

There is something else to remember today. In the days and weeks that followed Superstorm Sandy, we also saw the absolute best of New York. We know New Yorkers are a resilient bunch. We get knocked down, but we get right back up.

As I traveled all across New York City, I saw neighbors coming together, going door to door to help the homebound, donating resources, volunteering their time, clearing debris. In the Rockaways I saw hundreds of residents create an impromptu bustling plaza of hot food, clothing, and anything people might need.

I remember talking to one small business owner in Staten Island whose restaurant was nearly split in two by a boat from a nearby marina, and he simply said to me: "We will rebuild this better than it was before," before agreeing to have dinner together this time next year in that very spot where that boat was resting. He said yes, and we had lunch at his restaurant only a few months ago. It was amazing.

In Westchester, a small business owner gave me a hug, and she vowed she would rebuild. She said defiantly, "This is our community."

On Long Island, I walked the streets of Lindenhurst, Massapequa, and visited Long Beach and Fire Island. While the devastation I saw was awful, I have never met more resilient and compassionate people. I witnessed homeowners struggling to pick up their own pieces and to get it out of the way to help neighbors, sharing food, sharing water supplies, giving each other rides to the stores, sharing generators, and clearing each others' debris.

While the road to recovery is very long and very hard, New Yorkers will rebuild. They will rebuild stronger, but we all have to do our part. Too many communities are still recovering and rebuilding. Some families are actually still homeless, living in trailers or confined to the second floor of their homes and still waiting for additional assistance. Too many homeowners have not yet received the funding to repair their homes and their businesses. Too often, those who are struggling to rebuild have been caught in red tape.

Throughout the past year, I have pushed to change some of the Federal policies that have stood in the way of recovery. We have had some successes. We were successful at pushing FEMA to extend critical deadlines for Sandy survivors to document their losses, so that those who have had trouble getting back into their homes are not prevented from filing flood insurance claims.

We were able to get the Department of Housing and Urban Development to relax regulations that would have prevented substantially damaged homes from accessing critical recovery funds. We received assurances from the Army Corps of Engineers that they will fund critical shore protection projects at full Federal expense, ensuring that these projects can move forward quickly

without having to wait for our communities to find the matching funds out of very tough and local struggling budgets that are already stretched too thin.

That is not enough. For all of our successes, we are still facing so many challenges. There is still far too much red tape getting in between families and recovery. My office hears every single day from homeowners and families who are struggling just to move forward.

Many of us are working on a bipartisan bill to postpone the potentially disastrous flood insurance rate increases coming into effect as a result of the Biggert-Waters flood insurance reform law. I urge my colleagues in the Senate to pass this bipartisan bill that was introduced by Senator MENENDEZ and Senator ISAKSON that would delay the premium increases set to go into effect until after FEMA has completed a study and provided Congress with a plan to make the rates more affordable. Our families working so hard to rebuild, frankly, deserve nothing less.

Some homeowners, even as they do rebuild, have started seeing their rates increase. This would cause so many of our constituents to be forced out of their homes and communities that they love, that they have lived in their whole lives. This is why the Menendez-Isakson bill is so critical and why I strongly urge my colleagues on both sides of the aisle to support this commonsense legislation.

As we focus on providing communities with all of the resources they need to rebuild from Sandy, the Federal Government is partnering with States, local governments, the private sector, and academia to develop solutions that will protect us from the next disaster. We know that for every dollar spent to make our homes, businesses, and infrastructure more resilient, \$4 is saved in potential recovery costs down the road.

Earlier this year Senator WICKER and I introduced the STRONG Act, which stands for Strengthening the Resiliency of Our Nation on the Ground. This bipartisan bill seeks to build on the progress that has been made locally by requiring the Federal Government to develop a national resiliency strategy, assess where there are gaps and opportunities for improvements. It also creates a new information portal for both the public and private sectors to share information about how to strengthen our communities and protect against future extreme weather threats.

We have come a long way in the past year, but I am very sad to say we have so much more work to be done. Our communities are working as hard as ever to recover, but we have to work equally as hard toward rebuilding and being better prepared for the next storm.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

OBAMACARE

Mr. BARRASSO. Later this week we will hit the 1-month anniversary of the launch of President Obama's health insurance exchanges. My question is, what have we learned the past 4 weeks? We know the rollout of the exchanges and the healthcare.gov Web site, Americans would agree, has been disastrous.

Last week the Associated Press ran a headline about what people in my home State of Wyoming had experienced. It said: "National health insurance site sputters in Wyoming."

The article goes on to talk about the health care law, the Web site, and says: "Wyoming Insurance Commissioner Tom Hirsig said Monday that he's personally been unable to register on the Federal Government's Wyoming site despite trying every day."

The insurance commissioner from the State of Wyoming has been unable to register on the Federal Government's Wyoming site despite trying every day starting October 1. This is the same story we have seen all across the country.

We have also learned over the past 4 weeks that the President's health care law is much more than just a failed Web site. What we know is that there is sticker shock hitting people all across the country as they start shopping and find that higher premiums are what they are facing. They are going to be paying much higher premiums if they are able to buy health insurance, if they are able to get through the exchange.

CBS News had the story of one woman in Florida whose health insurance will cost 11 times what she is currently paying—from \$54 a month to \$591 a month.

Over the past 4 weeks, another thing we have learned is that many people have received notices in the mail—cancellation notices—from their insurance companies. They are being told that the insurance policies, the coverage they have had, is being cancelled. Only a small number of people have been able to get insurance through the government exchanges so far. We have seen that over the last month.

In testimony today in the House hearing, a person from the administration said they cannot tell us how many people have been unable to get insurance through the exchanges, but we know that hundreds of thousands of people are losing the insurance they had.

Here is what one woman told CBS: "What I have right now is what I'm happy with, and I just want to know why I can't keep what I have. Why do I have to be forced into something else?"

Like many Americans, this is a person who actually believed President Obama when he promised that if people liked the insurance they had, they could keep it. Now she learned under the President's health care law, it is not only a Web site, it is a broken promise. It turns out if the White

House likes your plan, then you can keep it. If the White House doesn't like your plan, then you are out of luck, you can't keep it.

Yesterday the Obama administration finally admitted that millions of people across the country will lose their insurance. We know all of these ways that the President's health care law is more than a failed Web site, so the big question now is what don't we know yet? What is there that the American people don't know about the health care law? How much worse are things going to get before the White House admits the entire law is broken?

We have seen one headline after another about problems with the health care law that the Obama administration knew about and would not admit. There has been one revelation after another about troubles they hid from the American people and did so deliberately. What else is this administration not telling the American people?

The White House may have finally said publicly that millions of people are going to lose the insurance they have but, according to NBC News, the Obama administration has known that for at least 3 years.

When the train first went off the tracks, the White House said its Web site crashed because they said millions of people tried to use the Web site at the same time. According to the Washington Post, the limited testing the administration did before the launch found the site would crash if only a few hundred people used it.

It is fascinating. The Democrats' whole law was based on the idea that Washington, government, is capable of running America's health care system competently. What we have seen is gross incompetence. It turns out that Washington can't even set up a Web site competently, and it looks as if they knew it.

Computer programmers warned about the rush to get the Web site done by October 1. Instead of hitting the pause button, which they should have done, hitting the pause button until it could get things working, the White House pushed on. This is what we learned from some of the contractors who built the Web site. This Web site cost the taxpayers over \$400 million so far and the bills are still coming in.

These contractors testified last week in the House that full tests of the site should have started months in advance, but testing didn't happen until the last 2 weeks of September. Who decided to go ahead anyway? President Obama's administration. They are the ones who decided.

Contractors thought if the registration process wasn't going to work, then maybe it would help to set up a way for people to shop for plans and get information without registering. The administration told them to "deprioritize" that plan. What a government word, "deprioritize" that plan.

Then when the Web site turned out to be a complete disaster, a systems fail-

ure, the Obama administration tried to hide how bad it was. It asked the largest health insurer in North Dakota not to tell anybody how many people have signed up for insurance through the exchange—the administration telling the State: Don't open up, don't tell people the truth. Why not? Because as of last week only 14 people had been able to sign up for the companies' plans. The numbers are so embarrassing for the administration they have been trying to cover up. They continued to cover up today when there was testimony and no numbers were given. It is the same reason the administration won't say how many people have signed up nationwide. They know how many people have signed up, but they refuse to tell the American people, the taxpayers, the people who pay the taxes and see their money being wasted by this administration and this government. There are new problems with this health care law every day.

The Web site was supposed to be the easy part, but to me it is the tip of the iceberg. The Web site failures are just the tip of the iceberg.

What else does the White House know about? By now they should know about cancelled coverage because it looks as if millions of Americans have already received notices from their insurance companies that they have lost their insurance, their insurance has been cancelled.

There have been premium increases. People have talked about the fact that their premiums are going up, and there are higher copays and deductibles to deal with. People are losing access to the doctor. Plus there are always the issues of fraud and identity theft.

What else are we going to learn this week when Secretary Sebelius testifies in the House tomorrow? Will she actually open up? Will she give them the truth? Will she give them the real numbers, or will she not admit to what is actually going on and refuse to answer the questions?

How much worse does the Obama administration's incompetence get? What will it take for the President to admit that his health care law has been a train wreck and they will have to delay it for at least a year? We know he is going to have to do it eventually. There is no way all of these problems are going to get fixed quickly, and he is going to have to delay the individual mandate—the mandate that says every American must buy or have and prove they have health insurance. And who is the enforcer? The IRS—the Internal Revenue Service. The President should just go ahead and do it now and also delay all the other parts of the law, not just the mandate.

It is time for President Obama to really come clean with the American people about what his administration knew and then come to the table to work with Republicans and give people the real health care reform that they need, want, and deserve so people can get the care they want from a doctor they choose at a lower cost.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Utah.

Mr. HATCH. Mr. President, I appreciate the remarks of my colleague from Wyoming.

Here in Washington and, indeed, throughout the country everyone is talking about the ObamaCare Web site. No doubt that is a serious concern. The healthcare.gov Web site has been, to put it bluntly, a debacle. I don't know of a single Member of Congress, Democrat or Republican, who would say otherwise.

That said, we need to be clear about something: The problems with ObamaCare go much deeper than a faulty Web site. Sure, the administration would have the American people believe that the problems with this law are simply technical in nature and that once they bring in technical experts to fix the Web site, all will be right with the world. But let's not kid ourselves. The problems with ObamaCare are fundamental and systemic. The administration may very well get the Web site up and running in the next few weeks, and they should, but that won't fix the health care law. I would like to take a few minutes today to talk about some of the problems facing ObamaCare that have nothing to do with the Web site.

When he was trying to get the law passed, President Obama repeatedly promised Americans that "if you like your current health plan, you will be able to keep it." This promise was central to the President's efforts to sell ObamaCare to the American people, and as it turns out, it was all a lie. Now even the White House admits that millions of Americans will not be able to keep their health plan under the law, and if recent news reports are to be believed, they have known this for years. Experts have predicted that as many as 16 million Americans may lose their existing coverage due to ObamaCare's new requirements. According to the NBC News story from yesterday, the Obama administration has known about this for at least 3 years. We have known about it as well.

Consumers throughout the country are already receiving cancellation letters from their insurance providers. For example, in New Jersey 800,000 individuals are being dropped from their existing plans. Kaiser Permanente in California has sent notices to 160,000 people informing them their current coverage will end. Florida Blue is ending policies of 300,000 customers due to ObamaCare. This isn't some unforeseen or unintended consequence of the law. On the contrary, it is precisely what was intended when the law was put into place.

As you know, Mr. President, the President's health care law includes a mountain of new mandates and requirements for health insurance plans. Any plans that fail to meet those onerous requirements are invalidated under the law. True enough, the law provides that plans that were in effect as of

March 2010 will be grandfathered in, allowing consumers who prefer to keep those policies to do so even if the plan's don't meet the law's requirements. However, the Department of Health and Human Services has, through regulations, all but eliminated the protections enjoyed by those in existing plans by saying that the grandfathering provision does not apply to plans that have undergone any changes—even small changes to deductibles or copayments—since 2010. Under this requirement, many of the plans that were in place before passage of ObamaCare, particularly those in the individual health insurance market, will fail to pass muster. That is why we are seeing hundreds of thousands of Americans being dropped from their current insurance plans and why the same fate is certain to befall millions more.

As I said, the Obama administration knew about these problems a long time ago. In fact, regulations issued in July of 2010 estimated that because of normal turnover in the individual insurance market, 40 to 67 percent of consumers would not be able to keep their policies. Let me repeat that. The administration knew in July 2010 that at least 40 to 67 percent of consumers in the individual market would not be able to keep their plans in place. Yet the President never took back his promise: "If you like your current health plan, you will be able to keep it." This, quite frankly, is preposterous.

The response we are getting from the administration is that, sure, many people will lose their existing health insurance, but it will be replaced by better, cheaper options. This claim is at odds with the facts. For many people, health expenses will increase under the new plan as a result of higher premiums, higher deductibles, and higher copays. One study from the Manhattan Institute found that individual market premiums will increase 99 percent for men and 62 percent for women nationwide. For others, the new plans may not cover visits to their current doctor or the hospital they have used in the past. That is because insurers are reducing the number of doctors and hospitals covered by plans in the exchanges in order to reduce premium prices. These changes are a direct result of ObamaCare's new requirements and mandates.

I have received letters from my constituents from all over Utah who are scared, who are angry, and who are confused about the changes they are facing. For example, Brenton in Provo, UT, currently has a high-deductible plan and uses a health savings account. This arrangement works well for Brenton and his family, and they would like to keep it. Unfortunately, Brenton's plan has been canceled due to ObamaCare. The plan he will be required to purchase is more expensive and includes coverage he doesn't want. There is also Kathy from Salt Lake

City, who wrote to tell me her deductible will increase from \$3,000 to \$5,000, her copays for doctor visits will increase by 30 percent, and her copays for prescription drugs will increase to 50 percent. Kathy let me know that as a result of these changes, her health care expenses will now be higher than her income.

Even those who were in favor of the law are now finding it is not being implemented as they expected. A recent L.A. Times article profiled a young woman who was shocked by the 50-percent rate hike she received as a result of the health care law. She was quoted as saying, "I was all for Obamacare until I found out I was paying for it." That is a refrain I think we will be hearing from a number of people who supported "health care reform."

Increased costs aren't the only problem consumers will be facing under ObamaCare. There are other serious, more subtle problems that have yet to be addressed. For example, some consumers may have their personal information compromised by an ObamaCare navigator or by submitting an application to the federally facilitated marketplace, the Federal data services hub, or one of the Affordable Care Act call centers. I have warned about that for a number of months—that they are moving too fast and not doing the job well enough—and a lot of people are going to get hurt.

Social Security numbers, employment information, birth dates, health records, and tax returns are among the personal data that will be transmitted to this data hub, resulting in an unprecedented amount of information collected in one place by a government entity. Every piece of information someone would need to steal an individual's identity or access their confidential credit information will be available at the fingertips of a skilled hacker, providing a gold mine for data thieves and a staggering security threat to consumers. The entire system, including the data hub—a new information-sharing network that allows State and Federal agencies to verify this information—has not gone under any independent review to determine whether the data that is entered is secure. This means an individual's personal and financial records may be at serious risk of becoming available to data thieves.

I have already been to the floor several times to discuss these issues. I am here again today because as of yet there has been no solution—or should I say no solutions—to these problems. In fact, the ObamaCare exchanges are less than a month old and data breaches are already occurring at the State level. A recent CBS News story featured a Minnesota insurance broker who was looking for information about assisting with ObamaCare implementation. Instead, what landed in his in-box last month was a document filled with the names, Social Security numbers, and other pieces of personal information

belonging to his fellow Minnesotans. In one of the first breaches of the new ObamaCare online marketplaces, an employee of the Minnesota marketplace, called MNsure, accidentally emailed him a document containing personally identifying information for more than 2,400 insurance agents. While the incident was resolved, the broker said it raised serious questions for him as to whether those who sign up for MNsure can be confident their data is safe. These types of incidents are only going to increase as time goes on if rigorous testing is not performed to ensure that the data hub is sufficiently secure.

Despite assurances by the chief technology officer for the administration in early September that "we have completed security testing and received certification to operate," we all now know that all the testing had not been completed until just days before the October 1 launch date and that no third party—no third-party expert—had a chance to review it.

But there is much we don't know. What kind of testing was done? Who did the testing? What did they look for? What were the results? And perhaps most importantly, what are the risks of using the Web site? To help get answers to these questions, today several of my colleagues on the Senate Finance Committee and I are sending a letter to Secretary Sebelius asking detailed questions about the testing protocols, what waivers were received with respect to the testing requirements, and any and all results of the limited testing that did occur. Hopefully, that will enable Congress and the American people to better understand exactly what is broken with the system and help to ensure it does not happen again.

These questions and problems demonstrate why it is imperative that the Government Accountability Office—GAO—independently verify that sufficient privacy and security controls are in place for the data hub and the entire Federal marketplace so that Congress has independent assurance that the necessary controls exist and that taxpayers know their personal information is secure. That is why I introduced S. 1525, the Trust But Verify Act, which calls on the GAO to conduct such a review and delays implementation of the exchanges until the review is completed. The bill currently has 32 Senate cosponsors.

As you can see, Mr. President, the problems with ObamaCare are numerous and fundamental. As I said before, this law was bad policy when we debated it, it was bad policy when the Democrats forced it through the Congress, and it remains bad policy today.

I have little doubt the administration can eventually get the Web site up and running. They would have us believe that once that task is accomplished, everything will be fine. But that is simply not the case. They can't

say everything will be fine when millions of Americans are losing their existing health coverage as a direct result of the health care law. They can't say everything will be fine when health care costs are continuing to skyrocket even though the President claimed his health law would bring costs down. And they can't say everything will be fine when consumers' personal information is at serious risk because the administration didn't take the proper precautions with its new data system.

As I said, the healthcare.gov Web site has been a debacle and the President is right to recognize it as such, but it would be a huge mistake to simply write off the problems with ObamaCare as a simple IT problem.

My own position on ObamaCare is very clear. I support repealing the law in its entirety. As more and more Americans lose their health coverage—coverage they shopped for and liked—and face outlandish costs as a result of the law, I believe that position will eventually be vindicated. In the meantime, I think we can all agree that the law is simply not ready for prime time and that at the very least it should be delayed so we can protect the American people from further harm.

I have made this call before and I am sure I will make it again. Today, with all the new information we have received—the broken Web site, the security problems, the skyrocketing costs, and the millions of Americans losing existing coverage—I hope my friends on the other side of the aisle will begin to see the light. I hope they will finally see what happens when one party tries to take on something as vast and as complicated as our health care system all on its own without any help from the other side.

I hope that they would work with us to come up with real solutions to our Nation's health care problems. I will keep waiting, and if the problems we have seen in the last few weeks are any indication, I should not have to wait too much longer.

I yield the floor.

The PRESIDING OFFICER (Ms. WARREN). Under the previous order, all postcloture time is yielded back.

The question occurs on the nomination.

Mr. HARKIN. Madam President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

At the moment there is not.

Mr. HATCH. Madam President, I suggest the absence of quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

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

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

SENATOR THAD COCHRAN'S 12,000TH VOTE

Mr. MCCONNELL. Madam President, our good friend, the senior Senator

from Mississippi, is about to cast his 12,000th vote, a truly remarkable accomplishment by a remarkable man. He was the first Republican to be elected to the Senate from Mississippi since Reconstruction. A few years ago he was named by Time magazine as one of the 10 most effective Members of the Senate, and they called him "the quiet persuader."

For those of you who have recently arrived at the Senate, if you have not had any dealings with Senator COCHRAN yet, you will find that indeed he is the quiet persuader. In fact, it may be the secret to his success.

He has had an extraordinarily accomplished career here in the Senate, and I wanted to take a few moments to congratulate him, not only on his service to his State and the Nation but to our institution.

Mr. HARKIN. Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

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

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

Mr. REID. Madam President, I am sorry I am a little late here. I see my colleague, the senior Senator from Mississippi. I have had the pleasure of knowing THAD COCHRAN during my entire stay in Washington. He is a fine man. He has had experience in the House and the Senate, as I have. I have always appreciated his courtesies. He is just such a fine human being.

Before his election to Congress, he served honorably in the U.S. Navy. He was a lieutenant in the Navy. After his tour of duty, while attending law school at Ole Miss, Senator COCHRAN returned to active duty for his naval work, even while he was going to law school. After graduating from law school in 1965, he joined the very prestigious law firm Watkins & Eager in Jackson, MS, and in less than 2 years he became a partner in that law firm—which was remarkable. It speaks well for his acumen in the law and for being a nice person.

His break from public service did not last long, though. From the Navy he ran for Congress in 1972 and served in the House for 6 years before running for the Senate. He served as Chairman of the Republican Conference, the Agriculture Committee, and the Appropriations Committee.

Throughout his time in Congress, Senator COCHRAN has promoted the best interests of Mississippi's citizens. Even when we were on different sides of the issues, I always respected Senator COCHRAN's service to his country, his dedication to the people of Mississippi and to the people of this country. I congratulate him on this impressive milestone and appreciate most of all his friendship.

The PRESIDING OFFICER. The question is, Will the Senate advise and

consent to the nomination of Richard F. Griffin, Jr., of the District of Columbia, to be General Counsel of the National Labor Relations Board.

Mr. HARKIN. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.

The clerk will call the roll.

The assistant bill clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from Oklahoma (Mr. INHOFE).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 55, nays 44, as follows:

[Rollcall Vote No. 222 Ex.]

YEAS—55

Baldwin	Heinrich	Nelson
Baucus	Heitkamp	Pryor
Begich	Hirono	Reed
Bennet	Johnson (SD)	Reid
Blumenthal	Kaine	Rockefeller
Boxer	King	Sanders
Brown	Klobuchar	Schatz
Cantwell	Landrieu	Schumer
Cardin	Leahy	Shaheen
Carper	Levin	Stabenow
Casey	Manchin	Tester
Coons	Markey	Udall (CO)
Donnelly	McCaskill	Udall (NM)
Durbin	Menendez	Warner
Feinstein	Merkley	Warren
Franken	Mikulski	Whitehouse
Gillibrand	Murkowski	Wyden
Hagan	Murphy	
Harkin	Murray	

NAYS—44

Alexander	Cruz	McConnell
Ayotte	Enzi	Moran
Barrasso	Fischer	Paul
Blunt	Flake	Portman
Boozman	Graham	Risch
Burr	Grassley	Roberts
Chambliss	Hatch	Rubio
Chiesa	Heller	Scott
Coats	Hoeben	Sessions
Coburn	Isakson	Shelby
Cochran	Johanns	Thune
Collins	Johnson (WI)	Toomey
Corker	Kirk	Vitter
Cornyn	Lee	Wicker
Crapo	McCain	

NOT VOTING—1

Inhofe

The nomination was confirmed.

The PRESIDING OFFICER. Under the previous order, the motion to reconsider is considered made and laid upon the table. The President will be immediately notified of the Senate's action.

LEGISLATIVE SESSION

The PRESIDING OFFICER. The Senate will resume legislative session.

MORNING BUSINESS

Mr. HARKIN. Madam President, I ask unanimous consent that the Senate be in a period of morning business for debate only until 7 p.m., with Senators permitted to speak therein for up to 10 minutes each.

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

The Senator from Tennessee.