

Mr. MERKLEY. I thank the Senator for expanding on that picture of the core elements necessary to exercise our constitutional responsibilities. I keep thinking about how polarization in our society has come to bear on this issue. I believe there are many colleagues across the aisle who believe very much in what they said in 2005, that there should be up-or-down votes; therefore, I have to conclude that they have decided their base demands a permanent campaign against the President and the maximum use of every tool available and that is trumping the appropriate exercise of advice and consent.

Perhaps that polarization explains why the promise made by the minority leader in January to return to the norms and traditions of the Senate fell apart within weeks, if not days. Perhaps it explains how the understanding that was reached in July to allow up-or-down votes on executive nominations fell apart a couple of weeks ago. In that situation we have a single path left to us to appropriately exercise advice and consent; that is, to change the rules so they cannot be abused. If the abuse cannot be cured through good-hearted dialog and understanding of our need to honor the constitutional vision, then we need to change the rules. That is why I wholeheartedly support moving toward a simple up-or-down vote.

In 2005 our Republican colleagues said: If the Democrats keep blocking up-or-down votes, we are going to change the rules and require a simple majority. The Gang of 14 came out with a compromise, and they said—the compromise was that Democrats would only filibuster under extraordinary circumstances and Republican colleagues would then not change the rules. But actually that worked fine in that the Democrats honored that until President Obama came into office. But that extraordinary circumstance has not continued to be honored after President Obama came into office. In that situation, it does seem as if the only way to make sure we honor the constitutional vision and the balance between the powers is to actually change the rules and say it is an up-or-down vote.

I would ask my colleague from New Mexico whether he shares that perspective or perhaps has a different take on it.

Mr. UDALL of New Mexico. I do not think there is any doubt in this country that on both sides—the Republican side and the Democratic side—the base pushes us hard. I think we have reached this stage of hyperpartisanship. I believe our job as leaders is to overcome that and to lead. Leading here means allowing the norms and traditions of the Senate to continue, and that would be an up-or-down vote on judicial nominees.

What I asked the Senator about what was particularly troublesome to me was when we look at the history, the last two women who were put onto the

Supreme Court—Sonia Sotomayor and Elena Kagan—75 percent of the Republicans in the Senate voted against both of them. So we have that history compared with the women who have been denied here. It is very troubling to me to see that.

I think we are supposed to wrap up. I do not know whether the Senator has any closing comments.

Mr. MERKLEY. I thank my colleague from New Mexico for his leadership in trying to restore the Senate so that it will work—work on legislation, work on executive nominations, work on judicial nominations. The country has a low opinion of the function of our Chamber. We certainly do not deserve a high opinion when we are captured by this level of partisan paralysis. I look forward to continuing to work together to help restore this body to a great deliberative body that fulfills its responsibilities under our Constitution.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Nebraska.

OBAMACARE

Mr. JOHANNS. I come to the floor to discuss reports I have heard from my fellow Nebraskans about the President's health care law.

Senators have been quoting facts, figures, and reports about the negative effects of this law, and that dates back to when the debate began in 2009. The reality is that no amount of facts or figures can illustrate the real-life stories from our hometowns and from the Main Streets of Nebraska. These personal stories are compelling and powerful examples of what the reports have been saying all along, why we must stand with the American people, and repeal ObamaCare.

A woman named Deb from Kearney, NE, reached out to me. As millions of other Americans, her family's insurance plan has been cancelled, notwithstanding the President's promise that if you like your plan, you can keep it, period.

Now she is facing new premiums for her family. They have increased an unbelievable 133 percent. Their plan pays for maternity coverage, even though they no longer need maternity coverage. Why? Because ObamaCare mandates this, they have no choice about it.

Deb said:

Obama needs to call it like it is. This is not the affordable health care act.

Jennifer, from Madison, NE, reached out to me with a very compelling story. Jennifer is a two-time cancer survivor. She shared that last year she spent a fair amount of time evaluating health care plans, doing her homework. She picked a plan that made a lot of sense for her family under her circumstances. Recently, Jennifer learned that her current plan would no longer be available because of the health care law's new requirements. She described her new plan and said:

My deductible is going up, my co-insurance is going up, and my premium is almost doubling. . . . I think it is an insult to hard working, responsible people like myself to require me to pay for coverage of all these additional services.

A woman named Hannah from Lincoln, NE, 25 years old, is seeing massive increases as well. Her monthly premium is increasing by about 160 percent, and her annual deductible is more than doubling to over \$6,000. She explains:

I'm healthy and active—I love long-distance running—and I rarely get sick. This is impossible for my budget. I feel like Obama is punishing those of us who have graduated college and are working hard trying to make a life for ourselves. We're starting our families, building businesses, launching our careers, and trying to give back to our communities however we can. Now ObamaCare is devastating the American dream of an entire generation.

These Nebraskans and people all over this great country are understandably frustrated. There has been a lot of talk recently about this law. There has been a lot of talk about the President's promises. Over the course of the last 4 years, none of his promises have centered on American families such as these who are losing the plans they like or who are paying more for their coverage. None of its promises indicated that young people's costs, such as Hannah's, would go through the roof.

One wonders if there had been honesty in this debate whether the bill would ever have passed. In fact, President Obama's promises signal just the opposite. He said over and over that people could keep their plans if they liked them. He even put a "period" there, and he said they would pay less.

These consequences are not happening by accident. They are the central pillars of the President's law, ObamaCare. The law mandated coverage standards for health insurance plans and forced people into policies that meet those mandates.

What is the result? The result is a law that drives up costs. It eliminates choices. It is motivated by a simple guiding principle; that is, that Nebraskans and Americans can't decide for themselves. It is motivated by a principle that government knows best. It is saying that the health insurance people freely chose is an inferior plan because the President and his people say so. It says that government must protect people from their own decision-making.

That is not what the American people want and is not the kind of country they want to live in. They have spoken loudly and clearly, especially when the truth came out as the realities of ObamaCare are settling into their daily lives.

The frustrating part is that the President's announcement last week that Americans can supposedly keep their plans was provoked not by devastating stories of millions of Americans or Nebraskans but by members of

his own party who are now in a panic about their reelection. To the American people, to the people I represent in Nebraska, this is far too little and far too late.

In 2010, the administration's own rule on this subject showed as many as 80 percent of small business plans and 69 percent of all business plans would lose their grandfathered status. I went to the Senate floor at the time to warn about it. Everyone on this side of the aisle voted to cancel this ill-advised ObamaCare regulation. Let me remind everyone that every single Senator on the other side of the aisle voted to let this destructive rule go forward. Now Americans and Nebraskans are paying the price for that vote.

Taking action 3 years ago would have been a very thoughtful step to avoiding disastrous consequences, but a surprise announcement caught everybody by surprise. Essentially 45 days to undo 3 years of ObamaCare damage, to protect people in their reelection, is not a serious policy effort. If a team is five touchdowns behind, they can't wait until there is 1 minute left to start playing. Let's face it. President Obama's announcement last week was not a policy decision. It was an attempt to arrive at a political fix to save reelection for members of his party. Once again he sidestepped Congress and the legislative process to unilaterally enact a temporary delay of one of his signature law's major provisions. Let me emphasize, it is temporary. It is only designed to get us past election day and to try to save some seats for his party.

Even if people believe that insurance companies and every insurance commissioner in 50 States can undo all of the planning they have done to comply with ObamaCare, to follow the rules—even if one assumes they can undo that in 45 days, our citizens will be back in the same boat next year after election day. The cancellation policies will again be printed. The replacement ObamaCare-approved policies will reveal skyrocketing prices, and our citizens will be back in the same lurch. The time for temporary fixes that shift the blame or delay the pain until the election is over needs to end.

While I will fight to eliminate this law's most burdensome provisions, the truth is that changes to this law create an avalanche of consequences. The provisions of this failed policy are so interconnected, so ill-fated, that no amount of amending and tweaking will solve the problems that American families and businesses are facing. We have only seen the tip of the iceberg. I believe full repeal is the only real answer for American families.

Congress can take a stand so millions of Americans can keep their doctors and keep the plans they like. We don't need a 2,700-page law and \$1 trillion in taxes to address the cost of health care or to help individuals with preexisting conditions.

Americans are demanding what they didn't get in 2010 and since this law

passed. They are demanding transparency. They are demanding thoughtful policy steps for a better, more efficient, and lower cost health care system. They want leaders who recognize we are not on the right track; we never have been with this law. It is time to head in a direction that puts Americans first, not political opportunity.

I believe this is a critical moment. I hope we seize upon this moment and do all we can to listen to the American people.

I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER (Ms. HEITKAMP). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

TRIBUTE TO STAFF

Mr. BLUNT. I rise to acknowledge Maj. Mark Shirley, serving as a Defense legislative fellow, and Robert Temple, an intern in my office. We have certainly benefited from both of them, particularly Major Shirley. He has been with our office for 1 year. This has been the first year I have been on both the Armed Services Committee and the Defense Appropriations Committee. Major Shirley's help in both of those cases has been exceptional. I am pleased we have had this benefit.

OBAMACARE

Mr. BLUNT. I want to talk a few minutes about what is happening with health care. I came to the floor last week to talk about individuals who were having problems. People are contacting our office. In fact, I suspect they are contacting 100 Senate offices every day expressing their concerns as they lose insurance.

At least 4.2 million Americans have now received cancellation notices on the insurance they had. I know last week the President made his proposal that apparently you could keep the insurance you like for 1 year if your insurance company will still offer it and if the State insurance commissioner will approve it. But those are two pretty big ifs and certainly nowhere close to "you can keep your insurance if you like it, period. If you like your doctor, you can keep your doctor, period." Neither of those is going to turn out to be the case. In fact, insurance commissioners immediately—their organization—said this is going to be practically very hard to comply with. So it is one of many problems.

I think the law that is most likely to apply with the Affordable Care Act will be the law of unintended consequences—consequences for individuals, consequences for people who had preexisting conditions and who in 35 States were being well served by some-

thing called the high-risk pool. Virtually all of those high-risk pools go out of existence on December 31. I know the Missouri high-risk pool goes out of existence on December 31, and the 4,300 people who depend on that for their insurance now have to find insurance on their own. They can get insurance through the exchange, but in all cases I have heard of so far, they will be paying more for their insurance on January 1 than they are paying for coverage today or will pay through the end of this year. So much for helping people with preexisting conditions. There was certainly a way to extend those high-risk pools, but we didn't do that.

This week I had a number of businesses talking about the problems they are having. I would like to briefly talk about two of them this morning. One of them is the Older Adults Transportation System in our State. It is headquartered near the middle of the State in Columbia, MO. It provides transportation for seniors, for people who are disabled, for low-income Missourians. Like many, the Older Adults Transportation System—called OATS—was notified that their current plan would be canceled on January 1. The rate for their new policy for their 50 full-time employees is going to be 40 percent higher on January 1 than the policy they have until December 31, and the only way they can do anything about that is to provide fewer services. So because of that 40-percent increase, fewer trips will be available to take the people they serve. Surely that wasn't the goal of the health care plan. They wanted to insure their driving staff. There are 600 drivers in that system; they wanted to insure them. They were actually hopeful, with all the promises about the Affordable Care Act, that they would be able to add their driving staff. Instead of adding their driving staff, they have to figure out what they are going to do with the 50 employees they have been insuring at rates that are now 40 percent higher than they were before.

Businesses around the State are calling. I recently heard from McArthur's Bakery in St. Louis. They currently have a 9-percent cap on a 2-year health policy. It is a qualified plan. Randy, the president of McArthur's Bakery, believes they have a pretty good plan. He thought their plan was a plan that should meet any standard they would hope to meet. It wasn't a rich plan. He described it to me as not a Cadillac plan but at least an Impala plan, and they thought the Impala was what they could do. Suddenly they have learned there is going to be a 4.4-percent increase in fees and taxes and a huge increase in the deductible. Their current plan has a deductible of about \$500 for an individual and \$1,250 for a family. The deductible on the new plan is going to be about \$3,500 for an individual and \$10,000 to \$12,000 for a family.

That is what I am hearing all the time, that the coverage may be broader, there may be things covered that