MURKOWSKI) was added as a cosponsor of S. 1507, a bill to amend the Internal Revenue Code of 1986 to clarify the treatment of general welfare benefits provided by Indian tribes.

At the request of Ms. HEITKAMP, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 1507, supra.

S. 1614

At the request of Ms. KLOBUCHAR, the name of the Senator from Oklahoma (Mr. INHOFE) was added as a cosponsor of S. 1614, a bill to require Certificates of Citizenship and other Federal documents to reflect name and date of birth determinations made by a State court and for other purposes.

S. 1642

At the request of Ms. LANDRIEU, the name of the Senator from Virginia (Mr. WARNER) was added as a cosponsor of S. 1642, a bill to permit the continuation of certain health plans.

S. 1649

At the request of Mr. BOOZMAN, the name of the Senator from Louisiana (Mr. VITTER) was added as a cosponsor of S. 1649, a bill to promote freedom and democracy in Vietnam.

S. 1677

At the request of Mr. UDALL of New Mexico, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. 1677, a bill to establish centers of excellence for innovative stormwater control infrastructure, and for other purposes.

S. 1719

At the request of Mrs. MURRAY, the names of the Senator from Iowa (Mr. HARKIN) and the Senator from Nebraska (Mrs. FISCHER) were added as cosponsors of S. 1719, a bill to amend the Public Health Service Act to reauthorize the poison center national toll-free number, national media campaign, and grant program, and for other purposes.

At the request of Mr. JOHANNS, his name was added as a cosponsor of S. 1719, supra.

S. 1765

At the request of Mr. CORKER, the name of the Senator from Arkansas (Mr. BOOZMAN) was added as a cosponsor of S. 1765, a bill to ensure the compliance of Iran with agreements relating to Iran's nuclear program.

S. 1798

At the request of Mr. WARNER, the names of the Senator from North Carolina (Mrs. HAGAN), the Senator from Colorado (Mr. BENNET) and the Senator from Virginia (Mr. KAINE) were added as cosponsors of S. 1798, a bill to ensure that emergency services volunteers are not counted as full-time employees under the shared responsibility requirements contained in the Patient Protection and Affordable Care Act.

S. 1824

At the request of Mr. ENZI, the names of the Senator from Arkansas (Mr. BOOZMAN) and the Senator from Missouri (Mr. BLUNT) were added as cosponsors of S. 1824, a bill to amend the Safe Drinking Water Act to exempt certain lead pipes, fittings, fixtures, solder, and flux that contain brass.

S. 1837

At the request of Ms. WARREN, the name of the Senator from Hawaii (Mr. SCHATZ) was added as a cosponsor of S. 1837, a bill to amend the Fair Credit Reporting Act to prohibit the use of consumer credit checks against prospective and current employees for the purposes of making adverse employment decisions.

S. 1844

At the request of Mrs. SHAHEEN, the names of the Senator from Massachusetts (Mr. MARKEY) and the Senator from New Mexico (Mr. HEINRICH) were added as cosponsors of S. 1844, a bill to restore full military retirement benefits by closing corporate tax loopholes.

S. 1845

At the request of Mr. REED, the names of the Senator from Vermont (Mr. LEAHY), the Senator from Iowa (Mr. HARKIN), the Senator from Connecticut (Mr. MURPHY), the Senator from Vermont (Mr. SANDERS), the Senator from Michigan (Ms. STABENOW), the Senator from Massachusetts (Mr. MARKEY), the Senator from Illinois (Mr. DURBIN), the Senator from Washington (Mrs. MURRAY), the Senator from Minnesota (Mr. FRANKEN), the Senator from Wisconsin (Ms. BALDWIN), the Senator from Minnesota (Ms. KLOBUCHAR) and the Senator from Oregon (Mr. WYDEN) were added as cosponsors of S. 1845, a bill to provide for the extension of certain unemployment benefits, and for other purposes.

S. 1847

At the request of Ms. HIRONO, the name of the Senator from Mississippi (Mr. COCHRAN) was added as a cosponsor of S. 1847, a bill to provide for the redesignation of the Asia-Pacific Center for Security Studies as the Daniel K. Inouye Asia-Pacific Center for Security Studies.

S. RES. 314

At the request of Mr. COONS, the name of the Senator from New Hampshire (Mrs. SHAHEEN) was added as a cosponsor of S. Res. 314, a resolution commemorating and supporting the goals of World AIDS Day.

S. RES. 318

At the request of Mr. DURBIN, the names of the Senator from Virginia (Mr. KAINE), the Senator from Missouri (Mr. BLUNT) and the Senator from New Hampshire (Mrs. SHAHEEN) were added as cosponsors of S. Res. 318, a resolution expressing the sense of the Senate regarding the critical need for political reform in Bangladesh, and for other purposes.

S. RES. 319

At the request of Mr. MURPHY, the names of the Senator from Idaho (Mr. RISCH) and the Senator from Maryland (Mr. CARDIN) were added as cosponsors of S. Res. 319, a resolution expressing support for the Ukrainian people in light of President Yanukovych's decision not to sign an Association Agreement with the European Union.

AMENDMENT NO. 2569

At the request of Mr. ENZI, the name of the Senator from North Dakota (Mr. HOEVEN) was added as a cosponsor of amendment No. 2569 intended to be proposed to H.J. Res. 59, a joint resolution making continuing appropriations for fiscal year 2014, and for other purposes.

AMENDMENT NO. 2572

At the request of Mr. SESSIONS, the name of the Senator from North Dakota (Mr. HOEVEN) was added as a cosponsor of amendment No. 2572 intended to be proposed to H.J. Res. 59, a joint resolution making continuing appropriations for fiscal year 2014, and for other purposes.

AMENDMENT NO. 2574

At the request of Mr. WICKER, the name of the Senator from Alaska (Ms. MURKOWSKI) was added as a cosponsor of amendment No. 2574 intended to be proposed to H.J. Res. 59, a joint resolution making continuing appropriations for fiscal year 2014, and for other purposes.

## STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. ALEXANDER (for himself, Mr. BARRASSO, Mr. ENZI, Mr. INHOFE, and Mr. ISAKSON):

S. 1849. A bill to amend the Patient Protection and Affordable Care Act to provide for a fixed annual open enrollment period; to the Committee on Health, Education, Labor, and Pensions.

Mr. BARRASSO. Mr. President, I come to the floor, as I have frequently since the health care law was passed, as a doctor who has practiced medicine in Wyoming for a quarter of a century, taking care of people, providing low-cost blood screenings through the Wyoming Health Fair, of which I was the medical director. I was back in Wyoming last week talking to folks about their health care and their concerns.

With the end of the year rapidly approaching, Americans are gathering with family and friends to celebrate the holidays, to count their blessings. But from what I heard last weekend in Wyoming and on a telephone townhall meeting Monday night, very few people are thankful for the President's health care law.

I met yesterday with the Wyoming insurance commissioner. Fewer than 1,000 people have been able to sign up, but thousands have had their insurance canceled under the law. So many more people are suffering because of the law than people who are potentially able to benefit. This law was forced down the throats of the American people, supported unanimously by the Democrats in this body. It is continuing to disrupt people's lives and to cause them very real harm.

After a year of false starts and failures, what we have seen is that the

President's health care law is nothing more than a collection of deception, delays, and disappointments. If you look at the headlines, the biggest disappointment was the launch of the healthcare.gov Web site in October. It was a total disaster. But it really is just the tip of the iceberg. The Web site failures are what people have seen across the country. That is the most visible, and it has obviously been the cause of concerns and jokes by the late-night comedians. But the real damage is going to start on January 1—damage to people's lives.

This was just about a computer screen. Below this tip of the iceberg is what people are actually noticing at home. They are paying higher premiums, and I am hearing that around the State of Wyoming; canceled coverage—thousands in Wyoming but over 5 million, I understand by last count, across the country. And we don't even know how many have been canceled in the States of Illinois, Texas, and Ohio. But we know that more than 5 million people have lost their coverage. People are finding out they can't keep their doctor. We are seeing that with seniors on Medicare, and we are seeing that with children who are going for cancer care. We are finding that people are having a harder time finding a doctor or even having to make choices as they go to the Web site: Well, do I want to keep my doctor or do I want to keep the hospital that I go to or do I want to keep the drug coverage I have? And many people are finding they can't find any plan that will let them keep everything they have now—in spite of the President's promise.

We are hearing more and more stories about fraud and identity theft across the country related to the health care Web site, including a Senate staff member who was signing up. It asked for his bank number and PIN number, and he called the helpline. He had to wait a long period of time to get through, as has been the experience for many Americans, and they said: No, that is not the regular Web site. That must be some kind of a scam trying to fraudulently take your information.

People are seeing higher copays and deductibles. The average deductible now is over $5,000 for people in bronze plans.

That is what is continuing to happen with this health care law.

October was just about the Web site. January is going to be about real people, their lives and their ability to get affordable quality care from the doctors they know and trust.

The Obama administration made a lot of promises about this law. The administration has known for months—I believe the administration has known for years that many of the promises were not true. They knew people would lose their doctors, and they knew millions of people would lose their health insurance plans. But instead of leveling with the American people, the White House chose to mislead them.

It continues to mislead them today on one important issue after another, and the people have seen through it. Washington Post, Tuesday, December 17, just yesterday: ''Obama's approval ratings plummet. Poll results worrisome for Democrats looking to the midterm elections.'' A respected group, politifacts.com, whose role is sorting out the truth in politics, has come up with their lie of the year, and they attribute their lie of the year for 2013 to President Obama: ''If you like your health care plan, you can keep it.'' That is the lie of the year to the American people. So it is no surprise, then, that the President's approval ratings continue to plummet.

I looked at a decision this administration made very recently, a decision to delay next year's open enrollment season until after the midterm elections. To me, this is a blatant political move—a blatant political move that they snuck out the announcement just days before Thanksgiving.

So what kind of announcement is the administration going to try to sneak out now, just before Christmas? Well, the enrollment period for insurance coverage in 2015 was set to begin October 15, 2014, and then end in December. Now it won't begin until November 15. Why in the world would they need to delay it for a month? Enrollment in the government health insurance exchange has been a disaster, but the administration says it has fixed all the problems. So why do they want to delay it for a month? What is the difference between October 15 and November 15? I believe it is because the administration is in a panic mode, and it will do anything it can to hide the cost of the health care law on the American people—hide the skyrocketing costs. What they have done is they have moved it from a couple of weeks before the election until a couple of weeks after election day 2014.

The American people don't need more lies. What they need from their President is for the President to come clean about the terrible effects of the law. The fact is that many Americans can't keep their coverage, can't keep their doctors, and they can't afford this law.

The Associated Press put out a poll the other day. The headline was ''Health Law Seen as Eroding Coverage.'' The health care is eroding coverage. According to the poll, 69 percent of people say their premiums will be going up and 59 percent say their deductibles and copayments will be increasing. People can't afford those kinds of price increases—this whole redistribution of assets and wealth on the American people. People were told by this President that their health care costs were going to go down. Instead, they are seeing them go up.

The Obama administration doesn't want people learning about their next increases right before the 2014 election, so they are trying to hide the truth. That is why today Senator ALEXANDER, Senator ENZI, and I plan to introduce a bill to give the American people the transparency they deserve when they are making important health care decisions for their families. We are calling this bill the Premium Disclosure Act, and it will do a couple of things.

First, the bill sets the exchange's opening date of October 15, 2014, in statute so that Democrats can't change it to meet their political goals around an election.

Second, the bill says the Obama administration has to make premiums and cost-sharing requirements public 30 days before the open enrollment begins, so people will have this important information in mid-September, making it easier for families to budget and to plan.

The Department of Health and Human Services has previously said it did not have this authority. That is why they said we need to wait until October 1 to find out what premiums would be this year. This bill would specifically give the administration the authority, so they will have no more excuses for hiding health insurance cost increases from the American people.

Americans wanted a few very simple things from health care reform. They wanted better access to care. Washington Democrats gave them less access. They wanted lower costs, but Washington Democrats gave them higher costs. They wanted help. Washington Democrats have caused them harm.

This bill will help add some transparency and shed light on things the Obama administration does not want the American people to see. The President's health care law has been a failure. It cannot be fixed just by delaying one more part or by sending out the spin doctors one more time or by having one more press conference. I hope when we return after the New Year that President Obama and Democrats in Congress will be ready to sit down with Republicans to talk about real bipartisan solutions that put patients and families first.

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By Mr. McCAIN:

S. 1851. A bill to provide for incentives to encourage health insurance coverage, and for other purposes; to the Committee on Finance.

Mr. McCAIN. Mr. President, I am introducing the Empowering Patients First Act, companion legislation to H.R. 2300, introduced in the House of Representatives by Congressman TOM PRICE. I thank Congressman PRICE for all the hard work he did on this legislation. I am very grateful for that.

I believe this legislation would give patients, families, and doctors the power to make medical decisions, and not Washington.

Specifically, this legislation would enable everyone to purchase health insurance through deductions, credits, or advanceable credits; equalize tax treatment of employer-sponsored plans and plans purchased by individuals by letting individuals buy health insurance with pre-tax dollars; let small business owners band together across State lines through association health plans, known as AHPs, and take advantage of the increased purchasing power which larger businesses are able to take advantage of through increased bargaining power, volume discounts, and administrative efficiencies. It would let consumers buy insurance across State lines, and let individuals own their insurance like a 401(k) plan so they can take it with them across State lines if they change jobs.

I don't think there is any doubt in the majority of Americans' minds—and poll after poll indicates—that ObamaCare is a failure. The American people do not believe in it. And it isn't just the problems with the rollout of the Web site—it is all of the aspects of it which have become so complex and so difficult.

Basically, it is as some of us who fought it day after day here on the floor said: an experiment in social engineering, where young people who are healthy are going to pay for the health care of those who are older and sicker—a redistribution of wealth that then-Senator Obama favored and stated when he was running for President.

That is not the way to address health care needs in America. It has not bent the health care curve down. It has not allowed people, if they want to keep their insurance, to be able to keep it. I noticed that was voted as the biggest lie of the year by one of the periodicals here. And it is a failure.

We on the other side of this issue are also required to come up with alternatives, because we vowed to repeal and replace ObamaCare, not just repeal it. I believe that what Congressman PRICE has introduced, and what I am introducing today as a companion bill, is a step in that direction.

It is time that we on this side of the aisle came up with our agenda for health care in America because we know that the inflation associated with health care costs is unsustainable, that there are millions of Americans who do not have health care, and there is a particular problem for those with preexisting conditions.

We need to repeal this horrendous mistake—which, by the way, was done on strictly party line votes, the first entitlement program ever enacted that was done without a single bipartisan vote on it. As many of us predicted back in 2009 when this legislation was passed, it was doomed to failure. Time after time, amendment after amendment, as we attempted to repeal it for 25 days, I believe it was, of floor consideration back in 2009, it was voted down on a party line basis.

They sowed the wind and are now reaping the whirlwind. We need to repeal the Affordable Care Act, and we need to replace it because health care in America is still not satisfactory, nor have we fulfilled the needs and the obligations we have to all of our citizens.

The problems with the Affordable Care Act are well known: A failed Web site rollout that has hindered enrollment and the purchase of mandated coverage. As of December 17, only an estimated 440,835 people have enrolled for a health plan. That is 6.2 percent of the enrollment goal of 7 million by March 31, 2014.

There is a destructive tax on medical devices that will discourage innovation and encourage these businesses to move offshore. We have already seen medical device manufacturers leaving the United States of America as they said they would if they were taxed to the point where they could not be competitive with medical devices that were manufactured in foreign countries.

There is disappointment for Americans who are happy with their current coverage and want to keep their coverage. It is estimated that 10 million Americans will have their health plans terminated due to ObamaCare.

According to a December 17 Washington Post-ABC poll, only 19 percent of Americans believe ObamaCare is improving the country's health care system. Only 8 percent believe ObamaCare is improving their insurance coverage. Only 5 percent of Americans believe their health care costs are decreasing as a result of ObamaCare, and 47 percent of Americans believe the President's health care law is increasing the cost of their health care.

It is clear that ObamaCare is not working for the American people, and they have little faith in the administration's efforts to fix our broken health care system.

This legislation I am introducing today makes the purchase of health care financially feasible for all Americans—from deductions to advanceable, refundable credits so that everyone has an economic incentive to purchase coverage they want for themselves and their families, not what the government forces them to buy. In addition, it allows greater choices in portability, so that every health policy is owned by the patient, regardless of who pays. This means the coverage would go with the person if they change or lose their job. It gives employers more flexibility in the benefits offered and provides many more coverage options for people with preexisting conditions so that no one is priced out of the market, regardless of health status.

It addresses increasing costs by clamping down on abusive lawsuits, ends the practice of defensive medicine, gains significant savings from health care efficiencies—sifting out waste, fraud, and abuse—and bringing our Nation's budget under control.

Finally, it establishes doctor-led quality measures, ensuring that patients receive quality care defined by people who know medicine, not by government. It encourages healthier lifestyles by giving employers and health policies more flexibility to offer discounts for healthy habits through wellness and prevention programs.

If enacted, this legislation would save trillions of dollars. Douglas Holtz-Eakin, who is the former director of the Congressional Budget Office and one of the most credible people in this town, estimates this legislation would save American tax payers $2.37 trillion in its first decade alone. According to the analysis of Mr. Holtz-Eakin, compared to current law this legislation would produce smaller premium increases on average, yielding lower premiums than current law—nearly 19 percent for single policies and up to 15 percent for family policies; increase patient access to physicians; produce a 10-percent increase in medical productivity; and increase the number of insured individuals by 29 percent.

Americans are looking for an alternative to ObamaCare. This legislation is a step in the right direction and will provide Americans an alternative that empowers patients, families, and doctors to make the medical decisions, not those in Washington, DC.

I find of interest in the Wall Street Journal an opinion piece entitled ''ObamaCare's Troubles Are Only Beginning,'' by Michael Boskin, a very well respected economist. It says:

Be prepared for eligibility, payment and information protection debacles—and longer waits for care.

He says:

The shocks—economic and political—will get much worse next year and beyond. Here's why: The ''sticker shock'' that many buyers of new, ACA-compliant health plans have experienced—with premiums 30% higher, or more, than their previous coverage—has only begun. The costs borne by individuals will be even more obvious next year as more people start having to pay higher deductibles and copays.

If, as many predict, too few healthy young people sign up for insurance that is overpriced in order to subsidize older, sicker people, the insurance market will unravel in a ''death spiral'' of ever-higher premiums and fewer signups. The government, through taxpayer-funded ''risk corridors,'' is on the hook for billions of dollars of potential insurance-company losses. This will be about as politically popular as bank bailouts.

The ''I can't keep my doctor'' shock will also hit more and more people in coming months. To keep prices to consumers as low as possible—given cost pressures generated by the government's rules, controls and coverage mandates—insurance companies in many cases are offering plans that have very restrictive networks, with lower-cost providers that exclude some of the best physicians and hospitals.

Finally, there is an article entitled ''Second wave of health care plan cancellations looms.'' It goes on to say:

An analysis by the American Enterprise Institute, a conservative think tank, shows the administration anticipates half to two-thirds of small businesses would have policies canceled or be compelled to send workers into the ObamaCare exchanges. They predict up to 100 million small and large business policies could be canceled next year.

I ask unanimous consent these articles be printed in the RECORD.

It is time for us to begin to consider alternatives and recognize that this legislation needs to be repaired and replaced.

I yield the floor.

[Dec. 15, 2013]

OBAMACARE'S TROUBLES ARE ONLY BEGINNING

BE PREPARED FOR ELIGIBILITY, PAYMENT AND INFORMATION PROTECTION DEBACLES—AND LONGER WAITS FOR CARE.

(By Michael J. Boskin)

The White House is claiming that the Healthcare.gov website is mostly fixed, that the millions of Americans whose health plans were canceled thanks to government rules may be able to keep them for another year, and that in any event these people will get better plans through ObamaCare exchanges. Whatever the truth of these assertions, those who expect better days ahead for the Affordable Care Act are in for a rude awakening. The shocks—economic and political—will get much worse next year and beyond. Here's why:

The ''sticker shock'' that many buyers of new, ACA-compliant health plans have experienced—with premiums 30% higher, or more, than their previous coverage—has only begun. The costs borne by individuals will be even more obvious next year as more people start having to pay higher deductibles and copays.

If, as many predict, too few healthy young people sign up for insurance that is overpriced in order to subsidize older, sicker people, the insurance market will unravel in a ''death spiral'' of ever-higher premiums and fewer signups. The government, through taxpayer-funded ''risk corridors,'' is on the hook for billions of dollars of potential insurance-company losses. This will be about as politically popular as bank bailouts.

The ''I can't keep my doctor'' shock will also hit more and more people in coming months. To keep prices to consumers as low as possible—given cost pressures generated by the government's rules, controls and coverage mandates—insurance companies in many cases are offering plans that have very restrictive networks, with lower-cost providers that exclude some of the best physicians and hospitals.

Next year, millions must choose among unfamiliar physicians and hospitals, or paying more for preferred providers who are not part of their insurance network. Some health outcomes will deteriorate from a less familiar doctor-patient relationship.

More IT failures are likely. People looking for health plans on ObamaCare exchanges may be able to fill out their applications with more ease. But the far more complex back-office side of the webssite—where the information in their application is checked against government databases to determine the premium subsidies and prices they will be charged, and where the applications are forwarded to insurance companies—is still under construction. Be prepared for eligibility, coverage gap, billing, claims, insurer payment and patient information-protection debacles.

The next shock will come when the scores of millions outside the individual market—people who are covered by employers, in union plans, or on Medicare and Medicaid—experience the downsides of ObamaCare. There will be longer waits for hospital visits, doctors' appointments and specialist treatment, as more people crowd fewer providers.

Those with means can respond to the government-driven waiting lines by making side payments to providers or seeking care through doctors who do not participate in insurance plans. But this will be difficult for most people.

Next, the Congressional Budget Office's estimated 25% expansion of Medicaid under ObamaCare will exert pressure on state Medicaid spending (although the pressure will be delayed for a few years by federal subsidies). This pressure on state budgets means less money on education and transportation, and higher state taxes.

The ''Cadillac tax'' on health plans to help pay for ObamaCare starts four years from this Jan. 1. It will fall heavily on unions whose plans are expensive due to generous health benefits.

In the nearer term, a political iceberg looms next year. Insurance companies usually submit proposed pricing to regulators in the summer, and the open enrollment period begins in the fall for plans starting Jan. 1. Businesses of all sizes that currently provide health care will have to offer ObamaCare's expensive, mandated benefits, or drop their plans and—except the smallest firms—pay a fine. Tens of millions of Americans with employer-provided health plans risk paying more for less, and losing their policies and doctors to more restrictive networks. The administration is desperately trying to delay employer-plan problems beyond the 2014 election to avoid this shock.

Meanwhile, ObamaCare will lead to more part-time workers in some industries, as hours are cut back to conform to arbitrary definitions in the law of what constitutes full-time employment. Many small businesses will be cautious about hiring more than 50 full-time employees, which would subject them to the law's employer insurance mandate.

On the supply side, medicine will become a far less attractive career for talented young people. More doctors will restrict practice or retire early rather than accept lower incomes and work conditions they did not anticipate. Already, many practices are closed to Medicaid recipients, some also to Medicare. The pace of innovation in drugs, medical devices and delivery is expected to slow significantly, as higher taxes and even rationing set in.

The repeated assertions by the law's supporters that nobody but the rich would be worse off was based on a beyond-implausible claim that one could expand by millions the number of people with health insurance, lower health-care costs without rationing, and improve quality. The reality is that any squeezing of insurance-company profits, or reduction in uncompensated emergency-room care amounts to a tiny fraction of the trillions of dollars extracted from those people overpaying for insurance, or redistributed from taxpayers.

The Affordable Care Act's disastrous debut sent the president's approval ratings into a tailspin and congressional Democrats in competitive districts fleeing for cover. If the law's continuing unpopularity enables Republicans to regain the Senate in 2014, the president will be forced to veto repeated attempts to repeal the law or to negotiate major changes.

The risk of a complete repeal if a Republican takes the White House in 2016 will put enormous pressure on Democratic candidates—and on Republicans—to articulate a compelling alternative to the cost and coverage problems that beset health care. A good start would be sliding-scale subsidies to help people buy a low-cost catastrophic plan, purchasable across state lines, equalized tax treatment of those buying insurance on their own with those on employer plans, and expanded high-risk pools.

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[From FoxNews, Nov. 20, 2013]

SECOND WAVE OF HEALTH PLAN CANCELLATIONS LOOMS

A new and independent analysis of ObamaCare warns of a ticking time bomb, predicting a second wave of 50 million to 100 million insurance policy cancellations next fall—right before the mid-term elections.

The next round of cancellations and premium hikes is expected to hit employees, particularly of small businesses. While the administration has tried to downplay the cancellation notices hitting policyholders on the individual market by noting they represent a relatively small fraction of the population, the swath of people who will be affected by the shakeup in employer-sponsored coverage will be much broader.

An analysis by the American Enterprise Institute, a conservative think tank, shows the administration anticipates half to two-thirds of small businesses would have policies canceled or be compelled to send workers onto the ObamaCare exchanges. They predict up to 100 million small and large business policies could be canceled next year.

''The impact I'm mostly worried about is on small young, entrepreneurial firms that will suddenly face much higher health insurance premiums if they want to offer health insurance to their employees,'' said AEI resident scholar Stan Veuger. ''I think for a lot of other businesses . . . they can just send their employees to the exchanges or offer them a fixed subsidy every month to buy health insurance themselves.''

Under the health care law, businesses with fewer than 50 workers do not have to provide health coverage. But if they do, the policies will still have to meet the benefit standards set by ObamaCare.

As reported by AEI's Scott Gottlieb, some businesses got around this by renewing their policies before the end of 2013. But the relief is temporary, and they are expected to have to offer in-compliance plans for 2015. According to Gottlieb, that means beginning in October 2014 the cancellation notices will start to go out.

Then, businesses will have to either find a new plan—which could be considerably more expensive—or send workers onto the ObamaCare exchanges.

For workers, their experience could mirror that of the 5 million or so on the individual market who already received cancellation notices because their plans did not meet new standards under the Affordable Care Act.

President Obama announced last week that insurance companies could offer out-of-compliance plans for another year. But that only means the cancellation notices will resume late next year.

Obama met Wednesday with state insurance commissioners about the change. In a statement afterward, National Association of Insurance Commissioners President Jim Donelon voiced concern with the change but said: ''We will work with the insurance companies in our states to implement changes that make sense while following our mandate of consumer protection.''

The business community has already been hit with another side effect from ObamaCare. Because the law will require businesses with more than 50 full-time workers to offer health coverage, there are reports that companies are shifting employees to part-time status to avoid hitting the threshold.

Though the administration describes these accounts as anecdotal—and has already delayed the employer mandate by a year—studies suggest otherwise.

The International Franchise Association and the U.S. Chamber of Commerce have studied the impact and say the president's health care law has resulted in higher costs and fewer full-time positions.

A survey showed 31 percent of franchise businesses, and 12 percent of non-franchise businesses, have already reduced worker hours. It also showed 27 percent of franchise businesses, and 12 percent of non-franchise businesses, have replaced full-time workers with part-time employees.

## SUBMITTED RESOLUTIONS

### SENATE RESOLUTION 323—EXPRESSING THE SENSE OF THE SENATE ON MAINTAINING THE CURRENT ANNUAL ADJUSTMENT IN RETIRED PAY FOR MEMBERS OF THE ARMED FORCES UNDER THE AGE OF 62

Mr. CHAMBLISS (for himself, Mr. ISAKSON, Ms. MURKOWSKI, Mr. MCCAIN, Mr. HOEVEN, Mr. JOHNSON of Wisconsin, Ms. COLLINS, Mr. BLUNT, and Mr. PORTMAN) submitted the following resolution; which was referred to the Committee on Armed Services:

S. RES. 323

Whereas is the responsibility of Congress to get the fiscal house of government in order, and all government spending should be examined to achieve that goal;

Whereas HJ Res. 59 (113th Congress), a bipartisan budget proposal, is a first step is this direction, though it fails to address broader government spending issues;

Whereas retirees from the Armed Forces, both those who served a full career and those medically retired and their survivors, have provided great service and sacrificed much for our country;

Whereas HJ Res. 59 (113h Congress) disproportionally targets these military retirees in the name of fiscal responsibility; and

Whereas, while the decisions regarding future spending cuts may be difficult and painful, the solution should require contributions from all Americans: Now, therefore, be it

*Resolved,* That it is the sense of the Senate that—

(1) retirees from the Armed Forces should not unfairly bear the burden of excessive government spending;

(2) military retirees earned the benefits they were promised upon entering military, and it is the duty of the Senate to protect them; and

(3) the Senate should seek alternatives to the provisions of section 403 of the Bipartisan Budget Act of 2103 (introduced as HJ Res. 59 (113th Congress)) before the effective date of that section and the amendments made by that section.

Mr. CHAMBLISS. Mr. President, I rise today to submit a sense of the Senate resolution to address the issue of military retirement pay in this budget proposal.

It is the responsibility of Congress to get our fiscal house in order and that all government spending should be examined to achieve that goal. However, this budget proposal disproportionately targets the retirees of the U.S. Armed Forces in the name of fiscal responsibility.

We, as a body, acknowledge military retirees, both those who served full careers and those who have medically retired and their survivors. They have provided great service and sacrificed much for our country. Making decisions regarding future spending cuts would be difficult and painful, but the solution should require contributions from all Americans, not just our servicemembers who have sacrificed so much.

Therefore, I, along with Senator ISAKSON—and I am pleased to say Senator MURKOWSKI and Senator MCCAIN—have joined in offering a sense of the Senate resolution that military retirees should not unfairly bear the burden of our excessive government spending.

Our military retirees earned the benefits they were promised upon entering the military, and it is our duty to protect them.

Mr. ISAKSON. Mr. President, I am pleased to join Senator CHAMBLISS in this sense-of-the-Senate resolution. It is absolutely important that we not disproportionately burden those who have served us and who have saved us, and our veterans have done both. As we deal with the difficult decisions in the years ahead on getting our debt and our deficit in order, it is important that we all share part of the burden, that we all put our shoulder to the yoke and we make sure we don't disproportionately put it on our veterans or on any segment of our society. We are all in this together. But, most importantly, we are all here today because of the sacrifice of our men and women in harm's way, and we cannot single them out for disproportionate savings in terms of the budget and the deficit.

I commend Senator CHAMBLISS on his leadership, and I am happy to join him in this resolution.

### SENATE RESOLUTION 324—EXPRESSING THE SENSE OF THE SENATE WITH RESPECT TO THE TRAGIC SHOOTING AT LOS ANGELES INTERNATIONAL AIRPORT ON NOVEMBER 1, 2013, OF EMPLOYEES OF THE TRANSPORTATION SECURITY ADMINISTRATION

Mr. ROCKEFELLER (for himself, Mrs. BOXER, and Mrs. FEINSTEIN) submitted the following resolution; which was considered and agreed to:

S. RES. 324

Whereas on November 1, 2013, a gunman entered Terminal 3 of the Los Angeles International Airport and opened fire at a security checkpoint, targeting the Transportation Security Officers who are charged with protecting our aviation system and the people of the United States;

Whereas Gerardo Hernandez, a 39-year-old resident of Porter Ranch, California, a beloved husband and father of two, lost his life in the shooting and tragically became the first Transportation Security Officer to be killed in the performance of his duties;

Whereas James Speer and Tony Grigsby, dedicated Transportation Security Officers and colleagues of the deceased officer, were wounded in the attack;

Whereas a member of the traveling public, Brian Ludmer, a 29-year-old high school teacher from Lake Forest, Illinois, was also injured; and

Whereas Transportation Security Officers, law enforcement personnel, first responders, and medical professionals acted courageously to subdue the gunman, secure the airport, help move passengers out of harm's way, and treat victims of the attack:

Now, therefore, be it

*Resolved,* That the Senate—

(1) strongly condemns the senseless and appalling act of violence carried out at Los Angeles International Airport on November 1, 2013;

(2) offers its deepest condolences to the family, friends, and loved ones of Gerardo Hernandez;

(3) honors the dedicated public service of Gerardo Hernandez, James Speer, and Tony Grigsby;

(4) sends its hope for a quick recovery to the other victims of the horrific attack; and

(5) remains committed to preventing similar tragedies from happening again.

## AMENDMENTS SUBMITTED AND PROPOSED

SA 2600. Ms. AYOTTE submitted an amendment intended to be proposed by her to the bill H.R. 3304, to authorize the President to award the Medal of Honor to Bennie G. Adkins and Donald P. Sloat of the United States Army for acts of valor during the Vietnam Conflict and to authorize the award of the Medal of Honor to certain other veterans who were previously recommended for award of the Medal of Honor; which was ordered to lie on the table.

SA 2601. Ms. AYOTTE submitted an amendment intended to be proposed by her to the bill H.R. 3304, supra; which was ordered to lie on the table.

SA 2602. Mr. CORNYN submitted an amendment intended to be proposed by him to the bill H.R. 3304, supra; which was ordered to lie on the table.

## TEXT OF AMENDMENTS

**SA 2600.** Ms. AYOTTE submitted an amendment intended to be proposed by her to the bill H.R. 3304, to authorize the President to award the Medal of Honor to Bennie G. Adkins and Donald P. Sloat of the United States Army for acts of valor during the Vietnam Conflict and to authorize the award of the Medal of Honor to certain other veterans who were previously recommended for award of the Medal of Honor; which was ordered to lie on the table; as follows:

At the end of subtitle I of title X, add the following:

**SEC. ___. REPEAL OF ANNUAL ADJUSTMENT OF RETIRED PAY FOR MEMBERS OF THE ARMED FORCES UNDER THE AGE OF 62.**

(a) REPEAL.—Effective immediately after the enactment of the Bipartisan Budget Act of 2013, section 403 of the Bipartisan Budget Act of 2013 is repealed.

(b) SOCIAL SECURITY NUMBER REQUIRED TO CLAIM THE REFUNDABLE PORTION OF THE CHILD TAX CREDIT.—

(1) IN GENERAL.—Subsection (d) of section 24 of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

"(5) IDENTIFICATION REQUIREMENT WITH RESPECT TO TAXPAYER.—

"(A) IN GENERAL.—Paragraph (1) shall not apply to any taxpayer for any taxable year unless the taxpayer includes the taxpayer's Social Security number on the return of tax for such taxable year.

"(B) JOINT RETURNS.—In the case of a joint return, the requirement of subparagraph (A) shall be treated as met if the Social Security number of either spouse is included on such return.

"(C) LIMITATION.—Subparagraph (A) shall not apply to the extent the tentative minimum tax (as defined in section 55(b)(1)(A)) exceeds the credit allowed under section 32.".