protected because the city of Augusta, which is 136 miles upstream, is also located on the Savannah River. We then had to go back, have another study done, and after months and months we finally came up with a fish ladder project that was to be installed in Augusta, 136 miles north of the Savannah Port, but we got that done.

We still may face more obstacles as we guide this project to completion, but the fact remains that for every $1 invested in the project, the Nation will see a nearly $6 return. For Georgia, the value of SHEP is almost immeasurable. The port already supports some 300,000 jobs across our State, and when post-Panamax vessels start rolling into Savannah, the economic benefits will increase dramatically.

Georgia has always been a great place to do business, and a big reason for that is we have had strong leadership at the State level—leaders who understand that making investments in economic development projects can give great returns.

In this case the Port of Savannah is an epicenter of worldwide commercial traffic. The imports and exports associated with this port expansion mean that jobs will be created not only in my home State but all throughout the country.

Congress has once again agreed with us that SHEP is a vital project for our country. Now that we have completed our work, it is imperative that the administration carry through with its commitments.

The Project Partnership Agreement, which is a document that details the construction plans for a Corps of Engineers project, needs to be finalized and signed immediately. I have complete faith in the ability of the Corps and the Georgia Ports Authority to get that document finished as soon as possible—based on their commitments to me and Senator ISAKSON.

We didn't close the book on this project today, but we did jump forward by several chapters. Ensuring the appropriate language was included in this bill to move SHEP forward and voting today for this bill have been the highlight of my final year in Congress and represent the culmination of years of work by me, Senator ISAKSON, as well as many others.

I want to state my thanks once more to Chairwoman BOXER and Ranking Member VITTER for working with us on this matter. Their tireless efforts have done more for this country and for Georgia than they may realize.

The work of those Senators and their staffs as well as the work of Chairman SHUSTER and Ranking Member RAHALL and their staffs on the House side will be felt by users of waterways on rivers and lakes, by barge operators, commercial and recreational boaters, by cities, counties, and States, and by everyone in this country who uses and consumes water.

This bill represents the fulfillment of a commitment I made to my constituents to see the harbor deepening through, and I look forward to the day when I am in Savannah and watch a big shovel go underwater to start deepening that port once again.

I suggest the absence of a quorum call.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

CHINESE TRADE PRACTICES

Mr. CASEY. Madam President, I rise this afternoon to speak about the impact of this week's announcement that members of China's People's Liberation Army hacked into the computer systems owned by Pennsylvania companies to steal trade secrets on our trade policy.

As we all know, a grand jury in Pittsburgh indicted five individuals for hacking into several companies' computers and a labor organization, United Steelworkers, in western Pennsylvania. The companies included Westinghouse Electric, Alcoa, U.S. Steel and, as I mentioned, the United Steelworkers union. According to reports, the individuals in the indictment are accused of stealing trade secrets to benefit Chinese industry, which is heavily sponsored by the Chinese Government.

This is just the latest example of the unlevel playing field to which our domestic firms are subjected. To give an example, Pennsylvania, as are many areas around the United States, is experiencing an energy renaissance—Pennsylvania natural gas—which stands to greatly benefit the Commonwealth's economy. For the steel industry, it means the opportunity to sell a lot of pipe to natural gas drilling sites. Our foreign competitors also see this opportunity and have responded by aggressively pursuing our market. This competition is expected and would be OK if—if—it was fair. Of course, in this instance it is not.

In fact, our domestic steel industry is facing a new crisis. After successfully beating back unfair competition from the Chinese, our domestic producers are facing a surge of imports from around the globe. According to a recent report by the Economic Policy Institute, domestic steel imports increased by almost 13 percent from 2011 to 2013. Without action, we stand to lose half a million jobs around the United States and some 35,000 in Pennsylvania alone. Just from this action, just from them flooding our markets in a way that is illegal and unfair, half a million jobs could be lost. We can't afford to send these good-paying jobs overseas.

We should act to level the playing field for our domestic steel industry by aggressively enforcing our trade laws and providing essential relief to this critical industry. For too long unfair trade practices and economic policies have cost jobs in the Commonwealth of Pennsylvania and across the country.

I will return now to the recent indictment I mentioned at the outset of my remarks.

This move is further evidence of China's anticompetitive trade practices. What I just said is an understatement. These trade practices have taken a dramatic toll on Pennsylvania businesses and pose a threat to our national security.

The Obama administration has taken steps to crack down on China, but we must also pursue congressional action. We know that currency manipulation continues to take a huge toll on U.S. businesses. Last Congress, the Senate passed a tough bill to help level the playing field for our companies by holding countries that undervalue their currency accountable. The House failed to take up this important bill. We must take action.

I am an original cosponsor of the Currency Exchange Rate Oversight Reform Act of 2013. I call on all Senators to turn our attention to this bill to send a strong message to the Chinese Government that they cannot continue to cheat our companies. When China cheats, we lose jobs. It is that simple. The evidence is overwhelming. Our bipartisan bill will help American manufacturers and workers by clarifying that our trade enforcement laws can and should be used to address currency undervaluation. More broadly, the bill would improve oversight by establishing objective criteria to identify misaligned currencies. Also, it would impose tough consequences for offenders.

I believe strongly that before proceeding with our busy trade agenda, as some might want to do, and passing additional trade agreements or fast-track legislation, we should take a close look at our trade enforcement policies first, including aggressively addressing currency manipulation.

Pennsylvania companies are some of the best in the world, and I am committed to cracking down on unfair trade practices that hurt their ability to compete.

Madam President, I yield the floor and note the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. HATCH. Mr. President, I ask unanimous consent that I be permitted to finish this speech.

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

RELIGIOUS LIBERTY

Mr. HATCH. Mr. President, I rise today to speak about our Nation's first freedom—religious liberty.

Last week a court in Sudan sentenced a woman to death for converting from Islam to Christianity and gave her just days to recant. Sadly, this sort of tragic oppression is common across the globe.

The Pew Research Center says that three-quarters of the world's people live where restrictions on religion are high or very high and that religious hostilities have been increasing for years.

In the last 10 years the number of countries on the Commission on International Religious Freedom's watch list has grown by 150 percent. Simply put, religious freedom is increasingly in peril around the globe.

When compared to the rest of the world, some might think that religious liberty in America is alive and well. But, in truth, basic religious freedom is under attack here at home. Professor Thomas Berg writes that ''establishing freedom of religion as both constitutional principle and social reality is among America's greatest contributions to the world.'' But we have to ask ourselves whether meaningful religious liberty is still such a reality in American society and whether our Nation is still making that essential contribution to a world that needs it now more than ever.

Hundreds of books, studies, papers, articles, and court decisions have explored various aspects, nuances, and implications of religious freedom. In the coming days and weeks, I will explore some of these issues in greater detail. Today I wish to speak about the definition and importance of religious freedom in America as seen both in history and in four important documents.

For 170 years before Thomas Jefferson penned the Declaration of Independence, one religious society after another came to America so that they could live their faith. Puritans, Congregationalists, Roman Catholics, Jews, Quakers, Baptists, Presbyterians, and Methodists had all found refuge in the British Colonies by the time the United States was born. Roger Williams founded Rhode Island as a haven for religious dissenters. William Penn established religious liberty in the colony that bears his name.

From its earliest days, religious freedom in America has been freedom not only of belief but also of behavior. In addition to our Nation's early heritage, four key documents establish the same understanding of religious freedom as encompassing both belief and behavior in both private and public spheres.

The first document is the U.S. Constitution. The First Amendment protects the free exercise of religion, a phrase that on its face plainly includes conduct as well as belief. It is a phrase that had been in use for more than a century when America's Founders placed it in the First Amendment. The plain meaning of this phrase, as well as its history, is simply incompatible with the view that our constitutional freedom of religion is limited to the profession of belief and somehow excludes religious conduct.

As Professor Michael McConnell, director of the Constitutional Law Center at Stanford and perhaps America's leading scholar of religious liberty has shown, such an artificial and cramped view is unsupportable. By its own terms our First Amendment protects both religious faith and action.

The second document is the Universal Declaration of Human Rights, which the United States signed in 1984. Article 18 states that every person has the fundamental ''right to freedom of thought, conscience and religion,'' and that ''this right includes . . . freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.''

Plainly stated, religious liberty by its very nature encompasses both belief and behavior. In articulating broad principles of basic human rights, the authors of the Universal Declaration of Human Rights acknowledge that it is meaningless to have one without the other.

The third document is the Religious Freedom Restoration Act. In 1990, the U.S. Supreme Court held that government needs only a rational basis for laws that burden but do not target the free exercise of religion. That decision changed decades of Supreme Court precedent that had required a compelling reason for laws that burden the exercise of religion.

This shift was not just some legalistic or semantic exercise. If government needs only a rational justification for burdening the exercise of religion, it could do so essentially at will, but if government must have a compelling reason, it must respect the fundamental liberty and may burden it only when absolutely necessary.

By shifting from one standard to the other, the Supreme Court made it dramatically easier for government to burden the free exercise of religion. Congress responded to the Supreme Court's decision with the Religious Freedom Restoration Act, or RFRA, which established the compelling standard. It passed the House unanimously by voice vote and the Senate by a vote of 97 to 3.

I was the primary Republican cosponsor of the Religious Freedom Restoration Act in the Senate. In all of our discussions about RFRA, both Democrats and Republicans were united on one fundamental principle, the right of all Americans to the free exercise of religion should be equally protected.

I remember when I went to Ted Kennedy, I said: You are going to be on this bill with me.

He said: No, I am not.

I said: Yes, you are.

To his credit, he came on the bill. By the time we articulated on the floor and afterward when it was signed by President Clinton at the White House, on the White House south lawn, one of the biggest boosters was my friend Ted Kennedy.

The fact is I will make that point again. As the primary sponsor of the Religious Freedom Restoration Act in the Senate, in all of our discussions about RFRA, both Democrats and Republicans were united on one fundamental principle: the right of all Americans to the free exercise of religion should be equally protected.

Each religious claim should be judged by the same standard as every other, a standard that reflects the true importance of religious freedom. We rejected amendments that would have excluded some religious claims or favored others.

In October 1993 I spoke in favor of RFRA on the Senate floor, explaining that the bill would restore to all Americans protections of the free exercise of their religious conviction. In fact, I stated directly that exempting anyone from the basic principle of free exercise would set a dangerous precedent.

The fourth and final document is the International Religious Freedom Act enacted in 1998. The House passed it by an overwhelming bipartisan majority. The Senate followed suit by a vote of 98 to 0. This law established the U.S. Commission on International Religious Freedom, and declared that ''the right to freedom of religion undergirds the very origin and existence of the United States.''

It cited the Universal Declaration of Human Rights and reaffirmed yet again that religious freedom necessarily includes both belief and practice, individually or collectively, in public or in private. As the U.S. Commission on International Religious Freedom has explained, by its very nature religious liberty is ''a broad, inclusive right, sweeping in scope, embracing the full range of thought, belief, and behavior.''

It is central to human identity and dignity. It is essential to individual and social well-being. It is beneficial to political, economic, and civic life. Religious freedom is a fundamental constitutional liberty as well as a universal human right.

In America religious liberty has always included both the freedom to believe and the freedom to act on that belief, the protection to do so collectively as well as individually, and the right to do so publicly as well as privately. Those basic tenets form the only proper standard by which to assess the state of religious freedom in America today.

Unfortunately, there is much cause for concern. Let me share a few disturbing examples. The equal and universal application of religious liberty is now in doubt. Congress was united when enacting the Religious Freedom Restoration Act that the right to exercise religion freely belongs to everyone and should be protected by the same rigorous standard in each case.

When balanced against important government interests, some religious claims would win and others would lose, but a rigorous legal standard that

creates a high hurdle for government action that burdens religion must be applied universally, since the free exercise of religion is a fundamental right of all Americans.

That conviction, however, is unraveling. This year marks the 50th anniversary of the Civil Rights Act of 1964. Title VII of that landmark law prohibits workplace discrimination based on religion and requires that employers reasonably accommodate the religious practices of employees. The Supreme Court, however, interpreted the ''reasonably'' so broadly that the exception swallowed the rule and workers have been without this legal protection ever since.

Legislation called the Workplace Religious Freedom Act was introduced to reestablish legal protection and accommodation for religious workers. Originally, it applied this protection to all religious claims, just as RFRA required. It would balance the right to religious exercise with the legitimate needs of employers, but the most recent version of this legislation introduced in the 112th Congress abandoned universal applicability and instead would protect some religious claims but not others.

Rather than allowing religious claims of all varieties to stand or fall under the same standard, some claims were covered and others were excluded from that standard altogether. This is not the only example of religious liberty under attack. Among its many other maladies, ObamaCare likewise struck a blow to the free religious exercise of religion.

Although President Obama has called religious freedom a universal human right, his administration apparently paid that fundamental liberty no regard when drafting ObamaCare. Likewise, the Religious Freedom Restoration Act plainly states that its basic religious protections apply to every future Federal statute. Yet the Obama administration gave no consideration whatsoever to such religious freedom in formulating the President's signature law, ObamaCare.

As a result, dozens of lawsuits have challenged ObamaCare's requirement that employers provided no-cost health insurance coverage for abortifacient drugs and devices as a violation of RFRA's plain protections. Two of those cases are before the Supreme Court, one from the U.S. Court of Appeals for the Tenth Circuit and one from the Third Circuit.

In the face of its clearly universal requirement, the Obama administration nevertheless argued that the Religious Freedom Restoration Act does not apply to these plaintiffs. Despite the statute's plain text, Obama officials insist that the law does not apply to all cases after all. One step at a time, they seek to exclude classes of citizens from the basic protections of religious liberty.

My final two examples involve recent Supreme Court decisions. In Hosanna-Tabor v. EEOC, the Supreme Court unanimously held that the First Amendment's protection for the free exercise of religion allows a church to choose its own ministers. The Obama administration argued instead that civil rights statutes trump the Constitution and allow judges to dictate to churches who may serve as ministers.

In fact, as the Supreme Court described it, Obama administration lawyers were so dismissive of religious freedom that they argued churches were no different in this regard than labor unions or social clubs. Can you imagine that? To the Obama administration, the First Amendment and its protection for the free exercise of religion apparently offers no real protection at all. Thankfully, the Supreme Court responded this way: ''We cannot accept the remarkable view that the Religion Clauses have nothing to say about a religious organization's freedom to select its own ministers.''

Finally, just 2 weeks ago, the Supreme Court held that allowing citizens to offer a prayer of their choice to open a town meeting is not an establishment of religion, but four Justices joined a dissenting opinion arguing that only certain prayers, using certain language, in a certain pattern, would achieve a certain level of diversity and therefore be permissible. Four Justices actually believe Federal judges may dictate the content and presentation of prayers offered by private citizens.

I can offer many more examples of how our Nation's cherished religious freedom is under attack, with forces seeking to limit, regulate, manipulate, and undermine the most basic natural and constitutional rights we possess.

I mentioned at the outset that three-quarters of the world's population lives under substantial religious restriction. Here at home, the same percentage of Americans believes that religion is losing its influence in American life. Liberal politicians, secular activists, and even some judges are seeking to reduce religion to what Justice Antonin Scalia described as ''a purely personal avocation that can be indulged entirely in secret, like pornography, in the privacy of one's room.''

It is no wonder that nearly one-quarter of Americans say religious freedom is more threatened than any other First Amendment freedom. These recent efforts mark a radical departure from the religious freedom that took root in our colonial experience, was nourished by the Declaration of Independence, earned a primary place among our constitutional liberties, and has been generously applied by generations of Americans.

The notion that religious freedom belongs only to some, even then only in private, stands in direct opposition to our traditions, our laws, and our beloved Constitution. Some peoples throughout the world may be bound by oppressive governments that strictly regulate who may express their religious faith, when they may practice the tenets of their faith, and where they may act according to their religious convictions.

But that is not America's heritage, and it must not be our future. Instead, America must once again be a beacon of religious freedom for all—protecting rights of conscience at home and promoting religious liberty throughout the world—and I expect it to be that.

I am hopeful our courts will come to their senses—the ones that aren't there—and realize this was listed as the first freedom in the Bill of Rights for a very good reason; that is, because our Founding Fathers knew how important religion is to a nation that wants to be free.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

UNANIMOUS CONSENT REQUEST—EXECUTIVE CALENDAR

Mr. REID. There have been a number of inquiries and statements made today, one by the Chamber of Commerce, saying the reason that Stanley Fischer, the Vice Chair of the Board of Governors of the Federal Reserve System, hasn't been done is because of me. Try that one on for size.

That is what happens around here. Here is a man who has been approved with a very strong vote, a strong vote, bipartisan vote, to be a member of the Board of Governors of the Federal Reserve System. He is eminently qualified, nationally and internationally. You can't become vice chair until you become a member of the board.

Janet Yellen has called, the Chairman of the Federal Reserve, and said: It would really be important. He has administrative duties that we need his help with.

So I have made inquiry with my Republican colleagues: Why don't we do him? We have already approved him. But we have a situation around here where no one gets approved. We will eat up time, this will take hours—wasted time—and then we will approve him. In the meantime, all we do is eat up the taxpayers' time.

Anyway, without further dialog from me, I would simply say that the Chamber of Commerce and others should understand every person on this side of the aisle would approve him in a second. I would do it by unanimous consent. I would have a vote as soon as we can, which, without having filed cloture, wouldn't be until we get back a week from Monday.

UNANIMOUS CONSENT REQUEST—CALENDAR NO. 767

Mr. President, I ask unanimous consent that the Senate proceed to executive session to consider Calendar No. 767, the nomination of Stanley Fischer

to be Vice Chairman of the Board of Governors of the Federal Reserve System for a term of 4 years; that the nomination be confirmed, the motion to reconsider be considered made and laid upon the table, with no intervening action or debate; that no further motions be in order to the nomination; that any related statements be printed in the Record; and that the President be immediately notified of the Senate's action and the Senate then resume legislative session.

The PRESIDING OFFICER. Is there objection?

Mr. HATCH. Mr. President, on behalf of Senator PAUL, I will have to object.

The PRESIDING OFFICER. Objection is heard.

Mr. REID. May the RECORD be spread that HARRY REID, who is being blamed for this nomination not being put forward, is not at fault. I don't mind taking the fall for some things—and I probably have deserved a few things—but not this.

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

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

Mr. HATCH. Mr. President, I note for the record that I support Mr. Fischer for this position, but there is a legitimate objection by a Senator on our side that I had to advance. I hope we can resolve these problems, but I appreciate the distinguished majority leader's attempt to do this today.

With that, I suggest the absence of a quorum.

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

The legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Ms. HEITKAMP). Without objection, it is so ordered.

THE AFFORDABLE CARE ACT

Mr. MURPHY. Madam President, I want to tell my colleagues a story about Charlene Dill.

On March 21 Charlene Dill was supposed to bring her three children over to the South Orlando home of her best friend Kathleen. The two friends had cultivated a really close relationship since 2008. They shared every resource they had from debit card pins to transportation to babysitting to house keys. They helped one another out. They essentially had become each other's safety net.

As Kathleen described it, they hustled. They picked up short-term work. They went to every event they could get free tickets to for their kids. They lived the high life on the lowdown. They cleaned houses for friends just so they could afford the daily necessities of life. They were the quintessential working poor, and they existed in the shadows of this economic recovery that is yet to reach a lot of average people out there.

On March 21, when Dill never showed up with her three kids, who often came over to play with Kathleen's 9-year-old daughter, Kathleen was surprised she didn't even get a phone call from her friend Charlene. She shot her a text message—something along the lines of ''thanks for ditching me''—without knowing what had really happened.

Charlene, who was estranged from her husband, had been raising her 3 children alone—ages, 3, 7, and 9. She had picked up another odd job to try to pay the bills. She was selling vacuums on commission for Rainbow Vacuums.

On that day, in order to make enough money to survive and—as you will understand—keep herself alive, she made two last-minute appointments. At one of those appointments in Kissimmee, she collapsed and died on a stranger's floor.

Charlene had a documented heart condition for which she took medication, but she often could not afford the medication, and her friend Kathleen often had to turn to crowd-funding Web sites to help raise the money that her friend Charlene needed to pay for her heart medication. Charlene was the working poor, but she was also among the uninsured. After her death, her friend Kathleen used that same crowd-funding method that she used to occasionally pay for her friend's medication to pay for Charlene's funeral.

Florida has made the decision not to expand Medicaid coverage under the Affordable Care Act. They have made a decision—for political reasons—to keep hundreds of thousands of people such as Charlene among the ranks of the uninsured. The consequences are for many such as Charlene absolutely deadly.

Charlene died because she was on the outside of our health care system. Occasionally she would get to see a doctor and occasionally she would get the medication she needed for her condition—in part—because she had one good friend who went out of her way to try to help Charlene.

The reality is that there are 5.7 million people all across this country who have been denied the chance to get health care through Medicaid simply because their Governors or their State legislatures have decided to score a political point against a President whom they don't like by refusing Federal dollars in order to expand Medicaid, and that is what this is all about. This is not about good policy, this is not about health care, and this certainly is not about finances. This is just about a bunch of really angry Republicans that don't want to participate in a health care reform law passed by Democrats even though they are essentially giving away the money of their constituents.

The first reason you should do this is because it keeps people such as Charlene alive. A 2002 Harvard study of 3 States that expanded Medicaid—Arizona, Maine, and New York—showed that the expansion of Medicaid in those States was responsible for a 6-percent reduction in mortality as compared to other States. It found that for every 500,000 adults that gained Medicaid coverage, we prevent 3,000 deaths a year.

I am not really good with quick math, but that is 3,000 deaths prevented for 500,000 people covered by Medicaid. We are talking about 5.7 million adults that are being denied Medicaid because of these political decisions; that is a lot of people who are dying needlessly every year. That is the first reason you should do it, because it is the right and compassionate thing to do.

The second reason you should do it is because people in States such as Virginia or Texas—there are 1.2 million people in Texas alone. There are 1.2 million people who could have health care insurance but don't have health insurance in one State because the Governor and legislature don't like President Obama.

This is also about those constituents essentially giving their money away to other States. The message to people in States such as Florida, Virginia, and Texas is that you are funding people getting insurance in other States because the Federal Government is contributing almost the entire cost of this Medicaid expansion. Texas and Florida's dollars are going to Washington and being spent to subsidize the health care of somebody else. It does not make any sense from a health care standpoint and it certainly doesn't make any sense from a fiscal standpoint. It is not just the taxpayers and patients who are getting hurt, but it is all the health care providers as well.

An Urban Institute study found that hospitals across the country are being denied $294 billion because of this refusal to expand Medicaid. The Presiding Officer knows this because she has worked in and around health care policy her entire life. This idea that denying people health care insurance denies them health care is patently false. They get health care. They just don't get it until they are so sick they show up at the emergency room door and their condition is at a crisis point, and then that costs infinitely more. All of this money we are spending could be spent in a different place, such as on preventive care, instead of on crisis care.

With a new Secretary of HHS, there is an opportunity for these States to think differently. From the beginning, HHS has been incredibly willing to be flexible with Governors who are not quite sure of the politics of joining in the ACA but know it is the right thing to do. States such as Arkansas, Iowa, and Pennsylvania have come up with innovative programs in which they take the Medicaid expansion dollars and instead of using them to expand State-based Medicaid, they use those

dollars to help people buy private coverage. It seems to make a lot of sense to me.

At her confirmation hearing, Ms. Burwell said she was willing to continue to be as flexible as she possibly could with States that want to explore these innovative methods. Hopefully, with a new Secretary coming through the doors at HHS, maybe this is a new moment for these States to take another look at Medicaid expansion because this is just a matter of conscience.

Madam President, 5.7 million people are going without health care and potentially dying, as Charlene Dill did, simply because of politics.

David from Virginia wrote:

I am the coverage gap. I am a single 41-year-old male. I save Medicaid thousands of dollars per month by caring for my 99-year-old grandmother at home without pay, rather than place her in a nursing home at Medicaid's expense. I do not qualify for Medicaid even though I have a zero income. I have to cross the state line, into Kentucky to receive potentially lifesaving cancer screenings and hopefully receive treatment if I get bad news. Virginia Republicans hate the president and governor so much, they are willing to let thousands of us die. It is high time that these delegates place human lives ahead of party politics and do what is right, for a change!

Eight million people have signed up through the exchanges. Despite these decisions by Governors and Republican State legislatures, 5 to 6 million more have been added to Medicaid, and 3 million young adults have coverage for the first time.

Prices to the Federal Government are falling. We are spending trillions less than we thought we would spend on health care because of the Affordable Care Act. Quality is increasing. The number of readmissions to hospitals and hospital-acquired infections are decreasing because we are starting to pay for outcomes instead of paying for performance.

People are figuring out that the Affordable Care Act works, and that is why there are fewer Republicans coming to the floor of the Senate and the House complaining about it, and that is why the Koch brothers and others have stopped running all of these ads about the Affordable Care Act.

The Affordable Care Act works, but it only works if leaders actually try to implement it. It doesn't work if you ignore it for political spite, and that is what is happening in State legislatures and Governors' mansions all across the country.

We have a new Secretary of HHS and a new willingness of a lot of Republican Governors, including Mike Pence in Indiana, to take a look at trying to reverse this reality for 5½ million people who—if not for the political actions of their State leaders—could also figure out, as millions and millions of others are doing on a daily basis across the country, that the Affordable Care Act works.

I yield the floor and note 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 Wyoming.

Mr. BARRASSO. Madam President, 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, I ask unanimous consent to speak as in morning business.

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

HEALTH CARE

Mr. BARRASSO. Madam President, I come to the floor after having just heard my friend and colleague from Connecticut talk about the health care law. As a doctor, I am always happy to hear about people who are getting better care. My concern is that there are so many people across this country who have been hurt as a result of this health care law that I feel compelled to speak about so many of the side effects of the President's health care law and families who are seeing the government waste massive amounts of money that is not going for care. It is not helping people actually get better. It is not giving them the care they need from a doctor they choose at lower costs, which is what the President promised when he said premiums would drop by $2,500.

I heard the President, as well as my colleague here today, say that this law will help keep people out of emergency rooms and they will go to primary care doctors instead. So I feel compelled to come to the floor to share with my colleagues a study that just came out on Wednesday, and perhaps some Members of the Senate who weren't aware of it will be made aware that the emergency room visits actually have been going up, not down, despite the law. This was the headline in the Wall Street Journal this past Wednesday, May 21: ''ER Visits Rise Despite Law. Health Act Isn't Cutting Volume.''

I will point out a couple of things mentioned in this article. It starts off:

Early evidence suggests that emergency rooms have become busier since the Affordable Care Act expanded insurance coverage this year, despite the law's goal of reducing unnecessary care in ERs.

My colleague said emergency rooms aren't going to be needed as much. Well, despite the law's goal of reducing unnecessary care in ERs, what we see is an expensive side effect of the President's health care law.

It goes on to say:

Democrats who designed the 2010 health law hoped it would do the opposite. They wanted to give the uninsured better access to primary-care doctors who could treat routine ailments and prevent chronic diseases, with the intent of keeping patients out of the ER. The median ER charge was more than $1,200 for the most frequent outpatient diagnoses in a study of over 8,000 ER visits in the years 2006–08, said a 2013 report funded in part by the National Institutes of Health.

This is a report by the NIH.

Instead, the ER doctor group's research and several other recent studies suggest that people who gain private insurance are more likely to seek emergency care.

Not more likely to go to a family physician, not more likely to go to their own internist or pediatrician; more likely to go to the emergency room—the most expensive place for care—despite what the President told the American people.

Among the reasons is that a shortage of primary-care providers in some regions has made it difficult for patients to get appointments.

So why is there a shortage? Well, if the President's health care law actually focused on training physicians, putting money into educating and training more providers, instead of putting all of this money into hiring IRS agents to examine Americans' tax returns to make sure they check the box that says they have insurance and can provide proof of that, perhaps we wouldn't have these problems. But now we are seeing a very expensive side effect of the President's health care law.

While we can celebrate people who are helped by the law, there are so many people being hurt by the law in every State around this great country. We heard about a family from Connecticut who has benefited from the law. There are many who have been hurt.

There is a couple in Sharon, CT, according to NBC Connecticut. They were dropped, according to the headline, from their health care plan. It says:

A Sharon couple says they are running out of options after being dropped from their ObamaCare insurance plan. John and Dawn DiMarco signed up for an Affordable Care Act plan through the state health insurance exchange during open enrollment. They received their insurance card and were covered but their bill was thousands of dollars more than advertised.

What could happen there?

It says:

They spent weeks going back and forth with various State agencies and the insurance company to try to get answers.

This is dated May 13 of this year.

Then, this month, their carrier, Anthem BlueCross BlueShield, sent them a cancellation notice. The DiMarcos have been so frustrated with trying to get answers that they posted a sign outside their home that reads—

This is in Connecticut—

''We have no insurance because Access Health has a computer glitch.''

It's stressful, says Mr. DiMarco. It's overwhelming.

So why did this happen?

Well, NBC Connecticut contacted Access Health Connecticut, and they told them that it had to do with a computer issue with a vendor, and when this gentleman went back to change information during the enrollment process, a new form was sent to the insurance company, but that form didn't include the couple's subsidy. So the form paperwork was wrong.

How could this happen? Is it just this one DiMarco couple whom this has

happened to in Connecticut? Not according to a front-page story in the Washington Post the other day. The headline is ''Federal health-care subsidies may be too high or too low for more than 1 Million Americans''—paying incorrect subsidies to more than 1 million Americans for their health plans, and the government has been unable so far to fix the errors.

The President of the United States goes on TV and says to the Democrats: Forcefully defend and be proud.

Who in America can be proud of the mess the President and his administration have made of the Web site and this health care bill? Once again, we see, as the Washington Post points out, important aspects of the Web site remain defective. They cannot fix this. Actually, I am not even sure how hard they are trying. People have been sending in paperwork. They are expecting, perhaps, by the end of the summer to be able to address the problem that there are 1 million Americans whose Federal health care subsidies may be either too high or too low.

''Forcefully defend and be proud.'' Where are they? Where are these defenders? It is sad because the idea is this is to actually help people get care. What people have gotten is headaches and heartaches and one problem after another.

It is also interesting, as a doctor who has been very involved with preventive care and working on early detection of problems and as somebody who has been the medical director of the Wyoming health fairs—I think it is important to screen people for problems. It is interesting. The New York Times even reported in an article written on April 30 on the problem with the health care law that it favors screening over diagnosis. So here is one of the issues that come into play.

My wife is a breast cancer survivor. She has been through three operations, chemotherapy twice, radiation, the whole thing. She is now cancer free. We are delighted. So I think screening tests are important. But this is the problem with this law that I believe very few Democrats read—very few of the people who voted for it read. I believe that about Members of the House and Members of the Senate. I read it cover to cover, but I believe many Members who voted for it never read it.

They say: Diagnosis is what we offer to those who have no signs or symptoms of disease. Because diagnosis isn't prevention, it is subject to deductibles and copays.

So if somebody actually has a diagnosis of something, there are deductibles and copays, but if it is just a screening test, no signs or symptoms, then it is covered.

The New York Times goes on:

> In other words: A woman over 40 can have a free screening mammogram.

She shows up and says: I want a free screening mammogram. But if she notices a breast lump and goes to her doctor to have it evaluated, well, then it is not a screening mammogram. Then it is not a free test. So she will pay for the diagnostic mammogram that costs $300.

This goes on:

> So the woman at lower risk for cancer—the one with no signs or symptoms of the disease—has an incentive to be tested, while the woman at higher risk—the one with the lump—faces a disincentive.

So she goes to the doctor. This goes on and says that the problem is they are now pressuring doctors to fraudulently change the paperwork so it complies with the screening test and not a diagnostic test. Doctors don't want to do that because they want to be honest. Yet the incentives set up in this program are to discourage the woman who finds a lump from actually going in to have the test, while encouraging somebody off the street to go in and have a similar test. It is a great concern.

So when I see a colleague come to the floor to say that the health care law, in his opinion, works—I will tell my colleagues, this is an Associated Press story that says: ''Consumers frustrated by new health plans as they find their doctors are not included.'' They can't go to their doctor.

This is a story out of California. Michelle Pool is one of those customers. Before enrolling in a new health plan on California's exchange, she checked whether her longtime primary care doctor was covered. This woman, Michelle Pool—60 years of age, a diabetic; she has had back surgery and a hip replacement—purchased the plan only to find that the insurer was mistaken; the doctor wasn't included. So her $352-a-month gold plan, she said, was cheaper than what she had paid under her husband's insurance and it seemed like a good deal because of her numerous preexisting conditions.

I understand preexisting conditions as the husband of a woman who has been through breast cancer treatment. This goes on to say:

> But after her insurance card came in the mail, the Vista, California resident learned her doctor wasn't taking her new insurance.

It goes on to say, quoting this woman:

> ''It's not fun when you've had a doctor for years and years that you can confide in and he knows you,'' Pool said. ''I'm extremely discouraged. I'm stuck.''

This is an American who is stuck and hurt by the health care law. It goes on to say:

> The dilemma undercuts President Obama's—

This is an Associated Press article—

> The dilemma undercuts President Obama's 2009 pledge that: ''If you like your doctor, you will be able to keep your doctor, period.''

The President said: ''period.'' But one of the side effects of the President's health care law is that people are continuing to lose their doctors.

It goes on to say:

> Consumer frustration over losing doctors comes as the Obama administration is still celebrating a victory with more than 8 million enrollees in its first year.

There are astronomical concerns that people across the country are expressing about this health care law. And yet—and yet—we see one Member of the other party coming to the floor and saying: Oh, it is working.

The American people do not believe it is.

People get insurance through work. The laws are interesting. This is a story from Ohio about the cost because that is what really people were concerned about when we wanted to do health care reform; it was to say let's get the cost down. The President promised families would see a $2,500 reduction in the cost of their insurance policies in a year once all of this was implemented. But one of the side effects is actually higher premiums. This article talks about a man who owns a popular brew pub in Cleveland. He has fewer than 50 full-time employees. So he is classified under the health care law as a small business, which means he does not actually have to provide health insurance to his employees. But he has been doing so. He has been doing so since he opened this pub a number of years ago, and he has done it in spite of some fairly significant jumps in the cost of the insurance.

He said: ''They just seemed to keep going up every year.''

He opened this pub in 2009. One year he got an increase of 38 percent; another it was 11 percent.

The article says: ''This year, under the Affordable Care Act, he saw another hike—this one about 20 percent.'' So he is seeing higher premiums. He said: ''It just seems odd that we get such a drastic price increase when nothing has really changed with us as far as our employees and health issues.''

> Most of the workers at [his place] are in their 20s and 30s. They are healthy, enthusiastic about their jobs. . . .

They like the fact that they get insurance, but they are getting priced out of the market. That is the concern about this: the health care law is making premiums go up.

From today, Thursday, May 22, The Hill newspaper, right here in Washington, DC: ''Premium hike drumbeat before Nov. Election Day.''

People continue to be shocked by the increases in the cost of their insurance, and they are going to go up again across the country. There are a number of reasons for that. We have seen it in North Carolina, where I expect this is going to be discussed and debated over the next months.

> Blue Cross and Blue Shield of North Carolina. . . .

This comes from the Herald-Sun in North Carolina: ObamaCare enrollees older, sicker than insurer forecast—older and sicker than what the President told—actually it was not the President; it was Kathleen Sebelius, the Secretary of Health and Human Services, when she described what she

thought success would look like in terms of the number of young healthy people who would sign up. It says:

Blue Cross and Blue Shield of North Carolina officials said—

This is dated May 8—

. . . that they found that the people who enrolled in the individual Affordable Care Act plans it sold on the online health exchanges were older and sicker than expected. That may mean higher rates—

Higher premiums—

for Affordable Care Act plans in the future. . . .

The insurer's vice president of health policy said: ''[It's] a concern when we think about future premiums.''

They have great concerns about the amount things are going to go up. That is not what people want. People wanted affordable care. They wanted access to care. They wanted to get the care they need from a doctor they choose at lower cost. What they see is waste—money not going to help people get care, but money being wasted.

I found it interesting coming out of Missouri, a story about how an ObamaCare contractor pays employees to spend their days doing nothing—doing nothing—paying their employees to do nothing.

''A billion dollar government contract involving hundreds of local workers at an ObamaCare processing center. . . . ''

So these are people hired by the government or a contractor to work at an ObamaCare processing center—hundreds of local workers.

''But now employees on the inside are stepping forward, asking, Is this why we're broke? Some of them claim to spend most of their day doing nothing,''. . . .

This is reported in St. Louis.

The contractor is called Serco and local reporters discovered that, despite there not being any work to be done, the government contractor is still hiring.

Why would they be hiring? Because they get a percent of the action. That is why they are hiring. They are hiring people to not do anything, to take the paycheck. The article continues:

''The company is still hiring,'' says a local reporter. ''A current employee wonders why. . . . After providing proof of employment, this . . . employee agreed to speak through the phone with their voice altered. The employee says hundreds of employees spend much of the day staring at computer screens, with little or no work to do.''

The reporter asks the employee, ''Are there some days where a data entry person may not process a single application?''

Not a single application? The person who works there said: ''There are weeks''—weeks—''when a data entry person would not process an application.''

The anonymous employee says the contract gets paid by the federal government per employee hired.

That is why they are continuing to hire—because the company gets paid by the Federal Government per employee hired, which is why it is in their interest to have a bunch of employees sitting around all day doing nothing.

So I have to feel an obligation, when I hear a statement on the floor being made that says: Well, a lot fewer people are going to go to the emergency room; it is going to save money—that has not happened. Studies from emergency room doctors, work from the NIH said it is not happening. The exact opposite has happened—a side effect of the health care law, when we see that people are not able to keep their doctors, in spite of the President promising people that if you like your doctor, you can keep your doctor. I feel compelled to come to the floor and share that story with those of us who care about care for patients, who care about finding a way to make sure patients get the care they need from a doctor they choose at lower cost. That is what people want. They know what they want. They want access to care. They want affordable care. They want care, they want choices, and they want quality care.

I believe this health care law is turning out to be bad for patients, bad for providers—the doctors, the nurses, the paramedics, the nurse practitioners—who take care of those patients, and terrible for the taxpayers when we hear stories like this one out of Missouri, which says the employees are being paid to sit around and do nothing, when we hear there are a million people who are just waiting to try to get the government to correct something that should have been fixed in the beginning, when the President, 4 days before the Web site opened up in October, said: easier to use than Amazon, cheaper than your cell phone; keep your doctor if you like your doctor—there was so much misleading of the American public—and then when he says stand and forcefully defend and be proud of this health care law.

I think it is very hard to defend what the President and the Democrats have forced down the throats of the American public, and it is very hard to be proud of the kind of abuse and waste in a system that—whatever the intentions—has proven to the American public to be something they do not want, that they want to have replaced with an opportunity to have access, affordability, choice, and quality. By adopting proposals in a step-by-step fashion that Republicans have been promoting—to deal with those sorts of things of access, affordability, choice, and quality—we can try to ultimately get the American public what they need and what they asked for in the beginning: the care they need from a doctor they choose at lower costs.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. REID. Madam 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 KEITH M. HARPER FOR THE RANK OF AMBASSADOR DURING HIS TENURE OF SERVICE AS UNITED STATES REPRESENTATIVE TO THE U.N. HUMAN RIGHTS COUNCIL

Mr. REID. Madam President, I move to proceed to executive session to consider Calendar No. 633.

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 legislative clerk read the nomination of Keith M. Harper, of Maryland, for the rank of Ambassador during his tenure of service as United States Representative to the U.N. Human Rights Council.

CLOTURE MOTION

Mr. REID. Madam President, there is a cloture motion at the desk on this matter.

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

The 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 Keith M. Harper, of Maryland, for the rank of Ambassador during his tenure of service as United States Representative to the UN Human Rights Council.

Harry Reid, Robert Menendez, Patrick J. Leahy, Elizabeth Warren, Barbara A. Mikulski, Jack Reed, Richard Blumenthal, Carl Levin, Christopher Murphy, Kirsten E. Gillibrand, Sheldon Whitehouse, Patty Murray, Thomas R. Carper, John D. Rockefeller IV, Jeff Merkley, Richard J. Durbin, Benjamin L. Cardin.

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 now move to proceed to legislative session.

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

The motion was agreed to.

EXECUTIVE SESSION

NOMINATION OF SHARON Y. BOWEN TO BE A COMMISSIONER OF THE COMMODITY FUTURES TRADING COMMISSION

Mr. REID. I now move to proceed to executive session to consider Calendar No. 755.

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.