

seen many talented staffers come and go, but few have left such a lasting impression as Michael. He is someone for whom I have a deep appreciation and much respect. That is why it was so difficult for me when I learned Michael would be leaving my office to pursue an opportunity in the private sector. I had come to rely so much on his counsel, his leadership, and his savvy. It was very difficult and hard to let him go. I know I speak for everyone on my staff when I say Michael will be sorely missed.

Before Michael came to my office, he was living in Salt Lake City and working at Utah State University as the vice president for Federal and State relations. Under his leadership, that university developed its first professional program, secured critical line-item funding, enhanced its footprint and resource portfolio, and became a key player in facilitating the merger of two Utah schools.

Michael was also the point man for all matters related to Capitol Hill and the Utah State legislature. His reputation for hard work and integrity helped him craft strong relationships throughout the State. He knew the landscape, customs, and culture of Utah better than almost anyone. His experience and his reputation proved invaluable to me.

I know these tributes sound like eulogies with the way we talk about people as if they had already passed on. Considering how hard Michael worked, I am surprised this isn't his eulogy. His energy and work ethic always amazed me, as did his sense of style. Perhaps the only thing sharper than Michael's mind was his wardrobe. Few people can pull off a navy suit with pink lining and silver cufflinks, but Michael did so with ease. Of course, you might not know Michael was such a sharply dressed staffer because his boss usually stole the fashion spotlight, and after Washingtonian magazine named me the best-dressed man in Congress, I can only hope that some of my style rubbed off on him. However, if people knew how little I paid for my clothing, I think they might want to take back that honor.

Michael took a pay cut when he joined my staff nearly 4 years ago, and he always joked that his next job would be as an unpaid summer intern. I like to think Michael's financial sacrifice was emblematic of his desire to serve the State of Utah and improve this great country through the Senate. His willingness to serve was most evident in the way he always put the needs of constituents and staff above his own.

Michael's dedication to my staff was only surpassed by his dedication to his family, and I truly believe he owes his success to the constant support of his wife Natalie—an absolutely beautiful woman whom I have been blessed to know. Natalie and her family have been friends of mine since she was young. Natalie grew up as a friend of

my children, so naturally I felt protective and wanted the best for her.

When she announced her engagement to Michael, Elaine and I were delighted. Still, I was surprised that someone as impressive as Natalie would agree to Michael's engagement proposal. I guess to his long list of talents and accomplishments, we could add marrying out of his league.

I was very grateful that Natalie knew very well the rigors and intensity of serving on a Senate staff, having worked previously with Senator Bob Bennett. Not only was she an invaluable support to Michael, she was also there to help me in any way she could. She was wonderful.

While Michael was serving as my chief of staff, Natalie gave birth to their daughter Emily—or as I like to call her “Sweet Pea.” Shortly after her birth, Michael's family gathered in my Capitol office and gave Sweet Pea a father's blessing, as is the tradition in our faith. It was a sacred experience for Elaine and me to join Michael and Natalie and both their families for that special occasion.

Michael's family wasn't the only one to grow in the time he was with me. During those few years, we had 12 new babies and 4 spouses added to the families of our staff. Whenever there was a birth or marriage, Michael went out of his way to make sure they were taken care of. He fostered an atmosphere of camaraderie, friendship, and family friendliness that was critical for my office's ability to serve the people of Utah. People always knew he was genuinely concerned for them and their needs as they tried to adjust to the wonderful changes of a growing family.

Nevertheless, I know there were plenty of times when Michael would rather have been with Natalie than with me. One particular instance comes to mind. During the end of the 112th Congress, Michael and I rang in the new year together during an extended voting session. Michael bought a bottle of blue Powerade from the downstairs vending machine here at the Capitol, and we counted down the seconds on my Senate clock. I knew he wanted to be with his family, but I was grateful for his sacrifice in staying with me.

This intense dedication was the norm for Michael Kennedy. Every night that I left the Senate, Michael would be there to wish me a safe drive home and continue his work for me late into the night. Whenever I traveled, he was always by my side and ready to help. Together we spent a lot of time on the road, visiting each of Utah's 29 counties. We drove from meeting to meeting across beautiful western landscapes and had many memorable conversations. Though road trips can often be long and tedious, Michael's sharp intellect and good humor made him one of the greatest traveling companions I have ever had.

I have been extremely fortunate when it comes to my staff. I have had the privilege of serving with some of

the most gifted and devoted people our Nation has to offer. Each of them has brought something unique and important to their service, but I have to say that even among the select fraternity of talented Senate staffers, Michael Kennedy belongs in an elite class.

I have no doubt Michael will enjoy enormous success in his new position. Success has been the defining characteristic of every endeavor he has undertaken. I have had many chiefs of staff over my 38 years in the Senate, but none has ever been better than Michael.

While the selfish part of me wishes he could have stayed in the Senate just a bit longer, I have to say that I wish Michael, Natalie, and darling Sweet Pea the very best going forward.

I don't say these things haphazardly. This young man is truly one of the finest people I have known in all of my experience in the Senate of the United States. He was dedicated, he was consecrated to his work, and he did everything he possibly could to help my staff and me do a better job in the Senate.

Michael is a true friend, and he will always be somebody whose friendship I revere. As I said, his wife is a wonderful friend as well, and Sweet Pea—I call her “Pea” now—is one of the cutest, most darling young girls that I have ever seen.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

The PRESIDING OFFICER. The Senator from Connecticut.

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

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

#### HEALTH CARE REFORM

Mr. MURPHY. Madam President, this past Saturday, open enrollment began for the second round of State-based and Federal exchanges all across the country.

We can think about where we were a year ago today: The government was in shutdown. The Federal Web page where people went to enroll was a blank screen for many. There was frustration all across the country, and a lot of our friends on the other side of the aisle were claiming that this was proof the health care reform law could not work. They claimed it was a failure from the beginning.

Well, a year makes a big difference. It is a year later, and we have 7 million, 8 million people who have insurance on these exchanges across the country. We have lowered the number of people without insurance by 25 percent in a year's period of time. That is remarkable. In my State of Connecticut, where we run the best exchange in the entire country, we have cut the number of uninsured in half in

just a year's period of time. That is an even more stunning number. Health care rates of inflation are as low as they have been in most of our lifetimes. The State of Connecticut is actually spending less on Medicaid than it was a year or two ago, and quality is getting better. By most all of the indices that we follow, the number of people who are readmitted to a hospital after a surgery or the number of infections people get while they are in the hospital are all lower than they were when the bill first went into effect.

While a lot of my Republican friends come to the floor with stories about people who have bad insurance with the health care bill, the data clearly is on our side. The data tells only one story that the Affordable Care Act is working. But we have a lot of stories, too—millions of them, as it turns out. I have never denied that there will be people who have bad experiences with the health care system, with the Affordable Care Act, and with the exchanges. But they are in the vast minority. The majority are people such as Christina who is a small business owner from Stratford, CT. Several years ago, she left a job that provided employer-based coverage to start her own business in Bridgeport. It was her dream to start her own business. But as with a lot of Americans who have a dream to start their own business, she was reticent about doing it because she was worried about losing her health care insurance. She stayed insured on COBRA until it expired, and then she went on the individual market. She recalls having to fill out a 15-page questionnaire asking, as she says, "anything that I had ever remotely discussed with my doctor." Unfortunately for her, she got a rejection notice from a carrier that basically just copied and pasted what she wrote in the application and said: Here is your preexisting condition, and that is why you are uninsurable. Her only remaining option was to go into Connecticut's high-risk pool.

While she was shopping around for insurance, she decided to get her annual mammogram at age 40, and the hospital told her they found something suspicious on that mammogram.

Facing a potential cancer diagnosis without health care coverage created an enormous amount of anxiety for her. It was at that moment that it struck her how important it was for people to have coverage. So she went to Access Health, which is our State-based exchange, to look at plans, and she realized she had another option. She found a gold exchange plan. It asked her to pay \$430 a month, which was a big difference from the \$1,200 per month that she was paying under the high-risk pool. By the way, a lot of the repeal-and-replace crowd say we should replace the exchanges with high-risk pools. Well, for Christina, that was a big financial risk to her. She went from \$2,500 a month down to \$430. She says: I am thankful that there was a solu-

tion for me to be able to keep my business and to have affordable health insurance that can't be taken away.

Now, Christina hopefully is going to be what a lot of people call job creators. She is hopefully going to hire a lot of people for her new business. She is going to do it because she was able to start that new business because of the Affordable Care Act.

On Saturday, the first day of enrollment, HHS said that 100,000 people submitted applications for coverage, and more than 500,000 people were able to log on to [healthcare.gov](http://healthcare.gov). And more than a million, just since open enrollment has begun, have been window shopping for insurance options. By and large, Web sites across the country are working, and they are allowing people to come back and shop for plans. It is really important that people do come back and shop for plans, because what we know is that the insurance industry likes this bill as well. Now, a lot of people on our side of the aisle don't like the fact that the insurance industry likes this bill so much, but they like it so much that there are about 25 percent more insurers that are offering plans on these exchanges. So if a person is on a plan for a year, they should know there are likely more options out there for them. They should go on the State exchange or Federal exchange and check it out. There are going to be more options with potentially better fits for people.

That is not to say that people haven't been really happy with the insurance coverage they have. Here is some other news we have gotten in since the last time I was on the floor. The Gallup poll surveyed Americans who had bought insurance in the first year on these plans, and what they found is pretty remarkable. Seventy percent of the people who bought insurance in the new marketplace last year rated it as good or excellent. Would that we had the same ratings for the Senate. Seventy percent of the people say the coverage they got was good or excellent. Three in four of the newly insured say they are satisfied with this aspect of their health care insurance. That is compared to 61 percent among the general population with insurance.

So people are actually more satisfied on the exchange-based plans than they are on nonexchange-based plans. If people are satisfied now, they may be able to get an even better deal because more insurers are now signing up.

The other good news is that premiums are going to be, on average, lower. Now, that is an impossible thing to say in the current health care environment. People are just not used to hearing that premiums from year to year are going to be lower, but that is the truth. A study from Kaiser and a study from the Wakely Consulting Group—Kaiser looked at the second lowest-cost silver plan in 49 cities around the country and found the premiums are going to be decreasing slightly from last year. Wakely looked

at the largest county in each of the 34 States with marketplaces run by the Federal Government and found on average that the rate decrease was going to be 1 percent. We, frankly, would be happy if rate of increase was only 2 or 3 percent, because on average in 2008, the premium increase was 10 percent. In 2009 it was 10.8 percent, and in 2010 it was 11.7 percent. We are having an average premium decrease in the exchanges this year. That is more proof that as folks get more coverage, as people get access to preventive care, they are driving down overall health care costs because less people get into crisis, less people have to run to the emergency room, and they get cheaper cost care earlier on. That is better for them, better for the taxpayers, and better for their bottom line.

Kara from Granby, CT, has this story. When Kara was born, the doctors immediately told her parents that she was going to face a lifetime of obstacles because she was diagnosed with only one ailing kidney and a slight hearing impairment. Lucky for her, her parents found a great doctor at Connecticut Children's Medical Center.

About the time she was 1 year old, her kidney had started to fail, and a kidney transplant was recommended. Her father gave her one of his, and she was able to graduate from high school and college without having any major health problems. But she remembers always being warned by her parents about how difficult her life was going to be because of her health ailment but also because of the fact that her life decisions were going to be dictated by whether she could get health care. So she was so relieved when she found out she could stay on her parents' plan until she was 26, under the new health care law. That was critical to her because her health, after she graduated college, took a sudden downward turn. She began having frequent headaches, and her voice became really hoarse. What she thought was a virus ended up to be diagnosed as a brain tumor.

Because of the ACA and her parents' insurance, she was able to get great coverage. She went out to go look for a job but wasn't able to find one that offered health care insurance, and she went on Medicaid before she could sign up for health care insurance herself. Her tumor reappeared, but even despite this latest setback, her doctors still believe they can extract the tumor, and her prognosis is good. But she has health care, and she has had continuous health care because of the Affordable Care Act, because of Medicaid's being expanded throughout the States.

Kara says that I know for sure that I wouldn't have made it this far in life without health care. It is incredibly essential to have it. You never know what is going to happen to you. Don't take your health for granted. Kara, from Granby, has health insurance continuously because of the Affordable Care Act. Differences are being made all over the country.

I will tell just one more story. That is one from the middle section of the State from Ohio. Jim worked for 37 years for the same company. He was typically putting in 50-hour workweeks that included travel and working weekends. It started to take a toll on his health, and he knew he had to retire. If he wanted to live longer, if he wanted to enjoy his years in his sixties and seventies, he had to retire, but he couldn't do it because he needed health care for him and his family. His wife is a cancer survivor. She had been diagnosed with leukemia 15 years ago. The only way she was going to be able to get insurance was through his employer. He had to keep working even though it was the wrong thing for his health because of his job lock caused by his necessity to get health insurance from this job he was connected to.

The Affordable Care Act changed all of that. He retired in March of this year. He went and did his home homework on healthcare.gov. The plan he chose would have cost him \$1,200 per month to cover him and his wife, but with the subsidy he received, with the tax credit he received, their premium costs were \$127 a month. Jim is shopping as we speak for plans in 2015, but he knows he is going to live a longer life, and he will be able to be there for his wife and for his family because of the Affordable Care Act.

Jim has a pretty interesting take on all of this. He says he got to leave his job and spend more time with his family and spend more time concentrating on his health. He says: "I am much healthier and happier than I was before. Plus," he adds, "I am helping the economy. When I left my job, they had to hire someone else, so I am a job creator too."

This is one of the great benefits of the Affordable Care Act. It reduces job lock. People who have to stay in jobs, people such as Jim but also people such as the first woman we talked about, Christina, who was able to start her own business because of the Affordable Care Act.

Open enrollment is upon us. People have 25 percent more options. On average, people have premiums that are lower than they were last year. People can sign up for something better than they had or they can join the 8 million people who have signed up on the exchanges and participated in Medicare expansion all across the country. People can be part of this pretty amazing story that is being told all across the country.

An Affordable Care Act that is insuring more people than ever before in this country, contributing to a stabilization of health care costs across this country, that still leaves us with a lot of room to go. There are still way too many people paying way too much for health care, but it at least charts us in the right direction and is making people healthier all at the same time, which is what this is all about. It is not just about saving money. It is about al-

lowing people a better quality of life, and it is doing that as well.

As we mark the coming second week of open enrollment, it is important again to point out a very simple fact, which is the Affordable Care Act works.

I yield back and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. BARRASSO. Madam President, with regard to the health care law, the proof has come out today. The administration has been cooking the books. That is not just me saying it. It has come out all across the press. USA Today, just out: "Obama administration gave bad health exchange numbers." Associated Press: "Oops, administration erred on health law signups."

Let's take a look at this. The Department of Health and Human Services said Thursday—this is reading from USA Today—it made a mistake in how it calculated enrollments under the Affordable Care Act, including 400,000 dental plans in its figures for medical plans. Those dental plans allow the Obama administration to claim more than 7 million enrollments and 7 million was long considered the magic number, the magic number that would allow the new health insurance exchanges to be sustainable. What does the Secretary of Health and Human Services say? Today she said this mistake is unacceptable. I agree with the Secretary.

This mistake is unacceptable, but it is not a surprise to the American people. We have questioned a long time what numbers the administration was putting out. I think it is fascinating that the administration has continued to lower and lower the numbers as more and more information and research has been done, and they can hide it no longer that they were cooking the books. Earlier today Bloomberg went up to the—with the story based on analysis from the House Committee on Oversight and Government Reform. The committee found the Obama administration has included people who purchased this stand-alone dental coverage and now HHS has admitted the duplicity. Let's take a look at this. On May 1 Health and Human Services released exchange enrollment information for a period from October 1, 2013, through April 19, 2014. At the time Health and Human Services said over 8 million people had selected a plan through an exchange, either the State or Federal exchange.

In the report, HHS also disclosed 1.1 million selected to stand-alone dental plans through the Federal exchanges. A footnote in that report said totals for stand-alone dental plans do not include

individuals who are enrolled in the marketplace plans that provide integrated medical and dental coverage. So then on May 21, and after previously touting the 8.1 million exchange enrollees, Health and Human Services decided they would stop issuing additional reports. No more monthly ObamaCare exchange enrollment information. September 18, in testimony before the House Oversight Committee, the CMS Administrator, Marilyn Tavenner, testified that there were 7.3 million people enrolled in the health insurance marketplace coverage as of August 15. Remember the magic number for saying this was a sustainable program was still 7 million.

When we take a look at the oversight committee's analysis it shows nearly 400,000 of these enrollees didn't purchase insurance through the exchange for health care, rather stand-alone dental coverage. That takes the total number to under 7 million.

On November 10, earlier this month, Secretary Burwell said there were 7.1 million exchange enrollees as of the end of October. However, she also failed to break out the coverage of those stand-alone dental insurance policies, indicating the true number as of last month, likely closer to 6.7 million or 6.8 million individuals.

The nearly 20 percent drop in the exchange enrollees suggests that once many people learn about the ObamaCare problems, extremely high deductibles, narrow networks, they stop paying. They stop paying their premium in spite of the fact that there continues to be large government subsidies they are receiving. This drop is likely the central reason HHS dramatically lowered its exchange estimates earlier this month saying that by the end of the next year, instead of the 13 million people predicted by the Congressional Budget Office that there would be about only 9.1 million people enrolled.

I have heard from my colleague from Connecticut who came and told an individual story, but the health care law overall remains very unpopular. It is so unpopular that as of earlier this week and all of the polling ever done about the health care law, it is more unpopular now than ever before. Popularity is at an alltime low and unpopularity, disapproval is at an alltime high. Why would that be? There are a number of reasons. One is the front page of the New York Times the other day. November 15, cost of coverage under the care act set to increase. President Obama stood before the American people and said under his plan the cost of insurance policies would go down \$2,500 per family. They have not gone down. They headed in the other direction, and again this year the cost of coverage under the health care act is set to increase. It is no surprise people are concerned when the President tells them one thing and something else happens, they question the President.

There are a number of reasons it is not popular. That is just one. The

President's solutions of putting many more people on Medicaid under the health care law, a program that has already failed and is failing and continues to be a problem—the front page of the Wall Street Journal, Friday, 14 of November, "As More Join Medicaid, Health Systems Feel Strain"—stories about people who can't get care, people who are providers who can't afford to provide the care for Medicaid patients because the reimbursement is so low. That is the President's solution—force more people on to Medicaid because the President's focus during all of these discussions has been on coverage. As a doctor I will tell you the focus should be on the word "care." People want care, and they know what they want. They know what they need in health care reform.

They want affordable care, quality care, and choice. That is what a Republican plan will look like to replace and strip out the terrible parts of this health care law. Then for people living all across the country in rural communities—I know in the Presiding Officer's State and in mine, we know what impact the loss of a rural hospital has on that community.

But yet, front page, USA Today, last weekend, November 14 to 16, "Rural Hospitals in Critical Condition." ObamaCare critics say the law is speeding up the demise of the facilities. There is a map of the United States, a list of 43 hospitals that have closed since January of 2010 as a result of the health care law.

You say: Is it as a result of the health care law? I believe it is, because it was Ezekiel Emanuel, one of the architects of the health care law, who said and recently wrote that between now and the year 2020, up to 1,000 hospitals in the United States were likely to close. We know what the impact of the cuts that happen to our seniors on Medicare as a result of the health care law will have to rural hospitals, where a disproportionate number of the patients are seniors on Medicare. The hospitals cannot sustain themselves.

That was part of the original budget numbers as they looked at the health care law, as we debated it on this Senate floor and said: Please do not pass this, Democrats—who one by one by one voted for the health care law—because it is going to impact our rural hospitals.

Now we see 43 hospitals in rural communities all around the country and tell stories of people who could not get care, had to travel such a long distance in that critical hour after a heart attack, were unable to survive. So the health care law continues to be very unpopular across the country. Yes, it is possible for colleagues to come to the floor and tell a story about one individual whose life may have been improved as a result of the health care law. But across the country, there are many people who are finding they cannot keep their doctor, they cannot keep their child's pediatrician, they

cannot go to the hospital in their local community because of the specific components of the health care law which have caused so much damage and wreaked havoc in communities all around America.

I continue to hear from people in Wyoming who have lost the insurance that worked for them and they liked. They had to buy other insurance, much more expensive, that covered things they did not need, did not want, and cannot afford. Many now find themselves for the first time without insurance when they had it before. It worked for them and their families.

So that is why all across the country, people are saying: This health care law is not working for me. That is why the signups are down and the belief is that fewer people are going to sign up because for them they do not feel they are getting good value. They see what they are going to have to pay out of pocket for deductibles, what they have to pay out of pocket for copays, what their premiums are. As a result, they are saying: No, thank you.

Even with the subsidies, Health and Human Services has significantly lowered their predictions of how many people will sign up for the health care law this year. That is in spite of the fact that the fines are going up.

Then, on top of all of this, there is a health care MIT economist, Professor Jonathan Gruber, who has made comments that are disparaging of American citizens. He has said not just once but time and time again, as the videos continue to come out of this Gruber miniseries of TV videos, that this health care law was sold to the American people by trying to confuse them. He has questioned their intelligence. It was NANCY PELOSI who said: First you have to pass it before you get to find out what is in it.

American people are furious about the way this administration has treated them, has behaved toward them, and has acted upon their willingness to believe an administration and believe a Speaker of the House at a time people wanted health care reform in America. People did not get what they wanted. They did not get what they were promised.

So, today, I come to the floor to say to my colleague who just spoke about the health care law, that perhaps for the folks he mentioned it has worked. We want health care to work for people all across the country so they can get the care they need, from a doctor they choose, at lower cost. That is what they want. So today, the proof comes out, the administration has been cooking the books. As USA Today says, the Obama administration gave bad health exchange numbers and the Associated Press starts its story on this very same topic with one word, "Oops!"

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

The PRESIDING OFFICER (Mr. UDALL of Colorado). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

## EXECUTIVE SESSION

### NOMINATION OF NOAH BRYSON MAMET TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE ARGENTINE REPUBLIC

Mr. REID. Mr. President, I move to proceed to executive session to consider Calendar No. 892.

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

The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The assistant legislative clerk read the nomination of Noah Bryson Mamet, of California, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Argentine Republic.

#### CLOTURE MOTION

Mr. REID. I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The assistant legislative 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 Noah Bryson Mamet, of California, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Argentine Republic.

Harry Reid, Robert Menendez, Patrick J. Leahy, Patty Murray, Debbie Stabenow, Benjamin L. Cardin, Amy Klobuchar, Kirsten E. Gillibrand, Christopher Murphy, Brian Schatz, Richard J. Durbin, Richard Blumenthal, Tom Harkin, Angus S. King, Jr., Tom Udall, Mazie Hirono, Sheldon Whitehouse.

Mr. REID. I ask unanimous consent that the mandatory quorum under rule XXII be waived.

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

## LEGISLATIVE SESSION

Mr. REID. I move to proceed to legislative session.

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

The motion was agreed to.