

law passes, there will be 800,000 fewer jobs than if this law does not pass. The collective impact on the economy is 800,000 fewer jobs.

Last week they said there would be 2.3 million fewer jobs—roughly three times the amount that the earlier estimate was. Similar to so many other estimates in this law, the reality of the law turns out to be different than the estimates. Surely that was an estimate that nobody wanted. I cannot imagine anybody who voted for this bill—and I did not vote for it—but I cannot imagine anybody who voted for this bill thought: That is a really great thing. We are going to lose 800,000 jobs if this bill passes. I assume they thought: The good this bill will do will offset losing 800,000 jobs.

Now we find out it is 2.3 million jobs and all kinds of information that the good that was supposedly going to be done is not what people had hoped for.

While we are talking about the workplace, I have a letter from a person who is the president of one of our community colleges in the State of Missouri. He says because of the Affordable Care Act “we have reviewed all part-time employment to ensure compliance with the Affordable Care Act . . . which defines full-time as 30 hours or more per week. Without specific guidance in converting credit hours to clock hours, we have reduced part-time faculty’s teaching loads to ensure” nobody works more than 30 hours.

This is not the only letter or contact all of us have had on this topic. We know the unintended consequence of this law on the workplace is that people are now told whom they do not have to insure. State governments, community colleges, big companies all looking at a law for the first time that supposedly says whom you have to insure—though the President certainly feels he has the authority that none of us can find anywhere in the law to decide when the law is going to go into effect and when it is not—but the law says whom you have to insure, and suddenly people who for a long time have provided health care benefits because they thought it was the right thing to do or the competitive thing to do now respond to this directive from the Federal Government that says what you have to do, and that means that is all you have to do.

So all of these employees who may have worked 25 hours, 28 hours, 32 hours in the past who all got insurance now are suddenly working less than 30 hours. I have talked to enough of these employees to know this is not because they do not want to work more; this is not because they want to make less money; this is not because they want to teach one less class; it is because the law has had that kind of impact on the workplace.

The other promises—we are going to get better coverage for less cost—surely, somebody is getting better coverage for less cost. But my guess is that is a much smaller group than the people

who are losing their insurance and because of the so-called broader and better coverage have more costs.

Here is a letter from Kathy in Wentzville, MO. She says:

I carry insurance through a large corporation and my premium increased this year because the minimum standards [in the law] affect my plan.

Premiums increased by 25 percent.

She goes on, in no uncertain terms, to suggest that she does not like the Affordable Care Act or think it is affordable.

Jeff from St. Joseph said:

Thank you for the opportunity to share my family’s opinion on ObamaCare. First off I would like to state that we have experienced increases in our health insurance. My employer’s insurance has doubled of which I pay $\frac{1}{2}$. My family’s separate insurance policy has risen as well with a cancellation due in December. I have considered canceling my [own] health insurance through my employer so that I could provide for my family’s [health insurance] at their new rates.

This is a family that a few months ago thought they were going to be able to continue to keep what they had. They liked what they had. They thought they could afford what they had. Now they are deciding who is going to go without insurance so other people can have insurance in the family at the higher rate.

William from St. Louis, MO, says:

My insurance was canceled in December.

He says:

... my insurance rates have been drastically increasing each year since the law was passed.

Four years ago, I had a policy for my family with a \$500 deductible and the ability to go to any hospital/doctor in St. Louis for \$1,000 per month. Now I have a policy with a \$2,000 deductible and I can’t go to [the doctor I used to go to].

He says his policy now—that does not allow him to go to the doctor he used to go to—does not cost \$1,000 a month any longer; it costs \$1,500 a month.

Ted in St. Joseph said his doctor has changed the way he does business. He says his doctor has downsized the types of plans he accepts and is moving to a customer base with higher incomes.

So Ted’s doctor, according to Ted in St. Joseph, has stopped taking patients with Blue Cross/Blue Shield because of increased costs, and Ted, who by the way liked the doctor he had, now has to find another doctor who will take the coverage he can get.

Steve, in St. Joseph, and his wife are raising their 14-year-old grandson, and all three have seen their insurance costs increase—they think because of the Affordable Care Act. His grandson’s policy went up \$50 a month, from \$104 to \$154. His wife’s deductible went from \$1,000 per year to \$5,000 per year and her insurance costs over \$800 a month.

He goes on to say—and I thought about whether I should read this; I assume they have talked about this too. He said: “If we were to get divorced, her premium would be less than \$200 per month.” I think Steve is not suggesting that he and his wife should get

divorced, but he is just talking about, again, the unintended consequences. A family who is together cannot afford to have the coverage they had. Her coverage is \$800 a month, but as a substitute teacher—I believe that is what this letter says she does—her income would qualify her for a \$200-a-month policy instead of the \$800 they are paying now.

Sandy from Armstrong, MO, says she received a letter from her insurance company notifying her that her premiums were about to increase. She went on healthcare.gov to find plans she and her husband could qualify for, and the plans she found were double the premiums she had been paying.

Kelly from Farmington, MO, works in the HR department, the human resources department, at a bank. She feels healthy groups will be paying more for insurance because of the ACA and because of the expanded coverage.

Her department has received many questions, she says, about health care coverage but feels limited in how much they can tell anybody because they do not know how the new law is going to apply.

The law of unintended consequences continues to be the law that applies here. Missourians and people all over the country are contacting us and asking how much damage we are willing to do to the health care system that was working to get more people included in that system. There were ways to do this, every one of which I believe was legislatively proposed in 2009—small changes that would have made a big difference in a health care system that was working for people who were in that system. We needed to figure out the few ways to get more people in that system. Instead, we have had a dramatic impact on the best health care system in the world, and people are beginning to figure that out.

I yield the floor 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. DURBIN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

UNANIMOUS CONSENT AGREEMENT—EXECUTIVE CALENDAR

Mr. DURBIN. Madam President, I ask unanimous consent that upon disposition of the House message with respect to S. 25, the Senate proceed to executive session to consider the following nominations: Calendar Nos. 497, 498, 493, 494, 495, 496, 531, and 534; that the Senate proceed to vote without intervening action or debate on the nominations in the order listed; that the motions to reconsider be considered made and laid on the table, with no intervening action or debate; that no further motions be in order; that any related statements be printed in the

RECORD; that the President be immediately notified of the Senate's action and the Senate then resume legislative session; further, that there be 2 minutes for debate equally divided in the usual manner prior to each vote and all votes after the first be 10 minutes in length.

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

Mr. NELSON. Madam President, I ask unanimous consent to speak as in morning business for 5 minutes.

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

VOTER SUPPRESSION

Mr. NELSON. Madam President, with what we went through in the State of Florida in the attempts to suppress voters, you would think that with the experience of people having stood in line in order to vote for 5 to 7 hours, it would have put this issue to rest. But they are back at it again, this time in a very subtle way.

The Governor's office, through his appointed secretary of state, who is the chief elections officer, has now interpreted a statute that in a municipal election students at the University of Florida cannot early vote on campus at their student center prior to the election. The interpretation was made that it is an educational facility and does not qualify, according to the statute, on a technical reason: that it is not a government-owned conference facility, when, indeed, it is owned by the State of Florida through the university, and it is a conference facility for many conferences for outside groups as well as student groups.

No, what it is is an attempt, in the runup to the November election, to try to make it more difficult and less convenient for students to vote.

As it turns out, in this particular municipal election coming up shortly, students would have to go across town to some other location some 3 miles away, and, of course, as busy as students are, that is going to discourage them.

If they end up doing this for this special election in March, a municipal election, they are, of course, going to try to do it for the November election when we have a statewide election for the Governor and the cabinet. Why? Well, an attempt to suppress student voters who may not be voting for the people in power who are trying to suppress their votes.

It is all the more of interest because on the ballot there will be a proposed constitutional amendment to change the State constitution to allow, by doctors, the prescription of medical marijuana, which is something that has generated interest in all sectors of society but particularly among students—another reason they want to come out to vote.

The whole idea of early voting is to try to make it more convenient for people to be able to vote, that they

might not be able to vote because of a babysitter problem or a work problem on election day. But early voting, as we saw in the experience of the 2012 election—the days were shortened from 14 to 8. They cut out the Sunday before the Tuesday election. Professor Dan Smith, in doing a study at the University of Florida, found that those who availed themselves of Sunday voting were primarily Hispanics and African Americans. Indeed, attempts were made to limit the number of early voting locations within a county, and then, of those early vote locations, having a facility that was small so that you could not get in a lot of voting machines. This was another way—very subtle—of trying to suppress the vote.

So the people of Florida, naturally, were outraged, particularly when they heard stories of the 101-year-old lady who had to stay 3½ hours in order to cast her vote and the others who stayed 5 and 7 hours. They were not going to have their vote taken away from them. They stood in line. So the people were outraged.

There was an attempt to pass a new law. I will close with this. With this new law now as being interpreted, the very same suppression efforts are occurring again. We are simply not going to let this happen even if we have to call in the Justice Department.

MILITARY RETIREMENT COLA

Mr. WARNER. Madam President, while I will cast my vote this afternoon for the legislation which would replace the cost of living adjustment, COLA, reduction for military retirees, I disagree strongly with the provision to extend the arbitrary sequester cuts included with this legislation.

It is frustrating to me that Congress will fix one provision which unfairly singled out one group by singling out another.

I am pleased that we can fix the COLA adjustment that would have affected the men and women who serve in the military prior to it taking effect. However, I would have preferred that we find a responsible way to offset the cost by identifying savings elsewhere.

I joined Senator SHAHEEN and Senator Kaine in December in introducing legislation that identified a way to pay for this fix: our proposal would close a loophole that some companies use to avoid paying U.S. taxes. Our approach would generate \$6.6 billion over 10 years to pay for the cost of un-doing the proposed cut in military pensions.

The extension of the sequester on mandatory spending for another year, which primarily hits Medicare providers such as hospitals with a two-percent across-the-board cut in payments, is a blunt and arbitrary way to find savings in Federal health care programs. It does not reward health care value, or support health care quality, nor differentiate among different geographic areas.

The across-the-board cut does nothing to reform the real long-term fiscal

challenges facing our entitlement programs. Instead, it just compounds on the multitude of other cuts that hospitals and other providers are facing, creating a situation where access to care potentially will be threatened.

The vote before the Senate this afternoon shows yet again how we need to have a broader conversation on how to get a better handle on our long-term fiscal challenges. By ignoring that larger conversation, we instead are reduced to playing a game of Whac-A-Mole.

The provision which singled out military servicemembers and veterans was included in a bipartisan package which was the least we could do to ensure that we didn't repeat the stupidity of last fall's government shutdown. The overall package, the Bipartisan Budget Act, which I supported, did not touch the major levers available to fix our balance sheet. By common agreement, revenue and entitlement reforms were not part of the discussion.

This package fixed the arbitrary sequester cuts—though only on the discretionary side, and only for 2 years.

For the last 3 years, Congress—and both chambers, and both parties, bear some responsibility for this—have repeatedly taken the path of least resistance. All of us recognize that we have an enormous fiscal challenge, but there's not the collective will to make the hard decisions which will put us on a path of solvency.

Instead, we punt and we play on the margins. We continually make deep cuts in the type of programs that power economic growth—programs that train our workforce, educate our children, and support those who serve and protect our nation. We choose to put off the broader discussion about reforms which would be easier now—easier because they create a glide path toward enactment—allowing individuals, families, businesses and our state and local government partners to make responsible plans for future changes. We have avoided a conversation about our complex, bloated tax code, which promotes inefficiency and too often inhibits economic growth. By putting off the hard choices, we allow these fiscal challenges to get worse. The choices do not get any easier.

Decisions like the vote before us today are incredibly frustrating. These decisions ask us to support the repeal of a provision, which hurt one specific group, by replacing it with another provision which just places the burden on a separate group. I believe that we can do better for our military personnel, for our Medicare providers, the patients who rely on them, and for our country overall. While I will cast my vote for this bill, I remain committed to finding a way to reverse the sequester cuts we have just extended through 2024.

• Mr. COBURN. Madam President, regardless of which side one falls on the Ryan-Murray budget deal reduction in the annual COLA increase for working