



United States
of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 113th CONGRESS, FIRST SESSION

Vol. 159

WASHINGTON, FRIDAY, DECEMBER 13, 2013

No. 175—Part III

House of Representatives

The House was not in session today. Its next meeting will be held on Monday, December 16, 2013, at 11 a.m.

Senate

FRIDAY, DECEMBER 13, 2013

(Legislative day of Wednesday, December 11, 2013)

NOMINATION OF DEBORAH LEE JAMES TO BE SECRETARY OF THE AIR FORCE—Continued

This was also something that everybody who had anything to do with this bill knew was going to be untrue. In-

surance plans differ. Some cover certain doctors, others cover other doctors. Since some plans were certainly going to be canceled, inevitably some people were going to lose the plans that covered their doctor. This was no

great mystery, and it was not some unintended and unforeseeable consequence. It was part of the design of the bill. Yet people were told: If you like your doctor, you will be able to keep your doctor.

NOTICE

If the 113th Congress, 1st Session, adjourns sine die on or before December 24, 2013, a final issue of the *Congressional Record* for the 113th Congress, 1st Session, will be published on Tuesday, December 31, 2013, to permit Members to insert statements.

All material for insertion must be signed by the Member and delivered to the respective offices of the Official Reporters of Debates (Room HT-59 or S-123 of the Capitol), Monday through Friday, between the hours of 10:00 a.m. and 3:00 p.m. through Monday, December 30. The final issue will be dated Tuesday, December 31, 2013, and will be delivered on Thursday, January 2, 2014.

None of the material printed in the final issue of the *Congressional Record* may contain subject matter, or relate to any event, that occurred after the sine die date.

Senators' statements should also be formatted according to the instructions at http://webster/secretary/cong_record.pdf, and submitted electronically, either on a disk to accompany the signed statement, or by e-mail to the Official Reporters of Debates at "Record@Sec.Senate.gov".

Members of the House of Representatives' statements may also be submitted electronically by e-mail, to accompany the signed statement, and formatted according to the instructions for the Extensions of Remarks template at <http://clerk.house.gov/forms>. The Official Reporters will transmit to GPO the template formatted electronic file only after receipt of, and authentication with, the hard copy, and signed manuscript. Deliver statements to the Official Reporters in Room HT-59.

Members of Congress desiring to purchase reprints of material submitted for inclusion in the *Congressional Record* may do so by contacting the Office of Congressional Publishing Services, at the Government Printing Office, on 512-0224, between the hours of 8:00 a.m. and 4:00 p.m. daily.

By order of the Joint Committee on Printing.

CHARLES E. SCHUMER, *Chairman*.

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



Printed on recycled paper.

S8779

I got this email from a woman who lives in Westmoreland County. She says:

I have been self-employed for 13 years and have never been without health insurance. 3 years ago I was diagnosed with multiple sclerosis. Having an expensive preexisting condition was not a problem for me as I had never let my insurance lapse. My medications cost (without insurance) \$4,000+ per month. I received notice several weeks ago that they were going to cancel my plan and were doing so as of Jan. 1 and I had to sign up for new coverage through the health insurance exchange.

My staff reached out to this woman to see if we could help. It turns out that where she lives and given her circumstances there were two different plans available to her. One plan covered her doctors, the other plan covered the medicine she needed to treat her multiple sclerosis. Neither plan would do both. What kind of a choice is it that this woman is going to have to make?

I have another email that arrived last week:

I finally got to where I could compare plans on the government website, only to find that my insurance premiums would go from \$512 per month for a plan with a \$500 deductible/\$2500 out of pocket plan to \$799 for a plan with a \$500 deductible and a \$2700 out of pocket expense.

Where is the savings? None of the plans include my current doctor, whom I want to desperately keep. Obamacare is such a disaster!!! Please stand firm and continue to work towards REPEALING it.

Finally, there is one more false promise—I am going to give some examples of responses I have gotten—and that is the promise that premiums for a family would decrease by \$2,500 per year. In fact, the data I have seen suggests that on average premiums in the individual market have been increasing. Consider the case of some of the people who have reached out to my office from Pennsylvania.

This is a small business owner from Carbon County, PA, who sent me this email last week. He said:

I have had an HSA high deductible plan . . . for several years for my employees. I have paid 100% percent of the premiums and contributed 50% of the deductible every year that they paid the other 50% percent. I just received notice that my insurance premiums are going up 100%.

What can be done to enforce the president's statements that we can keep our current plans? There is no way I can pay this new premium. My employees will be the ones hurt the most. They loved the coverage they had and I hate that we can no longer provide this benefit.

Here is an email I got from a father of two from Bucks County, PA.

I received notice last week that my healthcare will more than triple. Currently I am paying \$265 a month for me and my two young sons . . . my monthly premium will go up to \$836 a month!!!

The president promised "you can keep your plan" and "families will save \$2500 per year" . . . I can keep my plan, I just can't afford it . . . I do qualify for subsidies . . . \$80 bucks a month.

I got this email from a man from Mercer County, PA, 2 days ago.

I just became another Obamacare victim. Because my employer's health plan costs are going up almost 100% I will have \$400 less in my pocket each month. At 58 I will have to cut way back on how much money I can put into my local economy. Obamacare needs to be scrapped.

This email is from a man from Crawford County, PA:

I am a small business owner, and I speak with many vendors in my field. One of said vendors says that his monthly cost would increase to \$9.00 an hour on insurance alone. Another said he feared he would not even be able to stay in business because of the insurance costs. My own situation is just as dire. Currently, I personally pay about \$1,500 a month for insurance, and under Obamacare I have seen costs go up by \$375. On top of that, my wife, who is an insurance agent, fears that she will lose her coverage next fall due to the law.

Here is an email I got last week from a father from Luzerne County.

Please keep fighting the disaster that is happening to the thousands of working men and women that will be losing their health care along with some of us retired folks.

Our son is one of them and the alternative is unthinkable—his plan cost doubled to \$300 a month . . . but the deductible is \$4500. Now how can anyone say everyone will have affordable health care insurance on top of the statement no one will lose their plan or doctor if they are satisfied with them? Your fight is hard, but our prayers are with you.

Here is an email I got from a small business owner from Cumberland County, PA. He writes:

I am a small business in the Carlisle area. We have been in business for 30 years . . . I offered insurance to the full time employees for many years . . . If it weren't for the rising costs of health care I could hire another employee because we could use the help but with the anticipated increases I won't be able to. I have been told by our insurance carrier that we can expect up to 50% increases.

Finally, a small business owner from Chester County, PA, wrote this email last week:

We just got our Insurance coverage options for my small business. Previous rate was \$470.00 per month with \$0.00 deductible, a good plan. The new plan is \$692.00 per month with a \$2,000.00 deductible, a bad plan. OK, I cannot keep my plan. To get close to the one I need to pay more and incur a ridiculous deductible.

This is not free market. I don't like the government telling me what is best for me.

I have several older employees and their rates are up over \$1,000.00 per month each. I cannot pay for their insurance and they cannot afford to either. I am forced to drop the plan or remove them from employment.

This is out of control.

This is a small sample of the emails I have gotten. I am one Senator from one State. The fact is the vast majority of people who experience these problems don't send an email to their Senator.

So we have this tiny little sliver of the hundreds of thousands—actually millions—of Americans who are suffering from the direct consequences—and I would argue intended consequences—of this bill. They are unable to keep their health insurance plan, unable to keep their doctors, not experi-

encing savings but, rather, experiencing increases in costs. These are just a few of the terrible consequences of Obamacare.

There are many others I could cite, but I was just focusing on broken promises tonight. There are too many to list.

I do want to also stress that these are symptoms of a completely and impossibly flawed bill. The real underlying problem of Obamacare is something that Friedrich Hayek warned us about; he called it the fatal conceit. This is the idea that a small group of really smart people can know more than the combined, accumulated knowledge and wisdom that is disbursed across an entire population. It is an absurd notion. Yet it is at the heart of all kinds of big government plans, socialism everywhere, and it is clearly at the heart of Obamacare.

The idea is that these Mandarins who are so smart and know so much, they should be able to force their will on everyone else. It is an extraordinarily insulting premise that this is based on, but it is.

The premise is that individual men and women across America are certainly not qualified, they are certainly not smart enough to know what is good enough for them. They should not be free to decide what kind of health plan they want to buy for their family. There are tradeoffs that you make when you buy something like a health insurance plan, such as how important is a higher deductible versus lower premiums or the importance of having maternity coverage or the importance that someone might attach to a particular doctor.

All of those judgments, which are so personal, are taken away from individuals in Obamacare. That is not for Americans to decide. You will take the plan that is available to you and approved by the government, period. By the way, you are breaking the law if you don't, and you will be assessed a fine.

This is outrageous. This is not the society we have always been, but it is really just the most recent and egregious example of this warning that Hayek gave us—this arrogance of big government. I would argue that it is an offensive affront to the freedom of the American people, and it is predictably and sensationally a failure.

I note the absence of a quorum.

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

The assistant bill clerk proceeded to call the roll.

(Mr. MURPHY assumed the Chair.)

(Mr. DONNELLY assumed the Chair.)

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

The PRESIDING OFFICER (Mr. KING). Without objection, it is so ordered.

Mr. BARRASSO. Mr. President, I ask unanimous consent to speak until the top of the hour.

The PRESIDING OFFICER (Mr. PRYOR). Without objection, it is so ordered.

Mr. BARRASSO. Mr. President, I come to the floor today, as I have over the past several years, to talk about issues affecting this country. I know there is a nomination we are discussing on the floor, and I have concerns about the issues related to that nominee and the way that nomination has been brought forward because it was done by what I believe to be an abuse-of-power move in a way that resulted in voting in the middle of the night, discussions in the middle of the night—all, in my opinion, to distract from the disaster of the Obama health care law.

The Obama health care law continues to affect people all across the country. What we saw on October 1 in the great debacle of the rollout of the Web site was really just about a Web site on October 1. But come January 1, it will be about real people who have lost their insurance who are going to be hurt personally in terms of their own health by this terrible law.

So I come to the floor, as I have week after week since the law passed, to talk about concerns I have as a doctor, someone who has practiced medicine in Wyoming for 24 years as an orthopedic surgeon, taking care of people from around the State, and someone who as a medical doctor was director of a program called the Wyoming Health Fairs aimed at giving people low-cost blood screens, having health fairs people can attend from around the State where they can check their blood results and visit with doctors and nurses and others in the community about issues of heart disease, diabetes, all aimed at preventing disease, early detection of problems, and lowering the cost of their care.

So I had great interest when this health care law was proposed and while watching it unfold. The concerns I had as it was passed continue today, and I think more and more Americans are seeing that those concerns are being realized in their own lives. And that is what it is about—people's lives.

The Web site failures are just the tip of the iceberg. What people are seeing now all across the country are higher premiums, and there are stories rampant around the country.

I still recall the President of the United States saying that by the end of his first term, insurance premiums would be down \$2,500 per family. Instead, families are paying much more for health insurance. There are concerns, obviously, because of canceled coverage. Around the country, over 5 million folks, I understand from recent accounts, have received letters saying that they have lost their insurance, that their insurance will be canceled effective January 1.

The President promised: "If you like your doctor, you can keep your doctor." But now we are seeing that many people aren't keeping their doctors. Even though they like their doctors

and want to keep their doctors, they can't.

There are issues of fraud and identity theft that we are hearing about on a daily basis. The chief of staff of one of the Members of the Senate was applying on the Obama health care Web site, the government Web site, trying to get insurance just this Monday, and it sure looked like the Federal Web site and he thought he was on the Federal Web site and was putting in information. Then it goes to a screen where they wanted to know his bank account number and his PIN number.

He said: This can't be right.

He called the help line and spent over an hour on the phone, and they ultimately said: No. Get off of that. It can't be the Federal Government Web site. Get off of it.

He was focused enough to think, this can't be right, but the fraud is going to be rampant, we know that, and identity theft as well.

And then we are seeing huge problems with higher copays and deductibles.

I have with me a couple articles. Wednesday's Wall Street Journal has their recent poll numbers. "Health Law Hurts President Politically." The sub-headline is that the disapproval rate of Obama's job performance rises. "The disapproval rate of the President's job performance now rises to an all-time high of 54 percent," it says, "even as Americans are upbeat on the economy." So it is not the economy that has people so disappointed and disapproving of the President.

Let me read a couple paragraphs because this is about the President of the United States and what we would want in a President of the United States in terms of credibility with the American people.

The Federal health-care law is becoming a heavier political burden for President Barack Obama and his party, despite increased confidence in the economy and the public's own generally upbeat sense of well-being, a new Wall Street Journal/NBC News poll suggests.

They go through how the poll was conducted, but people across the country believe the NBC/Wall Street Journal poll is a true reflection of what is happening nationwide.

It says:

Disapproval of Mr. Obama's job performance has hit an all-time high in the poll, at 54 percent, amid the flawed rollout of the health law. Half of those polled now consider the law a bad idea, also a record high.

This is a big-time survey of 1,000 adults, and this is really a disturbing part for us as a nation and should sadden all America:

The survey of 1,000 adults conducted between Dec. 4 and Dec. 8 found a sharp erosion since January in many of the attributes—honesty, leadership, ability to handle a crisis . . .

These are abilities we want in a President. We want a President who is honest and who is perceived by the public as honest. We want a President who can handle a crisis and is per-

ceived by the public as being able to handle a crisis. But they say there has been "a sharp erosion since last January in many of the attributes—honesty, leadership, ability to handle a crisis—that had kept Mr. Obama aloft through the economic and political turmoil of his first term."

The poll goes on and asks: In terms of the impact of the President's health care law, is this going to have a positive impact on you and your family? Fewer than one out of eight people in the country today believes this health care law will have a positive impact on them and their family. We are changing the entire health care system of the country, and only one out of eight people believes it is actually going to help them?

The performance of the President is considered to be very bad, a significant disapproval, and it is because of the health care law.

People look at this and they say: What does this mean to me? How is this going to affect my life? Those are the issues we talked about here. People are being hit with the incredible increased costs. They say: Well, there are some policies that may be a little bit cheaper, the so-called bronze policies. So the New York Times took a look at that. Again, these are articles from just this week.

This is from Monday, December 9: "On Health Exchanges, Premiums May Be Low, but Other Costs Can Be High." This is by Robert Pear this Monday, a well-known writer who does his research and gets the facts. He says, "But as consumers dig into the details . . ."—boy, that is a key phrase because I believe that so many people who voted for this health care law never looked into the details, didn't know what it meant, didn't know what was going to be in it because NANCY PELOSI famously said: First you have to pass it before you get to find out what is in it. Well, Americans are now looking at it, digging into it.

Robert Pear in the New York Times said:

But 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.

So what they actually have to pay out of their pockets is much higher than in employer-sponsored health plans.

Well, people really care about what they have to pay personally for things.

The same day, the Wall Street Journal, Monday, December 9, page 1.

"High Deductibles Fuel New Worries of Health-Law Sticker Shock"—the same information that we have seen there in the New York Times.

It says the average individual deductible for what is called the bronze plan on the exchange, the plan I was talking about a little earlier, which is the lowest priced average deductible is \$5,081 a year, according to a new report on insurance offerings in 34 of the 36 States

that rely on the federally—Washington-run—online marketplace. That is 42 percent higher than the average deductible last year on plans that were purchased. This is before the Federal law took place. “High Deductibles Fuel New Worries of Health-Law Sticker Shock.”

I heard the President say the States that have done it have done it very well. It is astonishing. When you turn to the second part of this article, page A6 says “Deductibles Fuel New Worries of Health-Law Sticker Shock.” What about the States doing their own plan? The headline above that: “Health-Site Snafus Plague Maryland,” a State that has decided to do their own Web site.

This is from Monday:

Maryland is struggling to fix its troubled health-insurance website more than two months after it opened, showing how technology woes are affecting more than just the federal system.

We see it is not just the Web site—one article about the bad Web site, the next article is about higher copays and deductibles. Interestingly, the official in charge of Maryland’s insurance marketplace resigned after criticism of her decision to take a vacation in the Cayman Islands during Thanksgiving week. New statistics released Friday showed just a trickle of customers signing up for private coverage in the State.

It is interesting that States are having problems and the Federal Government is having problems. People wanted to keep their insurance. They wanted to keep their insurance. They liked their insurance.

I talked to a woman—a rancher in Wyoming—at the Farm Bureau meeting. She lost her insurance. Her insurance worked very well for her and her family, but she lost it because it didn’t meet President Obama’s criteria of the 10 different standards that had to be met. She knows me and called me Doc because I had known her, and I am a doctor in Wyoming. She said it is interesting that the reason she lost her insurance is because it didn’t include maternity coverage.

She said, Doc, I had a hysterectomy. I don’t need maternity coverage. She said, I know I don’t need maternity coverage, but apparently President Obama believes she needs maternity coverage. The Democrats in the Senate believe she needs maternity coverage.

The question is, Who is the best judge for you and your family? Is it the government or the Democrats who believe they know better than you do or the freedom-loving Americans who believe they can make their own decisions about their lives and their families and what insurance they want or do not want.

People wanted to keep their insurance. They weren’t allowed to, but the President said they could. Time and time again, the President said people could keep their insurance if they liked their insurance. I think that is one of the major reasons the President’s credibility has dropped.

As a matter of fact, there is a non-partisan fact checker called PolitiFact, and each year they go through lots of comments and lots of statements that are made, and they came out last night with their lie of the year. They do this every year—the lie of the year. The lie of the year that came out from PolitiFact for the year 2013 was: If you like your health care plan, you can keep it. We all know who said it—the President of the United States.

They go on to say he didn’t just say it once. We counted dozens of times that President Barack Obama said if people like their health plan, they can keep it. They go on to say:

It was a catchy political pitch and a chance to calm nerves about his dramatic and complicated plan to bring historic change to America’s health insurance system. “If you like your health plan, you can keep it,” President Barack Obama said many times, but the promise was impossible to keep.

This fall, as cancellation letters were going out to approximately 4 million Americans, the public realized the President’s breezy assurances were wrong and, therefore, they have given it the lie of the year.

People saw this coming. Republicans saw this coming. My colleague from Wyoming, Senator MIKE ENZI, saw this coming. That is why he came to the floor years ago and said: People are going to lose their coverage. People are going to lose it. He brought a resolution to the floor because he actually reads the Federal Register, and he saw the regulations that came out.

He came to this floor with legislation to say: Wait a second. If you truly believe people can keep their coverage, you have to adopt this piece of legislation so people truly can keep their coverage. Yet we saw Republicans vote with Senator ENZI, saying let people keep their coverage. We saw Democrats say, forget it, Senator ENZI, we don’t believe you are right.

The President was wrong; Senator ENZI was right.

There was a letter to the editor in the Powell Tribune in Powell, WY, with the headline “Enzi saw ACA impacts beforehand, shows value of Senator ENZI.”

Dear Editor: Fox News had a very interesting and informative program Tuesday evening Nov. 6 on “The Kelly Files with Megyn Kelly.”

As anyone who watches Fox News knows, they are covering the beginning effects of the Affordable Care Act, also known as ObamaCare, as it is being implemented. Megyn Kelly began her program stating she had a special guest who had predicted three-and-one-half years ago almost exactly what will happen when the ObamaCare law goes into effect this October.

Her special guest was our own Wyoming senior Senator MIKE ENZI and he had made his predictions in a speech on the Senate floor three-and-one-half years ago. He was then called a fearmonger by the Democrats and a radical rightwinger. Senator ENZI was probably one of a very few elected officials who had actually read the bill.

Senator ENZI reads all the bills. He understands the bills and the implications and then reads the Federal Register so he knows what is in them. He then brings to the floor thoughtful pieces of legislation to actually make things better for the American people, not worse.

What we are now seeing is that people can’t keep their insurance. They are losing their insurance, their doctor, and losing their hospitals. It is interesting in terms of being able to not even keep your doctor, not being able to go to the hospital you prefer.

I would like to talk for a few seconds about the doctor-patient relationship and why when the President says: “If you like your doctor, you can keep your doctor, period,” that actually caused comfort for people. But, again, that is another broken promise. It is not necessarily ranked by PolitiFact to the level of, “If you like your coverage, you can keep your coverage,” because people have gotten the letters. Next year we will see more and more people who will not be able to keep their doctor.

As a doctor, I wrote an article that appeared on Wednesday of this week in *Investors Business Daily* called “ObamaCare Disrupts the Delicate Relationship Between Patient and Doctor.” I would like to share parts of it now specifically because this past weekend on one of the Sunday talk shows Rahm Emanuel’s brother Ezekiel Emanuel, who was one of the architects of the President’s health care law, which was written behind closed doors, was on one of his talk shows responding to a question about the President’s comment, “If you like your doctor, you can keep your doctor.” Can you really keep your doctor?

What I wrote in this column December 11 was:

A central architect of the President’s health care law admitted this week that the often repeated promise that “if you like your doctor, you can keep your doctor” simply isn’t true.

Instead, Dr. Ezekiel Emanuel explained that if you like your doctor, you will simply need to pay more to keep your doctor.

As a physician, I know firsthand how this will hurt many Americans.

I write about how families look to doctors as trusted friends, confidants, counselors, and turn to them for advice in making life-and-death decisions.

In Wyoming, patients have included me in graduations, weddings, and asked me to serve as a pallbearer at funerals. They have asked me to pray with them, referee family disputes, and provide reassurance when a doctor they didn’t know was called in to consult.

Norman Rockwell’s painting “Doctor and Doll” tells the story. A little girl holds up the doll as the trusted family doctor listens with a stethoscope. A caring and compassionate physician takes the time to reassure a concerned little girl.

The doctor-patient relationship is a very special bond. It requires faith and trust for a patient to allow me to cut

into their body to remove a tumor, to replace a wornout joint, to fix a broken bone, to repair a torn ligament, and above all else, to do no harm.

The President knew of that special relationship between people and their doctors. That is why when he was trying to gain support for the health care law, he made a clear and simple promise to the American people. The President said: "If you like your doctor, you can keep your doctor, period."

Now people all across the country are finding out that they can't keep their doctor. The same law that has caused millions of Americans to lose the health insurance that worked for them is now causing them to lose their doctor.

People who are shopping for insurance on government exchanges are being forced to purchase insurance for things they don't want, don't need, and will never use. To keep costs down, many of these policies limit the doctors and hospitals that patients can use.

Some of the Nation's premier hospitals—including the Mayo Clinic and Cedars-Sinai Medical Center—are excluded from many insurance exchanges in their networks. Some of the best children's hospitals in the country are also excluded from the exchanges. This means a child with cancer may lose access to his or her doctor and their specialty hospital. Why? Because of the law.

In New Hampshire, 10 of the State's 26 hospitals are excluded from the only carrier that offers insurance in the exchange. The head of the medical staff at one of the excluded hospitals in New Hampshire has learned that her plan does not even let her, the chief of staff of the hospital, seek treatment at her own hospital.

The situation can be equally bad for seniors on Medicare. Thousands of doctors caring for seniors on Medicare Advantage have been dropped from their networks. Those Medicare patients are now going to be challenged to find a new doctor to take care of them.

The President's health care law is making it harder for doctors as well as for patients. Doctors know their patients. They know their health history, they know their lives, and doctors value the personal relationship as much as the patient does.

People become doctors in the first place to take care of their patients. Even if someone is able to keep their doctor, they will not necessarily be able to spend as much time with them as they might like to. That is because nearly two-thirds of doctors expect to have to spend more time on paperwork under the requirements of the law.

This isn't at all what the President promised the American people. People all across America put their faith and their trust in Barack Obama when they elected him President. It is the same kind of faith and trust they have in their own doctor. When patients lose trust in their doctor, as citizens they

are now losing faith in their President, it is extremely difficult to regain that trust.

So I continue to hear from my patients in Wyoming. They have always had my home phone number. They are anxious. They are angry. They know what they want from the health care reform. They want access to quality affordable care. That is not what they got with this law. Now many face losing the doctor who has always been there for them.

If President Obama wants to regain the trust of the American people, he will sit down with Republicans to deliver reforms that will help all Americans and fully protect the doctor-patient relationship. After all, President Obama has his own doctor at the White House, a doctor who is dedicated to the President's care. I am sure the President values his relationship just as much as other Americans value their relationship with their doctor.

I continue to come to the floor. I see my colleagues are arriving. I would call their attention to this issue, as they say we have to make the coverage for all these things, they feel they know what is best for American patients, we need to provide psychiatric insurance an coverage, and I have voted to provide parity for psychiatric care, but yesterday's New York Times article by Robert Pear, "Fewer Psychiatrists Seen Taking Health Insurance." So the insurance the President is providing for people doesn't actually help them. It maybe makes the President feel better, but it is not helping people get care.

The President has been very confused and used the word "coverage" when he should have been talking about actual health care for people, providing physicians to take care of them so people can get what they need in health care reform, the care they need, from a doctor they choose, at lowers costs.

Thank you, Mr. President. I yield the floor.

The PRESIDING OFFICER. The question occurs on the nomination.

The question is, Will the Senate advise and consent to the nomination of Deborah Lee James, of Virginia, to be Secretary of the Air Force?

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

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The clerk will call the roll.

The assistant bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from New Jersey (Mr. BOOKER), the Senator from South Dakota (Mr. JOHNSON), the Senator from Maryland (Ms. MIKULSKI), the Senator from West Virginia (Mr. ROCKEFELLER), and the Senator from Hawaii (Mr. SCHATZ) are necessarily absent.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Tennessee (Mr. ALEXANDER), the Senator from Missouri (Mr. BLUNT), the

Senator from Indiana (Mr. COATS), the Senator from Oklahoma (Mr. COBURN), the Senator from Tennessee (Mr. CORKER), the Senator from Idaho (Mr. CRAPO), the Senator from South Carolina (Mr. GRAHAM), the Senator from Utah (Mr. HATCH), the Senator from Oklahoma (Mr. INHOFE), and the Senator from Illinois (Mr. KIRK).

Further, if present and voting, the Senator from Tennessee (Mr. ALEXANDER) would have voted "nay."

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

The result was announced—yeas 79, nays 6, as follows:

[Rollcall Vote No. 270 Ex.]

YEAS—79

Ayotte	Gillibrand	Murray
Baldwin	Grassley	Nelson
Barrasso	Hagan	Paul
Baucus	Harkin	Portman
Begich	Heinrich	Pryor
Bennet	Heitkamp	Reed
Blumenthal	Heller	Reid
Boozman	Hirono	Rubio
Boxer	Hoeven	Sanders
Brown	Isakson	Schumer
Burr	Johnson (WI)	Scott
Cantwell	Kaine	Sessions
Cardin	King	Shaheen
Carper	Klobuchar	Shelby
Casey	Landrieu	Stabenow
Chambliss	Leahy	Tester
Cochran	Lee	Thune
Collins	Levin	Toomey
Coons	Manchin	Udall (CO)
Cornyn	Markey	Udall (NM)
Cruz	McCaskill	Warner
Donnelly	McConnell	Warren
Durbin	Menendez	Whitehouse
Enzi	Merkley	Wicker
Feinstein	Moran	Wyden
Flake	Murkowski	
Franken	Murphy	

NAYS—6

Fischer	McCain	Roberts
Johanns	Risch	Vitter

NOT VOTING—15

Alexander	Corker	Johnson (SD)
Blunt	Crapo	Kirk
Booker	Graham	Mikulski
Coats	Hatch	Rockefeller
Coburn	Inhofe	Schatz

The nomination was confirmed.

CLOTURE MOTION

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

The assistant bill clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on the nomination of Heather Anne Higginbottom, of the District of Columbia, to be Deputy Secretary of State for Management and Resources.

Harry Reid, Sherrod Brown, Richard J. Durbin, Christopher Murphy, Robert Menendez, Christopher A. Coons, Angus S. King, Jr., Martin Heinrich, Amy Klobuchar, Dianne Feinstein, Tom Udall, Kirsten E. Gillibrand, Bernard Sanders, Barbara Boxer, Brian Schatz, Robert P. Casey, Jr., Thomas R. Carper, Benjamin L. Cardin, Michael F. Bennet.

QUORUM CALL

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair now directs the