

Freddie as the STACR deal, and within Fannie as the NMI and C-Deals—are important examples of how private capital can partake in this market at a higher level. They are also critical examples of why the FHFA Director must have a deep and sound understanding of the demands of capital market investors.

In constructing and monitoring these deals, we need to know that decisions in how to balance the necessity of encouraging private markets with the protection of the taxpayers are being made based upon effective market analysis, absent the political preferences of one individual.

Another important aspect of the transition will be development of the common securitization platform. FHFA has noted that the GSEs' infrastructures are ineffective when it comes to adapting to market changes, issuing securities that attract private capital, aggregating data or lowering barriers to market entry. As such, there must be an updating and continued maintenance of the enterprises' securitization infrastructure.

This is an incredibly complex undertaking that will take years to develop, but it is an essential component of most reform proposals. Because of this, it is incredibly important the Director, on day one, has the technical expertise and the commitment to establish this potential utility similar to ones used in securities markets.

All of us are currently witnessing the consequences of political people leading technical platform development as we watch the continued failures of the rollout for ObamaCare. We cannot afford the same mistakes in the context of our \$5 trillion mortgage market.

The management of the current assets of Fannie and Freddie is another essential component of the Director's task, for many reasons, both currently and in the future. When Congress passed HERA authorizing the FHFA Director to appoint the agency conservator of the GSEs, it authorized FHFA to put the GSEs in a "sound and solvent condition," and to "preserve and conserve the assets of the properties" of the GSEs.

Congress very specifically intended that the assets of Fannie and Freddie be managed in such a way to maximize payments to the Treasury in exchange for bailing out the GSEs in 2008 and to maximize their value in whatever system is designed for the future. Acting Director DeMarco has done a commendable job fulfilling this task.

However, some believe that other statutory provisions trump this mandate and advocate using the GSEs in manners they believe would achieve other policy goals. Representative WATT noted at his confirmation that, if confirmed, he would decide whether there is sufficient capital to fund various social programs.

In order to ensure the taxpayers are made whole and to best position the secondary market for reform, we can-

not afford the FHFA Director to make any decisions that do not first prioritize the preservation and conservation of taxpayer assets. So long as Fannie Mae and Freddie Mac are in conservatorship, profits accumulated by the GSEs should not be used to fund social programs.

Additionally, we cannot return to any of the policies that contributed to the housing crisis, such as further pressing the GSEs' affordable housing goals. Decisions affecting social housing policy should be made through congressional action on housing financing reform.

One final yet incredibly important element of the unique qualifications is regulatory interaction. In a new housing finance system, the already complex web of regulatory interaction between various Federal banking regulators and Federal and State regulators becomes further muddled. State insurance regulators and State banking supervisors must communicate effectively with Federal counterparts.

As this system is being built, the FHFA must coordinate effectively with prudential banking regulators and the CFPB to make sure we are not bogging down our economy with duplicative regulation. To accomplish this the Director needs not only to have an understanding that is built of highly technical expertise, but this person must be seen by other regulators as acting without political intent.

For all of these reasons, and many more, the conservator must be an apolitical financial regulator with the technical expertise who will resist political pressure from all sides of the political spectrum.

Joseph Smith, the last nominee for this position, failed to win confirmation by the Senate because of concerns over whether he was independent enough. At the time of Representative WATT's nomination, the White House was fully aware that these concerns have only been heightened since then.

In the wake of repeated attempts by outside political groups and individuals to influence the decisions of the conservator and in view of the countless complex decisions—of which I have only mentioned a few—numerous Senators repeatedly called for a technocrat rather than a political figure. However, rather than acknowledging the unique aspects of this job, the White House chose to ignore calls to emphasize technical expertise and political independence in their search. As a result, their nominee failed to be confirmed by this body just a few weeks ago. Yet again the White House failed to accept the advice of the Senate.

Today, because of a historical rewrite of Senate rules, we are now facing another vote. Instead, this time the White House and the Democrats in the Senate chose to break the rules of this body so that they could push through Representative WATT and other nominees in partisan votes. I am disappointed with the White House and

those in the Senate who supported this rewrite of our rules, and at some time we will all likely be disappointed that these are the rules of this body moving forward. However, I continue to be opposed to this nomination and urge my colleagues to vote no today when the vote comes before us.

I yield the floor.

RECESS

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

Thereupon, the Senate, at 12:31 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Ms. BALDWIN).

The PRESIDING OFFICER. The majority leader is recognized.

NOMINATION OF MELVIN L. WATT TO BE DIRECTOR OF THE FEDERAL HOUSING FINANCE AGENCY—Continued

Mr. REID. On the matter now before the Senate, how much of the time that remains is controlled by the Democrats?

The PRESIDING OFFICER. There is 147 minutes.

Mr. REID. That is a little over 2 hours. How much time for the Republicans? The same?

The PRESIDING OFFICER. There is 130 minutes for the Republicans.

Mr. REID. Oh, I see. Why don't we yield back 130 minutes of our time. That would leave us 14 minutes or something like that?

The PRESIDING OFFICER. Seventeen minutes.

Mr. REID. That is far too much time. I yield back another 10 minutes.

The PRESIDING OFFICER. The majority leader's time is now set to 7 minutes.

The PRESIDING OFFICER. The Republican whip.

HEALTH CARE

Mr. CORNYN. Madam President, 4 years ago Members of both parties came to this Senate floor virtually every day to discuss the problems with America's health care system and offered suggestions for how we could remedy that.

I distinctly remember being here on Christmas Eve, 2009, at 7 in the morning and witnessing a party-line vote on ObamaCare. All of our Democratic friends voted for it, and all Republicans voted against it. I guess the most charitable thing I can say is that our Democratic friends actually thought it would work while Republicans were skeptics about this big government takeover of one-sixth of our national economy.

Well, 4 years later the cost of ObamaCare has become abundantly clear. I don't think it is an exaggeration to say that ObamaCare is the biggest case of consumer fraud ever perpetrated in this country. A law that

was supposed to expand coverage to those without it has instead caused millions of people with coverage to lose their coverage. A law that was supposed to improve patient access has instead resulted in smaller provider networks where people are restricted in terms of the doctors and hospitals they can see, making it much more likely that people will not be able to keep their doctors, should they want them. A law that was supposed to bend the cost curve down has instead caused individual and family premiums to skyrocket.

We have heard story after story that even if the premiums are lower, people, due to copays and deductibles, are finding themselves with thousands and thousands of dollars of deductibles they didn't previously have, meaning it is more money out of their pocket before the insurance actually kicks in.

We were told this was supposed to make Medicaid the safety net program for the most economically disadvantaged among us.

We were told that Medicare for seniors was supposed to make them stronger. Instead it has made them weaker.

A law that was supposed to help our economy has instead hurt our economy by discouraging full-time job creation, because if you have a full-time job your employer has to pay for the full ObamaCare pricetag. Due to ObamaCare businesses have been moving people from full-time work to part-time work.

A number of labor organization leaders went to the White House a few months ago and called the implementation of ObamaCare a nightmare. They said it made full-time work part-time work. It is worse than that.

ObamaCare has hampered medical innovation by taxing the very people who build medical devices here in America and is causing them to move those businesses offshore or simply cut down their hiring. It has placed costly new burdens on small businesses, the entities which produce as much as 70 percent of the new jobs in America. It is not the Fortune 500 companies that create the vast majority of jobs in America, it is the small mom-and-pop operations, the entrepreneurs who create those jobs, and that is who ObamaCare hits the hardest.

It is no wonder our economy continues to struggle. It is no wonder the labor participation rate—the number of people who are actually in the workforce—is at a 35-year low. People have given up looking for work, and that is an American tragedy.

As I stand here today, the broken promises of ObamaCare are causing enormous distress and financial hardship for people all across my State of Texas and all across America. It is undeniable that millions of Americans have lost their insurance because of ObamaCare despite President Obama's almost daily recitation that if you like what you have, you can keep it. He was

making that promise as late as 2012, and we knew it wasn't true. We knew it was not true—and he knew it wasn't true—as early as 2010 when we debated some restrictive grandfather regulations from the Department of Health and Human Services.

Senator ENZI, who was the ranking member of the Health, Education, Labor and Pensions Committee, tried to get it fixed, and again we saw a party-line vote. All of our Democratic friends said, no, let's not provide flexibility for the grandfather provisions. Let's maintain the rigid grandfather provisions which have now resulted in more than 5 million people getting notices telling them that even though they like the policies they have, they can no longer keep them. That is why I have said this is one of the biggest cases of consumer fraud ever perpetrated in the United States by virtue of its scope and the audacity with which these promises were made time and time again, which are demonstrably not true. They are false.

We know ObamaCare is leading to a dramatic spike in insurance premiums for many people who buy their insurance in the individual market. My colleagues will recall that during and after the 2008 Presidential election, President Obama repeatedly told Americans his health care plan would reduce their health care premiums for a family of four by about \$2,500. I don't know where he came up with that number, but it turned out to be just another broken promise.

According to the Kaiser Family Foundation, annual premiums for employer-based family health insurance increased by nearly \$3,000 between 2009 and 2013. In other words, the President was \$5,500 wrong. Rather than going down \$2,500, they went up \$3,000. For that matter, a recent study by the Manhattan Institute estimated that ObamaCare will drive up individual premiums by an average of 41 percent.

I don't know many hardworking American families who can afford a 41-percent increase in their health care costs as a result of a law promising that health care would be more affordable. The single biggest increase, according to this study, will be in the majority leader's home State of Nevada where individual premiums are projected to rise by an astounding 179 percent. The increases in New Mexico, Arkansas, and North Carolina are 142 percent—that would be New Mexico; 138 percent, that would be Arkansas; and 136 percent in North Carolina. What do each of these States have in common? They are represented by Senators who voted for this bill, perhaps believing what the President said would be true, but their constituents are having to pay the price.

Such premium increases are particularly burdensome for senior citizens and other folks on a fixed income. For example, recently in Copper Canyon, TX, one of my constituents wrote to me and said that because of

ObamaCare, her monthly premiums were increasing by \$200, which is only \$27 less than her monthly Social Security income. In other words, it takes up almost the entire amount of her Social Security check for her to purchase this insurance. That is wrong.

In addition to premium hikes, many Americans entering the ObamaCare exchanges are facing higher deductibles. I mentioned that a moment ago. In a front-page story just yesterday in the Wall Street Journal, it was reported that many ObamaCare deductibles are so high that people with modest incomes may not be able to afford the portion of medical expenses that insurance doesn't cover. What is that all about? In fact, according to one study, the average deductible for the cheapest individual coverage on the Federal ObamaCare exchange is 42 percent higher than the average deductible for individual health insurance earlier this year, before most of ObamaCare kicked in—a 42-percent higher deductible. As we know, many of these deductibles we are hearing are in the \$4,000 and \$5,000 range for individuals and they are up to \$10,000 or more for married couples. I don't know many households in Texas or across America that can absorb \$10,000 in a deductible for their health insurance policy. Certainly that doesn't strike me as a success if the purpose is to cover health care costs and to prevent people from suffering economic hardship as a result. That strikes me as an epic failure. In other words, ObamaCare is making it significantly harder for many Americans to pay their bills, to buy groceries, and take care of their families.

Again, as I have said many times before, it didn't have to be this way. It didn't have to be this way. In 2009, polls demonstrated that the overwhelming majority of Americans who had health insurance liked what they had, and they were broadly satisfied with it. I assume that is why the President said: If you like what you have, you can keep it, because about 90 percent of the respondents said: We like what we have. So if you are the President trying to sell this so-called Affordable Care Act, you wouldn't want to scare that 90 percent of people into thinking they can't keep what they have even though they like it. So you misrepresent what you are selling. You tell people you can keep what you have and your premiums are going to go down and it is all going to be all right.

If we had focused on those people who either did not have coverage or who had inadequate coverage—obviously a smaller subset of Americans than the whole country—if we focused on them and dealt with their challenges in purchasing health insurance, we could have done much better. There were millions more who had low-quality Medicaid coverage that many doctors refused to accept because, in my State, Medicaid pays a doctor about 50 cents on the dollar compared to private insurance. Many doctors said: Look. I

want to see more Medicaid patients, but I simply can't afford to do it. I have to opt for higher paying private insurance patients. We know Medicare was facing a fast approaching bankruptcy date. What Congress could have done—what we should have done—is to enact sensible, narrowly drawn, targeted reforms, No. 1, aimed at improving the coverage options for each of these groups and strengthening and preserving Medicare and Medicaid. We needed to bring down the costs, not jack up the costs.

If we ask most people the biggest problem they have with their health insurance, they say it costs too much, and we have made it worse. It is worse, not better. To bring down the costs, we could have allowed people to buy health insurance across State lines. I know that doesn't sound like a panacea, but most States have captive insurance markets and many State legislatures, including the Texas legislature, have mandated coverage that many people simply don't want, but it adds to the cost of their health insurance. So I could have the choice to buy insurance across State lines if we enacted this reform. If I liked the insurance coverage of Wisconsin or Louisiana or somewhere else, and if that suited my needs, I could buy it there and we would have a true competitive market and people would compete based on quality and price, but we don't have that now.

What else could we have done? We could have expanded the use of tax-free health savings accounts paired with high deductible plans, such as the kind I talked to a number of my constituents in Austin, TX, about who are employed at Whole Foods. They cover roughly 80 percent of the out-of-pocket costs for health insurance through health savings accounts and high deductible insurance, and the employees—I think it is still the case; it was then—still vote on an annual basis for what kind of coverage they want. They vote for this type of coverage because they are satisfied with it and it gives them a sense of ownership, which is actually true, because the money put in a health savings account they get to keep and if they don't use it on their health care, then they get to save it, the same as with an IRA or something such as that. But it also changes the calculation. It makes people much smarter shoppers and it moves us further along to a system where people can shop for their health insurance and their health services as they do with everything else and it will bring down costs and it will improve quality of service as a result of competition for that business.

We could have cracked down on frivolous medical malpractice lawsuits which cause defensive medicine. Just think about it. If a doctor is worried about losing everything they have worked a lifetime to achieve in terms of assets and their medical practice, the last thing they want to do is be

subjected to a lottery-type lawsuit. So the easiest thing for those doctors to do—I know they don't do it on purpose—is make the decision to provide a test or a treatment based not so much on a patient's clinical situation but based on their desire to not be sued and to not be second-guessed 2 years later when somebody comes in and says you should have done this or that. So the temptation is to do everything and to run up the cost of health care coverage.

These are just a few examples. But by lowering costs across the board, these reforms—which I talked about and which the President and his political party rejected—could have helped people who already had coverage and we could have helped those who previously could not have afforded coverage. Some people—if I have heard it one time, I have heard it a thousand times—said we need ObamaCare because people with preexisting conditions couldn't get coverage. That is a serious concern. But we already have in place high-risk pools in the States, and if we needed to help those States provide coverage to people with those high-risk health conditions, we could have done it a whole lot cheaper and a whole lot more efficiently than creating this huge monstrosity, this huge bureaucracy, this huge expense known as ObamaCare.

We could have increased funding to the high-risk pools that were already operating in about three dozen States. The irony is that the people in the high-risk pool in Texas got a letter that said their coverage has been canceled effective December 31—the very people ObamaCare was supposed to help—your coverage is canceled because ObamaCare kicks in January 1. But because people were worried about their ability to get on the exchanges due to the Web site problems, the Texas legislature and the Texas Department of Insurance decided to extend the coverage of the high-risk health insurance pools in Texas so people wouldn't fall through the cracks because of this train wreck of a rollout of ObamaCare.

How about Medicaid. We hear a lot of discussion about Medicaid. I have already mentioned that Medicaid only reimburses doctors about half what a private insurance policy would, so a lot of doctors simply can't afford to see a new Medicaid patient. In Texas, only one doctor out of three will see a new Medicaid patient for that reason. It is not because they don't want to; it is simply because they can't afford to do so. We could have made it a lot easier for States to bolster their Medicaid Program and deliver targeted policies that would allow them to manage Medicaid populations, for example; create a medical home, for example. But because of the redtape Washington refused to cut, Medicaid ends up in many instances being an appearance of coverage, but people can't find a doctor who will see them. What good is that? That is, to me, a sleight of hand and part of the reason I call this one of the

biggest cases of consumer fraud in American history.

To help Medicare patients—who are, of course, our seniors—we could have increased private competition and patient choice by embracing the premium support model that was endorsed by 10 members of President Clinton's Medicare Commission back in 1999. That is not a partisan solution; it is one President Clinton's Medicare Commission embraced back in 1999.

The reforms I have just outlined would have given us a genuine national marketplace for individual health insurance. Unfortunately, our friends across the aisle and our President decided to take a different path with the Affordable Care Act or ObamaCare. Unfortunately, the folks who designed ObamaCare consciously chose to destroy the individual market and force millions of people to pay for Washington-mandated coverage they didn't need and they didn't want and at a price they can't afford. Rather than adopt measures to bring down the costs and coverage issues for a subset of the population, the roughly 10 percent who weren't among those 90 percent who said they like what they had, the President and his allies chose to wreck the existing health care system—to wreck it, to make it worse, not better.

As a result, they have made the cost problem worse. They have jeopardized physician access for millions of Americans who like their current health plans and wish to keep them. And, of course, now the administration is boasting that the Web site is mostly fixed. Indeed, by most objective reports, people are not experiencing the same sort of epic failure they did when they first tried to get into the Obama exchanges. But at this point the President and his allies have lost all credibility with regard to other aspects of ObamaCare, which I have mentioned. Fixing the Web site will not fix the underlying deficiencies of ObamaCare. These are not glitches. These were baked in the cake. These were designed. This is the way ObamaCare was created and was supposed to work, notwithstanding the fact that the American people had been sold a bill of goods to the contrary.

Indeed, the only way to solve America's biggest health care challenges is a do-over, to replace ObamaCare with the sort of patient-centered reforms I mentioned a few moments ago. ObamaCare may be a complete disaster, but it is not too late for us to work together to fix what is broken and to start over.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. BARRASSO. Madam President, I ask unanimous consent to speak as in morning business.

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

Mr. BARRASSO. Madam President, with less than 2 weeks remaining before the deadline for people who need to sign up for health insurance that

starts for them to be insured on January 1, there is a significant amount of anger as well as anxiety across the country. The Web site where people are supposed to go to buy that insurance has been plagued with problems that everyone in the country seems to know about, and that has caused huge amounts of anxiety. I heard about it last week in Wyoming, I hear about it on Capitol Hill with staff members, and I hear it pretty much anywhere I go.

What people have been learning is that the problems with the Web site are actually just the tip of the iceberg. The Obama administration has been saying that it has been fixed, that the problems with this health care law are fine, that everything is good, that a majority of people are having good experiences. I remember listening to the President not long ago, sitting with Bill Clinton, saying: Easier to use than Amazon.

Well, that is not what the American people found. He also said: Cheaper than your cell phone bill. He said: You will be able to keep your doctor if you like them.

But the law continues to leave so many Americans struggling—struggling with higher costs, with greater confusion—and really with a lot less confidence in the administration. People all around the country are worrying about whether the administration even knows what it is doing.

So when I talk about the Web site being just the tip of the iceberg, people around the country are running into higher premiums, canceled coverage, finding out they cannot keep their doctor. They are running into fraud and identity theft issues and issues in terms of higher copays and out-of-pocket costs and deductibles.

People at home in Wyoming—and I went not just around communities in the State, traveling to a number of different communities, but I also went to my own medical office where I practiced as an orthopedic surgeon at Casper Orthopedics for 24 years—were telling me how worried they were about the higher costs they are seeing regarding paying for insurance for next year.

I got a letter from one man in Cody, WY. He talked about how the rates he has been quoted are going to go up from about \$860 a month that he pays now for a family of four to \$2,400 a month—\$860 to \$2,400 a month. He said: “I’m not sure what planet they think I live on, but there is no way I can spend more than half of my monthly income on insurance.” Well, I hear the same thing from people all around Wyoming. People are having this same sticker shock all over the country.

We know that more than 4.7 million Americans in 32 States are being told they cannot keep the insurance they had. When we take a look at the map, we know we do not have the numbers yet on certain States, including the State of Wisconsin. We do not have Illinois. We do not have Ohio. We do not have Texas. We do not have Virginia.

So we really do not know how many people have lost their coverage. But we know that at least 4.7 million Americans were told they cannot keep the insurance they had in spite of what the President may have promised them. Now what they have to do is buy new Washington-approved health coverage that really may not be the right coverage for them and may likely cost more than they were paying before. Millions of Americans are going to be forced to use money that in the past was used to pay rent or put their children through school or to invest in their communities or in a business or to help make repairs to their homes—now that money is going to go to pay for higher premiums as well as the incredibly high deductibles people are seeing related to the health care law.

It is interesting, looking through the papers—this was yesterday’s Wall Street Journal, Monday, December 9. Above the fold on the front page: “Deductibles Fuel New Worries of Health-Law Sticker Shock.” The article says:

The average individual deductible for what is called a bronze plan on the exchange—the lowest-priced coverage—is \$5,081 a year, according to a new report on insurance offerings in 34 of the 36 states that rely on the federally run online marketplace.

The Wall Street Journal reports:

That is 42% higher than the average deductible of \$3,589 for an individually purchased plan in 2013 before much of the federal law took effect.

So what people are seeing—and the Wall Street Journal reports above-the-fold on the first page—are higher deductibles by a lot.

It is not just the Wall Street Journal. In the New York Times yesterday, Robert Pear had an article: “On Health Exchanges, Premiums May Be Low, But Other Costs Can Be High.” It says:

... as consumers dig into the details—

Dig into the details—something this body never did. Members of that part of the body who voted for this health care law never did dig into the details.

It says:

... as consumers dig into the details, they are finding that the deductibles and other out-of-pocket costs are often much higher than what is typical in employer-sponsored health plans—the plans many of these people have had in the past.

So what we are seeing are not just the higher costs, not just the higher deductibles, the higher copays; there is also a lot of confusion about the health care Web site itself, and I think that is only going to get worse. Ten weeks after the Web site launched, there is still an awful lot that is broken, including the parts that actually get people the insurance they think they signed up for.

A number of my staff have applied, and they believe they have signed up for health insurance. They are not sure. They have not yet gotten confirmation. And I know Members on Capitol Hill who have staff signing up are experiencing the same thing.

Last month one of the officials from the Department of Health and Human Services testified in the House of Representatives that as much as 40 percent of this Web site’s system still has not even been built yet. The Web site still has trouble transmitting information to the insurance companies once someone has chosen a plan.

The Web site was down again earlier today. It still has not figured out how to automatically pay the portion of premiums covered by any government subsidy.

There are still many, many security holes that can be exploited by con artists, by hackers. Certain branches of the government have been warning citizens to be cautious when going on the Web site because of the concerns about exploitation, people who are trying to use this in a fraudulent way.

And then you hear that the administration is bragging. It is really sad that almost 9 weeks after the Web site opened the administration is now bragging that it only has an error rate of 10 percent on one important step of the Web site. Madam President, 1 in 10 is their error rate. This is a President who said the Web site was going to be running like amazon.com. He said that 3 or 4 days before the Web site opened. Now, 9 weeks later, he is delighted that the error rate is still 1 out of 10. Does the President actually believe Amazon would accept a 10-percent error rate in their customers not being able to finish their purchases?

I believe all of these flaws and failures have led to a dramatic loss of confidence by the American people in their government. According to a new Gallup poll, 52 percent of Americans are in favor of scaling back the health care law or repealing it entirely. People continue to turn against the law for a number of reasons, and it is not just the Web site, it is the higher premiums, it is the canceled coverage, it is that they cannot keep their doctor, and it is fraud and identity theft, higher copays, higher deductibles, and confusion about what is going to go wrong next because so many things the President and his administration have said—have looked into the camera and told the American people would be one way—turned out to be something very different. There have been so many changing stories coming out of the White House.

The President said: If you like your health insurance, you can keep your health insurance, and then he actually said “period,” with a punctuation mark, that that was it; no ifs, ands, or buts—just the period. People now know all across the country—those who voted for him, those who did not—what they all know is that what the President said was not true.

The President said: If you like your doctor, you can keep your doctor. Well, on Sunday one of the architects of ObamaCare went on FOX News and admitted also that was not true. This is Dr. Ezekiel Emanuel—the brother of

Rahm Emanuel, the former Chief of Staff of the White House—who is a medicine professor. What he said was, if you like your doctor and you want to keep your doctor, you can pay more for insurance that includes your doctor. There are a lot of places where you cannot even buy insurance that will cover that doctor. This is not at all what the President promised.

It is interesting, even in the *Financial Times* yesterday, “Healthcare insurers cut costs by excluding top hospitals.” So you cannot even go to the hospitals. There is a picture here of the University of Texas MD Anderson Cancer Center. “Plan will not cover treatment at Houston cancer center.” So we have somebody who has lost their insurance who has been going to that cancer center where their doctors are—they are losing their insurance on January 1, knowing they cannot keep their doctor, they cannot keep their hospital. We see children’s hospitals around the country, people who are not going to be included in these exchanges. So children with leukemia, come January 1, are going to lose their doctor, lose their hospital. But that is what the President and that is what the Democrats in this body who voted for this health care law have given to the American people.

Just before Thanksgiving, the Obama administration announced it would have to delay a health insurance exchange that was supposed to let small businesses shop for insurance. I remember hearing speeches on this floor about small businesses being able to find affordable insurance. Well, it turns out, once again, the administration knew at least 6 weeks before that they were going to have to delay the program. Did they admit it to the American people? Did they tell the truth? No. They waited.

One broken promise after another, one statement after another that the administration knows is not true. So is it a surprise, then, that the President of the United States is viewed as untruthful by a majority of the people of this country? It is a terrible situation for anyone to put their country in.

Back when we first started talking about the health care law, Republicans offered ideas on how to give people what they really wanted, which was reform that lowered costs and improved access to care. That is what people were concerned about. So many of the complaints we have heard around the country have had to do with the cost of care.

So President Obama and Democrats in Congress refused to listen, ignored all of the warning signs, and used raw majority power to force this bad law on all of the American people. I remember the vote in this body, Christmas Eve morning, voting on a health care law. We watched it crammed through on party-line votes.

Now Democrats in the Senate have decided to make another power play and have broken the rules of the Sen-

ate just a couple of weeks ago to change the rules of the Senate. They took a drastic and unwarranted step so that they could have the power once again to force more bad ideas like the Obama health care law onto the American people.

They say we do not need the 60 votes now; all we need is a simple majority. Let’s change the way the Senate has run for well over 100 years, because, once again, the Democrats say: We know better than the American people. We know better than you.

That is what the President said with his health care law. Now the American people are realizing what they knew all along. This is not what they wanted with health care reform. Regrettably it is what they are living with now, and they are seeing the higher premiums, the canceled coverage, losing their doctor, the fraud and identity theft, higher copays, and higher deductibles.

It is interesting; even today in the *Washington Post*, the front page above the fold said: “Under health law, insurers limiting drug coverage.” Costs may soar. It talks about many different ailments, including for those with HIV. That is a result of the health care law. If this health care law would not have passed, forced down the throats of the American people with the President telling one falsehood after another, deliberately designed to mislead the American people, you would never have seen a headline like this today.

If President Obama really wants to help the American people, he is going to sit down with the Republicans and talk about the real issues to reduce costs, to get rid of all of this confusion that he and the Democrats have caused and to restore people’s confidence in America, as well as in him.

There is a better way. Republicans agree we need to reform America’s health care system. We think that those reforms could have been done without the kind of harm caused by the President’s health care law.

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

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

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. THUNE. Mr. President, once again I come to the floor to discuss the negative impacts ObamaCare is having on my constituents in South Dakota and to countless Americans across the Nation. Since this health care law was enacted in 2010, I have come to the floor on numerous occasions to discuss the number of promises the President made to the American people, promises that have been broken. My colleagues and I have highlighted the fact that the President’s promise, “if you like your health care plan, you can keep your health care plan—period,” simply isn’t true.

Reports indicate that more than 5 million Americans already have received cancellation notices from their insurance companies and much of the ObamaCare policy has not even been implemented yet. What is worse, the administration knew they would never live up to this promise. Instead of finding a permanent solution to the problem, they proposed a political solution.

Today I would like to highlight yet another broken promise made by the President that is resulting in sticker shock as many Americans purchase health insurance.

While campaigning for the Presidency, and in speeches leading up to the passage of ObamaCare, President Obama promised the American people that their premiums would decrease by up to \$2,500 per family. Instead, many families are facing sticker shock. Since enactment of ObamaCare, health care premiums have actually increased by more than \$2,500 per family—that according to the Kaiser Family Foundation annual survey. As a result, many American families are sitting around their kitchen table trying to figure out how they are going to shift their finances around to afford health care when they were promised their premiums were going to go down by \$2,500 per family.

As the President has said, this law is more than just a Web site. We agree with that; this law is more than just a Web site. This law is a series of broken promises that are resulting in higher premiums, higher deductibles, and higher out-of-pocket costs for middle-class families, money the families could be using to help pay off student loans, save for a house, or start a business. Those are now going to be used to pay for government-approved health care.

Recent reports out this week by the *New York Times* and *Wall Street Journal* highlight the fact that deductibles and other costs under ObamaCare have surged. The *Wall Street Journal* reports that the average individual deductible for a bronze level plan on the exchanges is over \$5,000 a year. This means a policyholder would need to pay over \$5,000 in order for their insurer to start making payments.

One of my constituents recently informed me that her family’s health insurance plan was cancelled and the new policy she was offered would double their deductible to \$5,000 per individual. She and her husband have three children. In addition to a higher deductible, this family faces higher premiums, higher copayments, and a higher out-of-pocket maximum. She goes on to say, “Please explain how this new coverage is considered ‘affordable’ under the Affordable Care Act?”

Another couple in my State of South Dakota informed me, in the form of an email, that their premiums were going up by \$400 a month and the deductibles were going up by \$1,400 on their policy.

Their question was, What is the Federal Government doing? The gentleman says I feel like the Federal Government just stole \$5000 from me.

That is the frustration people across the country are feeling as a result of ObamaCare. The middle class is faced with higher costs, while their take-home pay and hours are being reduced.

As more and more Americans begin to formulate their family budget for 2014, they are going to learn that yet another promise by the President has been broken. Not only are they losing the plan they were promised they could keep, they are facing sticker shock over the increased cost of health care coverage. This flawed law will continue hitting middle-class Americans in their pocketbooks as the Nation's economy continues to struggle to regain its footing.

The flawed rollout of ObamaCare is no secret. We have all seen what were described as the countless glitches associated with the rollout. But to make matters worse, recent reports indicate that in October, one in four ObamaCare enrollees faced a glitch not many were aware of. This glitch, called an 834 error, has prevented insurers from receiving the proper information regarding people who believed they had successfully enrolled in a health care plan. In essence, 25 percent of the initial enrollees in ObamaCare, after persevering through the errors on a Web site that was not ready for prime time, may not have proper coverage come January 1 of 2014.

What is even more troubling is that the administration estimates that 10 percent of new enrollees will continue to face this problem. Here we are, 23 days before January 1, and those who worked through the headaches of healthcare.gov may or may not have coverage. Unfortunately, this administration continues to refuse to seriously address these problems.

Even though they have unilaterally delayed several portions of this law from taking effect and have previously failed to meet half of the requirements mandated by the law, the administration will not provide the same relief for the individual Americans as it has for big businesses.

This law is fundamentally broken and we need to start over. Rather than expand the government's role in providing health care, we need to enact policies that make the private insurance market more competitive to ensure that individuals and families have choices when it comes to their health care. Yet the unfortunate reality for middle-class families is that their premiums, their deductibles, their out-of-pocket costs under ObamaCare are not glitches, they are a harmful reality that is resulting in sticker shock for literally millions of Americans.

We can do better; we should do better. This is more than just a Web site. It is the substance of this law that was built upon a faulty foundation that is leading to canceled policies, higher

premiums, higher deductibles, higher taxes, fewer jobs, and lower take-home pay for the American people. This is a direct shot at the heart of the American middle class.

The President last week got up and made a speech where he talked about income inequality. What he should have focused on is the best way to get rid of income inequality is to repeal this health care law because what is going to happen to middle-class families and middle-class Americans under this health care law is much higher costs, much lower take-home pay, many fewer jobs for them and for their children, and a lower standard of living and lower quality of life than they have enjoyed in the past. This will be the impact upon middle-class Americans as a result of this law.

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

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

The PRESIDING OFFICER. The Senator from Louisiana

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

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

Mr. VITTER. Mr. President, I come to the floor to discuss what I call the Washington exemption from ObamaCare. One of the few real victories the American people had in the ObamaCare debate was we actually got an amendment included in the Senate consideration of the bill that said much of Washington—all Members and all of our congressional staff—have to go to the ObamaCare exchanges for our health care, just like millions of other Americans. We had to get it there.

Unfortunately, I guess this was an example of what NANCY PELOSI said when she said we need to pass the bill in order to understand what is in it.

After the ObamaCare statute passed with that very clear and very specific provision in it, a lot of folks around here read it and said: Oh, you know what. How are we going to deal with this? A furious behind-the-scenes lobbying effort then began. It went on for months. It was to essentially get around that provision and the pain it would cause—the pain being subjecting Members of Congress and all of our staff to the same circumstance and experience as other Americans.

That ended with President Obama getting personally involved and the Obama administration issuing a special rule, and that rule is just an end run around the specific statutory provision. I think it is completely illegal for that reason, because it is in conflict with that statutory provision.

One of the key issues of that rule says—well, the statute says all official staff will go to the exchange, but we really don't mean that so we are going to leave it up to each individual Member to decide what staff are official and what staff will go to the exchange.

As a result, there is a huge loophole some Members are using to exempt much—in some cases even all—of their staff from going to the exchange.

As mandated clearly by the ObamaCare statute, we have to walk the walk of other Americans, and we have to share in that experience.

Sadly, according to press reports, the distinguished majority leader Mr. REID is one of those Members actively taking advantage of that loophole and exempting much of his staff. Because of that, I have written the majority leader today and asked him to answer some very important and straightforward questions about that situation.

In order to make my point, I will simply read the letter into the RECORD. It was sent to the distinguished majority leader in the last several hours.

Dear Majority Leader Reid,

It has been reported that you were the only Member of top Congressional leadership—House and Senate, Democrat and Republican—who has exempted some of your staff from having to procure their health insurance through the Obamacare Exchange as clearly required by the Obamacare statute.

Millions of Americans are losing the health care plans and doctors they wanted to keep and are facing dramatic premium increases, all as Washington enjoys a special exemption. Given this, I ask you to publicly and in writing answer the four important questions below regarding your office's exemptions. I will also be on the Senate floor to discuss this at approximately 4:15 pm today and invite you to join me there.

First, how did you designate each member of your staff, including your leadership staff, regarding their status as "official" (going to the Exchange) or "not official" (exempted from Exchange)? Did you delegate that designation to the Senate Disbursing Office, which would have the effect of exempting all of your leadership staff from going to the Exchange?

Second, if any of your staff is designated as "not official" (exempted from Exchange), are any of those staff members receiving official taxpayer-funded salaries, benefits, office space, office equipment, or any other taxpayer support?

Third, if any of your staff is designated as "not official" (exempted from Exchange), did any of these staff members assist you in drafting or passing Obamacare into law? If so, which staff members exactly?

Fourth, how are the above designations of yours consistent with the clear, unequivocal statement you made on September 12: "Let's stop these really juvenile political games—the ones dealing with health care for Senators and House members and our staff. We are going to be part of exchanges, that's what the law says and we'll be part of that."

I look forward to your clear, written responses to these important questions. I also look forward to having fair up-or-down votes on the Senate floor on my "Show Your Exemptions" and "No Washington Exemptions" proposals in the new year.

Sincerely, David Vitter.

This letter lays it out clearly. I think this is an important debate the American people care about. As I said in the letter, millions of Americans face real dislocation and pain under ObamaCare. They are losing—in millions upon millions of cases—the health care plan they wanted to keep and they were promised they could keep. They are

losing their ability to see the doctor they love and were promised they could continue to see. That number in Louisiana alone is 93,000 families.

They face skyrocketing premiums in many cases. Yet, as all of that goes on, Washington enjoys this Washington exemption from ObamaCare. Some Members of Congress, in particular—apparently, according to press reports, that includes the majority leader Mr. REID—are using this end run around the clear language of the ObamaCare law and exempting much of their staff.

I think it is incumbent upon the distinguished majority leader to come clean and answer these four very legitimate, very straightforward questions in an open, transparent, written, and straightforward way.

I am sorry he could not join me on the floor right now to discuss this matter. I welcome that conversation at any point in the near future, and I certainly look forward to his written responses to these questions. I think the American people deserve that, at a very minimum.

I also think they deserve—at a very minimum—what I have been fighting for months: Fair up-or-down votes on my Show Your Exemptions proposal and No Washington Exemptions from ObamaCare proposal. The first is real simple. It simply mandates that every Member disclose how they are handling their office. It is the same sort of question and goes to the same sort of information I am asking directly of Senator REID.

The No Washington Exemptions from ObamaCare ends the end run around—ends that special status, that special treatment for Congress and our official staff. It would also put them in the same category of having to go to the exchanges with no special treatment or subsidy. It would include the President, Vice President, White House staff, and political appointees.

Unfortunately, again, the majority leader has blocked all of my attempts to simply get a vote on these matters. I am not asking everyone to agree with me; it is a free country, but I think I deserve a vote. I think the American people deserve a debate and a vote, and so I will continue fighting for fair up-or-down votes on the Senate floor on both my disclosure proposal, Show Your Exemptions, and the ultimate fix, No Washington Exemptions from ObamaCare.

I will continue that work, and I look forward to the majority leader's response to this letter.

I yield the floor.

Mr. DURBIN. Mr. President, the Senate has considered several well-qualified nominees this week. One of those is Congressman MEL WATT, the President's nominee to be Director of the Federal Housing Finance Agency. Congressman WATT has the institutional knowledge, legislative experience, and vision to transform our housing market and ensure that the mortgage crisis doesn't happen again.

Congressman WATT has vast experience working with the housing market.

He practiced law for 22 years prior to his congressional career, executing countless real estate transactions. Since being elected to serve in North Carolina's 12th District in 1993, Congressman WATT has fought tirelessly to restore integrity to our financial system.

He serves on the House Financial Services Committee, where he sponsored legislation that would eventually become part of the Dodd-Frank Wall Street Reform and Consumer Protection Act to ensure that mortgage applicants can, in fact, meet their mortgage obligations. What is more, he recognized that lenders were engaging in predatory practices when underwriting mortgage loans well before the foreclosure crisis.

Since 2004, he has advocated for legislation to combat predatory mortgage practices. He has also been working for 10 years toward reform of Fannie Mae and Freddie Mac. I share his goal, and I want the right person at the helm when Congress begins that process.

Before responsible reform can happen, we need to come to some consensus about what we want the secondary mortgage market to look like. Families should have access to traditional 30-year mortgages. And we don't want to cut off access to capital for multifamily housing, which provides affordable housing for millions of families. Congressman WATT's experience delving into these issues will be invaluable in his role as the new Director of FHFA.

The mortgage crisis that took our Nation's economy to the brink in 2008 is still hurting American homeowners and our economy. About 15 percent of all borrowers—more than 7 million Americans—are still under water on their mortgages and high rates of foreclosure continue to plague communities across the country. The housing market still has a long way to go.

There is more that FHFA can do to help the housing market recover—from working with State and local governments to maintain vacant foreclosed properties held by Fannie and Freddie, to targeted principal reduction to help families stay in their homes. I look forward to working with Congressman MEL WATT to address the challenges still facing the housing market.

Time and again, some of my colleagues threaten to block confirmation of nominees to further sometimes unrelated agendas. Sometimes it is simply because President Obama nominated these individuals. I hope that my colleagues will carefully consider the struggling homeowners in their respective States as they do this.

FHFA has gone without a Director for more than 4 years. This important agency needs a Director that will stand up for homeowners and work with Congress to reform Fannie Mae and Freddie Mac.

FHFA deserves to be fully staffed so it can serve the best interests of taxpayers and homeowners. I urge my colleagues to support Congressman WATT's confirmation and look forward

to working with him as he becomes the new Director of the FHFA.

I yield the floor.

The PRESIDING OFFICER (Mr. DONNELLY). The question is, Will the Senate advise and consent to the nomination of MELVIN L. WATT, of North Carolina, to be Director of the Federal Housing Finance Agency for a term of 5 years?

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

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second. There is a sufficient second.

The clerk will call the roll.

The assistant bill clerk called the roll.

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

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Texas (Mr. CRUZ) and the Senator from Illinois (Mr. KIRK).

The result was announced—yeas 57, nays 41, as follows:

[Rollcall Vote No. 252 Ex.]

YEAS—57

Baldwin	Hagan	Murray
Baucus	Harkin	Nelson
Begich	Heinrich	Portman
Bennet	Heitkamp	Pryor
Blumenthal	Hirono	Reed
Booker	Johnson (SD)	Reid
Boxer	Kaine	Rockefeller
Brown	King	Sanders
Burr	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	Murphy	Wyden

NAYS—41

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

NOT VOTING—2

Cruz	Kirk
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The nomination was confirmed.

The PRESIDING OFFICER. The majority leader is recognized.

Mr. REID. Mr. President, that last vote took 30 minutes. We are not going to wait around for Senators to come. We are going to start cutting off votes—Democrats, Republicans, Independents, everybody. We cannot do this. We have a lot of work to do, so it is unfair to everyone who gets here on time. We are going to start cutting off the votes in 20 minutes. I advise the floor staff that in fact is the case. We are not to be waiting for people. It is wrong. It is unfair.

NOMINATION OF CORNELIA T. L. PILLARD TO BE UNITED STATES CIRCUIT JUDGE FOR THE DISTRICT OF COLUMBIA

Mr. REID. I now move to proceed to reconsider the vote by which cloture was not invoked on the Pillard nomination.

The PRESIDING OFFICER. The question is on agreeing to the motion.

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

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Texas (Mr. CRUZ) and the Senator from Illinois (Mr. KIRK).

The result was announced—yeas 54, nays 44, as follows:

[Rollcall Vote No. 253 Ex.]

YEAS—54

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

NAYS—44

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

NOT VOTING—2

Cruz Kirk

The motion was agreed to.

The PRESIDING OFFICER. The majority leader is recognized.

Mr. REID. Mr. President, I move to reconsider the vote by which cloture was not invoked on the Pillard nomination.

The PRESIDING OFFICER. The question is on agreeing to the motion.

Mr. SESSIONS. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The bill clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Texas (Mr. CRUZ) and the Senator from Illinois (Mr. KIRK).

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

The result was announced—yeas 54, nays 44, as follows:

[Rollcall Vote No. 254 Ex.]

YEAS—54

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

NAYS—44

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

NOT VOTING—2

Cruz Kirk

The motion was agreed to.

Mr. LEAHY. Mr. President, today, for the second time in a month, we are debating whether to allow a confirmation vote on the nomination of Nina Pillard to the U.S. Court of Appeals for the DC Circuit. Yesterday, we were finally able to vote on the nomination of Patricia Millett after many months of being filibustered by Senate Republicans. I am glad we are making more progress today on another exceptional nominee.

The DC Circuit is often considered to be the second most important court in the Nation and should be operating at full strength. Today we will take a step towards making this court operate at full strength for the American people.

In late November, a bipartisan majority of Senators voted in favor of moving to an up-or-down vote on Nina Pillard's nomination, but we fell short by three votes. The same efforts to remove the Republican blockade of this President's nominees to fill vacancies on the DC Circuit that allowed the Senate to confirm Patricia Millett earlier this week will similarly allow the Senate to move forward on Nina Pillard's nomination so she can be confirmed and get to work for the American people.

Nina Pillard is an accomplished litigator whose work includes nine Supreme Court oral arguments, and briefs in more than 25 Supreme Court cases. She drafted the Federal Government's brief in *United States v. Virginia*, which after a 7-1 decision by the Supreme Court made history by opening

the Virginia Military Institute's doors to female students and expanded educational opportunity for women across the country. Since then, hundreds of women have had the opportunity to attend VMI and go on to serve our country.

Ms. Pillard has not only stood for equal opportunities for women but for men as well. In *Nevada v. Hibbs*, Ms. Pillard successfully represented a male employee of the State of Nevada who was fired when he tried to take unpaid leave under the Family Medical Leave Act to care for his sick wife. In a 6-3 opinion authored by then-Chief Justice William Rehnquist, the Supreme Court ruled for her client, recognizing that the law protects both men and women in their caregiving roles within the family.

She has also worked at the Department of Justice as the Deputy Assistant Attorney General in the Office of Legal Counsel, an office that advises on the most complex constitutional issues facing the executive branch. And prior to that, Ms. Pillard litigated numerous civil rights cases as an assistant counsel at the NAACP Legal Defense & Educational Fund. At Georgetown Law, Ms. Pillard teaches advanced courses on constitutional law and civil procedure, and co-directs the law school's Supreme Court Institute.

She has earned the American Bar Association's highest possible ranking—Unanimously Well Qualified—to serve as a Federal appellate judge on the DC Circuit. She also has significant bipartisan support. Viet Dinh, the former Assistant Attorney General for the Office of Legal Policy under President George W. Bush, has written that “Based on our long and varied professional experience together, I know that Professor Pillard is exceptionally bright, a patient and unbiased listener, and a lawyer of great judgment and unquestioned integrity . . . Nina has always been fair, reasonable, and sensible in her judgments . . . She is a fair-minded thinker with enormous respect for the law and for the limited, and essential, role of the federal appellate judge—qualities that make her well prepared to take on the work of a DC Federal Judge.”

Former FBI Director and Chief Judge of the Western District of Texas William Sessions has written that her “rare combination of experience, both defending and advising government officials, and representing individuals seeking to vindicate their rights, would be especially valuable in informing her responsibilities as a judge.”

Nina Pillard has also received letters of support from 30 former members of the U.S. Armed Forces, including 8 retired generals; 25 former Federal prosecutors and other law enforcement officials; 40 Supreme Court practitioners, including Laurence Tribe and Carter Phillips, among many others.

Despite having filled nearly half of law school classrooms for the last 20 years, women are grossly underrepresented on our Federal courts. We