the penalties. Estimates reveal Caterpillar could save 70 percent on health care costs by eliminating coverage and paying the penalties. And the list goes on.

Prior to its passage, the Congressional Budget Office predicted 7 percent of employers would drop insurance coverage due to the health care law. Now studies and business logic are challenging that estimate. This may mean the CBO's projected cost of the health care law may be significantly too low.

That is right—the \$2.6 trillion cost estimate for the health care law could be surprisingly too low. The President promised that this bill would lift the burden off the middle class. Not only will they see their premiums continue to increase due to out-of-control health care costs, but they will foot the cost of the new exchanges.

Unfortunately, time is confirming what we have been predicting all along. The case for repeal of the health care law grows stronger every day. I will work to overturn these negative consequences. I believe Americans deserve better. They deserve promises that we can keep.

The PRESIDING OFFICER. The Senator from Montana.

MONTANA FLOODS

Mr. TESTER. Madam President, I wish to talk a little bit about the flooding that is going on in Montana and has been going on for basically better than the last month. The picture I have is that of the Musselshell River east of Roundup. The river channel is not in this area. In fact, it is on the far side of this river.

My guess is—I have not seen this—this picture was taken about 10 days ago. But my guess is, it is still flowing like this and for a number of reasons I want to address in my speech today.

Over the past few months, we have seen severe flooding in Montana that has impacted our homes and businesses. It has devastated farmland and ranch land. It has displaced families across our State.

The flooding has tested thousands of Montanans and the basic services and infrastructure they rely on every day. But when disaster hits Montana, we rise to the occasion. When I meet the families and the community leaders affected by flooding and when I tour their towns, I do not see resignation or hopelessness. I see resilience. I see our traditions of hard work and working together. I see communities that are rebuilding and moving forward, ordinary people and local officials working diligently with local, State, and Federal partners to address urgent and ongoing needs they are unable to address alone.

Thanks to that spirit of working together, neighbor to neighbor, Montana

communities are rebuilding and businesses are reopening. We are looking to account for the severe crop damage and livestock loss suffered by Montana's farmers and ranchers, and we are looking for resources to make up for the \$8.6 million in damages to our State's infrastructure. Sadly, that number is only getting bigger.

Montana's resiliency is going to be tested because we are not out of it yet—not even close. Given the unusually significant snowpack in the Rocky Mountains that has yet to melt, our rivers and streams will continue to swell. The cost to Montana communities and families will continue to mount, and more and more of them will look to emergency assistance to provide timely services and assistance to those most in need, to help them get back on their feet.

That is why I am particularly alarmed by the looming shortfall in FEMA's Disaster Relief Fund, which the House left dangerously unfunded, even amid a string of weather-related disasters across this country that have led us to 45 declared disasters. We are now looking at estimates of a \$2 to nearly \$5 billion shortfall for fiscal year 2012 alone.

The total need is estimated to be as much as \$6.6 billion. Montana is still tallying the damage. The risk of further damage is still very high. Yet we do not know right now if there will be enough money left over to meet the needs this disaster has already created in our State of Montana.

The House thinks we should pay for past disasters with funding allocated for current and future disasters and by cutting assistance to firefighters and other first responders. In Roundup, Billings, and elsewhere in Montana, the folks who are rescuing stranded residents in boats to take them to get urgent medical care are not from FEMA; they are the same men and women who fight to protect our communities every day—the cops and firefighters who are part of these communities.

Taking away the resources they need will not fly. It is irresponsible and unacceptable. I want all my colleagues to understand the importance of what we are facing, not just in Montana but across this country. There are 45 declared disasters around the country. It is time to do our part for communities all across this country that are facing unprecedented disasters from floods, tornadoes, to wildfires.

Let's make sure this Nation's emergency responders have what they need to do their jobs. They are doing their part for all of us. Tough economic times have forced us all into some very difficult decisions. There is no doubt about that. But it is critical that we do everything we can on behalf of the communities and families across our Nation who are simply looking to pick up the pieces, to rebuild their homes, their schools and businesses, and to get back on their feet.

When small businesses cannot get back on their feet and when our No. 1

industry, agriculture, gets a punch during the growing season, our entire economy will be impacted in a negative way. Montanans will continue to be resilient, and they will continue looking out for one another. But there are some burdens that are simply too big for them to bear alone. It is time for Congress to stand, do its part, and the sooner the better.

I look forward to working with Chairman LANDRIEU and Ranking Member COATS on the Homeland Security Appropriations Subcommittee to make sure that no community from Montana or anywhere else in the country is left wondering if the government will make good on a commitment to help them rebuild.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. TESTER). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. GRASSLEY. I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. GRASSLEY. I ask unanimous consent that the time during the quorum call be equally divided.

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

Mr. GRASSLEY. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

EXECUTIVE SESSION

NOMINATION OF MICHAEL H. SIMON TO BE UNITED STATES DISTRICT JUDGE FOR THE DISTRICT OF OREGON

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to consider the following nomination, which the clerk will report.

The assistant legislative clerk read the nomination of Michael H. Simon, of Oregon, to be United States District Judge for the District of Oregon.

The PRESIDING OFFICER. Under the previous order, there will be 1 hour of debate on the nomination, equally divided in the usual form.

Mr. LEAHY. Mr. President, today the Senate will finally consider the nomination of Michael Simon to fill a judicial emergency vacancy on the District