

and preserving the constitutional power of the President to nominate highly qualified people to court vacancies.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

DRUG QUALITY AND SECURITY ACT—MOTION TO PROCEED

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to consideration of the motion to proceed to H.R. 3204, which the clerk will report.

The assistant legislative clerk read as follows:

Motion to proceed to the bill (H.R. 3204) to amend the Federal Food, Drug, and Cosmetic Act with respect to human drug compounding and drug supply chain security, and for other purposes.

Ms. WARREN. Madam President, 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. THUNE. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

OBAMACARE

Mr. THUNE. Madam President, the question of the week is, more important than apologizing, will President Obama live up to his promise that Americans can keep the care they have and like? Democrats are clearly running away from embracing this law and are suggesting the President live up to his promise as well. Yesterday former President Clinton said:

I personally believe, even if it takes a change to the law, the President should honor the commitment the Federal Government made to those people and let them keep what they got.

That is from former President Clinton yesterday in a interview he did.

More and more we see people on the Democratic side of the aisle coming forward, acknowledging what many of us have been acknowledging for a long time; that is, this is not living up to expectations. We need a timeout. It is clearly not working, it is not ready for prime time, and it is obvious that we need to acknowledge that and come up with plan B.

Senator DURBIN, here in the Senate, said in an interview Tuesday that the cancellations of their coverage that people might face under ObamaCare and the statement that people could keep their plans "should have been clarified."

Democratic Representative KURT SCHRADER from Oregon thinks the President was grossly misleading to the American public and said:

I think the President was grossly misleading the American public.

Senator FEINSTEIN, who is not up for reelection, is supporting legislation to allow individuals to maintain enrollment in the plans they like.

These mistruths are clearly affecting the President's credibility. President Obama's approval ratings have dipped to a record low. A poll from Quinnipiac University that was released shows respondents disapprove of the President's job performance by a 54-to-39 margin. His approval rating of 39 percent is worse than his previous alltime low of 41 percent in the Quinnipiac survey done previously. Further, more people—52 percent—say the President is not honest and trustworthy.

We are on the verge of another misstatement from this administration where they make promises to the American people that they do not meet. Last month the administration promised they would have healthcare.gov fixed by the end of November. It appears unlikely, according to today's Washington Post, where a headline reads: "Troubled HealthCare.gov unlikely to work fully by end of November."

For proof that this Web site design has been a failure of leadership, compare it to Cyber Monday volume at amazon.com in 2012. According to amazon.com's press release, it sold 27 million items on Cyber Monday, or 306 items per second. That is how the private sector has been able to process huge volumes of data and requests. If we compare and contrast that with the rollout of ObamaCare and healthcare.com, it is a stunning failure—even epic in terms of the inability of that whole program to function with any level of competence.

It is clear that technology exists to fix the Web site to handle high volumes, but, as the President has said, the health care law is more than just a Web site, and that is where most of us come down on this issue. This is a flawed policy that is causing millions of Americans to lose the health care they like. Most of us know someone who has had his or her health care canceled by ObamaCare, and it is going to get worse. The Associated Press reports that at least 3.5 million have received cancellation notices, and that number is expected to increase to tens of millions of people. As Americans—millions more—are losing their plans, only thousands are signing up through ObamaCare.

Constituents are encouraged to visit our Web site at republican.senate.gov/yourstory to submit their stories about how this is impacting them personally. The American people deserve to have their stories heard, and Americans deserve to have the President and congressional Democrats keep their promise.

We believe what former President Clinton said yesterday is correct; that is, President Obama should honor the commitment the Federal Government made to those people and let them keep what they have. That is essentially

where we are today. I would simply ask rhetorically, what is the President going to do to address and honor the promise he made to the American people that they can keep what they have?

Increasingly, more and more Democrats—and, of course, there are many of us on this side of the aisle who predicted this would happen a long time ago—realize this was an ill-conceived policy. I have maintained for a long time that it was built upon a faulty foundation; therefore, you cannot just fix a Web site or have an IT specialist come in and expect this to get better. This is a flawed policy, and it is already having profound and harmful impacts on the American people. We believe many more people will be harmed in the future as the insurance is fully implemented.

The best we can do for the American people in order to minimize the impact and harm is to put off, suspend, delay—whatever you want to call it—the implementation of ObamaCare. Frankly, the best we could do in the long run is pivot away from this failed policy and move in a direction that actually does address some of the fundamental problems we have with health care in this country today.

There is a whole list of solutions Republicans have advanced and put forward in the past—for example, allow people to buy insurance across State lines and create interstate competition so we have insurance companies competing with each other. Obviously, if we have competition and the forces of the market at work, it helps to bring down costs and prices.

Another example is to allow small businesses to join larger groups to get the benefit of group purchasing power—to pool, if you will. That is something we have been proposing for some time, and it has been consistently defeated by Democrats in Congress. Other examples are reducing the cost of defensive medicine by ending the junk lawsuits that clog up our legal system and drive up the cost of health care, allowing an expanded use of health savings accounts and those types of vehicles that are out there for people today to put money aside for their health care needs; allowing people to have a refundable tax credit so they can buy their own insurance, which would give them more choices, create more competition, and, again, put downward pressure on the cost and price of health care in this country.

Those are commonsense step-by-step solutions that we think would work so much better than having one-sixth of our entire economy, which is what health care represents, taken over by the Federal Government. Political command and control in Washington, DC, is driving the decisionmaking for Americans across the country. As we have already seen, the Federal Government does not do complicated tasks very well, and the Federal Government doesn't do comprehensive tasks very well.

Everybody talked about a comprehensive solution to this problem. Clearly, we have problems in America today that need to be addressed. We have a lot of people who don't have health care, and that needs to be fixed. We have people with preexisting conditions, and that needs to be addressed. There are solutions to those problems that don't include and don't entail having the Federal Government take over one-sixth of the American economy, which is what happened with ObamaCare. We are seeing the impacts and the results of that today.

I suggest we take a timeout and make a conscious decision to move in a different direction—a direction that will lead to lower costs, higher quality of care, allow people to keep the plan they like if they like it, allow people to keep the doctor they like, and keep the cost of health care at an affordable level.

One thing we have seen since ObamaCare passed and is now in the process of being implemented is that the promise that people would see their health care costs go down, not up—that promise is another broken promise because what we are seeing in America today is canceled policies. As people try to get new policies, there are increased costs. We are seeing that in the individual marketplace. When the President was campaigning for his health care law, he said he would drive the costs down for families by \$2,500 per family. Yet we have seen the cost per family increase since he took office by \$2,500.

We have a cloud hanging over our economy right now because of this massive new regulation with a massive amount of government mandates. Due to government-approved insurance, the workweek has been redefined from a 40-hour workweek to a 30-hour workweek. We have a lot of employers who are creating part-time jobs instead of full-time jobs. In order to avoid the mandates and requirements and costs associated with ObamaCare, employers are hiring people to get under that 30-hour workweek. There are a lot of people who are hired to work 29 hours a week. Well, Americans can't take care of their families and meet the needs they have in their personal and family budgets on 29 hours a week, so more and more people are having to get more than one job. In fact, some estimates show that the majority of jobs that have been created over the last year have been part-time jobs, not full-time jobs. That is the impact this is having on the overall economy.

If we are serious about getting the economy growing and expanding again and creating good-paying jobs for middle-class Americans, there are a number of things we can do to create that kind of economic growth. What we have seen of late is a growth rate that hovers between 1 and 2 percent. The economy is lethargic and sluggish compared to any historic average. We continue to have chronic high unemploy-

ment. If we factor in that the labor participation force is literally at the lowest level in the last 35 years, we would have to go back to the administration of President Carter. At that time there were fewer people working as a percentage of the entire workforce. If we factor that in, we have an economy that is in a very bad way.

As I said, there are a whole series of things that need to be done to get the economy growing and expanding at a faster rate, create more jobs, and increase the take-home pay for middle-class Americans. We really need to start over with Obamacare.

Madam President, I ask unanimous consent for 1 additional minute.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

Mr. THUNE. I suggest it starts with shutting this down and starting over. We need to create more options, more choices, and more competition in the health care economy so people can get away from the sticker shock we have seen with ObamaCare and get costs down. We need to get away from these cancellation notices that are going out and allow people to keep the care and doctor they have and like. Because of the broken promises under ObamaCare, that is not happening.

Until we decide this was the wrong direction and pivot and go in a different direction, we are going to continue to see the results we have today—higher costs, more cancellations, people not being able to keep the care they like or the doctor they like. We can do better and should do better.

I yield the floor.

The PRESIDING OFFICER (Ms. BALDWIN). The Senator from Minnesota.

Mr. FRANKEN. Madam President, I would like to talk for a few minutes about a subject that will affect all of us at some point in our lives; that is, the safety of our medicine.

If my child or wife urgently needed medicine, I would have a number of questions: Will my loved one get well? What is going to happen? But I should never have to ask a question about whether the medicine my family takes is safe and whether it is what the doctor says it should be.

More than 1,000 patients and their families across Minnesota found it necessary to ask that question last year during the meningitis outbreak. They had to ask that question because the contaminated medicine they received could have caused them enormous harm. More than 700 patients across the country got sick and more than 60 died after receiving these contaminated injections produced by a large-scale compounding pharmacy in Massachusetts that was essentially an unregulated drug manufacturer.

In Minnesota we specialize in medical innovation. We have some of the best doctors and health care systems and biomedical pioneers anywhere in the world. Our Nation has an incredible

capacity for innovation and development in this field. There is no possible explanation that can justify the fact that more than 17,000 vials of contaminated medicine were shipped to providers throughout the country. That should simply not be happening. That is why the legislation we are set to pass, which I helped to write, is so important. It will go a long way toward making compounded medication safer and preventing another outbreak like the one we had a little over a year ago.

Many people don't know what pharmacy compounding is—including many patients who have received compounded medicine. Compounding is a traditional practice of a pharmacy where a pharmacist makes a new drug or takes an existing one and changes it based on a particular patient's needs. If a patient needs a drug and is allergic to one ingredient in it, the pharmacy can remake the drug, or compound it, without that ingredient based on a doctor's prescription. Pharmacists and pharmacies are regulated by the States.

This practice of tailoring medications for individual people is incredibly important, and it has always been a part of practicing pharmacy. It will continue under the bill we have written. But that is not what happened in Massachusetts last year; instead, a facility exploited a legal loophole to make thousands of doses of a product that was not FDA approved and sold it to hospitals and clinics across the country without receiving a prescription. As I said, more than 700 patients got sick after receiving that medicine and 64 people died. That is why my colleagues and I have worked so hard over the past year to develop the bill before us today, the Drug Quality and Security Act, which takes important steps for preventing this kind of outbreak in the future.

I would like to take a moment to thank my friends on both sides of the aisle and in both the Senate and the House who have worked so hard on this legislation.

I thank chairman TOM HARKIN for his leadership and for the bipartisan HELP Committee staff process that was crucial to producing this legislation.

I thank ranking member LAMAR ALEXANDER and Senator PAT ROBERTS for their commitment to getting this bill right.

I thank the staff who worked so hard on this bill. Specifically, I thank members of Senator HARKIN's staff: Jenelle Krishnamoorthy, Elizabeth Jungman, and Nathan Brown. I also thank Senator ALEXANDER's staff: Mary Sumpter-Lapinski and Grace Stuntz, as well as Jennifer Boyer, who works for Senator ROBERTS. Their hard work and dedication helped to develop this important legislation.

I also thank Hannah Katch, a member of my staff, who has worked tirelessly on this bill.

I thank Chairman UPTON and Ranking Member WAXMAN and their colleagues in the House for their work, as

well as the many stakeholders who have worked productively with us to develop and improve this proposal. In particular, I counted on input from the Minnesota Board of Pharmacy, the Minnesota Pharmacist Association, Thrifty White Pharmacy, and many other experts and pharmacists in Minnesota who helped us get this bill right.

Is our legislation perfect? No. There were a number of provisions in the bill that we passed out of the HELP Committee that would have provided additional safety and quality assurances for patients, but in order to come to a compromise with the House of Representatives, our legislation changed. Although the final bill does not include everything I would have liked, the bill before us today will take an enormous step forward for patient safety.

The bill will reinstate the law that allows the Food and Drug Administration to regulate large-scale compounders that have exploited a loophole in the law in order to act effectively as unregulated drug manufacturers. It will also give hospitals and health systems the option of buying compounded products from facilities that are inspected by the FDA and are complying with the FDA's quality standards. And it will do all of that without changing the rules for traditional pharmacies, which will continue to be regulated by their State boards of pharmacy.

Specifically, our bill creates a new option for facilities that want to provide compounded drugs to hospitals and health centers. These entities, called "outsourcing facilities," will be inspected by the FDA and will have high quality standards. The hospitals that buy from these facilities will be able to trust that the compounded medicine they buy from outsourcing facilities is safe.

If a compounder chooses not to be either a traditional pharmacy or an outsourcing facility, the FDA will be responsible for making sure that compounder complies with the normal requirements for pharmaceutical manufacturers. Those are the options. Unlike what we saw in Massachusetts, these facilities will no longer be able to occupy an unregulated no man's land. So under the new law, there will be traditional pharmacies, which will continue to be regulated at the State level; outsourcing facilities, which the FDA will oversee; and pharmaceutical manufacturers, which will be regulated by the FDA, as they have been.

I am also pleased that the bill we wrote on compounding is paired today with another bill on the drug supply chain, which is aimed at making sure that the FDA-approved medicine that patients receive is safe and has not been tampered with. By creating a national system to track drugs from the time they leave the manufacturer until they are dispensed to patients, this legislation will provide certainty that our medicines are what they say they are.

My colleagues, Senators BENNET and BURR, have been working on this proposal for more than 2 years, and I thank them for their work and congratulate them on this important achievement.

My home State of Minnesota is a model for pharmacy practice nationwide. Not only does our State have important protections for compounding pharmacies that have kept the medicine made in Minnesota safe, but Minnesota pharmacists have also led the Nation in developing innovative new ways of helping their patients get the right medicine at the right time.

For example, pharmacists at Hennepin County Medical Center in Minneapolis found that when a pharmacist reviewed the prescriptions for patients with complex conditions before they were discharged from the hospital, those patients had fewer problems related to their medicine and were 50 percent less likely to be readmitted to the hospital. So it saved a lot of money. It cost HCMC about \$112,000 for pharmacists to provide this service, and it saved the hospital nearly \$600,000. This is exactly—exactly—the kind of innovation that we are known for in Minnesota, and our pharmacists are on the front lines of this kind of reform and discovery.

The pharmacists at HCMC, and those around Minnesota, do incredibly important work. They provide access to needed medicine for thousands of patients every day. Those pharmacists and their patients must be able to trust that the medicine is safe and it will work. The Drug Quality and Security Act will take an important step toward preventing another outbreak like the one we saw last year, and I urge my colleagues to join me in passing the Drug Quality and Security Act into law.

Thank you, and I yield the floor.

The PRESIDING OFFICER. The Republican whip.

OBAMACARE

Mr. CORNYN. Madam President, in a front page story yesterday, the Wall Street Journal reported that fewer than 50,000 people had successfully used the Federal ObamaCare Web site to enroll in a private health plan—less than 50,000. Meanwhile, we know that millions of Americans are already getting a cancellation notice from their insurance company telling them that their current policy—even if they like it—will no longer be available. In other words, if you like what you have, it turns out you cannot keep it—as millions of people are finding.

No less a luminary in the Democratic Party than President Clinton has said that ObamaCare should be reformed to let people maintain their current health insurance. And we will see some votes in the House of Representatives as soon as Friday on that proposition, helping the President keep his promise to the American people that if you like what you have, you can keep it, which currently has proven not to be the case.

Just a month ago, Democrats of all stripes were declaring that Obama was the settled law of the land and condemning attempts on our side of the aisle to actually reform it. Now we are seeing more and more of our friends across the aisle contemplating serious changes aimed at fixing some of the law's myriad problems. Some, but not all, of the problems with ObamaCare have become painfully obvious—some, because I think most people probably think ObamaCare has already been implemented, when, in fact, it has only begun to be implemented.

But we know ObamaCare is forcing people to lose their health insurance and/or their doctor. It may be that even in the exchanges, the hospital which they prefer to be treated at or the doctor from whom they would prefer to have their care, they will not be available on the exchanges.

We also know that ObamaCare is raising health care premiums. Again, the President promised that if we passed ObamaCare, we would see a reduction in the premiums for a family of four of about \$2,500. Instead of seeing premiums go down, we are seeing premiums go up.

We know that Medicare and Medicaid remain on an unsustainable path, and we are actually seeing, in many States, the States opting to expand the Medicaid program, when they cannot even care for or pay for the people who are currently in the Medicaid program.

We have found that organized labor has gone to the White House. They said that because of the incentives in ObamaCare, many full-time employees were now being put on part-time work in order to avoid some of the penalties associated with ObamaCare.

We know that in the medical device sector—one of the most innovative parts of health care today—those jobs are moving offshore. They are moving outside of the United States, and it is stifling innovation, this medical device tax which is part of the pay-for of ObamaCare.

But here is another issue that has not gotten much attention lately. I was a little surprised when I came across this article in the Atlantic magazine, but the truth is the ObamaCare structure penalizes people for getting married. Certain couples who do qualify for the ObamaCare subsidies right now would lose those subsidies if they got married. In some cases, the ObamaCare marriage penalty could amount to thousands of dollars. So just when you think things could not quite get any worse, you find out they do.

As if all these problems were not bad enough, ObamaCare has also created a magnet for fraud and corruption in the so-called navigators program. You will remember, the navigators were created in order to help people sign up on the exchanges. But we know the navigators will be collecting sensitive tax and personal information—medical, both physical and mental health information—from folks all across the country as

they try to navigate ObamaCare. But we also know, because the Secretary of Health and Human Services admitted this last week, that they are not subject to any kind of background check, including a criminal background check. As a matter of fact, I think Secretary Sebelius surprised an awful lot of people when she admitted that people participating in the navigator program could possibly be convicted felons because there is simply no screening mechanism to bar them from participating in the process and no background check whatsoever.

Then we have learned, as a result of some creative journalists, that navigators, including those in my home State of Texas, were actively encouraging people to break the law as a process of signing up for the ObamaCare exchanges.

It is simply astounding that the administration is urging the American people to give their Social Security numbers and sensitive personal information to people who have not been properly vetted. Yesterday I called on the President to suspend the navigators program, and I want to reiterate that call today. He needs to end it, at least until basic precautions are taken to prevent identity theft and corruption and fraud.

Given the lack of Federal background checks and other safeguards, this program is an invitation to fraud and identity theft.

As with so many other aspects of ObamaCare, the problems with the navigators program are the result of politically motivated decisions. Do not just take my word for it. Consider the scathing indictment that was recently issued by Michael Astrue, who served as HHS general counsel from 1989 to 1992. More recently, he served as a commissioner for Social Security, from 2007 to 2013.

Writing in the *Weekly Standard*, Mr. Astrue points out:

Instead of hiring well-screened, well-trained, and well-supervised workers, HHS decided to build political support for the Affordable Care Act by pouring money into supportive organizations so they could launch poorly trained workers into their communities without obtaining criminal background checks or creating systems for monitoring their activities.

Over the long term, we need to dismantle ObamaCare entirely and replace it with patient-centered alternatives that will actually bring costs down; improve the quality of care, by making more care accessible; and leaving the choices with consumers and their families, patients and their doctors making the decisions, not Washington, DC. In the short term, we need to also dismantle the navigators program before it unleashes a wave of fraud and corruption.

I yield the floor.

The PRESIDING OFFICER. The Senator from Idaho.

Mr. CRAPO. Madam President, before I make my remarks, I ask unanimous consent that Senator REED from Rhode

Island be recognized immediately following my remarks.

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

Mr. CRAPO. Madam President, I rise today, also, to speak about a subject on the minds of all Americans and that is the rollout of the Patient Protection and Affordable Care Act or ObamaCare.

Many of us have predicted the implementation of ObamaCare would result in difficulties for American families, businesses, and our still fragile economy.

We spoke about the tax hikes that would come, the rising premiums, the canceled policies, the benefit cuts to Medicare programs for seniors, and other problems in the flawed law. Still, the President insisted that he was right and that he knew best what Americans wanted.

Since then, countless opportunities have been provided for our colleagues to join us in defunding or at least delaying the implementation of this damaging law.

To further sow confusion, the administration has selectively changed the law to suit its political advantage.

And now that October 1 has come and gone, millions of Americans are becoming painfully aware of the reality of how ObamaCare will affect them.

The American people are seeing the effects of ObamaCare, not based on the rhetoric of politicians or the debate here in Congress, but by their own personal experiences in dealing with it.

The initial feedback is clear, and it is not pretty. The trillion dollars in new taxes that I led the fight against on the floor during the initial ObamaCare debate are now largely in effect.

And as I said, and many others warned, and the Joint Tax Committee has actually confirmed, a significant portion of those tax increases are hitting squarely on the middle-income families the President solemnly pledged to protect. He said that people in America who make less than \$250,000 per couple or \$200,000 per individual would not see one dime of tax increases as a result of the act.

Yet now we are seeing that the burden of this huge tax increase is falling squarely on those in what the President has defined as the middle class. The American people are also now experiencing for themselves the reality we have long warned against—that the President has also broken his promise that his health care plan would lower premiums by \$2,500 on average for Americans.

In fact, the Washington Post fact checker gave that President's pledge a three Pinocchios score for not being true. Yet another promise proven to be false is the President's pledge to the American people that if you like your doctor and you like your current health care plan, you can keep it.

Again, the Washington Post reviewed this pledge. But this time it gave the President four Pinocchios saying, "The President's promise apparently came

with a very large caveat: If you like your health care plan, you'll be able to keep your health care plan—if we deem it to be adequate."

I recently received a letter from Nancy from Eagle, ID, about the loss of her husband's employer-provided coverage. The cancellation notification reads that "due to the Affordable Health Care Act and unprecedented increases in healthcare costs, effective January 1, 2014 traditional comprehensive medical insurance will no longer be available." Instead, his employer will offer two preventive health care plans and refer them to the exchange to purchase his insurance.

After browsing the exchange Web site, Nancy and her husband have realized they will either be forced to pay \$500 more a month on health insurance premiums or pay a lower premium rate which would result in limited access to providers and hospitals.

Simply put, this is wrong. But I fear that there will be many more like Nancy with similar experiences. This week I was contacted by Matt from Meridian, ID, about his wife who receives coverage through her employer. They will see their premiums rise and a considerably higher deductible due to the increased cost to her employer because of ObamaCare.

Just 1 month after the ObamaCare exchange rollout, at least 3.5 million Americans have received insurance cancellation notices. This number is expected to dramatically increase in coming months. Over 100,000 of those people live in Idaho, according to the Associated Press. According to media reports, the administration knew Americans would not be able to keep their current coverage, even though the President continued to push the message that people could.

After breaking this promise, the President is now telling millions of Americans who have had their insurance cancelled that they should shop around for policies that frankly could be more costly and require them to change their doctors.

Many of my colleagues in the Senate, as a response to this, are cosponsoring a measure known as the If You Like Your Health Plan, You Can Keep It Act. This act is one the Senate should immediately take up and pass.

Idahoans are now learning that the flawed health care law will force them to change their plans and in many cases pay higher premiums. While this law was sold on the promise of providing health care coverage for the uninsured, it is creating new uninsured Americans who will be forced to enter the troubled Federal health care exchanges.

At the same time, the administration refuses calls for transparency and hides information about enrollment numbers. It is hard for me to believe that in the year 2013, when we have iPhones, tablets, Twitter and Google, the administration has no idea or ability to release enrollment numbers.

According to documents released recently from the House oversight committee, six people signed up for ObamaCare on day one. We understand that more are signing up now, but it could be that the administration has such low numbers of enrollments for their signature achievement that they do not want to present the accurate facts.

Many of us in this body are concerned also about the security risks posed by ObamaCare. Several weeks ago, Republican members of the Senate Finance Committee wrote to Department of Health and Human Services Secretary Kathleen Sebelius, asking whether all Federal privacy and security standards were met prior to the launch of healthcare.gov, the Web site to sign up for ObamaCare.

We have asked Secretary Sebelius to provide answers and information to a series of questions detailing what levels of security and privacy measures were undertaken prior to the launch of the Web site to safeguard the privacy of those Americans signing up for coverage through healthcare.gov. This is a serious concern that must be addressed.

Additionally, because of the law, some businesses are cutting back on employees and on hours, making it harder for Americans to find full-time jobs. Those who do hold on to their full-time jobs could lose their employer-sponsored private insurance and are instead being dumped into the exchange or into the failing Medicaid system.

These are just some of the unfortunate realities we are facing with the implementation of ObamaCare. As these stories continue to pour in, I urge all of my colleagues on both sides of the aisle, along with the President, to carefully listen to the American people, to American businesses and this feedback and work together to defund and repeal every element that proves not to work.

We must replace those failed policies with true reforms that are in the best interests of the American people and in the best interests of the American economy. From day one, the administration has continued to make excuses for why healthcare.gov is not functioning properly, even though they have had years to prepare and perform testing.

The American people see now that this law is more than just a Web site problem; it is a train wreck. This system was not ready and the law looks impossible to fix. Simply put, the promises of this law are nothing like its realities.

I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

THE BUDGET

Mr. REED. Madam President, it is clear we have honest disagreements about how we should address our budget. I believe the path forward should be fair and balanced. That is not what we

have seen to date. We have enacted \$2.4 trillion in deficit reduction, with \$1.8 trillion coming from spending cuts. These cuts put tremendous pressure on important domestic investments in areas such as education, health care, and national security.

I do not believe cutting domestic programs that invest in our future and help low- and middle-income American families is the right thing to do, especially when we can close egregious tax loopholes that benefit multinational corporations and some of the wealthiest Americans.

Again, we have made significant progress in deficit reduction. The bulk of that has been cutting programs that invest in the country and help families. To go forward, we need a balanced approach, selective cuts, but we also need to close some of these egregious loopholes that are benefiting—not the small business man or woman living in Rhode Island—but multinational corporations—not working wage earners in Rhode Island—but some of the wealthiest Americans.

I know some of my colleagues disagree with me. But in order to address our long-term fiscal challenges, the brinkmanship has to stop. Drawing lines in the sand and daring people to cross them has to stop. What we need is not to surrender our principles but to reach principled compromise.

That is why we should provide immediate certainty that the shutdowns and the threats to wreck the economy are totally off the table. We can do this by agreeing to adequate top-line numbers for the appropriations process for fiscal years 2014 and 2015 and eliminating the job-killing sequester.

Then we can move forward to a long-term debate about our fiscal challenges. We can then build consensus and reach this principled compromise. In reaching that compromise, I would urge my colleagues to include policies that focus on jobs and economic growth, that restore fairness to our Tax Code and preserve hard-earned Social Security and Medicare benefits.

Looking over the last few years, the uncertainty and the brinkmanship according to most economists has robbed us of growth. That growth, in and of itself, not only would have put more Americans to work, but it would have contributed to deficit reduction, even more than we have already been able to do to date.

If we are serious about deficit reduction, if we are serious about narrowing the gap in terms of equality in our society, then we have to emphasize not only wise fiscal policies that reduce the deficit directly but wise fiscal policies that encourage growth and also reduce the deficit.

Let's agree to those top-line numbers. Let's also eliminate the sequester and let's move forward. That is why we were sent here. Americans want us to keep the economy moving forward and to get the economy working for them. They do not want to see us engage in

procedural maneuvers that simply leave us without adequate progress on these issues that are extraordinarily important to them.

We are recovering from the most recent self-inflicted wound—the government shutdown and near default. That manufactured crisis was absolutely unnecessary and it was particularly unnecessary to threaten the credit of the United States. A vast majority of Americans are clear that at a minimum we should keep the government open and we should pay our bills. We have always done that. Only in the last few years and harking back to when Mr. Gingrich was Speaker did the other side engage in this sort of brinkmanship.

This does not work for Americans. They do understand we have differences in policy. They do understand we have to debate these various differences. But at a threshold level, government has to be working for them, not sporadically but constantly. And we cannot threaten the credit of the United States.

Jumping from these manufactured crises to crises is no way to do the job. As I said before, there are immediate tasks before us. We have to have a reasonable expenditure level for our budgets for fiscal years 2014 and 2015. Sequester must stop. Then we have to start to look at longer term problems that are being driven by demographics.

We know the sequestration is harming our job growth. CBO has estimated that the 2013 and 2014 sequester will cost the economy 900,000 jobs. Simply suspending or limiting the sequester, if we can generate 900,000 jobs, most Americans would say that is the right policy. If you can just do that and create jobs, then do it.

It is obvious the sequester is not workable. The House of Representatives, our colleagues, have had very difficult times passing bills that adhere to sequestration, bills that traditionally passed overwhelmingly, like transportation and infrastructure bills. If we cannot even do that under the pressure of the sequester, then, again, we are back to a dysfunctional government. It might be formally open, but it is not helping people and it's not doing the things we have to do: getting economies to grow, letting States build bridges, sewers, and highways.

Senator MIKULSKI has done an extraordinary job as the chairwoman of the Appropriations Committee. She has been working hard to make sure we bring bills to this floor that not only have the support of our Members, our colleagues, but also meet the needs of the American people.

I have the privilege of chairing the interior subcommittee. We have been able, working with my colleague Senator MURKOWSKI from Alaska, to propose—we have not brought it to the subcommittee or full committee—but to propose a mark that would respond to the real needs of this country in terms of clean water and drinking

water infrastructure—which is vital to the economy of every American community.

On the other side, the House is proposing a cut of \$1.756 billion, more than 75 percent. That cut would devastate these programs and result in 97,000 fewer jobs. These are the good kinds of construction jobs, high-paying jobs, that allow families to stay above the water and allow communities to prosper. The workers who are putting in those infrastructure projects are also going to local supermarkets, local restaurants, paying the fees and dues to the Little League teams, and doing the things we expect every family should be able to do and we hope every family can do.

In the Transportation bill, for example, we were able to maintain our promise to fund transit, airport, and highway systems. We have been able to set aside more than \$1 billion for the popular TIGER grant program and a new initiative to replace bridges in critical transportation corridors. This is an effort that can benefit every State in this country in terms of infrastructure projects.

Looking across the Capitol at the House Republican Transportation bill, they are cutting by \$7.7 billion—even more than last year's sequestration level. It not only eliminates the TIGER grants for 2014, it reaches back to 2013 TIGER grants and cuts them by \$237 million. These kinds of cuts are untenable.

They also signal a very different attitude here. It was at one time clear that transportation was one of those issues that united us, Republicans and Democrats, the North, the South, the East, and the West, because it was something that every community needed and every community understood. Now we see this dichotomy, and that is unhealthy for our government and for our economy.

House Appropriations Chairman HAL ROGERS said last July when these draconian cuts forced House leaders to pull the bill from consideration:

With this action, the House has declined to proceed on the implementation of the very budget it adopted just three months ago. Thus, I believe that the House has made its choice: sequestration—and its unrealistic and ill-conceived discretionary cuts—must be brought to an end.

Even the chairperson of the House Appropriations Committee is signaling that sequestration is untenable and unworkable.

On this side of the Capitol, Chairman MIKULSKI has been a strong voice echoing—not only echoing, but asserting—that position constantly.

We can't get rid of sequestration with spending cuts alone. We can't cut our way to prosperity. Revenue has to be part of the solution.

In fact, as we have done over the last several years, we have cut discretionary spending dramatically. We are down to not fat but bone, and so we need additional revenues.

There is some good news. There are loopholes, egregious loopholes, that in and of themselves should be closed, regardless if we were dealing with the issues of deficit and sequestration. They are not appropriate, not efficient, and they do not add to the overall economic benefit of the country. They do benefit very narrow interests. It comes down to whether my colleagues on the other side of the aisle are willing to see these special preferences prevail or whether the national economy and the families across this country will benefit.

We have to move forward. We have to emphasize things that will help us, for example, create more manufacturing jobs in this time and for the future. I think at one point we thought manufacturing was passé. We discovered it is not only not passé but it is absolutely vital, because we can't take new innovation, new discoveries, at which we are so good, commercialize them, and then create new products in that commercialization process, unless we have manufacturing.

We learn a lot on the manufacturing floor. We have seen products we have developed intellectually become not only manufactured but improved by other countries who have the ability to manufacture, we have to get back to doing that.

We have to be able to align our workforce and our education system so that we have the skills for the next century. Job training has to be competent, efficient, and adequate. All of this requires investments in resources, not simply cutting away and cutting away.

Ultimately, as we understand, and as our predecessors, particularly my predecessor, Senator Claiborne Pell, understood, education is the engine that pulls this country forward. We used to assume we were the most educated. We were the country with the best record of college graduates. We were the country that advanced public education for everyone. We look around the world and we have slipped in terms of college graduates. We have slipped in terms of skills. Our public education system needs to be reinvigorated. Not only with suggestions from the sidelines, not only with new approaches, but also with real resources. These investments have to be made.

It is a multifaceted approach, but I think we have to begin with only the simple understanding, as we go forward, we need to provide the economy, our constituents, and ourselves the certainty of an adequate funding level for the government for the next 2 years. We need to suspend, dispense with, postpone—whatever the appropriate term—sequestration, because it is not going to help us grow the economy. In fact, it will take away about 900,000 jobs.

Then we have to certainly make it clear we will not threaten the creditworthiness of the United States by defaulting on our debt.

If we can do these things, and I believe we can, we can provide the cer-

tainty that our private entrepreneurs need to make real investments in the economy and to grow. In all of this, we have to bring a balanced approach. It is not only cutting, it is expenditure cuts wisely chosen, together with revenue wisely chosen, through closing loopholes that will give us a growing economy, hopefully increase opportunity, and put us back on the path to profound sustained economic recovery.

(The further remarks of Mr. REED are printed in today's RECORD under "Morning Business.")

Mr. REED. I yield the floor.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.

There upon, the Senate, at 12:36 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. HEINRICH).

DRUG QUALITY AND SECURITY ACT—MOTION TO PROCEED—Continued

Mr. MCCAIN. Mr. President, I ask unanimous consent that I be allowed to address the Senate as in morning business and that the Senator from South Carolina, Mr. GRAHAM, be allowed to join me in a colloquy.

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

The Senator from Arizona.

IRAN

Mr. MCCAIN. Mr. President, the administration's negotiations with Iran failed to achieve an interim agreement this past weekend, and if published reports are accurate, we owe our French allies a great deal of credit for preventing the major powers in the negotiations—the so-called P5-plus-1—from making a bad, bad, bad interim deal with Iran—a deal that could have allowed Iran to continue making progress on key aspects of its nuclear program and in return receiving an easing of billions of dollars in sanctions.

The Senator from South Carolina and I are not opposed to seeking an interim agreement with Iran as a way to create better conditions for negotiations on a final agreement. We joined with some of our colleagues in a letter to the President in support of such an approach before the Geneva agreement. But our support was conditioned on the need for any interim agreement to be based on the principle of suspension for suspension; that is to say, the Iranians would have to fully suspend their enrichment of uranium and the development of their nuclear weaponization programs and infrastructure, including construction of the heavy water reactor at Arak. The idea would be to freeze Iran's nuclear program in place so that negotiations could proceed on how to roll it back without the threat the Iranians could use negotiations as a delaying tactic.