to $800, and the part-time jobs she and her husband both had at the local community college have actually gone down because they are not able to teach as much as they were able to teach before, because the community college has decided they can't let any of their part-time faculty work more than 30 hours. So their income went down, their expenses went up, in both cases because of the President's decisions on health care and the legislative decisions on health care in both cases. We know this has impacted the workplace, part-time workers, people holding their workforce down so they wouldn't be covered, holding their worker hours down so they wouldn't have to pay the penalty if they didn't offer insurance or offer the insurance for the first time at levels they hadn't had before.

Now we are also seeing—not only did the hours of work go down, but the cost of health insurance goes up. Surely, we can come up with a better plan than that.

Christian from St. Peter's, MO, just learned that his wife's employer will start excluding him from their family coverage and that he now has to receive insurance in some different way. It looks like he is going to be able to do that with his employer for $1,300 more per year. This is actually the best story I have told so far—only $1,300 that this family used to have to spend for something else, and they are now spending for health care. He says: I am not sure who ObamaCare benefits, but it sure isn't my family.

These stories are just examples of some of the things we are hearing.

Last weekend I noticed that one of the architects of the President's health care bill, Dr. Zeke Emanuel, on Fox News to Chris Wallace, said that what the President really should have said—and this is his exact quote: ''If you want to pay more for your insurance company that covers your doctor, you can do that.''

I don't know what he is looking at, and some may be able to find their doctor for more money, but in our State some of the health care providers aren't on the exchange.

I read the other day that more than half of the hospitals in New Hampshire aren't on the exchange. So if your doctor happened to work for more than half of the hospitals in New Hampshire, there is no amount of money you can pay on the exchange and keep your doctor, because your doctor is no longer available through the way that you are told by the health care act that you can get insurance as an individual.

The President promised that. He said: My plan begins by covering every American. If you already like your health insurance, the only thing that will change for you under this part is the amount of money you will spend on premiums, and that will be less.

I think we are going to quickly see not only are people losing insurance, but for most people the premiums are not going to be less and the deductibles are going to be higher, not lower.

This is going to be a story that is going to affect American families as nothing the Federal Government has done in a long time, and maybe nothing the Federal Government has done ever.

If you truly want to impact the lives of families, impact their health care. Somebody told me one time: When everybody in your family is well, you have lots of problems. When somebody in your family is sick, you have one problem.

We are dealing with the one focusing problem for American families: their access to health care that they can afford with decisions they like.

I yield back.

PRAYER

The PRESIDING OFFICER. Pursuant to the order of February 29, 1960, the hour of 12 noon having arrived, the Senate having been in continuous session since yesterday, the Senate will suspend for a prayer by the Senate Chaplain.

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Eternal God, who gives us so much more than we deserve, when the days are dreary and the long nights weary, we are still indebted to You for Your generous mercies. May Your blessings provide our lawmakers with the willingness to see and do Your will. Living by the principles of Your sacred revelation, may they do nothing to cause them shame. Give them respect for diverse viewpoints, open their hearts to Your love, their minds to Your truth, and their wills to Your service.

We pray in Your gracious Name. Amen.

The PRESIDING OFFICER (Mr. COONS). The Senator from North Dakota.

Mr. HOEVEN. Mr. President, I rise to continue the discourse my esteemed colleague, the good Senator from Missouri, was engaged in on the Senate floor just a minute ago, talking about the importance—the importance—of bipartisanship as we work to craft policy for this country, policy that all Americans can support and policy that truly moves our country forward.

So whether we are considering nominations or whether we are considering legislation, we need to find ways to come together and come up with solutions that the American people support across the board in a bipartisan way. So as we consider these nominations, we have to consider the fact that now the Senate will be approving these nominations with essentially a 1-party vote, 51 votes.

Right now, the Democratic Party has the majority in the Senate, so they can put judges on the bench, confirm other nominations without any Republican support whatsoever. Of course, under that approach, at some point the reverse may very well be true, that nominees may be confirmed—whether it is judicial nominees or other types of appointments—with only Republican votes if the Republicans are in the majority without any Democratic votes. Why does that matter?

Why it matters is because, again, I go back to my earlier statement that in crafting policy, crafting laws and making appointments, nominations to the bench, we need to do it in a way where we garner broad support across the country.

More than 300 million people's lives are affected dramatically by all of these things, by who those appointees are, the offices they hold, what they do with the laws we pass. So if we are going to impact everybody in the Nation with these laws, with these appointments, we have to make sure there is input, consideration by and, if you will, from both sides of the aisle.

That is how we get the kinds of policies and we get the kinds of nominees and we get the kinds of judges and Justices that truly will have the support of people across this great country. I believe that is what we need to truly build the kind of future we want for ourselves and for our prosperity.

As we talk about nominees, we consider also implementation of the Affordable Care Act. This is a huge topic of discussion in our country right now, and it is going to continue to be a huge topic of discussion. You are talking about one-fifth to one-sixth of our economy engaged in health care. So this is something that touches every single American in their daily life in a big way. It is so important we get it right.

As was the case with my esteemed colleague from the State of Missouri, he was presenting anecdotes, presenting stories, real stories, real-life stories, of people who are impacted by the Affordable Care Act and how they are impacted. It is very important we do that because we need to know how people's lives are affected by the Affordable Care Act and what we can do to make sure they have the best health care possible.

By the way, I think of hopefully building bipartisan support to get the kind of health care reform we truly need. I am going to present some of these real-life cases, as my colleague from Missouri just did, and I am going to start with one that talks about the marriage penalty created by ObamaCare, the Affordable Care Act. This is from someone in Grand Forks, ND, who writes in about the marriage penalty created by the Affordable Care Act. This citizen writes:

> My husband and I met with the primary health insurance carrier in ND and were told that our current coverage, under the guidelines of the Affordable Care Act, will cost us at least another $400 more a month, and our deductible will increase from $2,000.00 to $12,000.00, and because we are married, we cannot choose individual plans, which would be a much lower deductible. In essence, we are being punished for being married. We are

looking at paying more than $1500.00/month in health care, because we are only 61 years old and not eligible for Medicare for another 4 years—[that is] $18,000 a year for health care!

We were told that part of the problem is the provisions in the law require us to choose a plan that has maternity benefits. How does this make sense for seniors to be forced to buy coverage that does not apply to them? We agree that benefits shouldn't be denied to people but it is not fair to be forced to buy coverage that does not apply.

Well, let's delve a little deeper into exactly what this individual is writing about. What is the marriage penalty that is, in fact, created by ObamaCare? Let's talk about that.

The ObamaCare tax subsidies actually create a marriage penalty. They create a disincentive for individuals who are cohabiting to become legally married. From the standpoint of marriage, the subsidies represent a hidden tax on marriage whereby married couples purchasing their coverage on the exchanges will be subsidizing similarly situated but cohabiting single adults who earn the same or more income.

In 2011, the House Oversight and Reform Committee held a hearing on the topic of ObamaCare's penalty against marriage. But since then little has been devoted to this topic in the House or the Senate.

So how does it work? It works through the requirement of household income when calculating the ObamaCare tax subsidy.

For those persons not eligible for Medicare earning up to 400 percent of the Federal poverty level, the law entitles them to a tax subsidy in the form of a refundable credit so long as they purchase their coverage on the ObamaCare exchanges.

To calculate income, however, the law requires the reporting of household income rather than individual income. Household income includes the income of any family member residing in the household, such as a spouse, but not that of a cohabiting unmarried partner.

So when a person shops on the exchange's Web site for a plan, he or she must first provide the financial information and identity of all family members in the household, even if none of those persons intend to purchase their insurance on the exchange because that information is required to calculate subsidy eligibility.

Subsidy eligibility is then calculated using a complicated formula involving household income in relation to the poverty line, family size, and the price of plans offered through a State's marketplace.

The value of the subsidy awarded to an eligible person adjusts on a sliding scale in proportion to household income, up to 400 percent—up to 400 percent—of the Federal poverty level. Above 400 percent of the Federal poverty level, no tax credit. Right.

The marriage penalty results when a spouse's income causes an otherwise eligible individual to no longer be eligible for the subsidy and could cost a married couple in their household in excess of $10,000 a year in lost subsidies versus two individuals who are cohabiting but not married.

So let's go through an example.

According to the Kaiser Family Foundation's health reform subsidy calculator, a 62-year-old individual in a high-cost area who earns $46,000 a year, which is equivalent to 400 percent of the Federal poverty level, would be entitled to $7,836 in a government tax credit. However, if that same individual earns an additional $22 or $46,022 a year—just over $46,000 a year—which is now 401 percent of the Federal poverty level, they lose the entire credit. They lose the entire $7,836 credit.

Similarly, any married couple that earns more than $62,040—400 percent of the Federal poverty level for a family of two—earns too much to qualify for a subsidy. But that same couple if unmarried and cohabiting could earn up to $45,960 each—or $91,920 total—and they are still eligible for subsidies in a high-cost area such as New York State, for example.

So the limit for a married couple is just over $62,000. OK. So for a married couple, you can earn up to $62,040 before you lose the credit, but it is almost $30,000 higher for two people living together who are not married. They can earn $91,920 for an unmarried cohabiting couple. So if you have two people living together, they each get the individual exemption, which is more than $45,000. So they can earn $91,000-plus together—they still get the credit—but for a married couple, just over $60,000. Mr. President, $62,000 is the limit. So you can earn $30,000 more if you are living together and still get the credit than you can if you are married. That is the marriage penalty. So why would we design a health care program that discourages or penalizes marriage?

Further, according to the Congressional Budget Office, the tax subsidies are projected to be the biggest deficit-increasing component of ObamaCare, and CBO estimates they will add $100 billion to the deficit by 2018 and grow even more thereafter. By 2019, CBO estimates that about 19 million people will be receiving the subsidies to purchase their insurance through the exchanges.

As I say, I became aware of this problem when I was contacted by a North Dakota couple. I read that short vignette. We looked into it, and it is, in fact, true. This is just one of the many problems created by ObamaCare, or the Affordable Care Act, which is why Republicans have said: Look. We need to replace this with a comprehensive, step-by-step, market-based approach that truly is focused on competition and choice, that empowers individuals, empowers people across this great Nation to choose their own health care insurance and their own health care plan.

We can absolutely do that. That is why I am here on the floor and others are here on the floor continuing to talk about Americans and their everyday lives and the challenges they face because of ObamaCare.

I have more of these stories from North Dakotans, people in my State who are facing real challenges because of ObamaCare.

So often we hear: Well, wait a minute, if we are not going to do the Affordable Care Act, if you do not like the Affordable Care Act, then what is your solution?

We continue to put solutions forward, solutions such as expanded health savings accounts, which, combined with high-deductible policies, can create tremendous incentives for young people to purchase health care; more competition across State lines, which can help give citizens more choice and reduce costs; tort reform, which can help bring down cost; reforming Medicare to create the right incentives; giving States more control over Medicaid. The list goes on. We will continue to advocate for those types of solutions—real solutions that empower Americans to choose their own health care insurance and their own health care providers.

Let me read some more letters from North Dakotans who talk about the challenges they are facing because of ObamaCare, the Affordable Care Act.

This individual from Hankinson writes:

I am writing about the health care mess ObamaCare is creating. I am a retired teacher running a daycare with my wife. Hence, I am self-employed. I buy my own health care through Medica. Under the new ObamaCare rules, my monthly premium is going from $302 to over $500 per month.

I am 58 years old, not on any medications and have no illnesses. Because of this forced health care, I am supposed to pay a 60-percent increase in health care coverage. If I drop my health care coverage, the government will hunt me down and fine me. Please stop this ObamaCare boondoggle.

From Harvey, ND, a disgruntled grandpa who has to pay for maternity care:

The Affordable Care Act is an excellent example of an oxymoron. Since the Affordable Care Act was passed, my insurance rate has escalated an additional $4,000 per year, not the $2,500 reduction that President Obama speculated. I have yet to find anyone whose health care costs have declined. Oh, yes. I just received my cancellation notice from Blue Cross Blue Shield. Thank you very much. I was happy with my Blue Cross Blue Shield plan. I had a low deductible, prescription and hospital coverage, everything that I needed.

Now, as a grandfather, I will be paying for maternity, pediatric dentistry, contraception, drug, alcohol recovery, et cetera. The government has bloated my policy with useless fluff so my premiums will support others' subsidized policies.

The President said, ''If you like your health care plan you can keep it. Period.'' The truth is, if you can't afford health insurance, you can afford ObamaCare if someone else pays the premium for you. Also all of these years I have paid taxes on things that I possess or purchase. Please explain why I have to pay a tax if I choose not to purchase ObamaCare.

From Fargo, ND, a retired couple faced with canceling their own wellness center membership to pay for ObamaCare. This individual writes:

Last week Blue Cross Blue Shield of North Dakota sent my wife and I a letter stating that the health insurance coverage we carry is no longer acceptable or allowable under the new health care law. It was a health insurance package that we had selected after retiring from the field of education 2 years ago. It was a great package for us since we are both in good health. It offers us lower premiums, a higher deductible, which, by the way, we wanted, and more than adequate coverage for us.

Now, we have to look at other more expensive health care packages which we do not want, some of which will include wellness center coverage. Well, we go to a wellness center here in Fargo, pay for it ourselves, and it costs us considerably less than any of the new packages that include it.

So if I have this right, the following needs to take place for us. 1. We can no longer keep our present insurance that we wanted to begin with. 2. We can, however, select another package that will cost us, at the very least, an additional $1,800 in premiums per year. Remember, this is being paid for out of our retirement check. 3. The plans include a wellness center option, which we currently have at our own expense at a cost of $600 a year.

So based on the law's requirements, it will cost us another $1,200 if we discount our current $600 wellness cost over and above what we now pay. All of this for insurance we do not want. There is an old saying from our neck of the woods: If you want something screwed up, give it to the government. Sorry, but this new law makes that old saying prophetic.

From Bottineau, ND, a couple faces cancer treatment and tripling costs with ObamaCare. This individual writes:

Here is my story on ObamaCare. I have a Blue Cross Blue Shield policy that I have had for many years.

In 2008 my wife was diagnosed with a very aggressive breast cancer. We did all of the treatments, surgeries, et cetera. The insurance paid all but the deductible and the coinsurance, just as it was supposed to. We had no problems. Our deductible has been $500, with an 80/20 copay up to an out-of-pocket maximum of $5,000.

Now my wife's cancer has reoccurred and we are starting all over. On the Affordable Care Act policy, to keep my premium close to what we have had, our deductible will be $4,000 each, and our out-of-pocket maximum will be $12,500 per year. By the way, the premium will be over $1,200 per month, an increase of over 140 percent. That is not affordable care.

So which policy is more substandard?

A retired couple from Fargo, ND, writes:

Upon visiting with my Blue Cross Blue Shield rep, he informed me that our present affordable plans—we currently have two single plans, one for each of us—will no longer exist under the Affordable Care Act. We will have to switch over to Blue Direct, which does not allow single plans, but family plans only. This will then force us to pay $1,200 per month, or $14,400 per year, compared to our present cost of $6,000 per year.

Let me repeat that.

This will then force us to pay $1,200 a month or $14,400 per year compared to our present cost of $6,000 per year. What sense does that make? Why do I want to give up a plan that is one I selected for us, and is very affordable, and change it over for one that will cost us another $8,400 per year? I can definitely see where this is headed. It will send both my wife and I back to the workforce to be able to pay for a health insurance policy that we do not want.

So why can't I keep my health insurance policy that I already have? I like it. I want to keep it. But Uncle Sam says no. Why? I understand the need to take care of those who do not have insurance and cannot get insurance for medical reasons. But why take away from millions of us that do have insurance and want to keep it?

You have seen that in the numbers, right? I believe Secretary of Health and Human Services Kathleen Sebelius testified in front of the House either yesterday or the day before and indicated that there are something like 360-somethousand signups for ObamaCare. But the statistics are in the range of 4 to 5 million as far as the number of policies that have been reported as canceled so far since ObamaCare came into effect. These are the real stories behind those statistics. These are the real-life stories of people who have been impacted behind these statistics.

From Bismarck, ND, a young working family has seen their costs skyrocket.

Dear Senator Hoeven, I am a young pharmacist in Bismarck who graduated from North Dakota State University in 2011. I have the job I have always wanted, although it is with a small pharmacy, so my employer cannot afford health insurance for the seven employees who work there. So my family and I went out and did the responsible thing: Qualified medically, back when you had to, and bought what I thought was the perfect health insurance plan.

For the whole family, it was this easy. High deductible. No coverage except preventative, until we paid $2,500 per person or $5,000 per family. My premium started out at an amazing $666 a month in 2011, went up a few dollars in 2012, and increased by 12 percent in 2013 to $762.30 a month. Still quite affordable.

This year we had our third child, along with experiencing some health issues with one of our other children. My wife obviously met her $2,500 maximum and ended up needing surgery and nearly died from complications, and spent a couple of nights in the hospital. My insurance worked just like it was meant to. That meant that $7,000 was paid 100 percent. As of now, we have only paid $4,100 in out-of-pocket costs. I think that is pretty darn good coverage for that premium.

My policy does not qualify for the new Affordable Care Act regulations. So it will end at the end of April, according to Blue Cross Blue Shield. Fine. Whatever. But what really upsets me is that my current coverage, which assumes a lot of responsibility on myself, falls into the ''gold'' category on the ObamaCare exchange based on the maximum out-of-pocket limits.

We are a young, generally healthy family. I do not need to save nickels and dimes throughout the year to cover copays and whatnot. I need a responsible limit that I know I am not going to spend over. On the exchange, if I match my same premium, then I end up with a maximum out-of-pocket limit of $12,700—$12,700. How affordable is that?

If I want a plan similar to the plan I have now, then I have to spend over $900 a month, or $150 a month more. That is $2,000 per year more for coverage I do not like. This is very frustrating. Please fix this mess.

From Kensal, ND, this is from a family who is unable to afford the rising premiums.

I just got an insurance letter that said my family's monthly premium was going from $385 to $840 per month. I cannot afford that and keep the heat on this winter. That represents over half of my take-home pay. I am now thinking that I will have to get divorced just to keep my health insurance for my three children and my wife. Keep the government shut down forever if this is how you want to treat the hard-working class.

From Donnybrook, ND, self-employed family business owners see rising costs. They write:

My husband and I farm and have three children, ages 4, 2, and 7 months old. Because we are self-employed, we carry our own health insurance. Last week we received notice that our premium will be increasing by 43% due to the Affordable Care Act. We will also be losing the freedom to cater our health plan to meet our individual needs. We are very healthy non-smokers, and our children have yet to see a physician for anything more than a well-child check-up. Our health history is spotless. Our previous premiums were anything but ''cheap,'' making this 43% premium increase unbelievable [to us, and unaffordable].

From Argusville, ND, self-employed face canceled policy. They state:

About a year ago, my husband left his job and started his own computer software consulting company. Contrary to what we have been led to believe, we were able to find affordable insurance for our family. We have three children under 18. We found a family policy for about $480/month. This past year (2013), it was moderately increased to about $520/month, which we thought was a reasonable increase. We were very happy with the insurance.

However, today, I received a letter stating that due to the new healthcare law, our insurance premium for the next year would go up to $918.21.

They are going from $520 a month to $918.21 a month.

Continuing:

This means we are facing a $400/month increase in our insurance premium. This amounts to a $4,800 tax increase for our family. We are a middle income/small business-owning family. This is an outrageous intrusion by the Federal Government into an area that it had no business going. It WAS possible for the self-employed to get their own insurance. There WAS a safety net through state and Federal programs for people who couldn't get insurance. The Affordable Care Act is not affordable, and was not ever necessary.

What we are seeing is people in all different walks of life in different situations, some working for themselves, some working for small businesses, some working for large companies, some retired, some with kids, and some elderly, but what is the consistent theme? What is the consistent theme? Higher costs, less choice, and not being able to get policies that fit their needs because of this standardization.

From Enderlin, ND, small business loses employee coverage. This constituent writes:

My husband is a Veterinarian who has been in practice for over 40 years. We have 5 employees for which we provide the best health

coverage that money can buy. We pay all their premiums. Last week, we received a cancellation letter from the insurance company. We believed President Obama when he said that because we had insurance for our employees, and because we have less than 50 employees, we could keep our insurance. At no time did we receive information by letter or email or on the Internet about the fact that if you changed anything in your policy you would not be grandfathered in. We had one person retire, hired a new employee, and an employee's husband came onto the policy, changing the deductible, which has meant that we have now lost our insurance. This will mean a much larger premium! We work! We are not happy about this situation. The President lied! This will mean no raises and we will not be able to hire anyone.

Park River, ND, rising costs for the young invincibles.

Our family has had health insurance all of our adult lives. My son, aged 28, also had his own health insurance with Blue Cross Blue Shield of ND. He is single. His policy was cancelled because of ObamaCare. His premiums are now tripled and his deductible will be over $6,400.00. That is unacceptable. No person can afford to pay a $6,400 deductible. If he fell into the poverty level to be eligible for the tax subsidy, then he could get better coverage for less money under this law. That is also unacceptable. We all have worked to afford health insurance on our own . . . and now it is not affordable, nor are the deductibles affordable. He was happy with his own policy, one that he could afford, and with better coverage for him. And now the government is mandating what he can afford. How is this acceptable?

I have one more I am going to read from a young family in Thompson, ND. In this case, the family's policy was canceled just before their baby was to be born.

They write:

My daughter and her husband are expecting their first child in January, and on Friday they received a letter from their insurance carrier stating that due to the new health law reform they would no longer be covered. So, in January, when the baby is to be born, they may have no health insurance. Our president stated on more than 28 different occasions that if you liked your health insurance, you could keep it. My question to you is: What are you going to do about it? Will you hold him accountable to his word?

We listen to all these real-life stories from people in my State—and they reflect stories from people across this country—and that is why it is so important that we do get the kind of health care reform that this country needs and that these citizens so very much want. It truly makes a difference. As we debate this important issue, I think it makes an incredible difference.

This isn't me saying ''OK, we need to do it'' or any one of us saying ''OK, this is what we need to do.'' We are hearing from Americans—in this case, from my State of North Dakota. But as Members come down and speak on the floor on this issue, we are hearing from 300 million Americans across this free country. We are hearing real stories about real hardship and what they are going through.

I go back to where I started this discussion; that is, why it is so important that as we approach these issues we take a hard look at ObamaCare and the Affordable Care Act. It was passed with only Democratic votes, no Republican votes whatsoever.

It is as I said before: If we are going to get the kinds of policies that truly work for the American people, we have to come up with policies that can garner bipartisan support, support from both sides of the aisle. I truly believe they have to be the kinds of policies that empower our people, that empower our people to choose their own health care provider, that empower them to choose their own health care insurance.

I go back to the types of solutions I talked about earlier. These are the kinds of solutions that we have put forward in legislation, that we will continue to put forward in legislation, and we ask for Members of this body and the House to join us on a bipartisan basis and pass market-based solutions that truly empower people. These are such things as expanded health savings accounts combined with high-deductible policies.

Think about young people going out into that market and buying health care insurance, maybe for the very first time. Maybe they have been operating without health care insurance and they say: You know what. I have to get health care insurance.

Think about it. Think about what works for them. If we take a health savings account, a high-deductible policy, low premium—they are healthy, don't think they are going to get sick—that is the kind of thing that will encourage them to buy health insurance. If they have more choice and more competition, not only are they going to get it at a more affordable price, but they are going to have more options from which to choose. Likewise, let's make sure we provide for more competition across State lines so they are not only then looking at companies in their State but companies from across the country. More choice and more competition brings down prices.

As we look at health care costs, let's look at tort reform. There is no question that lawsuits are driving the cost of health care higher. We can do something about that.

Affordability is a huge issue we have to address as part of the right kinds of reforms for health care. When we talk about reforms, we have to reform Medicare to create the right incentives.

What do I mean by that? Now, under Medicare, if someone lives in a State where they have high costs, regardless of outcome, the Federal Government provides more reimbursement under Medicare in that State than they do in a State that has lower costs even though they may have better outcomes. Does that make sense? Think about it. Think about that for a minute.

A person has Medicare—and it is vitally important health care for seniors across this Nation, but the incentive is not to reduce costs. The way the program works, it actually increases cost because States with higher costs, regardless of outcome, get more reimbursement under Medicare than States with lower costs even if the States with the lower costs have better outcomes.

Let's reform Medicare to have the right kinds of incentives, to encourage savings, to encourage better outcomes, and to encourage preventive care. We can do that. That is a win-win. We get better care at a more affordable price, and we help address the debt and deficit of this Nation. Those are the kinds of reforms that work for Americans.

For Medicaid, Medicaid provided for individuals with low income, let's empower the States. Let's give the States more flexibility, more control. Rather than a Federal one-size-fits-all, give those States more control to truly not only improve health care outcomes but to do so at affordable costs, and reward them for controlling costs.

These are the kinds of solutions that will not only produce better health care that I believe our providers can get behind and support because it rewards them for managing costs and good outcomes, which is what we want, but it also truly is how we address the deficit and make sure we save these programs—Medicare and Medicaid—and keep them sound for the future so that we not only can rely on them today but for years to come. We make sure that we save and protect those programs by creating the right kinds of reforms. Those are the kinds of reforms that truly empower people and give them the opportunity—which I think we all want—to choose their own health care providers and their own health care insurance.

As we go through these issues, again, I want to emphasize the need—and I come back to the reason I am on the floor—not only to talk about the right kind of health care reform but to go back to the issue before the Senate today: the nominations that we face and determining how we come together as a Senate, as a body, and we get Members on both sides of the aisle who come together and say: OK, how do we make sure that we have bipartisan solutions, that we create a bipartisan Senate where we are making sure that, as we look at confirmation of these nominees, there is an investment from both sides in getting it right and that there is input, deliberation, consideration, and debate on getting it right for the American people?

Whether it is health care, whether it is energy, whether it is good ag policy, whether it is law enforcement, whether it is support for our military, whether it is anything else, how do we make sure that all of us—because it is incumbent upon all of us—how do we make sure we have protected what this institution has provided for since the inception of our country; that is, bipartisan consideration, deliberation, and debate that produces the best outcome for the American people.

We have nominations that we are going through now and that we will continue to go through. We have important policy matters we need to get done now for the American people, such as a budget, Defense reauthorization for the defense of our Nation, a farm bill that needs to be passed, and an energy policy that we need to address—all things that can truly move our country forward. As we do that, we need to come forward with solutions that will truly be bipartisan. To do that, we need to have a very sincere and direct dialog as a body and Member to Member to come up with solutions to determine how we are going to make sure we are doing the very best job for the American people. That is what this is all about. We are here to do the work of the American people.

And you know, we look across this vast, wonderful Nation, and there are people who are Democrats and people who are Republicans and people who are Independents, and we serve that whole spectrum. We serve them all. We are faced with a real challenge right now to make sure that bipartisanship continues in this Senate and in this Congress.

I am going to turn to another matter before us that is incredibly important. It is a matter that is truly bipartisan. It is bipartisan, and I am going to use this as an example of how bipartisanship can and does work in this body and in the House. It is a matter we should be voting on right now, and I sincerely hope we will be voting on it in a few short weeks when we return, and that is the farm bill.

I am a member of the Agriculture Committee, a member of the agriculture appropriations subcommittee, and I am also a member of the conference committee that is working to reconcile the differences between the farm bill that has been passed in the House and the farm bill that has been passed in the Senate. I bring up this example purposely, because we are focused on how we operate in a bipartisan manner to meet the challenges this Nation faces, and we are at a point where we need to redo the farm bill. We need to put a new long-term, 5-year farm bill in place. Right now we are operating under an extension. I use this as an example of a truly bipartisan approach.

I use the farm bill for another reason too. As we go through this process, where confirmation of nominations are now being done essentially on a partisan basis—not a bipartisan basis but on a partisan basis—and as we talk about ObamaCare, which was passed on a partisan basis—not a bipartisan basis—I want to bring up an example of how things should work on a bipartisan basis.

When we look at the farm bill, the breakdown in terms of how the votes have gone, it hasn't been Republican and Democrat. We have had both. We have had some Republicans and Democrats voting against it and some Republicans and some Democrats voting for it. It really is focused on what is the policy and what best serves this great Nation.

Here is the other reason I bring it up right now. We are trying to address the deficit and the debt this country faces; right? This year CBO says the deficit is going to be somewhere between $650 billion and $700 billion—the deficit. The debt is $17.3 trillion. We must address the deficit and the debt. So as we work on a new farm bill, we are not only reforming the current farm bill, which is operating under an extension, we not only make reforms that make for a better farm program, but we are going to save on the order of $25 billion to $30 billion to help reduce the deficit and the debt.

Isn't that what we should be doing across government on a bipartisan basis—coming up with better policy that actually reduces the deficit and the debt, controls spending, reduces spending and helps our economy grow? That is what we are doing with the farm bill, and that is what we should be doing in these other areas as well.

So as we continue to work on the farm program, I had hoped we could be to the point where we would be voting this week or next on the Senate floor and in the House as well. It doesn't look like that is going to happen, but we are very close. We can have a framework in place this week or next so that we can vote on it as soon as we return in January, and that is what we need to do.

The current farm bill, the current extension, expires at the end of the year, meaning we need to get a new farm bill in place—not an extension but a new farm bill. We have put the framework in place. We are there. We now just need to get people to agree and we need to get the bill to the House and to the Senate floor. I believe we are absolutely there. We just have to have the will to make it happen and to make it happen on a bipartisan basis. Not only is it vitally important we pass this farm bill, but it truly can be an example in terms of how we approach other policy as well on a bipartisan basis.

At this point, Mr. President, I see the leader is here and I would ask of the Chair as to my time allotment and also the time for the next vote.

The PRESIDING OFFICER. All time has now expired.

The question is, Will the Senate advise and consent to the nomination of Landya B. McCafferty, of New Hampshire, to be United States District Judge for the District of New Hampshire.

Mr. WICKER. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Mississippi (Mr. COCHRAN) and the Senator from Illinois (Mr. KIRK).

The ACTING PRESIDENT pro tempore. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 79, nays 19, as follows:

[Rollcall Vote No. 262 Ex.]

YEAS—79

Ayotte	Grassley	Murphy
Baldwin	Hagan	Murray
Baucus	Harkin	Nelson
Begich	Hatch	Paul
Bennet	Heinrich	Portman
Blumenthal	Heitkamp	Pryor
Booker	Heller	Reed
Boxer	Hirono	Reid
Brown	Isakson	Rockefeller
Burr	Johnson (SD)	Rubio
Cantwell	Johnson (WI)	Sanders
Cardin	Kaine	Schatz
Carper	King	Schumer
Casey	Klobuchar	Shaheen
Chambliss	Landrieu	Stabenow
Coburn	Leahy	Tester
Collins	Lee	Thune
Coons	Levin	Toomey
Corker	Manchin	Udall (CO)
Cruz	Markey	Udall (NM)
Donnelly	McCain	Warner
Durbin	McCaskill	Warren
Feinstein	Menendez	Whitehouse
Flake	Merkley	Wicker
Franken	Mikulski	Wyden
Gillibrand	Moran	
Graham	Murkowski	

NAYS—19

Alexander	Enzi	Roberts
Barrasso	Fischer	Scott
Blunt	Hoeven	Sessions
Boozman	Inhofe	Shelby
Coats	Johanns	Vitter
Cornyn	McConnell	
Crapo	Risch	

NOT VOTING—2

Cochran	Kirk

The nomination was confirmed.

CLOTURE MOTION

The ACTING PRESIDENT pro tempore. The cloture motion having been presented under rule XXII, the Chair directs the clerk to report the motion to invoke cloture.

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 Patricia M. Wald, of the District of Columbia, to be a Member of the Privacy and Civil Liberties Oversight Board.

Harry Reid, Sherrod Brown, Richard J. Durbin, Christopher Murphy, Robert Menendez, Christopher A. Coons, Angus S. King, Jr., Martin Heinrich, Amy Klobuchar, Dianne Feinstein, Tom Udall, Kirsten E. Gillibrand, Bernard Sanders, Barbara Boxer, Brian Schatz, Robert P. Casey, Jr., Thomas R. Carper, Benjamin L. Cardin, Michael F. Bennet.

QUORUM CALL

The ACTING PRESIDENT pro tempore. Under rule XXII, the Chair directs the clerk to call the roll to ascertain the presence of a quorum.

The assistant legislative clerk proceeded to call the roll and the following Senators entered the Chamber and answered to their name: