the opposite. And I have just scratched the surface here today. But EPA still has an opportunity to fix this mess. While the tendency of this administration has been to overregulate from day one, there is still an opportunity to pull back the rule and admit they went too far.

I had high hopes when Administrator McCarthy took the reins and expressed a desire to build trust with the ag community. In fact, she called it a priority. This rule, though, delivers the opposite message. If Administrator McCarthy is serious about having a relationship with the people I represent—ag producers—it would send such a powerful signal to say: Hold on. Let's withdraw the rule. Let's not follow this misguided direction. Call a timeout, and people would see that and say: I am going to listen. People would receive that so positively. This would certainly get the attention of the ag community and really begin to build bridges instead of outlining rhetorical wishes.

The window of opportunity is still open, and I hope the Administrator seizes it by withdrawing the rule.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Missouri.

HEALTH CARE

Mr. BLUNT. Mr. President, I wish to talk a little bit about health care this morning.

The majority leader has suggested in past weeks that all of these contacts and concerns I get from Missourians are just made up—although he didn't target Missourians and say only Missourians were making up these stories; he just said everybody was making up these stories. But that is clearly not true.

The law regarding health care—the law that is applied every day with great consistency—continues to be the law of unintended consequences, the law that so often is impacted by what we think we are doing in the Congress, only to find that the consequences of those actions go well beyond the discussion the Congress was having. Certainly if we had that debate again today, the debate we had in 2009 and early 2010, the Congress would be better prepared for that debate, the country would be better prepared for that debate, and people would understand what is at stake. What I see every day are things that people didn't anticipate would happen.

Here is a letter we got from Jack in Kansas City, MO. He said:

I'm a retired hospital CEO and glad to be retired because of Obamacare.

He points out in an absolutely correct way that in most communities in Missouri, particularly our small and midsized communities, the hospital is a real source of pride and place of healing, a major employer.

Of course, the potential end result of what is happening now with the changes we made and how hospitals are treated, particularly hospitals in rural areas, hospitals in underserved inner-city areas, is that the programs that were in place are basically going away. And why did they go away? Because the President assumed and the Members of Congress, I am sure, who voted for this piece of legislation assumed, that everybody would be covered, that everybody would have insurance, so we didn't need to have special programs that dealt with people who didn't have insurance and hospitals that dealt with people who didn't have insurance, and we didn't need special programs for underserved areas. Clearly, that is not the case.

If we look back at the debate, many people were saying: This will not work out the way the well-intended proponents of this law think it will work out, and we are going to continue to have people without insurance.

In fact, the Congressional Budget Office reiterated again just recently that at the end of 10 years, how many people won't have insurance? Thirty million. Thirty million people didn't have insurance when we started, and to disrupt the entire health care tableau of the country to add possibly 10 million, I think we are going to have people who lose insurance at work who previously had insurance through their work. I think that will be one of the major unintended consequences as we approach the end of this year and go into next year.

I am talking to too many employers in Missouri who are saying there is a place for people to go now. They can go to the exchange. We struggled with this for a long time. Even though we are not covered by the law, even though we don't have 50 employees, we are no longer going to provide the insurance at work—that many of these employers have provided for decades and others have provided over all the time they have been in business, even if it is less than decades.

Norman from Warrensburg, MO, is concerned about what would happen with Medicare and Medicare Advantage. He says: I was struck with Guillain-Barre in 2005 which has left me disabled as well as other resulting health issues. We expend more than $3,000 out of pocket annually just for my prescriptions alone and that was under a Medicare Advantage plan. This plus the Medicare premiums and the physician care takes almost all of our Social Security benefits. We live in a small community.

He describes Warrensburg as a small community of around 18,000, and it would probably be one of those communities to lose the Medicare Advantage type of insurance, which is the gap that he thinks allows his family to have the health care they have and would like to continue to have.

Paula from O'Fallon, MO, says she believes a lot of people's spouses are going to leave their jobs because they are going to look at who has the better insurance and try to benefit from that better insurance. According to her, her husband's company is paying a large fine because their insurance is better than ObamaCare. I imagine more realistically what that letter might have said is that their insurance isn't exactly what the Department of Health and Human Services believes is the right kind of insurance, when the government makes these decisions instead of the people or the people closest to them, their employers.

One of the benefits of the employer-provided system was that people didn't have to worry about this. In fact, almost everybody looked at their insurance and they talked with their employer and they decided they would get more information when they needed it, and when they needed it usually the information they got was pretty good information for them to have.

Now we have people trying to figure out, if they have choices, a complexity of choices and alternatives that they never had to deal with before. Frankly, they are not going to like that, and I think one of the other unintended consequences of this law is that people are going to begin to say: I know a government-run program wouldn't be as good as the health care I used to have, but I just don't want to be responsible for it anymore. What we probably are doing is building a groundswell of people who no longer want to be forced into the decisions they never had to make, because 85 percent of everybody who had insurance had insurance at work, and 90 percent of them thought the insurance they had at work met their needs. I think we would be lucky if very far into the Affordable Care Act, 90 percent of the people who have insurance think the insurance they have moving forward meets their needs.

Angelyn from Dexter, MO, said her aunt and uncle are searching for a new doctor after their doctor moved out of State. They are having trouble finding a physician in the Dexter area that will take new Medicare patients—another unintended consequence.

The people who voted for this bill cut Medicare itself. I wasn't for it, but it is the law. One of the reasons I said I wasn't for it is we are cutting a program we already knew is challenged—Medicare—by $500 billion to form a new program. There is no city council, there is no county government, there is nowhere else in America where people would go to a meeting and say, OK, we have a program that is in real trouble, so what we are going to do is cut that program to start a new program—and particularly a program such as Medicare that people have been led to believe they can rely on. When we cut Medicare by $500 billion over 10 years something happens.

What Angelyn's aunt and uncle are seeing is one of the things that happens is people try to find a doctor who will take Medicare only and find doctor after doctor who says: We are going to continue to serve the Medicare patients we have as long as they are

around to serve, but we are not serving new Medicare patients.

Joanna in Kansas City said her son goes to college where he is required to have health insurance. His health insurance he gets through the school has increased 40 percent this year.

Wayne in Moberly said his premiums and prescription drug costs have increased and he is concerned it is because of all the new requirements that have to be met. He said: ''The future does not look good from where I stand as a small business owner and a farmer.''

Donna in Napoleon, MO, said her insurance had gone from $93 twice a month to $156 twice a month. The interesting point in her letter is she said her insurance would go up even more if she gets a chance to work more. There is a lot to be said for assisting people to get health insurance who cannot otherwise afford to get health insurance, but one of the things I never heard debated in any extensive way is what happens when people are at the edge of moving to a new level of work which then gives them a lower level of benefit.

Donna is saying that if she gets to work more hours, she will have less assistance buying her health insurance and her health insurance goes up. The government should not be in the business of looking for ways to encourage people not to work, as in the part-time work we see all over the country now.

One of the great workplace impacts of the health care law was that the government for the first time ever said to most employers—employers of more than 50 people—you have to provide health insurance to anybody who works 30 hours a week. So what did employers for the first time hear the government saying? If someone works less than 30 hours a week, they don't have to have to provide health insurance. So employer after employer made the decision that for new employees we are going to hire three people at 27 or 28 hours a week rather than two people at 40 hours. We are going to meet our workforce needs in a new way. Consequently, those individuals don't have coverage. Many individuals at that level of hourly work who used to have coverage no longer have coverage. An awful lot of companies used to provide coverage at half time—at 20 hours—but if the government says they don't have to provide it until 30 hours, it turns out a lot of people don't work more than 30 hours because they don't have an opportunity or maybe they work almost 60 hours, but they have to work 60 hours at two different jobs, as did a lady I mentioned just last week who contacted our office.

David in Kansas City said he is retired from the railroad industry, and on April 1 his former company canceled plans for retirees 65 and older. David had access to a retiree plan from the railroad industry. He doesn't have that anymore.

A lot of companies have done that, not just the railroad industry. IBM announced they would no longer provide health care coverage for their retirees. As soon as the retirees are 65 and older they are placed on Medicare, but what kind of supplement do they have? They used to have a supplement that was part of a big IBM plan and now they don't have that anymore. UPS announced the dependents and spouses who are in part of the UPS family wouldn't have insurance anymore. The unintended consequences keep on coming, and we need to continually look at what we need to do to see that people have access to great health care.

We are talking now—as we should be—about veterans health care and how veterans could have access to great health care. This is the moment right now where we can look at this issue in a new way. The veterans service organizations are looking at this issue. Alternatives are good. Veterans should have the best health care, in the best location for them, in the best way the taxpayers can provide it.

The Veterans' Administration should be the best at some things. They should be better than anybody else at dealing with IED accidents, eye injuries, the loss of limbs, and other issues that are unique to veterans in unfortunate numbers because of the kind of conflicts in which we have been involved. Nobody should be better at that than the VA.

The VA may be the absolute best place to go for a particular injury, such as post-traumatic stress. Our veterans have problems because of the conflicts they have been in, but they also have problems because the National Institutes of Health says one out of four adult Americans has a diagnosable mental health problem. In a hearing a couple months ago, I asked the Secretary—the Surgeon General of the Army and the other forces about this: Do you think that is reflected in the military, and the answer was yes. She said: We recruit from the general population. We don't have any reason to believe our population serving in the military doesn't reflect similarly with regard to mental health issues. Some of those mental health issues, such as post-traumatic stress, the VA should be better than anybody else at, but a lot of mental health issues in the VA, there is no reason they should be any better than any of the other facilities. Veterans may have to drive to another State to get to a veterans facility or have to drive 120 miles or 150 miles in the VA's van transportation. If that is what someone wants to do as a veteran, I think we ought to be sure veterans can do that, but if veterans want to get better care closer to home, more choices, we should do that.

Let the Veterans' Administration compete to be the best at what they can provide. There is no particular reason to believe the Veterans' Administration is going to be better than everybody in the country at normal internal medicine. There is no reason to believe the Veterans' Administration is going to be the best at dealing with cancer or heart issues or other issues. If there is a veterans hospital that somehow has figured out how to do that, fine, but don't make veterans drive 120 miles by a dozen facilities that can do just as well or better because we have decided to put people in a system that is totally defined by the government.

One of the things we are learning is people can make better choices in so many areas than when the government makes those choices for them. So as we think about our veterans, as we think about what we can do to be sure they get the best care, that they are honored, their service is honored in a way they were led to believe it would be honored, this is a great time to have this discussion.

So whether it is health care for everybody else or health care for veterans, the Congress of the United States—and the country—has probably never been in a better position to talk about these issues. We see the unintended consequences of taking steps in the wrong direction. Now is a great time for our veterans and health care generally to see what we could do to take steps in the right direction.

I note the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The bill clerk proceeded to call the roll.

The ACTING PRESIDENT pro tempore. The Senator from New York.

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

IMMIGRATION REFORM

Mr. SCHUMER. Mr. President, I rise to point out it has now been 342 days since the Senate passed bipartisan, comprehensive immigration reform that would secure our border, turbocharge America's economic growth and provide a chance to heal America's broken families who are being separated by our dysfunctional immigration system.

Here is what we know: The nonpartisan Congressional Budget Office told us that had we passed the bill this last year, we could have already seen up to $80 billion of economic growth, $20 billion of deficit reduction, 50,000 new jobs, $50 billion more in the Social Security trust fund, $2 billion of revenue for State and local governments, and 40,000 more brilliant STEM—science, technology, engineering, and mathematics—graduates stay in the United States instead of being told to go home.

Instead, we have not been able to achieve any of these important gains. Why is that? It is because the House has refused to do anything—underline anything—to try and fix our broken immigration system. To be clear, the