

Trayvon was a victim of racial profiling by the police. In other words, was Trayvon targeted by Mr. Zimmerman because he was Black? Was Trayvon treated differently by local law enforcement in their shooting investigation because he was Black and the aggressor was White? Would the police have acted differently with a White victim and a Black aggressor?

The Department of Justice has the authority to investigate the potential hate crime as well as whether this is a pattern or practice of misconduct by local law enforcement in terms of applying the law equally to all citizens and not discriminating on the basis of race. Tom Perez is the Assistant Attorney General of the Civil Rights Division of the Department of Justice. I want to make sure we have both Federal and State investigations that ultimately prosecute offenders to the fullest extent of the law as well as make any needed policy changes, particularly to local police practices and procedures.

Trayvon's tragic death also leads to a discussion of the broader issue of racial profiling. I have called for putting an end to racial profiling, a practice that singles out individuals based on race or other protected categories. In October of last year, I introduced legislation—the End Racial Profiling Act, S. 1670—that would protect minority communities by prohibiting the use of racial profiling by law enforcement officials.

The bill would prohibit State and local law enforcement officials from using race as a factor in criminal investigations, including in “deciding upon the scope and substance of law enforcement activity following the initial investigatory procedure.”

The bill would mandate training and provide grants on racial-profiling issues and data collection by local and State law enforcement.

Finally, the bill would condition the receipt of Federal funds by State and local law enforcement on two grounds. First, under this bill, State and local law enforcement would have to “maintain adequate policies and procedures designed to eliminate racial profiling.” Second, they must “eliminate any existing practices that permit or encourage racial profiling.”

The legislation I introduced is supported by the NAACP, the ACLU, the Rights Working Group, the Leadership Conference on Civil and Human Rights, and numerous other organizations. I look forward to the April 18 advocacy day these civil rights groups are planning on Capitol Hill to lobby on racial-profiling issues and raise awareness about this issue and the legislation I have introduced.

Racial profiling is bad policy. Given the state of our budgets, it also diverts scarce resources from real law enforcement. Law enforcement officials nationwide already have tight budgets. The more resources spent on investigating individuals solely because of their race or religion, the fewer re-

sources we have to actually deal with illegal behavior.

Racial profiling has no place in modern law enforcement. The vast majority of our law enforcement officers who put their lives on the line every day handle their job with professionalism, diligence, and fidelity to the rule of law. However, Congress and the Justice Department can and should still take steps to prohibit racial profiling and finally root out its use.

The 14th amendment to the U.S. Constitution guarantees equal protection of the law to all Americans. Racial profiling is important to that principle and should be ended once and for all. As the late Senator Kennedy often said, “Civil rights is the great unfinished business of America.” Let's continue to fight here to make sure we truly have equal justice under law and equal protection of law as guaranteed by our Constitution.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Tennessee.

HEALTH CARE

Mr. CORKER. Mr. President, today I rise to speak about the subject our Nation is focused on as the Supreme Court takes up some of the constitutional provisions of the health care law that was passed a couple of years ago in this body.

Obviously, the courts will decide whether the law that was passed is constitutional. There are a number of challenges. That will take place by the end of June, according to what we hear.

Secondly, there is an election process underway where the candidates running for the Republican nomination have talked about the things they will do in the event they are elected as it relates to the health care bill.

I want to talk about the fact that regardless of the Supreme Court and regardless of what may happen in the electoral process, I have yet to meet a person on either side of the aisle—and maybe today will be the first time—who believes this bill can work as it was passed. What that leads me to say is that regardless of what happens, I think most of us are aware that the financial data that was used to put together this bill is flawed, and the fact that it is flawed, it will not work over the longer haul.

For the same reasons I railed against the highway bill for breaking the Budget Control Act we just put in place last August, I voted against this bill—the fact that we used 10 years' worth of revenues and 6 years' worth of costs, which greatly exacerbates the problem in the outyears; the fact that we took \$529 billion in savings from Medicare to create this problem and yet left behind the issue we deal with in this body almost every year and a half, which is the sustainable growth rate that we deal with with physicians; and then, thirdly, the fact that we placed an unfunded mandate on States.

The State of Tennessee has actually been highly progressive as it relates to health care. In the State of Tennessee, dealing with citizens who are in need, we created a program called TennCare. It went through lots of problems but over the last several years has been functioning in a stable way. But what this bill did was mandate to the State of Tennessee that in order to keep the Medicaid funding that funds TennCare, the State has to, on its own accord, match Federal grants with over \$1.1 billion in costs. So from 2014 to 2019, what this bill does is mandate that the State of Tennessee use \$1.1 billion of its own resources to expand the Medicaid Program to meet the needs this bill has put in place.

This is the point of my being on the floor here today. Again, I do not know of anybody here who believes this bill will cost only what was laid out as we debated. As a matter of fact, we have had so many people—the McKenzie Group and others—who have laid out how many private companies in our country will basically get rid of their health care and put people out on the public exchange. And the cost of that is going to be tremendous.

Our own former Governor, a Democrat, who has spent a lot of his lifetime in health care on health care issues, projected that the State of Tennessee, if it decided that it wanted to put its own employees out on the public exchange, could save \$160 million—by putting its employees away from its own health care plan and out on the exchanges. Obviously, I doubt that is something States are going to do. But his point is this: In a free market system, people are going to respond based on what is best for their company and what is best for their employees.

If you look at the subsidy levels that this bill lays out—up to 400 percent of poverty—they are massive subsidies. We are talking about people who are earning over \$78,000 a year. So when you look at the subsidies this bill has put in place, what employers are going to quickly find, especially because we put a subsidy in place on the one hand and on the other hand, because this bill lays out the type of coverage companies have to have in place—there are attributes that cause those costs to rise, and we have already seen that happening throughout our private sector; I think that is undeniable—what is going to happen is the companies are going to say: We would be better off paying the \$2,000 penalty. Our employees get these massive subsidies, by the way, that are paid for by all taxpayers in America.

What that means is that there are going to be far more people on these public exchanges than ever were anticipated when this bill was being put in place.

My point is that the bill, when it was being constructed, used 10 years' worth of revenues and 6 years' worth of cost, and that made it neutral. Anybody can see that in the outyears that is obviously going to create a tremendous

problem, a fiscal problem for this government, for our country. But the problem is that when it was laid out, the amount of people who were then thought would go on the plan was much lower than is actually going to be the case.

Again, I think what you are going to see throughout our Nation, if this bill stays in place as it is, is a massive exodus by private employers from the health care business. What that is going to do is put them on these public exchanges with the subsidies, and, in fact, what it is going to do is drive up the cost even more than people ever anticipated.

So this is my point. There is going to be a Supreme Court judgment this June. None of us knows what it is going to be. We have pundits on the left who say they are confident the bill is going to stay in place. We have pundits on the right who say they are confident, constitutionally, it is going to be overturned. We will have an election in November that may change the course of history as it relates to this bill.

Even if those two events have no effect on this bill, I wish to come back to my base premise, which is that there is no possible way this bill is going to work as it was laid out during the debate. There is no way the projections that were laid out as to what the cost of this bill is going to be are going to be what the actual costs are.

What I say is, regardless, this body is going to be pressed with replacing this legislation with something that makes common sense. There was actually a lot of bipartisanship, prior to us passing this piece of legislation, about what those commonsense measures should be. We ended up instead with something that was far more sweeping, something most Americans find offensive, something that, no question, will cause this Nation tremendous fiscal distress.

My point is, yes, we are going to be watching this June as the Supreme Court rules. Yes, we are going to pay attention to the elections in November. Regardless of those outcomes, it is my belief this body will have to come together and put into place a different piece of health care legislation that actually fits the times and the American people and allows the freedom of choice the people are accustomed to and is built on premises that will cause our country to be fiscally sound. I stand ready to work with people on both sides of the aisle when that time comes to make that happen.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Mississippi is recognized.

Mr. COCHRAN. Mr. President, the harsh realities of the health care reform law are coming home to roost.

My State is bracing for the impact of the so-called affordable care act.

Under the health care reform law, enrollment under an expanded Medicaid

Program is projected to increase in my State of Mississippi by as much as 44 percent in 2014. Thousands of people will be forced onto the Medicaid rolls. The legislature in my state is wrestling with serious budget pressures from the cost of the Medicaid Program.

Mississippi has the highest Federal matching assistance percentage in the country at approximately 75 percent. But over the course of the next 10 years, our State match requirement will increase by \$127 million each year for a total of \$1.3 billion by the year 2020. Our State's budget can't handle that burden. Other States are facing similar constraints.

The affordable care act is essentially taking aim at State governments. The maintenance-of-effort requirements for the Medicaid Program are particularly restrictive. They inhibit a State's ability to spend taxpayer money wisely, and they ignore the inherent problems within the Medicaid Program. Mississippi faces the prospect of expending all of its resources keeping up with an unfunded mandate that increases its dependency on the Federal Government, while being forced to cut other important services, such as education.

In addition, physician services cannot keep up with the demands of an expanded Medicaid population. This law does nothing to address the decreasing physician participation rates and quality-of-care issues that are rampant in the Medicaid Program.

Another charge to States in these difficult fiscal times is the creation of health insurance exchanges. My State's efforts to develop an exchange began well before the affordable care act was enacted, and the State is on track to set up a health insurance exchange by the January 2014 deadline. We are committed to creating an exchange that can serve Mississippians well, but the state needs flexibility in order to do that. The Mississippi Department of Insurance is working to avoid defaulting to a federally-run exchange, but bureaucratic red tape threatens to hinder their progress. I am concerned that the deadlines put forth in the affordable care act are unrealistic due to the amount of time and resources that are required for such a large project.

These are just a few of the problems the affordable care act poses for my State and others as well. It is proving to be an increasingly expensive statute that is making health care more costly for individuals, businesses, and State governments. It is my hope that relief can be found at the Supreme Court to avoid the potentially devastating impact of this law.

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

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

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent to speak in morning business for up to, or perhaps 1 or 2 minutes over, 20 minutes.

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

HEALTH CARE

Mr. ROCKEFELLER. Mr. President, this week there is plenty of drama unfolding at the Supreme Court, the stately building across the street from where we now stand. The Justices are deliberating inside the building. There is a lot of shouting and clamoring outside. That is to be expected. But I am here today to encourage all of us to pause for a minute and to step back from the hype and think about what the broader health care reform means to so many Americans, not just the citizens the Presiding Officer and I represent but Americans across this country.

I do think, because I believe strongly that the rhetoric surrounding the issues has become so polarizing, many people routinely overlook the profound ways the law has already made life better to so many Americans. Let's remember why we started down this path of health reform at all.

Let me say for the record this is a path that has been well trodden over the years by both Democrats and Republicans—in fact, over the last century—but we had never managed to enact meaningful reform in our system. Yes, we added on some extraordinary things such as Medicare, Social Security, and Medicaid, but reform of the system we had not done. So we rejoiced in what happened in the mid-1960s, but that doesn't help us in terms of the overall disposition of the system.

When we renewed this debate about how to fairly make sure everyone in the country could get the health care they needed, we actually, at the time as we started, had 46 million uninsured Americans. To be uninsured is not pleasant; it is a fearful condition. Employers had been dropping coverage for a decade due to skyrocketing health care costs. People were losing their jobs and with them their coverage. Even those who had coverage were being saddled with horrendous bills, and they were thrust into bankruptcy even though many of them thought they had coverage that was protecting them financially. They did not, but they thought they did.

Some of those with preexisting conditions could not get back into the system at any cost whatsoever. Preexisting conditions are something people have—tens and tens of millions of Americans have those.

Americans thought our system was broken and unfair, and they thought it was time to finally achieve our shared goal of access to care and a more affordable system. That was sensible.