

DC, holds an extremely important position. He is not a blind advocate for one vision of what some might call civil rights. I do not think it is a civil rights position these lawyers are taking. He is supposed to be a neutral observer. If a police officer violates the civil rights of someone under his custody, then he ought to be prosecuted, dismissed, and punished for it. But the Civil Rights Division leader is supposed to be somebody that everybody can trust, who people believe does not have an agenda, and who they believe is fair to all. So therein lies the rub.

Even someone who murders a police officer deserves legal representation. There is no doubt about that. But the Philadelphia District Attorney, Mr. Seth Williams, an African American said:

That does not mean, however, that those lawyers who elect to arm him in his efforts are suitable to lead this nation's highest law enforcement offices. To select such a lawyer, among all those qualified for the position, speaks volumes to police officers and their families.

It speaks volumes to them that this individual, this nominee for the Department of Justice, would be perceived as someone who is just voluntarily, aggressively, and improperly, in my opinion, taking the side of someone who is tried for murdering a policeman.

So the Civil Rights Division must protect the civil rights of all Americans. It must not be used to further a political agenda of any special interest groups as too often has occurred in this administration, in my opinion. It must be a place where the rights of all Americans are protected, regardless of their race and political party.

We have seen racial prejudice in the past, and it does need to be stamped out, but I do not believe the President's nominee is qualified because I do not see the required degree of objectivity and balance that will be necessary, and I will oppose the nomination.

I don't like to oppose nominees. It is no fun. I am sure this nominee has done many good things in his life. But there are points in time when we just have to say that as a Senator, I cannot vote for a nominee I don't believe is going to be objective and fair in the conduct of that important office.

I yield the floor.

The PRESIDENTIAL OFFICER (Mr. MANCHIN). The Senator from Missouri.

HEALTH CARE

Mr. BLUNT. Mr. President, I want to talk for a few minutes today about health care and more inquiries I have from the people I work for in our State about health care. Like we always do, I followed up with them to verify that I understand their account, and they don't mind if I at least mention their first name and where they are from as we talk about these problems.

This morning I had a chance to speak to the American Federation of Hos-

pitals about the challenges we face, and I mentioned the comment I made on the floor a few days ago, which was: If we were dealing with this health care debate today, in my view it would be a much different debate. Every Member of the House, every Member of the Senate, and almost every American who has been impacted in any way by the changes in health care understands this a whole lot better than we may have understood it 4 years ago.

I was in the House in 2009 and was leading our effort to come up with the alternatives that were clearly out there that I think we could have, and, frankly, should have pursued. But at that time it was clear a lot of Members had not really thought about this, and in many cases people who worked thought about it even less. We had a situation that, in many ways, was an accidental development at the end of World War II where most people in America who had insurance got their insurance at work. If the people at work liked the insurance they had, of course, among other things, they hoped they would be able to keep it. Hopefully many of them will, but clearly many of them won't.

The letters I have today are reflective of all kinds of challenges people are seeing. One of the things that was working very well in the almost 40 States that had it was the high-risk pool. The high-risk pool allowed people who had preexisting conditions a way to get insurance. They were in a pool that was pretty well defined. Not everybody with a preexisting condition had an ongoing cost. You might have a condition that was under control, you might have had a heart problem or cancer problem or another problem that stood in the way of your getting other insurance, but it didn't mean you had a lot of ongoing costs. It did mean the high-risk pool was a place you could go.

In our State, the premium for the people in the high-risk pool was 135 percent of what everybody else was paying. So you would take the average rate of what people were paying for insurance and add 35 percent to that.

Remember, these were people who everybody understood—including them—had a preexisting condition. They had a place to go. If the new plan would have reduced that 35 percent back to what everybody else was paying, that might have been a worthy goal, but that doesn't appear to be what has happened at all to the 4,000 people who left the Missouri high-risk pool when it ended because of the new law on December 31 of last year. There was a transition for some of them.

I have a letter from Bjorn of Kansas City. He said his wife was previously insured under the Missouri Health Insurance Pool for preexisting conditions. In her case she had a back condition. That was canceled in the middle of 2012, and she was put in another high-risk pool that the law allowed to happen as a transition.

The problem that created for them was it reset their \$1,000 deductible. They met the \$1,000 in the high-risk pool, and they met the \$1,000 deductible again in the second half of that year.

The insurance they have been able to find costs them four times what they were paying before. It is not 135 percent of the old premium. I guess four times that would be 550 percent of the old premium. So somebody who was paying 135 percent of what used to be the normal premium for an individual is now paying 550 percent of what used to be the premium for the old individual. If that was the way to help people who had a preexisting condition, they better hope the Federal Government doesn't try to help them any more.

Mark, from Parkville, says his two sons—young and healthy as they were, according to him—just had a 20-percent increase in the policies they had. The only reason they were given for the increase was that the new requirements of the Affordable Care Act meant their premium would go up. Mark said he lived out of the country for 2 years and was amazed to find upon his return that the cost for the same type of health coverage he had before he left went up from \$250 a month to \$1,000 a month.

Bill, from St. James, MO, said his deductible went from \$1,000 to \$2,500.

In Missouri, West Virginia, and lots of places, you and I know that if the individual deductible is \$2,500, a family looks at that—that is just like not having insurance at all. If a couple of you happen to get sick that year, it is suddenly \$5,000.

I met with some Missouri hospital folks last week in St. Louis. They said their fastest growing uncollected debt was now among people with insurance. Why would that be? Because people with insurance suddenly have a deductible that is much higher than the average person with insurance used to have.

The point they were making was that people can't pay \$2,500 or \$3,000 or \$5,000 or an even higher deductible, so that part of the bill doesn't get paid. That is the new growing debt that hospitals have.

These people who have the high deductibles are insured for maybe lots of things they didn't used to be insured for, but they don't use any of the things they are now insured for that they didn't used to be insured for. Bill from St. James says:

ObamaCare sure has not helped us.

I work for a small business that has renewed my healthcare and my deductible has risen from \$1,000 to \$2,500. My visits went from a \$20 copay to a \$30 copay and specialists from \$50 copay to \$75 copay.

He says he doesn't understand how he is helped by the new health care law.

Carl, in Lee's Summit, MO, said he has type 1 diabetes and his deductible went up to \$7,500. Again, for most families, a \$7,500 deductible is like not having insurance at all. If we could go

back to where we had the health savings account where you had a high deductible and you had your health savings account and that high deductible would kick in only if you had to pay the high deductible—I never saw a health savings account plan that would not be cheaper than these plans that cover a lot of things, but they cover a lot of things a lot of people don't need.

Carl says:

To keep our premium rates down my employer had to raise our deductible to \$7,500 with no prescription benefit until it is met, so now instead of putting away \$400 per month for my retirement I have to spend it on insulin and diabetic supply's.

How is this ACA helping any honest working American who is trying to take care of themselves and not rely on the government?

Carl's point is that the money he used to spend to prepare for his own retirement he now spends to pay for his insulin and diabetes medicine that used to be covered—until this year—by his policy.

Christine, from Kansas City, said her husband's employer was forced to make changes in their insurance resulting in a deductible that went from \$1,300 to \$6,100.

If this had been the way we would explain this, that somehow—let's assume we are insuring more people. There is no reason to believe that yet, but let's assume we are, but we are insuring more people with what I have here today—a \$7,500 deductible, a \$6,100 and a \$2,500 deductible.

She says:

Our deductible went from a manageable \$1,300 to a devastating \$6,100.

I recently sent in scripts for my Dr and I can't imagine how much they will be. We were told they would be between \$25 & \$200 depending on the cost of the drug.

Remember, they are all before you get the deductible.

I have a letter from Fred from Columbia. He says that a drug company that makes one of his prescriptions no longer offers him a discount. The pharmacy told him it was because of the Affordable Care Act.

I am perfectly willing to believe the Affordable Care Act has become an excuse for some things, and this may be one of them. I have not talked to the pharmacy in this case, but I do know these are problems other individuals are having because their insurance doesn't cover what it used to cover.

Fred is a retired State employee and he said his plan doesn't offer as much coverage as it used to.

Houston and Shirley from Peculiar, MO, have a supplemental health insurance. Their supplemental health insurance increased by \$330 since the Affordable Care Act was passed. They said their policy increased \$149—this is their supplemental policy.

They say:

Senator Blunt, we are on Medicare and have a supplemental health insurance. Our monthly premiums were a little less than \$165 [prior to the ACA's passage in 2010], and now as of January 1, 2014, is \$498.40. Our premium has increased by \$149.55 a month.

That is for their supplemental insurance.

Just last week Medicare Advantage, which serves people in underserved areas—whether they live in the inner cities or rural communities—has had that competition reduced as well.

I will say that if there were ever a time when we should take a second look at something—and the facts that every one of us have in our office suggest we take a look at it, and even demand we take a look at it—it is this policy that is hurting Americans and hurting families.

If we had this debate again, the country, the health care providers, and the Congress of the United States would be a whole lot better prepared to talk about what needs to be talked about than apparently the Congress was prepared to talk about in 2009 and 2010.

I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa.

EXECUTIVE NOMINATIONS

Mr. GRASSLEY. Several weeks ago, February 12, to be exact, as Washington, DC, was braced for a snowstorm and the Senate rushed to finish its business before the Presidents' Day recess, the senior Senator from Arkansas came to the floor to offer unanimous consent to confirm a district court judge for his State. Before he made the request, I spoke with that Senator who, to his credit, was one of only three Democrats to vote against the so-called nuclear option in November.

Although I was sympathetic to his desire to see his home State judge confirmed, I objected to his request to bypass the procedure the majority adopted in November, including recorded cloture and confirmation votes.

I did so based on principle. I did so because after 52 Democrats voted to strip us Republicans in the minority of our rights, the very least we could do is to ask the majority to utilize the procedure they voted to adopt. After all, the simple fact is that the minority can no longer stop nominees. That is the result of the nuclear option, and that was, of course, the whole point of what the majority did in November.

So the Senator from Arkansas offered his unanimous consent request, and I withheld my consent. We had our exchange on the floor, but we did so courteously, and that is what Senators should do. Later that evening the majority leader came to the floor and made another unanimous consent. Senator CORNYN objected for the same reason I had objected. Thereafter, the majority leader exercised the power that he has—he alone possesses it—to move these judges and filed cloture on four district court nominees. That set up several votes for last Monday evening.

That evening, during our side's hour of debate time—and that is all we have anymore for Circuit judges; we have 1 hour of debate time on each side. That evening I spoke on the current state of

the Senate with respect to the legislative process. I spoke about how our Founding Fathers intended the Senate to operate. I spoke on how the Senate used to operate, how it should operate and, sadly, how it does the opposite. I spoke about how the majority leader routinely files cloture on bills before debate has even begun. I spoke about how in today's Senate, in what is supposed to be the world's greatest deliberative body, the Senators from great States all over this Nation are shut out of the process of legislating and sometimes even debating.

As our side's hour of debate time neared its end, the distinguished chairman of our committee asked if I would yield him a few minutes of our time. I, of course, agreed to extend him that courtesy. I extended him the courtesy even though I knew he would use that time to argue against everything I just said. I extended him the courtesy because I know he would do the same for me, and, as a matter of fact, he has done exactly that same thing for me. That is the Senate. We are courteous to each other, even when we disagree.

As I said, that was Monday night—eight days ago. On Tuesday morning, we had a series of stacked votes related to those district court nominees. We had several cloture votes as well as confirmation votes. I voted against cloture, along with many of my colleagues. I don't presume to speak for my colleagues, but I voted against cloture to register my objection to a process arrived at via brute force—in other words, by the action of the nuclear option.

But the majority leader wasn't content to simply use the procedures he led his caucus to adopt last November when the nuclear option was adopted—when the minority rights on judges were taken away. He wanted voice votes rather than recorded votes on those lifetime appointments—and I emphasize lifetime appointments—so they deserve serious consideration. At that point, I objected, and I exercised the right of a Senator to ask for a rollcall vote of the yeas and nays.

I supported each of the nominees on final confirmation. Some of my colleagues opposed them. But even if the votes had been unanimous, the right to demand a recorded vote is one of the most basic and fundamental rights of any Senator. There is absolutely nothing wrong with exercising that right, especially when it comes to approving lifetime appointments to the courts.

Before we had that recorded vote, I took the opportunity to remind my colleagues of how well this President is doing with respect to getting the judges he nominates confirmed by the Senate. Specifically, thus far in this Congress, we have confirmed 50 of President Obama's judicial nominees. By way of comparison, at this point in President Bush's second term, we had only confirmed 21 judicial nominees. That is 50 for President Obama and 21 for President Bush. Those numbers