

Let me begin by talking about something that happened in Maryland during my first year in the U.S. Senate. I was elected in 2006. In 2007, in my very first year, we had a tragic situation that occurred a few miles from where we are right here, in Prince George's County, MD. A youngster, 12 years of age, Deamonte Driver, died from a tooth problem. Let me give you the background on this because this is a very tragic situation. This is in the State of Maryland, one of the wealthiest States in one of the wealthiest nations.

Deamonte Driver's mother recognized that Deamonte Driver had pain in his mouth. She tried to get him to a dentist, but they had no insurance and no coverage. She couldn't get anyone to take care of her son. What was needed was an \$80 tooth extraction. If he could have seen a dentist, that is exactly what would have happened. He couldn't get in because he had no insurance, and he fell through the cracks of our system. That tooth became abscessed, and it went into his brain. He went through two operations, hundreds of thousands of dollars of cost, and he lost his life.

That happened in my first year in the U.S. Senate. I vowed to do everything I could to make sure there were no more tragedies anywhere in America like Deamonte Driver's. Every child should be able to get access to oral health care. It is who we are as a nation. It is part of who we are, and it makes sense from the point of view of an efficient health care system.

I introduced legislation to provide pediatric dental care in this country. I worked with my colleague ELIJAH CUMMINGS in the House of Representatives and with others here, and we were able to make some progress. Ultimately, we were able to get this as part of our national health policy in the Affordable Care Act. It is now part of what is known as essential health services.

I start this debate on the floor of the U.S. Senate by saying that Dr. PRICE, the nominee for Secretary of Health and Human Services, is one of the leaders for the repeal of the Affordable Care Act, which would repeal essential health services, which would eliminate the right for all children in America to have pediatric dental care. So I then look at what Mr. PRICE would replace it with, and I am confused because I am not exactly sure what he would replace it with. I have looked at what he has done as a Member of the House, I have looked at what he has done as the chairman of the Budget Committee, and I am not confident that we would maintain that type of guaranteed coverage for our children.

That is just one concrete example—one person—of why I am concerned about what would happen if we repealed the Affordable Care Act, and we don't know what is coming next.

The Affordable Care Act—30 million Americans now have affordable, quality health care as a result of the Af-

fordable Care Act. The repeal of that law would jeopardize those 30 million. In Maryland, the uninsured rate has gone down from over 12 percent to a little over 6 percent. We have cut our uninsured rate by about 50 percent. That is so important for so many different reasons. Yes, it is important for the 400,000 Marylanders who now have third-party coverage who didn't have third-party coverage before. They now can go see a doctor rather than using an emergency room. They don't have to wait if they have a medical condition; they can get care immediately. They can get access to preventive health care that keeps them healthy so they don't enter our health care system in a much more costly way.

Before the Affordable Care Act, these 400,000 people got their health care, but they didn't get it in the most cost-effective way. They used emergency rooms, which are very expensive. They didn't pay for their bills. They entered the health care system in a more acute way, using more health care services than they need, and they didn't pay their bills. As a result, we saw that those who had health insurance were paying more than they should because of those who did not have health insurance. That added to the cost, not just of those who didn't have the insurance but to all Maryland insured.

Mr. President, I see that the distinguished majority leader is on the floor. I will be glad to yield to him. I believe he has an announcement he wants to make.

The PRESIDING OFFICER (Mr. BLUNT). The majority leader.

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TO CONSTITUTE THE MAJORITY PARTY'S MEMBERSHIP ON CERTAIN COMMITTEES FOR THE ONE HUNDRED FIFTEENTH CONGRESS

Mr. McCONNELL. Mr. President, as in legislative session, I ask unanimous consent that the Senate proceed to the consideration of S. Res. 57, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The senior assistant legislative clerk read as follows:

A resolution (S. Res. 57) to constitute the majority party's membership on certain committees for the One Hundred Fifteenth Congress, or until their successors are chosen.

There being no objection, the Senate proceeded to consider the resolution.

Mr. McCONNELL. I ask unanimous consent that the resolution be agreed to and the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

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

The resolution (S. Res. 57) was agreed to.

(The resolution is printed in today's RECORD under "Submitted Resolutions.")

EXECUTIVE CALENDAR—Continued

Mr. McCONNELL. Mr. President, for the information of all of our colleagues, including our newest colleague from Alabama, who is going to have a very long first day here, if all time is used postcloture on the Price nomination, the Senate will have two votes at 2 a.m. Senators should be prepared to stay in session and take those votes tonight. If an agreement is reached to yield back time and to cast those votes earlier, we will notify Members the moment such an agreement might be reached.

I thank my friend from Maryland.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Mr. President, the point I was starting with is that in Maryland, yes, there are 400,000 people who now have coverage who didn't have coverage before, and they are benefiting by being able to get preventive health care and get affordable care, but it is all Marylanders who are benefiting because there is less use of emergency rooms and fewer people who use our health care system who don't pay for it, the uncompensated care.

Many of my colleagues have read letters that they have received from constituents, or phone calls, and I am going to do that during the course of my discussion. I am going to tell you a story that I heard from a 52-year-old who lives in Harford County who frequently used the emergency department prior to the adoption of the Affordable Care Act. This is what this Harford County resident told me: After the passage of the Affordable Care Act, I began working with Healthy Harford Watch Program and shortly after was insured. I have been successfully linked to community health services and no longer depend upon the emergency room as my only source of health care.

I can give many more accounts of people who had to use the emergency rooms and are now getting preventive health care and are getting their health care needs met.

We also now have been able to eliminate the abusive practices of insurance companies. As I said, over 2 million people have private health insurance in Maryland. They are all benefiting from the Affordable Care Act.

If Mr. PRICE has his way and we repeal the Affordable Care Act, every Marylander will be at risk. They will be at risk because of the protections that we put in the Affordable Care Act against abusive practices of insurance companies.

To me, probably the most difficult thing to understand by my constituents was the cruel preexisting condition restrictions that were placed in the law prior to the Affordable Care Act. Simply put, if you had a preexisting condition, the insurance company would restrict coverage for that preexisting condition. So exactly what you needed the health care system to pay for, your insurance company didn't

pay for it. They said: Look, you had this heart condition before you were insured; we are not going to pay for your heart needs. You had cancer; we are not going to pay for your cancer treatment in the future. You have diabetes, and that leads to a lot of different health care needs. We are going to restrict your insurance coverage and not pay for diabetes care. That is a thing of the past with the Affordable Care Act.

Once again, we are now talking about repealing the Affordable Care Act. We don't know what it will be replaced with, if at all. Mr. PRICE, in the House, has not given us a satisfactory explanation during the confirmation process of how we are going to be able to guarantee that everyone who has insurance and everyone who has a need for coverage with preexisting conditions will be able to get insurance that won't discriminate against that person because of preexisting conditions.

Another aspect that was an abusive practice before the Affordable Care Act is that our insurance policies had caps on how many claims you could make in a year over the lifetime of your policy, and that would kick in exactly when people who have chronic needs need insurance the most.

Let me give an example. Juanita, who lives in Hyattsville, MD, told me about her son. She said her son seemingly was in perfect health, had graduated from Harvard with a master's degree and was working at a nonprofit. Then he was diagnosed with a rare cardiovascular disorder. He didn't know he was going to have that. Well, that required him to have multiple operations, and it would have fully exceeded his lifetime cap in hospital stays, and he would not have been able to afford the care. Thanks to the Affordable Care Act, Juanita's son has full coverage. That is another example of a person who is at risk if Mr. PRICE is able to carry out what he said—repeal the Affordable Care Act—and we don't have a way to guarantee that insurance companies must take all comers and must eliminate the caps that we have seen in the policies before.

Another area which I think has been a pretty popular part of the Affordable Care Act and which I heard many of my colleagues on both sides of the aisle say they want to keep is allowing 26-year-olds to stay on their parents' policies—under 26 years of age. That is a very popular provision. I heard many of my colleagues speak in favor of it. Remember, when you repeal the Affordable Care Act, that will be repealed. Unless we have adequate replacements, unless we have an improvement, that is at risk as well.

I want to talk about another provision that was in the Affordable Care Act. I authored the provision. It is called a prudent layperson standard for emergency care. Let me take you back before the Affordable Care Act. This is why it is important for Congress to be careful as to how we pass laws. And if

we repeal laws, we can go back to these types of practices. Before the Affordable Care Act, if you had chest pains and shortness of breath, you would do what I would think any reasonable person would do: You would be taken to the emergency room as soon as possible to see whether you are having a heart attack. Those are classic signs of a heart attack. Yet there were insurance policies that said that if you went to a hospital that was out of network, they weren't going to pay the full amount even though you went to the closest hospital because you had an emergency situation. That makes no sense at all, but that was the case.

You went to the hospital. You did the right thing, and you found out you didn't have a heart attack. You went home. You were happy until you got the bill, and your insurance company said you didn't need to go to the emergency room because you didn't have a heart attack. Then you do have a heart attack because you can't pay the bill.

That was the circumstance that existed before the Affordable Care Act, and we put into the Affordable Care Act, for all insurance companies, the prudent layperson standard. If it was prudent for you to go to the nearest emergency room, your insurance plan must cover that cost. That is the standard today, and I wonder whether, if we repeal the Affordable Care Act, we will be going back to those types of abusive practices.

Before the Affordable Care Act, women in some circumstances were in and of themselves a preexisting condition. Are we going to go back to those days?

Let me go on to another point that worries me about Mr. PRICE's position if we were to repeal the Affordable Care Act, and that is affordability. It is one thing to say people can buy insurance—you know, there is insurance out there; just buy it. It's another thing whether you can afford the insurance coverage.

One of the benefits of the Affordable Care Act that I don't think has been fully explained to the American people is that since the passage of the Affordable Care Act, we have been able to keep the growth rate of health care costs below what we had seen before the passage of the Affordable Care Act. We have reduced costs for all individuals and companies that have health policies. The rate of growth has been at a slower rate because of the Affordable Care Act. And I have already alluded to one of the reasons—we reduced uncompensated care because more people are paying their bills. We kept the growth rate down.

But there are other aspects to the Affordable Care Act that have helped bring down the costs, and that is, we have premium tax credits. In 2015, 70 percent of those who were enrolled in the Maryland Health Connection—that is our exchange in the State of Maryland—received some form of a credit. That was provided in the Affordable

Care Act. We recognize that not everyone can afford the premiums, so we provided credits. If you repeal the Affordable Care Act, we may very well not have affordable policies for those individuals who have been able to get credits under the Affordable Care Act.

I want to talk about a situation that was brought to my attention at several of the roundtable discussions I have held in Maryland with interest groups on health care, and that has to do with small businesses.

Before the Affordable Care Act was passed, if I had a forum on small businesses—and I did. I have been a member of small businesses and entrepreneurship committees since I first came to the Senate. I believe in the importance of small businesses. That is where job growth and innovation takes place. It is critically important that we help small businesses.

Before the passage of the Affordable Care Act, the No. 1 issue that would come up at roundtable discussions I had with small business leaders of Maryland was the affordability of health coverage for their employees. It is no longer an issue that they talk about because the Affordable Care Act has allowed small companies to have competitive premium costs with larger companies.

Before the passage of the Affordable Care Act, if you were a small business owner and you had maybe 10 people in your employ on your health policy and one of those individuals unfortunately had a major health episode during that year, you knew that the next year you were going to get a major premium increase because you were rated on your own experiences as a small group. That is a thing of the past under the Affordable Care Act. Now, under the Affordable Care Act, you are in this big pool, and you are not discriminated against because you happen to have someone in your employ who needs health care.

It also enables small business owners to hire people who have particular health needs. They are not going to be discriminated against because they hire somebody who happens to have the need for health insurance. Before that, small companies were very reluctant to hire individuals who had health needs because they knew it would affect their health policy.

I want to mention one other factor that is pretty telling. Let me read from a letter I received from Nancy of Silver Spring. This is something that really gets to me, something I think we have to be very careful about, because the repeal of the Affordable Care Act is going to hurt our economy.

Nancy of Silver Spring is a 60-year-old freelance writer/editor and depends upon the Maryland Health Connection exchange for her health insurance and the tax credit that helps reduce her premium. She is a healthy 60-year-old, but no insurance company will write her an individual policy, she knows—she tried. One of the big factors that helped Nancy get the courage to leave

her salaried, full-benefits job and go out on her own was the fact that the ACA was right on the horizon when she made the leap in 2012.

Nancy writes:

You want a world-class work force? How about giving everyone access to affordable health care so we can keep ourselves functioning? You want job creation? How about keeping the ACA so freelancers, gig workers, and startup entrepreneurs don't have to split their energy between the jobs they are creating and some soul-sucking "day job" just for the sake of keeping our health insurance?

This is a real problem. You repeal the Affordable Care Act, people become what is known as job-locked. They don't like where they work, they know they can do better, but they can't afford to leave and lose their health coverage. It may be their spouse, it may be their child, may be their self, but they are job-locked because they don't have the protection of knowing they can get affordable coverage if they give up the insurance they currently have. That hurts our economy. That hurts the entrepreneur spirit. That hurts innovation. And it is something that is critically important that we solved in the Affordable Care Act.

Mr. PRICE talks about the repeal and we will have something to replace it with. That is not an easy one to fix. That is not one that you can just say we will take care of because you have to have pools for individuals in small companies that are competitive. If we don't have the type of comprehensive coverage we have under the Affordable Care Act, it is very difficult to understand how that can, in fact, be done. So that gives me great heartburn with someone who espouses the repeal of the Affordable Care Act.

We have many stories, many letters here from people who literally would have had to go through bankruptcy.

In Laurel, MD, Mark tells me about his son Timmy, who developed a rare genetics syndrome called Opitz G/BBB. Timmy's medical expenses would have reached his family's lifetime maximum of \$1 million when he turned 3 months old. When Timmy finally made it home, the ACA covered and continues to cover his cost of medical equipment. The law covers all of Timmy's specialist appointments, surgeries, and hospital stays.

Recently, Timmy was sick and coughing up blood. Mark and his wife took him to the emergency room without fear that he would incur debt he would never be able to pay. Without the Affordable Care Act, Mark's family would likely be in bankruptcy.

Go back before the Affordable Care Act. Look under bankruptcies. Look up what the major reason was for bankruptcy. It was people's inability to pay their medical bills in the United States of America. That is something we don't want to go back to.

I started my comments by talking about pediatric dental. The Affordable Care Act provides essential health benefits so that every person who is insured, every person who is in our sys-

tem, is guaranteed certain benefits. That affects nearly 3 million Marylanders who are protected by the essential health benefits in the current law. They include such things as maternal benefits and newborn health care, mental health and addiction.

Mr. President, you have been the leader of this body on dealing with mental health services and addiction services, and I applaud you for your efforts, but quite frankly, if we lose the essential health benefits, private insurance companies aren't going to cover these costs.

We have an epidemic nationwide on drug addiction. We have seen opioid misuse lead to heroin, lead to fentanyl. The death rate in Maryland is up about 20 percent every year. We have doubled and quadrupled the number of ODs the last 5 or 6 years, and the numbers are still going up. We need coverage so that we can, first and foremost, stop people from using it in the beginning—an education program, a prevention program; we have to do more of that. We also have to keep people alive and get them into treatment and save their lives, and the Affordable Care Act helps us get that done.

You repeal these essential health benefits, I really worry as to whether—mental health and drug addiction have never been a priority for private insurance companies or, for that matter, the Medicaid system. So we have to make sure that we maintain that type of coverage, and the repeal of the Affordable Care Act puts all of that at risk.

One of the areas I worked on very carefully when I was in the House, and now in the Senate, was preventive health care services. Immunization, cancer screenings, contraception—those types of services are critically important. We had a meeting at lunch today. I found out that unwanted pregnancies are at a historically low level. Are we going to go back to the day where women cannot afford contraceptive services? That makes no sense at all. It is counterproductive to what we all agree we need to do.

I want to talk about one or two other issues which I think are important which are also in jeopardy with the repeal the Affordable Care Act or policies that have been espoused by Mr. PRICE. One is the Medicaid expansion.

The Medicaid expansion covers our most vulnerable. These are people who don't really have a strong voice in our political system. They are people who really depend upon us, every one of us in the Senate, to protect their health care needs. These are people who are desperate, who can't afford health care other than through our medical assistance program, the Medicaid Program. Yet there has been talk about block-granting that program to the States. Have you looked at State budgets recently? Do you really believe our States have the financial capacity to deal with the Medicaid population without a partnership with the Federal government?

Maryland has been a pretty strong State with Medicaid expansion. My Governor is doing the right thing. I am proud of what Maryland has done, but if you withdraw the Federal partnership, the Governor doesn't have that type of flexibility in the budget to make up the difference. It is going to hurt. It is going to hurt our health care system, hurt our most vulnerable.

It has been estimated that a block grant—that by 2019, Maryland will lose close to \$2 billion. We can't make that up. Would we still cover substance abuse under Medicaid? We didn't before. If we don't cover that, are we going to now be denying those centers that are located for substance abuse? All this is put at great risk.

We know that Mr. PRICE, in his fiscal year 2017 budget proposal, looked at this proposal, and I believe it was at \$1 trillion at that time.

There is a provision in the Affordable Care Act that I authored that sets up Offices of Minority Health and Health Disparities within all our health departments and sets up the National Institute for Minority Health and Health Disparities. We elevated it in the Affordable Care Act. I would certainly hope that we would not be repealing that, although it is in the Affordable Care Act. But I can tell you that the mission of Minority Health and Health Disparities will be severely restricted if we repeal the Affordable Care Act or we block-grant the Medicaid Program because it is the minority population who had been discriminated against historically in our health care system who are most at risk.

I can give you one example of that: our qualified health centers. We significantly increase the resources in the qualified health centers as part of the Affordable Care Act. I have been to our qualified health centers in Maryland, and I have seen that they now have dental services that they didn't have before the Affordable Care Act. They now have mental health facilities. It is one thing to have third-party coverage but another thing to have access to a facility. We know that in rural areas, it is very challenging. In poor neighborhoods, it is also challenging. Qualified health centers help fill that void.

I was talking to our qualified health centers in Maryland. I said: What happens now if we repeal the Affordable Care Act? They literally told me that they can't stay in business because they would lose so much of their reimbursement because it is now being reimbursed under the Medicaid system because these people enrolled; that it would jeopardize their ability to provide the types of services they are providing today. So you are not only denying people third-party reimbursement, you are denying them access to care by the repeal of the Affordable Care Act.

Lastly, let me talk about our Medicare population. Medicare was part of the Affordable Care Act. We don't hear too much talk about that today. We extended the solvency of Medicare as a

result of the Affordable Care Act. We brought down the cost of Part B premiums as a result of the Affordable Care Act. And we are closing the doughnut hole coverage gap for prescription medicines within the Medicare system. Before the Affordable Care Act, how many times would we go to a senior center and someone would tell us they didn't pick up their prescriptions from the counter because they didn't have the money to pay for the cost because they were in the doughnut hole? Well, that is coming to an end. It has already closed enough so people are not in that vulnerable situation. But it is now coming to an end as a result of the passage of the Affordable Care Act.

So I take this time today because of Mr. PRICE's nomination. I care deeply about the principle Senator VAN HOLLEN talked about and others have talked about; that is, health care in America should be a right not a privilege. The Affordable Care Act has helped us in achieving that.

Somehow I believe that if we ask the American people, some would say: Well, we don't like this ObamaCare, but we like this Affordable Care Act. Let us be honest with the American people. Let us recognize that this bill has changed the landscape of health care in America for the better: reduced costs, extended coverage, more quality coverage, insurance companies now have to spend at least 80 percent of their premiums on benefits.

So much of that has been done as a result of the Affordable Care Act. Can we do it better? Absolutely. Let's work together, Democrats and Republicans, to improve the health care system in this country without scaring Americans that they are going to lose the benefits they already have.

For those reasons, I believe Mr. PRICE does not represent what we need, and I will, unfortunately, be voting against his confirmation.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Georgia.

Mr. PERDUE. Mr. President, I rise tonight actually to support the confirmation of my friend and fellow Georgian and our next Health and Human Services Secretary, Dr. TOM PRICE. I have known Dr. PRICE personally and worked with him for quite some time. He is a remarkable individual, and we should take comfort in his nomination to this important position because he has years of service and years of experience working with our Nation's health care system.

He has been a practicing physician, a state legislator, and a Member of the House of Representatives. Dr. PRICE knows that government intrusion has already negatively impacted patient care in the last few years. He has years of professional experience as a physician and he is seen as a leading voice in health care policy. My colleagues across the aisle oppose him, they say primarily because of his opposition to

the Affordable Care Act. Well, the truth is, ObamaCare is collapsing under its own weight today. In my State of Georgia, this year alone, after double-digit increases last year, premiums are up 33 percent this year. Nationwide, premiums are up 26 percent. So the other side talks about it being affordable. People back home—I am getting letters every week about the fact that people are withdrawing from ObamaCare because of the increase in premiums, and most insidious are the increases in deductibles. Some two-thirds increase—67 percent—increase in deductibles.

You know, we don't have to worry about repealing ObamaCare because it is collapsing under its own weight. We just have to sit back and watch it die of its own volition. Here is how it is going to happen. It is very simple. In my State, out of 159 counties, we have 99 counties that only have one health care provider because of the Affordable Care Act. Even in that carrier, there are limited insurance programs available to their customers.

What happens if that carrier decides they cannot profitably afford to be in Georgia? Then 99 counties will lose any health care carrier. Where do they go? They will be fined under the Affordable Care Act for not having insurance. Where do they go? Well, the Federal Government has an answer, obviously. The U.S. Government can always step in and be the insurer of last resort. Is that not the single-payer strategy that was behind this all along? It is not what American mainstream voters want.

The fearmongering that is going on right now about any potential repeal is just hypocrisy. I believe there is no question that there is a plan. We know there is, but to fix ObamaCare is very difficult relatively to the way it was built to begin with. It was based on the wrong premise; that is, that the Federal Government is going to step in and take care of everybody's health care.

If you like the Veterans' Administration, you are going to love health care done by the Federal Government in the Affordable Care Act. By the way, if you like the way the post office is run, you are going to love the way the Federal Government runs our health care.

With all of that in mind, the No. 1 objective of Dr. PRICE that I have heard today and throughout this week has been nothing more than the vitriolic argument that he opposes ObamaCare. That is sad. I think we are taking a great American who is willing to volunteer and become a member of this President's Cabinet and try to make health care better for every American.

I can't think of another person in this country who is more qualified for this timely responsibility. Dr. PRICE will work to end Washington's takeover of our health care system, and I know he will work tirelessly for a health care system that compassionately improves the lives of every American. Truly, there is no one more

qualified to serve as our next Health and Human Services Secretary than my good friend, Dr. TOM PRICE.

I am proud to support him. I am glad we are finally grinding our way to his confirmation later tonight, but while we talk about his confirmation, we also need to talk about this frog walk that the opposition is making us go through to get these nominees confirmed in this Cabinet. This is taking the longest time to confirm a Cabinet since George Washington.

We see extreme delays, longer delays than we have seen at any time since the first President was in office. Imagine if Hillary Clinton was President right now. Imagine. Imagine if Republicans in the Senate were doing what the people across the aisle are doing today. Imagine if we were delaying her Cabinet nominees to the point where we are now confirming them at a pace slower than any time since George Washington was in office in 1789.

Imagine. Imagine how the mainstream media would be screaming about that story and how it would be a very different story than what is being told today. This last week, the Senate demonstrated exactly the type of behavior that folks in my home State of Georgia, and I must say around the country, are absolutely fed up with and sick and tired after.

They know this is exactly why Washington is gridlocked and why we are not getting results for the American people. We are wasting time. People are out of work. The other side says this is very real. Of course it is very real. It is time to move on. We have a new President. Put his team in place. The American people are being hurt by and paying attention to this failure of responsibility.

Real results can only be achieved if Washington politicians prioritize the well-being of Americans, rather than their own individual political careers and their next election cycle. The minority party is well within their rights, of course, to dissent and oppose the President's nominees on solid ground. Republicans have done that in the past, but at no time in history have we seen this sort of frog-walk delay being perpetrated on the people of America.

They are using the rules of the Senate inappropriately, in my mind, to slow down and bring to a halt the confirmation process of a President they don't support. No President since George Washington has had to endure this sort of historic delay, obstruction, and slow-walking we have seen here since President Trump was inaugurated.

If the minority party had its way, all Cabinet-level nominees would not be confirmed until June or July of this year. By the way, that is one-eighth of the first term of this President—12 percent is being wasted right now—if, in fact, the Republican leadership in this Senate were not doing what it is doing. The minority party knows it can't stop any of these nominees on their own

merits individually. So they are grinding the entire process to a halt using procedural delays. This is a clear abuse, in my mind, of the intent of the rules to protect the minority, authored by James Madison. To combat that, the Republican leadership has kept the doors of the Senate open 24/7. The people of America should know that we are here doing their business and doing their bidding to make sure we proceed as fast as we can to the confirmation of this President's nominees.

We have to move past these delays perpetrated by the minority party intended to do nothing but to delay the potential impact of this new President. It is time to get results. The American people have spoken. President Trump has named his team. He is ready to get to work. He is already showing that he is willing to move at a business pace, not a government pace.

The people in Washington, looking at this President through the lens of the political establishment, are having a hard time dealing with him, but I have to say, the quality of nominees is something we have not seen for decades, if ever. It is time to put these people in their responsible positions and let them go to work. He is already moving at a pace that we have not seen in many Presidencies.

Like me, President Trump came here to focus on getting results and changing the direction of the country. He has a plan to do just that. We need to get on with that business, debate those issues, come to some conclusion, compromise where necessary, but get government moving, as the Senate has done for every previous President.

We should confirm this President's nominees now and spend our time debating those critical issues that will get our country moving again, to change the direction of our country, to put people back to work. Things like growing our economy, updating our antiquated tax system, unleashing our full energy potential, updating our antiquated and unnecessary regulatory regime, fixing the broken budget process, changing our outdated immigration system, saving Social Security and Medicare, and, yes, addressing the spiraling health care costs that, no, the Affordable Care Act did not even attempt to address.

The American people elected a new President. That President has named his slate of potential nominees to be Cabinet members. It is time to cut the foolishness and get down to business.

I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, my distinguished friend, Senator PERDUE, is actually right. There is something unprecedented going on around here with these nominations, but it is not the Democratic effort to try to make sure that those nominees get a fair hearing and some light on them before they get into office.

What is unprecedented around here with these nominees is, first of all,

what a hash the Trump administration made of getting them ready. They were not ready to go. They were not prepared for the ethics reviews. They were dead in the water, and they have a lot of responsibility just in terms of the simple incompetence of getting a Cabinet ready to go.

That is not the Senate's fault. The Senate should not roll over in its advice and consent role because an executive branch can't prepare nominees. Then you get behind the incompetence of the executive branch in preparing nominees and you start looking at the nominees.

What else is unprecedented about them is the huge array of conflicts of interest they bring. We have never seen anything like this. We call it the "swamp cabinet" because it is, in fact, swampy with conflicts of interest. Many of these candidates have such massive financial complexities—because it is billionaire after billionaire after billionaire—that they have had to do all sorts of business contortions to try to get ready for their appointment.

That also is not our fault. That actually makes our responsibility greater so we can do our constitutional job in the Senate, as providing advice and consent, to look at potential conflicts of interest. It is part of why we have advice and consent, so we can screen for that. When we are not getting disclosure, we can't even do that.

There are still disclosure gaps for a lot of these nominees. The controversy and special interest connections of some of them are, frankly, appalling. So there are, indeed, nominees whom we would love to stop. If we could stop them, we would do it because we think they are going to do damage to the American people; damage to Medicare, which seniors rely on; damage to Medicaid, which so many sick kids rely on; damage to clean air, which I think everybody tends to rely on if they breathe; damage to clean water, which fishermen and sailors and people count on across the country. It is not a question here of doing the people's business, it is a question of trying to prevent these people from giving the people business because this looks like the special interest Cabinet of all time. If you go down one by one through the civilian Cabinet, you can more or less pick who the most influenced special interest is, the one who is most harmful to the American people in that particular area, and bingo, there is your nominee. So we should not slow down the advice and consent process just for the sake of slowing down the advice and consent process, but we should slow down the advice and consent process when we are not getting the basic information necessary to do our jobs, and we should slow down the advice and consent process when we are handing over agencies of government to big special interests. Those are two very good reasons to have the Senate's noble tradition of advice and consent followed scrupulously.

As to the nominee for HHS, Dr. PRICE, he is right in that list. He has conflicts of interest. He has real harm that he proposes to the American public.

I think Medicare is one of the great things the United States has done. It is one of our signal achievements. It has lifted seniors out of poverty in a way that very few other countries can match and that the United States had never seen before we did Medicare. It is probably the most efficient health care delivery system in the United States of America, and our seniors count on it and love it.

That is not good enough for the good Dr. PRICE, though. He wants to voucherize Medicare. What do you do if you are a Medicare patient who is elderly and infirm? How do you go shopping for health insurance? I can remember when I was quite capable as a fit lawyer, and I was given the H.R. forms by the U.S. attorney's office to make my choice. It is a complicated mess. And you expect some woman who may be in a hospital bed to sort through that? Great job giving her a voucher. It is just so unfair and so wrong.

Medicaid. Children across Rhode Island depend on Medicaid. If you are a family and you have a child with a significant illness, you are very likely to have that support for that child come through the Medicaid Program. This is a man who wants to block-grant Medicare and projects trillion-dollar cuts—trillion-dollar cuts? Who is going to make up the trillion dollars if we are not taking care of these kids? Is it going to go back to the families or the care just isn't going to be there for the Medicaid children? That is just wrong.

These are ideological candidates who want ideological victories that will hurt real people like Henry, from Warwick. A woman named Lisa wrote to me. She is a teacher and lifelong resident of Warwick, RI. She has a son, Henry. Henry was just born last year, and before he was even 1 month old, Henry was diagnosed with cystic fibrosis.

Cystic fibrosis, as I am sure we all know, is a genetic disorder. It affects more than 30,000 people in the United States, and it is one of the crueler diseases on the face of the planet. As cystic fibrosis progresses, it can cause infections, it causes difficulty breathing, and eventually it renders the child unable to breathe and respiratory failure results. There have been important advances and treatment for this disease, but there is no cure.

So Henry needs regular tests and treatment. He will need them for the rest of his life as doctors fight to extend his life as long as they can in hopes that a cure will arise. His parents are extremely grateful for the wonderful work of our doctors at Hasbro Children's Hospital who take care of Henry. But Lisa and her husband are also worried about their health insurance, and Henry's, because

Henry has a preexisting condition. If Secretary Price were to have his way, the Affordable Care Act would be repealed, and without it there would be no protection for people like Henry—a child like Henry with a preexisting condition. Either he would face outrageous health care premiums or be denied coverage altogether. Since then, having to face the scrutiny of confirmation, he has said: Oh, no, that part we are going to try to save. But when you go through the parts that my Republican friends are going to try to save, you end up with pretty much the whole bill. If you are going to try to save every part of the bill, why bother repealing it? Why not make it better and move on?

How irresponsible it was to say, “Repeal,” when all these points were in it. When repeal was the great mantra, nobody said: “Repeal. Oh, but not that.” “Repeal. Oh, but let’s protect the seniors from the doughnut hole.” No, it was just “Repeal ObamaCare. Repeal ObamaCare.” Frankly, chanting “Repeal ObamaCare” I think is about as disqualifying to lead Medicare and Medicaid as chanting “Lock her up” would be to be Attorney General of the United States.

Catherine is a constituent of mine who lives in Cranston. She is a breast cancer survivor. She owns a small family business. Her family had health insurance before the Affordable Care Act, but their insurance company decided that their little company had too few employees to qualify as a small business, and it dropped them from their coverage. So it was thanks to the Affordable Care Act that Catherine and her husband could get affordable and quality health insurance through our exchange that we call HealthSourceRI. With this coverage, they go on about their business. They don’t have to worry about whether their insurance company is going to change the rules and pitch them out again. Catherine and her husband tell me they don’t understand how anyone could say they support small business and want to repeal the Affordable Care Act.

Timothy wrote to me. He is a freelance writer in Rumford, RI. He has affordable health care for the first time in his life. There is no big company to help you if you are a freelance writer; you are on your own. But the Affordable Care Act has been there for Timothy. He has multiple chronic health conditions that require medication. Before he had coverage under the Affordable Care Act, Timothy was hospitalized for a heart problem. He couldn’t afford the resulting hospital bills. Without health insurance, he couldn’t pay for his prescriptions. Having health insurance, Timothy told me, has changed his life. He feels dignity, he feels peace, he feels assurance, and a lot of that is simply the reassurance that you can afford the medications you need to stay healthy. His chances of having to be hospitalized in the future are down. If the ACA is repealed,

Timothy may be forced to forgo care that he needs, endangering his health, and potentially, by the way, costing the system a lot more.

Martha, who lives in Cranston, RI, knows well the dangers of being uninsured. Before the Affordable Care Act, Martha went several years without health insurance, gambling that she could get away with it because she couldn’t afford it. A gall bladder infection required emergency surgery. She was taken to the hospital, the surgery was performed. It went well, but she was left with a \$60,000 hospital bill. Unable to pay the bill, she declared bankruptcy.

Now she can have coverage, and by the way, when the hospital has to do the surgery, it gets paid with her insurance. That is why the American Hospital Association and the Hospital Association of Rhode Island are saying: Don’t repeal ObamaCare. That would be reckless.

Martha and her husband and her 24-year-old son have all been able to purchase insurance through the Rhode Island exchange. By the way, our exchange is doing great. People may complain about exchanges in other States. We are seeing costs steady; we are seeing costs going down. One of our major insurers, Neighborhood Health Plan of Rhode Island, is advertising on TV. Whoa. Our rates are going down, and their coverage is fine, and Rhode Island is a success story under the Affordable Care Act. The \$283 per month that Martha and her family now pay in total for insurance certainly beats the \$500 a month that she and her husband each faced for individual coverage before the ACA.

Paula wrote to me from Cranston about how the Affordable Care Act has helped her and her husband bridge the gap until they get to the safe haven, finally, of Medicare. Paula is 63 years old. She works part time. Her husband who is 64 years old and retired has health insurance through our exchange, HealthSourceRI. Paula has beaten breast cancer once, but she is at high risk of recurrence.

If the Affordable Care Act is repealed, Paula would be at risk to lose her health insurance and the ability to have tests that would help her catch a recurrence of cancer in time. Paula and her husband worked hard and saved well, but as Martha’s story shows, one illness can wipe you out if you don’t have health insurance, and they are so content and comforted knowing they have a good health insurance plan through our exchange.

Travis is a social worker in Providence. He provides psychotherapy and counseling to recovering addicts who are receiving medication and assisted treatment. This is a particularly touching point in Rhode Island because we lost 239 Rhode Islanders to opioid-related overdoses last year. That is 239 fatalities in Rhode Island last year.

The Affordable Care Act, Travis believes, is the reason that many of his

patients are actually able to get care and stay away from the risk of overdose. He wrote of his patients, many of them never accessed methadone treatment prior to the passage of the Affordable Care Act, let alone sought treatment for their psychiatric conditions which may underlie the substance abuse disorders. By the way, a recent report came out that said if you repeal the Affordable Care Act and its coverage requirements for mental health and substance abuse, you pull about \$5.5 billion worth of coverage out from American families. Is that really what this Congress wants to be responsible for doing? I certainly hope not, not after all the fine statements we heard about the Comprehensive Addiction and Recovery Act and the funding for it.

Let me make one last point because I see the Senator from Michigan here and I know she wants to add her thoughts. You can talk about the personal stories, and it shows how poignant and important having the Affordable Care Act around is in the lives of real actual people, but we also have to deal with budget issues in Washington, and I just want to show this chart.

This chart shows the spending projections for Federal health care spending. The red line on the top was the projection in 2010 done by the CBO, the Congressional Budget Office. In 2010, they said: Here is how we think our spending is going to be in Federal health care. They predicted that. Then they came back and they did another prediction in 2017.

One thing that happened is that after the passage of the Affordable Care Act back here, we came in well below predicted expense for Federal health care. We saved a lot of money in that period. Then when they rebooted the prediction in 2017, they started off actual and they did a new prediction right here. The difference in this 10-year period in Federal health care costs between what they expected to have happen in that 10-year period before the Affordable Care Act came along and what experience and the new projections show the savings are since the Affordable Care Act are \$3.3 trillion—\$3.3 trillion—and we have this person who wants to be the Secretary who wants to cut the program? We are saving money in the program under this. It doesn’t make any sense fiscally, and it is cruel to the individuals and families who have found comfort and peace and security from the Affordable Care Act.

So I will leave us with that, but if we are going to be responsible about doing something about our outyear health care costs, find me something else that shows \$3.3 trillion in savings during the period of 2017 to 2027, over 10 years. For these costs, we sometimes look out 30 years, and that number would grow even greater. We have saved trillions of dollars as a result of the Affordable Care Act, and CBO shows it.

Thank you very much. I yield the floor.

The PRESIDING OFFICER (Mr. YOUNG). The Senator from Michigan.

Ms. STABENOW. Thank you very much, Mr. President.

The decisions made by the next Secretary of Health and Human Services will affect all of us, and that is why we are here. That is why we have spent so much time and will continue to talk about the issues. This is not personal with the individual, this is about everyone in our country and how they are impacted by the ideas and the policies of this individual as well as the person who has nominated him.

This particular individual has a very clear record as to what he believes should happen as it relates to Medicare and Medicaid, and our entire health care system. More than 100 million people rely on programs like Medicare—seniors, people with disabilities on Medicare. With Medicaid, the majority of money spent through the Medicaid health care system goes to seniors in nursing homes. That is where the majority of dollars go, long-term care for seniors. So Congressman PRICE's ideas, his proposals, the things he has pushed in the House matter because they show us what he believes should happen to Medicaid and to Medicare.

We need to make sure the next Health and Human Services Secretary will fight for the health care of families in Michigan—at least I need to be sure. That is where my vote goes, based on what is best for families in Michigan. That is what is best for our communities, rural communities, where the hospital, like where I grew up in Clare, was the largest employer in the community, greatly affected and impacted by what happens to Medicare and Medicaid funding. If the hospital is not there, chances are the doctors aren't there either or the nurses. Our larger communities are where, obviously, our hospitals are critically important as well.

So when we look at communities and hospitals and doctors, families, children, seniors, and the broad economy—and, by the way, one-sixth of the whole economy in our country is connected to health care. So who is in charge as Secretary of Health and Human Services is a big deal. That is why we have focused so much on this individual, his policies, his ideas, and his own background as well.

As we have gone through the confirmation process, it is clear to me that Congressman PRICE's policies do not—do not—have the best interests of the people I represent in Michigan at heart, which is why I will be voting no on his confirmation.

I have heard from thousands of people around Michigan. I have heard from people who like our hospitals and live in the community, and businesspeople and nurses and doctors with great concerns. I have also heard from people around the country and have helped to lead a forum for people to come and speak, people who were not invited into the actual hearing for the confirmation

hearing. I thought it was important, as did my Democratic colleagues, to have a forum where people could speak about the ideas, the bills, the policies that Congressman PRICE has passed in the House of Representatives.

So we heard a lot of stories and, overwhelmingly, people were opposed to this nominee.

One of the people who shared her story was from Michigan. I was very appreciative that she came in from Michigan. Ann was diagnosed with multiple sclerosis when she was 4 years old. It resulted in functional quadriplegia. She has limited use of her right arm and no use of her left arm. She was fortunate to have strong employee benefits and to be covered until she went on Medicare at 65. By the way, this nominee thinks the age should go up—66 or 67, I am not sure how far. But Ann made it to 65 and, like so many people I know, was holding her breath to get there so she could have comprehensive quality health care that she paid into her whole life called Medicare.

Over the course of the last few decades, the price of her prescription drugs have skyrocketed and would cost her tens of thousands of dollars a year without Medicare and Medicaid. For her, the decision about our Health and Human Services Secretary makes an enormous impact on her life.

She told us: Without Medicare and Medicaid, things would have been very different for my family. I don't know how I could have cared for my mom on top of managing my own care. My family would have lost our home, all of our savings, trying to keep up with the bills. So many families are squeezed like ours, having to afford care for their aging parents and their own care, or childcare at the same time. But with support, we don't have to suffer to just be alive.

If these programs are cut, if we see the kinds of proposals on Medicare and Medicaid that Congressman PRICE has put forward in the House, in the Budget Committee, people will face more catastrophes than ever before.

Our new President campaigned on a promise not to cut Medicare and Medicaid. He said himself: "I am not going to cut Social Security like every other Republican, and I am not going to cut Medicare and Medicaid." But it doesn't square with the person he has nominated for this critical position, who will be making administrative decisions as well as leading his efforts on health care. So actions speak louder than words, at least that is what we say in Michigan.

Just this fall, Congressman PRICE said he expects Medicare to be overhauled—overhauled within the first 6 to 8 months of Trump's administration. He also believes the age of eligibility needs to increase—his words—and that "the better solution is premium support." What does that mean? That is another word for voucher. Some people say privatization. But basically instead of having an insurance card and a

health care system where you can go to the doctor and know that you are covered with insurance, you get some kind of a voucher or an amount of money, and then you would be able to go find your own insurance, I guess, or figure out a way to pay for your insurance.

Before Medicare, seniors were trying to figure that out and couldn't find affordable insurance in the private market, which is why, in 1965, Medicare was created. There is no way in the world I will support going backward to that kind of approach.

As chair of the Budget Committee, Congressman PRICE proposed a budget that would have cut Medicare by nearly \$500 million, not counting what he wants to do with Medicaid, the majority of which goes to fund senior citizens in nursing homes.

We need to have a Secretary who supports making it easier and more affordable for people to get care, not less.

Let's talk about health care for a moment in the broader sense. We know more and more people—some 30 million people—would be affected, their health insurance ripped away, if the repeal is passed that has begun—the process has begun by Republicans in the House and in the Senate. The Affordable Care Act has provided health care and the opportunity for people to get care for children to be able to see a doctor. There are parts of the country where we need more competition, where prices are too high. I want very much to work on that. I am committed to working to make that system better, and we can do that without ripping the entire system apart.

There is also another part of the Affordable Care Act that affects every single person with insurance—things that I know have made a tremendous difference to anybody with employer-based insurance; first of all, being allowed to have your child on your insurance until age 26; secondly, knowing that if you get sick, you can't get dropped by your insurance company, and if you have a chronic disease, something has happened to your health, you can't be blocked from getting insurance; and we also know things like making sure you can get all the cancer treatments your doctor says you need, not just those up to the cap that the insurance company will pay for. I had pediatric cancer physicians tell me they have been able to save children's lives who have cancer because there was no longer a cap on the amount of care.

Mental health and substance abuse services, where if they were covered at all before the Affordable Care Act, it always cost more money: higher copays, higher premiums. Now you can't do that. You have to have the same kinds of copays and the same kinds of premiums.

So many patient protections have basically said to insurance companies: You don't get, just based on profits, to decide what is going to happen; that when you buy insurance, you actually

get health care. And that is something true for everyone today.

So we have a Secretary nominee who supports doing away with all that, changing all that, who is not someone who is interested in having a basic set of services identified in health care, like maternity care. I talked with him, questioned him in the Finance Committee. This is an area I had championed when we passed the Affordable Care Act to make sure that basic services for women were viewed as basic services in health care, and it starts with prenatal care and maternity care. Prior to the Affordable Care Act, it was very hard to find private insurance that covered maternity care, unless you wanted to pay for—some 70 percent of the plans out in the private market require women to pay more. So I asked Congressman PRICE, did he believe maternity care was a basic service and should be covered under basic insurance. He said: Well, women can purchase that if they need it, which is exactly what happened before—which is, no, it is not basic care, but you can purchase it on top of your regular premium, if you need maternity care.

So right now the law says you can't discriminate and charge women more than men, and in fact being a woman is no longer a preexisting condition.

But the person whom the President has nominated for Health and Human Services would take us back there, and he would take us back there on a whole range of areas that create access for people to be able to have the care they need.

Here is an example from a doctor in west Michigan who wrote me regarding just basic medical care for someone in need. He said:

In December, a young man arrived in our emergency room with a badly mangled hand from a machining accident. He knew the hand was seriously injured and was willing to allow his coworker to bring him into the hospital so that it could be stitched up. When our physician studied the wound, they knew he needed surgery to repair the bone and blood vessel damage. The patient refused, thinking the only thing he could possibly afford was stitches.

They then connected this man with a financial services specialist who took a few minutes to find out that he was eligible for Medicaid, working; now, because of the expansion, able to receive health care under Medicaid. He was then able to get the surgery he needed.

Beaumont physicians said that if the surgery hadn't happened, the man could have had an open wound for an indefinite amount of time, been prone to infection, and possibly lost his hand entirely, making him unable to ever work at his job or maybe any job again.

Expanding Medicaid health care to working people is a good idea, and millions of people have been impacted and have been able to get the care they need for themselves and for their children.

Access to health care saved this man's arm and possibly his life, and

that is really what is at stake here, both with this nominee and the larger debate on where we are going to go in our great country on the whole issue of health care.

We all know that the advice of the Secretary of Health and Human Services will be a strong influence on the President's decision to promote, to sign, to veto legislation. We know he has the ability administratively to do a number of things—to cut off care, to cut off access to women's health care, to change the system that we have now, to destabilize it so that the Affordable Care Act will not work. I am extremely concerned that because of Congressman PRICE's record and his actual proposals and decisions and votes, he will be willing to actually do that. Whether it is cutting Medicare or Medicaid or removing some of the critical policies that keep people healthy and care affordable, I am deeply concerned about the decisions this nominee will make and the recommendations he will make to the President of the United States.

Again, we don't have to speculate about this. He has put these plans on paper. He has supported them. He has passed them. It is very clear. We don't have to guess where he wants to go: to dismantle Medicare as we know it, to gut Medicaid, most of which goes for seniors in nursing homes, and to unravel the entire health care system and the patient protections that every American who has insurance has right now that allow them to get the health care they are actually paying for.

I need to raise one other thing because this is very serious and goes to serious issues surrounding conflicts of interest and likely ethics violations that relate to this nominee.

There are a lot of unanswered questions and serious concerns related to Congressman PRICE's investments in health care and pharmaceutical companies. Frankly, he misled the Finance and the HELP Committees with answers to questions, and just the night before he was to have a confirmation hearing and vote, we learned from company officials that he got a privileged offer to buy stock at a discount. In other words, he got a special deal on health care stock. He told us he had not; they had paid fair market value, even though it was already an issue that he had purchased stock and then put legislation in related to similar companies or the same companies involved. But then we found out it was even worse because he got a special deal.

As Democrats, we asked for answers. We did not want to move forward without asking the Congressman to come back before us so we could ask questions about what he had said to the committee versus what the business that sold him the stock said afterwards. Unfortunately, that did not happen, requiring the Finance Committee to be in a situation where the rules ended up being broken and the nomina-

tion was forced through the committee without having bipartisan participation.

I have a number of concerns related to the ethics and possible legal violations of this nominee. On multiple occasions, he did purchase stock within days of introducing legislation that would have affected that company's bottom line and his investment. Despite multiple requests over several weeks, we still don't have the answers and, more importantly, the American people don't have the answers from the person who will oversee health insurance, oversee Medicare, Medicaid—the entire system. Someone who has invested and then helped the same companies indicated he didn't get a special deal, and now we have information that says otherwise. I think that is very concerning and should have been addressed before we were asked to vote on this particular nominee.

There are a number of reasons—policy, track record, questions that have been raised that I find extraordinary that they haven't been answered and shocking that folks haven't felt they should be answered at this point. But for many reasons, it is my intention to vote no on behalf of the people in Michigan who care deeply about a strong, effective Medicare system, about making sure Medicaid is there for our children as well as our seniors and nursing homes, and for everyone who believes that in this great country, all should have the ability to see a doctor and get the medical care you need for your child or yourself.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. FRANKEN. Mr. President, my understanding was that the Democratic leader wanted to come and speak for 5 minutes between Senator STABENOW and myself. But he is not here, so I am going to speak.

Before I start my remarks that I have prepared, I want to say something specifically to the Presiding Officer because he is a new Senator from Indiana.

I read a front-page article in the New York Times just a few weeks ago. It featured Indiana University Hospital and the health physicians there. It was an article about the savings and the delivery reform that have been driven by the Affordable Care Act, things that will be staying with us even if this is repealed, which I hope it isn't. But this is a quote I would like to read for the Presiding Officer from Dr. Gregory Kira, co-chief of primary care, Indiana University Health Physicians.

I would ask the Presiding Officer for his attention for a second. This is what it says: "I've been a registered Republican my whole life, but I support the Affordable Care Act," said Dr. Gregory C. Kiray, co-chief of primary care for IU Health Physicians, "because it allows patients to be taken care of."

I admit, I didn't have 49 others for every State, but I had remembered reading this.



On February 3, 2009, Tom Daschle, President Obama's nominee for Secretary of Health and Human Services, withdrew his nomination because he hadn't paid his taxes on his car service. On January 9, 2001, Linda Chavez, President George W. Bush's nominee for the Department of Labor, withdrew her nomination after questions were raised about her decision to shelter an undocumented immigrant. Most recently, Vincent Viola, President Trump's nominee to be—

Would the leader like me to yield to him for a few minutes?

Mr. SCHUMER. That would be great.

Mr. FRANKEN. Really?

Mr. SCHUMER. I would appreciate it.

Mr. FRANKEN. Would that be good for me and my career?

Mr. SCHUMER. Your career is so great, you don't need me.

Mr. FRANKEN. Well, I am going to yield to our leader in just a moment, when he manages to get there, and it will be the esteemed Senator from New York, CHARLES SCHUMER. I will narrate as he is stepping over there, walking now to the podium—the leader, whom I will yield to.

Mr. SCHUMER. First, let me thank my colleague from Minnesota.

The PRESIDING OFFICER. The Democratic leader.

Mr. SCHUMER. And I meant what I said: He doesn't need any help. He does it so well on his own. So I will regard this not as a quid pro quo—although he can get what he wants—but as an act of kindness and generosity.

Mr. President, I rise this evening to oppose the confirmation of Representative TOM PRICE to be Secretary of HHS and urge my colleagues to vote no on his nomination.

Representative PRICE might be the quintessence of President Trump's Cabinet: a creature of Washington, deeply conflicted, and far out of the mainstream when it comes to his views on health care.

Like other nominees, philosophically he seems completely opposed to the very purpose of his Department: the good governance of the health programs that cover tens of millions of Americans.

Candidate Trump promised he would not cut Medicare or Medicaid, but Congressman PRICE has spent his entire career trying to cut Medicare and Medicaid and dismantle the Affordable Care Act. Just listen to these quotes:

The nominee for Secretary of Health and Human Services has said, "Nothing has had a greater negative effect on the delivery of health care than the federal government's intrusion into medicine through Medicare." That one might have come out of the 1890s, if we had had Medicare then.

He said he expects lawmakers to push forward with an overhaul of Medicare, "within the first six to eight months" of this new administration. Does that sound like someone who doesn't want to cut Medicare and Medicaid? It doesn't to me. It doesn't to the Amer-

ican people. In fact, if you could pick someone who in either House of Congress was most likely to cut Medicare and Medicaid, you would pick Congressman PRICE. It could not be more of a contradiction to what Candidate Trump promised in the campaign.

So here is what worries me: From what I know of the President, he will cede great authority to Cabinet officials, content to jump from one topic to the next, one tweet to the next. I would put much greater stock in Representative PRICE's record than anything the President promised during the campaign, and that is very bad news for seniors and the American people generally.

For that reason, every American who receives benefits from those programs—the millions of American seniors, women, families, and people with disabilities—should be gravely concerned about what the tenure of a Secretary TOM PRICE will mean for their health.

Make no mistake, in the dark hours of the early morning, with the confirmation of Secretary Price, the Republicans launch the first assault in their war on seniors. The war on seniors begins when we select Representative PRICE over our votes as Secretary of Health and Human Services.

When it comes to the health care of older Americans, confirming Representative PRICE to be Secretary of HHS is akin to asking the fox to guard the henhouse. It has been revealed that in his time in the House, Representative PRICE engaged in a number of questionable practices related to the trading of stocks in issues that his legislation impacted. There are many instances.

There were reports late last year that Congressman PRICE had traded stocks in dozens of health care companies valued at hundreds of thousands of dollars during a time when he introduced, sponsored, or cosponsored several pieces of legislation that potentially impacted those companies. In one instance, Congressman PRICE bought shares in a medical device manufacturing company just days before introducing legislation in the House that would directly benefit that company.

These were far from isolated incidents. Just yesterday, USA Today reported that Congressman PRICE "bought and sold health care company stocks often enough as a member of Congress to warrant probes by both federal securities regulators and the House ethics committee."

These allegations alone might be enough to sink a nominee in another administration, but it seems this Cabinet is so rife with ethics challenges and conflicts of interest that Representative PRICE's conduct in the House doesn't place him too far outside this unethical norm. But that should be no excuse. When you are a Congressman or a Senator, you must endeavor to avoid even the hint of a conflict of in-

terest, let alone a situation where you are actively trading stocks that may be impacted.

So this is a sad evening. The war on seniors by the Trump administration begins when we confirm Representative PRICE. People will look back and say that the public war on seniors began at 2 a.m. Friday morning when the Senate, unfortunately, confirmed Representative PRICE.

I urge my colleagues to vote no.

I yield the floor and once again thank my colleague.

Mr. FRANKEN. Thank you, Mr. Leader.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. FRANKEN. Mr. President, I have to start this over fresh. I don't know if the CONGRESSIONAL RECORD needs to have this first half paragraph twice, but so be it.

On February 3, 2009, Tom Daschle, President Obama's nominee for Secretary of Health and Human Services, withdrew his nomination because he hadn't paid his taxes on his car service. On January 9, 2001, Linda Chavez, President George W. Bush's nominee for the Department of Labor, withdrew her nomination after questions were raised about her decision to shelter an undocumented immigrant. Most recently, Vincent Viola, President Trump's nominee to be the Secretary of the Army, withdrew his nomination after it proved too difficult for him to distance himself from his business ties.

Congressman PRICE's conflicted financial investments and his affiliation with conspiracy-theory-peddling extremists should be enough to disqualify his nomination. On top of that, Congressman PRICE's policy agenda squarely contradicts what the majority of the American people want and the key promises President Trump made during his campaign. It is, frankly, hard to believe that we are seriously considering someone who has advanced policies that would privatize Medicare, gut Medicaid, and rip coverage away from millions of Americans.

For all of these reasons, I strongly oppose Congressman PRICE's nomination for Secretary of Health and Human Services.

Let's take these issues one by one.

First, Congressman PRICE's stock trades. Public documents show that between 1993 and 2012, Congressman PRICE owned shares in tobacco companies worth tens of thousands of dollars. At the same time, Congressman PRICE voted against landmark legislation in 2009 that gave the Food and Drug Administration the authority to regulate tobacco and bring down the death toll inflicted by tobacco products. That means Congressman PRICE, a physician who swore to uphold the Hippocratic oath of "do no harm," voted against public health and for Big Tobacco. This is the person who is slated to become the next Secretary of Health and Human Services, someone who personally profited from increased sales of deadly, addictive products.

When asked about this during his hearing in the Health, Education, Labor, and Pensions Committee, Congressman PRICE's best defense was that his broker made the stock trades on behalf without his knowledge.

Here is the problem with that defense:

First, Congressman PRICE annually reported his financial holdings, signing off on documents acknowledging his investments in tobacco companies, meaning that he would have knowledge of the fact that his vote to block tobacco regulation could have a direct financial benefit to him.

Second, these were not investments in diversified funds; these were individual stocks that he owned for nearly 20 years and that he reported paid him dividends. Let me repeat that. Congressman PRICE, medical doctor, owned individual tobacco company stocks that paid him dividends.

Owning tens of thousands of dollars of tobacco stocks while voting to help tobacco companies was not Congressman PRICE's only questionable investment. In late December, the Wall Street Journal reported that over the past 4 years, Congressman PRICE has traded stocks worth more than \$300,000 in about 40 health-related companies while at the same time serving on the House Ways and Means Committee, where he drafted and cosponsored legislation that could affect his investments.

Let's talk about one example that is particularly troubling. Congressman PRICE made his largest ever stock purchase in a company called Innate Immunotherapeutics, a small biotech company based in Australia. This is a company that has only one experimental therapy in the early stages of testing, has never generated revenues from drug sales. It is not exactly a household name. How did Congressman PRICE get in on this sweetheart deal? He was told about Innate by Congressman CHRIS COLLINS, who, in addition to being a Member of the House of Representatives, serves on the board of directors for Innate Immunotherapeutics and is the company's largest shareholder.

The Wall Street Journal reported that Congressman PRICE was part of a small group of fewer than 20 U.S. investors who participated in the private stock sale. The New York Times and the Buffalo News reported that many of those people had close ties to Congressman COLLINS, including COLLINS' chief of staff, a prominent DC lobbyist, and several of Congressman COLLINS' campaign contributors.

On August 31, Congressman PRICE reported that as part of this special private stock sale, he bought about 400,000 shares of Innate stock for as little as 18 cents a share. That same day, the stock was trading on the Australian Stock Exchange for the equivalent of 31 cents per share. That is a 42-percent difference—42 percent below the market price—and Congressman PRICE now

stands to make a profit of more than \$200,000. That is quite a stock tip.

Richard Painter, George W. Bush's chief ethics lawyer, describes PRICE's stock trades as "crazy. . . . We wouldn't have put up with anybody in the Bush administration buying and selling health care stocks." Painter went on to explain that "if you, as a member of Congress, buy and sell health care stocks at the same time you are possessing non-public information about that legislation, you are taking the risk of being charged with criminal insider trading."

Let me repeat that. Mr. Painter, who was George W. Bush's chief ethics official, suggested that Mr. PRICE's actions risk a criminal insider trading charge.

Congressman PRICE could have directed his broker to stay away from tobacco stocks. He could have directed his broker to stay away from health care stocks or individual stocks altogether given that health care was one of his legislative priorities. But he did not. Why would Congressman PRICE take this risk?

My colleagues and I have sent Congressman PRICE a number of letters asking for more information about his stock trades and investments. If this is all aboveboard, then Congressman PRICE should have nothing to hide. I also submitted questions for the record as a member of the HELP Committee. In response to all of these questions, I have received nothing. It makes no sense that his nomination has been brought to the floor despite his refusal to respond to committee questions.

Congressman PRICE has demonstrated a lack of judgment with his stock trades and now is stonewalling the committee, refusing to answer our inquiries, but Congressman PRICE's questionable stock trades aren't the only area raising red flags.

My second set of concerns stems from Congressman PRICE's longstanding association with conspiracy-peddling, anti-science extremists. For more than 25 years, Congressman PRICE has been a dues-paying member of the Association of American Physicians and Surgeons. He has spoken at the organization's conferences and even described the organization's executive director as one of his personal heroes. This organization is way out of the mainstream. It promotes anti-vaccine pseudoscience and denies the scientific fact that HIV causes AIDS. It is an organization that blames "swarms" of immigrant children for disease and has published scientifically discredited theories linking abortion to breast cancer. At one point, it even accused President Barack Obama of hypnotizing voters with "neuro-linguistic programming."

Let me repeat that. It accused President Barack Obama of hypnotizing voters with "neuro-linguistic programming."

That is not all. The statement of principles for the Association of American Physicians and Surgeons has an entire section devoted to urging doc-

tors to refuse to participate in Medicare, in which it says the effect of such government-run programs is "evil, and participation in carrying out his provisions is, in our opinion, immoral." Congressman PRICE—the person poised to become the next Secretary of Health and Human Services, the person responsible for leading Medicare—has been an active, engaged member of this organization for 25 years.

Just in case you don't think he has bought into these ideas, let me read you what Congressman PRICE wrote in 2009 in an op-ed: "I can attest that nothing has had a greater negative effect on the delivery of health care than the federal government's intrusion into medicine through Medicare."

Since Congressman PRICE will not answer my questions, I will pose this to one of my Republican colleagues: How are the American people supposed to trust Congressman PRICE as Secretary of Health and Human Services given that he has belonged to an organization for over 25 years that has such blatant disregard for science and a propensity for putting partisanship and ideology above evidence?

Lastly and most importantly, the policy reforms that Congressman PRICE has put forward are so extreme that they should be disqualifying in and of themselves. As an editorial recently published in the New England Journal of Medicine stated, "As compared with his predecessors' actions, PRICE's record demonstrates less concern for the sick, the poor, and the health of the public and much greater concern for the economic well-being of their physician caregivers." That is from the New England Journal of Medicine.

Mr. President, I ask unanimous consent to have the article printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the New England Journal of Medicine; Jan. 12, 2017]

CARE FOR THE VULNERABLE VS. CASH FOR THE POWERFUL—TRUMP'S PICK FOR HHS  
(By Sherry A. Glied, Ph.D. and Richard G. Frank, Ph.D.)

Representative Tom Price of Georgia, an orthopedic surgeon, will be President-elect Donald Trump's nominee for secretary of health and human services (HHS). In the 63-year history of the HHS Department and its predecessor, the Department of Health, Education, and Welfare, only two previous secretaries have been physicians. Otis Bowen, President Ronald Reagan's second HHS secretary, engineered the first major expansion of Medicare, championed comparative effectiveness research and, with Surgeon General C. Everett Koop, led the fight against HIV-AIDS. Louis Sullivan, HHS secretary under President George H.W. Bush, focused his attention on care for vulnerable populations, campaigned against tobacco use, led the development of federally sponsored clinical guidelines, and introduced President Bush's health insurance plan, which incorporated income-related tax credits and a system of risk adjustment. In their work at HHS, both men, serving in Republican administrations, drew on a long tradition of physicians as advocates for the most vulnerable, defenders of

public health, and enthusiastic proponents of scientific approaches to clinical care.

Tom Price represents a different tradition. Ostensibly, he emphasizes the importance of making our health care system “more responsive and affordable to meet the needs of America’s patients and those who care for them. But as compared with his predecessors’ actions, Price’s record demonstrates less concern for the sick, the poor, and the health of the public and much greater concern for the economic wellbeing of their physician caregivers.

Price has sponsored legislation that supports making armor-piercing bullets more accessible and opposing regulations on cigars, and he has voted against regulating tobacco as a drug. His voting record shows long-standing opposition to policies aimed at improving access to care for the most vulnerable Americans. In 2007–2008, during the presidency of George W. Bush, he was one of only 47 representatives to vote against the Domenici Wellstone Mental Health Parity and Addiction Equity Act, which improved coverage for mental health care in private insurance plans. He also voted against funding for combating AIDS, malaria, and tuberculosis; against expansion of the State Children’s Health Insurance Program; and in favor of allowing hospitals to turn away Medicaid and Medicare patients seeking non-emergency care if they could not afford co-payments.

Price favors converting Medicare to a premium-support system and changing the structure of Medicaid to a block grant—policy options that shift financial risk from the federal government to vulnerable populations. He also opposed reauthorization of the Violence Against Women Act and has voted against legislation prohibiting job discrimination against lesbian, gay, bisexual, and transgender (LGBT) people and against enforcement of laws against anti-LGBT hate crimes. He favors amending the Constitution to outlaw same-sex marriage.

In addition, he has been inconsistent in supporting investments in biomedical science. He opposes stem-cell research and voted against expanding the National Institutes of Health budget and against the recently enacted 21st Century Cures Act, showing particular animus toward the Cancer Moonshot.

Price has also been a vociferous opponent of the Affordable Care Act (ACA) and a leader of the repeal-and-replace movement. His proposal for replacing the ACA is H.R. 2300, the Empowering Patients First Act, which would eliminate the ACA’s Medicaid expansion and replace its subsidies with flat tax credits based on age, not income (\$1,200 per year for someone 18 to 35 years of age; \$3,000 for someone 50 or older, with an additional one-time credit of \$1,000 toward a health savings account). Price’s plan is regressive: it offers much greater subsidies relative to income for purchasers with high incomes and much more meager subsidies for those with low incomes. In today’s market, these credits would pay only about one third of the premium of a low-cost plan, leaving a 30-year-old with a premium bill for \$2,532, and a 60-year-old with a bill for \$5,916—along with a potential out-of-pocket liability of as much as \$7,000. By contrast, subsidies under the ACA are based on income and the price of health insurance. Today, a low-income person (with an income of 200% of the federal poverty level) pays, on average, a premium of \$1,528 per year (regardless of age) for a plan with an out-of-pocket maximum of \$2,350, and that payment does not change even if health insurance premiums rise.

To put the plan’s subsidies into perspective, consider that in 1992, when per capita health expenditures were just one third of

what they are today, President Bush and HHS Secretary Sullivan proposed a slightly larger individual tax credit (\$1,250) for the purchase of insurance than Price proposes today. Even in 1992, analysts reported that the credit would be insufficient to induce most people to buy coverage.

The Price plan would eliminate the guaranteed-issue and community-rating requirements in the ACA and create anemic substitutes for these commitments to access to comprehensive coverage for Americans with preexisting conditions. These replacements include an extension to the nongroup market of the continuous-coverage rules that have long existed in the group market with little benefit; penalties on reentering the market for anyone who has had a break in coverage; and a very limited offer of funding for states to establish high-risk pools. In combination with relatively small tax credits, these provisions are likely to lead low-income and even middle-class healthy people to forgo seeking coverage until a serious health problem develops. Without the income- and premium-based subsidies in the ACA acting as market stabilizers, Price’s provisions would erode the non-group health insurance market.

Price’s plan would withdraw almost all the ACA’s federal consumer-protection regulations, including limits on insurer profits and requirements that plans cover essential health benefits. By allowing the sale of health insurance across state lines, the plan would also effectively eliminate all state regulation of health insurance plans, encouraging a race to the bottom among insurance carriers. Finally, Price would fund his plan by capping the tax exclusion for employer-sponsored health insurance at \$8,000 per individual or \$20,000 per family. These caps are well below those legislated through the Cadillac tax in the ACA, a provision that Price himself has voted to repeal.

In sum, Price’s replacement proposal would make it much more difficult for low-income Americans to afford health insurance. It would divert federal tax dollars to people who can already buy individual coverage without subsidies and substantially reduce protections for those with preexisting conditions. The end result would be a shaky market dominated by health plans that offer limited coverage and high cost sharing.

Whereas Price’s actions to date have not reflected the tradition of the physician as advocate for the poor and vulnerable, they do harken back to an earlier tradition in American medicine: the physician advocate as protector of the guild. His Empowering Patients First Act would directly advance physicians’ economic interests by permitting them to bill Medicare patients for amounts above those covered by the Medicare fee schedule and allowing them to join together and negotiate with insurance carriers without violating antitrust statutes. Both these provisions would increase physicians’ incomes at the expense of patients. Price has consistently fought strategies for value-based purchasing and guideline development, opposing the use of bundled payments for lower-extremity joint replacements and proposing that physician specialty societies hold veto power over the release of comparative effectiveness findings. These positions reduce regulatory burdens on physicians at the cost of increased inefficiency and reduced quality of care—and reflect a striking departure from the ethos of his physician predecessors, Secretaries Bowen and Sullivan.

The HHS Department oversees a broad set of health programs that touch about half of all Americans. Over five decades and the administrations of nine presidents, both Democratic and Republican secretaries have used

these programs to protect the most vulnerable Americans. The proposed nomination of Tom Price to HHS highlights a sharp contrast between this tradition of compassionate leadership and the priorities of the incoming administration.

Mr. FRANKEN. This article cites his votes against mental health parity—think about what that means in terms of treatment during this opioid crisis—against funding for AIDS, malaria and tuberculosis, against the expansion of the State Children’s Health Insurance Program, against tobacco regulation, against the reauthorization of the Violence Against Women Act, and more.

Price has also been a champion of efforts to repeal the Affordable Care Act. The Congressional Budget Office recently estimated that if the ACA is repealed, nearly 20 million Americans will lose their health care coverage immediately, with the number growing to 32 million over the next 10 years, and 300,000 of those individuals live in my State of Minnesota. Let me tell you about at least two of them.

Leanna has a 3-year-old son named Henry. Henry has been diagnosed with acute lymphoblastic leukemia, and his treatment will last at least until April of 2018. Henry often needs around-the-clock care to manage his nausea, vomiting, pain, and sleepless nights. This is a 3-year-old boy. Henry’s immune system is so compromised that he is not supposed to go to daycare. So Leanna left her job to take care of him. Leanna’s family is supported by her spouse, but they couldn’t pay for Henry’s treatment on one salary. Leanna says:

It is because of the ACA that Henry gets proper health care. Henry can get therapy and the things he needs to maintain his health and work toward beating cancer. Henry is still with us because of the ACA.

Let me say that again: “Henry is still with us because of the ACA.”

I have asked Republicans repeatedly to show me the plan they have to make sure Leanna and her son Henry and the hundreds of thousands of Minnesotans who have gained coverage don’t lose the care they need. I have yet to see their plan. What I have seen Congressman PRICE advocate for so far is pretty awful. His proposals would strip away coverage for people with preexisting conditions, strip away preventive health benefits, strip away protections from annual and lifetime limits, strip away coverage for young adults. Moreover, Congressman PRICE views Medicaid and Medicare as government expenditures to be cut, rather than lifelines to millions of seniors, disabled populations, children and families. As chairman of the House Budget Committee, Congressman PRICE introduced proposals to cut funding for Medicaid by more than \$2 trillion.

In my State, Medicaid provides health insurance to 14 percent of the residents. That includes two out of five low-income individuals, one in four children, one in two people with disabilities, and one in two nursing home residents. Think about that. One in two

people in nursing homes are covered by Medicaid in my State.

What is going to happen to these people—our parents, our children, our spouses, our families—if Congressman PRICE and his colleagues succeed in slashing Medicaid's budget? I can guarantee you, it will not be kind and it will not be just and Americans are going to lose out.

Congressman PRICE's assault on our health care system doesn't end there. He wants to slash Medicare's budget by hundreds of billions of dollars, undermining our basic guarantee of coverage to our Nation's seniors, and no wonder. Let me remind you, this is the same person who wrote: "I can attest that nothing has had a greater negative effect on the delivery of health care than the Federal government's intrusion into medicine through Medicare."

Do we really want the person who wrote this to be running Medicare? Price's determination to gut Medicaid and Medicare is directly opposed by the vast majority of Americans and in direct opposition to President Trump's campaign promise never to cut Medicaid or Medicare.

When Tom Daschle withdrew from consideration for HHS Secretary, he talked about the challenges of health care reform and said:

This work will require a leader who can operate with the full faith of Congress and the American people, and without distraction. Right now, I am not that leader, and will not be a distraction.

So I say to Congressman PRICE, you do not have the full faith of the Congress, and you do not have the full faith of the American people. You are not the leader this country needs, and you should not be a distraction. Since you have not withdrawn your nomination, I urge my colleagues to do the right thing and oppose this controversial nomination.

I yield the floor to my colleague from Hawaii.

The PRESIDING OFFICER. The Senator from Hawaii.

Ms. HIRONO. Mr. President, I rise to address the deep anxiety in Hawaii and across the country about President Trump's choice to lead the Department of Health and Human Services, HHS, Congressman TOM PRICE.

I am particularly concerned about this nominee because of the mixed messages President Trump has been sending about health care. During the campaign, President Trump promised to protect Medicare and Medicaid. Yet he has nominated Congressman PRICE to head HHS. Congressman PRICE has led the effort to privatize Medicare and dismantle Medicaid in the U.S. House. This is hardly someone who would protect Medicare and Medicaid.

Shortly before taking the oath of office, President Trump said he supported the concept of universal coverage. He said:

We are going to have insurance for everybody. They can expect to have great health care.

Yet he nominated Congressman PRICE, who has spent the past 6 years trying to end universal health care coverage by repealing the Affordable Care Act.

President Trump says a lot of things. He tweets his thoughts daily, but at this point, instead of listening to what President Trump says, we should pay attention to what he does. By nominating Congressman PRICE, the President demonstrated he does not intend to protect access to quality, affordable health care for all Americans—not by protecting Medicare and Medicaid, not by protecting health insurance fraud. President Trump's health care agenda would have far-reaching, negative, painful consequences for tens of thousands of people in Hawaii and millions all across the country. Maybe President Trump should tweet less and listen more.

Over the past few months, I have heard from thousands of Hawaii residents concerned that they will no longer be able to afford health care if President Trump succeeds in repealing the Affordable Care Act and privatizing Medicare. I would like to read a few of the messages I have received.

Catherine from Honolulu wrote:

I am writing to you to express serious concern over the repealing of ACA and other health insurance changes. As a working (teacher) and single parent of two young children I am very afraid for our future. I am afraid my insurance will not cover my psoriatic arthritis if I change jobs, they change companies, or for some reason I should lose my job or coverage. My medicine without insurance would cost more than my mortgage payment, and would thus be cost prohibitive.

If I don't have my medication I would be in so much pain. I would be unable to work and would therefore lose my insurance which would mean I would never be able to get coverage because of a preexisting condition. I am certain there are many other people out there with similar stories.

Please do everything you can to make sure this scenario doesn't happen to us. If there is anything I can do, please don't hesitate to let me know. I just don't know who else to turn to.

Next, I would like to share a note I received from Julie from Papaaloa on the Big Island.

My husband and I are on Medicare, together with a supplemental plan. We are totally dependent on Social Security for our income and Medicare for our health plan. Many millions of seniors are in the same situation as we are. Please continue to fight for us as this abominable horror of an administration goes forward. I shudder to think what would happen if these programs are repealed or privatized.

Finally, I would like to share a heartbreaking story from Desi from Mililani on Oahu. Desi is an extremely hard-working, self-employed teacher and the single mother of two daughters. Her youngest daughter has Down syndrome, autism, and is hearing impaired. Desi is self-employed because she needs the flexibility to work and care for her daughter. This year, as a sole proprietor over the age of 55, Desi's premiums for her HMO plan rose to over \$680 per month for 2016.

In a letter she wrote to me, Desi said:

Paying this high monthly premium was no longer possible and was jeopardizing our family's ability to pay our mortgage, food, and other essentials alone.

Desi successfully found a cheaper plan in the ACA marketplace for 2017. In her letter she went on to say:

If the ACA is successfully repealed, we will no longer be able to afford medical coverage! Families like ours are the reasons why it is so important to defend the Affordable Care Act.

These letters and stories demonstrate what is at stake for our 200,000 seniors on Medicare in Hawaii and millions more across the country. That is why I will continue to fight tooth and nail to prevent any cuts that would jeopardize our crucial social safety net progress.

The fight has already begun. Last month, Republicans in Congress pushed through a partisan budget resolution that would give them the tools they need to repeal the Affordable Care Act. This assault on the Affordable Care Act is also an assault on Medicare and Medicaid because the ACA strengthened Medicare and Medicaid through, for example, closing the prescription doughnut hole and providing free preventive checkups for seniors. This is why I joined with my colleague from Indiana, Senator DONNELLY, to introduce an amendment that would block congressional Republicans from privatizing Medicare or increasing eligibility standards for Medicare. It would also prevent changes that reduce funding for Medicaid.

During the debate on our amendment, one of our Republican colleagues, in his opposition to the amendment, basically made our point for us. He said something to the effect of, a vote in favor of our amendment to protect Medicare and Medicaid is a vote against repealing the Affordable Care Act. Exactly. In the end, it was a close vote on our amendment. While the amendment lost, I was encouraged that two of our Republican colleagues, Senator HELLER of Nevada and Senator COLLINS of Maine, voted in favor of the amendment.

In the coming weeks and months, there will be other battles to protect Medicare and Medicaid. It is going to be a daunting fight, but I am not going to shy away from it. I am going to do whatever I can, whenever I can to protect the Affordable Care Act, Medicare, and Medicaid. In this fight, I strongly urge my colleagues to vote no on TOM PRICE's nomination to serve as Secretary of Health and Human Services. TOM PRICE is not the champion that millions of people in our country are counting on to protect their health and welfare.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

## TRAVEL BAN DECISION

Mr. MENENDEZ. Mr. President, I have come to the floor to speak on the nomination of Congressman PRICE to be the Secretary of Health and Human Services. But before I do, I must speak to the decision that the U.S. Court of Appeals for the Ninth Circuit just decided in the case of the State of Washington and the State of Minnesota v. the President and the Department of Homeland Security.

I am pleased to see that the courts of the United States are still part of the separate coequal branch of government that the Founders dictated when they ultimately created an ingenious document, the Constitution of the United States, which served the Nation well for so long, even though it seems the President may need a review of history and an understanding of the Constitution as it relates to the separate coequal branches of government, because he seems to be willing to try to disparage the judiciary in an effort to try to either effect their decisionmaking or to call into question the legality of their decisions or the righteousness of their decisions.

I am glad to see that that has not affected our judicial system. I just want to read some elements of the court's decision, which I think are pretty extraordinary. Of course, this is far from a final decision on the merits, but it was on a motion for a stay of the order of the district court that said, basically, that the Muslim ban could not be continued to be enforced.

The court said—and I am quoting—in a unanimous opinion which speaks very powerfully to their decision:

We therefore conclude that the States—

Meaning the State that brought forth—Washington, as well as the State of Minnesota—

that the States have alleged harms to their proprietary interests traceable to the Executive Order. The necessary connection can be drawn in at most two very logical steps: (1) the Executive Order prevents nationals of seven countries from entering Washington and Minnesota; (2) as a result, some of these people will not enter state universities, some of them will not join those universities as faculty, some will be prevented from performing research, and some will not be permitted to return if they leave.

We therefore hold that the States have standing.

That was one of the critical legal bars.

Secondly, they opined on the reviewability of the Executive order. This is, I think, extraordinarily important. The Court went on to say—I am paraphrasing at this point: Yes, the courts owe substantial deference to the immigration and national security policy determinations of the political branches—legislative and executive. But it went further to say:

Instead, the Government has taken the position—

This is on behalf of the executive branch—

that the President's decisions about immigration policy, particularly when motivated by national security concerns, are unreviewable—

Unreviewable—

even if those actions potentially contravene constitutional rights and protections. The Government indeed asserts that it violates separation of powers for the judiciary to entertain a constitutional challenge to executive actions such as this one.

I did not really capture that the government had made that argument. But that is an extraordinary argument. The court went on to say:

There is no precedent to support this claimed unreviewability, which runs contrary to the fundamental structure of our constitutional democracy. Within our system, it is the role of the judiciary to interpret the law, a duty that will sometimes require the "[r]esolution of litigation challenging the constitutional authority of one of the three branches." We are called upon to perform that duty in this case.

Further they say: "Although our jurisprudence has long counseled deference to the political branches on matters of immigration and national security, neither the Supreme Court nor our court has ever held that courts lack the authority to review executive action in those arenas for compliance with the Constitution."

That is an extraordinary set of statements that the government made, saying that the President's actions are unreviewable in this regard.

They further go on to say: "Nonetheless, 'courts are not powerless to review the political branches' actions' with respect to matters of national security."

It would indeed be ironic if, in the name of national defense, we would sanction the subversion of one of those liberties which make the defense of the Nation worthwhile.

Well, I fully agreed with the circuit court's determination in that regard.

It goes on to say: "In short, although courts owe considerable deference to the President's policy determinations with respect to immigration and national security, it is beyond question that the Federal judiciary retains the authority to adjudicate constitutional challenges to executive action."

Well, all I can say is, thank God. Thank God that the courts of the United States feel that they are not controlled by the executive branch in pursuing the decisions that are made.

This is a great day for democracy in our country and for the preservation of the separation of powers. This is a great day, I think, from my own perspective, that a ban that does not help the United States but harms us and is against every fiber of our being and the nature of the history of our Nation, which was founded by those fleeing religious persecution—ultimately, today, we restore that sense of our history, and we restore who we are as a nation both at home and across the world.

But today's decisions in this regard are also important as we consider the nomination of Congressman PRICE, so I

want to rise today, along with so many of my colleagues, to voice my strong opposition to the confirmation of Congressman PRICE to be the Secretary of Health and Human Services.

I am deeply concerned about his views on what is the core mission of Health and Human Services, not only his career-long opposition to the very existence of Medicaid and Medicare but his wavering fidelity in science and his regressive views of women's health care and the social safety net.

The Secretary of Health and Human Services is one of the few Cabinet positions that affect virtually every single man, woman, and child in America. It affects the health care of 56 million seniors on Medicare, of 74 million low-income individuals and children on Medicaid, and of 12 million Americans who have enrolled in the Affordable Care Act coverage. But more than that, the Department of Health and Human Services is home to the world's leading institutions of research at the National Institutes of Health, of advancing public health and epidemiology at the Centers for Disease Control and Prevention, known worldwide, of working to ensure that we have access to the most advanced, most effective, and safest medications at the Food and Drug Administration, and many other critical departments and agencies that we as Americans rely on.

Many of our Republican colleagues have pointed out that Congressman PRICE's history as an orthopedic surgeon is enough evidence that he is someone who should be in charge of the Department of Health and Human Services. I can't speak to his credentials and qualifications in the operating room, but I do have a constitutional obligation to speak about his credentials and qualifications to be the Secretary of Health and Human Services. So I can say without hesitation that his career in Congress and his positions on key issues of policy have proven to me that he is not the right person for the job.

Throughout his time as a congressman—most recently as the chairman of the House Budget Committee and during his confirmation process through the Senate Finance Committee, on which I am privileged to serve—it has become abundantly clear that Congressman PRICE views patients, including seniors on Medicare and even those with private employer coverage, as nothing more than a source of revenue or a budget line item. The characteristics that had defined Congressman PRICE's career run contrary—contrary—to the fundamental mission of the Department of Health and Human Services, and it should be a cause for concern across the aisle and across the country.

Despite the alternative reality portrayed during his confirmation hearings in both the Finance Committee and the Health, Education, Labor, and Pensions Committee, Congressman PRICE's vision for our Nation's health