

stand and fight for the American people to stop this train wreck that is ObamaCare. And the answer to my friend's question is: Of course not. Small businesses all over this country are getting hammered by ObamaCare, and the real losers are not even to the small business owners. The real losers are the people, the teenaged kids who would get hired, the single moms who would get hired, the African Americans, the Hispanics who are suddenly finding themselves without a job or are being forcibly reduced to 29 hours a week and denied the opportunity to get to that first rung of the economic ladder, which would then get them to the second, the third, and the fourth.

Millions of Americans are hurting under ObamaCare. It is my plea to this body, to the Democrats, that they listen to the unions that are asking on behalf of millions of Americans who are struggling to repeal ObamaCare, that we not have a system where the rich and powerful or big corporations and Members of Congress are treated to a different set of rules than hard-working Americans. President Obama has granted illegal exemptions to big businesses and Members of Congress. I don't think the American people should be subject to harsher rules.

So my plea to this body is that we listen to the American people, because if we listen to our constituents, the answer is: Defund this bill that isn't working, that is hurting the American people, that is killing jobs and forcing people into part-time work, that is driving up health insurance premiums and that is causing millions to lose or to fear they will lose their health insurance.

As the time is wrapping up, I will close by noting that at noon we will have a prayer. I think it is fitting this debate conclude with prayer, because I would ask that everyone in this body ask for the Lord's guidance on how we best listen to our constituents, listen to the pleas for help that are coming from our constituents.

The final thing I will do is to make two unanimous consent requests I mentioned, and the majority leader may or may not agree to them. The first is:

I ask unanimous consent that the cloture vote at 1 p.m. be vitiated and that at the conclusion of my remarks the motion to proceed to the resolution be agreed to.

The PRESIDENT pro tempore. Is there objection?

Mr. REID. Reserving the right to object, my friend has had an opportunity to speak. I will speak for a longer time period in a few minutes about statements he has made in the last several hours. But he has spoken.

At 1 p.m. the Senate will speak, and we will follow the rules of the Senate. I have said very clearly on a number of occasions that we should be moving quickly to get this to the House as soon as we can.

I object.

The PRESIDENT pro tempore. Objection is heard.

Mr. CRUZ. Mr. President, my second request is:

I ask unanimous consent that if a cloture motion is filed on the underlying measure, that cloture vote occur during Friday's session of the Senate, notwithstanding the provisions of rule XXII.

The PRESIDENT pro tempore. Is there objection?

Mr. REID. Reserving the right to object, we are going to have a cloture vote at 1 o'clock and any consent agreements after that I will be happy to listen to them. At this stage, I object.

The PRESIDENT pro tempore. Objection is heard.

Mr. CRUZ. Well then, it appears I have the floor for another 90 seconds or so, and so I simply will note for the American people who have been so engaged that this debate is in their hands. Ultimately, all 100 Senators—all 46 Republicans, all 54 Democrats—work for you. The pleas from the American people—certainly those in Texas—are deafening. The frustration that the United States Senate doesn't listen to the people is deafening. So I call on all 46 Republicans to unite, to stand together and to vote against cloture on the bill on Friday or Saturday; otherwise, if we vote with the majority leader and with the Senate Democrats, we will be voting to allow the majority leader to fund ObamaCare on a straight party-line vote of 51 partisan votes.

The American people will understand that. Voting to give that power to the majority leader, I would suggest, is not consistent with, I believe, the heartfelt commitment of all 46 members of this conference who oppose ObamaCare. The only path, if we are to oppose ObamaCare, is to stand together and oppose cloture. I ask my friends on the Democratic side of the aisle to listen to this plea.

The PRESIDENT pro tempore. Pursuant to the order of February 29, 1960, the hour of 12 noon having arrived, the Senate having been in continuous session since convening yesterday, the Senate will suspend for a prayer from the chaplain.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Eternal God, our refuge and strength, may the fact that this Chamber has reverberated with a marathon of speaking help us to remember to direct our thoughts and words toward Your throne in continuous prayer for our Nation. You have challenged us to pray without ceasing, for the fervent prayers of the righteous avail much.

During this challenging season, give our Senators the wisdom to make full and complete their commitment to serve the American people. Equip our lawmakers with the power to clearly discern right from wrong so that integrity will govern their words and ac-

tions. Lord, make them this day sentinels on the walls of freedom worthy of the power and responsibility they exercise. Guide and sustain them in the great unfinished tasks of achieving peace, justice, and understanding among all people and nations.

We pray in Your great Name. Amen.

The PRESIDENT pro tempore. The majority leader.

Mr. REID. Mr. President, we all admire the Senator from Texas for his wanting to talk. With all due respect, I am not sure we learned anything new. He had talked about it before on a number of occasions—in fact, endlessly. It has been interesting to watch, but, for lack of a better way of describing this, it has been a big waste of time.

The government is set to shut down in a matter of hours. In just a few days the government will close. And it is a shame. We are standing here having wasted perhaps 2 days—most of yesterday and a good part of today—when we could pass what we need to pass very quickly and send it back to the House of Representatives. They are waiting for us to act.

It seems that in recent years, rather than trying to get things done, we have a mindset in some people's minds to delay and stall and try not to get anything done. I have talked about this before. I do believe that what we have here with the so-called tea party is a new effort to strike government however they can, to hurt government. Any day that government is hurt is a good day for them. It is, as I said before, the new anarchy.

We should get this matter back to the House of Representatives as soon as we can. They may want to change something in this, and we believe that if they have to do that—I don't think they should, but if they feel they have to, get it back to us. Each hour we waste is one less hour we will have an opportunity to look at this. Our rules are different from the rules in the House. So this has been untoward, and I would hope we don't have to waste more time prior to sending it to the House.

Under the Senate rules, there are lots of opportunities to waste time, and that is what we do around here now—we waste time.

The Presiding Officer has been here longer than any other Senator, and he has seen how Senators have worked together over the years to get things done, not to stop things from happening.

I haven't been here as long as the distinguished Presiding Officer, but I have been here quite a while. I came to the Congress in 1982. I have seen the work of Democrats and Republicans. I look back with such pleasure that Senator Hatfield and Senator Danforth, an Episcopalian from Missouri—both Republicans—worked to get things done.

The late John Heinz was taken from us far too quickly in an unfortunate

plane accident, but he was a Republican Senator who worked to accomplish things for this country.

John Chafee. If he did now what he did for me in my reelection in 1992, he would be booted out of the Republican Party. Do you know what he did then? He was chairman of the Environment and Public Works Committee. I sat on his committee. He came to me and said: HARRY, I want you to get reelected, and I am going to help you get reelected. We will do some hearings in Nevada, and you are going to wind up conducting those hearings. That is how we used to work together to get things done. He liked the work I did on the committee. He was a Republican, but he worked to get things done. He was a patriot. He was a hero on the coldest war, the Korean war. Brady's book written about the Korean war was mostly about John Chafee.

It is unfortunate that so much time is now spent wasted, not accomplishing anything. That is what this has been about—wasting time. The American people know. They have been called upon by the junior Senator from Texas time and time again: the American people, the American people. I will tell you something. The American people know that every hour that he has spoken or speaks pushes us another hour closer to a Republican government shutdown.

I have witnessed a government shutdown. The gross national product was hammered by tens of billions of dollars quickly. We had a meeting this morning, and Bob Rubin, former Secretary of Treasury, talked. He said: I was here, I know all about that shutdown. He said: But the world had more confidence in the United States then than they do now.

With the government being hammered every angle by the anarchists, he doesn't know how badly we would be hurt with another government shutdown. He thinks it would be worse than the first one.

If anyone has any doubt that there are Republicans rooting for a shutdown, they should just turn on the television. It is not all Republicans, and we know that, but they can look at TV and see that there are some working to almost singlehandedly force us into a shutdown because, remember, a bad day for government is a good day for the tea party.

We could finish this bill within a matter of hours, but instead we find ourselves being pushed closer and closer to another shutdown. I know the majority of my Republican colleagues recognize this strategy for the foolishness it is, and I am glad to see them speak up. Two dozen have spoken saying, among other things, that it is the dumbest idea he had ever heard. Another said they were being forced into a box canyon and he could see no way out. One Senator said it was political suicide. So I am glad to see them speak up for common sense. Actions speak louder than words.

In just 50 minutes, it will be time for common sense to prevail. I still have hope that we can avoid a government shutdown, but every hour we waste on this floor diminishes the hope of that.

Mr. REID. Mr. President, I ask that following Senator MCCONNELL's remarks, the time until 1 p.m. be equally divided, with the two leaders controlling the time.

The PRESIDENT pro tempore. Without objection, it is so ordered.

The PRESIDING OFFICER (Ms. BALDWIN). The Republican leader is recognized.

Mr. MCCONNELL. Madam President, I wish to start by acknowledging the work of my colleague, the junior the Senator from Texas, who held the floor for nearly a day speaking passionately about an issue that unites every single Republican: ObamaCare is wrong for America and needs to be repealed. The Senator from Texas has focused on the dangers of this law, explaining once again why we are all on this side of the aisle committed to overturning it. Later this week every Republican will unite to vote against any amendment to add funding for ObamaCare.

This afternoon I would like to call on my colleagues across the aisle to once again listen to their constituents and actually join us in this effort. I would like to ask Senators to take their minds back to Christmas Eve 2009. Some of us remember it very, very well. In the early hours of the morning, the majority leader rammed through a massive 2,700-page takeover of the U.S. health care system against the will of the American people, against the principles of open and accountable government, and, I would argue, against their better judgment because the people who voted for this bill didn't have to listen to all the speeches I was giving back then to realize it would never, ever do what the President said it would. But they in the end obeyed the orders of the Washington Democratic leadership anyway, and now our friends on the other side are seeing the results of their votes.

ObamaCare is just as bad as many of us said it would be, and it is about to get a lot worse. This train is picking up speed, and there is a bridge out ahead. It is sort of like one of those Wile E. Coyote cartoons, except this isn't funny because these are people's lives we are talking about. We are talking about the college graduate who is faced with a choice between exorbitant premiums and government tax penalties. We are talking about the working mom forced to scrape by with less hours and smaller paychecks. We are talking about the small businesses that are unable to grow and hire more Americans. And that is not even getting into the concerns about glitches that could expose personal information to fraud or about Americans losing the health care they like and want to keep.

Even the administration is having a terrible time spinning this law. Just look at the cherry-picked report they

released today. About the best they could claim was that some premiums would be lower than projected. Let me say that again: Some premiums would be lower than projected. Note that I didn't say "lower" but "lower than projected." Basically, this law is a complete mess.

So Washington Democrats may have been able to brush the American people off back in 2009—just brushed them off—but they have no choice but to deal with reality now. We have seen how this has worked out over the last 4 years.

It is hard to blame them for looking back at their ObamaCare vote with a lot of regret. But here is the good news. Later this week the Senate will take up the House-passed CR. If the House-passed CR passes, it will keep the government from shutting down without increasing government spending by a penny and—and—defund ObamaCare.

So for all those Democrats who shanked it back in 2006, here is your opportunity for a mulligan. Here is your chance to finally get on the same page with the American people because the American people overwhelmingly oppose this law, and you can't open a newspaper these days without being struck by some new reason you should be opposed to it too.

Remember, it is more than just our constituents who are opposed to ObamaCare. Small businesses are opposed. Even big labor bosses are souring on it. All we need is five Democrats to show enough courage to stand against their party and with the American people on this vote. That is enough to pass the bill—enough to keep the government open and to keep ObamaCare funding out of it—before this train collides with reality.

I urge my Democratic colleagues to join us, the members of my conference who are already united in our opposition to ObamaCare. Democrats, on the other side of the aisle, can help us get this job done.

I yield the floor.

The PRESIDING OFFICER. The assistant Democratic leader.

Mr. DURBIN. Madam President, I came to the floor several times while Senator CRUZ was speaking and addressed questions to him about his position on ObamaCare. What I asked him about were specific provisions in ObamaCare and whether he thought he agreed with them. He made it very clear at the end he doesn't want any part of ObamaCare. What he has said is basically the provision in ObamaCare which says you cannot discriminate against a person or family offering health insurance if they have a pre-existing condition, that provision in ObamaCare Senator CRUZ and the tea party Republicans object to.

Is there one of us alive who doesn't have someone in their family with a preexisting condition—asthma, diabetes, cancer survivors, high blood pressure, high cholesterol? Think of all those possibilities. It could be your

child who disqualifies your family from buying health insurance without the protection of ObamaCare. Senator CRUZ and Republicans would repeal that protection.

There is also a provision in there that says you cannot limit how much a health insurance policy will pay. Why did we include that in the bill? Because tomorrow morning's diagnosis of someone you dearly love could mean they are in for surgery or cancer therapy that could cost hundreds of thousands of dollars and you may not have the coverage if your plan does not have the protection of ObamaCare. Senator CRUZ and the tea party Republicans would repeal that protection.

Senator STABENOW in the State of Michigan just held a press conference. She tells me that over 60 percent of health insurance policies in America today do not offer maternity care, maternal benefits for the baby and mother—over 60 percent. The ObamaCare provision requires every policy in America to protect new moms and their babies, every policy. Senator CRUZ and the tea party Republicans would repeal that provision.

Let me tell you what else it includes. In ObamaCare we say if you have a young son or daughter fresh out of college looking for a job and they can't find one or only a part-time one or one that doesn't offer benefits, you can keep your son and daughter on your family health insurance plan up to age 26. That is peace of mind for a lot of parents. My wife and I have been through that, raising our kids. Senator CRUZ and the tea party Republicans would abolish and repeal that protection for family coverage.

I will also tell you that today, across America, they are announcing the marketplace insurance plans under ObamaCare. In my State it has been announced that the rates for families for health insurance are 25 percent below—below—what was expected. What it means for many families across Illinois and across America is, for the first time in their lives, there will be competition offering them health insurance for their families. For the first time ever. Repeatedly I asked Senator CRUZ about a friend of mine, 62 years old, a hard-working lady in southern Illinois. She has worked her whole life. She is not lazy. She is trying everything she can. She never had health insurance 1 day in her life and she is 62. This gives her a chance for health insurance, and I have asked Senator CRUZ, would you repeal that provision? He said yes.

That to me is what the debate comes down to, 50 million Americans without health insurance, others with health insurance that is not there when you need it. These are people who are looking to us to make sure that the marketplace works for them and make sure that competition works for them. That is what this is about. The sad reality is that Senator CRUZ and the tea party Republicans would rather shut down

the Government of the United States than to give these protections to American families. That is what it comes down to.

I don't think all Republicans on that side of the aisle agree with Senator CRUZ. I think that is why repeatedly he has been appealing to his fellow Republicans to stick with him, but many of them, as Senator REID said earlier, understand this is not a good message for America. We should not be threatening to shut down the government over an issue. We should not be threatening when it is clear that they do not have the votes on the floor to achieve that. Yet they are going to take us right to the brink. I think it is wrong. Whether they are going to default on America's debt for the first time in history or shut down our government, it is going to hurt America's economy. We need to create jobs and build a strong economy. This kind of desperation scenario is going to hurt businesses and it is going to kill jobs. That is not good for America's future.

Let's work together. There are ways to improve this bill, ObamaCare. I am willing to sit down at a table any day in the week to explore those in a constructive, positive way. But simply threatening to shut down the government unless ObamaCare comes to an end sadly does not speak well of those who support it and it certainly doesn't address the serious issues we face in this country.

I yield the floor.

The PRESIDING OFFICER. The Senator from Alabama.

Mr. SESSIONS. Madam President, we have had, I think, a national discussion and the American people have begun to focus on what is imminent and that is that the implementation of the ObamaCare legislation is going to be a disaster. It is not prepared. As Senator BAUCUS, the chairman of the Finance Committee, said: It would be a train wreck. That is where we are headed. The Democratic majority has absolutely refused to allow any serious negotiation, amendments, legislative reform to fix the problems with the legislation. That is the fundamental problem we have here.

Senator MCCONNELL recalled how this bill was first passed by the Senate on Christmas Eve nearly three years ago—and it was against the will of the majority of the American people. I remember Senator Scott Brown in Massachusetts ran against the health care to fill the vacant seat, Senator Kennedy's seat. He campaigned and said: Elect me in liberal Massachusetts and I am going to kill the health care bill. Republicans hadn't been elected to the Senate in Massachusetts in decades—and he won. He was prepared to kill the legislation, providing that single vote that would deny them the 60 votes they had to have for passage. They were able to rush it through before he could take office and move it in that fashion. It had problems that could not have been fixed otherwise and they were able to do that.

I want to recall to the American people the power, the force that was used to pass this bill despite the consistent pleas of the American people not to do it. I have not forgotten that. I don't think the American people have.

What has happened now? The Senate refuses to discuss it. They do not want to discuss it because they do not want to enter into a legislative process that you would think would be perfectly sensible. The bill was passed, what, in 2009? It is now about to hammer us and the negative impacts are quite clear. It is about to hammer us and they refuse to bring it to the floor. So the House funded the U.S. Government. They sent a bill to the Senate that funds the U.S. Government except it does not fund the ObamaCare part, requiring us to confront this issue once again.

What does the majority say? What does the President say? They are saying we will shut down the government. We will never pass anything that allows us—that makes changes in this bill. We will not send back a compromise. We will not agree to have hearings and discuss how to fix it and make it better. No. Absolutely. We are going to use the brute power of the majority party in the Senate to deny that process. I do not think that is right.

Let me say it is not a little bitty matter. My friend here has the toughest job in Washington, being majority leader of the Senate. I respect Senator REID. But recently in Nevada he was asked: Do you believe in a single payer for health care America? And the quote I saw was: Yes, yes, absolutely yes.

Yesterday in the Budget Committee the ranking Republican on that committee—one of our esteemed Democratic colleagues when this matter came up, said: "I support single payer system."

In the Budget Committee—earlier in the year Senator SANDERS said this bill is not going to work. The only thing that is going to work is a single payer. Senator SANDERS, as we know, is known, at least in the past, as a Socialist and has run as a Socialist. The leader in the House, NANCY PELOSI, has said she believed in a single payer. But President Obama, in 2003, clearly said he favored a single-payer health care policy for America. What does that mean? Who is that payer? I asked Senator CRUZ that. He said: Of course the payer is the U.S. Government. What they are proposing, what they desire, what they intend to impose on the American people—because they had a brief shining moment, they had 60 Senators in this body and they rammed through a fundamental change in the health care policy of this country—and the American people do not want it. Senator CRUZ did not waste time. Senator CRUZ raised this issue in a way I hope resonates throughout this country, just how serious it is, the health care question facing our country. It is fundamentally the biggest change in government and the size of government we have had in decades, I guess at least

since Medicare; maybe bigger than Medicare. And they say it is paid for. Don't worry, it is all paid for.

The American people know this cannot be so. How can you do all that and not cost money? We have a score from the Congressional Budget Office over the life of this bill. They have gimmicked it up to make it look as though there is an advantage in the short term, but it is not. Over the long term, the Government Accountability Office told us that it is going to add at least \$6 trillion to the debt of the United States over the next 75 years. That is close to how much our unstable Social Security will add to the deficit of America. So we have Social Security, we have Medicare that is even a larger unfunded mandate than Social Security over the next 75 years, and we are adding another \$6 trillion to it? And the American people do not want it.

This was a recent paper from the University of Chicago economist Casey Mulligan who found that by 2015, a little over a year from now, the work disincentives in ObamaCare will have essentially erased all gains in labor productivity over the last decade.

We know this legislation is hampering the American economy. Do you not listen to colleagues? I traveled my State in August. I had several meetings with small businesses. It just pours out. Business are trying to keep their number of employees below 50 so they will not be impacted. They are putting people on part time.

Let me say we have never seen this in America. It has never happened to us before in our history, in my knowledge, nothing close to it. We have had marginal job gains since January, hampered fundamentally by a lot of things, but ObamaCare being one of them—clearly one of them. But more dramatically, 77 percent of the jobs that were created in this country since January were part time, caused many ways by the ObamaCare matter. Clearly, we have been told repeatedly that businesses are hiring people part time to avoid the mandates of this terrible, disastrous legislation. So they have decided: In for a penny, in for a pound, as James Carville said, I guess. We are going to stick and we are not going to allow it to come up for improvement, we are not going to allow it to come up for debate.

I know Republicans have all indicated they support a way to deal with preexisting illnesses in America. We can work on that. We can do a deal, legislation so that young people can stay on parents' policies longer. Those things are all possible. What about people not getting jobs? What about people getting part-time jobs with no health insurance? This is not a waste of time. Write it down: This is just the beginning. As John Paul Jones said: We have just begun to fight.

We are not going to allow this country to socialize medicine. That is what the goal is, and we are not going to

allow it. We are going to fight it, fight it, fight it, and we are going to demand that this legislation come back so it can be improved and made to work. It is not working now. It is a train wreck, and it is hampering this economy.

Allan Meltzer, the famed economist, testified yesterday at the Budget Committee. Mr. Meltzer said he first testified before Congress in 1949. He was so good and so clear. I think he is 91 years old. There is no doubt that he is one of the most distinguished economists over the last 50 years. He has written a number of books. He said 77 percent of workers being hired part time is directly attributable to ObamaCare. He said it is bringing down employment rates. It is creating uncertainty in the economy, of which there is no doubt. I don't think anybody can deny that.

People are losing jobs, and they are working at part-time jobs, and it is hammering the economy, creating uncertainty, lack of growth, and it is going to continue to do so, and rates have gone up.

We can improve the current system of health care. There is no doubt about that. But I am telling you, we do not need to have a system of health care in America that is run by the U.S. Government. We do not need to do that.

We can all disagree about the right procedures to move forward in this body. Senator CRUZ stood courageously in order to highlight this issue, and it has served a valuable national purpose. I thank him for it.

It is time for all of us to confront the reality that this is not working. It is hurting America. It has to be fixed, and we are going to insist on it as time goes by.

I thank the Chair and yield the floor.

The PRESIDING OFFICER. The Senator from New York.

Mr. SCHUMER. Madam President, I ask unanimous consent that the Senator from Arizona be given 15 minutes and that I have 5 minutes after him.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. SCHUMER. Madam President, not 15 minutes of our time, 15 minutes of their time.

The PRESIDING OFFICER. The minority does not have 15 minutes.

Mr. REID. He can use whatever time he needs from us.

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

Mr. SCHUMER. Madam President, a point of information. I am in order after the Senator from Arizona?

The PRESIDING OFFICER. That is correct.

The Senator from Arizona.

Mr. MCCAIN. Madam President, I won't take a lot of time here on the floor. The floor has been well used over the last day or so.

I would like to make sure my colleagues—especially those who were not here in 2009—understand that there are many of us who are opposed to ObamaCare, as it is called, or the Af-

fordable Care Act. We mounted an opposition in 2009.

It is a matter of record that the Senate Finance Committee considered the Affordable Care Act over several weeks and approved the bill on October 13, 2009. At that time members of the Finance Committee submitted 564 amendments, 135 amendments were considered, 79 rollcall votes were taken, and 41 amendments were adopted.

Then the Senate Health, Education, Labor, and Pensions Committee approved the Affordable Care Act by a vote of 13 to 10. After a month-long debate, 500 amendments were considered, and more than 160 Republican amendments were accepted. Then it came to the floor of the Senate.

The Affordable Care Act was on the floor for 25 straight days, including weekends, between Thanksgiving and Christmas of 2009. There were 506 amendments filed, 228 of which were Republican, 34 rollcall votes were held. Most of the rollcall votes resulted in party-line votes, including a motion which I had to commit the bill to the Finance Committee for a rewrite.

The final passage of the bill—because of our insistence in exercising every reasonable parliamentary procedure we could—took place on Christmas Eve of 2009, much to the discomfort of many of my colleagues. We fought as hard as we could in a fair and honest manner, and we lost. One of the reasons we lost was because we were in the minority. In democracies the majority almost always governs and passes legislation.

I was extremely proud of the effort that we on this side of the aisle made to attempt to defeat what we thought was a measure that was not good for America. I think it was an interesting and educational debate.

I see my friend from Illinois is here. On several occasions he and I had debates on the floor of the Senate, in which, of course, I won every one.

The fact is this legislation was hard fought and went through the legislative process. I didn't like the end of it, but I am proud of the effort we made and, frankly, the other side of the aisle allowed that debate to take place. We finally finished up on December 24, 2009, at 7:05 a.m. So to somehow allege that many of us haven't fought hard enough does not comport with the actual action that took place on the floor of the Senate.

Many of those who are in opposition right now were not here at the time and did not take part in that debate, and I respect that. But I would like to remind them that the RECORD is very clear that this was one of the most hard-fought and fair, in my view, debates that has taken place on the floor of the Senate in the time I have been here.

Then I would remind my colleagues that in the 2012 election, ObamaCare, as it is called—and I will be more polite, the ACA—was a major issue in the campaign. I campaigned all over America for 2 months everywhere I could,

and in every single campaign rally, I said: We have to repeal and replace ObamaCare. Well, the people spoke. They spoke, much to my dismay, but they spoke and reelected the President of United States.

That doesn't mean that we give up our efforts to try to replace and repair ObamaCare, but it does mean that elections have consequences and those elections were clear in a significant majority. The majority of the American people supported the President of the United States and renewed his stewardship of this country.

I don't like it. It was not something that I wanted the outcome to be, but I think all of us should respect the outcome of elections which reflects the will of the people.

We just went through a long many-hour—I can't call it a filibuster because a filibuster is intended to delay passage of legislation. There was no doubt that there was a time certain that time on the floor would have to expire. So I guess the kindest depiction I can say is that there was an extended oratory that took place for many hours on the floor of the Senate, which is the right of any Senator to do. I respect that right, and obviously the longevity of the discussion was something that was certainly admirable. But during the course of that discussion conducted by my friend from Texas, he said:

If you go back to the 1940s, Nazi Germany. Look, we saw in Britain, Neville Chamberlain, who told the British people, "Accept the Nazis. Yes, they'll dominate the continent of Europe, but that's not our problem. Let's appease them. Why? Because it can't be done. We cannot possibly stand against them."

Then he went on to say:

I suspect those same pundits who say it can't be done, if it had been in the 1940s we would have been listening to them . . . and they would have been saying, "You cannot defeat the Germans."

I resoundingly reject that allegation. That allegation, in my view, does a great disservice for those brave Americans and those who stood up and said: What is happening in Europe cannot stand. When the ship was turned back and the passengers on that ship were sent directly to the gas chambers, when Czechoslovakia fell and the slaughter continued, there were many who raised their voices. Then there were those who went to war because of the barbaric and great threat to civilization and everything we stand for. Amongst them were my father and grandfather.

I do not agree with that comparison. I think it is wrong, and I think it is a disservice to those who stood and shouted at the top of their lungs that we cannot appease and that we must act and we did act. It is a disservice to those who did act.

I spoke to Senator CRUZ about my dissatisfaction about his use of this language, and he said he only intended it to be applied to pundits and not to Members of the Senate. I find that a difference without a distinction. I find

that something that I think I had to respond to.

I do not begrudge Senator CRUZ or any other Senator who wants to come and talk as long as they want or as long as they can, depending on the rules of the Senate, but I do disagree strongly to allege that there are people today who are like those prior to World War II who didn't stand and oppose the atrocities that were taking place in Europe.

I have an open and honest disagreement with the process of not agreeing to move forward with legislation, which I agree with, that was passed through the House of Representatives. Comparing that to those who were the appeasers, as Senator CRUZ described them, is an inappropriate place for debate on the floor of the U.S. Senate.

I thank my colleagues.

I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Madam President, how much time is remaining?

The PRESIDING OFFICER. There are 15 minutes remaining for the majority and no time remains for the minority.

Mr. DURBIN. Senator SCHUMER is going to come to the floor shortly. As soon as he arrives, I will yield to him. I would like to respond to Senator MCCAIN's remarks. Senator MCCAIN's father, grandfather, and son—I am sure there are other family members as well—have made an extraordinary contribution to this country, and I know he has a great deal of pride in that. I am proud to count him as a friend and fellow colleague in the Senate. We have debated at least to a draw on several occasions, and I respect him very much even when we disagree. We started in Congress with Senator REID and Senator MCCAIN and I together in the House in 1982. I hope his statement is taken for face value. We respect very much all of those who have stood and fought for America, and though we may have many differences politically on the floor on issues, we will never question those who have risked and given their lives in defense of this great Nation.

At the risk of taking more time than I should, at the conclusion of this debate, we will have an important vote on the floor of the Senate. It is a vote on cloture on the motion to proceed. Basically, what it says is this: Shall we proceed to consider the bill that was sent to us by the House of Representatives?

The bill sent to us by the House is not one I agree with. I hope we can change it. But I certainly believe it would be a serious mistake for us not to give the 60 votes necessary to proceed to debate on this bill. That would literally bring us to a point where the government faces a shutdown. I don't want that to occur. Whatever one may have as a position on the Affordable Care Act or any other provision, I hope we have a resounding, positive, bipartisan vote to proceed to the debate.

Thirty hours after that, we will vote on the motion to proceed and then we will talk about bringing this bill to a close. Senator REID has made it clear that he wants to move this through as quickly as possible in an orderly fashion so everyone has a chance to state their positions on the important issues that are before us.

What I feel about it is very basic. First, we have a responsibility to fund this government. One of my assignments is chairman of the Defense Appropriations Subcommittee. It is an awesome assignment. Almost 60 percent of all of the domestic discretionary spending of the U.S. Government goes through this one subcommittee. It funds our Department of Defense and our intelligence agencies. Any failure or any reduction or delay we have in bringing this matter forward can jeopardize their important activities securing the safety of our Nation.

I see my colleague Senator SCHUMER has returned.

I yield the floor.

The PRESIDING OFFICER. The Senator from New York.

Mr. SCHUMER. Thank you, Madam President. I thank my colleague from Illinois for his courtesy and I thank the Senator from Arizona for his outstanding remarks, as usual.

For 21 hours, we have heard the Senator from Texas hold forth. What has he accomplished? He has alienated many of his own colleagues. He has taken 21 hours unnecessarily, although he is entitled to speak when he wants, because the vote would have occurred whether he said 10,000 words, 1 word or no words. So as Leader REID said, this was not a filibuster. But, most of all, he has shown the American people what he is willing to do.

We all know the Senator from Texas has very strong views about ObamaCare. Fair enough. That is why we have a Senate. There is a time and a place to debate them. But he, in his view that he is right and everyone else is wrong, is willing not only to hold forth on the Senate floor in a meaningless exercise, but, more important, urge his colleagues to hold the American people hostage until everyone agrees with his view. He wants to hold the cancer patient hostage who will not get NIH treatments if the government shuts down. He wants to throw the construction worker out of work who is doing a job that is federally funded and will not be funded if the government shuts down. He wants to tell the recipient of Social Security that they may not get their checks if there aren't enough people at the centers to send those checks and make sure they get to the right place because he wants to shut down the government.

The Senator from Texas has passionate views. Fair enough. But when the Senator from Texas thinks he is so right that he can trample on the rights not only of his own colleagues who are in a bit of a tizzy about what he has

done, but, far more important, on the needs of the American people, something is wrong.

In this country, we have always eschewed ideologues—people who are so sure they are right they don't listen to anyone else, they don't care about anyone else, and they don't care about the damage they cause as they pursue their goal. That seems to be what the Senator from Texas is doing. I was appalled last night when he tried to make the analogy to World War II and Hitler. As somebody who lost brothers in the Holocaust, to compare the two was absurd. I know my colleague from Arizona mentioned that as well.

I was also surprised he used the book "Green Eggs and Ham" as he read to his daughters, because anyone who knows that book knows the moral of that book is to try something before you condemn it. You might actually like it. The main character in "Green Eggs and Ham" resisted eating green eggs and ham. Maybe if he were a Senator, he would speak on the floor for 21 hours. But then when he tasted green eggs and ham, he actually liked them. Maybe as the President's health care bill goes into effect, Senator CRUZ may actually find that he and his constituents actually like it.

So the bottom line is very simple. There is a time and a place, as the Scriptures say. We will certainly debate ObamaCare in the 2014 elections. I would note we did in the 2012 elections and not a single Democrat who voted for ObamaCare in this Senate lost. Every single person who was up for office had voted for ObamaCare and was not defeated, even though that issue was used against them over and over again. If we want to have that debate again in 2014, fine, we welcome it. By the way, we welcome it in 2016 as well. If the Senator from Texas wants to have a debate on the floor of the Senate about ObamaCare, fine. But don't hold—not just this body because his exercise was meaningless—don't hold the American people hostage simply because he is so sure he is right and everyone else is wrong.

Don't hold the Social Security recipient hostage. Don't hold the road worker hostage. Don't hold the person who depends on inspectors who inspect our food or patrol our borders hostage. Debate ObamaCare all you want, but please don't threaten to shut down the government because you can't get your way.

I yield the floor.

The PRESIDING OFFICER. The majority leader.

Mr. REID. Madam President, I would ask if it is in order for me to ask unanimous consent to yield back the remainder of our time and start the vote.

The PRESIDING OFFICER. That would take consent.

Mr. REID. I ask unanimous consent that be the case.

I renew my unanimous consent request.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on the motion to proceed to Calendar No. 195, H.J. Res. 59, a joint resolution making continuing appropriations for fiscal year 2014, and for other purposes.

Harry Reid, Barbara A. Mikulski, Carl Levin, Patrick J. Leahy, Elizabeth Warren, Charles E. Schumer, Richard J. Durbin, Christopher A. Coons, Christopher Murphy, Edward J. Markey, Patty Murray, Tim Kaine, John D. Rockefeller IV, Bill Nelson, Angus S. King, Jr., Benjamin L. Cardin, Kirsten E. Gillibrand.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the motion to proceed to H.J. Res. 59, making continuing appropriations for fiscal year 2014 and for other purposes, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The legislative clerk called the roll.

The yeas and nays resulted—yeas 100, nays 0, as follows:

[Rollcall Vote No. 205 Leg.]

YEAS—100

Alexander	Franken	Murkowski
Ayotte	Gillibrand	Murphy
Baldwin	Graham	Murray
Barrasso	Grassley	Nelson
Baucus	Hagan	Paul
Begich	Harkin	Portman
Bennet	Hatch	Pryor
Blumenthal	Heinrich	Reed
Blunt	Heitkamp	Reid
Boozman	Heller	Risch
Boxer	Hirono	Roberts
Brown	Hoeven	Rockefeller
Burr	Inhofe	Rubio
Cantwell	Isakson	Sanders
Cardin	Johanns	Schatz
Carper	Johnson (SD)	Schumer
Casey	Johnson (WI)	Scott
Chambliss	Kaine	Sessions
Chiesa	King	Shaheen
Coats	Kirk	Shelby
Coburn	Klobuchar	Stabenow
Cochran	Landrieu	Tester
Collins	Leahy	Thune
Coons	Lee	Toomey
Corker	Levin	Udall (CO)
Cornyn	Manchin	Udall (NM)
Crapo	Markey	Vitter
Cruz	McCain	Warner
Donnelly	McCaskill	Warren
Durbin	McConnell	Whitehouse
Enzi	Menendez	Wicker
Feinstein	Merkley	Wyden
Fischer	Mikulski	
Flake	Moran	

The PRESIDING OFFICER. Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to.

The majority leader.

Mr. REID. Madam President, we now start 30 hours. I would hope we can yield back the vast majority of that time. I have no problem with Senators being allowed to speak under what the rules are postcloture. But I would hope

we can expedite this. We have a lot to do. We should get there as quickly as we can.

As I have indicated before, every hour that we delay is an hour closer to shutting down the government. There were all kinds of articles written today about the disaster of that. Closing the government will hurt our gross domestic product by tens of billions of dollars just like that.

This is leading up to the real battle we have of raising the debt ceiling; that is, to have the government pay its bills which we have already incurred. So I hope everyone would keep that in mind. Again, as I said at some length earlier, we have wasted enough time of the American people the last few months. Let's start moving forward and get things done rather than just stalling, stalling. Everything is a big slow walk. We have to get past that.

The PRESIDING OFFICER. The Senator from Indiana.

Mr. COATS. Madam President, I certainly do not think we have been wasting time. We have been talking about an issue that is on the minds of every American as we are careening toward implementation of the ObamaCare health care plan.

We have heard from Senator CRUZ and others, and you will be hearing from all of us on the Republican side of the aisle as to why we object to ObamaCare and why we are working so hard to open the door to repeal, to replace, to correct the inequities that exist in this particular legislation. We have had discussions about this in our caucus. We are all prepared to come and to speak.

I give Senator CRUZ credit for being first through the door. He chose to use all of the 30 hours. That is his right as a Senator. He brought to the attention of the American people the very issue which we are debating. I think he made some very persuasive arguments. I wish to address some of those in a minute.

He also said we need to start listening to the people. Listening to the people is what all of us in the Republican Party are doing. We have heard their concerns. The majority leader of the House famously said of ObamaCare: "After it is passed we will learn what is in it." It was passed without any Republican support. We have now seen what is in it and how it is being fully rolled out.

I take seriously the majority leader's point about moving this legislation along, so we can get this back to the House instead of sending it back Monday, the day our government runs out of money at midnight, and we can give the two chambers the opportunity to go back and forth and debate. I think that is important.

So I will shorten my remarks in that regard. While I was not here when Congress passed the health care law and I was not here when this law was written in the backrooms restructuring one-sixth of our entire economy, I was

watching what was happening with dismay. I was watching the world's best health care system—people from all over the world come here for their health care provisions if they have any kind of a crisis—I was watching that being wrapped into one gigantic piece of legislation that tried to take one-sixth of our entire economy and structure it into a law which, as we are finding now, just simply is not working.

I have testimonials from people. I have been all over the State of Indiana. During my campaign year of 2010, this was the biggest issue. This was the issue. I visited with providers and hospitals and patients and those receiving benefits in our health care system.

I can guarantee you I would not be here today if the people of Indiana thought Obamacare was a good idea, that this was in their best interests going forward. I have continued to travel across the State, meeting with people, health care providers, and citizens on the street. Their messages have poured in by the hundreds every day during the last few weeks on this issue that we are debating right now.

I recently have spent the weeks back in Indiana talking to people about this. So it is very important that we not just simply rush this through or waste time—wasting time is certainly not the case. I take a backseat to no one in terms of my desire to replace this bill with something far more sensible. I have offered a number of proposals, which I think would be more sound, sensible, cost-effective, quality, effective health care proposals that many others have also put forward. To simply say there is nothing we can change, there is nothing we can address is to deny the very conclusions of many of our colleagues who originally voted for this legislation or who are still supporting this bill, the so-called train wreck coming down the line. We have to fix this. We have to make adjustments. We have to modify this law. Yet, when we get the opportunity where we have the opportunity to do that, the door is slammed shut. It is all or nothing, my way or the highway as someone said.

That is the story that came from the White House.

What I wish to share—and I know my colleague from Oklahoma is going to go into more detail—is how even as we have worked through this issue and had a difference of opinion in terms of how to best achieve this, the goal is to replace Obamacare. The reality we have to live up to and recognize is a hard truth: Republicans are a minority here in the Senate. We are united, every one of us, 46—46 is short of 51, and it takes 51 in order to make a change.

We have seen no evidence whatsoever that any Democrat is willing to cross the aisle and join with us in trying to bring some constructive changes to this law. We are going to need at least five of them to cross that aisle and join us in a vote if we are going to make a

difference, if we are going to have an opportunity to do what all 46 of us would like to do and what I think the majority of the American people would like to do.

I can't speak for people in States outside of my State. Although I read the news, I think the stories are the same. I can speak for the people of Indiana. A sound majority of, Hoosiers see this bill as a disaster—a disaster for their economy, a disaster for their medical future. It is not working.

We read about it every day. The exchanges have not been put in place. There are exemptions and waivers that are shamelessly given by the White House to people who get their ear, leaving others in the lurch. There are promises that have been broken repeatedly what this law will do, what it will provide, how it won't hurt, and how there will be no negative impact. The broken promises are too long to recite. I am keeping a collection of them. It is pages of promises of what this law would do. "Fabulous" was one of the words. None of those promises have been kept.

That is why we are here fighting hard to address this issue, but we can't do it when we are a minority. We can't achieve it. It is a hard truth. It is a reality. Without five people crossing the aisle, Republicans are not going to be able to go forward. In the meantime, a government shutdown is on the verge of occurring.

I wish to talk about shutting down the government. It hasn't been talked about here. We haven't looked at what the end result of a shutdown will be.

As we determine, as we work through, as we decide how to move forward tactically to achieve what we want to achieve, keep in mind that the President of the United States has not said: Gee, Americans, I am sorry, that Affordable Care Act was a big mistake. Give me a pen, let me sign this bill that repeals this, and let's start over. We will work together, and we will do it in a bipartisan manner this time.

I haven't heard that coming out of the White House, and I don't expect to hear that coming out of the White House. I have heard exactly the opposite. And I haven't heard that message from our friends across the aisle instead we have heard exactly the opposite.

The reality is that we have to determine how we would go forward. Some of us would like to take a vote. We would like to put Members on record as to whether they support funding Obamacare. We would like that record to be put forth to the American people, and in the next election they can decide whom they want to send back to Congress. Do they want to send somebody back here who supports Obamacare or do they want to send somebody back here who opposes Obamacare?

The reality is that we are not going to go for a year with a government shutdown. I wish to speak a little bit

about the consequences of a shutdown, and I think we need to weigh some of this information in terms of what we do so that we understand the reality that exists, the hard truth that exists.

No. 1, shutting down the government will not stop ObamaCare. It will not stop ObamaCare. The Congressional Research Service, at the request of Senator COBURN, who will be speaking next, has given us a nonpartisan report that simply says the majority of the funding for ObamaCare is not under our control. It is mandatory. It is automatic. The 13 or 14 taxes in this bill don't get stopped, so the American people keep getting taxed for this law, and significantly more than half of it—I think Senator COBURN will be able to go into more detail on this—we can't even affect.

So, No. 1, whatever we do here will not stop ObamaCare from moving forward, which is why some of us have tried to look at, OK, what is the next step, what is the next alternative? We don't have the votes to defeat it. We would need 13 Democrats to come across the aisle to support a sure veto by the President should 5 of our friends decide to support us in this effort. The reality is that we will need 13 Democrats to override a Presidential veto, and I don't think we are going to get those. In fact, I am sure we won't.

What does a government shutdown mean? Let's discuss this.

I attended a deployment ceremony about a month ago in Indiana where we sent some of our brave men and women to Afghanistan. If we shut down the government, their spouses at home will not get a paycheck. Trying to hold down the home, maybe raising two or three children, paying the bills, with a husband over in Afghanistan in harm's way, putting his life on the line for our defense—they don't get paid. That is a consequence of a shutdown.

Veterans lining up for the benefits they deserve and the care they need when they come home from the battlefield are going to be standing in a long line waiting for their applications to be processed.

People waiting for Social Security checks and Medicare checks and Medicare reimbursements—even though those will be coming, as we have learned from past shutdowns, the staff won't be there to process them on a timely basis.

We have a major naval facility in Indiana. Six thousand people work at Crane. They are doing cutting-edge work on electronic warfare and prevention of IED casualties. They are the go-to place for commanders who need something tomorrow. We have engineers and contractors down there with Ph.D.s and master's degrees from Purdue University, Rose-Hulman, and a number of schools around the country. I have heard from the Chief of Naval Operations, Marine Corps, Army, Air Force—this is the go-to place for our armed services to fulfill a commander's request on how to save the lives of the

people they are commanding, and they have an incredible record down at Crane of finding solutions—usually through electronic warfare initiatives—solutions to problems that are saving American lives. These workers will be furloughed. Those people won't be able to work. When the commander calls in and says "I need this next week. My guys are dying. I need a way to stop it," he will be told "Sorry, the government is shut down."

Our defense contractors who work in those areas talked to me about how critically important it is to have this capacity to save American lives, to help us as we address conflicts around the world and provide a defense for the American people. Those people will not be paid; they will not be at work.

There are some major drug manufacturers and medical device companies in Indiana. They have products waiting to be approved by the FDA, lifesaving products, improving-health products. Those will not be processed if we shut down.

I could go on and on.

I wish to add one more. The last time we had a shutdown we had 10,000 Medicare applicants. We hear about 10,000 baby boomers every day. In the last shutdown the number was far less than this, but today, because 10,000 Americans are retiring every day—those applicants in our past shutdown were all turned away. So people who have been paying into Medicare, people who have been waiting to enroll when they turn 65—it will all be put on a hold.

A government shutdown suspends the hiring of local law enforcement and border security officials. We had a great debate, a long debate, a contentious debate, and an important debate about how we need to tighten our border and get more agents on the border to deal with our immigration problem. That will all be suspended.

Before we rush to judgment on how we ought to go forward, I would suggest that we think about this. I would suggest that we think about the fact that whatever we do here doesn't stop Obamacare implementation. Whatever decision we make has consequences. We do need to fund this government, and we know we are not going to shut down this government for the next 3 years and 4 months until we get a new President, so something has to give.

I didn't sleep through Senator CRUZ's 30-hour discussion. First, I commend him for bringing the issue up here and his passion about it. This isn't a question of whether we are for or against, this is a question of tactics, how we can best achieve our goal. I paid attention. I wasn't here because obviously he was going to hold the floor for the full 30-hour time. This is why I am speaking now instead of yesterday or last evening. All I could have done last evening was ask a question. I tuned in. I didn't hear everything. I did get some sleep last night, but I listened to a fair part of what he said.

One of the things that caught my attention was when Senator RAND PAUL

asked what I thought was a very pertinent question relative to what is the end game here. At some point—we are not going to shut the government down forever. Somebody, something has to give.

He asked: Senator CRUZ, would you be willing to consider some compromise?

That got my attention because I have offered a compromise. If the repeal failed and we couldn't get the Democrats to come across the aisle, couldn't get the President to change his mind, which I didn't think we could, maybe there some options or things we could accomplish.

I joined with the Congressman from southern Indiana, TODD YOUNG, and introduced the same bill that passed the House of Representatives in a bipartisan vote. I introduced it here in the Senate. The Senate minority leader liked it. It calls for a 1-year delay in the individual mandate.

The President has already said he is going to give employers a 1-year delay. If he is going to give employers a 1-year delay to work out the messy details of all of this and to try to come to a better resolution—acknowledging a failure of the bill and a failure of the administration to get this put into place how is it fair to impose it on individuals when he is giving employers a break?

A lot of people are getting kicked off their employer's insurance because of the definition of a full-time worker. That is another issue where amendments have been offered on a bipartisan basis, but we will not be able to discuss it.

This 1-year delay for individuals will give us an opportunity to vet and work through these important issues. This compromise is the next best thing because we can't achieve the best thing, which would be defunding.

If it turns out that we can't fund Obamacare, at some point we are going to have to look at some type of compromise. I think, Senator PAUL asked a legitimate question. Shouldn't we be looking at some type of compromise that keeps this issue alive, gives us a chance to continue to debate this law and other attempts to change, modify, reform, repeal, replace, whatever, and ultimately put it in front of the American people in 2014 and say: Where do you want to go with this?

Well, people say we did this in 2012. In 2012 much of Obamacare had not been implemented. People didn't understand what was in it. There is still great confusion about this law, but we are learning more every day. By 2014—now that this is being implemented, we are learning a lot. What we have learned we don't like. It is even worse than we thought, worse than our worst nightmares.

The American people will have a chance to decide at the poll whether they want to continue going forward with ObamaCare or whether they want something different.

I think the result will speak for itself. Maybe that is the reason why they want to rush this thing through, they didn't want to face that possibility. But at least that is the possibility of something that may gain bipartisan support, and may put us on a path to addressing this issue.

If we are not willing to come up with some alternative for which we can get bipartisan support in order to keep this government going so we can pay those spouses whose husbands or wives are in the line of duty overseas serving this country, how can we tell them they are not going to get paid? You have to stay on duty, you can't come home and take another job, you can't take off your uniform. They are overseas putting their lives on the line.

As ambassador to Germany, I spent time at Landstuhl, the hospital in Germany that cares for all the wounded and critically wounded troops, just hours after an IED has taken off their legs or their arms. In visiting those soldiers, I can't help but think how we tell them they are not going to get their pay because Washington says that if a goal is not achieved now, that is it. The government is shut down.

So I am just asking my colleagues, before we make a decision on this now, to consider those spouses at home raising kids while their husband or wife is on the front line of duty. Better think about those veterans coming home who need help, who have brain injuries or wounds that need to be addressed. You need to think about those people turning 65 and retiring and who want to apply now for Medicare because their company has dropped them. You need to think about those individuals out there who will be mandated while employers get a break. You need to think about all the consequences here before we rush to some kind of false judgment that a shutdown isn't going to really affect us. It is. The President is not going to take the microphone and say: Folks, I am so sorry. I am so sorry I brought this health care law forward. This thing isn't working. I am hearing it, too, I am hearing it back home. So, yes, let's reopen the government and repeal and replace the health care law. I wish he would, but we know he won't say that.

I am asking my colleagues to weigh all these things before we come to a final conclusion on this and let us not be lured into the seduction of saying this vote will determine whether or not we will ever be able to deal with this Obamacare issue. And this is not even a substantive vote. It is not even a vote on the issue itself. It is simply a vote on moving forward to debate. It is nearly impossible to explain our procedural motions around here. But this isn't an up-or-down vote on ObamaCare, this is a procedural vote.

I know Senator CRUZ would like to turn it into "the vote" in order to prevent something else from happening. I personally think that is a tactic that won't work, but we share the same

goal. I am not criticizing Senator CRUZ. He has energized people, he has brought this issue forward, and I support that. But let's think about the end game and let's think about what may or may not be accomplished by our decisions and let's make sure we weigh the consequences of our next action and its impact on the American people.

I yield the floor.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. KAINÉ. Madam President, I also rise to speak on the continuing resolution. We are coming up on the 150th anniversary of the most famous speech ever given in America, the Gettysburg Address, delivered by Abraham Lincoln in Gettysburg, PA, in November of 1863. In that address, President Abraham Lincoln, the founder of the modern Republican Party, talked about the meaning of the battle and stated that all Americans should resolve that "government of the people, by the people and for the people shall not perish from the earth."

That is what we are debating today. Should the American government be defunded and shut down? Should our government perish? The answer to this question is easy and obvious: Of course not. Of course not.

If a shutdown threat to the American government were external, because of an act perpetrated by an enemy or anthrax put in the mail and sent to us, the American people would rally with every ounce of their energy to battle against a government shutdown. That is what is so amazing. There is a proposal on the table by a faction of Congress themselves to shut the government down. Not an external enemy but a proposal by Members of Congress, a faction in both Houses, to shut the government down.

Last night on the floor of the Senate, I presided and then I took to my feet and asked the Senator from Texas a basic question: Will you vote against the funding and continuation of government if you do not get your wish on the defunding of ObamaCare? And his answer was very simple: Yes. Yes. In his view, and in the view of others who support this position, after 237 years of our national life, if you do not get your way on one issue that is important to you, it is acceptable to shut down the American government.

Needless to say—and the Senator from Indiana did a good job of saying it—the consequences of shutdown are severe. The 26 days of shutdown in 1995 and 1996 cost taxpayers \$1.4 billion by the estimate of the Congressional Budget Office.

As Senator COATS mentioned, our Active-duty military are required to stay on duty, but they do not get paid. Their paychecks get delayed and then we have to come back and try to figure out a way to pay them late. They and their families don't deserve that treatment.

Many civilians working in our military, army nurses, for example, might

get furloughed and not paid, as well as cyber security professionals, aviation mechanics, and I mentioned army nurses.

We won't take new applications for Medicare as people become eligible for Medicare. In 1996, 10,000 seniors a day who were becoming eligible for Medicare were turned away every day during the government shutdown. There will be 2.4 million Federal workers who won't get paid in a government shutdown, hurting their families. Many of those get furloughed, so whether it is meat inspectors or cancer researchers or folks who are negotiating trade deals to improve the economy, they will not be able to do the work the Nation needs them to do.

And private businesses, such as the Newport News Shipyard, the manufacturers of the most sophisticated manufactured items on Earth find that their contracts are put in question and their employees are, therefore, put at risk.

A shutdown is a huge blow to our economy and jobs. Make no mistake, these economic consequences of a shutdown are negative. Yesterday the Budget Committee held a hearing. We had both majority and minority witnesses—economists. I asked each of them: Would a government shutdown under current circumstances hurt the economy? They all answered: Yes. I asked them: Is even the threat of a shutdown harmful to the economy? They all answered: Yes.

And furthermore, the economic consequences of a shutdown are even magnified by the economic consequences of a potential default on America's debt. Some are threatening default on America's debt if we don't defund ObamaCare. This is also economically irresponsible—not paying our bills for the first time in 237 years as a Nation. America paid its bills when Washington was burning during the War of 1812. America paid its bills during the Civil War. The entire world knows they can bank on the full faith and credit of the United States. Our Constitution says that the validity of public debt of the United States shall not be questioned.

Those who threaten to repudiate our fiscal obligations or to shut down our government are engaging in economically destructive behavior.

It is painfully obvious we should not shut down government, that we should not default on our fiscal obligations. So why are we even having a discussion about shutdown and default? What has brought us to a place where these unthinkable actions are being discussed and even promoted by some in both Houses of Congress? Simple. Some Members of both Houses are opposed to the Affordable Care Act. They are committed to repealing it or defunding it at all cost, even accepting a government shutdown or default on the debt of this Nation.

What do we say to those who hold that view? First, to be plain, I oppose those who want to defund or repeal the

Affordable Care Act, because repealing or defunding it would mean millions of Americans who will be able to access affordable care through health insurance exchanges would lose that ability. It will mean that nearly 7 million young adults would lose coverage they have been able to gain through their family's insurance policies. It would mean seniors would be stripped of Medicare coverage for certain preventive care, and also Medicare coverage to reduce prescription drug costs. It would mean small businesses will lose tax credits they can access if they insure their employees. And this is a personal one to me—I have experienced this in my family—that people with a health history will once again be free to be turned away by insurance companies because they have a preexisting health condition. Consumers who are getting rebates from insurance companies who overcharge them will stop getting rebate checks. In the States that have decided to embrace the Medicaid expansion of the Affordable Care Act, an estimated 5 million people who are now on the verge of being insured will have that protection taken away from them.

So for all those reasons I oppose repeal.

Last year, I told my voters in Virginia that I opposed efforts to repeal the Affordable Care Act, and I had an opponent who pledged to repeal the Affordable Care Act. The voters heard both of those positions and they rejected repeal and they embraced to keeping it in place and improving it.

Last year, the President of the United States campaigned on continuing the Affordable Care Act and being open to improvements. He campaigned against someone who said it should be repealed or defunded, and the American public, by a large majority, said we don't want repeal, we want to continue forward and to reform and improve.

The American public does not want repeal. The American public does not want defunding. The American public does not want default. The American public does not want shutdown. They are open to reform and improvement.

Let me be clear: We should be open to reforming and improving the Affordable Care Act or any other part of our health care delivery system or any other thing we do as government. We need to be open to reform and improvement.

The Senator from Indiana was wrong in one particular thing. Many in this Chamber, including Democrats, have already voted for ACA reforms as part of the budget we passed in March. But the minority party has stopped us from putting that budget into a conference now for more than 6 months. There is a significant group of people in this body who would love to talk about reform and improvements but who reject shutdown and default.

This gets to the nub of the issue. Last night I asked the Senator from

Texas about reforms he was interested in, and he laid a number of them out on the floor. He had some I liked and some I thought were good. I asked the Senator: Have you prepared any legislation to make these reforms? And he answered: I don't currently have a reform proposal but I am going to work with my staff to come up with some reform ideas.

This gets to the nub of the issue. There is a right way to approach health reform. Though I disagree with it, there is also a right way to approach a repeal of the Affordable Care Act or defunding the Affordable Care Act. Here is what you do: If you have a better idea, introduce a health reform bill with your own ideas and try to convince your legislative colleagues that you have a better answer or participate in debate about the budget or about an appropriations bill and make your argument about the appropriate level of funding for the Affordable Care Act.

The Senator from Texas and every legislator has the ability to raise whatever reforms or whatever funding or defunding ideas they want in these ways. Make your case, argue your position, try to convince your colleagues, and then accept the outcome. But do not threaten to shut down the government of the United States if you don't get your way, if you are not able to convince your colleagues that you have a better answer. Do not threaten to default on America's fiscal obligations if you don't get your way, if you can't convince your colleagues that you have a better answer.

There is absolutely no reason to jam your plan to overturn a law passed by Congress, signed by the President, and affirmed by the Supreme Court, into the very gears of the American government. Do not let your opinion on one issue threaten not only government operations but the economy of the United States.

In other words, let's talk about reform. Let's talk about improvements. Let's do it the right way, not the wrong way. Let's separate those discussions out from all the threats of shut-down or default. If we are willing to do that, I think we will be able to get somewhere.

To conclude, I want to go back to where I started. I ask my Senate colleagues, avoid all the brinkmanship and promptly approve a continuing resolution to fund the continuation of American government. Strip away the separate issues that should be debated and considered separately, and let the House vote on the simple question of whether they believe that American government, after 237 years, shall continue. We have come far, we have achieved so much, and we have much work still to do.

Government by, of, and for the people is not perfect and it will never be perfect. But I am resolved—and I hope all my colleagues are resolved—that government by, of, and for the people shall

not perish—not for 1 year, not for 1 month, not for 1 week, not for 1 day, not for 1 hour, not for 1 minute. Government shall not perish on this Earth.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. HEINRICH). The Senator from Oklahoma.

Mr. COBURN. Mr. President, I have spent a lot of time in the last few weeks and listening last night to the Senator from Texas make a big point that Members of Congress in his opinion were not listening to the American people. I have a lot of experience listening. As a physician that is what I got paid to do.

I think the motives of Senator CRUZ and some of his allies in the Senate are pure. Their tactics are tremendously erroneous, in my opinion, but I want to draw a picture for you in a minute about this idea of listening and what it means.

Even though I disagree with their tactics, I admire their spirit and their vigor. Having delivered 4,000 babies, I have had a lot of sleepless nights. I have gone 2 or 3 days with 2 or 3 hours of sleep over that period of time to care for people.

But I would make this point: As a physician, the first thing you are taught in medical school is to listen to your patient and they will you what is wrong with them. So we do have to spend time listening to our constituencies.

But doctors don't just listen to the patient. They observe the patient, they examine the patient, they do tests on the patient, and then can combine all that listening with all the other data they have collected, and then they make a decision about giving advice to that patient. They give what is called informed consent.

That is the big story that hasn't been told to the thousands and thousands of people from Oklahoma who have called my office. They haven't been given informed consent. They have been sold a bill of goods. When I have young interns and young staff in my office taking significant calls from people who have been misled, there is no way you are going to talk them out of a position that outside interest groups and a small number of people inside the Senate have planted. So I want to spend a few minutes addressing this. Then I want to go back to the patient for a minute, because in my broad experience of treating everything from newborn babies to grandmas to broken bones to gall bladders to you name it, I have gained a little bit of experience on how you judge inputs of information.

What we have had outlined—and I want those people who call my office to listen to this. What we have had outlined is a group of people who said somebody has a terribly swollen knee, and if you don't fix it they are not going to be able to walk, and that we have got to fix it right now. Nothing else matters. We have to fix it right

now. Except they have a staph infection in their knee, a methicillin-resistant staph infection in that knee. But because we don't listen to all the facts and we didn't do all the studies, they don't recognize that that staph infection has already infected the heart valve.

The knee is what is red and hot and what they are complaining about, but the good physician will do the tests, the studies, the listening, and the exam and find out what the real problem is. The staph infection in the knee came from the staph infection in the heart. If you don't go after treating the heart of the problem, it doesn't matter if you cure the knee; the patient is going to be dead.

That is what we have had put upon us by some of my colleagues. They have been misdirected in terms of what the real problems are.

I would say nobody fought harder against the Affordable Care Act as a practicing physician than I did. I was still practicing, being a Senator at that time. I was still delivering babies on the weekends in Oklahoma.

Senator MCCAIN said it was a fair process. It wasn't a fair process. The one bill that actually would have solved our health care problems never got a vote on the floor of the Senate. It is called the Patient's Choice Act. The majority leader wouldn't allow a vote on that amendment. It was a complete substitute. It actually fixed the real problems, and did so without putting the government between you and your doctor. But let me go back.

What Senator REID, the majority leader, has said is right. What is the Affordable Care Act about? It is about ultimately getting to a single-payer system where the government controls all of health care. So Senator CRUZ and Senator LEE aren't wrong about worrying about it, aren't wrong about wanting to change it. But we have a whole lot bigger problems than the Affordable Care Act. It is just one of them.

I want to spend a little bit of time talking about what this debate has taken our attention away from. The real problem in our country right now is that we are bankrupt. Our total unfunded obligations of the Federal Government are \$124 trillion. The entire net worth of the entire country is only \$94 trillion. We are \$30 trillion in the hole and growing that hole. What that means is we are leaving a legacy of pauperism and debtor's prison to our children and our grandchildren.

So while we have had this big debate, nobody is focused on the fact that Washington is still lying about the numbers up here, including the bill that came across from the House. I am going to spend a little bit of time going through that so we can refocus on the infected heart instead of looking at the infected knee.

I am very glad they have raised the issue. The problem is we are double-minded and double-speaking when we

talk about the numbers. Let me show this for a minute.

Congress, the President, the House, and the Senate voted for the Budget Control Act. We made a promise. We said we recognize we have some problems. The first thing we can do is we can start addressing some of those problems through discretionary spending. You had all of these claims that we made all these savings, over \$2 trillion. Well, here are the real numbers. The real numbers are, in 2011, the base discretionary spending was \$1.062 trillion. By the time you add up the emergency spending, the troops, spending for the war, we spent \$1.221 trillion. In 2012, as we worked this Budget Control Act through, the base spending was \$1.043 trillion. Real spending, when you add in everything else that was spent through emergencies and everything else, we spent \$1.198 trillion. This is the discretionary spending. In 2013 through the Budget Control Act, the base according to that was \$988 billion. With all the extra things we allowed, emergency spending, war spending, et cetera, we spent \$1.145 trillion.

According to the CBO, reading what the law is and the promise to the American people, this next year it is supposed to be \$967 billion. If you add what is expected in war and discretionary spending through emergencies, it is to be \$1.114 trillion.

So what have we done? By forcing a discussion about the wasteful spending, we have set us on a path to slowly actually cut actual discretionary spending, something we are going to have to do if we are not going to have our kids in debtor's prison.

What is the bill we have coming over here? The bill we have coming over here is \$985 billion. So it is \$18 billion bigger than what we promised you just last year. Besides that, it is even \$18 billion higher because we have got fake pay-fors in there, so it is actually \$18 billion higher than that and something we call CHIMPS, where we assume something that we have assumed the year before but didn't count it the year before and will count it again this year. It is the type of accounting that anybody in a publicly-held company in this country would go to jail for. They would be convicted and go to jail. But what we agreed to in the Budget Control Act is 2014 would be the last year of discretionary cuts; then every year after that it would rise by 2.5 percent, i.e., the estimated rate of inflation, and that we could change the mix and we could get there. But we are not doing that.

Just to show, the spending is still going to rise. The discretionary spending is still going to rise. Here it is in terms of baseline and actual, and you can see we are not cutting spending anymore after this year. It is going up.

Which begs the question: What are we doing with this continuing resolution? We are breaking our word that we gave you last year and the year before. We can't help ourselves. We are addicted.

You can say—as NANCY PELOSI, the minority leader in the other party, has said—there is not anything else left to cut in discretionary spending. Of course, that belies the fact that the Government Accountability Office has listed 165 different sets of duplicative spending, wasteful duplicative spending—that is \$250 billion a year—that if the Congress would do its job you could save half of that. So instead of doing this, we can be doing this.

What does that mean? That means your children have a brighter future. That means we don't waste money. We clean up the fraud and corruption in the Federal Government. That is what it means.

There are points of order that can be raised against this bill and I am hopeful we will do it because we violate the Budget Control Act. If 60 Senators want to say we don't care what we promised you before, we have to spend more money, then they will vote. They have to have 60-plus votes to waive that budget point of order. I predict they probably will because we cannot help ourselves. I will not, but we are going to spend more money than what we just last year promised the American people we would do.

Of course, that doesn't address any of the real problems that are facing our country, which are the mandatory programs. I want to give just a short flavor of some of the programs. I will just take green buildings, for example.

I ask unanimous consent to use an oversized chart on the floor.

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

Mr. COBURN. If you just look at this, nobody in their right mind would create this. But of course Congress is not in its right mind. We would not have a \$750 billion deficit if we were in our right mind. Here it is for all the green building programs in the country.

We have in this different departments that are running a multitude of programs that all do the same. A cogent person would say if it is good to have green building programs, why don't we have one? Why don't we create a czar of green building programs, put him in charge, and let's have one set of grants, one set of incentives and one bureaucracy that runs it. But we have not done that.

Let me just go through, for a moment, this series of duplications that the Government Accountability Office has outlined and just see if you think we are doing our job. See if you think we are doing the oversight we should be doing.

Here is the first group. We have 15 unmanned aerial aircraft programs, of which we are going to spend \$37 billion over the next 5 years. Why do we have 15? Maybe we need one for each branch of the service and they could subcontract what they deliver to Homeland Security if we need those for homeland security or for the intelligence agencies. Why do we have 15?

We have 18 different food programs running through 23 agencies at \$26 bil-

lion a year. We have 21 homeless programs, 7 different agencies, 2.9 billion. We have transportation services for transportation of disadvantaged persons, 80 different programs in 8 different agencies spending \$2 billion a year. Job training and employment, we have 47 job training programs for the nondisabled. We have 6 veteran job training programs and we have over 50 job training programs for the disabled, spending \$18 billion for the nondisabled and a total of \$21 billion combined.

What we did as the oversight in the State of Oklahoma was to look at that. What GAO says on this particular one is all of these programs overlap one another except for three. They all do the same thing, except there is no metrics on any of them to see if they are actually giving somebody a family-stabilizing, long-term job or the skills for a long-term job.

We have 82 different teacher quality programs run by 10 different agencies not at the Department of Education that we are spending \$4 billion a year on. Food safety, military and veterans health, economic development, 80 different programs, \$6.5 billion a year.

I can go on. I will not. I will not bore you. There are two other pages, 165 sets of different duplication, over \$250 billion, and here is what Congress has done. We have addressed 8 percent of it. There have been hearings. That doesn't mean we have had an answer for it. We have addressed 8 percent of them.

When we look at the activity of Congress, of doing real oversight to solve the problems, to truly eliminate duplication, to truly eliminate fraud, to truly eliminate waste, most Members of Congress are not interested in doing that. They do not get the glory, but it is our oath, it is our responsibility to do that. Yet we fail to do it.

I heard the Senator from Virginia mention the debt limit. I am going to say again something I said in 2009. We do not have an income problem in this government, we have a spending problem. Do you realize the average American spends one-quarter of their life working to fund the Federal Government. Think about that for a minute. You are going to spend one-quarter of your life working to fund it, if you count the unfunded liabilities that we have and count the 25 percent of GDP where we are on spending today, you are going to spend one-quarter of your life funding that.

If I remember correctly, and if I read the Constitution correctly, this little book, what our Founders talked about was limited government, not a government that consumes 25 percent of your labor to run it, not a government that ignores the 10th Amendment or ignores the enumerated powers.

I introduced the Enumerated Powers Act. It is a simple act. It has 37 cosponsors. What it says is, before you introduce a bill on the floor of the Senate, you have to reference the area of the Constitution that gives you the authority to legislate in that area. Sad to

say, I could not get any of my colleagues on the other side of the aisle to join on that one very simple bill that would help bring us back to what our Founders thought about a limited government and our responsibility. Our Government is limited only to the extent to which it can borrow right now.

We have tons of structural deficits in our economy today. We have a job deficit in terms of creating jobs. We have a skills deficit in terms of matching the skills to the jobs that are available. We have a demand deficit because of the overbearing overreach of the Federal Government and the regulation that is imposed upon the citizenry. We have a deficit of watching out for those who cannot watch out for themselves.

We have programs that are supposed to do it, but when you go back and read our Founders' vision and read the Federalist Papers and read what this most wonderful government that was ever created was designed to do, first and foremost it was designed to be limited because our Founders knew that when it became 25 percent of your labor, your liberty was diminished, your freedom was diminished. Of course, that ultimately is what the fight is over, the Affordable Care Act—what will it ultimately cost and how much freedom will you have when we give you something that some need, what will you give up when you receive that.

I will end with just the following. I think there are four questions the American people ought to be asking Members of Congress right now. There are four critical questions. I think too often we fail in answering these questions. Here they are.

Are you leading in such a way as to restore confidence in ourselves, our Government, and our institutions? Are you trying to unite us or are you trying to divide us?

I already described we are bankrupt. How do we get out of it? The only way we get out of it is working, coming together with real leadership that draws us together, that says, hey, folks, no finger-pointing here, there are lots of mistakes made. How do we solve these problems and how do we do it together without making somebody else look bad? How do we restore confidence we know we need?

I wish to tell a story. I did townhall meetings in August, and I went to Miami, OK. There is a wonderful plant there that grows mushrooms and vegetables. It is a big operation. The owner of the plant, Virgil Jurgensmeyer, came to my townhall meeting. He is probably my age, maybe a little older. He said: Tom, I am spending \$60 or \$70 thousand a month buying from my competitors right now to fill my orders. I could create a couple of hundred jobs with my own. It is not a big city. But I don't have the confidence in the future of the country right now to invest \$5 million and go to the bank to borrow that to create those jobs because I don't think we have it together as a country anymore.

He is not partisan. I don't know what his political leanings are. But what I do know is he has lost confidence. That has happened all across our country right now because we do not have leadership that does anything except point out what is wrong with the other side.

What we need is leadership that brings us together, that compromises, that works to identify and solve the problems.

The second question I think ought to be asked is: Are you more interested in the short-term political game as a legislator than you are the long-term problems of this country? I am a term-limited Senator. I set my term limit when I first ran. I have a little over 3 years to go. I will never run for another office the rest of my life. I would like to think that most of my thought has been about long term since I have been in the Senate, not short term—of actually solving problems, the long-term problems, not the short-term problems.

I talked about our structural deficit. We have to get after it. We have to get after it now. If you look at the political dynamic, right now is the only time between now and the next Presidential election that it will be positive for Republicans and Democrats to join hands together to solve the problems of Medicare, Social Security, Medicaid, and our structural deficit. We have less than 3½ months to come to an agreement to do that because the political dynamics will never allow that to happen until after the next Presidential election because everybody will be pointing fingers.

Wouldn't it be nice if we had the leadership that saw Republicans and Democrats come together, compromise, fix these problems? Even if you lose your election, fix the problem for the country, fix the problem for the children, fix the problem for our grandchildren.

But the selfishness of careerism drives us to do what is politically expedient and what is popular rather than what is right.

The third question: Are you willing to look at this institution of government and ensure that we are not wasting, duplicating or being defrauded in the programs that we authorize through a congressional continuing resolution? The answer to that question is we are being defrauded every day. We have waste every day that we are not working on, and we have duplication like crazy from the GAO that we are not even attempting to fix. I have to take my hat off to the President. If we look at his budget, he took more of the GAO recommendations that they made and put them into his budget than we have even considered in both the House and the Senate. At least he is listening to someone. They actually acted on them in his budget for the fiscal year 2014.

The question on this third question is: Do you have the political courage to fix what is wrong and compromise on

the solutions to fix what is wrong? The GAO has told us what is wrong. Yet we fail to address it.

Then, finally, and maybe this is more of an Oklahoma thing—I hope not—but do you actually believe what the Constitution says about a limited role for Federal Government? Do we vote to ensure that the 10th Amendment that our Founders added is brought up-to-date and is revered? Unfortunately, that is hardly ever a concern in the Senate.

I have been here over 9 years. We don't worry about the enumerated powers. We want to fix those, and in our good desire to fix things, we trample the Constitution. So now we are \$17 trillion in debt. We have \$124 trillion in unfunded liabilities, and that is growing every day.

So the one thing this debate we have had the last few days in the Senate has caused us to not focus on is the very thing that is the real problem facing this country, which is ineffective leadership. It is fixing the wrong problem. It is the heart, not the knee. It is the heart that is infected, and we have to address fixing the heart before we can ever hope to cure the knee.

I thank the Presiding Officer for his patience, and I thank the Senator from Missouri for his patience. We don't have one problem in front of this Nation we can't fix. If we restored confidence, we would be growing at 4 percent a year right now. If people had the hope that we were going to do what is right, not what is expedient, and in the best long-term interests for all of us—not me as a Republican and not just Democrats—and we had that kind of leadership, we could get out of our funk, we could get out of our debt, and we would be the America we had when I was growing up.

I yield the floor.

Mr. HARKIN. Mr. President, we find ourselves in yet another "Alice in Wonderland" moment here in the Senate. We are again on the brink of a government shutdown for no reason other than the House Republicans' absolute obsession with repealing the Affordable Care Act. Their strategy isn't anything new. They are running the same old plays out of the same old playbook that they have used for 3 years. None of these attempts have worked, but failure is no deterrent if all you care about is scoring political points with your political base.

The House has voted 42 times to repeal or defund the Affordable Care Act. You would think after the first 41, they might get a sense that it is just a waste of time. But, no, the House is at it again, risking the widespread economic damage that a government shutdown would cause just so they can indulge their political obsession yet one more time. I sort of half-facetiously said last weekend that the good news is that the obsessive-compulsive disorder is covered under ObamaCare—just in case these House Republicans might care to use it.

Defunding the Affordable Care Act would deprive Americans of all of the

law's benefits, such as historic consumer protections, affordable coverage, and cheaper prescription drugs, just to mention a few.

Work on the insurance marketplace, which will be open for business, as we know, next Tuesday, would stop. As a result, individuals and small businesses would no longer be able to enroll in affordable comprehensive health insurance through the marketplace, nor would they receive possible tax credits to help them with their premium payments.

In addition, the planned expansion for Medicaid would be canceled. Seven million Americans who are projected to enroll in the marketplaces next year and 9 million through expanded Medicaid would lose their coverage.

Over the next decade, the number of uninsured would rise by at least 25 million Americans. As if 25 million more uninsured was not bad enough, this bill from the House would cancel all of the hard-earned, long-awaited consumer protections that are in the law to protect every American with insurance, such as coverage for preexisting conditions and coverage of young people on their parents' policies to age 26.

So we would kind of go back to the bad old days when insurance companies were in the driver's seat and telling you what kind of health insurance you were entitled to and when and charging you outrageous prices for it. Instead of protecting all Americans against arbitrary limits on coverage, repeal of the Affordable Care Act would take us back to the days when insurance companies could terminate your coverage just when you are the sickest. This would hurt families like Danny and Lisa Grasshoff from Texas who were unable to find coverage that would pay for their son's hemophilia treatment until the Affordable Care Act banned lifetime limits. More than 105 million Americans are currently protected by this provision, more than 105 million who are protected under the Affordable Care Act.

Instead of allowing young people to start a new job or new business or go off to school and stay on their parents' policy until they are age 26—which they can do now under the Affordable Care Act—repeal would make them fend for themselves in a chaotic insurance place that offers too little coverage for too much money. More than 3 million young Americans are currently covered and are taking advantage of this protection. They would lose it under the House bill.

All 105 million Americans protected from a ban on lifetime limits would lose it under the House bill.

Now, instead of protecting 130 million nonelderly Americans who have preexisting conditions—such as high blood pressure, diabetes, heart disease—denial of coverage repeal would put the insurance companies back in the driver's seat. They would be picking and choosing whom they want to cover. There are 130 million Americans

who are covered under that ban on pre-existing conditions.

Instead of helping all Americans prevent illness or disease by providing preventive services, such as colonoscopies, repeal would allow insurers to charge expensive copays. Sometimes they can pay as much as \$300 for these essential services.

I just talked to a friend of mine who recently went in for his annual check-up. He got an annual checkup and advice on how he should handle his health care, and there were no copays and no deductibles under the Affordable Care Act.

Repeal under the House bill would deprive States and localities of vital funding to combat chronic diseases such as cancer, diabetes, and heart disease. Thanks to health reform, the Prevention and Public Health Fund is saving lives and cutting costs by supporting such programs.

Cutting off funding would immediately stop States' work in building the health insurance marketplaces. I just mentioned that it will start next Tuesday. These will be transparent, easy to understand, one-stop shops so individuals and small businesses can purchase affordable coverage. It starts next Tuesday. These marketplaces have been endorsed by experts all across the political spectrum because for the first time they will create a real marketplace for health insurance. Individuals and small businesses have the same purchasing power and choice that only big companies enjoyed before. Again, this will have a direct pocketbook impact.

Premium rates are coming in from marketplaces across the country, and they are much lower than projected. In fact, my home State of Iowa released rates last week that independent experts say are some of the lowest in the country—in the marketplace. Well, the House bill would take that away. It would stop that. Why would we want to do something like that when we are providing a really good deal for consumers?

Most importantly, these exchanges are a centerpiece of a system that will bring coverage, as I said earlier, to more than 25 million Americans who otherwise would be uninsured and living with the oppressive fever of being one illness away from bankruptcy or not knowing if they can afford a doctor's visit for their child. Why would anyone want to stop this? Why would anyone tell States: Stop what you are doing to serve your citizens. That is exactly what the House bill does.

If we pass that House bill, Congress will turn its back on America's seniors, tossing out hard-won improvements in Medicare benefits. It would take us back to the days when Medicare prescription drug coverage had a giant gap. We all know that as the doughnut hole. It is in the middle, exposing millions of seniors to the full cost of drugs just when they need the most assistance. Now, health reform closes that

doughnut hole step by step until 2020 when it all disappears.

I just received this from Iowa. The Affordable Care Act in Iowa is already helping seniors on Medicare. Seniors on Medicare saved \$76 million on prescription drugs because of the Affordable Care Act in Iowa—just in Iowa, \$76 million. If we adopt the House bill, it takes that away. It reopens that doughnut. There are 6.6 million seniors all across the country who have already saved more than \$7 billion in discounts on drugs purchased in the doughnut hole. Repealing this would increase senior drug prices by \$5,000 a person over the next 10 years. Why would we want to do that?

The House bill will roll back the unprecedented investments we make in Medicare fraud prevention. This is another little-known aspect of what we put into the Affordable Care Act. We increased criminal penalties, we launched innovative new technologies to detect and pursue fraudulent activities, and we put more cops on the beat to preserve Medicare funds for beneficiaries—not the quacks and the fraud manipulators. Taxpayers of this country saved \$8 for each \$1 we put into that program. If you put \$1 into it, we are saving \$8. Why would we want to repeal that? But the House bill would repeal it.

It would hurt seniors' access to health care in rural areas. I come from a rural State. The Presiding Officer comes from a very rural State. We put Affordable Care Act incentive payments paid to rural primary care providers in the Affordable Care Act. The House bill would take that away.

As I mentioned earlier, we put provisions in the Affordable Care Act for seniors to get preventive care and wellness visits with no copays and no deductibles. In 2012 more than 34 million American seniors got free preventive services in Medicare.

CBO tells us that the improvements we put in the Affordable Care Act to the Medicare payment policy coordination and efficiency will extend the life of the Medicare trust fund by another decade.

Republicans are always saying: Well, Medicare is going to go broke. OK. In the Affordable Care Act we did things that the experts say will extend the life of the Medicare trust fund by another decade, and they want to repeal that. It just doesn't make sense.

Finally, we come to the most inexplicable part of this debate. Republicans have played the Washington stage politically for all it is worth. We saw an example of that last night when one of our colleagues on the other side kept the Senate in all night long. I think the Senator from Texas started off yesterday at around 2 or something like that—please excuse me if I didn't pay a lot of attention to it—he started at 2 in the afternoon, and it went on all night. He kept the Senate here and went on this morning until about noon-time, I guess.

I respect every Senator's right to come to the floor and speak unhindered, just as I am doing now. Pretty soon another Senator will speak unhindered, and that is one of the beauties of the Senate. I think we also have a responsibility to be at least a little cognizant—just a little bit—of how we are burdening others.

So, yes, a Senator spent all night here. I wonder if that Senator ever stopped to consider how much it cost the taxpayers to keep this place lit, to keep the clerks and the people here; all the police, all the safety people here and around outside, just to keep this place running, so one person could speak all night. I wonder if he ever considered that.

As I say, I don't deny anybody's right to speak. But I have to wonder about responsibility, being responsible to the body and to the public at large.

Imagine my surprise when that same Senator—who kept people here all night—who kept the lights lit and cost the taxpayers I don't know how many hundreds of thousands of dollars, at least—voted for the very bill he was talking against. It was a 100-to-0 vote today. Some things are hard to grasp around this place. I am sure the public out there watching this will say, Wait a minute, he spoke all night against this bill and against the Affordable Care Act, against ObamaCare, and a few other things too, but then turned around and voted for cloture on the motion to proceed. As I said, some things are pretty hard to understand around this place. I guess one has to define it in terms of pure politics, sometimes just pure politics.

Again, here is where he talked about the most inexplicable part. My friends on the other side are making great and solemn speeches about the debt and the deficit, warning us, bringing us within hours of a government shutdown, all in the name, they say, of fiscal discipline. But as a condition for agreeing to fund the government, what do they demand? The repeal of the best deficit-reducing measures we have ever had. The non-partisan Congressional Budget Office confirms that the Affordable Care Act reduces the deficit by more than \$10 billion in the next 10 years, and over \$1 trillion in the next 10 years.

So, again, let me see if I get this straight. The Republicans propose to reduce the deficit by increasing the deficit. Well, again, as I say, some things are kind of hard to understand around here.

I think it is time to stop the silly games. We had our debate. We worked hard on the Affordable Care Act. This debate is not about deficit reduction, it is not about the Nation's fiscal health, it is about tearing down health reform at any cost. Tear it down, get rid of it, go back to the way it was when powerful health insurance companies had control to raise your rates whenever they wanted to, to not give people health coverage if they had a pre-existing condition, to deny people cov-

erage when they got sick, cut them off right at that point, deny them benefits, and making insanely big profits doing so.

Those are the old days. It seems to me my friends in the Republican Party want to go back to those days, but we don't. The vast majority of the American people say, No, we want to move forward with a health care system that covers everyone and doesn't leave anyone out.

Again, as I said, my friend's obsession with repealing this health care bill is not based on budget or something. Sometimes I wonder what it is based on. If someone were to ask me, Senator HARKIN, do you think the Affordable Care Act is the end-all and be-all, that it is absolutely perfect, I would have to refer to what I said when we first passed the bill, and it came under my committee, the HELP Committee. I said I like it as I would like a starter home. We might have to add some rooms, we have to add a door here or there or change some of the designs of this or that, but it was like a starter home, to be filled in over months and years ahead, change with changing conditions and circumstances, and as we learned more, as we went ahead, that maybe things would have to be changed in the Affordable Care Act. But the foundation was solid. It has a solid foundation, and a solid structure of making sure that we had a health care marketplace to cover all, that it wasn't controlled by a few; that everybody, no matter how poor, would get health insurance and those who are the poorest would get a government subsidy to buy into that insurance.

We wanted to make sure we had good preventive programs, wellness programs, to keep people healthy and out of the hospital in the first place, to change from what I have always said we had in America: We did not have a health care system, we had a sick care system. If you get sick, you get care, but in America we have never had much of anything to keep us healthy in the first place. As I have said many times, in America it is hard to be healthy and easy to be unhealthy. We need to change that around. We need to make it easier to be healthy and harder to be unhealthy.

The Affordable Care Act takes steps in that direction, providing free mammograms, cervical cancer screenings, colonoscopies, by providing wellness checkups for people every year, by putting in place community transformation grants where communities could begin to think of how they can structure communities to promote wellness, good activities, and better diets.

So, yes, it is like a starter home. Do I think some things will have to change in the Affordable Care Act in the future? I am sure that is true. But that doesn't mean tearing down the structure and digging out the foundation and throwing it all away and going back to where we were before—to

square one. The answer is to move ahead. Let's open these marketplaces. Let's get people signed up. If things need to be fixed and changed in the future, that is our job here. It is our job to fix these things and make sure our laws are correctly interpreted and benefit people.

It is as though some people have the idea that all we have to do is pass the law and sit back and everything will take care of itself. That is not true. No law is like that. We need to implement them. But we need to do it with good will and in a spirit of compromise and in a spirit of—not everyone knows all the answers, but in a spirit that what we are attempting to do with the Affordable Care Act or ObamaCare, if you will, is to move us in a direction where people will be healthier, where people will have affordable, quality coverage that can't be taken away because they get sick, or be denied because they have a preexisting condition; kids can stay on their parents' policies for a decent length of time after they get through school, and all of the things I spoke about. These are good, solid foundations for a good health care system in America.

I think my friends on the other side who want to repeal this are simply on the wrong side of this debate. I am always reminded of what William Buckley once said. He was sort of the father of the modern conservative movement in America. He once said the role of a conservative is to "stand athwart history yelling, Stop!"

Knowing the late Mr. Buckley, I am sure he probably had a smile on his face when he said it.

It seems as though that is what some people are saying: We just want to stop all of this.

I have said many times since we first started the Affordable Care Act debates here several years ago, and since we first started working on this, if people have a better idea, come forward and let's take a look at it and see what we come up with, but I haven't seen that yet.

I want to close by referring to a couple of letters I got from Iowans. They make it clear what this is all about.

Angela from Edgewood writes that she has "a family history of cancer and now I have been able to have the screenings that I need." She asks me how she can volunteer to spread the word to others. Well, I just did.

John from Des Moines says that "because of the ACA—the Affordable Care Act—I have been able to start my own business, I have been able to purchase coverage and am looking forward to the exchanges."

So the choice is to go forward, to work together to make whatever needed improvements need to be made, to come together as a united American people and to create a reformed health care system that works not just for the healthy and wealthy but for all Americans. That is what this battle is about. That is what this is all about. That is

why we don't need to shut the government down. Let's act responsibly. Let's pass a short-term continuing resolution without defunding the Affordable Care Act or all of this other nonsense dealing with the debt ceiling increase, and then let's get down to the hard work of working together to make sure we fund the government next year as we bring this session of Congress to a close later in November or December. Hopefully, in the next couple of days the Senate will act and we will let the House know we are not going to defund the Affordable Care Act.

The PRESIDING OFFICER (Mr. COONS). The Senator from Missouri.

Mr. BLUNT. Mr. President, I have had the chance to listen for almost a better part of an hour to my two neighbors, Senator HARKIN and Senator COBURN, one from Oklahoma and one from Iowa, both of whom, as many of us know, have totally different views of why we are here and what is going to happen based on what we do in the next few days and the days that follow after that.

First of all, why are we here? The new spending year starts a week from yesterday. It starts next Tuesday. Has the Senate passed a single appropriations bill? No. Why are we doing this again? Why are we so committed over the last 5 or 6 years to management by crisis?

I think in the last 6 or 7 years now, the appropriations process has not worked one time. It wasn't too many years before that when we passed all of the appropriations bills for the year that ended September 30 and began October 1 in July—all of them, individually. That is how the government worked and was supposed to work. Here we are a week away, and why are we here? Why does everything have to ride from crisis to crisis? That is why people are frustrated, people are upset.

Senator HARKIN, my good friend, we are both frustrated and upset. We would like to see this process work. The Appropriations Committee would like to see the process work. Why do we go from standing on one edge of the cliff, and the next time people pay any attention, we are on the edge of another cliff again? We need to work together to make this process work.

There has been, as Senator COBURN pointed out, some significant disagreement on where the current debate could take us. One side believes that at some point—one side of the debate believes that at some point the President of the United States would sign a bill that eliminated the health care plan that he now calls ObamaCare, so I am going to call it that too, as he has, and Senator HARKIN has alternated using that term. I don't believe the President would sign that bill. I do believe he is President and I do believe he has to sign a bill for the bill to happen, and so we have to at some point decide what can we do to make this process understood in a better way by the American people.

Senator HARKIN referred to this as a starter home. I don't know exactly where this goes, but I do know that the majority leader said over the last few days, Well, what this really is is a single-payer system. I am not for that. As far as I know, nobody on my side of the aisle and many people on the other side of the aisle aren't for that, but that is where the Senate majority leader says this goes. I don't want to go there.

So what can we do to make the health care system work better? I wish to talk about that a little later too because there have been plenty of ideas about what could make this better. Apparently, when it comes to not moving forward with the Affordable Care Act, the administration believes it can decide what not to move forward on, but the Congress can't. It can decide what to essentially repeal. Part of this act was called the CLASS Act, long-term health care provisions that about a year and a half or 2 years ago, the Secretary of HHS said what I said, but in the committee, when this bill came up, when I was on the House Commerce Committee that dealt with this, essentially saying this long-term plan won't work. "Oh, no, it will work and it will provide lots of money." Secretary Sebelius—even though it is the law—said, about a year and a half ago, this will not work, so we are not even going to try to do it.

The President said recently—or I guess the Secretary said recently—that the small business plans that were supposed to be available on January 1, 2014, will not be available. The President said: We are not going to have any penalties for the business requirement in 2014, but we are still going to have the individual requirement.

Interestingly, the President also said: In normal circumstances, I would go to the Congress and say change the law, but these are not normal circumstances. I do not believe there is a Presidential prerogative to decide whether you are in normal circumstances or not. If the law needs to be changed, let's change the law. If parts of it need to be repealed, let's repeal it. If parts of it need to be postponed, let's postpone it.

Here we are, only 6 days from the beginning of a new spending year. We are also 6 days from what will be a critically important moment for a lot of families—a lot of individuals, employers, people who are going to be looking at these exchanges, and they do not seem to be ready.

It had been hoped that there would be available information out there so that for weeks we could have sort of what is called the dry run, where people could see if this works, where they could compare plans. That is just not there, and we know it is not there.

In Missouri, where I live, people have been concerned from the very first about what they saw as a flawed law. In fact, our State was the first State in the country to actually vote on whether we wanted to be part of this. Over-

whelmingly, Missouri voters said no, and that was when it was more popular in any polling than it is right now. People have looked at this and they do not want to go there.

Missourians, in August of 2010, had a vote on the ballot, and 71 percent said we should not participate—71 percent—and that was, again, when the law was more popular than it is now. That was the first time people had a chance to vote on this.

In November of 2012, Missouri voters voted again. This time the direction to the legislature and all State agencies and the Governor was: Do not establish a State exchange unless the legislature agrees. There was some disagreement as to whether the Governor could do that on his own. Missouri voters said: We do not want you to do that on your own. So in our State, as in a majority of the States, it has not happened. The implementation will is not there because people do not believe this plan will work.

The elements of this that improve what happens in a competitive marketplace could still be there in other changes we could make. This is incredibly unpopular around the country. People are frustrated by it. People are looking for ways to end moving into the Affordable Care Act; that it simply will not work. Senator COBURN explained earlier why they would not work. Charles Krauthammer, one of the leading conservative commentators in the country today, said about one of the plans this week: It will not work. The President's health care plan is falling under its own weight. When something such as that is happening in politics, you do not rush in to stop it from happening. If you do not think the law should be implemented anyway, let people see that this will not work, and we are seeing that.

I am for defunding the plan. I am for starting over again. I believe most Americans would like to see us start over again and take the best health care system in the world and make it work better.

Anybody who was defending our system as perfect got into a trap they should not have gotten into because it was not perfect. It was largely an accident of a couple of decisions made in the 1940s, where health care and health insurance became way too dependent on where people worked, where people did not have the ownership they needed in health care, and where we did not have the competition that we needed to buy across State lines, to shop for a better product, to do all those things.

But this is a plan where, again, the law is the law, unless it applies to the administration, apparently. The Congressional Research Service—no partisan organization—recently found that the administration has missed 41 of 82 deadlines.

If you are a batter in professional baseball, that is a pretty good average, .500. It is not very good if you are trying to figure out how to implement the law. They missed 41 of 82 deadlines.

The employer mandate requirement, the White House has said, is unworkable now and announced its delay. How in the world we could defend saying that employers do not have to meet their requirement but individuals have to pay a penalty if they do not have insurance—how can any of my friends defend that? We ought to, at the very least, postpone the individual mandate for as long as we postpone the employer mandate. If individuals are paying a penalty and employers that the law says are supposed to offer insurance are not offering insurance and they are not paying a penalty, there is something wrong with a government that decides that is the appropriate way to do this.

Despite the employer mandate delay announcement, we still see businesses beginning to react because they know or they believe this is eventually likely to start. Businesses, big and small, are trying to look at: If somebody does not have to have insurance if they do not work more than 30 hours, maybe we should have more employees who work less than 30 hours because our competitor might decide that companies that have always provided insurance and assistance for families and spouses decide the law now does not say we have to do that, so we are not going to do that any longer.

The law initially anticipated 3 million people who currently had insurance would lose that insurance. It is going to be a lot higher than that. The same people who were saying 3 million are today saying somewhere between 8 and 15 million, and that number is going to go up. All we have to do is calculate what has just been announced in the last few days to know that is going to go up.

The Cleveland Clinic hosted President Obama in July 2009, during the height of trying to convince Americans this was going to work. He talked about how the Cleveland Clinic was an example of cutting-edge technology. But what they recently cut in cutting-edge health delivery—what they recently cut—were 44,000 employees, and they said it was because of the President's health care plan. The same organization the President went to, to talk about how that organization runs and why we should have his health care plan, announced they are terminating 44,000 employees because of the health care plan.

This is a plan where people who were for it—and I was not for it, I have not been for it, I just simply do not believe it will work—people who were for it overpromised, and now they are under-delivering.

That famous statement made over and over again: If you like your health care plan, you can keep it—nobody believes that anymore. In fact, ask the employees at General Electric or IBM or UPS or Walgreens or Home Depot or thousands of smaller businesses than those: What about keeping the health care plan you like—the day that com-

mitment was made? Those plans are not there anymore. It was one of the main selling points of this plan: If you like your health care, you can keep it. It just turned out not to be true at all.

Not only has this not made health care more affordable, but family premiums have gone up by more than \$2,500 since this became the law—even though it was the law and we are moving toward it, not implementing it.

Nearly three in four small businesses say they plan to cut hours or let employees go because of the President's health care plan. People who have more than 50 employees are doing everything they can not to have more than 50 employees because that is one of the criteria where they are penalized under this law.

Meanwhile, in April of 2013, the administration said it would delay a provision that allowed employees to pick their own plans in States that have the Federal exchange—States such as ours. It is not going to happen. Another delay.

In July of 2013, the administration delayed enforcement of the employer mandate for a year. In July, the administration announced it would significantly scale back the requirements for new State-based insurance marketplaces to verify income. When you scale back the requirements to verify income, you are also scaling back the burden that people have to provide information in order to get assistance.

I assume that means more people will get taxpayer assistance. But it also means the cost of that assistance is going to be higher, for many reasons. That is one of them. Another one is that people are going to be on the exchange that everybody anticipated would still be getting workplace-based health care.

In August of 2013, the Department of HHS—Health and Human Services—delayed the signing agreements with insurance companies that was supposed to have specific amounts available in August. I wrote a letter at the time that said: It is very important that you meet this deadline because people need to begin to think about the decision you want them to make beginning October 1.

The Department of Labor delayed a limit on out-of-pocket spending for beneficiaries from 2014 to 2015. Again, apparently, if you want to delay the law, if you want to decide that you are not going to enforce the law, that is OK. But for those of us who say: Let's have a permanent delay, let's not fund this and now go back and start with a process where the House passes a bill, the Senate passes a bill, the two bodies come together and talk about the differences—that never happened with this law.

My friend from Iowa said: It is a starter home. But there is no remodeling process to start up for the starter home, and we are seeing what happens there. Unfortunately, there are too many examples of this.

Americans deserve commonsense health care solutions, where doctors and patients are in charge, not government bureaucrats, not people at the IRS.

When you have a health care bill that adds thousands of new IRS workers and does not add a single new doctor or nurse, you probably missed the boat in what you are trying to do with health care.

There are lots of better ideas out there: More individual ownership, fair tax treatment. The tax treatment we have had for decades now, where you do not pay income tax on a benefit you get at work, but if you get insurance on your own, you do that with dollars you have paid taxes on—now one way or the other, make that equal. Either say nobody gets a tax benefit for the money that is used to buy insurance or everybody gets the tax benefit. Let people shop across State lines. Let people find what they need that meets the needs of their family.

You are going to have more single, young adults without insurance. Why are you going to have more? Not because of the provision that allows people to stay on their family's policy—that actually added people to the insurance roles—but because of the provision that says that the most expensive people you insure cannot be charged more than three times that of the least expensive people you insure. Young, healthy people are going to look at insurance rates higher than rates they have ever seen on the individual market before, and it will make a difference.

There is plenty that can be done here. My colleagues on the other side face an important decision this week. They can stand with what is now the overwhelming majority of Americans who have rejected the direction we are headed and say: Let's defund this. Let's start over again. The one thing we have in front of us that would allow us to start over is the House bill that we just voted to move forward on that would defund ObamaCare and let us start over again or my friends on the other side can decide that the President and Senator REID are right, that Senator REID's idea that this leads us to a single-payer system is where we want to go, that the President's idea that he can change this law however he wants to and the Congress is not involved is right.

I will strongly urge all of my colleagues to join me in voting against any attempts by the majority leader to restore funding for this flawed law and to work with all of us, working together, as we work to replace it.

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

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

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senator from Kentucky and I be allowed to participate in a colloquy.

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

Mr. MCCONNELL. Mr. President, I would say to my friend from Kentucky, I have had over 50 hospital town hall meetings in our State over the last year and a half. The Senator and I have done a couple of these together. As a health care professional yourself, looking at it from a hospital and health care provider's point of view—which the Senator and I both had, either he in his profession or me by being in these hospitals a lot the last couple of years, and have learned a good bit—what does the Senator think is the most devastating impact of ObamaCare on the provider world?

Mr. PAUL. I talk to a lot of doctors. I have been in town halls with the Senator at the different hospitals. The hospitals are concerned that if everybody goes on Medicaid they will go out of business. Many hospitals' bottom line is driven by—they can take care of the poor through Medicaid, but they rely on private insurance to make a profit. Hospitals in most communities have to make a profit to stay in business. So the rural hospitals, particularly in small areas, some of them have already gone bankrupt in Kentucky. But they are very concerned about people being shifted from private insurance to public assistance.

The President said, though, that it will be free, but it has a cost. We all pay for it through higher taxes. The other way we pay for it is we have to ration care or ration what we pay for care, so we have to limit what we pay hospitals.

Hospitals are already being forced to see less. They have been for a while. But even more so now. It is the same with doctors. How do doctors respond? Doctors, some respond by saying: I am maybe only going to see a couple of Medicaid patients or no Medicaid patient. Then when everybody is on Medicaid or the vast majority is on Medicaid, they are going to be waiting in to see a doctor.

Mr. MCCONNELL. Speaking of Medicaid, I remember reading that our Governor got teared up when he announced that he had decided to accept the additional Medicaid mandate, which the Supreme Court actually had said was optional. I remember having a teared-up feeling too, but for a different reason. I gather what will happen in our State is there are going to be between 3- and 400,000 new people with free health care cards rushing toward the emergency rooms. What I have heard in a number of my town hall meetings is they cannot handle the Medicaid load that they have now, not to mention all of those new people who are headed their way, coupled with the \$750 billion in health care provider

cuts over the next 10 years to help provide a subsidy for people who are not old.

I mean, it is coming out of Medicare. It can provide subsidies for people who are not old. What is the Senator's take on where this all heads?

Mr. PAUL. When you look at the big picture of this, when we say: Well, we want to provide health insurance for everybody, which I think is a noble cause, you look at what we have. The government already provides Medicare for everybody over 65. But Medicare is \$35 to \$40 trillion short.

Why? It is nobody's fault really. We are living longer and a lot of people are retiring. So we have a big baby boomer generation. But Medicare is \$35 trillion short. So we are instituting a brand new entitlement. It is very big, the biggest we have had in 50 years. But we are going to pay for it by shifting money from Medicare that is already \$35 trillion short. That alone should give people pause.

The other thing that I think should give people pause is we cannot get people to sign up for this free program. The President is going to spend tens of millions of dollars on TV promoting it, hiring people to come knock on your door to sign up for something that is free.

You know something is disorganized when people will not take something that is free.

Mr. MCCONNELL. This bill was also sold, as we both recall, as doing something about health care costs. I was just noticing here that HHS's own actuaries revised their projections just last week to say that ObamaCare will actually increase health care costs by \$621 billion out across the economy. Is there any way, I would say to my colleague, Dr. RAND PAUL, how this could possibly hold down costs?

Mr. PAUL. No. In fact, I think there were problems in health care. But as a physician for 20 years, what I heard most was about the cost of health care. People came to me and said it is so expensive. Or if they are a small business owner they said: Our insurance costs too much. That was their main complaint. This does nothing to control costs. In fact, Obama does the opposite. ObamaCare is a collection of mandates. I was talking earlier. It is the difference between freedom and coercion. We will coerce insurance companies and customers to buy only certain kinds of insurance. People say: It is good. My kids will be covered when they are in college and when they get out of college. That is good. But it is not free. It is going to cost you more money. So if you are the working class or the working poor, you are struggling to buy insurance, it is going to cost you more.

We always hear he is for the middle class. The middle class are going to pay more for their insurance. They already had insurance, and they are going to pay more across the board. So really there are a host of problems and this bill does nothing to control costs.

Mr. MCCONNELL. One of our constituents—I was going to mention here a letter—the Senator probably got it from the same constituent I did—to underscore how the rising cost is impacting people outside the health care provider world, regular people in business. This from a follow constituent of ours who writes:

My father began his Kentucky Fried Chicken business with the colonel himself, and with the colonel's family. We proudly served Colonel Sander's original recipe for 40 years. It saddens me, however well intentioned, that this law will undermine my ability to provide employment. It will deplete resources that could otherwise be used to grow my business.

The Senator and I both have heard from a lot of Kentucky business people indicating, as this KFC franchisee underscores, the impact of this on the private sector.

Mr. PAUL. I met with a group today. I have here today 68,000 American senior citizens who signed a petition from Conservative 50-plus Alliance, saying they want to delay it, dismantle it, defund it, do anything, just try to slow down this monstrosity.

We have also heard from folks who work for UPS, one of our biggest employers in Louisville and Kentucky. Some 15,000 spouses are losing their insurance coverage from UPS that they had chosen. It was great coverage. UPS is a great company. Great benefits. But they are forced to cut back because of ObamaCare.

We hear from individuals throughout the State. We have received thousands and thousands of letters. One couple I met recently was actually profiled on Fox News, the Anionic family, where they said: We have to buy our insurance. We are self-employed, we do consulting work, we were paying \$300 a month, and we are going to \$900 a month. This is exactly the opposite. One of the real things that we had that was working in our health care that should be expanded, if we were in charge of talking about this, is health savings accounts. People could save for things that were not covered by their insurance, straightening your kid's teeth, cosmetic, elective kind of surgery, your deductible, meeting a lot of things for your tax-free account.

We had made it bigger and bigger over time. ObamaCare makes it smaller. If you have got a kid with autism or spina bifida, or special needs, you need to save that money tax free so you can help your child with all of extra stuff you need to do for your child.

The President has narrowed that. Also health savings accounts helped to bid prices down. Because when you have a higher deductible, you call up the doctor and you say: How much will that be? Or you ask the pharmacist: How much does that cost? That simple question, of asking how much something costs is concern on the part of the consumer and drives prices down. But we have gotten rid of that.

Mr. MCCONNELL. The other thing that is clearly happening here is that

all indications are, we have a record number of part-time employees in our country now. Employers are downsizing in order to try to get below the 50-employee threshold. Of course, even as they do that, they are not necessarily unaffected by the rising costs of health insurance premiums. But we are looking around at some way to try to prevent the worst case scenario here, all of this disruption in our economy is actually the reason we have so many part-time workers; is it not?

Mr. PAUL. Yes. The thing is, there was a French philosopher by the name of Bastiat. He talked about the seen and the unseen. You may be able to—I am sure the President is going to show us the person who gets insurance. That is the “seen.” That will be the good effect of this. The unseen will be the person who does not get the job. But you do not know their name because they never got the job—the person that was going to be the 51st employee or the 52nd employee or the part-time worker that had 34 hours going to 29 hours. That is the unseen.

I do not question the motives of the President or the other side. I think they want to help people, but they did not think this thing through. So even their side now is scratching their head. The author of the bill is calling it a train wreck. The Teamsters said, “We did not know we are going to have to pay all of those taxes on our health insurance. Warren Buffet, former President Clinton, all of these people are questioning. This is really going to hurt some of the people you tried to help.

That is one of my concerns. I know there has been a lot of talk about procedure around here. So we ought to have the ability to amend this to make it less bad—that is the way I like to describe it—and make this bill less bad for the American people. There has been a lot of dialogue on our side but there has not been much on theirs. Are they willing to talk about fixing ObamaCare and making it less bad for the American people.

Mr. MCCONNELL. The Senator was not here yet, but is the Senator fully aware of how this bill passed in the first place? Not a single member of our party in either the House or Senate voted for it. They brought us into session the day after Thanksgiving in 2009 and we were not allowed to leave for a month. We were here 7 days a week for a month. And we managed to eke it out. They had 60 Democrats, there were 40 Republicans. They eked it out with not a vote to spare on Christmas Eve, as a result of things like the Cornhusker Kickback, a special deal for Nebraska, the Louisiana Purchase, a special deal for Louisiana, the Gator Aid, a special deal for Florida, all while the President, the Vice President, and former President Clinton were up here telling me: Believe me. They are going to love it by the fall.

Here we are 4 years later. It is more unpopular today—I would say to my

friend from Kentucky—than it was on the day it was passed. Is it not reasonable to conclude that is because of what it does?

Mr. PAUL. Absolutely. It is the content. But it is because there has been no input. ObamaCare is 100 percent the President’s bill, 100 percent the work of the Democrats, with no input from our side. I think people actually do—when you go home, they do want to establish dialogue. They do want us to work together a little bit. There has been no working together on ObamaCare. It is theirs. The President got it exactly wrong the other day. It is hard to inform the people this way.

He said: Republicans want 100 percent of what they want or they are going to shut down government. I think it is the opposite. He wants 100 percent of what he wants. He doesn’t want any compromise. We have a bill before us. There is a discussion about ObamaCare. Why not? Nearly 80 percent of us voted and said the medical devices tax is going to be a disaster for innovation in the medical industry. It is a bad piece of this bill. We should repeal it.

Why not have a vote on that? To my understanding there will be no vote on any amendments to make ObamaCare any better.

Mr. MCCONNELL. The President himself seems to be kind of conceding that some things aren’t working out well. He decided to delay the employer mandate for a year. Apparently, he has been meeting with some of his union allies to figure out what he can try to do for them.

I believe the 100 percent view of the Republicans is that if we are going to have a delay for business, why not have a delay for everybody? Obviously, we would like to defund the law entirely. There is a math problem on that in the Senate. There are 54 Democrats and 46 Republicans. But couldn’t we all agree on delaying this train wreck? The train wreck, by the way, was what the Democratic chairman of the Finance Committee in the Senate, one of the authors of the bill, called it.

Mr. PAUL. I think there is also something important about how we change ObamaCare. If a law has problems and we incorrectly pass the law that has the least blemishes, it should come back and we should re-debate and fix it or try to make it less bad. I think it is the best way to put it.

The thing is that it is illegal, it is unconstitutional, and it is unprecedented to do this on his own.

To my mind, win or lose this week, this is an important philosophical battle, bigger than ObamaCare. It is as big and as broad as the country is. That is whether or not the Congress writes the law and the President executes the law.

If the President gets to vote, write, and execute, that is a type of tyranny. Montesquieu talked about the separation of powers. He said when the legislative power becomes the executive power, that is a type of executive tyranny.

We have to do something that says to the President—and that is why I think this needs to be pursued all the way to the Supreme Court—rebukes the President and says you are not a king. You are the President, and the legislation comes from Congress, not from you.

Mr. MCCONNELL. We have another example of this that affects our State. The President, even when he had a 40-seat majority in the House and 60 votes in the Senate, couldn’t get cap and trade through the Congress.

Yet last Friday he has announced he is going to do it anyway. All indications are there won’t be another coal-fired generation plant built ever.

It is a perfect example of what the Senator is talking about, a kind of executive arrogance, that if I can’t get what I want through Congress, I will just do it on my own and see you in court, or whatever limited options we have left.

If he really believes he has the power to delay ObamaCare, why not delay it for everyone, not just businesses.

Mr. PAUL. I think that is what people see as unseemly. They see: Well, gosh, if there are problems, is it right for him to just give exemptions to his friends?

You see a line of people going to the White House that were big contributors of his. It is as if you can buy access to good law.

The President changed the law only for people who gave him money. Can he give out grants and loans to people who are his contributors? I think this is what sort of belies this tale when he says: I am for the middle class.

Well, I don’t see the middle class. I don’t see my neighbors or any of my friends getting any special deals at the White House. In fact, I see them bearing the brunt of people who do get special deals.

I don’t like, if you have really good health insurance, placing a tax on you, a special tax. Many of the unions will get that. I will stand here and fight tooth and nail not to have a special tax on the unions.

Some might be surprised by that. It is not for me a union-nonunion thing. It is about is it good for America, is it good for Americans.

Some executives have good insurance, too. Should we have a special tax on something that is good? It doesn’t seem like the right thing to do.

Mr. MCCONNELL. Here at some point, regardless of differences of opinion that we have had on our side over procedure, what is likely to happen here at some point is we are going to have a 51-vote vote on defunding ObamaCare, something we have not been able to achieve here in the last 4 years. Four Democrats, who had second thoughts, who had an opportunity to take a look at the carnage of the last 4 years, could actually pass a bill that defunds ObamaCare.

I remember, I say to my friend and colleague, standing at this very chair, 4 years ago, looking at the other side

and saying if only one of you, only one, would come with us, this bill wouldn't pass.

I also said, however, if none of you do, every single one of you is responsible for its passage. Had any Democrat on the other side, any one of them, said this is a bridge too far, I am not going to do it, it wouldn't have passed.

Consequently, every single one of them is responsible for its passage, but they have a second chance now, an opportunity for a do-over. At some point here this week they will have a chance to cast a real vote on an up-or-down basis. I have watched this for 4 years, and I don't think we ought to go forward.

It will be interesting to see if party loyalty will be so great that none of these folks will be able to bring themselves to admit that they made a mistake 4 years ago.

Mr. PAUL. I think one of the disappointing things about the debate both then and now is that we are talking about something all Americans want. They want affordable health care. They want most people to have insurance. They want everybody to have insurance if we can do it.

But we have made it a partisan battle—not we—but Congress and the deliberative process has become very partisan, when in reality there are probably things on which we could agree, even the problems with ObamaCare.

I think half of the other side half agrees that there are problems and they ought to be fixed.

Because of some kind of stubbornness that we are getting 100 percent of what we want or we are willing to risk shutting down the government, that is what we get from the other side. It is their way or the highway. They want all of ObamaCare or they want the government to shut down.

I think in reality there are a lot of good things that we could actually come together and work on because ObamaCare never addressed price. Eighty-five percent of the public had insurance and their price is going up. We do need to get together and talk about how to try to bring cheaper health care to people in our country.

Mr. MCCONNELL. The tragedy of this, correct me if I am wrong, but we passed a 2,700 page bill on a totally partisan basis. We have about 20,000 pages of regulations now issued.

I used them in a speech recently. They were 7 feet tall. We had to put them on a dolly to get it out on the podium.

I would ask my friend and colleague from Kentucky, didn't I read the other day, that even after we do all of the 2,700 page bill, the 20,000 pages of regulations, there still may be 25 or 30 million people uninsured?

Mr. PAUL. Yes. I don't think it has actually fixed the problem. I think we were at 45, so I don't think it fixed half the problem.

The other interesting thing is of the people who didn't have health insur-

ance, a third of the people without health insurance were young, healthy, and actually made more than \$50,000 a year. They weren't getting health insurance because it was too expensive.

What did we do to help them? We made health care more expensive.

Mr. MCCONNELL. I think this law has no chance of working. I don't believe that, even if we are unable to defund it here in the next few days, that we are necessarily stuck with it. I have been here a while, and you have been a long-time observer through your father's career and your own. I think it is pretty safe to conclude that things that can't work don't stick and don't last. We are, after all, a representative democracy. People complain, discuss, and tell us how they feel.

I don't think this law can possibly stand. It is pretty hard to predict exactly the day upon which it ends, but it is cracking.

We have Jimmy Hoffa, the President of the Teamsters, saying you are destroying the 40-hour work week, and their Cadillac health care plan. Don't you think ObamaCare can't possibly work?

Mr. PAUL. No. I think once the bill has come due at the State level, you are going to have a real uproar on your hands because there is a printing press in Washington that runs 24 hours a day printing money. In the State capitals they don't have a printing press, they are limited—at least to a certain extent—on their borrowing.

When the Medicaid bills come due in Kentucky, our State and other States, I think there will be another war on the question of ObamaCare. The question then will be do we throw out the Governor who increased our Medicaid by 50 percent and bankrupted our State in the process?

Mr. MCCONNELL. I thank my colleague from Kentucky for the opportunity to exchange some views here about the impact of this on our State and our country.

I yield the floor.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. FLAKE. I came to the floor to urge my colleagues to do everything we can to ensure that ObamaCare is delayed, guaranteeing the least-harmful pass forward for patients, providers, and taxpayers.

We all have stories from our home States that highlight what many of us have said was going to happen when the Federal Government began its takeover of the Nation's health care system.

Because of ObamaCare, a constituent of mine in Arizona who owns a number of restaurants is eliminating the entry-level job of busboy because he can no longer afford to employ busboys and pay the new health care expenses for his other employees. Eliminating a restaurant-wide position is a decision that he had to make because of ObamaCare.

Another Arizonan, Michael Monti, who runs a historic restaurant in

Tempe, was recently featured on the local news because he is being forced to decide about whether to offer health insurance to his employees working more than 30 hours a week or paying the penalty from the Federal Government. Again, it is likely that employees will be laid off or not hired.

He doesn't want to cut back his employees' hours. That doesn't help his business. I am sure it doesn't help his employees. Like other business owners, he doesn't have any other option.

Sadly, these stories are not isolated incidents. Companies like Trader Joe's and Home Depot have recently announced they will end health benefits for part-time workers next year, and those employees will be directed to the new insurance marketplaces.

SeaWorld announced that it will be cutting back employees' hours as well. UPS will no longer cover the health insurance for some 15,000 employees' spouses.

Just when we need a full bore, full-time economy, America is becoming a part-time economy. These are the effects of ObamaCare.

I believe that it is helpful to have this debate come sharply into focus as it has been over the past 24 hours. Like many of my colleagues, I have opposed ObamaCare from the beginning. I think every Republican in the House and in the Senate has done so.

I voted to do away with this legislation more than 30 times. Earlier this month I introduced S. 1490, a bill that would delay by 1 year all of the provisions of the Affordable Care Act that are supposed to take effect on January 1, 2014, or later.

I believe we all know the President has already decided to delay the employer mandate. Doesn't it make sense to delay the rest as well? How can you tell individuals there is still a mandate for you to buy insurance but to tell employers you are going to get a year break.

As lawmakers, we have a responsibility to our constituents. We have to do everything we can to make sure that this train wreck of a law doesn't continue to wreak havoc. As we continue to discuss the need to delay this onerous law, I hope that Senators will join me in devoting the same time and energy to fix the fiscal problems facing this country.

In this debate we are told we have two choices. We have a continuing resolution with a price tag of about \$986 billion—about \$20 billion more than the law allows—or we risk a government shutdown. It is disingenuous to tell our constituents that these are the only two choices, a shutdown or a CR that busts our budget limits.

The majority leader is going to amend the CR to get what he wants. Shouldn't other Members be afforded the opportunity to offer amendments as well? Wasn't this the promise the majority leader made to the Senate when we made changes in January?

The Senate should be given the opportunity to vote on a continuing resolution that respects the Budget Control

Act and funds the government at the \$967 billion level for next year. Passing a bill above that limit—above the limit set by law—will cause a second round of sequester cuts in January. Why would we do this? Lurching from fiscal crisis to fiscal crisis is no way to run a country.

You can say what you want about it, but the Budget Control Act has provided us at least some meaningful cuts in spending we wouldn't make otherwise. Last week, the nonpartisan Congressional Budget Office reported our debt is on track to total 100 percent of our Nation's output in 25 years. Interest on the national debt will consume 14 percent of our annual budget in 10 years' time, up from 6 percent today.

Those projections demand we take a harder look at our spending and, at the very least, we should be allowed to vote on a fiscally responsible continuing resolution that meets the \$967 billion budget threshold.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I ask unanimous consent that after I finish speaking, the Senator from Maryland Senator MIKULSKI would have the floor for 15 minutes, and then Senator ALEXANDER from Tennessee be yielded the floor for 20 minutes.

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

Mr. BAUCUS. Mr. President, I rise today, as I often do, with a quote. It comes from a conservative leader speaking out about a new health care law. He said:

We are against forcing all citizens, regardless of need, into a compulsory government program.

He went on to call the pending legislation "socialism." He went on, saying:

Our natural, unalienable rights are now considered to be a dispensation of government, and freedom has never been so fragile, so close to slipping from our grasps as it is at this moment.

Those are frightening words. When were they spoken? Not spoken in 2010 or 2011. Not spoken in 2012 or 2013. Rather, these words were spoken in 1964. And who do you suppose spoke them? Ronald Reagan. President Reagan was speaking out against Medicare, which became law the following year.

Now fast forward 20 years and things were quite different. President Reagan said in 1984:

Millions of Americans depend on the Medicare program to help meet their health care costs. We must ensure the long-term solvency of the Medicare program, and I'm confident we can find the right solutions in a bipartisan manner.

What do you suppose happened in that 20-year period to change President Reagan's mind? The hysterics ended, people gave the new program room to breathe, and it worked. Medicare gave America's seniors access to health care they had never had before.

The same pattern emerges when we look farther back into history. Con-

sider Social Security. In 1935, one Senator said Social Security would "go a long way toward destroying American initiative and courage." Another Member of Congress said, "The lash of the dictator will be felt."

These are criticisms of landmark legislation, monumental laws that are now vital to the very health and welfare of our Nation. While criticized in their conception, Social Security and Medicare are now considered the most successful large-scale Federal programs in our Nation's history.

I am confident history will treat the Affordable Care Act in a similar fashion. I am confident the complaints of those who have gone so far as to call the Affordable Care Act "a crime against democracy" or a "centralized health dictatorship" will soon be drowned out by the voices of the American people whose lives are better off. Why? Because of the Affordable Care Act.

Already the ACA has done more than any other laws of the past century to expand health coverage. In the past 3 years, the ACA has provided 71 million Americans free preventive services. More than 6 million seniors have received discounts on vital prescription drugs. More than 3 million young people have peace of mind in knowing they are allowed to stay on their parents' health plans until they turn 26.

I am especially proud of the fact that now no child—no child—can ever be denied health coverage because of a pre-existing health condition. All that, and the full benefits of the law have not yet taken effect.

The Affordable Care Act is not a perfect law, but neither were Social Security or Medicare when they passed Congress. Adjustments may need to be made to improve the ACA, as well to make it stronger, make it better. It would be easier to make improvements if everyone on Capitol Hill participated. But we are not getting that chance from half of the Congress. Instead, opponents are making every effort to destroy the Affordable Care Act, fighting to take away its many benefits from America's families and businesses.

Last week, the House passed a continuing resolution to pay for the government for the remainder of the year. But that bill before us today included amendments to end all funding and to eliminate the Affordable Care Act. I want to be very clear here: We are not going to let that happen. We are not going to go back to the status quo. We are not going back to a broken system where more than 50 million Americans lack health insurance. We are not going back to a system that allows the costs of medical care to overwhelm a family and force them into bankruptcy. We are not going back to a system that allows the simple lack of insurance to contribute to the death of thousands of Americans each year. We are not going back or returning to the status quo. No, we are not going to do that.

Rather, we are full steam ahead on implementing the Affordable Care Act. In 6 days, the health exchanges—or marketplaces—will open for business and the Affordable Care Act kicks in. What does that mean? For the majority of Americans, nothing. Really. Despite all the scare tactics, despite all the rhetoric, nothing will change for the millions of Americans who already get health insurance from their employers, from Medicare, Medicaid, or from the Veterans' Administration.

But for those almost 50 million Americans who don't have health insurance, they will now have access to affordable care and peace of mind. Thanks to Federal tax credits and subsidies, for the first time millions of working-class families will pay less than \$100 a month for health insurance. And for the most vulnerable among us, they will receive care through an expanded Medicaid.

No one—no one—can be denied health insurance any more. That is unless some in the House have their way. Their intention—fully spelled out in the continuing resolution before us—is to undermine and defund America's health care law. For years, we have been trying to solve the problem of rising health care costs. For years, we have been trying to help working families gain access to comprehensive coverage that doesn't make them go bankrupt or deplete their household budgets. Past Presidents, Congresses, and other policymakers have tried to fix this problem time and again. And we sit here today with a solution—the Affordable Care Act. For the first time, every American will be guaranteed health coverage. It will no longer be legal for health insurers to deny someone coverage for a preexisting condition, such as breast cancer or pregnancy. Before the ACA, being pregnant was a preexisting condition, if you can believe that. That is what the health insurance industry thought. That is wrong. And with the passage of this act, that is no longer the case. Pregnancy is no longer a preexisting condition. But the House wants to stop this and continue limiting consumer protections and access to affordable care.

The ACA also provides free preventive service, such as wellness visits and mammograms. Since the law passed, 71 million Americans have received preventive benefits such as these for free.

But the House wants to take this away.

Under the ACA, insurers can no longer impose lifetime or annual limits on care. This means more than 105 million Americans no longer have a cap or a limit on their coverage. No longer can insurance companies say: No, no, no. No more.

But the House wants to take this away too.

Approximately 3.1 million young adults have gained coverage through an ACA provision that allows them to stay on their parents' health insurance plan until the age of 26.

We have all heard so many comments about this provision from so many constituents in our States. But no, the House wants to take that away as well.

I am concerned about the effects of the House continuing resolution not only on health care reform but also on seniors in Medicare. Leader REID and I wrote a letter last week to Health and Human Services Secretary Kathleen Sebelius and asked her what impact the House CR would have on the operation of Medicare. Specifically, we asked how the CR would affect the beneficiaries' access to care. Last Friday we received a response, and it confirmed our fears. The House bill would have much broader and more harmful implications for the Medicare Program and for seniors.

In her letter, Secretary Sebelius said the CR would "severely impact the Medicare program." She goes on to note the House CR would eliminate funding for Medicare prescription drug coverage, forcing seniors to pay more for their prescriptions.

The Secretary also said the House CR would disrupt payments to doctors and cut off annual wellness visits, forcing seniors to pay out of pocket for preventive services.

In addition, Medicare beneficiaries may be forced to drop their Medicare Advantage plans and enroll in traditional fee-for-service. It is clear the House CR would have dire consequences for the more than 46 million Americans who rely on Medicare every day.

In her letter, Secretary Sebelius also stressed the severe impact the House CR would have on children and working families and the most vulnerable among us.

The ACA expanded Medicaid, allowing States to cover low-income adults for the first time. The House CR would end this coverage, sending this vulnerable population back to the emergency room for treatment and putting hospitals on the hook for providing care. The ACA also expanded access for services to people with disabilities and other long-term care needs. The CR would put an immediate stop to these programs and send people with disabilities back to the nursing home.

The Affordable Care Act also extended the Children's Health Insurance Program for 2 additional years. The House CR, you guessed it, reverts back to prior law, ending vital funding for this program at the end of this month. The House CR would also leave 6 million children without access to coverage—no doctor appointments, no prescriptions, no cast to heal the occasional broken arm.

For 3 years, a group of Republicans in the House has wasted taxpayer money, time, and resources trying to stop the act, over and over again. They have tried to repeal this law 40 times. They even took their argument all the way to the Supreme Court. Of course, we all know what the Supreme Court said. The Supreme Court said the Af-

fordable Care Act is the law of the land. The Supreme Court upheld it. It is the law.

People fear what they do not know. I understand that. But let's all take a deep breath. As one Republican Senator recently noted, it is "not rational" to think the Senate will vote to repeal, delay, or defund the ACA. You know what. He is right, it is not rational. We won't go back to the status quo.

This is complex legislation, and I am open to strengthening the law to better serve the American people, just as this Congress did with Social Security and Medicare. Wouldn't it be better if both parties worked together to improve the law, something that is here with us? It is not going to be repealed. Let's work to improve it. That is what the American people expect of us. They do not want the government to shut down. They do not want America to default on its debt over the ACA.

A recent poll by CNBC found the vast majority of Americans—59 percent—oppose defunding the Affordable Care Act at the cost of a government shutdown or debt default. Almost 60 percent said no, don't do that, that is not smart.

We all have a responsibility to lead. The Affordable Care Act is the law of the land. We all need to work together to make it work for families and businesses who depend on it instead of using it as a political football.

Enough is enough. It is time for the hysterics to end. People need to give the ACA room to breathe and a chance to succeed. If we do so, I am confident America will be better for it and we will all be on the right side of history.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Ms. MIKULSKI. Mr. President, I rise to speak about ObamaCare.

When we passed the law, it was called the Affordable Care Act. And before he leaves the floor, I would like to compliment the Senator from Montana on the important and crucial role he played in passing the Affordable Care Act. It was through his excellent stewardship in the Finance Committee, where we could expand access to health care, modernize the way we do it to go from volume medicine to value-based medicine and to be able to expand our access in a way that also was fiscally prudent. He also led the way in expanding the children's health initiative.

I know later on he is planning in his life a new future for himself. I want him to know that while he is thinking about living a different life, he really impacted the lives of many people. I thank him personally in a heartfelt way for the way he has improved the lives of people and particularly the lives of children and women in this country.

The PRESIDING OFFICER (Mr. BROWN). The senior the Senator from Montana.

Mr. BAUCUS. Mr. President, I deeply thank and am humbled by the senior Senator from Maryland. Coming from

her, that is a high compliment, and I deeply appreciate it.

Ms. MIKULSKI. So, Mr. President, here we are. We are having a national debate on the Senate floor about whether we should provide access to health care to all Americans and be able to do it in a way that is fiscally prudent and modernizes the way we deliver health care to emphasize value health care over volume health care. And we are having this debate even though we passed the legislation in 2010. I thought that when you passed a bill and it was signed into law, it was the law of the land but, no, here we go again. We are trying to take legislation that was passed and undo it by defunding it. I don't know what we are doing here.

First there was an attempt to delegitimize President Obama. He has won two elections. The American people said: We want Barack Obama to be our President. When he ran the second time, we passed the health care initiative. That was another affirmation that there was public support for that bill.

Now here we are, on the eve of the funding for fiscal year 2013 expiring, and there is a manufactured crisis bringing the government to the brink of a shutdown because a few in the other party are sore losers. They lost the election. They lost the battle to get the votes when they had the opportunity to vote and amend and change the Affordable Care Act. So now here we are, and I think it is an outrageous use of the Senate's time, and we need to be able to move on with the serious business of governing the country.

I worry about unemployment in our country. I worry about the fact that our children are no longer achieving the best in the world. I worry about my small to midsized business having access to capital.

I know many here called this bill a job killer. Do you know what is a job killer? Our behavior in the Senate. This gridlock, deadlock, hammerlock on the Senate means we cannot do the business of the country in an orderly and predictable way. Therefore, when businesses need to plan what are going to be the rules of the game coming out of the U.S. Government, they are not going to know. So if they are planning what they should do about their business—should they expand? What should they do—they need certainty. As long as we play brinkmanship politics, we cannot have certainty.

One thing is certain, though: We definitely should keep ObamaCare. I am happy to call it ObamaCare because I think Obama does care. But I think all of us here who are Democrats certainly in the Senate and many on the other side of the aisle also support the fact that we want to increase universal access. So let's go to what the legislation meant.

When we passed the Affordable Care Act, No. 1, it provided access to health care for more people. When we passed

that bill, 42 million Americans did not have access to health care. So that means that here in the United States of America, if you needed a doctor, that didn't mean you would have one. If you needed a prescription drug, it didn't mean you could afford to buy one. In many instances, this was a hardship on many families.

Also what the Affordable Care Act did is it ended abuses of health insurance companies. When we passed that legislation, people were denied health care on the basis of a preexisting condition. That often meant that for children in the United States of America, if they had juvenile diabetes, if they had cerebral palsy, their families couldn't get health care insurance because these children had preexisting conditions.

If you were a woman, it was even worse. Pregnancy was considered a preexisting condition, and in some instances where a woman had a premature birth and a C-section, she was denied health care because that was considered a preexisting condition. In eight States, if someone was a victim of domestic violence, that was counted as a preexisting condition and they didn't have access to health care. Now, what is that?

So in the Affordable Health Care Act we changed that law, so we created the opportunities that the punitive practices of insurance companies would not be a barrier to being able to get health insurance.

Then there was this other issue of lifetime caps. That means that if you had a condition and you hit a lifetime cap, then tough luck for you. What happens if you have a child with hemophilia? That is a hard thing for that child to face the rest of his or her life, and for the family. Don't you think there should be no caps on a benefit? What happens if you are struggling with cancer and you hit a cap? It doesn't mean your need for treatment ends; it just means your insurance company won't pay for it. Well, we lifted the annual lifetime caps.

For us women, the double insult of paying more for health insurance simply because we were women was repealed. In the Affordable Care Act, there is no gender discrimination. We found in our hearings that women paid 2 to 10 times as much for their health insurance as men of the same age and health status. We didn't think that was fair, and we changed it.

We also improved health care for seniors. No. 1, we added new Medicare benefits, such as free cancer screenings. Early detection means better treatment and a better chance of surviving that dread "C" word. It also provided an annual free checkup where someone could go and could get an identification of those silent killers early on. So if you have high blood pressure, if you have high blood sugar and we found those early, we could intervene before they either moved to a deadly situation or worse. We know undetected

high blood pressure could lead to a stroke or to death. So we helped get better health care and better value for our seniors.

Then there is the prescription drug benefit. The prescription drug benefit—called Part D—had something in it called the doughnut hole. The doughnut hole was hard to swallow because it meant that once a senior's drug costs exceeded a certain amount, they went into not a doughnut hole but a dark hole and they had to pay for the full cost until they reached a catastrophic threshold. For many people with chronic conditions—not only those dramatic things like cancer but a chronic condition like diabetes—they could reach that doughnut hole pretty quickly. But that is exactly what enables you to manage your blood sugar—working with your doctor, following a program of diet and exercise, but you still need medication to help control that blood sugar. If you don't get that medication, you then could be headed for worse problems related to diabetic neuropathy, to vision loss, to the need for dialysis. You need to be in a program that you can follow and that you can afford. That is why closing the doughnut hole was so important. It saves lives, and it saves money.

I could go on to other examples about what is in the Affordable Care Act. There were many advances in terms of women, and there were many advances in terms of children. But I want people to know—because I am getting a lot of vitriolic tweets that somehow or another Maryland isn't being served. When I looked at the data from our own State's health commissioner, 48,000 young adults in Maryland were able to go on their parents' plans and have health insurance while they look for a job or finish their education. Also, 485,000 Marylanders on Medicare were able to get that annual checkup, and 72,000 Marylanders were able to participate in eliminating the doughnut hole. That saved them on the average \$700 a year, for a total of \$51 million that was pumped back into the Maryland economy to do other things and create jobs for other people.

So when they say they want to defund ObamaCare, what is it they then want to replace it with? Do they want to go back to Big Insurance and their punitive practices of denying coverage for a child with a preexisting condition? Let them call the parent of a juvenile diabetic or a child with cerebral palsy. Do they want to defend the part where young people can't stay on their parents' plan until they are 26? Do they want to make that phone call and say: We know you are working hard to find a job or finish your education. Oh no. Do they want to eliminate the caps on benefits? Do they want to eliminate closing the doughnut hole? No. They just say they want to eliminate it.

Well, I want to eliminate this from the CR, so let me tell you where I come in as the chair of the full committee.

In a very short time, the majority leader will offer an amendment to the CR sent over by the House. I want to get rid of this brinkmanship, slam-down, showdown politics. The amendment we will be offering will strike the provision to defund ObamaCare. It will strike the provision that was put in on the debt ceiling which means that the way they want to structure it—what the House sent over—is we pay China first and Americans at the end of the line.

I then want to set into motion working with our Democrats—it is not only us Democrats—to have a CR.

The PRESIDING OFFICER. The Senator has 1 minute.

Ms. MIKULSKI. I want to have an amendment to strike the defunding of ObamaCare, strike the language on the debt limit, and move the date for the next continuing resolution from December 15 to November 15 so that we can get to a situation where we focus on completing our budget, getting an omnibus, and eliminating sequester for 2 years.

I want to get rid of the theatrical politics and get into the real business of running and helping govern America in a way that provides jobs, economic opportunities, and ensures our national security.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The time of the Senator has expired.

The senior Senator from Tennessee is recognized.

Mr. ALEXANDER. Mr. President, will the Chair please let me know when 15 minutes has expired. I have 20 minutes. I would like to know when 15 minutes has expired.

The PRESIDING OFFICER. The Senator may proceed.

Mr. ALEXANDER. Mr. President, once after I made a speech my late friend Alex Haley, the author of "Roots," came up to me and said: LAMAR, may I make a suggestion.

I said: Of course.

He said: When you speak—instead of "making a speech," would you say, "let me tell you a story," and someone might actually listen to what you have to say. So I do have a little speech on the new health care law to make. But before I make a speech, let me tell a story that I think applies to the new health care law. It is a story about two famous and patriotic Tennesseans who went to Texas.

The two men are Sam Houston and Davy Crockett. In the early part of the 19th century, Sam Houston was the Governor of Tennessee. He resigned that position because of a problem with his marriage. He went to Arkansas, lived with Indians, and he went to Texas. Congressman Davy Crockett went for a different reason. He got crossways with President Andrew Jackson, who recruited a one-legged veteran of the War of 1812 to run against him and he lost his race for Congress in 1834. He later went to the courthouse steps in Madison County,

TN, and said what every defeated candidate has always wanted to say to such voters. He said: I am going to Texas and you can go to hell and he went to Texas. That is historic fact. I am not using bad words here.

So we had these two famous Tennesseans, patriotic, brave men, both of whom went to Texas. They had the same goal in mind, the independence of Texas, but they had different tactics. Former Congressman Davy Crockett said: I think I will go to the Alamo. Some people said: Davy, if you go to the Alamo, you will get killed. He went to the Alamo anyway and he did get killed, but we remember him for his bravery and we remember the Alamo.

Sam Houston took a different tack. He withdrew with his men to San Jacinto. He was heavily criticized by some people in Texas at that time for withdrawing. Some said it was a retreat, but he waited until the Mexican General Santa Anna was in a siesta with his troops, he attacked, defeated his troops, and he won the war.

Today we celebrate both men. We think of them both as patriots, as great Americans, and we remember the Alamo. But we celebrate Texas Independence Day on March 2, 1836, when Sam Houston won the war.

The moral of the story is that sometimes in a long battle, patience is a valuable tactic. That is why I am in Sam Houston's camp on this one. I am not in the shut down the government crowd, I am in the take over the government crowd. Americans should elect more Republican Senators and then ultimately a Republican President and then I am going to delay, dismantle, and replace the new health care law which we call ObamaCare with a law that actually reduces health care costs for Americans.

My first reason for not shutting down the government is that it will not work. The problem is even if we were to vote to shut down the government, according to the way some people argue—and I understand their passion and I respect it—ObamaCare would just keep going like the Energizer bunny. The reason Senator COBURN, the Senator from Oklahoma, has pointed out is that 85 percent of the funding for ObamaCare is mandatory spending. Mandatory spending is the type of spending that just keeps going. So money for the exchanges, money for the subsidies, and the individual mandate would continue. What would we have achieved? We would have shut down the government, but most of ObamaCare would keep going. If that is not enough, the President has authority in the law to declare some services essential. I assume, since this is his signature issue and he is President for another 3 years, that he would declare most of ObamaCare essential services.

So where would we be? As long as we have a Democratic majority in the Senate and President Obama in the White House, it takes 67 votes in the Senate to repeal ObamaCare and we

have 46 on the Republican side. Every one of us has voted against ObamaCare repeatedly. Every one of us would do so again. Every one of us would vote to repeal it. But in my view, the right tactic is not to shut down the government. It won't work, ObamaCare would just keep going, and we would have shut down the government.

What does that mean? What does a government shutdown mean? Not everything would shut down, but here are some of the things that would or could happen: The 3.4 million Active-Duty military who would have to report to work—whether at Fort Campbell in Kentucky and Tennessee or in Afghanistan—would not be paid for their service as long as the government is shut down. At home, their spouses could suddenly find the Department of Defense schools closed. What are they going to do for childcare, or with a check arriving too late to pay the mortgage? Social Security checks would continue to be paid, but the offices might be closed. Same for more than 20 million of our veterans who receive benefits; they might come late. Two million Americans fly everyday. There would likely be fewer TSA agents, fewer air traffic controllers, leading to long lines at the airports in Nashville and New York and Chicago. How do you think those 2 million people are going to feel about that?

The national parks would close. Head Start might close and many of the 110,000 people at our National Laboratories could be furloughed.

The last time the government shut down was nearly 20 years ago. Back then, 200,000 people applied for passports and couldn't get them during the shutdown. There are 200,000 Tennesseans going to college this fall who want or are in the process of getting a new student loan and they might not get it on time.

Your gun permit might not come through, neither might your FHA loan. The last time we had a government shutdown, it cost the taxpayers \$1.4 billion extra dollars, according to the Congressional Research Service.

So I am in the Sam Houston camp on this issue in that I want to show a little patience in trying to win the war. If we shut down the government, ObamaCare keeps going, it costs the taxpayers a lot of money, and inconveniences a lot of Americans. Who do you suspect is going to get blamed for this? We will have succeeded in shifting the blame for passing ObamaCare from the Democrats, who did it unannounced, to the Republicans for shutting down the government. You would think the Democratic National Committee might have come up with that idea, not the Republican National Committee. That might not be a good public policy position, but it is a fact and people are observing it.

Then there are people who say to be a good conservative, you have to vote to shut down the government. I have been listening to these people who de-

fine who is a good conservative and who is not a good conservative. It is a little bit like being in Sunday school and somebody new comes into class and says: I am a better Christian than you are and if you don't agree with me get out of the church.

You might say: Grandma is a Quaker and Uncle Sam is a Baptist and we all try pretty hard in our faith. It is not up to us to judge which one of us on the Republican side is a better conservative than another. Everyone who looks around knows among Republicans, most of us are conservatives, but we have different kinds. We have neoconservatives, we have paleoconservatives, we have fiscal conservatives, we have social conservatives, we have cultural conservatives, we have Ross Perot conservatives—we have opened the door over the last 40 years to every kind of conservative, and it has made our party bigger and more successful because we have tolerated different points of view.

So I am not for shutting down the government for all those reasons. It will not work. When the government has been shut down before the Congressmen could not buy their plane tickets back to Washington fast enough to open the government because the voters were absolutely outraged. It would shift the blame for ObamaCare, which ought to be the referendum in 2014, to should you shut down the government or not shut down the government? We should not be in this business of saying I am a better Christian than you are or I am a better Jew than you are or I am a better conservative than you are. We ought to respect each other's point of view.

Instead, what should we do? First, we ought to delay implementation of the new health care law. My colleague from Tennessee, Representative MARSHA BLACKBURN whose conservative credentials I've never heard anybody question, and Senator JEFF FLAKE from Arizona wrote an editorial the other day—I ask unanimous consent for it be printed in the RECORD following my remarks—saying the health care law must be delayed.

There is good reason for that. It is coming too fast and the chairman of the Finance Committee said it is going to be a train wreck. The logical thing to do is delay it for 1 year. The President has already delayed many provisions of the health care law. The employer mandate has been delayed for 1 year. The requirement that insurance companies report to the IRS information about health insurance products has been delayed for 1 year. The ability for small employers to provide employees with multiple health insurance plan options in something we call the small business SHOP exchange has been delayed for 1 year. The ability for state Medicaid programs to send electronic notices to beneficiaries, that is delayed for 1 year. The start of the Basic Health Program, delayed for 1 year.

Other provisions have been delayed for 1 year and there are regulations that the administration has simply not had time to issue. So why not delay the entire law for 1 year? That would give the administration time to at least get ready it would give the American people a chance to have a referendum on the law in 2014. So that is the first thing we could do.

The second thing we could do is begin to dismantle the law. By that I mean we should repeal all of the job-killing, premium-hiking taxes, especially the medical device tax. This is a particularly onerous tax that is 2.3 percent on the revenues of those companies and it drives up the cost of medical devices that tens of millions of Americans use. We should also and repeal the mandates on individuals, families, and job creators that drive up premiums. But that is not all we should do.

We have a responsibility to say what we would do as Republicans if the voters were to trust us with the government. If they were to give us more Senators who would vote to delay, dismantle, and repeal ObamaCare, what would we do with it? Or if in a couple of years they were to give us a Republican President, what would we propose?

We can do a pretty good job of saying what we don't like in ObamaCare. Three years ago, I was asked by Senator MCCONNELL and Speaker BOEHNER to lead off for the Republicans at the President's Health Care Summit. I took the opportunity to outline for the President some of the problems with his proposal that we saw at that time. It turned out that we were pretty prescient in what we were saying because most of the problems we predicted have happened: increased premiums, more spending, more taxes. We said a 2,700-page bill, more or less, probably has a lot of surprises in it. The bill cut Medicare by one-half trillion dollars, not to make Medicare solvent, but to spend on a new entitlement even though Medicare is going broke within several years according to the Medicare trustees. If Medicare goes broke, people will not be able to depend on it.

We said the new law would mean there will be about one-half trillion dollars of new taxes, and millions of Americans' premiums would go up. Today, the newspapers are filled with stories of rising premiums. So that is what we said at the President's Health Care summit 3 years ago. Now we have an obligation to say what we would like to do instead.

I said to the President at that time: Mr. President, the President's—your proposed health care law is an historic mistake because it expands a health care delivery system that already costs too much instead of taking steps to reduce its costs. The law is a mistake because it attempts to be comprehensive, and it is too big a bite to chew, too much to swallow, and too much to digest at one time.

That is turning out to be right. That is why we have all these delays. So we

suggested why don't we go step-by-step to begin to reduce health care costs? We suggested at the President's health care summit working with him in a bipartisan way to do that.

We can still do that. We can delay it. We can dismantle the parts of it I talked about. Then what do we do?

Step No. 1, make Medicare solvent so seniors can depend on it. Senator CORKER and I have a proposal which will do that, offer seniors more choices and at the same time reduce the Federal debt by nearly one trillion dollars over the next 10 years. Medicare needs to be solvent because we have many Tennesseans who depend on it to pay their hospital bills, and it is going broke in a few years if we don't take steps to do that.

No. 2, give Governors more flexibility with their state Medicaid programs. Medicaid has gone from 8 percent of the State budget when I was Governor in the 1980s to 26 percent today. It is soaking up money that ought to go to higher education. Governors would like to keep tuitions from going higher, but they cannot and the main reason is Federal Medicaid mandates get in the way so we need to make Medicaid more flexible.

I said when the health care debate was going on that every Senator who votes for it ought to be sentenced to go home and serve as Governor for 2 years to implement it. That may be one reason we have so many Governors who are having a hard time balancing their budgets with all these federal mandates.

No. 3, strengthen innovative workplace wellness programs. The administration has a regulation that needs to be repealed that restricts the ability of employers to say to employees: If you live a healthy lifestyle, you can have lower insurance premiums.

No. 4, let small businesses pool their resources and offer a lower cost insurance plan for their employees.

No. 5, provide families the opportunity to purchase insurance across State lines.

No. 6, expand access to health savings accounts and catastrophic health insurance plans, which would give people an opportunity to buy cheaper insurance rather than more expensive insurance.

No. 7, incentivize the growth of private health insurance exchanges.

No. 8, make it easier for patients to compare prices and the qualities of doctors.

No. 9, incentivize States to reform junk medical malpractice lawsuits.

I have talked about one way to delay ObamaCare, two ways to dismantle it, and nine steps to move from expanding a health care delivery system that already costs too much. By introducing more choice and competition into our health care delivery system, we can achieve the goal of reducing costs for most Americans. That is a strategy, an agenda and a plan that will earn the confidence of enough independent vot-

ers in Tennessee and other States across this country to elect more Republican Senators, or Democratic Senators who agree with us, and that will give us a chance to dismantle, delay, and repeal the health care law, which was an historic mistake.

This is nothing new. We counted it up. Republicans mentioned 173 times in the health care debate our step-by-step plan to reduce health care costs. We still stand ready to put it into place.

The best way to repeal Obamacare is not to shut down the government. The best way to do it is to take over the government, elect some more Senators, and elect a President. Put it in a bill. That is our constitutional system. We all admire the Constitution. We carry it in our pockets, and we talk about it. We have a constitutional system, and we have to follow those rules if we want to make legislative changes.

I greatly respect the passion and the endurance of those Senators who argue that we should shut down the government if we don't get our way immediately on the health care law. I respect that just as I remember the Alamo and respect our great Tennessean Davy Crockett who went to Texas. But on this one, when it comes to tactics, I am in General Sam Houston's camp. I think we will have to show patience to win the war. In the meantime, let's delay ObamaCare, let's dismantle it, and let's show the American people that we have a better plan with better steps to replace what is in the law now with a step-by-step plan to reduce the cost of Americans' health care. That is the plan I am voting for today and the rest of this week and the rest of this year and next year, until we get the job done.

I thank the Presiding Officer.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From The Tennessean, Sept. 24, 2013]

TENNESSEE VOICES: HEALTH CARE LAW MUST BE DELAYED

(By U.S. Rep. Marsha Blackburn and U.S. Sen. Jeff Flake)

As we approach the Oct. 1 deadline when the Affordable Care Act begins to go into effect, it becomes more and more evident that the president's health care law is not ready for prime time.

Through our congressional oversight and the feedback we get from businesses and families around the country on a daily basis, we have seen just how frustrated people are with the impact ACA is having on their lives. It has become very clear that this law is unworkable. A recent CNN poll shows support for the president's health care law waning, with only 39 percent of Americans now in favor of it, down from 51 percent in January.

With the Obama administration's decisions to delay several parts of the health care law, including the employer mandate, it is clear that even the White House now recognizes what the rest of America already knows: "Obamacare" is a train wreck.

Businesses small and large across our states have shared stories about the burdens the Affordable Care Act is placing on them. Couple that with the most recent jobs numbers from the Bureau of Labor Statistics,

and it is difficult not to conclude that the law is having a dampening effect on the country's economy.

That is why we have introduced legislation that would delay all ACA provisions and taxes for one year. H.R. 2809/S. 1490 seek to postpone all provisions of the Affordable Care Act taking effect on Jan. 1, 2014, or later by one year from the date of enactment.

Delaying the law is a necessary step in our efforts to get it off the books and replace it with real health care solutions that work for American families and businesses. It builds on efforts already taken by the House and Senate to delay both the individual and employer mandates. In fairness to American taxpayers, the best thing we can do right now is to implement a one-year delay so we can continue to chip away at this disastrous law.

Postponing "Obamacare" gives us the best chance to defund it. If we delay the law, the administration will be unable to collect new taxes, provide subsidies or expand Medicaid, all things that put taxpayers further on the hook.

As Republicans continue to work to implement real health care solutions for Americans, our legislation is the right step to take. In fairness to taxpayers, our best option today is to delay the law's implementation for one year and continue to work to enact policies that put patients and doctors in charge of health care and do not require trillions of dollars of taxpayer money.

I yield the floor.

The PRESIDING OFFICER. The Senator from Indiana is recognized.

Mr. DONNELLY. Mr. President, when I was working in Indiana last month, there was one thing I heard everywhere I went: Congress should spend less time fighting and more time focusing on creating jobs.

We have made significant progress in Indiana since seeing unemployment rates north of 20 percent in some of the counties in our State just a few years ago, but there is a lot of work yet to be done. Too many Hoosiers are still looking jobs.

For all of the fighting here in Washington, back home in Indiana everyone is on the same page. They want good-paying jobs so they can take care of their families, send their kids to college, and retire with dignity. That is what Hoosiers want, and most think Congress can do something to help in that regard, even if that something is simply this: Don't make things worse.

What, instead, do many of my constituents think they are getting from the legislative branch? George Smeltzer from Nineveh, IN, sent me an e-mail. He said:

Enough is enough already! Washington is like a bunch of children playing at recess and all fighting for one toy. Unfortunately, the toy is the American people. I've news for you, most average Americans are not liberal lefts' or conservative rights,' we are somewhere in the middle and we are tired of being smashed around like ping pong balls in a partisan game of "politics."

We are at a critical point in our ongoing economic recovery. In the next week this Congress will decide whether to keep the Federal Government open and operating. In the weeks ahead this Congress will decide whether to continue to pay the government's bills—our bills. We can go one way, the responsible way, and show the American

people we are capable of working with one another or we can continue to yell at each other to score political points, refuse to be realistic about the need to find common ground, and shut down the government and stop paying our bills—the bills for which we are responsible. Clearly, I prefer the responsible way—the way that can add thousands of additional jobs for the folks back home who want and need them.

When I first spoke on the Senate floor this spring, I discussed my strong belief that government can help create the conditions necessary for businesses to expand and hire more workers and for the American workforce to be better ready to hit the ground and be moving on day one. I am offering three straightforward, bipartisan, common-sense things that we can do right now to help the economy.

We should pass the bipartisan AMERICA Works Act introduced by my friend Senator KAY HAGAN from North Carolina and supported by Senator DEAN HELLER and me. We are training the next generation of employees to have the skills that employers need.

We should finish our work on a 5-year bipartisan farm bill that the President can sign into law. American farmers deserve that certainty.

We should also cut redtape to encourage private investment in infrastructure. I am working with Senators PORTMAN and MCCASKILL on a bill that would cut redtape to improve the permitting process for big infrastructure projects so we can help private industry create jobs in Indiana, Ohio, and across the country.

Fights to and possibly beyond the brink about whether to have the government up and running and whether to pay the government's bills, our bills, in a timely fashion have a devastating effect on confidence and on our still-recovering economy. However, when we do the responsible thing and actually do our jobs, we can help the economy and we can help our constituents and maybe as a result give them reason to have a little bit more confidence in this institution and in our country's government.

Sharon O'Brian of Crawfordsville, IN, told me in an email: I am sure many Hoosiers feel as I do. There needs to be compromise between the parties in order to begin solving the many problems facing our country today.

Let's start solving, not creating, problems for our country. Let's help create jobs, let's get to work, and let's build America.

I yield back.

The PRESIDING OFFICER. The Senator from Maine is recognized.

Mr. KING. Mr. President, I want to begin with a story about two young men, both 29, both married with a couple of kids, and both contracted cancer the same day—malignant melanoma, the kind of cancer that comes from a mole. Unfortunately, it is not uncommon in our society. One of those young men had insurance. In fact, he had an insurance policy that provided preventive care, and under that policy they

provided a free checkup. Indeed, his insurance covered his ability to go and have his checkup in the evening so he didn't even have to take a day off from work.

He went in, had a checkup, and the doctor found a mole on his back and said: This doesn't look so good. I think I should take it off.

A week later when he went back to have the stitches out, the doctor said: I think you should sit down. You have a pretty serious form of cancer.

The young man went to the hospital and had an operation which removed a hunk of his back. He had stitches under his arm. The lymph nodes were taken out, and fortunately they found that the cancer had not yet spread. He didn't have to have chemotherapy or radiation. He was OK.

The other young man didn't have insurance, so he didn't go to the doctor and have a checkup. He had the mole on his neck, but he didn't really notice it or pay much attention to it.

Six or 8 months later he noticed a lump in his neck. He still didn't pay any attention to it. He didn't have insurance and didn't really want to spend the money to go to the emergency room or go to the doctor, so he didn't pay much attention to it and he let it go.

Six months later the lump was so large that he finally went to the doctor, and they biopsied it and found that it was metastasized malignant melanoma. He had chemotherapy, radiation, and surgery, but a year later he died.

That story means a lot to me because I am the first guy. Forty years ago, when I was a staff member in this institution, I went and had that checkup because I had insurance. They found the mole, they did the surgery, and here I am today.

I have often thought about that and wondered, why me? Just luck—but also because I had insurance. I can say with certainty that if I had not had that insurance, I would not have gone to that checkup. If I had not had the checkup when I did within months or perhaps a year and a half, I would have been gone.

I have a similar story about a daughter of a friend of mine, Dick Gould up in Maine. Dick had a daughter named Cindy who was diagnosed with severe asthma at the age of 3. All her life she battled it. She lived in a very rural part of Maine. She didn't have a lot of money and could never afford insurance, but she fought the asthma as best she could. She did the best she could, but she couldn't afford the expensive treatments.

Finally, not long ago, at the age of 53, Cindy Gould died, leaving a husband, children, and grandchildren, one of whom she hadn't ever met. Why did she die? Because she didn't have insurance. She couldn't afford to go in and have the care she needed.

Why are we having this discussion here in the Senate this week about health care? The answer is pretty clear. There are 50 million people in this country who have no health insurance. The estimates are that between 20,000 and 30,000 of those people die each year—like Cindy Gould—because of the lack of health insurance. Why doesn't that bother us? Why aren't we spending days and nights here talking about how to solve this problem instead of how to dismantle the most significant health care program that has come to this country in years? Why?

I have a theory about that. It is because those deaths are invisible. They happen one at a time in Greenville, ME; in Portland, ME; in San Diego, CA; and El Paso, TX, so nobody knows. It is not listed in the obituary: Died because of no health insurance.

I would submit that if those 25,000 people—which is a conservative estimate—in this country all died at the same time and in the same place, we would be turning the world upside down to solve the problem. Just imagine that kind of loss in a small town in the Presiding Officer's State each year—25,000 people a year.

On September 11, 2001, we had a tragedy in this country, and 3,000 people died. It was a terrible day. What have we done as a result of that day? We turned our society upside down, we protect ourselves at airports, and we spent money for screening and protection. We spend \$70 billion a year just on intelligence in order to protect ourselves from another September 11. Yet, quietly and insidiously, every year over 20,000 people die because they don't have insurance.

Another 700,000 families lose everything because of medical bills. We are the only country in the world where that happens. We are the only country in the industrialized world where people are prone to lose everything because they are swamped with medical bills. That is ridiculous. Would we watch someone die in our front yard? Of course not. We would call 911. We would call the doctor. We could do CPR. We would do whatever we could to keep them alive. But we are quietly as a society watching over 20,000 people a year die, and we are arguing about the details of how to solve this problem.

To me, it is a moral question. There is a lot of economics involved. There are a lot of questions about costs and we will talk about that. But, fundamentally, it is a moral question. The moral question is, Are we going to stand by and watch people suffer and die because of ideology and politics? No other country in the world has answered yes to that question, and that is the question that is before us.

So what is this thing called ObamaCare, the Affordable Care Act? What is it? The first thing to say is what it is not. What it is not is a tremendous impact on American business. Ninety-six percent of the businesses in

America have less than 50 employees. They are not affected by ObamaCare at all. In fact, they are probably benefited by it because whether or not they choose to buy health insurance, their employees can get health insurance through the new health exchanges, and that is probably a benefit to those businesses. But 96 percent of the businesses the law doesn't apply to. Ninety-eight percent of the larger companies—200 employees and more—already provide health insurance to their employees. So the law doesn't apply to them. Ninety-four percent of the smaller firms, from 50 to 199, already provide health insurance to their employees.

So this idea that somehow ObamaCare is taking over the health care industry in this country is nonsense. Eighty percent of the people are largely unaffected by it. They are either the 50 percent who are covered by their employers now or the 22 or 23 percent who are under Medicare now and 7 or 8 percent under Medicaid. But that leaves 15 percent uncovered, uninsured, unprotected, and that is between 45 million and 50 million people.

This is not a government takeover. There is no place in America one can go and sign up for ObamaCare. If one goes onto an exchange, they get insurance from Anthem or Blue Cross or Health First or Aetna. One doesn't get ObamaCare, one gets insurance coverage from private insurance companies, just as we have done in this country for most of the 20th and 21st centuries. It is not a government takeover.

Here is what it is: It is a mechanism to make it easier and cheaper for those people who are uninsured to find a way to get insurance: to go online to a health exchange, which is nothing but I suppose one could call it the Amazon or e-Bay of health insurance where people can see what their options are, make their choices. They get support from the rest of us if they are within certain income levels, and it makes health insurance affordable.

It is based upon the free market principle of competition, and that group rates are better than individual rates, and the essence of the system is a marketplace where people can buy private health insurance.

It is also insurance reform. It repairs and improves and mandates some improvements in the way health insurance works, to avoid some of the real glaring problems that most people have identified with and many people have run up against. One is a limitation that health insurance companies have to spend 80 percent of the money they take in on health care. In other words, there is a limit on profit and overhead. I think all of us feel that is reasonable. That is already happening, and, in fact, some people are getting refund checks from their insurance companies because they were spending too much on overhead and profit.

Under the insurance reforms of the bill, women are treated equally for the

first time. There is an emphasis on preventive care.

I go back to my own story. Preventive care saved my life. It was a heck of a lot cheaper than the care that was provided to the fellow who didn't have insurance because he didn't catch it in time. He ended up in the emergency room. He ended up having surgery, chemotherapy, and radiation, and ultimately futilely, but that treatment cost a lot more than my treatment did because I was insured and had preventive care.

It also allows kids to stay on their parents' policies until they are 26. This is a big deal, because it allows kids to take jobs and do things and travel and work but not have to focus on whether they have health care. They can stay on their parents' policies until they are 26. That is happening right now all across America.

There are no lifetime caps.

As I mentioned earlier, we are the only country in the world where people get wiped out by health care costs. Nowhere else is that even remotely an issue the way it is here.

Finally, a person can't be denied health insurance because of preexisting conditions. That is crucial, because there are millions of people across this country, through no fault of their own but because of the vagaries of health, who have problems they were born with or that came on in their youth and under the old rules, they can't get insurance. Now they can't be denied insurance. That is going to make a lot of difference to people in this country.

Because of that—and I watched Senator CRUZ last night, and he talked about this. If you are going to require insurance be issued to people even if they have preexisting conditions or some kind of illness, then you also have to mandate that everybody buys it; otherwise, nobody would buy it until they are in the ambulance on the way to the hospital. If a person didn't have to buy fire insurance before the fire, everybody would buy it when they saw the flames coming up from their house. I think Senator CRUZ, the Senator from Texas, used that image last night. To me, that makes common sense.

It also makes common sense because it is a matter of personal responsibility. I always thought that was a conservative principle. I remember in the 1970s and 1980s it was a conservative principle that people should take responsibility for themselves.

Right now in our society, if a person is sick, and if a person has no insurance, they are treated. The hospital cannot turn you away. What that means is we all pay. That person is in effect a free rider. They have insurance; it is all the rest of us. I think it is a basic principle that they should take care of their own responsibility.

People act as though this is some kind of radical notion. We have had—I don't know about the State of the Presiding Officer and other States, but in

our State we have had mandatory automobile insurance for as long as I can remember and nobody questions it, because it is a responsibility. You need to be responsible for yourself. As I say, this was always a conservative principle until lately, and all of a sudden it isn't. It reminds me of the old line of Mort Sahl, the comedian back in the 1950s, who said, "If you maintain a consistent political opinion in this country long enough, you will eventually be tried for treason."

And here we are; what was once a conservative principle is now anathema. But I think it is all about personal responsibility and providing for yourself.

I understand,—I have seen press releases that there are people going around the country telling young people not to sign up for coverage. I think that is outrageous. It is unbelievable. And they are sentencing some of those people to death or to severe injury because they are not going to have health insurance when they are going to need it.

All young people are immortal. I was when I went in for that checkup when I was 29 years old. They think they are. But to tell people not to get insurance when it is available, particularly when it is available at low cost, I think is something that should weigh on the conscience of whoever is funding and developing that campaign around the country.

So what is the Affordable Care Act? It is a mechanism to buy insurance. No. 2, it is reform to the insurance industry in terms of what the requirements are; and No. 3, buried in it are pilot programs that may turn out, in my view, to be the most important part of the project, the most important part of the bill, because they encourage changes in the way we deliver health care.

As I will mention in a minute, the real problem with health care is cost, and these pilot programs that are being used around the country, including in Maine, are already having some spectacular results. I talked to two people from our two major Maine hospitals this morning. They are seeing a 60-percent reduction in emergency room use and a 70-percent reduction in rehospitalization because of what is called the Accountable Care Organization Structure that they have put in place for Medicare patients in Maine.

They are seeing better care at substantially lower costs, and this is the kind of pilot and innovative program that is also in the Affordable Care Act that nobody ever hears about or talks about that I think, as I mentioned, may turn out to be the most important part of the bill.

That is it: limits on insurance provisions, greater access to insurance. I think we need to calm down around here about what this bill does.

It is not perfect. It is complicated. It does have some implementation issues that I am worried about. I am worried

about too much regulation. I am worried that they will overdo the regulations somewhere in the government as they implement this, and I think that is something we need to pay close attention to. There are problems such as the 30-hour workweek versus 40 hours. Those are the kinds of things I think we need to pay attention to and we need to fix. There has never been a perfect piece of legislation, perhaps, other than those Ten Commandments on Mount Sinai, but we need to try to fix things and not just say, Oh, well, we are going to tear the whole thing apart and start over. I am a little skeptical on the starting over part because I haven't seen any inclination to do so.

As I mentioned, the larger health care problem is cost. We are now spending 18 percent of our gross domestic product on health care—by far the highest number in the world. Japan is at about 11, and everyone else is at 8 or 9 percent. We are spending twice as much per capita as anyone else in the industrialized world and our results aren't that good, by all kinds of international standards, including infant mortality, longevity, customer satisfaction. We are in the 15, 17, 20, 25th in the world, and we are paying twice as much.

There is also this cost problem is what is killing our budget. All of the debt and deficit problem we are projecting in the Federal budget is based upon health care costs: Medicare, Medicaid, and public employees. That is where the deficit is. It is not in the national parks, it is not in Head Start, it is not even in the Department of Defense. It is health care costs, and we need to talk about that and work on it and do something about it.

I think these pilot programs within the Affordable Care Act are showing amazing promise just in the last couple of years that they have been in place.

A note on process, and then I will yield the floor. I have never known of a time when the repeal of a particular piece of legislation has been used, has been held hostage, in order to keep the government running. We have had arguments about budgetary matters at the ends of budget periods, and there was a shutdown in the 1990s about spending and budgets, but I have never heard of a time when a group tried to use a bill and say we are going to repeal this bill or we are going to shut down the government.

In the 1950s and 1960s, the southerners were dead set against civil rights legislation. They filibustered and tried to stop it, but it ultimately was passed in the 1960s, and was a proud moment for this body and this institution. They never said: But we are going to shut down the government if you fund it or enforce it. They had too much respect for the institution. They had too much respect for the importance of the continuity of government over and above any issue, no matter how passionately they felt about it.

I hope this weekend we can let go of this idea that a minority of the govern-

ment can hold it hostage because of one particular piece of legislation that they don't like.

This is an economic but it is also a moral issue. It is about trying to help people deal with the shadow of health care hanging over them. It is not perfect, but it corrects some of the most glaring defects in the private insurance system, and it provides an opportunity to millions of Americans to escape the day-to-day shadow of a health care catastrophe.

To those who want to fix it, I stand ready to help. To those who have ideas and suggestions, I stand ready to listen. To those who want to destroy it, however, I stand in your way. And to those for whom the shadow has finally been lifted, I stand at your side.

I thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER (Mr. BLUMENTHAL). The senior Senator from Texas is recognized.

Mr. CORNYN. Mr. President, as we discuss our efforts to support an effort that started in the House to defund ObamaCare in this legislation, I want to start by congratulating my colleague Senator CRUZ on his remarkable 21-hour performance. I promise I will not try to duplicate that, at least not right now. But I do admire his passion and his energy, and I think probably more than anyone in recent memory, he has done more to raise this issue to the American consciousness and inspired people by his passion.

I want to say that I share his determination to stop ObamaCare before it does any more damage to our country. The two of us represent 26 million people in the State of Texas, and we have heard countless stories of how the President's health care law is already hurting not just individuals and families and small businesses, but hurting the economy.

I heard the distinguished Senator from Maine saying the President's health care law is working pretty well. But I have to say, even though I disagree with him about ObamaCare actually working, it strikes me that one point is irrefutable; that is, ObamaCare is hurting the economy and hurting job creation. We have heard at least from some of the major organized labor organizations in America—people like Richard Trumka, who said that ObamaCare is killing the 40-hour workweek. It is making full-time work into part-time work. That is one reason he and other labor organization leaders went to the White House recently and asked the President for a special opt-out or waiver.

I believe the only solution is to dismantle ObamaCare in its entirety. Some have said: After Senator CRUZ got through speaking today, after his remarkable 21-hour performance, the debate is over. To them I would say, the debate has only just begun. We will be here in the Senate for the remainder of this week debating the effort to defund ObamaCare.

My friends across the aisle have repeatedly said that because Republicans want to protect the American people from ObamaCare, we want to take health insurance away from millions of Americans. Nothing could be farther from the truth.

Democrats argue that Republicans have not put forth any alternatives to ObamaCare. That is false. It is time to set the record straight.

When it comes to health care reform, Republicans have three main objectives, all of which are filed under ObamaCare. One, we want to reduce costs. The President said this was one of his goals in ObamaCare. He promised that the average family would see a reduction in their health care costs of \$2,500. What are the facts? We have seen health care costs go up by an average of \$2,400 for that same family. We want to expand quality insurance coverage, and we want to improve access to care.

The President has put most of the apples with his health care plan in the same sack, which is Medicaid. In Medicaid in my State, only about one doctor out of every three will see a new Medicaid patient because it only reimburses doctors about 50 percent or less of what they charge other patients. So they simply have had to refuse to see new Medicaid patients.

So we want to reduce costs, we want to expand quality coverage so that you own your own insurance policy, and we want to improve access to care.

In order to achieve those objectives, we first have to remove ObamaCare from the table. We know what the evidence has been in the years since ObamaCare first passed in 2010.

ObamaCare is already causing employers to drop health coverage. So if you like what you have, it turns out you cannot keep it. It is already causing doctors to leave Medicare, for the same reason. As I mentioned, they are leaving Medicaid. It is already causing insurance providers to reduce consumer choice. We saw a story in the *New York Times* just a couple days ago about that. We know it is already causing businesses to lay off workers and turn full-time work into part-time work.

It is already causing medical device manufacturers to close existing factories here in America and to move their businesses offshore because of the taxes that target that particular part of the health care industry.

And it is already causing many physicians to consider early retirement, causing a restriction in access to coverage, because unless you can find a doctor to accept you, you do not have effective access to coverage, even though you may have something called Medicaid or Medicare.

If and when the law is fully implemented, ObamaCare will drive up individual insurance premiums, it will cause millions of Americans to lose their existing health care coverage, it will jeopardize medical privacy rights

by injecting the IRS into the implementation, it will further damage an already broken Medicaid program, and it will prompt even more doctors to stop treating Medicare patients.

The closer we get to full implementation of ObamaCare, the more we learn about its myriad problems and its unintended consequences. For example, the ObamaCare exchanges are supposed to open next Tuesday. But most people still do not know how much money they will be paying for insurance. Meanwhile, a front-page story in *USA Today* talks about a little noticed provision of ObamaCare which threatens to cost some families thousands of dollars in health insurance and leave up to 500,000 children without coverage.

For that matter, even if ObamaCare is fully implemented on schedule, the Congressional Budget Office projects that about 31 million Americans will still not have coverage. I thought ObamaCare was designed to make sure everybody had coverage. So it seems to me it has failed again in its stated objective.

My friends across the aisle like to say that Republicans are opposed to expanding health insurance coverage. But, as I have just told you, we are actually for replacing ObamaCare, which would provide people with more access to affordable health care.

In reality, what we are opposed to is policies that reduce health care choices and dramatically disrupt people's existing health care coverage. We are opposed to policies that raise taxes by more than \$1 trillion on people like the medical device manufacturers that I mentioned a moment ago, which hurts innovation, which hurts people's access to the best quality of health care. And, yes, we are opposed to policies that kill full-time jobs in favor of part-time work. And we are opposed to policies that cause insurance premiums to go up rather than down.

It is true, we are opposed to policies that put government bureaucrats between you and your doctor when it comes to deciding what access to health care you and your family ought to have. And we are opposed to policies that cause physicians to refuse to see Medicare patients.

We are opposed to policies that weaken our health care safety net. And we are opposed to policies that massively expand the power of the Internal Revenue Service—that is currently racked in scandal—getting involved in implementing your health care plan.

So again, we are for reform that helps bring down the cost and improves access to quality health care in a way that does not interfere between the doctor and the patient. The kinds of health care reforms that we are for are those that deal with cost, coverage, and access.

For example, we support equalizing the tax treatment of health insurance so that individuals and employers are put on the same footing, unlike today. We support letting individuals and

businesses form risk pools, particularly across State lines, to provide more choices and more competition when it comes to keeping down health care costs. And we support abolishing onerous mandates.

Why should you have to buy health coverage that includes coverage you do not need or want? For example, if you are a young man, why should you have to buy a mandatory health plan that has maternity coverage in it? It does not make a lot of sense.

And, yes, we support giving more Americans choices when it comes to how to pay for their health insurance using pretax dollars—things like tax free health savings accounts.

We also believe that making price information more transparent will create the kind of discipline that comes with a market. For example, if people know what their health care costs are going to be, and they see what their choices are, they know that the competition that comes through market discipline will improve not only the price—it will bring it down—but it will improve the quality of service.

Perhaps the best recent example of that is the Medicare prescription drug plan, which has now come in 40 percent below projected cost, because now seniors have choices when it comes to their prescription drugs, and those plans compete based on price and quality of service. That is benefiting the consumer and providing a lower price.

And, yes, we do support tighter curbs on frivolous medical malpractice lawsuits, which drive up the costs of medical liability insurance and drive doctors out of business. In Texas, we have had a wonderful pilot program. And I tell you, we have seen doctors move to Texas because they want some predictability when it comes to their medical liability exposure and the costs of their malpractice insurance. That, in turn, provides people with better access to doctors.

And, yes, we believe that you can use State high-risk pools to insure people with preexisting conditions. In other words, the idea that you need to embrace the behemoth called ObamaCare just in order to cover people with preexisting conditions is simply false. You do not. We can do it much cheaper and more effectively by supplementing the State high-risk pools so people with preexisting conditions can get access to health care.

We support States having a lot more flexibility to manage Medicaid—something that can only happen now based upon a special dispensation from the Federal Government.

If we are able to help people coordinate their health coverage, we can do a better job of making sure that even people on Medicaid get access to health care at a lower cost.

As I said, we support introducing competition into Medicare so that patients and physicians could work together to hold down costs, just as they have done in the prescription drug program that I mentioned a moment ago.

So here is the bottom line: ObamaCare is not the only way to expand access to quality health care. In fact, it may well be the worst way to expand coverage because it raises costs and it reduces patient choices, and you have to depend on the tender mercies of the Federal Government when it intervenes between you and your doctor when it comes to your choices.

By contrast, we believe that health care reforms such as those I have outlined just a moment ago would allow us to expand access to quality health care at a lower price without interfering with the doctor-patient relationship.

Mr. President, before I conclude—because I know there are other colleagues who want to speak—I want to explain once again why I support moving ahead with this legislation that is now before us.

I note that 100 Senators just voted for cloture on the motion to proceed to the continuing resolution which contains the defunded provision passed in the House. I am committed to defunding ObamaCare for the reasons I said. But I also believe that we ought to avoid a Government shutdown. I believe that to deny cloture—unlike the vote we just had, 100 to 0—to vote against cloture on the very resolution we are for that came from the House that would defund ObamaCare is a little hard to explain.

It may well prompt the government shutdown, which I think benefits no one, and it could possibly damage our economy, which as I said earlier is fragile indeed. Here is the ultimate irony. If we are to shut down the government because we refuse to pass a continuing resolution to keep the government operating, ObamaCare still gets funded. That is because it has mandatory spending, in other words automatic spending, that even if the government shuts down, ObamaCare still, by and large, gets funded.

You do not have to take my word for it. Dr. COBURN, Senator COBURN, has asked the Congressional Research Service for their authoritative opinion. They said even if the government were to shut down, ObamaCare will continue to be funded. So I support whatever strategy is likely to help us defund and ultimately dismantle ObamaCare, but in my view, shutting down the government is not the best strategy, because it would not work. According to the Congressional Research Service, ObamaCare would continue to be funded.

To be clear: Republicans are united in our desire to defund ObamaCare. The bill before us does exactly that. So if we proceed to the bill, my hope is that five Democrats—maybe the five Democrats who voted for ObamaCare in its first instance but have been listening to their constituents as I have, people such as Richard Trumka and organized labor who have said: The promises you made, this simply is not performing as advertised. We need something to be done to ObamaCare.

We have solutions that will address that. So if we can find five Democrats to join us, perhaps those Senators who are running for reelection in States that Mitt Romney carried by double digits, the Senate would have voted to defund ObamaCare. It is that simple.

Plenty of our colleagues have acknowledged the harm ObamaCare is doing to our health care system, and to our broader economy. Now they have a chance to do something about it. Now they have a chance to actually vote with Republicans to stop this law before it is fully implemented.

Four years after Senate Democrats voted to enact ObamaCare on a party-line vote—no Republican voted for it, all Democrats voted for it—the consequences of ObamaCare are plain for all of us to see. By proceeding to the House bill, we are forcing each Member of this Chamber to take a stand either for or against their constituents when it comes to a failed health care bill, one of the most unpopular laws in the history of the country.

I know where I stand on ObamaCare. I know where all of my Republican colleagues stand. All of us stand united in our desire to protect the American people from this failed public policy.

I would urge our colleagues across the aisle to think again, listen to their constituents, including people such as Richard Trumka and organized labor and help us save America from this failed public policy disaster.

I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. BROWN. I ask unanimous consent that after my 5 or 6 minutes, the Senator from New Hampshire be recognized.

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

Mr. BROWN. Mr. President, I would remind my colleagues, after hearing Senator CORNYN's speech and also the very articulate words of Senator KING talking about a personal story—that this is full of personal stories of people who get preventive care or they don't and the difference that makes in people's lives, the quality of their lives and their life expectancy.

I remind my colleagues that in my State alone, about 1 million seniors have gotten preventive care and various kinds of tests, senior citizens in Medicare, at no cost, with no copay and no deductible. About 1 million Ohio seniors have gotten that benefit from the Affordable Care Act.

About 100,000 Ohioans in their twenties have been able to join their parents' health plan until they are age 26 and get insurance. People in their twenties who do not have insurance otherwise have it through something called the medical loss ratio, which for every dollar of premium in health insurance you pay, 80 to 85 percent of that must go directly into patient care rather than profits and executive salaries and marketing. That has forced insurance companies to write refund checks to tens of thousands of Ohioans.

A number of Ohioans have benefited in a whole host of other ways. So we know this health care law already is working, we know it will continue to work. When I hear people in Washington, DC, who dress like this, who all enjoy pretty darn good health insurance, paid by taxpayers, then I see my legislature in Columbus, legislators also who have health insurance, not even expanding Medicaid, not even allowing people, children especially and seniors and disabled people, and often people who have low-wage jobs—deny them health insurance, I think something is dreadfully wrong.

Mr. President, I want to talk for a moment about something else in health care. Ancient cultures have been using plant extracts and other mixtures with antimicrobial properties to aid in healing for more than 2,000 years. We are probably most familiar as Americans with the Scottish scientist—I believe Scottish—Alexander Fleming who developed penicillin, which became a very common drug used kind of from the 1940s on.

Last week the Centers for Disease Control and Prevention called antimicrobial resistance “one of our most serious health threats.”

Antibiotics and other antimicrobials have been, in essence, a victim of their own success. We used these drugs so widely for so long and sometimes not always wisely, and sometimes indiscriminately, that the microbes they are designed to kill have adapted to them, making the drugs less effective or in some cases totally ineffective.

I stand before you today to remind you of the need for a comprehensive strategy to address microbial resistance. Each year, about 2 million Americans contract bacterial infections in hospitals, and 20,000 of these people die because the microbes causing their infections are resistant to frequently used antibiotics.

One of the most commonly reported antimicrobial resistant infections is something called MRSA, an acronym for methicillin-resistant staphylococcus aureus. MRSA is a strain of staph infection resistant to penicillin and other related antibiotics. Once thought to be contracted solely in hospital settings by older patients, MRSA is now affecting young, healthy people in our schools and communities. Within the last few years, we have heard far too many media reports of high school and college age students losing their lives to these infections.

The statistics continue to be troublesome. A recent study from the University of Chicago revealed that more people are checking into hospitals with MRSA than those with HIV or influenza combined. We cannot ignore that.

Molly Brudnick of Shaker Heights, a Cleveland suburb, contracted MRSA after back surgery. She should have been concentrating on recuperating from her surgery. Instead she spent 6 weeks on IV antibiotics in a nursing home. She had to complete 3 months of

rehabilitation, with nursing care to tend her wounds. Molly's story is far too common in my State and the Presiding Officer's State of Connecticut and across the country.

It does not have to happen. As this epidemic—if you call it that—continues to spread, the financial costs and the loss of life will continue to rise. A 2012 study at Columbia found that each drug-resistant infection cost \$15,000 more to treat than other infections which are not antimicrobial resistant. That is unacceptable. Curing MRSA is one piece of the puzzle in eradicating the superbugs that are resistant to antibiotics.

In response to this health crisis, I join the CDC in urging enhanced attention and resources devoted to antimicrobial resistance. In 2008, I, along with Senator HATCH, the senior Senator from Utah, introduced the STAAR Act, Strategies to Address Antimicrobial Resistance Act. I thank Senator HATCH for his leadership as we begin to see the epidemic of antimicrobial resistance develop.

The STAAR Act is a multiple-pronged approach to revitalized efforts to combat superbugs and prevent outbreaks of MRSA and other drug-resistant infections. The STAAR Act established a government task force to direct efforts to combat microbial resistance. The bill provides for more research on drug-resistant bacteria and explores strategies to ensure the development of new anti-infective drugs.

It also ensures that antimicrobial drugs will be prescribed and used judiciously. We have made far too many advances in modern medicine to lose the fight against microbes. I look forward to working on measures to preserve our existing arsenal of antibiotic and other antimicrobial drugs and to ensure that new drugs are developed which can effectively fight superbugs.

I plan to reintroduce the STAAR Act soon. I will work with my colleagues to see it moved to passage.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Ms. AYOTTE. Mr. President, I rise today to talk about what is happening in my home State of New Hampshire as a result of ObamaCare. When I ran for the Senate in 2010, one of the reasons I decided to do so is because when I saw ObamaCare had been passed, I worried about what was going to happen with this law.

We saw it could offer less competition, limit peoples' choices, limit their choices on who would be their physician, and also change their insurance policies and raise costs in a health care system that costs too much to begin with.

Sadly, we are now seeing all of these fears come true with ObamaCare. Unfortunately, I have seen it firsthand in my home State of New Hampshire. In fact, I have heard it from my constituents, whether it is at a townhall, whether it is visiting with a small busi-

ness, whether it is listening to someone who is having their hours cut because their employer is trying to meet a 29-hour requirement.

In fact, right now in New Hampshire there is only one insurer that was approved to offer health policies on New Hampshire's ObamaCare exchange. In order to prevent premiums from skyrocketing—and by the way, people in New Hampshire will be paying higher than the national average for premiums under ObamaCare. But to prevent them from skyrocketing even further, this lone New Hampshire insurer has been essentially forced to limit its network of providers to exclude 10 of our 26 hospitals.

What does that mean for the people of New Hampshire? Several of the hospitals have been excluded as a result of ObamaCare from this exchange and did not make the list for coverage. They are, for example Concord Hospital, which serves residents in and around our State capital, and that is not one of the providers in the network; Portsmouth Regional Hospital in Portsmouth. The largest city on our seacoast, Portsmouth Regional Hospital serves the surrounding areas. Not in the network.

Other hospitals in New Hampshire that are not in this network: Frisbie Memorial Hospital in Rochester; Southern New Hampshire Medical Center in Nashua, where I live; Monadnock Community Hospital in Peterborough; Valley Regional Hospital in Claremont; and Alice Peck Day Hospital in Lebanon.

This problem is especially challenging for people in New Hampshire who live in rural areas. It is particularly unfair to them. For example, Upper Connecticut Valley Hospital in Colebrook did not make the cut. What does that mean that Upper Connecticut Valley Hospital in Colebrook did not make the cut? If you live in Colebrook or Stewartstown or Columbia, and you need maternal care, you have to drive to Berlin. If you have to drive to Berlin from some of those areas, this round trip can take you 3 hours.

What does that mean when you need maternal care? If you have to drive over an hour or an hour and a half to get to the hospital, I have to tell you, the north country in the winter can be some tough driving. One thing I know about the residents of our north country, they are resilient, they are tough, they are wonderful people. But they should not be put through this as a result of fewer choices under ObamaCare.

I have been making trips across New Hampshire directly talking to my constituents, including to business owners. The message I have heard from them is very clear. In fact, it has been raised with me on almost every stop that I made in New Hampshire in August where I had the chance to talk to people from throughout all our State.

This is not an issue that is being raised because I am a Republican or a Democrat or an Independent. It is uni-

versal concern and worry about the impact of ObamaCare and the increasing costs that people are seeing in health care as a result of ObamaCare and fewer choices that people in New Hampshire are going to have.

Here is some of the mail I have received from some of my constituents about this law.

Dave in Manchester wrote me that he and his wife are in their forties. This is what he had to say:

Our premiums went from quarterly in May to monthly as of June. No birthdays or changes in health. Our monthly bill went from \$497.39 for myself to \$572.67, a jump of over 15 percent. My wife had her bill go from \$572.67 to \$801.84, a jump of over 40 percent.

Dave says he makes approximately \$31,000 a year after taxes and that health care takes up half of it.

Caroline from Grafton wrote:

Our school district and surrounding ones are cutting back paraprofessional jobs to 29 hours. Many of these people were full time. Instead, they hired several part-time people to cover the once full-time positions. This law of unintended consequences is devastating for those whose hours and benefits have been cut. Now they are no longer entitled to benefits; many of these individuals have worked for 15 years or more as full timers.

John from Middleton wrote:

I am 61 and retired. I buy my own health insurance privately. Since the Affordable Care Act, I have had to change my insurance carrier because they left the State. I changed my coverage because it became too expensive, and I have had three increases in my premiums.

Chris from Nashua wrote:

As a small business owner and self-insured, I am very worried about my costs going up. My broker mentioned that we may see a 200 percent increase in our monthly rate.

Nancy lives near a hospital that was left out of the exchange. Ten of our hospitals, which is a huge amount in our State of New Hampshire, almost a third of our hospitals, have been left out of the exchange. Nancy wrote:

I want to continue to have my medical care with the doctors, nurses, therapists, et cetera, whom I know and trust and with whom I have an established relationship. Again, what do I do? This is what the Affordable Care Act did for me.

We have seen recently that the headlines of what is happening with the impact of ObamaCare tell the story. In my home State of New Hampshire today, from the Associated Press: "Health overhaul premiums in NH above average."

The National Telegraph: "Decision to eliminate Nashua hospital from health exchanges causes confusion."

The Union Leader: "Companies look for new ways to pay fees coming from ObamaCare."

Concord Monitor: "Concord hospital not part of provider network for ObamaCare exchange plan in New Hampshire."

Nationally, the headlines are telling the story as well. A Politico recent article: "ObamaCare: One blow after another."

USA Today: "Family glitch in health law could be painful. It could leave up

to 500,000 children without coverage and cost some families thousands of dollars.”

Washington Post: “One week away, ObamaCare’s small business insurance exchanges not all ready for launch.”

CNBC on Main Street: “ObamaCare hurts hiring: Staffing.”

USA Today: “Pew poll: Health care law faces difficult future.”

There are many more I can go through here. It has been one bad story after another because of the reality of implementing this flawed law.

The private sector impact of ObamaCare: We all want our economy to do better than it is doing right now, to provide jobs and opportunity for people in this country, to make sure everyone in this country can live the American dream. Yet the Affordable Care Act is hurting job creation and job hiring in this country.

Increasingly, employers are cutting benefits and shifting the burden of health insurance coverage to their employees. We have seen in the recent impact of this law that the Cleveland Clinic is probably the best example. The President went to the Cleveland Clinic during his campaign and cited it as a model in terms of how health care could be delivered in pitching his health care law. Yet the Cleveland Clinic recently announced, as one of Ohio’s largest employers, that it would cut jobs and slash 5 to 6 percent of its budget to prepare for President Barack Obama’s health reforms.

Walgreen’s recently announced it is dropping health insurance coverage for 160,000 workers and will instead give them payments to purchase insurance through private exchanges. Time Warner and IBM plan to move retirees from employer-administered health plans to private exchanges.

We have seen similar stories from companies like Home Depot and Trader Joe’s. They are going to end coverage for part-time employees. UPS is dropping coverage for employees’ spouses.

In terms of the impact on jobs, what I have heard from companies in New Hampshire, from the smallest to the largest, is they want to do right by their employees. The rising cost of premiums and the questions that have been raised by ObamaCare have put them in a position where they can’t do what they want to do for their employees and their health care. In many instances they are forced, because of higher costs, to not hire that next employee.

If you think about the structure of this law, that it applies to those with 50 employees or more, some are not going to open that next business, or that next restaurant, because they do not want to fall under this law.

What kind of law would we pass here to deal with the issue of health care that actually makes it more difficult to hire people, that actually thwarts the private sector’s desire to expand businesses or if you have one restaurant, to have a second restaurant; if

you have one shop, to open up a second shop?

The flaws in this law are not only that it reduces choices for consumers, but it is reducing the choices that people in this country have for jobs, which is wrong.

I think the best critiques that we have seen of the law actually came from President Obama’s supporters, and they are the Teamsters Union, the United Food and Commercial Workers International Union, and Unite Here.

They recently wrote the President and said:

We can no longer stand silent in the face of elements of the Affordable Care Act that will destroy the very health and well-being of our Members, along with millions of other hard-working Americans.

They have also expressed concerns that this law will destroy the 40-hour work week.

As Senator CORNYN from Texas said:

As Republicans, we are united in repealing this law. We are united in wanting to defund this law and wanting to make sure that we can replace this law with commonsense reforms that drive down health costs, increase competition for insurance companies, and give people more choice, while making sure that we do not interfere with the doctor-patient relationship. If you like your doctor, you can keep your doctor, which we are now seeing is not true, unfortunately, under ObamaCare.

I will do everything I can to make sure we repeal this law, to make sure that we can ensure that people have choice, that they can keep their doctor, and that health care is affordable for people in this country.

However, I do not support shutting down the government in order to defund this law. While some of my colleagues have urged us to shut down the government—and they haven’t said it in this term, they have said they don’t want to shut down the government—but the reality is they have asked us to vote against a bill that is coming over from the House that will defund ObamaCare, but will continue the funding for the government. If we were to vote as a block against ending debate on that bill, then the result could be to shut down the government.

While Americans are opposed to ObamaCare, what we have seen in a poll as recently as today is that 80 percent of Americans say threatening a government shutdown during budget debates is not an acceptable way to negotiate. I believe we should make sure that we repeal this law.

I join in what the senior Senator from Texas said, and I would hope that my Democratic colleagues would listen to what their constituents are saying about the negative impacts of this law and that they would join us, join Republicans, in ensuring that we do defund this law, that we work together, that we make sure that, by the way, businesses aren’t treated better than individuals in where we are right now with the implementation of this law.

One of the most absurd things that I don’t even know how you can explain

to people is the President has made the decision that the employer mandate is going to be delayed until 2015. With regard to individuals, they have not been given a similar delay. How do we justify treating businesses better than individuals with a law that is going to force many people into a position where they are paying higher premiums? They may, unfortunately, lose the hospital they prefer to go to in my home State of New Hampshire, or the physician they have that trust and relationship with.

I would ask my colleagues on the other side of the aisle, how is it that we can treat businesses differently than individuals here? Why don’t we join together and delay the individual mandate, at least until 2015, as businesses are being treated by the President now in his delay of the employer mandate?

I hope on the other side of the aisle we can work together and listen to the American people who loud and clear are expressing the worries, the concerns, and the impact this law is having on them. It has not been, unfortunately, a good impact.

Finally, I wish to say in terms of the strategy of shutting down the government, I don’t support it also because it is not going to work. The Congressional Research Service has said that even if we shut down the government, there has been mandatory spending baked into this law, so ObamaCare can mostly continue.

To those who are asking us to take that step, I would say that even if we were to do so, we will not achieve the purpose of fully defunding ObamaCare or stopping ObamaCare from hurting average Americans.

I hope we can work together to make sure that we don’t continue to hurt Americans, such as my constituents who are going to have to drive much longer distances to go to the hospital in the ObamaCare exchange in New Hampshire. They are paying higher premiums because of ObamaCare and have less choice. I would hope we could work together to ensure that average Americans don’t continue to be harmed by this law.

Finally, this piece of legislation was a signature of the President’s policies. It was something when he got into office he pushed right away to pass. The impact that many of us feared about this law—less competition, higher costs, interfering with keeping the doctor you want, hurting jobs—we have now seen come to fruition. So why would we at this point try to shut down the government? Why would we at this point give the President a lifeline? To quote the President’s own former Press Secretary on “Meet the Press” this weekend:

If you think about this from the White House perspective, you’ve had three fairly forgettable weeks at the White House, right? About to lose a vote on Syria; immigration reform looks dead; you’re sinking in quicksand, and here your enemies throw you the

rope and want to get in the quicksand instead of you.

Why would we put ourselves in a position where we would shut down the government over a law that is the President's signature piece of legislation and hand him a lifeline on this issue and, in the process, hurt average Americans, such as our military, that could be impacted by a government shutdown, such as our veterans that could be hurt by a government shutdown, such as air travel that could be impacted by a government shutdown.

By the way, the last time we shut down the government, it cost us more to reopen the government—\$1.4 billion more—than it would have cost to just run the government. So from a fiscally conservative perspective it doesn't make any sense either.

I urge my colleagues on the Republican side to be united in repealing and replacing ObamaCare, and let's work together to do that. Let's work together while keeping the government going forward with responsible spending levels. Let's not forget we are \$17 trillion in debt. Let's not let that debate get sidetracked by this debate of ObamaCare.

Finally, to my colleagues on the other side of the aisle, you have been hearing many of the same stories from your constituents. How can we treat businesses differently than individuals? Why wouldn't you agree to something such as a delay of ObamaCare for 1 year for individuals similar to the delay businesses have been granted by the President? Why would you want to continue to fund a law right now that is already hurting people in terms of their choice for their doctor and driving up costs and hurting job creation?

I know we can resolve these issues and I know the American people expect us to. I think we can do this in a way that helps address health care costs, coverage, and in a more responsible way than ObamaCare has done, allowing people to keep the doctor they have chosen and allowing people to have greater choice through competition.

I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan.

Mr. LEVIN. Mr. President, folks back home will often come up to me after the Senate has gone through some crisis or complex procedure and they will ask me: What just happened? Usually I can give them an explanation. But I hope nobody asks me about what we have seen last night and today because, to me, it is inexplicable.

A Senator holds the floor overnight delaying what turns out to be a 100-to-0 vote on cloture on the motion to proceed to this bill. I am not sure I can explain that back home, so let me try to describe what I expect to see in the days to come.

The question before the Senate this week is whether some Members of the Senate will succeed in disrupting much of the Federal Government if they do not get their way in one matter on which they feel passionately.

This group of Senators argue that we should take away health insurance from more than 20 million Americans. They urge us to take away cheaper prescription drugs and free preventive care for more than 6 million seniors. They argue for kicking millions of young adults off their parents' health insurance coverage, and they argue for a return to the days when insurance companies could deny Americans health care because of a preexisting condition.

Are arguments over the elements of the Affordable Care Act in order? Of course they are. But what should be out of order, what should be off the table is the tactic that opponents of the Affordable Care Act are employing—at least some of those opponents. As we just heard from Senator AYOTTE, she is an opponent of the Affordable Care Act who is not going to vote for this tactic, and I commend her for it.

In order to eliminate the Affordable Care Act, some of these opponents would deny our military members their paycheck, some of them would shut down our NIH clinics, they would halt Small Business Administration assistance to small businesses, and they would close Head Start classrooms. All of that and many more government operations would grind to a halt if this group had their way in order to eliminate health care reforms that would bring insurance to millions of Americans and protect coverage for those who already have it.

That is not just a policy failure. In my book, that is a failure to understand the role of an elected official in a democratic government. This system does not function when Members of Congress threaten to shut down the government and bring about legislative anarchy if they do not get their way on a particular policy.

So I am not going to try to persuade those Members on the value of ObamaCare, even though already, thanks to ObamaCare, the number of young adults without health insurance has fallen by nearly 1 million, and a higher percentage of young adults have coverage today than at any time since 1999.

I am not going to try to persuade those Senators on the value of ObamaCare, although already inflation in health care costs has slowed to the lowest level in half a century. While the causes for this good news are complex, many health care experts believe the Affordable Care Act's focus on quality and coordination of care is already having a measurable impact.

I am not going to try to persuade those Senators of the value of the Affordable Care Act, even though more than 6 million seniors are paying less for prescription drugs because the Affordable Care Act is closing the doughnut hole in drug coverage and even though the nonpartisan Congressional Budget Office projects that by 2016, 25 million Americans who otherwise would have no health insurance will be

covered, again thanks to the Affordable Care Act.

I am not going to try and persuade those Senators about the value of ObamaCare, even though repealing the Affordable Care Act would, according to the independent Congressional Budget Office, raise the budget deficit by about \$110 billion over 10 years.

While I am not going to question the sincerity of the Senators who argue that denying the American people those benefits is a good idea, I do question the willingness of those who are willing to close down this government to achieve their goal, to create legislative and governmental anarchy in pursuit of their goal as acceptable. I believe the tactic of shutting down or threatening to shut down the government to get their way on an issue is appalling, and that is what the basic question is before us.

I have a number of issues that are important to me. So does every Member of this Senate. I believe very strongly in universal background checks for firearms purchases. An opinion poll shows a large majority of the American public agrees with me. Should I threaten to shut down the government if we don't pass universal background checks? Should I threaten to delay pay to our men and women in uniform, to close classrooms and health clinics and research labs, to waste billions of dollars by creating anarchy in the government if I don't get my way on universal background checks for firearms purchases?

I believe strongly we should close offshore tax loopholes that cost the Treasury hundreds of billions of dollars, and I am hardly alone in that belief. Should I threaten to default on the public debt and to damage the full faith and credit of the United States if we don't pass a bill to close those offshore tax loopholes?

I hold these beliefs and others with the same passion as those Senators who oppose the Affordable Care Act, but threatening a government shutdown and chaos unless I get my way is, I believe, inconsistent with our responsibilities as Senators. So, yes, I feel very strongly about background checks and tax loopholes and a host of other issues, but I can't imagine threatening government shutdown or default on our debt if I don't get what I want.

The effects of a government shutdown would be devastating to our men and women in uniform, who would be told they must stand at their post without pay. It would be devastating to patients with deadly diseases who depend on clinics that would close their doors, and researchers who must leave their labs. The mere cost of shutting down and then restarting government operations would run to several billions of dollars. A shutdown could cut gross domestic product by a percentage point or more, putting us back into a recession.

When the Founding Fathers launched this experiment in democracy, most

observers—at least many observers—expected it to fail. They did so in part because they doubted that democracy could exist in a large and complex nation. Montesquieu declared that in any large democracy “the public good is sacrificed to a thousand private views.”

The Founding Fathers designed Congress so it could represent the interests of large States and small States, of populace and rural areas, of North and South. The task they gave to Congress was to prove that Montesquieu was wrong. It was here that our “thousand private views” were to be weighed and considered, and from those deliberations public policies aimed at the public good were to emerge.

The form of our government was designed to guard against any one faction from succeeding in attempts to sacrifice the public good to its own concerns. At every turn, the Founders designed our constitution to defend against extremism, to help all-too-flawed elected officials transform what could be the anarchy of a large Nation with varied opinions into a coherent whole.

The tactics we are seeing in this debate, and the tactics threatened in the debt ceiling debate we will soon face, turn the Founders’ vision on its head. We are told that unless we give in to the demands of one faction, that America will be plunged into shutdown, recession, default, and catastrophe. Two hundred twenty-six years into our experiment in democracy this faction of Congress is trying to prove Montesquieu right. They would, indeed, sacrifice the functioning of our government to advance one of their own views.

I oppose the efforts to defund ObamaCare, and I believe that preserving health care reform is vitally important to millions of Americans. Defeating this attempt to close down the government unless zealots get their way is important to the very functioning of our democracy. It is deeply destructive to our ability to function as a democracy for Members of this Senate to threaten to bring down the walls around us unless they get their way, and, hopefully, they will not succeed.

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

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

Mr. HOEVEN. Mr. President, in the United States we have the best health care in the world. We have the best doctors, the best nurses, the best hospitals, the best clinics—across the board, the best health care. I believe that is because we have a health care system where individuals make decisions about their health care. They de-

cide what doctor they go to, what hospital, what clinic. They decide what health care plan or what health care policy to choose.

But ObamaCare changes that. It brings government into running the health care system in a way we have never experienced before in the United States, a level of government involvement far beyond what we have ever had before. The proponents of ObamaCare say otherwise, but that is just not the case. Government will set up exchanges and operate those exchanges, and it actually limits the number of policies and options that can be offered on those exchanges. At the same time, the government also prescribes coverage that must be offered in policies, driving up costs and again reducing options—choices—for consumers.

Furthermore, ObamaCare kicks in effectively October 1—the start of the fiscal year, next week—but clearly neither the Federal nor State governments are ready to go. That has been very well publicized, and, of course, that is why the administration has delayed the employer mandate for a year.

The question then is, Why hasn’t President Obama also delayed the individual mandate? Why would you delay the mandate for big companies across this country but then not at the same time delay the mandate for the American people, for individuals across this country?

That is just one of the many inconsistencies in the law and in the administration of this law. That is why I support anything we can do to either defund or delay ObamaCare, and that is why our entire Republican caucus supports doing anything we can to defund or delay ObamaCare. Granted, we have some different ideas on tactics, how best to do it, but we are absolutely united in our effort to oppose ObamaCare.

The reality is that instead of ObamaCare, we should be encouraging more choice and more competition in health care, not more government control. That means things such as tort reform to help reduce the cost of health care. It also means encouraging more competition among health insurance companies across State lines and expanded health savings accounts, combined with high-deductible insurance policies, will encourage young people to buy health insurance because their insurance premiums will be much more affordable. Again, more competition, more choice, more participation by people of all ages, and as a result, a system that is sound, a system that truly encourages and empowers individuals. That is how we empower people to take control of their medical costs—not with a government-run system but by empowering individuals. We empower health care providers with tort reform, and we empower consumers with more choice, more competition, and more options.

At the same time, we need to reform Medicare and Medicaid. We can save

hundreds of millions of dollars by reducing waste, fraud, and abuse. But we also need to provide the right incentives and more flexibility.

Take Medicare, for example. Right now in my home State of North Dakota, on a relative basis we have lower cost health care than many other States, and at the same time that we have lower costs in North Dakota, we have better outcomes. On a comparative basis, we have very high-quality medical care. So think about that—lower costs, better outcomes. But under Medicare, for that performance we are not rewarded. We don’t get more reimbursement, we get less reimbursement. That makes no sense. Think about it. So a State with low costs and better outcomes gets lower Medicare reimbursement than a State with high costs regardless of outcomes. Then you get more reimbursement? Think about that as a system, rewarding higher costs, penalizing lower costs. That is the exact opposite of what we should have.

Those are the kinds of things we should be reforming, and we should reform them in a way that creates the right incentives.

Take Medicaid. Medicaid, the same thing. Here, you have way too much of a Federal one-size-fits-all. Why not give the States more flexibility so that they can respond to the circumstances in their State, find ways to improve care, and reduce costs and make sure those States benefit when they do that so that they have the right incentives.

These are the kinds of health care reforms that make sense, common sense. These are the kinds of health care reforms that empower people. These are the kinds of health care reforms we need.

Republicans will vote to defund ObamaCare. We need some Democrats to join us for the sake of health care, for the sake of our economy, full-time employment versus part-time employment. ObamaCare is hurting our economy and hurting job creation. So for the sake of health care in this country and for the sake of our economy, it is what the American people want. They want us to fund this continuing resolution and they want us to defund ObamaCare, and I ask our colleagues to join us in this effort.

Mr. President, I yield the floor.

Mr. COONS. Mr. President, here we are again. On Monday, September 30, 5 days from now at midnight, absent some agreement and cooperation between the parties in the Chambers here in the Congress, the entire Federal Government will begin shutting down. Here we are again, another day, another fiscal crisis, another politically manufactured crisis—another politically manufactured crisis that is threatening to tear at the economic fabric of our whole country.

It would be hard to believe if it were not totally, completely believable. I have been in the Senate now just under 3 years but this is my third of these

crises. I was actually up in the chair presiding that night back in 2011, when we narrowly averted a shutdown, just minutes before funding expired.

I was here with all the other Senators on New Year's Eve this past year where we stopped just short of going over the fiscal cliff.

Here we are again. From shutdown to default, from the debt ceiling to the fiscal cliff, now back to threatened shutdown and another default crisis weeks away and with, of course, unemployment still standing above 7 percent—7.3 percent.

In my home State, Delawareans don't understand how we keep ending back up in this place. We have a saying in Delaware that our politics are dominated by what we call the Delaware way, which means doing what is right even when it is hard. It means coming together to make tough choices, Republicans and Democrats listening to each other and finding principled compromise.

It means being civil and playing by the rules, putting what is good for our people ahead of what is good for our politics. It does not look to me as if we have been able to muster much of that Delaware way here in Washington.

Last week the Senate considered the bipartisan Shaheen-Portman energy efficiency bill. Energy efficiency is about as commonsense and nonpartisan as you can get. It is not about fossil fuels or renewable energy, it is about making smarter choices and reducing our energy consumption. The bill had support on both sides of the aisle. It was supported by business and labor and the environmental community, the National Association of Manufacturers, the Natural Resources Defense Council, the International Union of Painters and Allied Trades. A very broad range of folks and organizations all over our country endorsed that bill.

I myself did work in energy efficiency when I was in the private sector at a manufacturing company and then again when I led Delaware's largest county as county executive. I saw the real impact energy-efficiency technologies and strategies did have on the bottom line, for the private sector and public sector, for families and businesses, and it is significant.

There is so much opportunity to make a real difference for our economy, for our planet, for our communities in energy efficiency. That Shaheen-Portman bill gave us a chance to tap into it. It would have given millions more Americans a chance to benefit and was scored at creating 136,000 new jobs—but we blew it.

Instead of debating energy policy, taking up and amending and reforming and passing that bipartisan energy efficiency bill, the Senate was then dragged down into a petty partisan political battle over the Affordable Care Act, a law that, by the way, was debated in both Chambers and passed, litigated before the Supreme Court and upheld, was central to the last Presidential election and was sustained.

I am not going to debate the merits of the Affordable Care Act at enormous length again. It is law. It needs to be modified. It needs to be amended so it can work more smoothly and more effectively. But, frankly, the law needs to be implemented. Every minute this Chamber spends reliving the settled debates of the past is a minute we are ignoring the 11 million Americans out of work, the 31,000 Delawareans currently looking for a job. Each minute this Chamber spends on a futile effort to strip middle-class Americans of their access to affordable health care is a minute we are ignoring so many challenges: infrastructure, a generation of students ill-prepared for the challenges of the future, communities ripped apart by tragic, senseless gun violence—there are so many other challenges and tasks before us. It is insanely frustrating.

Is this what we signed up for? Is this why all of us worked as hard as we did to get here, knocked on doors and campaigned across our States for months and months? Is this it? Is this governing? If Congress spent half as much time on manufacturing policy and on manufacturing jobs as we seem to spend on manufacturing political crises, our country would be in far better shape. It cannot pass laws but Congress has become very good at manufacturing crises.

I am not running for President and I don't have to impress the tea party so maybe I am missing something here. But we do have to be better than this. We just have to. There is too much at stake for our States, for our country, for our families, for the economy, for the world.

This morning the Steering and Outreach Committee had a dozen economists come in and offer their insights on what would happen if the government really does shut down 5 days from now. If we do then default on our national debt the next month, what would happen to the 11 million Americans still looking for jobs? What would happen to our resurgent American manufacturing industry and the half million jobs that have been created there? Their answers were not encouraging—in fact, depressing, really.

What was clear is that these political showdowns in this Chamber exact a real cost on our economy. They hurt the ability of business owners to plan ahead. They inject incredible unneeded uncertainty into our markets. They generally erode our Nation's credibility and leadership on the world stage. But we keep ending up right here.

One of my constituents, John Henderson from Frederica, DE, wrote me last week and said:

The strength of our economic recovery is on the line and government's ability to make people's lives better is in jeopardy. Congress needs to confront our problems responsibly, but when some lawmakers dig in their heels and threaten to seriously damage America if every one of their demands isn't met, our Government can't function. This isn't the time for a game of chicken. It's time to govern.

John, you are right. Mr. President, he is right. This gridlock, this repeated manufactured crisis environment is embarrassing. I am on the Budget Committee, and under the leadership of our Chair, Senator MURRAY, we passed a budget earlier this year. Not only did the Senate budget responsibly reduce the deficit, not only did it fairly replace the sequester, but it actually invested in economic growth. We took it up here on the Senate floor and passed it here, too, so not just out of committee but out of the Senate. We stayed up all night voting on amendment after amendment, for hour after hour, and in the end it is one of the most functional things we have done this year. The Senate passes a budget, the House passes a budget, and then we come together to reconcile the differences. That is how it has been done for 200 years. And this year, finally, after years of criticism that we hadn't passed a budget, we had our chance to return to regular order, so there we are, ready to go, budget passed—and nothing. House Republicans will not even come to the table and a few Senate Republicans are blocking the door. They literally will not even come to the table to negotiate and resolve our budget differences and lay the groundwork for moving forward. It is insanely frustrating.

Einstein once said the definition of insanity was doing the same thing over and over and expecting a different result. He was not wrong. I believe at this point the House has repealed the Affordable Care Act 42 times. Doing the same thing over and over and expecting a different result is the definition of insanity.

I am on the Appropriations Committee and, under the able leadership of our Chair Senator MIKULSKI the committee has passed 11 appropriations bills. The House Appropriations Committee has passed 10 of theirs. We took up one of these vital appropriations bills that allows the Senate to work its will and to form and shape Federal programs and Federal spending. Earlier this summer we took up one of these appropriations bills, the bill to fund the Departments of Transportation, Housing and Urban Development. But Republicans on this floor were so afraid of returning to regular order, of having a responsible, reasonable, regular working process to move forward on spending on this government and our economy, it was blocked. It was blocked, prevented from even being debated.

I will ask again: Is this working for anybody?

Back in June of this year the Senate passed a bipartisan farm bill. Great work was done by Senator STABENOW, Chair of the Agriculture Committee, along with her ranking member and Senators from both side of the aisle. The Agriculture Committee did significant work to reform American farm policy, such as moving away from commodity subsidies and toward crop insurance. That alone would have saved

taxpayers \$23 billion. We all hear that is important. We need to reduce our spending and make our programs more effective. This was a great bipartisan bill. It would have modernized our agricultural policies and strengthened programs that help farmers, ranchers, and small business owners, and created jobs.

House Republicans will not negotiate with us on that bill either. They passed a bill that guts the nutrition assistance program, food stamps—cuts it by \$40 billion, but will not work with us on a full farm bill. The current law also expires at the end of the month. If we do not pass a modernizing farm bill by the end of this year, our Nation's agriculture policies will revert to those of the 1940s.

If it sounds familiar, it is because we are in the exact same position on the farm bill as last year. Is this working for anybody? It is certainly not working for America.

Delawareans, whom I hear all the time, are enormously frustrated. I hope we are able to reach a deal and I hope we are able to keep the government running. I hope we come back next week and refocus on our economy and refocus all this energy on manufacturing jobs and on manufacturing crises; helping American businesses grow and helping our private sector create jobs.

Americans deserve better than this. They deserve better.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. BARRASSO. Mr. President, I come to the floor today, just 6 days now before the Obama health care law exchanges go into effect, to point out that even those who may support the law say with regard to the exchanges, expect trouble. It was interesting that today the District of Columbia—their health exchange announced it is not going to be able to be ready to go October 1 for those seeking information regarding tax credits, for those asking about Medicaid coverage. People will still be able to submit applications online but apparently they need to then have this information go to so-called experts with an eligibility determination not to be made until sometime in November.

I applaud the District for pointing this out, that this is what they found because what they attributed the delay to was a "high error rate" discovered during testing. I am delighted that they were actually doing testing, discovered this high error rate and made that decision. But as people take a look at the upcoming exchanges as they open, I believe these exchanges open doors to fraud and to identity theft. The reason I say this is we are hearing this actually reported from supporters, again, of the health care law.

I will quote someone who has worked in support of the law in Chicago who says that, "Fraudsters are poised to

take advantage of widespread confusion over the Affordable Care Act—also known as ObamaCare—to take advantage of widespread confusion to steal Americans' credit cards, Social Security numbers, and other personal information."

My goodness, how can that happen? It happens for a number of reasons. One is because of all of these so-called navigators, people who are hired by the government or people posing as those hired by the government to help folks sign up on the exchange. When they fill out the paperwork or fill out the computer forms, the information they are going to send in is to go to the data hub—tax information, income information, employment information, patient record information, Social Security number, welfare information, family size, demographic data—and then where does all this information go?

No. 1, to the Department of Justice. Also to the Social Security Administration. Also the Department of Homeland Security to check citizenship. Of course the Social Security Administration will validate birth, validate the person is not dead, validate the Social Security number. The Department of Justice will check on criminal history. The Health and Human Services Department, another recipient of the information, will check enrollment or eligibility for entitlement programs, collects and analyzes medical data. Then of course the IRS, who are the folks who are the enforcers of the Obama health care law—the enforcers will, along with the Treasury Department, verify employment stats, individual income stats, determine premium subsidies, all with the potential for significant fraud and all because of a lack of providing the privacy safeguards that the law mandates this administration to provide. Yet the administration is not doing so. A number of us have been asking for months to see what is involved with these so-called navigators. What kind of education do they need? What kind of background checks are there? We still have not been able to get the information we are seeking.

We want to know: Do these people have to have a driver's license? Do they have to be of a certain age? Do they have to have a high school diploma? Do they have to have a criminal background check? Yet this administration will not give out that information about those individuals. Even the census takers have to have completed a certain level of education and have a criminal background check.

Yet this administration is not asking of those who were supposed to be the navigators handed very confidential information, of course, subject to fraud and identity theft when you give that sort of information—and I say to people all around the country it is time to beware next Tuesday when the exchange is open.

I just quoted a couple of things that supporters of the health care law have

said, such as expect trouble and worry about con artists. Here are some other things that some of the supporters have said—people who supported the adoption of this law in the first place. They said: It will destroy the foundation of the 40-hour workweek that is the backbone of the American middle class. These, of course, are union folks who are saying: Hey, this is going to end up forcing millions out of their multi-employer plans. It will create unstoppable incentives for employers to reduce weekly hours for workers. We see that all across the country.

Just last week the Cleveland Clinic—a wonderful health care institution and one of the major employers in the State of Ohio—announced that because of the health care law and because of the cuts in reimbursement, the Cleveland Clinic is going to cut hundreds of millions of dollars from their budget and actually reduce their workforce because of the President's health care law and the things they are learning about the law as time goes on.

It is interesting to see a union leader say: In its rush to achieve its passage, many of the act's provisions were not fully conceived. People on this side of the aisle were telling Members of this body that very thing a number of years ago before the law was passed in this body on a sole party-line basis.

Yesterday, President Obama, once again, tried to bring in help, and he provided essentially the warmup act for an infomercial with President Bill Clinton, the so-called secretary of explaining stuff, because the President has failed to explain benefits of the health care law to the point that it would actually convince the American people it was good for them. Currently, the President is under water in the polls regarding his leadership on health care, and this health care law continues to be very unpopular with the American people.

More people think their costs will go up and their benefits will go down than the other way around. So they are looking at their own quality of care and what it means to them: paying more, getting less, something that the American people don't want.

So in an effort to try to provide some solace to the American people, this is what the President said yesterday in New York: Make your own decision about whether it is good for you. What we are confident about is when people look and see they can get high-quality affordable health care for less than their cell phone bill, they are going to sign up.

I would say if you use that criteria, you are going to have very few people signing up for your health care law.

According to the 2012 report issued by the Cellular Telecommunications Industry, the average monthly cell phone bill was about \$47. So make your own decision—less than your cell phone bill. So what the President is saying is that for less than \$47 a month, people will be able to receive insurance.

The interesting thing is that, of course, the President says that is with the subsidies. But for many people the subsidies are not in any way going to reduce the cost of their insurance at all, and it may not go up as high as many people had feared, but it is still going to be higher than they are paying now because of the sticker shock that is coming.

This is today's Wall Street Journal. This is coming out of the administration:

Prices Set For New Health-Care Exchanges.

Across the country, the average premium for a 27-year-old nonsmoker, regardless of gender, will start at \$163 a month for the lowest-cost "bronze" plan.

That is just about four times the average of a monthly cell phone bill. So could the President of the United States be mistaken?

Let's look around the country. They say:

Likewise, the least-expensive bronze policy would rise to \$195 a month in Philadelphia for that same 27-year-old, from \$73 today.

So it would go from \$73 up to \$195.

Let's look at my home State of Wyoming. I am still reading from the front page of today's Wall Street Journal.

In Cheyenne, Wyo., the lowest-cost option would be \$271 a month, up from \$82 today.

This just goes to prove that when Washington comes up with something, it does not one-size-fits-all across this country, and in rural States around the country there are huge problems related to the very fact that one size doesn't fit all.

In spite of the President's comparison to a cell phone bill, what we are seeing is that people all across the country are going to be paying excessive amounts of money for insurance in spite of the President's promises that if you like what you have, you can keep it. We know that is not the case for many people, as the unions have spoken of, and we know that what the President promised of lowering insurance premiums by \$2,500 per family by the end of his first term never materialized and the costs continue to go up.

So this health care law has turned out to be terrible for patients, the providers, the nurses, and doctors who take care of them, and it is going to be terrible for taxpayers.

There was an interesting story on the front page of the New York Times on Monday: "Lower Premiums to Come at Cost of Fewer Choices." In new plans, insurers often leave out many providers. I think that is the key: leave out many providers. Because what we are seeing is that in many locations around the country, hospitals have been excluded, doctors have been excluded, and there is going to be significant explaining to be done when people realize that they are not going to be able to continue to go to the pediatrician that their children have been going to since birth. They are not going to be able to go to the hospital in

their community. They are not going to be able to keep the health care plan they have.

So it is interesting to see in a Blue Cross/Blue Shield in New Hampshire, one of the Nation's largest insurers has put a plan together that is consistent with the health care law, and it has created a furor. The reason it has created this furor is that it excludes 10 of the State's 26 hospitals from the health plans it is going to sell through the insurance exchange.

The insurance exchange, regardless of what the President promises, is going to be something which potentially causes fraud, abuse, and loss of the care that you have, the doctor that you have, and the hospital that you have.

The article points specifically to the State of California. In California, it says the statewide Blue Shield developed a network specifically for consumer shopping in the insurance exchange.

The executive vice president of Blue Shield of California said the network for its exchange plans had 30,000 doctors or 53 percent of the doctors in the State. So they only include about half the doctors, not all the doctors, and they said the new network you get through the exchange in California—remember this is a State-run exchange that the President has touted as a successful exchange—"did not include the five medical centers of the University of California or the Cedars-Sinai Medical Center near Beverly Hills" that are all well known for their excellent reputation. It is a place that patients want to go for care.

So go to the exchange in California, sign up for something the President has promised you, and then if you need to use that insurance card, you will learn that you are not welcomed and your card is not accepted at the five medical centers at the University of California or the Cedars-Sinai Medical Center near Beverly Hills.

That is what we have under this health care law, and that is why we need to repeal it and replace it with patient-centered care so patients can get the care they need from a doctor they choose at a lower cost.

I yield the floor.

The PRESIDING OFFICER (Mr. HEINRICH). The Senator from California.

Mrs. BOXER. Mr. President, I listened to colleagues predicting doom and gloom, and it brings back what I have read about what happened when Medicare was brought to this country by the Democrats and what happened when Social Security was brought to this body and to the House after the Great Depression.

I am going to go into that in a little bit, but somebody said this earlier and it reminded me that one of the definitions of insanity is doing the same thing over and over and expecting a different outcome.

The Republicans in the House have voted 42 times to repeal the Affordable

Care Act or to defund it. Health care reform has taken years and years to do, and we finally got it done. Millions of Americans are on the cusp of getting health insurance for the first time.

Republicans are desperately trying to block this from happening. Senator REID couldn't be more clear: We are not going to delay health care for the people of this great Nation. We are not going to go back to the days when people with a preexisting condition were left to die without health care. We are not going back there. Yet it continues.

The Republicans are so adamant about it that a very large group of them are threatening to shut down the government of this great country. Again, it is not like they didn't do this before. The Republicans did this before. It was a disaster for the people. People got hurt. They didn't get paid. Business was disrupted, Social Security and Medicare were disrupted, veterans' benefits were disrupted, and parks were shut down. People were hurt as a result of that, and it cost a fortune for the taxpayers. But somehow Republicans feel they can play games, and I think it is a shame.

My colleague Senator CRUZ spoke for a very long time and said he would speak until he dropped. He said that over and over: I will speak until I drop. If he were to drop and suffered some kind of health episode, which he apparently was willing to risk, he would have had health care because he is insured. If he had to be lifted off the floor of the Senate and driven to a nearby hospital, Senator CRUZ would have had great health care. Why does he want to stop that for millions and millions of hard-working Americans? Only he can answer that.

I could only say that as I listened to some of his interviews, it sounds like what he is feeling in his heart is if this goes into effect, the people might like it and then woe is us. Because there is an ideological split here in the Senate where we have Senators and House Members who don't think there is any role for the Federal Government to play in making people's lives better. Some say military spending, fine; highway spending, fine. But when it comes to lifting people up and giving them a quality of life and helping to do that, oh, no.

So Senator TED CRUZ is fortunate. If he talked until he dropped on the floor, he would have had the best health care, he would have been on his feet and super fine. There are a lot of people out there who are dropping because they put off going to the doctor because they have a condition and they have no insurance, and when they drop they have to go to an emergency room where they can be patched up—and by the way, taxpayers pay for that.

So here is the thing. We have the Affordable Care Act, which Republicans call ObamaCare, so that is fine—ObamaCare, Affordable Care Act, whatever we want to call it. It is based on a Republican-suggested model of

health care where we use private insurance, we go to an exchange, and there is a lot of competition. I am excited about it, frankly, because in my home State of California, we are on board: coveredca.com. People type in coveredca.com, and they find out how they can get health care. Some people will apply and get a Medicaid card, the working poor. The middle class will be able to move forward and go to the exchanges, and many will get a subsidy to help them if they are in the middle class.

Here is the thing that really shocks me. Republicans act as if this health care bill, this Affordable Care Act, ObamaCare, just came down off the ceiling and dropped on the floor and became law. It took a long time. Senator BAUCUS worked and worked and worked. We took many Republican amendments. We passed the bill. It became the law of the land 3 years ago.

They took it to the Supreme Court and said it was unconstitutional. The Supreme Court said it was constitutional. And now that it is about to go into play, Republicans are willing to shut the government down to stop it.

It was the centerpiece of the 2012 election. We all know that.

Mitt Romney said: If I am President, I am getting rid of that law.

The people of the country said: OK. What are you going to put in its place?

Well, let's see. We will allow insurance to go across State lines.

Well, what does that do for me if I have a preexisting condition?

They wanted to replace it with nothing. The American people are smart. It doesn't mean this law is perfect and we can't make it better, but let me tell my colleagues, many of us served under many Presidents. I am looking at my colleague from Maryland who served a long time in the House. I served with five Presidents, a couple of whom I didn't agree with, and I did everything I could to fight against the legislation they liked that I felt was bad. But once it passed, I didn't try to shut down the government. I tried to work with everybody, and I am not an exception. That is what we used to do around here, all of us. Suddenly, it is: My way or the highway. I am taking my Teddy bear, my blankie, and I am going home because I don't like the health reform act. It doesn't suit me.

Some of them are so angry about it, they are trying to take away the employer contribution from their own staff. What an outrage—hard-working people who love their country, who work here.

Now, let me tell my colleagues, Earth to the Republicans: A, you lost the election not only for President but in the Senate, where colleagues who supported the Affordable Care Act got elected; B, President Obama was re-elected, Mitt Romney lost. Health care reform was a major issue on the campaign trail. So wake up, smell the roses, put a smile on your face, and know you tried, but don't shut down the government. Enough already.

I wish to spend some time showing my colleagues how the Affordable Care Act is already working, so I have some charts to go over quickly.

In my State over 1 million Californians are already newly insured. This includes in my State 400,000 young adults who are now on their parents' policies. If the Republicans have their way and they defund or repeal ObamaCare or the Affordable Care Act, what is going to happen to those young adults? They will be kicked off of their parents' policies. Is this why Senator CRUZ stood on the floor for hours and hours until he would drop—to hurt young adults, 3 million of them nationwide?

Seventy-one million Americans are getting free preventive care, such as checkups and birth control and immunizations. I don't know how many of us heard Senator KING from Maine today talk about his own experience when he worked here as a young man and had insurance, so he got a preventive care checkup, which came with his insurance. They found a melanoma. Had he not gone to the doctor and had they not seen that mole that turned cancerous, he said he would not be here anymore. Health insurance saved his life.

So I wish to rhetorically ask Senator CRUZ and the Republicans supporting him in this body and in the House, why would you take away free preventive care and immunizations from 71 million Americans and consign them to a status where they are absolutely sitting there without any protection because they have no health insurance?

Let's see what else we have already achieved that the Republicans want to repeal. They want to repeal 17 million kids with preexisting conditions, such as asthma and diabetes, who can now no longer be denied coverage. If my colleagues ever saw those pictures of a child gasping for air, my colleagues know those kids need coverage, they need help, and they need to be able to get that help and get the medication when they need it.

Insurers can't cancel health insurance because someone gets sick. How many stories did we hear as Congresspeople and as Senators where people went to get insurance and they said: Sorry, 25 years ago you had a suspicious mole, and therefore we are not going to insure you—or you have high blood pressure or 10 years ago you had cancer. No more. And how many times have you heard the stories where people were kicked out of their insurance because they hit a lifetime cap? That is no more. Republicans want to repeal all these benefits, and Senator CRUZ was willing to talk until he dropped so these benefits could be taken away from our constituents.

I heard my friend from Wyoming, Senator BARRASSO, say that health costs are rising and they are rising like never before. I guess he missed it when President Clinton told the country that health care costs are growing at

the slowest rate in over 50 years—50 years. And that is because more people are getting covered and we don't have to treat people at the end game or in an emergency room because we are already seeing people get more health coverage. Insurance companies now have to justify a premium hike. Before, they could double premiums, but now they have to justify it and make sure 80 percent of the premiums they get are spent on the policyholders.

So in 2014—and we are around the corner from that—unless Senator CRUZ and his Republican friends have their way, there will be no more extra charges for preexisting conditions. Right now it is just children who have that benefit, but in 2014 everybody gets it.

In 2014, no longer can insurance companies charge women more than men for their coverage. This is a huge issue. There was gender discrimination. Being a woman was considered a preexisting condition. A woman who was abused by her spouse or by her boyfriend, and she walked in and the insurance company found out, that was considered a preexisting condition because she might get beat up again. So she was told: Take a hike. That can't happen anymore.

They cannot impose dollar limits on the amount of health care spent on you in a single year. Right now, if you have a serious illness, they can say: Sorry, you reached your annual cap.

So where are we now? ObamaCare, or the Affordable Care Act, is already in effect. Republicans want to stop it because in 2014, when those exchanges open, they know people are going to like what they see. I am telling my colleagues, when I go home and I go to community health care centers, people are so excited. And not enough of them know about it, but when they find out how easy it is—if they qualify for Medicaid, they just get their card and they are covered, and they no longer have to sneak into the emergency room when a problem gets so drastic. And all the others will have options. They will be able to choose from a platinum plan, a silver plan, or a bronze plan. We are very excited about this law.

Senator CRUZ says he will stand on his feet until he drops to stop my people and your people from getting health insurance? He has met his match in us because we can stand until we drop. But we don't have to do that because we have the votes, and the reason we have the votes is this is what the last election was about.

In closing my presentation, I wish to share with my colleagues a very brief history of what happened when Social Security was proposed. It is so interesting.

In 1935, after the Great Depression and our great-grandparents were lying in the street and had nothing and people were jumping out of windows because they had nothing—they had lost their homes, they had lost their jobs, they had lost their savings, and there

was no safety net. This is what President Franklin D. Roosevelt said when he signed the act in 1935:

We can never insure one-hundred percent of the population against one-hundred percent of the hazards and the vicissitudes of life. But we have tried to frame a law which will give some measure of protection to the average citizen and to his family against the loss of a job and against poverty-ridden old age. This law represents a cornerstone in a structure which is being built, but it is by no means complete.

Franklin D. Roosevelt spoke about the safety net in 1935. Just think about that.

Let's see what happened in the debate. Let's look at what happened in the debate.

Representative William Ditter, a Republican from Pennsylvania, took to the floor and said:

. . . security for the individual, whether worker or aged, will be a mockery and a sham if in the attainment thereof we . . . allot to our people the role of puppets of a socialistic state. . . .

Where have we heard that before? He called Social Security part of a socialistic state.

We cannot provide a sense of security by programs for the destruction of wealth. . . . We cannot assure to the people a sense of security by measures threatening their investments of life savings.

Could this guy have been more wrong? He calls Social Security socialism and said it was going to destroy wealth when, in fact, it preserved our people in their old age.

Now, here is another—Representative Jenkins of Ohio, a Republican. He talks about Social Security this way:

This is compulsion of the rankest kind. Do not be misled by the title. The title says "Old-Age Benefits". Shame on you for putting such a misleading and unfair title on such a nefarious bill. Old-age benefits? Think of it! Oh, what a travesty! . . . Mr. Chairman, what is the hurry? Nobody is going to get a dime out of this until 1942. . . . what is the hurry about crowding an unconstitutional proposition like this through the House today?

Honestly—honestly—this is what we hear them say about affordable health care: Socialism, unconstitutional. It is a sham. We have plenty of time. We should delay it.

History is repeating itself right in front of our eyes.

Now it did not stop then.

In 2005, Republicans continued to attack Social Security. President George W. Bush and Congressman PAUL RYAN wanted to do away with Social Security as we know it. We all remember that. They proposed abolishing Social Security and replacing it with private accounts in the stock market. We all know how safe that is. I am a former stockbroker. You do not buy stocks when you are ready to retire. That is their plan. Had this become law, seniors retiring in 2008 would have lost up to \$26,000. But we stopped them and we did not allow it to happen.

Lastly, let's look at Social Security's success.

Before Social Security became the law in 1935, half of America's seniors

lived in poverty in the midst of the Great Depression—half. Today, 57 million Americans receive Social Security, and it lifts 14 million elderly Americans out of poverty. It is the most successful and the most popular antipoverty program.

The Republicans said it was unconstitutional. They said it was socialism. They said it was a sham, a disaster. They are back here saying the same thing, just as we are on the cusp of delivering a benefit to so many—probably 50 million Americans.

This is my last discussion about Medicare.

When President Lyndon Johnson signed the Medicare Act, he said:

No longer will older Americans be denied the healing miracle of modern medicine. No longer will illness crush and destroy the savings that they have so carefully put away over a lifetime so that they might enjoy dignity in their later years. No longer will young families see their own incomes, and their own hopes, eaten away simply because they are carrying out their deep moral obligations to their parents, and to their uncles, and their aunts.

This was President Lyndon Johnson in the 1960s. Some of us actually were around in the 1960s. We remember it. And this is what the Republicans said about Medicare. Listen carefully. This is a history moment here. We are looking at what the Republicans said every time we were about to get a new benefit for the people of this Nation.

Sixty percent of Republicans in the Senate and 50 percent of House Republicans voted against Medicare. Representative Durward Hall of Missouri, a Republican, said:

. . . we cannot stand idly by now, as the Nation is urged to embark on an ill-conceived adventure in government medicine, the end of which no one can see, and from which the patient is certain to be the ultimate sufferer.

This is what the Republicans said. And Senator Milward Simpson of Wyoming, a Republican, said:

I am disturbed about the effect this legislation would have upon our economy and upon our private insurance system. . . .

Well, of course, what we found out is this turns out to be one of the most successful programs.

Medicare is a success. Before Medicare became law, a majority of seniors had no health insurance. Today, nearly all seniors are receiving guaranteed health care benefits. Mr. President, 8 out of 10 seniors age 65 and older feel the program is working. With few exceptions throughout history, Medicare has been more successful than private insurers at holding down costs. And we still have to fight for Medicare. We still have to fight.

In 1995, Dick Armey, the Republican House majority leader, said, Medicare is "a program I would have no part of in a free world." A bit of an overstatement—Dick Armey.

That same year, after leading an effort to raise premiums and costs for seniors, Newt Gingrich predicted that Medicare was "going to wither on the vine."

Senate Majority Leader Bob Dole bragged in 1996, "I was there, fighting the fight, voting against Medicare. . . . because we knew it wouldn't work in 1965."

And PAUL RYAN's budget ends Medicare as we know it today.

So all this brings us to the moment we are in. Now Republicans are trying to defund the new health reform law. Speaker JOHN BOEHNER said: Passage of health reform is "Armageddon" because the law will "ruin our country."

They said it about Social Security, they said it about Medicare, and now they are saying it about the Affordable Care Act.

The Republican Party Platform, in 2012, said:

[ObamaCare] was the high-water mark of an outdated liberalism, the latest attempt to impose upon Americans a euro-style bureaucracy to manage all aspects of their lives.

So I felt it was important to put into the RECORD the historical context of the battle we face today. I try to tell my kids and my grandkids, when we fight these battles, we sometimes forget the context, that it is not that much different than what went before us. We look different certainly. The women here were not around here then. But the fact of the matter is, they are the same battles. It is about what is the role of the national government of the greatest country in the world. I certainly, for one, believe making life better for our people and doing it in a smart way, in a fiscally responsible way, is the way to go.

We will have to make our changes to the Affordable Care Act if we see we can make it better. And we invite our Republican friends to work with us. I was one who did not vote for the drug benefit because I did not like that big, fat doughnut hole that came in there, which put people on the spot. They had to stop taking their medicine. They could not recover money. But we worked with our friends, and we ended that. And, by the way, we did it in this bill, the Affordable Care Act.

So, yes. Working together, yes. But standing up until we drop in order to stop important benefits from going to America's families? That is wrong.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Mr. President, first let me thank Senator BOXER for putting into the RECORD the history of how we fought for Medicare, how we went through a lot of the health care fights, and what we have stood for in protecting the American public for affordable, quality health care. I applaud her and agree with the comments she has made.

I think it is very interesting to point out the contrast to the passage of the Affordable Care Act that has been law now since March 23, 2010. It went through hearing after days of hearings in the House and in the Senate. It went through days of markups in the committee, where hundreds of amendments

were offered in both the House and the Senate. We had a long debate on the floor of the Senate and the floor of the House. We reconciled the differences between the two Houses. It went through the regular process. We spent as much time on that bill, I think, as we have spent on any major bill. And yet there were differences. The bill was passed and signed into law.

When we expanded Medicare—and I was in the House at the time on Medicare Part D. I also voted against it. Most Democrats voted against it. We voted against it for the reason the Senator just said—the coverage gap, the doughnut hole, that we knew seniors would still not be able to afford coverage. There was no public option, as the Senator remembers.

Mrs. BOXER. Right.

Mr. CARDIN. It was all private insurance. They did not pool the total purchasing power to reduce the cost of prescription drugs—another matter that we felt very strongly that we were overpaying. And we are overpaying for prescription drugs, as a result of that change.

Mrs. BOXER. Absolutely.

Mr. CARDIN. By the way, it was not paid for. It was estimated to cost \$400 billion, and there was no offset of cost. So we were worried it would have an impact on the affordability of the Federal Government to pay the bill. So we all voted against it. Many of us did.

Mrs. BOXER. That is right.

Mr. CARDIN. And it became law.

Senator BOXER is absolutely right: When that bill passed, we came together and said: Let's make it better. We lost the battle on the floor. It became the law. Let's try to make it work. And we did that, Democrats and Republicans.

Mrs. BOXER. That is right.

Mr. CARDIN. We are now into 3 years under the Affordable Care Act, and all we get from the Republicans is repeal after repeal after repeal—no effort to deal with legitimate problems of implementation that we would like to work together to do.

Mrs. BOXER. Right.

Mr. CARDIN. What a difference. Instead, they are using the process of holding hostage the Federal Government from being in operation in order to advance their extreme agenda.

It has been nearly 20 years ago when the Government shut down because the Republicans decided it would be better to close government to prove their point. Well, they were wrong then. We recognized the cost of a government shutdown and the inconvenience to the American people and the damage to our economy. Yet Monday night we run the risk of another government shutdown because the Republicans are holding hostage the continuation of government to try to move forward their extreme agenda.

Let me talk a little bit about this. Let me talk about what it would mean if we were, in fact, to pass the continuing resolution that was passed by

the House. We are not going to do that. We are not going to pass that. Everybody knows we are not going to pass that. But I think the American people need know what would happen if that did pass and we did defund the Affordable Care Act.

I could talk a lot about provisions that have already taken effect. I could talk about the fact that in my State of Maryland, 46,000 families have taken advantage of putting their children on their health insurance policies to age 26. If you repeal the Affordable Care Act, those 46,000 families will have to find another way to take care of the health insurance for their children.

I could talk about the fact that come January, we will eliminate lifetime caps on health insurance. How many families have had to go through bankruptcy because they cannot afford health coverage? They may have insurance, but their caps put them into bankruptcy. Well, that is gone. If you repeal the Affordable Care Act, we are back to the arbitrary limits.

How many families have told us about preexisting condition restrictions that are in their health insurance policies? We have already corrected that for children. That is already the law. Come January, there will be no further preexisting conditions. Women will not be discriminated against in health premiums. Pregnancies will no longer be considered a preexisting condition. Being a victim of domestic violence will no longer be considered a preexisting condition.

I could cite, and I am sure the Presiding Officer could too, examples in our own States where people have not been able to get full coverage. I have a family in Montgomery County that had to take out two insurance policies and pay two separate premiums for the family because of preexisting condition restrictions. That is history. If you pass the resolution that came over from the House, that is all gone, we are back to how it used to be.

I know we talk a lot about affordability. I want to talk a moment about that. Because before we passed the Affordable Care Act, we got letter after letter from individuals and businesses about their premiums going up. They had to cut back coverage, and they required the employee to pay more. The benefits were less, and the premiums were higher. We were seeing double-digit cost increases in health care.

Well, now we have a quality product, a guarantee that essential benefits are going to be in there. We have protection that at least 80 to 85 percent of the premium dollar must actually go to benefits. If it does not go to benefits, you get a rebate, you get a refund. In my State of Maryland, 44,000 Marylanders are getting rebates because their premiums were too high. The average rebate is \$143 a family—\$13 million in rebates.

With the House-passed continuing resolution, that is gone. Those protections are no longer in the law. We are

back to how it used to be: no guaranteed coverage, no guaranteed benefits, no guaranteed value.

There is another aspect to this, one that I am very proud of. The United States will at last join the industrialized nations in the world and say that we are going to make affordable health care available to every person, every American in our country. I think that is an important point. I have 800,000 people in my State of Maryland who do not have health coverage today—800,000.

Now, come October 1, next Tuesday, they are going to be able to go to the Maryland Health Connection and get health coverage. But guess what. They are going to have a variety of plans they can choose from. They can make their decision. But a large number, over 85 percent—87 percent—of the people who will be going to the Maryland Health Connection, it has been estimated, are going to be entitled for help in paying for those premiums—87 percent.

We talked about the individual mandates. What we provided was an affordable option so everyone can be in the system. We want universal coverage because we think it is the right policy. Everybody should be covered. We want universal coverage because we think it is wrong for someone who has health insurance to pay for someone who does not have health insurance because they use the health facility and do not pay for it, and we pay more as a result of that. Hospital costs are more, physician costs are more. We think everybody should pay their fair share.

But we make it affordable. Eighty-seven percent will be entitled to help. Those who go through the Maryland Health Connection and are enrolled in Medicaid obviously are going to get their help. We have expanded that coverage. Those who go into the exchanges—and Maryland is one of those States that the State will be operating the exchanges.

The overwhelming majority will be entitled to some help in the payment of those premiums. If the House-passed resolution were to become law, and it is not going to become law—the purpose for sending it over here was to make it hostage in the closing of our government. If it became law, that help would be gone. These uninsured have no prospect of getting health coverage, and the inefficiencies of our system continue, the use of emergency rooms, the lack of preventive care continues.

The Senator from California Mrs. BOXER talked about the Medicare system. Let me take a moment about the Medicare system, because this is very important. The so-called doughnut hole, that prescription drug gap of coverage, is being closed as a result of the passage of the Affordable Care Act. How many seniors fell into that doughnut hole and literally could not afford their prescription drugs? We closed that in the Affordable Care Act. In my State of Maryland, 50,000 seniors benefited from that—50,000 seniors. If we

pass the bill that came over from the House, those 50,000 seniors would be calling our office every day finding out what happened to that coverage they lost. You better believe our phones would be ringing about why are we taking away their benefits.

It is even more who are benefiting from the preventive health care services. They do not have to pay copayments. About half a million Marylanders are eligible for that benefit—who are taking advantage, 34 million nationwide. They would lose that preventive health care service that they have today as a result of the passage of Affordable Care Act. That is gone if the House-passed resolution were to become law.

Probably even more serious than that, and Senator BOXER alluded to it, the passage of the Affordable Care Act improved the solvency of the Medicare system for a decade. You repeal the Affordable Care Act, you are back with whether Medicare itself will be a solvent program.

I could go on and on. We have provisions in the Affordable Care Act that are working to prevent fraud within the Medicare system, saving taxpayers dollars. That is gone. We help to make sure that the Medicare Advantage plans are properly paid. That is gone. All of that is repealed if the House resolution were passed, which it will not be. I will make it clear. It was sent over to us with a strategy to put the government operations in jeopardy. There are many on the other side who believe it is a good idea to close the government. That is their objective. Even the Republicans admitted this strategy would not work to actually defund the Affordable Care Act.

I think we should at least talk about what impact it would have. I hear my colleagues talk frequently about small business. I have had a lot of forums with small businesses in Maryland. I must tell you, yes, small businesses are concerned about whether they can afford the cost of their employees and health benefits. They are concerned about it. That is a legitimate issue. But let's talk about what are the circumstances without the passage of the Affordable Care Act. Well, they are on their own. They do not have large markets. They have to pay more than large companies have to pay. They do not have a lot of options.

Under the exchanges, under Maryland Health Connection, they will get different opportunities that they did not have before, more affordable coverage that they did not have before. There are credits available to help them pay for their health insurance. If you have less than 50 employees, there is not a single new mandate in this law for a small business. So this is good news for small companies. That is gone if the resolution that passed the House were to become law. It is not going to become law. My Republican colleagues know it is not going to become law.

I think it is important to point that out. What happens if we do not get to

an agreement by Monday night? That is possible. That is possible. We are going to send back a continuing resolution to the House. We do not know whether they are going to accept it. What happens? Well, I can tell you this. I represent the State of Maryland. I represent a lot of Federal workers. I tell you something, they have been through furloughs, they have been through pay freezes, they have been put to the test. They have been asked to do a lot more work with less workers. We have less per capita workers than we have had in modern times on a per capita basis of Federal workers. They have been asked to do more with less. They have already contributed greatly to reducing the deficit.

Once again, come Tuesday morning, they are going to be asked in some cases to show up for work not knowing whether they will get paid, in other cases, to stay home not getting paid, trying to figure out again how they are going to pay their bills. They have rent payments and mortgage payments and food payments. Guess what. That is going to have a major impact on our economy. Make no mistake about it, it will hurt our economy. We have been through this. We have seen this movie before. It hurts our economy. It hurts our country. This is a self-inflicted crisis. This is totally avoidable. If that happens, yes, people will be terribly inconvenienced.

You ask the 10,000 people a day who elect to enroll in Medicare and there is no one there to enroll them in Medicare. What are they going to do? You ask the person who needs a passport and cannot get a passport, what are they going to do? I can go through a whole host of things. In 1995 and 1996, I think it was estimated 9 million people who had planned to go to national parks did not go to national parks.

It is a cumulative effect. Why are we doing this? To advance our agenda? No, it is not going to pass. Why are we not using regular order? This is costly to our economy, it is costly to American families. It is causing a slowdown in the recovery of our economy. An even greater concern is that in a couple of weeks, middle of October, we are talking about going through this again perhaps on whether we will pay our bills. The limit that we have deals with whether we can pay the expenses that have already been incurred. This is not about new spending. This is about money that has already been spent, will we pay the bill when the bill is received?

In the House-passed resolution, they said: Well, we will prioritize. We will pay some but not all. I do not know how you can do that. Administratively, I do not know how you can do that. You certainly are going to make it much more difficult to deal with those that are not in the priority category. So we become a selective deadbeat? We say we are not going to pay contractors, we are not going to pay doctors, we are not going to pay workers? I

mean, who are we not going to pay? They have already done the work. They have already provided the services. They have responsibilities. They expect us to pay our bills.

It does not work. We have been through this before in the last Congress. We saw. It hurt America's reputation. We came close. We did not go over the cliff. But just coming close presented a huge problem for this country. If we actually go over the cliff and do not pay our bills, it will be very costly to the American taxpayers. Interest rates will go up on our national debt. It will go up. That will cost the taxpayers more money. For what? Another self-inflicted crisis by the Republicans to advance their extreme agenda.

We have the votes here to pass what we call a clean CR, a clean extension of paying our bills. We have the votes here. There is a majority of us prepared to vote for that. We have said that. We have shown that. But, instead, it is being held hostage to an extreme agenda and trying to shortcut the regular process. What is the regular process? The regular process is we do our work, they do their work, the House, the Senate go to conference, work it out.

Yes, there is a Republican-controlled House. Yes, there is a Democratic-controlled Senate. We do not have 60 votes but we have a majority. In the White House is President Obama. So that is what the voters gave us. Our responsibility is to work with that.

We did. The House passed a budget. I did not like the budget. I did not like their budget. But that is a democracy. They passed their budget. We passed a budget here. Our Republican friends said we probably will not do it. We did it. We did not pass that last week, we passed that months ago. And what we said is, okay, let's go to conference, work out the difference. It will not be everything I want, it will not be everything the Republicans want. That is how the process works.

Republicans will not sit down and talk with us. They will not let us go to conference. They will not let us work out a budget. So when you look at why we have not been able to reach a budget by October 1, it starts with the fact that we have not been able to sit around a table to work out our differences because the Republicans will not let us go to conference. That is a fact. So we have got to get to conference. We have got to get that done.

In the meantime, do not hold the government hostage, or paying our bills hostage, because all that does is create additional costs, hurts America's reputation, hurts our economic recovery. It does not at all advance a final resolution of an orderly process in which we work out the problems of this country.

I urge my colleagues to put America's interests first, stop the games we are playing and threats we are making. We are coming too close. Too many people we are again telling: We do not

know whether you are going to get a paycheck next week. What do you do if you are a worker or contractor and you do not know if you are going to get a paycheck next week?

You are already cutting back on your commitments. This is already hurting our economy. Every day we wait it hurts our economy. That is why a host of us are upset that we had to waste yesterday. It would have been nice to be able to use yesterday to resolve this issue. Every day we wait costs our economy, it costs our country. Let's pass the necessary legislation to keep government operating and pay our bills. Let's sit down as we should and work out the budget problems in a way that is befitting the tradition of the Senate.

I yield the floor.

The PRESIDING OFFICER. The Senator from South Dakota.

Mr. THUNE. Mr. President, I ask unanimous consent that at the conclusion of my remarks, the Senator from Connecticut, Mr. BLUMENTHAL, be recognized.

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

Mr. THUNE. We are going to have a vote here in the next few days, depending on how the schedule and the calendar works out, on whether to defund ObamaCare. That is a vote that I think many of us in this Chamber want to have. I know many of our colleagues on the other side, the Democrats, would prefer not to have that vote. But it is time for us to go on the record and to indicate to the American people, who are very fed up with this law, and frankly have not had a good opportunity yet to see much of it being implemented, because much of the implementation will occur in the next few months—but we are going to get to that vote here in the next few days, one way or the other. The pressure is on. The pressure is on Republicans and Democrats to stand and to indicate one way or the other about whether they are willing to stand with the American people and against ObamaCare, which is having a harmful impact on so many different levels across the country.

I want to point out, if I might, a few of those impacts. Obviously, many of us here in the Chamber are very concerned about the economy, about jobs and about creating a better economic future for the people we represent.

We are suffering through a very sluggish, anemic economy, with growth rates that are hovering in that 1 to 2 percent range, but certainly not a range that gets Americans back to work or increases the take-home pay for middle-income Americans.

If you look at the economic data, it is pretty sobering. We have had this chronic high unemployment rate that has been sustained for several years in a row, 7.5 percent. If you add in the number of people who have quit looking for work or are underemployed, in other words they want to work full time but they are working part time,

the real unemployment rate is much, much higher.

There are about 22 million Americans who are unemployed today. If you factor in those who have quit looking for work and those who are underemployed—who are working part time instead of full time—the unemployment rate goes up to well over 10 percent.

You have a lot of Americans looking for jobs. At the same time, the jobs that are being created in the economy are part-time jobs.

What is happening? A lot of Americans, who would love to be working full time to be able to provide for their families, are now being forced into part-time jobs.

In fact, 60 percent of the jobs created this year are part-time jobs, not full-time jobs.

If you look at the labor participation rate, it is at the lowest level that we have seen in 35 years. You have to go back to the administration of President Jimmy Carter to find the time when the number of people in the workforce, as a percentage of those available to be working, is as low as it is today, 63.2 percent.

The economic data just rolls on and on. This is a very sluggish, very weak, very anemic economy.

When you ask people and ask businesses why that is, why are you not hiring full-time workers, why are you hiring part-time workers, why are you reducing the size of your workforce or not hiring people that you otherwise might hire, why is this issue of take-home pay going down relative to what it was when the President first took office, the answer, in most cases, comes back pretty simple: It is ObamaCare. It is the cost, the mandates, the requirements, and the uncertainty associated with the President's health care law, and some other concern, I might add—government regulations. But policies coming out of Washington, DC, are making it more difficult and more expensive for our small businesses and job creators to create the jobs that are necessary to keep our economy going.

This is why you have this sluggish economy and this chronically high unemployment rate, part-time jobs rather than full-time jobs, and lower take-home pay. This is the slowest recovery we have seen, literally, in the last 50 years. This is the economy that we are in the midst of right now.

As we talk about ObamaCare—and my colleagues and I come down here, and I was here when we voted on it back in 2009 and 2010—I was on the floor on a regular basis talking about why I thought this was going to be a disaster for jobs, for the economy, for health care costs. I was offering up amendments, alternatives that we thought would be better. We think there are many that would work much better in terms of actually making health care more accessible and more affordable to more Americans, but we were unsuccessful.

They had the votes. They passed it. It was a partisan vote. It was without a single Republican vote here or in the House of Representatives. It was a party-line vote. I think that is now why the American people have rejected it. They know that it was a partisan piece of legislation passed without any input from the other side and without the ideas and alternatives that might have made more sense in terms of addressing the health care needs the American people said they wanted to see addressed.

But that being said, it is not only us who come down and talk about this. We have now seen, as this thing has been slowly implemented, some of the impact. Some of the taxes have kicked in. You are starting to see some of the additional costs that we said would impact middle-income families in this country when it comes to the cost of their health insurance.

You don't have to look very far to see the people who are writing stories about that.

In fact, instead of listening to only Republicans who come down here on floor and talk about this, you can look at the headlines of the newspapers across this country. These are just this last week. We are not talking about a long period of time, these are headlines from the last week.

The National Review Online: "Sorry, Mr. President, There Is 'Serious Evidence' Obamacare Is Bad For Economic Growth."

The Associated Press: "Census: No sign of Economic Rebound for Many in the U.S."

The Hill: "Franchise owners come to the Hill to plead for ObamaCare relief."

Washington Times: "Georgia Health Care Company Cuts 101 Employees Due to Obamacare."

Reuters: "Cleveland Clinic announces job cuts to prepare for Obamacare."

WSB-TV: "Emory Healthcare to cut 100 jobs partly because of Obamacare."

Lancaster Online: "How part-time workers are feeling the pain of Obamacare."

You can go on and on with only the headlines talking about the impact on jobs and the economy of this ObamaCare legislation, which is in the process now of being implemented.

I think the other thing that we have said all along would happen—and that is what we are seeing happen as well—is that health insurance costs are going up, not down. If you look at the data—and these are some of the news stories that I have mentioned, these are headlines from just the last week.

National Public Radio: "Health Care Costs Are Projected To Outpace Economic Growth."

Associated Press: "Premium concerns lead some small businesses to temporarily sidestep health law."

I could go on. But the point, very simply, is that the validators of the things that we are seeing here are out there every single day in the media.

There is a study that came out, or I should say a report that came out from HHS, which was supposed to give us a new idea, or a glimpse of what the premiums are going to be under the exchanges when they are fully up and running. That is supposed to be sometime next week.

The Health and Human Services department issued some information about that yesterday.

What is ironic about it is that with less than a week to go before these exchanges are supposed to go online, it is a 15-page report and a press release that summarizes some of the premium data.

What they did is HHS compared what the Congressional Budget Office projected rates might look like in 2016 to its own findings. It didn't compare it to what it cost last year. It didn't compare it to the reality that most Americans are experiencing in terms of the health care costs that they deal with on an annual basis. We are not getting any information that gives us any insight into what these costs are actually going to be.

Fortunately, there are others who have looked at this same information, the data dump that was released yesterday by the Health and Human Services department, and compared it to what insurance costs before the Affordable Care Act passed. In other words, we heard the promises from the President when this was being debated, that health care costs were going to go down by \$2,500 per family. Obviously, we are seeing the exact opposite. There was a CMS study that came out just a few days ago that said health care costs, because of ObamaCare, actually are going up by \$621 billion. If you divide that by the number of families in this country, a family of four, that is \$7,450 per family of four increase, not decrease, in health care costs. That is the estimate of the CMS actuaries.

When you look at what the information coming out of HHS suggests, and you compare it to a baseline of what health care costs are before this becomes implemented, you get a very different picture. Some of the analysis that has been done suggests that ObamaCare is going to increase underlying insurance rates for younger men by an average of 97 to 99 percent and for younger women by an average of 55 to 62 percent.

It says the worst off is the State of North Carolina, where individual market rates are going to triple for women and quadruple for men. We can go down the list State by State, and we get sort of a detailed explanation of people at various stages in life, such as a 40-year-old woman. I am looking at some charts here comparing my State of South Dakota. This is the Affordable Care Act bronze premium versus the pre-Affordable Care Act health care premiums that people in similar circumstances were faced with. For a 40-year-old man in my State of South Dakota, it says that this is going to in-

crease his premiums by 146 percent and for a 40-year-old woman 96 percent.

The evidence keeps piling up out there. It is in the news stories, from the people, and the businesses who were talking about the impact that it is going have on them. The analysis that is being done actually compares what this is going to do in the exchanges—the premiums are going to be at the exchanges—with what people are actually experiencing today. It is not some hypothetical like the HHS numbers suggested; you find that it is like a picture. A picture is being painted of a very serious situation for middle-class families who were hoping, hoping, when all the promises were made, that they were going to see their health insurance costs go down, not up. An exact opposite effect is happening.

We can go through, again, State by State and look at the various analyses. But I think the point is that instead of having health insurance costs go down as a result of ObamaCare, they are going up, and they are going up dramatically.

In this CMS estimate by the actuary, that just came out a few days ago, there is a \$621 billion increase in health care spending in this country attributable solely, singularly to ObamaCare. Divided by the number of families in the country, as I said, that is a \$7,450 increase.

Why are people rejecting this? Well, I think that is the obvious reason. They realize, most people do, at least, that these are pocketbook issues. These are kitchen table issues. These are the types of things that as Americans they are trying to figure out, how to pay their bills and how to keep their family covered. They want to figure out how to save a little money for their children's college education, how to make ends meet, and how to keep things afloat.

They are very concerned about what they are seeing and the impact of this legislation on what they are having to pay for health care coverage. They are also very concerned about what it might mean for the jobs that they have today and hopefully aspire to in the future. Many of these are in jeopardy, because businesses who are hit with these new mandates, these new penalties, these new requirements under ObamaCare. Businesses are finding it more and more difficult and more expensive to create the jobs that will help these middle-income families meet the needs of their families and try to provide a better future for their children and grandchildren.

One of the reasons is, at the end of the day, as people are assessing this, there is so much information, polling data, and survey data that corroborates the anecdotal information we are hearing from individuals and businesses out there. People are increasingly skeptical, increasingly suspicious, and increasingly frustrated with the ObamaCare legislation. They want to see a do-over.

One of the biggest examples of that—and they probably were the biggest advocates of this—were the labor unions. If you look at what the labor unions are now saying, there was a letter a few weeks back from three of the largest unions in the country, including the Teamsters union, led by Jimmy Hoffa.

They said that ObamaCare would shatter benefits for their members. They said it would create nightmare scenarios. They said that it would destroy the foundation, the backbone, if you will, of middle-class families, and that is the 40-hour work week.

The reason they are saying that is because, as I mentioned, the number of jobs that are being created in America today are primarily part-time jobs. Why? Because small businesses have incentives to hire part-time workers.

One, if they hire above 50 employees, they are covered by the mandate that says they have to provide government-approved health care to their employees.

Two, the full-time employee hour limit is 30 hours. More and more, employers are trying to stay under 50 employees and trying to employ people for fewer than 30 hours a week so that they are not hit with these mandates under the ObamaCare legislation.

This is not a good scenario for someone who is out there looking for a job and for someone who is looking for a better job. It certainly isn't going to help Americans improve and increase the amount of take-home pay that they receive on a weekly to monthly basis.

That is why, if you look at again, some headlines from newspapers.

The Washington Examiner says: "Just 12 percent think Obamacare will have a positive impact on their families."

Fox News poll: "68 percent concerned about their health care under the new law."

NBC News poll: "Obamacare remains highly unpopular as implementation looms."

Washington Post poll: "Many Americans confused about the health-care law."

CNN Money: "Most employees still in the dark about health care reform."

There is anxiety, there is frustration, there is skepticism. I think most of these folks share the view that was expressed by the unions, perhaps the biggest advocates of the health care law when it passed. What we would like is a do-over. It either needs to be fixed or it needs to be repealed.

That was essentially the message that was coming from the unions at a meeting they had in California a week ago.

It goes on and on. We are going to have an opportunity to right that wrong. We are going to have an opportunity to get that do-over and to have a vote.

The vote is going to occur in the next few days, and it is going to give us an

opportunity to go on the record about whether we ought to continue to fund a program that we now know is not working. And all the evidence that I mentioned here today, all the conversations we have with businesses in our home States, with hospitals—I mentioned earlier Cleveland Clinic, which is reducing its workforce to prepare for ObamaCare. That is going on all across this country. It is not too late for us to get this right. We can correct this. There is a better way to do this. It didn't take a 2,700-page bill and 20,000 pages of regulations to fix the things that were wrong with the American health care system.

But now we have a government takeover of literally one-sixth of our economy, massive amounts of redtape and bureaucracy and regulation and the uncertainty associated with that, higher cost for individuals, much higher costs—dramatically higher costs, as I pointed out—and fewer job opportunities for families around this country, at least for full-time jobs, and lower take-home pay and a lower labor participation rate and sluggish economy. That is what this has wrought. That is what we need to correct and fix, and we are going to have an opportunity to do that with a vote later this week.

So, Mr. President, I know it is very hard to acknowledge sometimes when something is not working, and it is something you have invested in, something that in this case a number of our colleagues voted for when it was passed here several years ago. But in the interest of the American people, in the interest of doing what is right for jobs, for our economy, for the health care needs of American middle-class families across this country, it is time for us to fix this, to right this wrong, and to move in a different direction.

So I hope we will have the votes. There will be some of our colleagues on the Democratic side who will vote with us when we get to this vote here in the next few days and may send a very clear and loud message to the American people that we are listening, that we hear you, we understand your frustration, we want to fix this and get it right, and we want to go in a different direction. And I think that will be a welcome relief to Americans, who in overwhelming numbers are finding this less and less to their liking. The more they find out about it, the less they like it and the more concerned they are about their future and their families.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. BLUMENTHAL. Mr. President, I rise this evening to talk as well about the Affordable Care Act and perhaps cut through some of the rhetoric and talk a little about specific realities and the reason to preserve its funding, along with honoring our other commitments in the continuing resolution that will keep the Federal Government open and working for the American people.

I want to say at the outset that I hear from folks in Connecticut about the need for improvements and minor changes in the Affordable Care Act, which should be possible. But what should be impossible is holding hostage the work of the government to achieve changes in the Affordable Care Act and making improvements that may be necessary but should be done separately from keeping the government open for our veterans and Social Security recipients who may need services in connection with the checks they are issued, in paying our troops here and abroad who are serving and sacrificing for us, in the countless ways our Federal Government makes a difference in people's lives. Most importantly, the threat of closing the government helps to create uncertainty and confusion, which in turn undermines investment and job creation and economic growth and, indeed, recovery from the great economic recession that has so financially crippled our Nation.

The health care reform measure—the Affordable Care Act, ObamaCare, call it what you will—has already made achievements, enabling young people to stay on their parents' policies; moderating, if not eliminating, many of the insurance coverage abuses I fought against as attorney general; and achieving advances in health care delivery reform for greater efficiency and lower cost.

As we have noted on this floor countless times, the Affordable Care Act was passed by majorities of this body and the House of Representatives and signed by the President. It predated my service here, but it is the law of the land. The effort now is, in effect, to achieve through the back door what was not accomplished through the front door. It is to achieve indirectly what opponents of the Affordable Care Act wanted to achieve directly, which is to block it, to stop it, to halt it. That should not be the objective of this measure and certainly should not be achieved by a small minority, a fringe extreme group of ideologues who have, in the House of Representatives, threatened to hold hostage the entire Federal Government.

I am disheartened that some of the same Senators who rightly decried the pace of our economic recovery are themselves now undermining that goal by demanding an end to the Affordable Care Act and engendering uncertainty and confusion so inimical to job creation and economic growth.

Forums in Connecticut and my conversations and discussions with health care providers, our hospitals, our medical professionals, have convinced me that one of the central achievements already of the Affordable Care Act relates to preventive care, and I want to talk a little while about those specifics, about the reality on the ground in Connecticut that I have seen and heard—not the predictions or prognostications but the realities of preventive health care achievements in Con-

necticut that have already been demonstrated. They relate specifically to the Prevention and Public Health Fund.

Let me repeat that term: the Prevention and Public Health Fund. It is not exactly a household word to many Americans, but it should be credited, along with ObamaCare and the Affordable Care Act, with specific tangible accomplishments in helping people learn how to make smart decisions and prevent the onset of obesity, diabetes, heart disease, and cancer. These conditions and diseases have real costs and preventing them has real savings. So we can seriously reduce not only the overall levels of spending on health care but also save people a lot of suffering and families a lot of heartbreak.

In my home State of Connecticut, the funding from the Prevention and Public Health Fund has supported vital care and services in three critical areas: mental health, tobacco cessation, and women's health care—not the only three that has those accomplishments, but they are three.

On mental health services, last year the State of Connecticut received nearly \$900,000 from the Prevention and Public Health Fund for use by the State's department of mental health and addiction services and the direct care providers in the State. Let me give an example of how that money was used.

Community Mental Health Affiliates, which serves more than 8,300 children, adolescents, and adults each year in 17 locations throughout Connecticut, received some of those funds to provide direct care. In particular, they are using those funds to create the Allied Health System, and they are doing it with the Hospital of Central Connecticut, which means having advanced nursing and practical help from the Hospital of Central Connecticut to come to their outpatient facility to provide case management and wellness programs and suicide prevention and screening programs. They are helping save lives and health.

We know that investment in mental health makes a difference. In fact, it ought to be a centerpiece of a comprehensive gun violence prevention measure. We know reaching dangerous people, along with keeping guns out of the hands of dangerous people before they commit acts of violence is central to what we have to do to make our Nation safer and better. An investment in behavioral health services is vital to addressing the diseases—the psychoses, addictions, depression, post-traumatic stress—and helping to reach people before tragedy occurs.

We know that lack of investment makes a difference as well, not only in violence but in heartbreaking failures and life-changing illnesses that are perhaps invisible but in children can transform lives for the worst. The Connecticut Children's Medical Center recently came to my office and shared with me what the lack of investment in

preventive health care means for them and the children who come to this children's hospital. They have seen numbers of children arriving in a behavioral health crisis unmatched in our history—nearly quadrupled since the year 2000. Last year that meant 2,300 children seeking care in the emergency department of that children's hospital.

Emergency departments are not equipped to provide the kind of specialized care that the children need who come to them in these traumatic life-changing situations—in crises. And for some kids who wait over a week for placement in an appropriate inpatient facility, that is a crisis not only for them but for their family and their communities. We have seen the tragic results of failing to address those crises which affects individuals, and it is so heartbreaking.

I have fought for and made my life's work tobacco prevention and cessation programs. My colleagues want to talk about reducing Federal spending. Well, let's talk about the \$96 billion a year in direct health costs that are necessary to treat diseases caused by tobacco addiction. That is \$96 billion a year in direct health costs, with nearly \$55 billion of it from the Federal Government. I hope to work in a bipartisan way to reduce that figure with my colleagues through the Affordable Care Act.

A study in the *Lancet* on the first "Tips From Former Smokers"—the campaign of the Federal Government—found that 1.6 million additional smokers are making a quit attempt because of this campaign and over 100,000 have quit tobacco since 2012 because of that campaign.

The final area I think is so important is women's health care, and in this area the Affordable Care Act has been monumental in maternity care in our hospitals, in contraception coverage, in health insurance provisions that make a difference in women participating equally in our economy as well as having the health care they need, which in turn saves money not just for them but for children who are born in hospitals and who receive the kind of care they need in those first days of birth. The Prevention and Public Health Fund has made a difference in those lives, and it has made meaningful improvements to the lives and health of women and children across this country.

Cost savings to the Nation resulting from preventive health care are huge, but those economic benefits also accrue to our families. More than half of all the bankruptcy cases today are caused by health bills people simply can't pay. I know because I see the results and try to help the families who are affected by it.

One example is a family whose son struggles with Lyme disease and received denials from insurance companies. They had to exhaust their retirement savings and their health care funds as well as their college fund for medical treatment. My office was able

to persuade the insurance company to reverse those denials but only after the family had to resort to asking their neighbors to pay for their son's medical bills.

Story after story after story about medical insurance denials convinced me that the Affordable Care Act will make a difference in reforming health care coverage practices by the insurance companies as well as enabling families to avoid the financial travails of bankruptcy.

Let me say finally, Connecticut has been a leader in insurance markets with many leading insurers headquartered in my home State. I am proud that Connecticut has been that leader that is home to many insurance companies and that Access Health Connecticut, the individual marketplace in Connecticut, has been working tirelessly and successfully with these insurance firms to put together a groundbreaking exchange.

The Kaiser Family Foundation recently found that the likely cost for a family of four in Hartford, CT earning \$60,000 a year for a bronze level plan through the exchange will be \$122 a month. That is about the cost of a Starbucks coffee every day. The products being offered through the exchanges are high quality, and they are available even to people who have a preexisting condition.

In fact, the Affordable Care Act enables health care insurance for all people with a preexisting condition. No longer will people have to confront their insurance companies as regularly and frequently as they did. No longer will insurance companies be permitted to engage in the egregious practices they did. And hopefully, no longer will the services of my office, such as I did when I was Attorney General and now as Senator, be as necessary as often.

Shutting down the government is a movie we have seen before. It ends badly. It ends with undercutting investments, undermining job creation and economic growth. It is a disservice to our Nation. Hopefully, with bipartisan cooperation and compromise we can afford it and proudly go on with the work of this body and of the Federal Government.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The majority leader.

Mr. REID. Mr. President, I know of no further debate on the motion to proceed.

The PRESIDING OFFICER. Is there further debate?

If there is no further debate, the question is on adoption of the motion.

The motion was agreed to.

MAKING CONTINUING APPROPRIATIONS FOR FISCAL YEAR 2014

The PRESIDING OFFICER. The clerk will report the joint resolution by title.

The assistant legislative clerk read as follows:

A joint resolution (H.J. Res. 59) making continuing appropriations for fiscal year 2014, and for other purposes.

AMENDMENT NO. 1974

(Purpose: To perfect the joint resolution)

Mr. REID. Mr. President, I have an amendment at the desk.

The PRESIDING OFFICER. The clerk will report the amendment.

The assistant legislative clerk read as follows:

The Senator from Nevada [Mr. REID] proposes an amendment numbered 1974.

(The amendment is printed in today's RECORD under "Text of Amendments.")

Mr. REID. On the amendment just reported, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The yeas and nays were ordered.

AMENDMENT NO. 1975 TO AMENDMENT NO. 1974

Mr. REID. Mr. President, I have a second-degree amendment at the desk.

The PRESIDING OFFICER. The clerk will report the amendment.

The assistant legislative clerk read as follows:

The Senator from Nevada [Mr. REID] proposes an amendment numbered 1975 to amendment No. 1974.

The amendment is as follows:

At the end, add the following:

This Act shall become effective 1 day after enactment.

MOTION TO COMMIT WITH AMENDMENT NO. 1976

Mr. REID. Mr. President, in relation to that, I have a motion to commit H.J. Res. 59 with instructions, which are at the desk.

The PRESIDING OFFICER. The clerk will report the motion.

The assistant legislative clerk read as follows:

The Senator from Nevada [Mr. REID] moves to commit the bill to the Committee on Appropriations, with instructions to report back forthwith with an amendment numbered 1976.

The amendment is as follows:

At the end, add the following:

This Act shall become effective 4 days after enactment.

Mr. REID. Mr. President, on that I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The yeas and nays were ordered.

AMENDMENT NO. 1977

Mr. REID. Mr. President, I have an amendment to the instructions at the desk.

The PRESIDING OFFICER. The clerk will report the amendment.

The assistant legislative clerk read as follows:

The Senator from Nevada [Mr. REID] proposes an amendment numbered 1977 to the instructions of the motion to commit, H.J. Res. 59.

The amendment is as follows:

In the amendment, strike "4 days" and insert "3 days".

Mr. REID. On that, I ask for the yeas and nays.