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Senate

The Senate met at 11 a.m. and was called to order by the Honorable DAN SULLIVAN, a Senator from the State of Alaska.

PRAYER

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

Let us pray.

Almighty God, Lord of the Universe, inspire our lawmakers today with the magnetism of Your presence. Give them a longing to know and do Your will, receiving Your guidance and following Your admonition. Lord, provide them with the liberating assurance that all things are possible for those who believe. Go before our Senators to guide, beside them to inspire, above them to bless, behind them to protect, and within them to transform. Fill their minds with Your Spirit and their hearts with Your joy, becoming their Providential Guide in all they think, say, and do.

We pray in Your Holy Name. Amen.

PLEDGE OF ALLEGIANCE

The Presiding Officer led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. HATCH).

The legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, June 22, 2017.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby

appoint the Honorable DAN SULLIVAN, a Senator from the State of Alaska, to perform the duties of the Chair.

ORRIN G. HATCH,
President pro tempore.

Mr. SULLIVAN thereupon assumed the Chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

HEALTHCARE LEGISLATION

Mr. McCONNELL. Mr. President, 7 years ago, Democrats imposed ObamaCare on our country. They said it would lower costs. It didn't. From 2013 to 2017, premiums have on average doubled in the vast majority of States on the Federal exchange. Next year, ObamaCare premiums will go up across the country once again, potentially by as much as 43 percent in Iowa, 59 percent in Maryland, and even a staggering 80 percent in New Mexico. Does it sound as if ObamaCare is working?

They said it would increase choice. They said it would increase choice, but of course it didn't. This year, 70 percent of American counties have had little or no choice of insurers under ObamaCare. Next year, at least 44 counties are projected to have no choice at all, meaning, yet again, Americans could be thrown off their plans in States like Missouri and Ohio and Wisconsin. Does this sound as if ObamaCare is working?

Now Democrats tell us it would be wrong for the Senate to actually address these problems in a serious way while the law they have defended for 7 years teeters, literally teeters on the edge of total collapse. They were wrong before; they are wrong again now because ObamaCare isn't working. By nearly any measure it has failed, and

no amount of eleventh-hour reality denying or buck-passing by Democrats is going to change the fact that more Americans are going to get hurt unless we do something.

I regret that our Democratic friends made clear early on that they did not want to work with us in a serious bipartisan way to address the ObamaCare status quo, but Republicans believe we have a responsibility to act, and we are—for our constituents, for our States, and for our country.

We have long called for a better way forward, and we have been engaged in intensive talks on how to get there. Through dozens of meetings, open to each and every member of the conference, we have had the opportunity to offer and consider many ideas for confronting the ObamaCare status quo.

We have debated many policy proposals, and we have considered many different viewpoints. In the end, we have found that we share many ideas about what needs to be achieved and how we can achieve it. These shared policy objectives and the solutions to help achieve them are what made up the healthcare discussion draft that we finished talking through this morning.

We agree on the need to free Americans from ObamaCare's mandates, and policies contained in the discussion draft will repeal the individual mandate, so Americans are no longer forced to buy insurance they don't need or can't afford. We are repealing employer mandates, so Americans no longer see their hours and take-home pay cut by employers because of it. We agree on the need to improve the affordability of health insurance, and policies contained in the discussion draft will do that. It will eliminate costly ObamaCare taxes that are passed on to consumers, so we can put downward pressure on premiums; expand tax-free health savings accounts and deploy targeted tax credits, so we can help defray out-of-pocket costs; and shift power from Washington to the States,

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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so they have more flexibility to provide more Americans with the kind of affordable insurance options they actually want.

We agree on the need to stabilize the insurance markets that are collapsing under ObamaCare as well, and policies contained in the discussion draft will implement stabilization policies, so we can bring financial certainty to insurance markets and hope to Americans who face the possibility of limited or zero options next year under ObamaCare and ultimately transition away from ObamaCare's collapsing system entirely, so more Americans will not be hurt.

We also agree on the need to strengthen Medicaid, preserve access to care for patients with preexisting conditions, and allow children to stay on their parents' health insurance through the age of 26.

I am pleased we were able to arrive at a draft that incorporates input from so many different Members, who represent so many different constituents who are facing so many different challenges.

The draft containing the solutions I mentioned, along with many others, is posted online, and I encourage everyone to carefully review it. There will be ample time to analyze, discuss, and provide thoughts before legislation comes to the floor. I hope every Senator takes that opportunity.

Next week we expect the Congressional Budget Office to release a score. After that, we will proceed with a robust debate and an open amendment process on the Senate floor—a process I would encourage each of our 100 Senators to participate in.

When legislation does come to the floor, it will present Senate Democrats with another opportunity to do what is right for the American people. They can choose to keep standing by as their failing law continues to collapse and hurt more Americans, but I hope they will join us, instead, to bring relief to the families who have struggled under ObamaCare for far too long. Either way—either way, it is time to act because ObamaCare is a direct attack on the middle class, and American families deserve better than its failing status quo. They deserve better care, and that is just what we are going to continue to work to bring.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will proceed to executive session to resume consideration of the Billingslea nomination, which the clerk will report.

The legislative clerk read the nomination of Marshall Billingslea, of Virginia, to be Assistant Secretary for Terrorist Financing, Department of the Treasury.

RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The Democratic leader is recognized.

HEALTHCARE LEGISLATION

Mr. SCHUMER. Mr. President, we are beginning to receive the first bits of information about the Senate Republican healthcare bill, which has until now been shrouded in absolute secrecy.

I can see why. Even as we continue to get more details, the broad outlines are clear. This is a bill designed to strip away healthcare benefits and protections from Americans who need it most in order to give a tax break to the folks who need it least.

This is a bill that would end Medicaid as we know it, rolling back Medicaid expansion, cutting Federal support for the program even more than the House bill, which cut Medicaid by \$800 billion.

Let me remind everyone in this Chamber, Medicaid is not just a health insurance program for Americans struggling in poverty, though that is an important and necessary part of it. Medicaid is increasingly a middle-class program. Medicaid is how many Americans are able to access opioid abuse treatment, Medicaid foots the bill for two-thirds of all Americans living in nursing homes, and Medicaid provides the cushion, particularly in rural areas, so hospitals can survive and give topnotch healthcare to all of us.

From what is reported, in just 3 short years under the Senate bill, Republicans will take millions off their Medicaid coverage, and then, starting in 2025, the plan will institute even more Medicaid cuts, and each year those cuts get deeper than the year before. Within 10 years of this new funding system, the cuts to Medicaid could total hundreds of billions of dollars above the more than \$800 billion the House bill already cuts from the program.

Every senior in America should read the fine print of this bill. It looks as if American seniors could be paying way more. Why do this? Looking at the bill, the answer is, because the Republicans want to give a tax break to the wealthiest Americans—those making over \$200,000 a year—and set themselves up to give these folks another, even larger tax cut in their tax bill.

Even though much of the early reporting says that the bill will keep certain protections for Americans with

preexisting conditions, the truth is, it may well not guarantee them the coverage they need by allowing States to waive essential health benefits. What the bill is saying to those Americans is that insurance still has to cover you, but it doesn't have to cover what you may actually need. It doesn't have to cover all or even most of your costs.

If you need treatment for opioid addiction, your plan may no longer cover it. If you are pregnant and need maternity care, your plan may have decided that is too expensive. The coverage that Americans with preexisting conditions actually need may well become either unaffordable or even nonexistent under this bill.

Simply put, this bill will result—

Mr. CORNYN. Mr. President, will the Democratic leader yield for a question?

Mr. SCHUMER. Not right now—at the end of my remarks.

Simply put, this bill will result in higher costs, less care, and millions of Americans will lose their health insurance, particularly through Medicaid. It is every bit as bad as the House bill. In some ways, it is even worse.

The President said the Senate bill needed heart. The way this bill cuts healthcare is heartless. The President said the House bill was mean. The Senate bill may be meaner.

The Senate Republican healthcare bill is a wolf in sheep's clothing, but this wolf has even sharper teeth than the House bill.

It is clear that Republicans know that cutting Medicaid will hurt so many people in the middle class, so many in my home State of New York. Republicans know that people want essential health benefits, so they have created a disguise by saying that these changes will not occur for a year. But, in reality, the Senate Republican bill is a wolf in sheep's clothing, only this wolf has even sharper teeth than the House bill.

We are potentially voting on it in a week—with no committee hearings, no amendments in committee, no debate on the floor, save for 10 measly hours, on one of the most important bills we are dealing with in decades. That brings shame on this body. We won't even know the full cost or consequence of the bill until CBO scores it, and that could take a few days more.

How can my friend the majority leader expect this body to fairly consider this legislation, prepare amendments, and debate it in 1 week with only 10 hours of debate? How can he expect his own Members to do the same? Many of them on the Republican side are learning the details of the bill the same way we Democrats are: They are reading it today.

Now, listen to what the majority leader had to say in 2009 when we were debating healthcare—his words:

This is a very important issue. . . . We shouldn't try to do it in the dark. And whatever final bill is produced should be available to the American public and to Members of the Senate, certainly, for enough time to

come to grips with it. . . . And we are going to insist—and the American people are going to insist—that it be done in a transparent, fair, and open way.

Is 5 or 6 days enough time for the American people and the Members of the Senate to come to grips with a bill that affects one-sixth of the economy and the lives of every American in this country? I don't think so, neither do the American people and neither do a whole bunch of Republican Senators.

Senator CASSIDY: Would I have preferred a more open process? The answer is yes.

Senator COLLINS: I don't think it gives enough time to thoroughly analyze the bill, but we will see when it comes out.

Member after Member—RAND PAUL, LINDSEY GRAHAM, JERRY MORAN, MARCO RUBIO, BOB CORKER—has repeatedly said that this process—in their words and now in mine—is unfair, it is truncated, and it is rushed.

For my dear friend the majority leader to say we are going to have an open amendment process is turning truth upside down. I would ask our leader, rhetorically, because I know the answer: Can we allow at least 1 hour on each amendment, not 2 minutes? Will we have more time than 10 hours to debate the bill? I hope so. But, if not, please don't call this an open and fair process. If you want to rush it through, admit the consequences.

The debate over healthcare has been fierce. We know that Republicans and Democrats had differences when we debated the Affordable Care Act. At least we had a debate. At least we had committee hearings and a process. More broadly than that, at least we Democrats were trying to pass a healthcare bill that helped more Americans afford insurance and tried to bring costs down and end some of the most egregious practices of the healthcare industry.

What is this bill—TrumpCare—trying to achieve? It seems designed to slash support for healthcare programs in order to give tax breaks to the very wealthy.

When the CBO score comes out, I believe it will verify that millions of Americans in this great country will be unable to afford insurance or the insurance they can afford won't cover the services they need.

Somewhere in America there is a family who takes a trip each Friday to visit grandma or grandpa at a nursing home, who sacrificed all of their savings to pay for their healthcare until they had no more savings and now rely on Medicaid to help pay the cost of long-term care in a nursing home.

Somewhere in America there is a father who is eaten up inside watching his son struggle with opioid addiction, who knows in his heart that his son will be able to go on and live a healthy and fulfilling life if he could only afford treatment to get him out from under this devastating addiction.

Somewhere in America there is a parent whose child has cancer, a mother

and father who stay up late at night worried that their insurance will either not be available or run out when the family needs it most.

In the America that my Republican friends envision with this healthcare bill, those Americans, and many more besides, might not get the coverage and care they need.

We live in the wealthiest country on Earth. Surely, surely, we can do better than what the Republican healthcare bill promises.

UNANIMOUS CONSENT REQUESTS—H.R. 1628

Now I have a unanimous consent request. I am going to have to delay my friend from asking questions until we finish our unanimous consent requests.

I ask unanimous consent that any substitute or perfecting amendment offered to Calendar No. 120, H.R. 1628, not be in order if the text of the amendment has not been filed at the desk and made available on a public website for at least 72 hours, along with an analysis by the Congressional Budget Office of the bill's budgetary, coverage, and cost implications.

The ACTING PRESIDENT pro tempore. Is there objection?

Mr. McCONNELL. Mr. President, reserving the right to object, my colleague Senator CORNYN was going to ask a question, which I will answer, which was that the minority leader is referring to a bill that he hasn't seen a copy of because it hasn't yet been released. So the speech we just heard was about a bill that he hasn't seen.

With regard to his unanimous consent request, I object.

The ACTING PRESIDENT pro tempore. Objection is heard.

Mr. SCHUMER. Mr. President, leader time.

The ACTING PRESIDENT pro tempore. The Senator has the floor.

Mr. SCHUMER. Mr. President, 142 pages thus far of this supposed bill have been printed online, and that is what I have used.

The ACTING PRESIDENT pro tempore. The minority whip.

Mr. DURBIN. Mr. President, several weeks ago the House of Representatives passed a bill to repeal the Affordable Care Act and to replace it. It was passed without hearings. It was passed without an amendment process, and it was passed before the Congressional Budget Office provided the traditional analysis that we count on before we take up a measure of such magnitude.

The measure passed with a party-line vote—all Republicans. Had two Republicans voted the other way, it would not have moved forward.

After it passed, the President of the United States decided to have a celebration at the White House. We saw him on television, gathering the Republican Members of the House of Representatives and celebrating the fact that this measure had passed and that, finally, they were going to repeal the Affordable Care Act.

But then the American people took a close look and the Congressional Budg-

et Office issued its analysis, and it turns out that 23 million Americans would lose their health insurance because of this Republican measure that passed the House of Representatives.

It turns out as well that there would be a dramatic increase in health insurance premiums for people between the ages of 50 and 64.

It turns out that in my State and many other States hospitals were in danger. The Illinois Health and Hospital Association says they would lose 60,000 jobs in Illinois with the dramatic cutbacks in Medicaid, endangering hospitals in rural areas and inner-city areas.

The facts started coming out about this repeal bill passed by the House of Representatives, and the President of the United States had a change of heart and announced to the American people that it was a mean bill—a mean bill. The President was right. It was mean legislation—mean to the millions who lost their healthcare, mean to seniors who would find their premiums going up dramatically, and mean to the people living in rural areas and small towns who count on those hospitals.

The President was right. It was mean.

Then, the responsibility shifts to the Senate. The majority leader, Senator McCONNELL, and his Republican followers had a chance to do a bill that was not mean. They had a chance to sit down on a bipartisan basis and to have the same process we used to create the Affordable Care Act.

That would have involved public hearings. We had 50 public hearings on the Affordable Care Act. It would have involved a real amendment process. The Affordable Care Act had 300 amendments. How many were offered by the Republicans? There were over 150 offered and adopted in a bipartisan process when we passed the Affordable Care Act. The American people got a good look at the bill. The Congressional Budget Office issued their analysis before we voted on it. We passed it, and I am glad we did, and I am proud of that vote.

But what happened in the Senate when it came to the Republicans? They went into secrecy. Thirteen chosen Republican Senators all sat in a room and wrote the alternative, or so we are told. They met in secret and never once had a public hearing, never once disclosed to the American people what was being debated, never once gave an opportunity for real bipartisan cooperation to strengthen our existing healthcare system—not at all.

So all we have at this moment is truly press accounts of what has been announced to the Republican Senate caucus, what they are going to get a chance to read and see. But it is enough to see that when it comes down to the basics, there is not much of a change between the House of Representatives' effort and the Senate effort.

You can put a lace collar on a pit bull, and it is still a mean dog.

What we have here with the Republicans in the Senate is an attempt to dust off the edges of the House bill and say: This is not as mean. I will tell you, at the end of the day, from the reports we have, this is still a mean dog, and one the people of the United States don't want to see happen.

There isn't a single medical advocacy group—not one in my State, and I don't know of any nationwide—that endorses what the Republicans in the House have accomplished with the passage of their bill, and this bill mirrors it, as well, and we can expect the same result.

So the only thing we can offer the American people is a chance to be part of the conversation on a bill that will literally change healthcare for millions of Americans. If they are going to be part of the conversation, there has to be a chance for amendment and debate, at least, and a chance for the American people to see what is in the Senate Republican measure.

So I ask unanimous consent that any substitute or perfecting amendment offered to Calendar No. 120, H.R. 1628, be subject to a point of order if the text of the amendment has not been filed at the desk and made available on a public website for at least 72 hours, along with an analysis by the Congressional Budget Office of the bill's budgetary, coverage, and cost implications; and that a motion to waive the point of order be in order, and if a motion to waive is made, an affirmative three-fifths vote of those duly chosen and sworn is required to waive the point of order.

The ACTING PRESIDENT pro tempore. Is there objection?

Mr. MCCONNELL. Mr. President, reserving the right to object, I want to thank my friend the assistant Democratic leader for confirming that the majority leader's remarks obviously were made on the basis of news accounts. The bill has only been posted online for the last 20 minutes.

Mr. SCHUMER. Would the majority leader yield?

I am the minority leader, at this point.

Mr. MCCONNELL. I will yield for a question.

Mr. SCHUMER. The question is, Does the majority leader know that a half hour before we came to the floor were 142 pages of the bill listed online? That is what we used in our report.

I would ask the majority leader a further question: If there is anything I said—anything I said—that is not going to be in the bill, could he clarify?

Mr. MCCONNELL. I object.

The ACTING PRESIDENT pro tempore. Objection is heard.

The Senator from Washington.

Mrs. MURRAY. Mr. President, what we are seeing here today is just the latest broken promise from President Trump and his Republican Party. After weeks of secret negotiations, backroom deals, shutting out patients, families, and Democrats and even many

Republicans from this process, Senate Republican leaders are now just days away from putting a bill on the floor that could not be more impactful or more devastating to families' bank accounts and their health. As even Republicans are pointing out, there has not been a single hearing, no robust debate, no opportunity for the people who will really suffer under this bill to see exactly how bad it would be.

This disastrous TrumpCare bill deserves full scrutiny under an open process, like the process that Democrats conducted when we passed the Affordable Care Act. We held hearings, we took amendments from both sides, and we certainly didn't leave the fate of women's healthcare up to a few Republican men.

Senate Republicans are right to be ashamed of this mean and heartless legislation. Just like the House TrumpCare bill, it will increase premiums, it will undermine protections for people with preexisting conditions, it will defund Planned Parenthood, and it will allow insurance companies—insurance companies—to charge women more. It is going to gut Medicaid. It will take away care for our seniors, pregnant women, people with disabilities, and it will take health insurance coverage away from millions of people across the country—and for what? To give another massive tax cut to the wealthy and well-connected.

I would be ashamed, too, if I had to defend a bill that is cruel. I can certainly understand why Republican leaders do not want to give people time to see what is in this bill and why they don't even want to give their own Members time to see how much their constituents hate it, but that is the bed Senate Republicans have now made. If they are going to try to pass this disastrous version of TrumpCare, at the very least they shouldn't get to jam it through without the public knowing good and well what they are up to.

Mr. President, I ask a parliamentary inquiry: Is the Chair able to confirm that the Committee on Health, Education, Labor, and Pensions considered S. 1679, the Affordable Health Choices Act, which was ultimately incorporated into the Patient Protection and Affordable Care Act, in executive session on 13 calendar days prior to reporting the bill favorably?

The ACTING PRESIDENT pro tempore. The Secretary of the Senate's Office through the Senate Library can confirm that.

Mrs. MURRAY. That is confirmed.

So I ask unanimous consent today that any substitute or perfecting amendment offered to Calendar No. 120, H.R. 1628, not be in order if the text of the amendment has not been the subject of a hearing, subject of executive session, during which amendments from both the majority and minority were considered and reported favorably by the Committee on Finance and the Committee on Health, Education, Labor, and Pensions.

The ACTING PRESIDENT pro tempore. Is there objection?

The majority whip.

Mr. CORNYN. Mr. President, reserving the right to object.

None of these Senators have read the bill.

I have the floor.

The bill is 142 pages long compared to the 2,700-page ObamaCare bill. They can read the bill; if they have objections to the provisions, we can debate them, but what they are talking about is a bill that does not exist, which they have not read.

I object.

The ACTING PRESIDENT pro tempore. Objection is heard.

The minority leader.

Mr. SCHUMER. Mr. President, would my dear colleague from Texas yield for a question?

The ACTING PRESIDENT pro tempore. The Senator from Texas does not have the floor. You have the floor.

Mr. SCHUMER. I would like to just then tell my friend from Texas: This is the bill. It was posted online a half hour before we came in. I would ask a page to come over and bring it to my dear friend and ask him if this is the bill which we have read.

Mr. CORNYN. Mr. President, all Senators have a copy of the discussion draft bill. It is a discussion draft which will be open to an amendment process, with unlimited amendments which can be offered by both sides, before which we will have a fulsome debate.

Our colleagues here are complaining about secrecy that doesn't exist. This bill is online. The American people can read it. You can read it. I would suggest that they do read it before they start criticizing it.

Mr. SCHUMER. I would ask my friend from Texas to yield for another question.

Mr. CORNYN. I will.

Mr. SCHUMER. Will we get more than 2 minutes to debate each amendment we ask for or will we be under the reconciliation process, where we have 10 hours of debate and then every amendment only gets 2 minutes? Does he consider that—2 minutes, if that is the case—a full and fair debate on each amendment?

Mr. CORNYN. Mr. President, I would say, in response to my friend from New York, the fact that we are having to conduct this under the reconciliation rules is a result of their refusal to participate in the process, thus necessitating Republicans doing this under budget reconciliation rules.

If they would do this in a true bipartisan way, where we can get 60 votes to get on the bill and open to an amendment process, we could have a better bill, but given the refusal of our Democratic colleagues to participate in the process, this is the only way we can come to the rescue of the people who are being hurt by the meltdown of ObamaCare today.

The ACTING PRESIDENT pro tempore. Just to clarify, did the Senator

from Texas object to the request of the Senator from Washington?

Mr. CORNYN. I do object.

The ACTING PRESIDENT pro tempore. Objection is heard.

The Senator from Washington.

Mrs. MURRAY. Mr. President, I heard the objection.

I just have to say, the exchange we just heard is exactly what we have been objecting to. We were told the bill would be online at 9:30 this morning. It was online at 11. I have a copy of it, but we are hearing from the other side now that this isn't the bill. This is a discussion draft. We aren't going to see the bill. We will not see the real bill, apparently, until next week, even though we were told we would see it this morning.

This has been the problem we have had since this discussion started. We started in January with a process which cut us out of this under reconciliation. Thirteen men in a private room wrote this "discussion draft," which is not a bill, that we are supposed to now look at and decide whether we like it—and the American public—a discussion draft, a bill even the other side doesn't know what we have. That is what we are objecting to.

We are asking that the American people—who have a right to know what is going to impact every one of their lives, every one of their families, every one of their communities, every one of their businesses—have more than a discussion draft, more than 10 hours of debate, time to look at it, and know how we are going to do an amendment process next week.

Mr. CORNYN. Mr. President, would the Senator yield for a question?

Mrs. MURRAY. I would be happy to.

Mr. CORNYN. Mr. President, I would ask the Senator from Washington if she is aware of the fact that under the budget reconciliation process, there will be an unlimited number of amendments that could be offered by either side to the bill which is ultimately filed?

Mrs. MURRAY. Oh, Mr. President, I am well aware of that; and I will remind our colleagues and everybody in this country what will happen: There will be 10 hours of debate, where we hopefully have more than a discussion draft that we will be allowed to offer amendments on, and there will be no debate on those amendments. No one will know what it is. It will be a chaotic process on this floor. The American public will not know. We will be able to tell them days later, after this gets undone.

That is not an amendment process. That is not what we went through when we passed the Affordable Care Act. The American public deserves better.

The ACTING PRESIDENT pro tempore. The minority leader.

Mr. SCHUMER. Mr. President, I would ask my colleague a question.

What would be wrong with 1 hour of debate on every amendment to this

bill? What is the objection to that, since the majority is proposing no debate on amendments, and then saying it is an open process? What is wrong with 1 hour of debate on every amendment offered to this bill?

The ACTING PRESIDENT pro tempore. The majority whip.

Mr. CORNYN. Mr. President, I would say, in response to my friend the minority leader, that it is as a result of their refusal to participate in the usual process of passing legislation through the regular order—

The ACTING PRESIDENT pro tempore. The Senate will be in order.

Mr. CORNYN.—that we have to resort to the budget reconciliation process which has a set of statutory provisions and rules.

There will be a fulsome debate. There has already been a debate on a bill you haven't read. I suggest you take the time to read it, and then we can talk about the details.

This bill—142 pages compared to 2,700 pages of ObamaCare—doesn't take that long to read. This is a start. This is not the finish. This is called the normal legislative process. I suggest colleagues, rather than criticize a bill they haven't read, they read it, and then let's have a credible debate.

The ACTING PRESIDENT pro tempore. The Democratic leader.

Mr. SCHUMER. Mr. President, I would ask my friend, the majority whip from Texas, a series of questions.

The ACTING PRESIDENT pro tempore. Is there objection?

Without objection, it is so ordered.

Mr. SCHUMER. What was the date that reconciliation was added to the budget resolution which said we don't need any Democratic votes? Was it May, was it April, was it March, or was it the very beginning of this session?

I would ask him another question. Where were the meetings held to discuss this bill, and were any Democrats invited?

I would ask him another question. Why did the majority leader not accept our offer to go into the Old Senate Chamber—100 Senators, no press, no anything else—and debate the bill?

How can my good friend—and he is a good friend; we are on the bikes in the morning together—my good friend from Texas say there was a bipartisan process when, at the outset—at the outset—our Republican colleagues said the only thing we will debate is repeal and then replace? There was no discussion of whether repeal was the right thing to do or the wrong thing to do. Now, overwhelmingly the American people prefer fixing ObamaCare—which we offered to do—than repeal and replace.

It is no wonder, I would say to my colleague as he answers these questions, that this bill is being brought in the dark of night. It is because my colleagues on the other side of the aisle are ashamed of the bill—because, believe you me, if they liked this bill, they would have brass bands down

every Main Street in America talking about it, but they are trying to sneak it through because mainly their goal is a tax cut for the rich.

I would ask my colleague to answer those three questions, and then he can respond to my rhetoric.

The ACTING PRESIDENT pro tempore. The majority whip.

Mr. CORNYN. Mr. President, I am really taken aback by the characterization of the minority leader here.

The minority has made it clear they don't want to participate in the process of rescuing the American people from the failures of ObamaCare.

The ACTING PRESIDENT pro tempore. The Senate will be in order.

Mr. CORNYN. It has been made clear to us that you don't want to participate in the process, and you are turning a blind eye to the millions of people being hurt today by outrageous premiums, deductibles they can't afford, and a loss of choices because insurance companies have pulled out of the individual market. Your response to them is: We don't care.

We care, and we are doing our best to deal with this.

This is like going by a car accident with somebody seriously injured, and rather than stopping and rendering aid, just driving on by. That is what our colleagues on the other side are doing. They are turning a blind eye, driving right on by a seriously injured person in a car accident. We are coming to the rescue of the millions of people who are being hurt by ObamaCare today.

We would love to have our Democratic friends join us and do something truly sustainable, but you have to remember, my friends, how this started: Democrats jammed ObamaCare through on a party-line vote and Republicans weren't able to participate in that process.

What we are trying to do is we are trying to save the people who are currently being hurt and whose healthcare has become unaffordable. If you would like to join us in this process, we would love to have you, but failing that, we are going to get it done, and you can just drive by the car wreck.

The ACTING PRESIDENT pro tempore. The minority leader.

Mr. SCHUMER. Mr. President, here is the correct analogy: Yes, there has been an accident. Yes, someone needs help. Someone who is not a doctor, not a physician, doesn't know how to help the patient—our Republicans friends go by the side of the road, but they don't know what to do.

So the Democrats come by. We are doctors. We say: We know how to fix this system. We know how to fix this patient, and the Republicans say: No, don't help with us. We will drive right by. Now the patient is ailing.

I would ask my colleagues, let's forget the past for the moment because we have a much better argument than you. We had hundreds of amendments offered by Republicans that became part of our bill. I doubt there will be a

single Democratic amendment that will be—we had hours of hearings, hours of debate. You didn't. So you may not have thought the process was perfect, but it was a lot more open than yours.

I have a proposal to my friend. Let us forget this draft bill. Let us right now, Democrats and Republicans, sit down and try to come up with a bipartisan bill. We are willing to do it today, now, this minute. Will you accept that offer?

The ACTING PRESIDENT pro tempore. The Senate will be in order.

Mr. CORNYN. Mr. President, if I thought that was a sincere offer, I would take it in a minute—in a New York minute, but it is not.

The ACTING PRESIDENT pro tempore. The Senate will be in order.

Mr. CORNYN. The fact is, insurance companies are having to go to the State regulators as we speak to get insurance rates approved for 2018. That is the urgency we are experiencing here.

Unless we act—and act in an expedited fashion—here, very soon, we will see millions of people have their insurance rates raised by another double digits. It has been 105 percent since 2013—105 percent. ObamaCare was sold under the premise that families of four would see a reduction of \$2,500. If you like your policy, you can keep your policy. If you like your doctor, you can keep your doctor. All of that is false. False. This is a failed experiment.

They may not be willing to help, but we will, and we will get it done and help the American people who are being hurt by the failure of ObamaCare today.

The ACTING PRESIDENT pro tempore. The Senator from Oregon.

Mr. WYDEN. Mr. President, I am struck by this conversation as the ranking Democrat on the Senate Finance Committee. My colleague and distinguished Senator from Texas is on the Finance Committee. He knows I know something about writing bipartisan healthcare reform bills. I have written them. They have become law. I could tell my colleague, I have not once—not once—been asked to be part of any bipartisan effort with respect to this legislation.

I think, colleagues, it is real clear what is going on here. Senate Republicans are going to keep telling Americans they are fixing their healthcare right up until the second it gets taken away.

Now, as the ranking member of the Finance Committee, I find it bizarre that a health bill of this importance was hidden for so long behind closed doors, denying the American people the opportunity to see it in an open debate.

There have been no hearings on this dangerous, destructive proposal, not one hearing on whether Medicaid should be slashed to pay for tax cuts for the fortunate few, not one hearing on whether the bedrock protections for those with preexisting conditions ought to be shattered, not one hearing on whether Americans should face

higher costs, along with annual and lifetime limits, on insurance coverage.

This secretive process of concealing and rushing this bill, which until today had been seen by nobody—nobody outside of the Republican leadership and their lobbyist allies who dwell on K Street—the secretive process stands in sharp contrast to the process that led to the Affordable Care Act.

I now put forward a parliamentary inquiry. Is the Chair able to confirm that the Committee on Finance considered S. 1796, the America's Healthy Future Act, which was ultimately incorporated into H.R. 3590, the Patient Protection and Affordable Care Act, in executive session on 8 separate calendar days prior to reporting the bill favorably?

The ACTING PRESIDENT pro tempore. The Secretary of the Senate's office, through the Senate Library, confirms that.

Mr. WYDEN. I have information that indicates that 135 amendments were considered in the committee and that of those, 14 amendments offered by Republican members of the committee or offered in a bipartisan manner were adopted during the consideration of S. 1796. Is the Chair able to confirm that?

The ACTING PRESIDENT pro tempore. The Secretary of the Senate's office, through the Senate Library, confirms that.

Mr. WYDEN. Therefore, Mr. President, I ask unanimous consent that no motion to proceed to Calendar No. 120, H.R. 1628, be in order until the bill has been the subject of executive session meetings in the Committee on Finance and the Committee on Health, Education, Labor, and Pensions, during which amendments from the majority and the minority received votes and the bill has been favorably reported from those committees.

The ACTING PRESIDENT pro tempore. Is there objection?

The majority whip.

Mr. CORNYN. Mr. President, reserving the right to object, our colleagues are coming here today and saying they want to participate in the process to fix what is broken in the Affordable Care Act. Yet I have in my hand a newspaper article about a letter that the Democratic leader and his colleagues sent saying they refused to participate in the process unless we drop all of our plans to repeal and replace ObamaCare. They refused to participate in the process.

I would point out that the failures of ObamaCare didn't just start today; it has been failing over 7 years. They did nothing—nothing—nothing to help the millions of people who are being hurt, who had to move from full-time work to part-time work because their employer didn't want to pay the employer penalty for not providing ObamaCare coverage. We know that many people have been hurt by it and not the least of whom are the people who are finding their premiums skyrocketing. They will do so again next year unless we

come to their rescue. They have seen their deductibles so high, they effectively have been denied the value of their insurance.

I had a conversation a couple of days ago—I won't name the Democratic Senator because it was done in confidence. The Senator confided to me that his own son had effectively seen his premiums go up so high that he had—it cost roughly \$12,500 out-of-pocket to deal with his deductible and to pay his premiums—\$12,500. That is not affordable to anybody, certainly in the middle class.

I object.

The ACTING PRESIDENT pro tempore. Objection is heard.

The Senator from Michigan.

Ms. STABENOW. Mr. President, I want to indicate before the distinguished majority whip leaves that what is being talked about here is like having a hole in the roof of your house. Instead of patching it, they want to burn down the house. What we are not willing to participate in is burning down the house. We are more than happy and, in fact, have proposals and are anxious to work with the majority to improve healthcare—not rip it apart, not take tens of millions of people's healthcare away, but improve it.

Before asking a question of the majority whip, I also want to indicate for all those listening that we have the bill. We can actually read pretty quickly, and it has been out. Even though it is considered a discussion draft—we don't know what it is at this point—we have it. We are analyzing it.

What our leader, the Democratic leader, indicated is what we have been able to read in this discussion draft, which is not only more of the same but is worse for seniors, those in nursing homes, and children in Michigan and across the country. That is what is in this, which we now have, whatever it is called.

I would ask the majority whip, instead of burning down the house at this point in terms of ripping apart the healthcare system, would you join with us in putting forward a bill that would allow Medicare to negotiate prescription drug prices for seniors, which my hospitals and insurance companies tell me are one of the driving forces that are raising the costs of healthcare? Would you be willing to work with us on a bill to lower prescription drug prices and allow Medicare to negotiate drug prices on behalf of America's seniors?

The ACTING PRESIDENT pro tempore. The majority whip.

Mr. CORNYN. Mr. President, I would say to the Senator from Michigan that we would be happy to work with you on high drug prices. That is a serious problem and one of the primary cost drivers of healthcare costs today. But this bill doesn't touch Medicare at all. We leave intact the healthcare for seniors, and it is not touched by this at all. When the time comes for us to deal with Medicare, I think that is a debate we should have and we would welcome.

The ACTING PRESIDENT pro tempore. The Senator from Michigan.

Ms. STABENOW. Mr. President, to the distinguished leader, I simply would say I am proposing that instead of this, which is essentially burning down the house in America in terms of healthcare, that you instead join with us in what you have admitted is one of the top drivers of healthcare costs in this country, which is what we want to tackle. We want to bring down the costs. We want to bring down the cost of prescription drugs, the out-of-pocket costs for everyone whose copays and premiums are too high. That is what we want to do. Taking away nursing home care, taking away the ability for a parent to take their child to the doctor or someone with cancer to get the treatment they need or a small business owner being blocked from getting healthcare because of a preexisting condition—we consider that burning down the house. We are opposed to that.

Frankly, we would love to have a ceremony and light this on fire and come back together and work together on the No. 1 driver, which is the cost of prescription drugs.

The ACTING PRESIDENT pro tempore. The majority whip.

Mr. CORNYN. Mr. President, maybe I misunderstood the question initially. I would suggest to the Senator from Michigan that it is the Democrats, under ObamaCare, who burned down the house because the individual market for healthcare has been decimated—decimated. And we are coming to the rescue of those millions of people who don't have employer-provided insurance. They don't get their coverage under Medicare or any other government program. They get it from the individual market. We are talking about individuals and small businesses. Right now people have almost no choices in many parts of the country, and for those who have choices, it is simply unaffordable.

It is an important conversation to have on drug prices and Medicare, and I am happy to do that. That would do nothing—zip, zero, nada—to help the people who are hurting now as a result of the failures of ObamaCare, and that is whom we are determined to help by passing this legislation after an open amendment process and fulsome debate.

The ACTING PRESIDENT pro tempore. The Senator from Michigan.

Ms. STABENOW. Mr. President, in conclusion, I wish to make one other comment, and that is, the people in Michigan who are purchasing on the private exchange—over half of whom are able to get a policy today for their families for less than \$100—I would say they would have a different perspective.

We need to fix those things that are not working, but for the 97 percent of the children in Michigan who can now see a doctor because of what has been done; for the hospitals that now see 50

percent fewer people walking into the emergency room without insurance, raising the costs for all policies; for the savings the State of Michigan is going to have in its budget next year of \$432 million in savings to taxpayers because they did the right thing by allowing children to go to a doctor instead of getting sick and going to the emergency room, I would suggest this is the wrong direction.

Mr. SCHUMER. Mr. President, I suggest the absence of a quorum.

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

The bill clerk proceeded to call the roll.

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

HEALTHCARE LEGISLATION

Mr. MARKEY. Mr. President, last week, President Trump reportedly told several of our Republican colleagues that the House-passed version of TrumpCare's healthcare repeal of the Affordable Care Act was mean. This week, White House Press Secretary Sean Spicer said that the President would like to see a healthcare bill from the Senate that "has heart in it." What did we get? We got a bill from my Senate Republican colleagues that is identical to and in some cases even worse than the disastrous House-passed American Health Care Act that would rip coverage away from 23 million Americans and gut Medicaid by more than \$800 billion.

Nothing changes the fact that this undemocratic, secretive process has resulted in legislation that is so mean-spirited, it would make the Wicked Witch of the West cringe. The Senate Republican bill will rip away economic security from young families, make grandma and grandpa pay more for health insurance simply because they are old, tear away coverage for opioid addiction patients desperate for treatment, and punish Americans with pre-existing conditions such as cancer, diabetes, and Alzheimer's. For once, I agree with President Trump. This bill is mean.

Let's take a closer look about what is really inside of the Senate GOP's proposal on healthcare. Let's start by looking at the lower quality coverage. First, this bill will roll back the clock to the days before the Affordable Care Act, when an insurance card did not guarantee comprehensive coverage.

Because of the Affordable Care Act, there are certain things an insurance plan just has to cover—things like emergency services, maternity care, prescription drugs, mental health services. There is security in knowing that if you pay your premiums, this sort of basic minimum coverage is in place when you need it. But Republicans want to rip that away. They want to give States and insurance companies the option to not cover these things.

This would make it so that a consumer could easily be faced with an unexpected medical bill for services they had assumed were covered with their healthcare plan.

Independent analysis from the Congressional Budget Office estimates that out-of-pocket costs for maternity care or mental health or substance abuse disorder services could increase by thousands of dollars in a given year under TrumpCare. That is not increasing quality, as President Trump promised; that is lower quality. And that just increases inequality between the healthy wealthy, who can pay out of pocket for their care, and providing lower quality coverage for everyone else. That is mean.

Second, an age tax. Since the Affordable Care Act became law, the uninsured rate for Americans ages 50 to 64 decreased by one-half. Those are the baby boomers, and it is estimated that more than 28 million of these baby boomers will develop Alzheimer's disease between now and the year 2050. This reduction in the uninsured rates came about because the Affordable Care Act expanded Medicaid and put protections in place to prevent insurers from charging exorbitant prices just because of age. But instead of caring for our family and friends as they age and ensuring they can afford quality coverage on what may be a dwindling income, TrumpCare punishes you for achieving your milestone 50th birthday.

Under the Republican healthcare proposal, insurance companies can charge older Americans five times more than younger Americans for the same coverage. That is unconscionable. It doesn't matter if you are a 50-year-old marathoner in the best shape of your life; you will still be paying at least five times more for your insurance than your 40-year-old neighbor who smokes. As a result, Americans over the age of 60 could see their premiums increase by an average of \$3,200 or 22 percent. That might not sound like a lot to some people, but for those with decreasing incomes and fewer job opportunities, it is the difference between being able to eat and being kicked out on the street.

To add insult to injury, the subsidies in TrumpCare to help individuals purchase insurance are far less generous than what is currently available under the Affordable Care Act. Because that will result in premiums that are higher, the tax credits will not keep pace to help pay for more expensive insurance, and, as a result, this age tax is going to be mean to those who are older in our country.

No. 3, Medicaid cuts. Medicaid is a lifeline for families across our country. More than 70 million Americans—nearly half of whom are children—depend upon it. But it is clear that with TrumpCare's cuts to the program, Republicans want Medicaid to flatline. For a program that covers more than one-fifth of the Nation's population, including the sickest, the oldest, and the

poorest amongst us, Medicaid is especially irreplaceable.

But Republicans harbor an ancient animosity toward Medicaid. Republicans say that we need to restructure Medicaid's financing to help control the program spending and make it more efficient. That is just another way of saying to America's most vulnerable that you are just not as important as those who donate to our campaigns.

Raiding the Medicaid coffers achieves two goals. First, it tears holes in a critical social safety net for more than 70 million low-income and working-class Americans. Second, it provides the GOP with an open checkbook to pay back their donors with huge tax breaks.

Republicans might want to refer to these changes as capping the Medicaid program, but don't be fooled. What capping really means is decapitating access to primary care, decapitating the ability of grandma and grandpa to secure a nursing home bed, and decapitating access to treatment for substance abuse and mental health conditions. Gutting the Medicaid program—that is mean.

Next, they are going to reduce access to care. This one is simple. Less insurance coverage equals less access to care. While it is possible to get a doctor's appointment and treatment without health insurance, it is usually at prices that are impossible to afford for a typical uninsured person. Most working Americans can't conceive of paying more than \$150 every time they want to visit a primary care doctor or footing the bill for a couple of thousand dollars in the event they need more specialized care. The best medicines and the most effective treatments are only as good as the insurance coverage people have to help them to access to it.

How will these 23 million Americans who lose insurance under TrumpCare get the care which they need? They will not get the care. Unfortunately, when patients do try to access care, it will be because their illness has progressed to the point where it can no longer be ignored. Instead of seeking care with a primary care doctor in a less expensive healthcare setting, most uninsured patients will end up going straight to the emergency room—the most expensive site for care. And the cost of that uninsured patient—well, that is just going to get absorbed by everyone else in our country, as our rates for treatment and insurance coverage increase to make up for this uncompensated care. So reduced access to care—that is mean.

Then we move on to higher premiums. Higher premiums are going to be the new rule in our country because that is going to be what happens if the Republicans are successful in repealing the Affordable Care Act. According to the nonpartisan Congressional Budget Office, TrumpCare would increase premiums by an average of 20 percent in 2018. In Massachusetts alone, premiums

for next year could increase by \$600, threatening coverage for more than 180,000 of my constituents with private insurance. Because of everything else in TrumpCare, even though you are paying more, you will be getting less. It is like paying for a Cadillac, but only getting a tricycle. This will only prevent Americans from securing access to the care and the treatment they need and they deserve. Less care for more cost—that is going to be mean. Premiums are going to go up for everyone.

Finally, it threatens all of those in America who have preexisting conditions. For so many Americans, allowing insurance companies to refuse coverage or charge more because of a preexisting condition is inhumane, and it is immoral. Anyone who tried to buy individual health insurance before the Affordable Care Act remembers this problem. Before the healthcare act passed, in most States, if you had a preexisting condition, you could either be denied coverage, charged a much higher premium, or forced to wait potentially for years before receiving treatment for the condition to be covered. For many people, this meant they either had to go without needed care or spend their entire savings. For those with the most serious conditions, it was the difference between life and death.

The anxiety of suffering from an illness was only exacerbated by financial insecurity. It was a cruel and unusual form of punishment. Sadly, the Republicans want to take us back to this era. Threatening preexisting conditions—that might be the meanest of them all because protections for families who have preexisting conditions is something that goes right to the heart of what the Affordable Care Act provided as a protection.

Why would millions of Americans have to suffer these cruelties, these indignities, these punishments? That is the most outrageous part of all of this. President Trump and the congressional Republicans are proposing this healthcare heartlessness, all so they can give tax breaks to the wealthiest in our country.

We heard it from President Trump himself last night when he talked about the people he hired for his Cabinet. "I just don't want a poor person," he said. But who does he want running the government and our economy? He wants the wealthiest people in America. He wants people who are billionaires to be making the decisions as to how we run our economy. President Trump has in place a goal of turning over to the richest people in our country the responsibility for putting together the plan to cut the programs for the poor and the working families in our country.

The Republicans and their wealthy planners have put together a very simple one-step program: The rich get richer, and the rest get sicker in the United States. Make no mistake, this

healthcare plan is of the rich, by the rich, and for the rich. It is giving billions in tax breaks to people who don't need or deserve them, paid for by people who can't handle or afford it. That is cruel, that is inhumane, that is immoral, that is just plain wrong, and my Democratic colleagues and I will not stand for it.

We are standing up to say no to ripping away coverage for millions of Americans. We are raising our voices to say no to increasing costs for middle-class families. We are saying here today that we are going to say no to this legislative malpractice. The health of the American public is too important for us to be so mean, so callous to the people we were elected to serve.

This Republican proposal has never been about policy. It has always been about politics, and it is time to stop playing political games with people's lives, with people's healthcare.

Healthcare is a right and not a privilege. That is the promise we made to the American people with the Affordable Care Act, and it is a promise we must keep.

The President is keeping his promise to the rich in our country. They have now written a healthcare plan for one-sixth of our economy that slashes \$800 billion that would be used for the poor, for the sick, for the working class, for senior citizens in nursing homes by \$800 billion in order to give an \$800 billion tax break to the wealthiest people in our country. That is wrong.

This is a critical moment in our country's history, and we, as Democrats, are going to battle every single day here on the Senate floor and across this country to make sure that every person understands what the consequences of this incredibly callous, mean bill will mean—lower quality coverage, an age tax on the elderly, Medicaid cuts that hurt families across our country, reduced access to care, threatening of the protections for preexisting conditions, and resulting in higher premiums for everyone. It will be a disgrace.

I yield the floor.

The PRESIDING OFFICER (Mrs. FISCHER). The Senator from Maryland.

Mr. CARDIN. Madam President, first I want to thank Senator MARKEY for his comments. I share his concerns. I agree with what he has said about the risk factors of the bill that was announced this morning by the Republican leader and what it could do to millions of people around this country and what it will do to coverage for hundreds of thousands of people in my State of Maryland who will lose coverage and just about every Marylander whose healthcare will be impacted if this bill were to become law.

I want to start by saying that I think this is a shameful moment for the Senate—the Senate, whose traditions have made it be known as the most deliberative body in the world; the Senate, which has been known as a body that

allows for robust debate and benefits from the views of all 100 Members, where each of us has opportunities to get our voices heard. That tradition has been badly damaged by what the majority leader has done in bringing a bill that affects one-sixth of the economy of our country to the floor of the Senate without the deliberation by our committees and without transparency to the American people.

When I got to the Senate, I worked hard to get on the Senate Finance Committee. I did that because the jurisdiction of the Senate Finance Committee contains areas that I have devoted a good part of my public career to, including issues of taxation and issues concerning social programs in our State. But it also included healthcare, an area that I worked on when I was first in the Maryland State legislature. I wanted to be on the committee that had a role in developing the health policy of this Nation. I thought I could add to that debate with my experience, and I wanted to make sure that the people of Maryland had a voice as we developed healthcare policy in America.

That role is being denied by what the Republican leader is doing in bringing this bill to the floor without the benefit of hearings. Let me just repeat that. There has not been one hearing held on the legislation being brought forward by the majority leader. There hasn't been one committee markup of the bill.

Now, let me explain to the general public what a markup is. It is when the committees that have expertise on a bill—in this case, it would be the Senate Health, Education, Labor, and Pensions Committee and the Senate Finance Committee—have had a chance to bring the public in to get their views on the legislation, have had the committee staff go through it and explain all of the aspects to the members of the committee, with an opportunity for us to offer amendments to improve the bill, and then, ultimately, taking a vote on the recommendation to the full Senate. That is the regular order, but it is particularly the regular order on complex pieces of legislation.

I don't think there is a Member of this body who would say that this is not a complex field when we are dealing with healthcare—one-sixth of our economy. But the process that was used denied the people of Maryland and the people of this Nation the opportunity to have their voices heard through their elected representatives. It is a shameful moment.

Now, I know this has been done before on the floor, but I will just repeat it one more time. Compare this to how the Affordable Care Act was passed by the Senate. We had transparency, opportunities for the public to have input. We had hearings—many, many hearings that took place. My staff tells me there were 50 hearings or roundtable discussions or walk-throughs. We had 26 consecutive days of Senate de-

bate. There were hundreds of amendments offered by both Democrats and Republicans that were adopted on the bill before the bill reached the floor of the Senate. That all took place before we started the debate on the bill.

You cannot justify this process. This is an abuse by the majority, and it will affect the functioning of the Senate.

There are concerns about what this bill will do. The process is terrible. The impact on the Senate is terrible. But the real tragedy here is the impact, if this bill were to become law, it would have on healthcare in America.

So let me talk a little bit about my State of Maryland. It has been projected under this bill that those who will not have insurance coverage will go back basically to what it was prior to the passage of the Affordable Care Act; that is, a little over 400,000 Marylanders are at risk of losing basic health coverage. Now, it is going to affect everyone with insurance in Maryland, and I will get to that in a moment. But as many as 400,000 people are in jeopardy of losing their insurance because of what is done with regard to the alliances and the Medicaid Program itself. Many more will lose quality coverage.

Senator MARKEY talked about pre-existing conditions. You claim that there is protection for preexisting conditions, but it does not guarantee that the services will be provided because the States are given tremendous discretion as to what would be required as essential benefits within the healthcare plans. So if someone has a mental illness or someone has a drug addiction, is there a guaranteed coverage that that person would be able to get services? If that person has a pre-existing condition, it may very well not be covered because of the absence of essential health benefits.

Let me just give you another example of what could happen under this bill, and this is a real example on gender discrimination. Obstetrics coverage is critical for a childbearing woman. Now, if that becomes an optional coverage because of the State plans and discretion that it is given, obviously only those women who are planning to have children will take that coverage. Why would someone who doesn't need that coverage take the coverage? What are the consequences of allowing that type of choice? It is very clear.

Younger women are going to pay a lot more for their health insurance than they otherwise would. Is that fair? I think not. I think not. That is the consequence of the type of changes that are being made in the Affordable Care Act.

I was very instrumental in making sure that we had full coverage for pediatric dental. Why? Well, unfortunately, in my State in 2007—the year I first started in the Senate—we had a youngster, Deamonte Driver, who lived not far from here, who died because of an untreated tooth decay. It became abscessed and went into his brain. He had

to go through a couple of surgeries, and he lost his life. What was needed was \$80 of dental care. He couldn't get access to it because there was no coverage for it. He had no access to that care. He lost his life and, of course, the healthcare system had to pay a lot of money when it only needed to spend \$80 to keep him healthy.

Well, we took care of that and fixed that with the essential benefits now, including pediatric dental. Is that protected under the Republican bill? The answer is unclear—probably not. It is up to the States. It may be different in one State versus another. We don't have the protection.

Then we get to the affordability issue for Marylanders to be able to afford to have health insurance. Under this bill, there will be discrimination on those that are older. They are going to have to pay more for their health insurance. Is that right? No, it is not right. I heard the majority leader this morning give examples of how the Affordable Care Act is in danger, and he cited high premium increases. One of the States he quoted was the State of Maryland, and it was very misleading the way he did that. He was talking about the individual marketplace, and he was talking about one segment of that. What he didn't tell you is that CareFirst, the insurance company that is proposing that rate increase, indicated that at least half of that increase is the result of action taken by the Trump administration, because the Trump administration has not made it clear whether they will fund the cost-sharing provisions, which keep the costs down and affordable in the individual marketplace. That is a self-inflicted increase in premiums by the Trump administration.

There is a second issue that CareFirst mentioned, and that is the President's insistence on not enforcing the individual mandate, and, by the way, that is in the Republican bill. It means that younger, healthier people will choose not to have health insurance. Now, if they happen to ride a motorcycle and wrap themselves around a tree and get flown to the Shock Trauma Center in Baltimore and we are going to treat him, guess who is going to pay the bill? All of us are going to pay the bill through uncompensated care. It is going to raise my insurance policy and everybody's insurance policy. That person should have had insurance, but that person thought he or she didn't need that insurance. So they didn't take out the policy.

You find that those who will take out the insurance policies are the higher risks because they know they need the insurance. So those with high-risk issues will be in the pool raising the costs and that is why CareFirst has a higher ask, because they know it is less likely that healthier people will be in the pool than projected under the original Affordable Care Act. Why? Because of President Trump.

So when the leader says that the Affordable Care Act is falling apart, the

Affordable Care Act is strong, but it has been made vulnerable by the actions of the Trump administration, and the provisions in this bill will make it even weaker.

Now, 1.2 million Marylanders are in our Maryland Medical Assistance Program, or Medicaid Program. Many of these people are working families. Many of these people are our seniors who need long-term care and are in the Medicaid Program because it pays for their long-term care expenses. Many of these people are veterans or returning warriors who are under the Medicaid Program.

Under the Republican-released bill, they may make it a gentler slope before we get to the full impact of the Medicaid reductions, but the Medicaid reductions, if I understand correctly, are even more severe than under the House-passed bill.

Now, I could speak for Maryland. I know our legislature. Our legislature is going to try to do what is right, but they have limited resources in order to try to meet the needs that are out there. It is just not right to say that we are passing these problems on to the States when the States don't have the fiscal capacity to deal with them. Who gets hurt? The 1.2 million Marylanders who rely upon the Medicaid Program and all Marylanders who don't want to see what we call cost shifting, when someone who doesn't have health insurance ends up in our emergency room and doesn't pay the bill and everyone else pays those bills.

So why are we doing this? What is the reason we have gone through this pain? I have heard my colleagues talk about it, and it is absolutely true. The Republicans need to make room for the tax cut. They are pretty clear about it. Close to \$1 trillion in tax cuts is what they need to do. Who benefits from tax cuts? The wealthy, those who have access to healthcare. Who pays for the tax cuts? Those who are the most vulnerable in our community. That is just wrong.

My staff has put together a lot of individual letters that have been sent to us. I don't even need to go through them. I can tell the Presiding Officer just the experiences I have had walking on the streets to Baltimore or, quite frankly, walking anywhere, including here in Washington.

When people come up to me and say: Senator CARDIN, keep up the fight. Do you know what is going to happen if that healthcare bill becomes law? We have done some tests and we have certain genes, we are in a high-risk pool for cancer. We are not going to be able to get coverage if you let insurance companies go back to the practices they had before the passage of the Affordable Care Act.

People say that if they didn't have the insurance they now think they are going to lose, they would have to go through personal bankruptcy. That is not a hypothetical. Before the passage of the Affordable Care Act, unpaid

medical bills was the leading cause of bankruptcy. Are we going to go back to those days?

I talked to a parent who has a child with a disability—and to think what the cost of that child is going to be in the healthcare system. They don't possibly have the means to be able to afford that if they didn't have access to healthcare coverage without discrimination. You leave these discretions to how the insurance companies will respond with their businesses, they are going to figure out a way so a family who has a disabled child will not have adequate coverage. That is what is at risk. Senator MARKEY is right—healthcare should be a right, not a privilege, and we are moving in the wrong direction.

In Maryland, we have hospitals that are located throughout our State to meet the needs of the people of Maryland. We have hospitals that are located in areas where they have a lot of elderly and a lot of poor people, but because of the way we deal with our hospital reimbursements, we don't have cost shifting. We can have what is known as an all-payer rate, where whoever goes into the hospital, they pay the same rate so a hospital can locate in an inner city or poorer neighborhood. If you increase the cost sharing for people who don't have insurance, hospital facilities will not locate in those communities, adding to the costs of everyone's healthcare.

One of the great benefits, one of the great achievements of the Affordable Care Act, is that we now have facilities that are more conveniently located to people in this country, whether they live in a rural area or urban setting. Some are healthcare centers and some are health clinics, but they are more conveniently located because more people have third-party coverage and have insurance in order to pay those bills.

So I read with interest that certain segments of the advocacy community are going to be given certain concessions in this bill, and they think they are going to be OK. One is, I understand—and I am not sure what this term means, and maybe someone can explain it to me—medically complex children. These are children, I assume, who have special needs.

If I understand the bill correctly, there is going to be a carve-out in the Medicaid system so that these complex cases will be, at least for a period of time, reimbursed. Where are they going to get care?

Right now they are getting care, in many cases, in a school-based health clinic that is going to be closed under the Republican bill that is out here because it is not qualified to receive reimbursement. The expansion of our qualified health centers under the Affordable Care Act is going to be in deep jeopardy. I met with the CEOs of our qualified health centers where we have expanded to deal with pediatric care, dental care, and mental health. That is

in jeopardy of being contracted if you don't have the reimbursements from the people who live in that community that we have under the Medicaid expansion. That is in jeopardy. So don't believe you are protecting any vulnerable population when you don't provide the structure in which you can have reasonable reimbursements so that doctors, hospitals, and clinics can locate in communities and be treated fairly under our reimbursement structure.

I am deeply disappointed. I am deeply disappointed with what we have done to this great institution on this, such an important subject. I am deeply concerned, about the impact this is going to have on the people of Maryland and our Nation, and I will join my colleagues in doing everything I possibly can, during the limited opportunities we have only on the floor of the Senate, not in our committees—to do everything I can to protect the interests of the people of Maryland and our Nation so healthcare can be a right and not a privilege.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Ms. CANTWELL. Madam President, I thank my colleague from Maryland for articulating the issues in this discussion draft that has been released this morning.

As I hear him talk about these complex kids, how the cap is going to work, and when people are going to be affected, it reminds me of the book, "The Smartest Guys in the Room." Right? Basically, people cook up schemes they think other people can't understand or the broader public will not catch on to in the hopes they can pass something. That is exactly what is going on here, a hoax and a scheme that is not cost-effective for the American taxpayer and will literally cut people off of access to healthcare, and literally, if the House bill was mean, this is doubling down on mean.

So I thank my colleague from Maryland for articulating the complex kids issue because these are concepts. If this is a discussion draft, I would hope my colleagues would come to the floor and discuss it—discuss the concepts that are in this bill and debate them, but that is not what is happening. In fact, we know very little detail at this point in time because people are assessing the information and trying to read and assess in between the lines.

I can state what I know and have gleaned so far by the accounts, and that that is a continuation on the war on Medicaid. I say that because with regard to this war on Medicaid, we didn't know where the Senate would go in their proposal. We know what the House decided to do. The premise and structure of the House bill is to cut Medicaid by capping it and continually driving down the amount of Federal obligation to this program.

I will tell you, it is not even a smart idea. If you want to reform and deliver

better healthcare at a lower cost, there are many ways to do that and save dollars and give better patient care, but that is not what the House proposal is. It was a budget mechanism. I am not just saying that. I am talking to my healthcare providers at home, I am talking to university professors, people who know and understand healthcare and have studied it for a long time. What the House did and now the Senate is doubling down on is nothing but a budget mechanism to cut people off of healthcare—as my colleague said, the most vulnerable of our population.

It is a wrong-headed idea. It is not going to help us control costs. Medicaid reduces bankruptcy rates, helps people stay employed, and boosts our GDP. Why would we want a draconian idea like cutting Medicaid as the centerpiece of a budget proposal by our colleagues on the other side of the aisle? As people have said, because they want to take that revenue and give it away in tax breaks for the wealthy. I guarantee you that is not what we should be doing.

The access to Medicaid is so important. Our veterans access the healthcare system through Medicaid. Many of them receive care through the VA, but also they receive services through Medicaid. Veterans would be impacted and would lose care. Our children who are seen at hospitals, such as the Children's Hospital in Seattle, are Medicaid populations, and they would not have the resources to get access to care. Our institutions that are covering individuals at Medicaid rates would take a hit.

All the Senate proposal does is basically move that cap, but it is a steeper cap at a point in time that makes and exacerbates this problem of cutting people off of access to care. So if the House bill is mean, this is just doubling down on mean.

There is nothing about destructing this safety net that is so important to Americans that goes hand-in-hand with the philosophy about how to drive down costs to healthcare. If you think about it, if we came out here and had a discussion with 100 U.S. Senators and said a great way to drive down the cost of healthcare would be to cut people off of healthcare, most people would say that is not a smart idea because when people are cut off of healthcare, we know that uncompensated care exacerbates healthcare needs, challenges other parts of our system, and delivering care to them makes it more expensive. When we have had discussions and roundtables about the proposal that the House had put out, providers in my State told me point-blank, covering the Medicaid population has helped drive down and control the rate of insurance in the private markets. By saying we are going to cut Medicaid at a more drastic rate, we are going to just send a signal to the market that rates for the private insurers should go up.

I don't think that is what my constituents want. They want us to inno-

vate. They want us to drive quality care and managed care into parts of the United States where it doesn't exist. They want us to take care of our most vulnerable population, and they want to make sure we are not delivering that off people who are going into the emergency room 50 times in a year because they don't have insurance.

We know the Medicaid rate is critically important. Medicaid costs up to one-quarter less than private insurance. It is a way to deliver care. We know measures we put into the Affordable Care Act, such as moving people off of nursing home care to community-based care, has saved Medicaid dollars. More States should do it.

We know plans such as bundling up the individual market into larger programs so they can have clout like others who work for a larger employer has also driven down costs. So those are the things we should be accelerating, not this notion that we move forward as a country by cutting the most vulnerable off of healthcare.

I ask my colleagues to come out and discuss this concept, discuss this idea, how it will affect the healthcare providers in their States. I plan to do that with my State. I hope they will come out here and tell us why it is a smart strategy to cut people off from Medicaid. I know no State that has the money to make up for the Federal share of Medicaid that is going to be doubled down in this bill.

I do not want to see a war on Medicaid. What I want to see is innovation. What I want to see is that covering people with some level of insurance basically helps save everybody on their insurance bills as well. I hope my colleagues will take this discussion draft and be proud to come out here and discuss it, but we have heard very little of that thus far.

Let's look at the real numbers, and I guarantee that we will hear from Governors, we will hear from States, we will hear from providers, we will hear from businesses, and we will hear from people who do not think this is a good idea.

Already there are comments from the National Association of Area Agencies on Aging: "This strategy will also put . . . Medicaid [and] states [and consumers] on a fiscally precarious path."

We have heard from other people that the Medicaid cap is up to twice as bad for States, will cause problems, and also from children's healthcare groups: "Converting Medicaid into a per capita cap . . . would dismantle critical protections . . . to care for all enrollees."

These aren't just partisan comments. These are the facts. What my colleagues don't realize is that by taking a huge chunk out of Medicaid, you are taking a huge chunk out of the safety net so many Americans depend on. It will not help us lower costs. It will exacerbate an escalation of rates for everyone in the market.

I thank the Presiding Officer, and I yield the floor.

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

ORDER OF PROCEDURE

Mr. MCCONNELL. Mr. President, I ask unanimous consent that notwithstanding rule XXII, all postcloture time on the Billingslea nomination expire at 2 p.m. today and that if cloture is invoked on the Svinicki nomination, the postcloture time not expire until 5:30 p.m. on Monday, June 26.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from Iowa.

RUSSIA INVESTIGATION

Mr. GRASSLEY. Mr. President, in March, Mr. Comey briefed Ranking Member FEINSTEIN and this Senator on the Russia investigation. This included telling us who was and who was not under investigation.

After that meeting, I publicly called for Mr. Comey to tell the public what he had told us about whether President Trump was under investigation. I did this because the public had a right to know. Mr. Comey told me and other congressional leaders that the President was not under investigation. He even told the President himself, and I understand that he repeatedly told this to the President. But Mr. Comey didn't listen to my request for transparency. I think transparency in government is very important because transparency brings accountability, and government needs to be accountable. Mr. Comey didn't listen to the President's request. Only months later has the truth finally come out.

Well, it ought to raise the question with anybody: What happened in the meantime? What happened because Mr. Comey refused to tell the American people that the President wasn't under investigation? The short answer is something you see almost hourly, particularly in this city: media hysteria. Countless media articles falsely claimed the President was under investigation for colluding with Russia. Unfortunately, a number of our Democrat colleagues in the House and Senate played right along. Over and over again, the media published selective leaks. They published classified half-truths. All this was used to make false allegations of sinister conduct by the President. And, of course, there were a lot of people who believed it.

The intelligence community conducted an assessment of Russia's efforts to interfere in the election. That assessment said one of Russia's goals was to undermine public confidence in our democratic system.

Because Mr. Comey refused to tell the public that the FBI was not investigating the President, conspiracy theories and, of course, wild speculation have run rampant about the election, the President, and Russia. These conspiracy theories and wild speculation have played right into Russia's aim of undermining faith in our democratic system.

That doesn't come out very often in these stories, but we have to understand that Russia makes a career of not only undermining democratic systems in the United States, look at what they have done in Ukraine militarily, and look at what they have done in France with the elections and in the Netherlands with the elections. They are talking about upcoming elections in Germany, where the Russians will try to do the same thing because autocrats don't like democratic systems that work and whatever they can do to undermine those democratic systems is going to obviously make them look better in comparison.

Those national security concerns should have taken precedence. Mr. Comey said he was worried about a duty to correct the record if evidence of collusion involving the President came to light later on. But that concern was merely hypothetical—in other words, pure speculation. In the unlikely event that it came to pass, the public should know if the FBI is pursuing a criminal investigation against the President, just as the public should know if the FBI is pursuing a criminal investigation against a major party's nominee for President. But Mr. Comey agreed with Attorney General Lynch to shade the truth in favor of the Clinton campaign's rhetoric and call what was an investigation a "matter" instead of using the word "investigation." This came about because of an order by Attorney General Lynch.

After a year of the entire might of the U.S. intelligence community and the FBI looking for evidence of collusion with the Russians, where is that evidence? But after all of this chaos and mountains of innuendo about the President and collusion with Russia, the truth finally came out: The FBI was not investigating President Trump in the Russia probe. The media was wrong. The Democrats were wrong. The wild speculation and conspiracy theories ended up harming our country. They played right into Russia's hands.

How did we all learn the truth? In President Trump's letter removing Mr. Comey from office. At first, most didn't believe it. The media scoffed when they read what the President said in that letter. They insisted that Mr. Comey would never tell the President that he was not under investigation. We learned earlier this month from Mr. Comey himself that he had done exactly that. It wasn't a surprise to me because Mr. Comey had told me the same thing.

I have to note something else here. Mr. Comey didn't just tell the President, Senator FEINSTEIN, and me that the President was not under investigation. He had also told the Gang of 8. Of course, the Gang of 8 includes the Senate minority leader, Mr. SCHUMER. But even after Mr. Comey told the Gang of 8 that the President was not under investigation, the minority leader told the media that the President was under investigation, and, of course, that fur-

ther helped feed media hysteria. The minority leader even tried to say that the Senate shouldn't vote on the Supreme Court nomination because the President was under investigation, and the whole time, he knew it wasn't true.

Media hysteria and baseless political attacks filled the vacuum left by Mr. Comey's failure to inform the public—to be transparent, to be accountable.

The odd thing about it is none of this fiasco had to happen. If Mr. Comey had just been transparent with the public, as I urged him to be, it could have been avoided.

Unfortunately, now it looks as if Mr. Comey and the media might be doing the same thing to Attorney General Sessions.

Two weeks ago, Mr. Comey said he didn't tell the Attorney General about the conversation he supposedly had with the President about General Flynn. Mr. Comey said this was because he believed the Attorney General was going to recuse himself from the Russia investigation.

Mr. Comey said the FBI was aware of the facts that he couldn't discuss in an open setting that could have made the Attorney General's continued engagement problematic. Well, that vague statement sounds very mysterious to people who don't know the whole truth. They will wonder: What were those secret facts? What did the FBI conclude about those secret facts? Was the Attorney General under investigation? Did the Attorney General collude with Russia?

Once again, Mr. Comey is not being as transparent about senior government officials and the Russia investigation as he could or should be. Now the speculation is running rampant again, this time about the Attorney General instead of the President.

CNN reported that Mr. Comey told the Intelligence Committee behind closed doors that the issue was a possible additional meeting between Sessions and the Russian Ambassador. The media has begun to speculate all sorts of nefarious things. So here we go again. The rumor mill is back in business. It is insinuating improper ties with Russians and undermining people's faith in another senior government official, with the follow-up that it also undermines people's confidence in our institutions of government, and maybe even in our Constitution.

This is the same destructive pattern, and it plays right into the Russians' hands again. Well, this time around, we shouldn't put up with it. We ought to say enough is enough. There is no reason Mr. Comey couldn't have told the public the whole truth.

Once again, 3 months ago, Mr. Comey specifically told Members who was and who was not under investigation in the Russia probe. He should also tell the public whether the FBI ever had an open investigation on Attorney General Sessions. He should tell the public whether the FBI checked out the times Sessions met the Russian Ambassador.

He should tell the public whether the FBI looked into the Mayflower Hotel event that went on. He should tell the public if the FBI found nothing improper about these meetings. If there was nothing to it, he should say so publicly. He should not be telling Senators one thing behind closed doors and then making public insinuations that are different. He is the person who can nip this ridiculous speculation in the bud.

Mr. Comey should have told the public earlier what he told Members about the President, and now he should tell the public what he told Members about the Attorney General. Enough of this nonsense.

The investigations of Russian interference and of circumstances surrounding Mr. Comey's firing will continue. I am confident that we will eventually get all the facts, one way or another, and we are going to go where the facts take us. In the meantime, it is time to stop the rumor-mongering. It is time to stop the innuendoes and half-truths. It is time to stop leaking national security information to score political points. And it is time to stop playing into Russia's hands by intentionally sowing false doubt about your political opponents. Instead, it is quite obvious that it is time to get back to doing the people's business.

Mr. President, I ask unanimous consent to have printed in the RECORD a relevant supplemental article from the Washington Post.

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

[From the Washington Post, June 14, 2017]
THE SESSIONS HEARING SHOWS WHO'S REALLY
COLLUDING WITH RUSSIA
(By Marc A. Thiessen)

According to the U.S. intelligence community, Russia's objectives in meddling in the 2016 election included not only hurting Hillary Clinton's chances but also undermining "public faith in the U.S. democratic process," "impugning the fairness of the election" and calling into question "the U.S.-led liberal democratic order." If the spectacle of the past few months is any indication, Russian leader Vladimir Putin is certainly succeeding in these latter goals.

And here is the great irony: Those who are falsely claiming that Trump was under FBI investigation for collusion with Moscow are, in fact, the ones inadvertently colluding with Putin to undermine American democracy.

Case in point is the campaign of McCarthyite character assassination on display in the Senate Intelligence Committee hearing Tuesday. No doubt Putin was smiling as Attorney General Jeff Sessions was forced to rebut what he correctly called "appalling and detestable" accusations that he colluded with the Russians and lied to the Senate. Sessions testified that the much-vaunted "third meeting" between Sessions and the Russian ambassador at the Mayflower Hotel—which Sessions reportedly failed to disclose—did not happen, at least not beyond possible incidental contact that he doesn't even recall.

There was a time when airing unproven allegations of coordinating with the Kremlin was seen as bad form. Now it is common practice in Washington. These kinds of false charges and innuendo directly assist Russia

in its efforts to undermine public confidence in our democratic institutions. Those raising such accusations without proof are, wittingly or unwittingly, doing the Kremlin's bidding.

For months, Democrats (a.k.a. "The Resistance") have been spinning the false narrative that President Trump was under FBI investigation to call into question the validity of his presidency. In March, Democrats used it as a pretext to argue that Trump did not have the legitimacy to fill a Supreme Court vacancy. Senate Democratic leader Charles E. Schumer (N.Y.) declared in a floor speech that the Senate should not vote on Neil Gorsuch's nomination because Republicans "stopped a president who wasn't under investigation" from filling the seat. Two days later, Sen. Elizabeth Warren (D-Mass.) said the same thing, declaring, "The FBI has revealed that the sitting president of the United States is under investigation. And it raises a really, I think, important question and that is whether or not a president who is under investigation by the FBI ought to be ramming through a Supreme Court nominee that would have a lifetime appointment."

The media gleefully echoed these false claims. The day before Comey testified, CNN blared: "In testimony, Comey will dispute President Trump's blanket claim that he was told he wasn't under investigation." In fact, Comey said precisely the opposite. When Sen. James Risch (R-Idaho) asked, "While you were director, the president of the United States was not under investigation. Is that a fair statement?" Comey replied: "That's correct." Even then, CNN was not willing to concede its error, declaring in a so-called "correction" that "Comey does not directly dispute that Trump was told multiple times he was not under investigation" (emphasis added).

No, Comey did not fail to "directly dispute" it, he directly confirmed it. The CNN story—and its non-correction correction—was "fake news."

Not only that, Comey also testified that Trump never tried to get him to stop the probe into Russia's election meddling, which Comey explained was a separate matter from the FBI's investigation of disgraced former national security adviser Michael Flynn. Not only did Trump not ask Comey to stop the probe, the former FBI director told Sen. Marco Rubio (R-Fla.), "He went farther than that. He said, and if some of my satellites did something wrong, it'd be good to find that out." Rubio pressed Comey, asking whether he was testifying that Trump effectively said, "Do the Russia investigation. I hope it all comes out. I have nothing to do with anything Russia. It'd be great if it all came out, people around me were doing things that were wrong." Comey replied, "That was the sentiment he was expressing. Yes, sir."

Given these facts, Trump has legitimate reason to be frustrated. If you knew you were not under investigation by the FBI, but everyone was saying you were, you'd want the truth to get out. And you might be upset with an FBI director who refused to lift the "cloud" hanging over your administration by confirming that he was not investigating you.

That said, Trump has been fueling the liberal feeding frenzy with his tweetstorms taking his critics to task. If Trump knows he did nothing wrong—and if he really wants to find out whether any of his "satellites" did—he should stop talking and tweeting about the investigation, let special counsel Robert S. Mueller III do his work and focus on his job: governing. His daughter Ivanka Trump was recently asked how she dealt with the media frenzy over Russia. She replied, "I'm trying to keep my head down, not listen to

the noise and just work really hard to make a positive impact in the lives of many people."

That's a good strategy—and one her father ought to emulate.

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

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

The Senator from Massachusetts.

HEALTHCARE LEGISLATION

Ms. WARREN. Mr. President, today we finally got a look at the monstrosity of a bill that the Republicans have been hiding behind closed doors for weeks. Yes, it is finally clear how the Republicans were spending their time, locked in those back rooms.

Now we know the truth. Senate Republicans weren't making the House bill better—no, not one bit. Instead, they were sitting around a conference room table, dreaming up even meaner ways to kick dirt in the face of American people and take away their health insurance.

Remember, the Senate Republicans worked for weeks on this new bill. They worked really, really hard on it. It is pretty clear now exactly who they were working for. This bill has one flashing neon sign after another telling us who the Republican Party cares about, and it is not American families.

The Senate bill is crammed full with just as many tax cuts as the House bill—tax cuts for millionaires and billionaires, tax cuts for wealthy investors, and tax cuts for giant companies. All those tax cuts don't come cheap. They start to add up after a while.

Senate Republicans had to make a choice—how to pay for all those juicy tax cuts for their rich buddies. I will tell you how: blood money.

Senate Republicans wrung some extra dollars out of kicking people off the tax credits that help them afford health insurance. They raked in extra cash by letting States drop even more protections and benefits, like maternity care or prescription drug coverage or mental health treatment.

Then they got to the real piggy bank, Medicaid, and here they just went wild. Senate Republicans went after Medicaid with even deeper cuts than the House version—the Medicaid expansion gone, ripped up, and flushed down the toilet. The rest of the Medicaid Program? For Senate Republicans, it wasn't enough that the House bill was going to toss grandparents out of nursing homes or slash funding for people with disabilities or pull the plug on healthcare for babies born too soon. Senate Republicans wanted to go bigger.

The Republican bill claims to protect kids with disabilities by leaving them out of the calculations that decide how

big the Medicaid cuts will be in each State. I don't know if the Republicans were expecting a round of applause for pitting kids with breathing tubes against vulnerable seniors or someone needing treatment for addiction, but I do know this so-called exemption will not do a thing to help these kids. The Republican cuts still slash hundreds of billions of dollars for Medicaid, leaving States with no choice—no choice but to cut services that kids with disabilities desperately need.

Medicaid is the program in this country that provides health insurance to 1 in 5 Americans, to 30 million kids, to nearly 2 out of every 3 people in a nursing home. These cuts are blood money. People will die. Let's be very clear: Senate Republicans are paying for tax cuts for the wealthy with American lives.

Think about what would happen if the Republican bill becomes law next week. Picture a woman in her eighties who lives at home. She is shaky on her feet. She needs help preparing her meals or taking a bath, but her only income is her Social Security check. Right now, Medicaid helps pay for home and community-based services so she can stay in her home, someone who comes by to help for a few hours a week. Because of that help, she gets to stay home, to live independently. The Republicans are determined to cut taxes for millionaires and billionaires, so their healthcare plan cuts Medicaid money that helps millions of seniors stay in their homes.

Without these services, this elderly woman can't live alone. Where does she turn? The usual answer would be a nursing home. Wait. Medicaid pays for most nursing home care in this country. The Republicans are determined to cut taxes for millionaires and billionaires, so they have cut Medicaid funding so much that there is no help for this woman at home and no nursing home bed for her either.

What does she do? She stays home without help. She can't climb the stairs anymore. Her world shrinks. Eventually, most likely, she falls and ends up in the hospital. The care is expensive, and she is miserable.

Finally, let's say the hospital gets her back on her feet, but there is nowhere for her to go when she is discharged. She heads back home to wait for the next fall, maybe the one that will be fatal.

In their determination to cut taxes for the rich, is this what Republicans have planned for frail seniors in our country? Wait until they are all used up and then leave them out at the curb for the next trash pickup?

It isn't just seniors who will be hit hard. How about a premature baby born with lung defects? His parents both have full-time jobs, but no matter how hard they work, no matter how many hours they put in, they will never be able to pay for the millions of dollars in surgeries, equipment, medicine, and therapy that their child

needs. Right now, Medicaid makes sure that kids with complex medical needs have coverage for feeding tubes and medication and surgery and physical therapy.

Senate Republicans were so determined to offer tax breaks for the rich that they have taken away this baby's Medicaid. What happens next? Maybe the parents try their best, but they can't pay. Maybe they try a Kickstarter campaign, but it is not going to bring in enough to cover the medical bills. They take out a second mortgage, and then they go bankrupt and lose their home.

Is that the Republican plan for this family—go live in a homeless shelter with your little baby, whose only crime was to be born 14 weeks early?

Senate Republicans can wave their hands and say that everyone will be fine, but it is time for the rest of us to take a long, hard look at exactly what would happen to the people who have to live with the Republicans' reckless cuts.

Senate Republicans know exactly what they are doing with this healthcare bill. Their values are on full display. If they want to trade the health insurance of millions of Americans for tax cuts for the rich, they better be ready for a fight because now that this shameful bill is out in the open, that is exactly what they are going to get.

I yield my time.

The PRESIDING OFFICER. The Senator from Pennsylvania.

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

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

Mr. CASEY. Mr. President, I rise to discuss, for just a couple of minutes this afternoon, the issue of healthcare and, in particular, the legislation that was unveiled today, what is referred to as a "discussion draft." It is legislative text, but it is not the final word on this issue. So we have to begin in earnest to engage in debate because we are going to be very limited in the time that we have.

I think the best way to describe this legislation can be very simple, actually, in terms of the impact on a lot of Americans. Unfortunately, I don't think this is really an effort to improve the healthcare system. I think it is a scheme. It is a scheme that sells out the middle class. It hurts seniors and children and devastates the protections and healthcare for individuals with disabilities over time, and all of that is done to finance tax breaks for the very rich. There are other ways, of course, to describe it, but I will focus mostly on Medicaid.

As it relates to Medicaid, this isn't a repeal and replace, or repeal and improve, or repeal and reform. This is repeal and decimate when it comes to Medicaid. The cuts may be stretched out, but they are, in fact, deeper over time.

So if you are one of the 1.1 million children in Pennsylvania who receives Medicaid or one of over 720,000 Pennsylvanians with a disability who benefits from Medicaid, your healthcare could be at risk. My test would be that if any of those individuals lose their Medicaid benefits, it is a bad bill. I would hope that would be the test for every Member of the Senate.

The other adverse consequence of this legislation is that it will cripple efforts to battle the opioid addiction in our country. We just had a great consensus at the end of last year where both parties came together on two pieces of legislation—one that dealt directly with the opioid epidemic, the so-called CARA bill, or the Comprehensive Addiction and Recovery Act. Then later in the year, there was another bill that provided some additional funding. All of that would be compromised, undermined, or degraded, at least, if this legislation went through because the biggest payer—certainly, in the top two, in terms of our paying for opioid treatment and services—is, of course, the Medicaid Program.

So what we have here before us is a bill that is a tax giveaway to the wealthiest. The top one-tenth of 1 percent would receive thousands and thousands, if not tens of thousands, of dollars. One estimate of the earlier version of the House bill said, if you were in the top one-tenth of 1 percent, you would get \$197,000 each. Those people don't need \$197,000 from a tax break from a so-called healthcare bill. They would, I think, expect that we would take care of the people that need healthcare: Vulnerable children. Some 40 percent of the children in America get Medicaid. Almost half the births in the country are paid for by Medicaid. People with disabilities are disproportionately dependent upon Medicaid, and they should have a right to expect—and their families should have a right to expect—that, if you have a disability, you should get Medicaid today, tomorrow, years from now, decades from now, and as long as you need it. You should have that guarantee. This bill takes away that guarantee for those families with a loved one with a disability.

One of the many stories that we get from back home are from parents. Many of them are writing because their child has a disability or multiple disabilities, and they are dependent upon Medicaid. Here is just one:

My son, Anthony, was born at 25 weeks and he weighed one tiny pound. We were overcome with medical bills which Medicaid thankfully paid for us. Since his birth he has had multiple health crisis, seizures, sleep disorders just to name a few.

Most recently, Anthony was diagnosed with Autism spectrum disorder, Tourette's syndrome, severe obsessive compulsive disorder and Dyspraxia. He has suffered the most physically and mentally because of his Tourette's. It's severe and he is frequently unable to attend school due to his "tics." They are painful and debilitating. They make him unable to eat, breathe and see at

their worst. Far from what is commonly depicted in the movies and on TV.

Then, this father goes on to say:

Two years ago I was forced to quit my job of twenty years as a therapist to stay at home and care for Anthony because of the amount of doctors' appointments he has and the number of days of school he misses every year. Luckily with medical assistance—

That is the Pennsylvania version of Medicaid—

covering his services I am still able to do so. If we lost coverage, we would not be able to provide the support he needs. We are sure of that.

I truly realize that unless you are actually living this kind of life, it's easy to turn a blind eye. I can assure you that my story is much like thousands of others that DEPEND—

And he has that word "depend" in all capital letters—

on funds from medical assistance to cover doctors, medications, therapies and durable medical equipment that children with disabilities require. Families of children with disabilities are desperate to not lose those benefits.

My son Anthony is currently attending school almost regularly and functioning the best he has for a very long time thanks to the services he received from medical assistance.

That is otherwise known as Medicaid.

So that is the reality for a lot of families. Now, I can hear some folks in the Senate saying: Well, maybe Anthony will not be affected because the Medicaid provisions are going to be up to the States, and the States can handle that. We are just going to put a cap on the dollars, and we are going to wind down the Medicaid expansion that covered 11 million Americans at last count, and the States will handle it.

So we are sending back these challenges and the disproportionate burden that States will have to bear to make sure that Anthony—who has all those challenges in his life—has the coverage of Medicaid. The Federal Government will just wash its hands of that responsibility.

No, Medicaid is a guarantee now, based upon your eligibility. That guarantee should remain. We are a great country. We have the strongest economy and the strongest military in the world, and we have the Medicaid Program. We don't have to sacrifice those kids or sacrifice the healthcare for one child who depends on Medicaid. We don't have to sacrifice that child in order to have another part of our budget funded appropriately. That is an insult, and anyone who is going to choose to support legislation that would fund tax cuts for the wealthiest, while at the very same time and in the very same bill would result in others losing coverage—and I am not only talking about children with disabilities. I am talking about adults who have coverage—20 million people in the last couple of years. Any Member of the Senate who chooses tax cuts for the wealthy over those children and over those individuals, I think, should examine their conscience, to use an old expression, because this kind of policy

that results in the most vulnerable among us losing their healthcare coverage is obscene. There are a lot of other words we could use—words we can't use here—because that is the definition of an insult to our values and to our country.

We are a better country than what we will become if this Chamber votes in favor of a bill that will decimate Medicaid, the way this bill will. I realize it might take a long time. I realize it might be another Presidency or many Congresses from now, but the deed will be done here that will lead to that kind of misery. We have no sense of the misery that will be imposed upon those families because we have never had this before.

We had a program in place for 50 years, and it has helped a lot of kids with disabilities. It has helped a lot of families to be able to hold down a job while their child gets the benefit of Medicaid because of a disability. It has helped a lot of poor children rise up from poverty and overcome terrible poverty because when they were kids—when they were very, very young—they got early periodic screening diagnosis and testing—the kind of early intervention and good healthcare that children get on Medicaid.

A lot of seniors get into nursing homes. A lot of middle-class seniors from middle-class families get into nursing homes solely because they get the benefit of Medicaid, in addition to Medicare.

The last thing I would say is that I think Senators in this Chamber should think about the basic inequity when they have healthcare. Everyone here has healthcare. All the families here have healthcare. All of our loved ones who are dependent upon us have healthcare. Yet some will vote to take away healthcare from some, and, in the very same bill, vote for gross, obscene tax cuts for the wealthiest among us—most of whom, I would bet, don't want those tax cuts. They would rather see us take care of the vulnerable.

So it is a basic choice. This isn't complicated. This is a very simple choice. I hope that in the course of this debate, some will come forward with some courage, some guts, and some compassion and do the right thing and vote this bill down.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, last month, Republicans in the House of Representatives passed a healthcare bill. They call it the American Health Care Act. It has been widely described as cruel and poorly crafted. Last week, President Trump described it as "mean."

The House bill, by design, would take health coverage away from tens of millions of Americans. It ends the guarantee of affordable coverage for people with preexisting conditions. It cuts Medicaid, which is the principal program for ensuring children, people with

disabilities, and seniors in nursing homes. It cuts Medicaid by more than \$800 billion, and to compound that cruelty, the same legislation gives an enormous tax cut—over \$30 billion—to those at the top of the income scale.

We just heard this morning some of what is in the Senate bill, the Senate version of the American Health Care Act. In fact, not only does it not do what President Trump claims the Senate was working on—it doesn't address the mean aspect of it—but it actually makes it worse. In a State like New Hampshire, it provides for even deeper cuts to our expanded Medicaid Program, a bipartisan program that provides for treatment for substance use disorders for people dealing with the heroin and opioid epidemic. It would tax older Americans more than younger Americans for their health insurance and defund Planned Parenthood. There are all kinds of reasons. It would eliminate the requirement that people with preexisting conditions are able to have healthcare coverage. And all of this was done in secret behind closed doors.

My office has been deluged with messages from constituents who oppose the Republican leader's bill. This shows whom we have heard from in recent weeks. I have received more than 5,400 messages opposing the bill and 108 in support, so 5,461 are in opposition, and 108 are in support.

I am sure my colleagues on the other side of the aisle must be receiving similar volumes of mail and phone calls from their constituents, and they are hearing what I am hearing from my constituents: that if we go forward with this legislation that the House passed and that the Senate is considering, we are going to have people lose their access to healthcare and many people will have to pay more.

So I appeal to Republican leaders. I urge you to stop and reconsider what you are doing. I want you to listen to some of the people we have heard from in New Hampshire, everyday Americans whose lives would be devastated by this legislation.

Several months ago, I asked people across the State of New Hampshire to tell me their stories about the Affordable Care Act, to tell me their concerns, to let me know how it has made a difference for them.

Here we see one of the people I heard from. This is Deodonne Bhattarai and her son Bodhi. They live in Concord, NH. As you see, Bodhi is in a special chair. Deodonne writes:

Our three-year-old son is a bright, curious, funny little boy who also has Spinal Muscular Atrophy.

That is a degenerative neuromuscular disease that causes his muscles to be very weak.

Our insurance initially denied coverage for his wheelchair, but because of the Affordable Care Act—

The ban on discrimination against those with preexisting conditions—my son is now able to explore his world independently.

She goes on to say:

I have [read news reports about the Republican legislation], and I fear for our ability to maintain not just insurance coverage but the type of quality coverage my son's life depends upon.

Next we have a picture of the McCabe family. They are from Kingston, NH, and this is their story:

Our daughter, Ellie, was born with a rare and serious heart defect called Hypoplastic Left Heart Syndrome.

You can see Ellie there. She looks like a healthy, inquisitive little girl, and she is looking healthy because she underwent her first surgery when she was just 3 days old.

The McCabes go on to say:

It terrifies us to think about what would have happened to our family if Ellie hadn't been protected by the pre-existing conditions protections in place thanks to the Affordable Care Act. Without those protections, either we would be in serious debt for the rest of our lives or Ellie would not have had her life-saving surgeries.

Next, this is Dr. Marie Ramas. She serves at the Lamprey Health Care Center in Nashua, NH. That is a clinic I recently visited. She wrote to me:

I have a 24-year-old patient who was born with a congenital condition that did not allow his leg bones to grow completely. This patient was unable to afford proper care and had been walking with an old prosthetic for the last 3 years.

Imagine not being able to get your prosthetic replaced for 3 years.

Thanks to expanded Medicaid and to the ACA protections for those with pre-existing conditions, he's now getting quality care and can afford a new prosthetic.

So his life has been changed by the Affordable Care Act.

I have also heard stories from scores of entrepreneurs and small business owners who have benefited from the Affordable Care Act.

This is Steve Roll of Keene, NH, and he wrote:

In late 2015, I left my job to start my own business. I've built a profitable business and expect to hire employees within a year or two. Before the ACA, I wouldn't have taken the risk to start a business because I have a pre-existing condition and I wouldn't have been able to get an individual health insurance policy. If the ACA is repealed, I'm concerned that I'll need to put my business on hold in order to go back to a corporate job just to get the healthcare benefits.

Well, the healthcare legislation that has been produced by the Republican leadership in the Senate would take away the requirement that people with preexisting conditions have to have access to healthcare.

We have another businessperson here, Dave Lucier. He is the owner of Claremont Spice & Dry Goods in western New Hampshire. Dave wrote this:

Before the Affordable Care Act, insurance costs were more than a third of my business expenses. Now they're less than an eighth. The ACA made it possible for me to go out on my own and realize my dream of starting a small business here in Claremont.

And his business is doing well.

Many women have written to me about how the Affordable Care Act has

ended discrimination against them by the health insurance industry—discrimination because of their gender. In particular, they are grateful that the Affordable Care Act includes maternity care and contraception among the law's essential health benefits.

This is Maura Fay of Exeter, NH. I talked about her last night when I was talking about the impact of this Republican bill on women's health. Maura wrote:

My husband and I are self-employed. Before the ACA, we were paying rates that were simply unsustainable for a middle-class family like ours. When I was pregnant in 2013, we were forced to pay a maternity rider of an additional \$822 a month. I'm worried about the rollbacks in regulations around essential health benefits, especially since so many of them impact women. Maternity coverage shouldn't come with an additional \$800 a month price tag.

Here in Washington, some folks seem to think that repealing the Affordable Care Act is all about politics, that it is about winning this debate. But for ordinary people in New Hampshire—people like Maura, like the McCabe family, like all the people I have shown pictures of this afternoon—for ordinary people in New Hampshire and across America, repealing the Affordable Care Act isn't about politics. For so many of them, it is about life-and-death. It is about the kind of lives they are going to lead. It is about whether they are going to be able to continue to afford healthcare, whether they are going to continue to pay their mortgage and buy prescription drugs. We need to listen to these ordinary people in each of our States whose lives and financial situations will be turned upside down if the Affordable Care Act is repealed.

This process has really not been in keeping with our democratic process in America. For the Republican leadership here in the Senate and before that in the House to pursue a partisan approach to healthcare, to deny Democrats and even deny many of my Republican colleagues the ability to engage in the writing of this bill—it is deeply misguided to deny the public access, to deny a hearing on this bill, legislation that we know is going to hurt tens of millions of Americans.

There really is a better way forward for both the Senate and for our country. If we put ideology and partisanship aside, if we work together, we can strengthen the parts of the Affordable Care Act that aren't working. We can continue Medicaid expansion so it can help people with substance use disorders, so it can help kids with disabilities, so it can help elderly people in nursing homes. We can fix what is not working, and we can improve on this law and make it better, but we can't do that if we continue to be divided up on our partisan sides, if we are not willing to talk about the issue, not willing to work together.

The American people want us to work together here in Washington to address their concerns. Well, it is time to respect their wishes. Let's strength-

en the Affordable Care Act so that it works even better for all Americans.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

REQUESTS FOR AUTHORITY FOR COMMITTEES TO MEET

Mr. BARRASSO. Mr. President, I have six requests for committees to meet during today's session of the Senate. They do not have the approval of the Democratic leader; therefore, they will not be permitted to meet, but I ask unanimous consent that a list of committees requesting authority to meet be printed in the RECORD.

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

Committee on Agriculture, Nutrition, and Forestry

Committee on Banking, Housing, and Urban Affairs

Committee on Energy and Natural Resources

Committee on the Judiciary
Committee on Intelligence
Subcommittee on Oceans, Atmosphere, Fisheries, and Coast Guard

NOMINATION OF KRISTINE SVINICKI

Mr. BARRASSO. Mr. President, I come to the floor today to speak in support of President Trump's nomination of Kristine Svinicki to continue serving as a nuclear safety regulator.

Ms. Svinicki has served as a member of the Nuclear Regulatory Commission for more than 9 years. In January, President Trump designated Ms. Svinicki as the Chair of the Nuclear Regulatory Commission. She is well qualified. In her time in office, she has proven to be knowledgeable, dedicated, and an outstanding public servant.

She also has been very responsive to Congress. Since becoming a Commissioner, she has testified 18 times before the Senate Environment and Public Works Committee. Before becoming a member of the NRC, she served as staff in the U.S. Senate, as a nuclear engineer at the Department of Energy, and as an energy engineer for the Wisconsin Public Service Commission.

She has already been confirmed twice to serve on the NRC. In both 2008 and 2012, her nomination was approved by the Environment and Public Works Committee and by the full Senate, each time by voice vote. Earlier this month, the Environment and Public Works Committee approved her nomination for a third time, again by voice vote.

Her nomination has garnered support from groups like Third Way, which is a think tank once labeled as "radical centrists" by the New York Times. Josh Freed, who is the vice president of the Clean Energy Program at Third Way, said this: "Svinicki's work at the NRC has resulted in improved readiness to regulate small modular and advanced reactors that could provide enormous benefits for climate, American leadership, and domestic job creation." He went on to say that Chairman Svinicki's continued leadership at the NRC is needed now more than ever.

The Senate must act quickly to confirm Ms. Svinicki. Unless she is confirmed by June 30, the Nuclear Regulatory Commission will no longer have a quorum of its members. We can't let that happen. The NRC has an important mission of regulating America's nuclear industry. The Commission serves to protect public health and the environment. The Nuclear Regulatory Commission needs a quorum of its members in office to meet its mission.

We need to confirm Kristine Svinicki, and I urge all Senators to vote yes on her nomination.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

Mr. BARRASSO. Mr. President, I yield back all time.

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

Under the previous order, all postcloture time is expired and the question occurs on the Billingslea nomination.

The question is, Will the Senate advise and consent to the Billingslea nomination?

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

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The bill clerk called the roll.

The result was announced—yeas 65, nays 35, as follows:

[Rollcall Vote No. 152 Ex.]

YEAS—65

Alexander	Fischer	Murkowski
Baldwin	Flake	Nelson
Barrasso	Gardner	Paul
Bennet	Graham	Perdue
Blunt	Grassley	Portman
Boozman	Hatch	Risch
Burr	Heitkamp	Roberts
Capito	Heller	Rounds
Cassidy	Hoeven	Rubio
Cochran	Inhofe	Sasse
Collins	Isakson	Scott
Coons	Johnson	Shelby
Corker	Kaine	Strange
Cornyn	Kennedy	Sullivan
Cotton	King	Tester
Crapo	Lankford	Thune
Cruz	Lee	Tillis
Daines	Manchin	Toomey
Donnelly	McCain	Warner
Duckworth	McCaskill	Wicker
Enzi	McConnell	Young
Ernst	Moran	

NAYS—35

Blumenthal	Franken	Merkley
Booker	Gillibrand	Murphy
Brown	Harris	Murray
Cantwell	Hassan	Peters
Cardin	Heinrich	Reed
Carper	Hirono	Sanders
Casey	Klobuchar	Schatz
Cortez Masto	Leahy	Schumer
Durbin	Markey	Shaheen
Feinstein	Menendez	

Stabenow Van Hollen Whitehouse
Udall Warren Wyden

Dall Warner Wicker
Van Hollen Whitehouse Young

The nomination was confirmed.

NAYS—10

Booker Heller Warren
Cortez Masto Markey Wyden
Gillibrand Merkley
Harris Sanders

NOT VOTING—1

Alexander

The PRESIDING OFFICER. On this vote, the yeas are 89, the nays are 10. The motion is agreed to.

CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The assistant bill clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Kristine L. Svinicki, of Virginia, to be a Member of the Nuclear Regulatory Commission for the term of five years expiring June 30, 2022.

Mitch McConnell, Orrin G. Hatch, John Hoeven, John Cornyn, John Barrasso, John Boozman, Mike Rounds, Thom Tillis, Chuck Grassley, John Thune, Mike Crapo, Bill Cassidy, James M. Inhofe, Thad Cochran, Steve Daines, Tom Cotton, Roger F. Wicker.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the nomination of Kristine L. Svinicki, of Virginia, to be a Member of the Nuclear Regulatory Commission, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The assistant bill clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from Tennessee (Mr. ALEXANDER).

Further, if present and voting, the Senator from Tennessee (Mr. ALEXANDER) would have voted “yea.”

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 89, nays 10, as follows:

[Rollcall Vote No. 153 Ex.]

YEAS—89

Baldwin	Feinstein	Moran
Barrasso	Fischer	Murkowski
Bennet	Flake	Murphy
Blumenthal	Franken	Murray
Blunt	Gardner	Nelson
Boozman	Graham	Paul
Brown	Grassley	Perdue
Burr	Hassan	Peters
Cantwell	Hatch	Portman
Capito	Heinrich	Reed
Cardin	Heitkamp	Risch
Carper	Hirono	Roberts
Casey	Hoeven	Rounds
Cassidy	Inhofe	Rubio
Cochran	Isakson	Sasse
Collins	Johnson	Schatz
Coons	Kaine	Schumer
Corker	Kennedy	Scott
Cornyn	King	Shaheen
Cotton	Klobuchar	Shelby
Crapo	Lankford	Stabenow
Cruz	Leahy	Strange
Daines	Lee	Sullivan
Dannely	Manchin	Tester
Duckworth	McCain	Thune
Durbin	McCaskill	Tillis
Enzi	McConnell	Toomey
Ernst	Menendez	

EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report the nomination.

The senior assistant legislative clerk read the nomination of Kristine L. Svinicki, of Virginia, to be a Member of the Nuclear Regulatory Commission for the term of five years expiring June 30, 2022.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. INHOFE. Mr. President, I ask unanimous consent to speak as in morning business for as much time as I may consume.

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

NORTH KOREA

Mr. INHOFE. Mr. President, as we begin the markup—that is what we are going to be starting on right away. We have already had an initial meeting with the Senate Armed Services Committee on the National Defense Authorization Act. I want to express my deep concern over the continued malign behavior by the overtly hostile nation of North Korea.

I often talk to people, and they shake their heads in disbelief about a country that is run by a mentally deranged individual who is rapidly developing the capability of hitting the mainland United States with a missile. I think it is important that we immediately get to our Defense authorization bill, so we can start addressing this and many other problems that we have.

It is important to us in the Senate to communicate to the American people the incredibly grave situation we are facing right now in North Korea. The Kim Jong Un regime has expressed a desire to destroy the United States of America. Normally that wouldn't be a concern because he wouldn't have the credibility, but right now we are seeing progress being made in their technology and their ability to actually hit major areas.

In April, North Korea's official newspaper relayed the threat of a preemptive strike to “completely and immediately wipe out not only U.S. imperialists' invasion forces in South Korea and its surrounding areas but the U.S. mainland and reduce them to ashes.”

That is a threat—a threat that has come directly from the leader of North Korea. This is the most recent in a long line of threats by that individual.

In addition, North Korean leaders constantly threaten our friends and al-

lies in South Korea and Japan. These threats are not just hollow words any longer. North Korea's capabilities are rapidly improving to meet their long-stated intent.

We thought that Kim Jong Il was bad, but in 6 years, his son Kim Jong Un has conducted as many as 75 ballistic missile tests. In comparison, over a 17-year period, his father conducted about 30. In other words, he has done over twice as many in a fraction of the time.

Additionally, Kim Jong Un has sped up North Korea's nuclear program since taking power in 2011. North Korea's nuclear technology is advancing at an alarming rate. For example, the bomb North Korea tested in its most recent test last September was 10 times more powerful than what the regime could have produced in 2006—10 times more.

At the same time, North Korea has actively worked on miniaturizing nuclear weapons so that they can deliver by way of a ballistic missile. Earlier this year, analysts detected activity at a North Korean nuclear test site, indicating another nuclear test may be imminent.

Intelligence and military experts have repeatedly argued that it is prudent to assume that North Korea has successfully miniaturized their nuclear weapons. That means the only technology they need to conduct a nuclear strike on the U.S. mainland—that is us; that is right here—would be a functional intercontinental ballistic missile, or ICBM.

In January, Kim Jong Un said North Korea is in the “final stage in preparations.”

Let's make sure we understand what we are talking about. We know that their capability is getting very close to it, and they have already said that they would send something over to the mainland United States.

Unfortunately, when you talk to people in the real world, they can't believe this could be true—that one guy who is mentally deranged could be heading up a country that has the capability of blowing up an American city. Yet we know this is going on right now.

Recently, in the Armed Services Committee—and I was in attendance at that time—the Defense Intelligence Agency Director, Lt. Gen. Vincent Stewart, told the Armed Services Committee: “If left on its current trajectory the [North Korean] regime will ultimately succeed in fielding a nuclear-armed missile capable of threatening the United States homeland.”

That is a direct quote by the guy who knows more about this than anybody else. Lieutenant General Stewart added that “the North Korean regime is committed and is on a pathway where this capability is inevitable.”

I will say that again. Our intelligence experts assessed that, unchecked, North Korea will inevitably achieve the capability to strike the U.S. homeland with a nuclear missile.

Even without the ICBM capability, the missiles we know they already have can range U.S.—that means it can reach the United States—military personnel and other citizens in South Korea, Japan, Guam, and many other areas.

North Korea's known missile inventory now includes a missile that North Korea successfully tested for the first time on May 14. That missile represented a major breakthrough in North Korean ballistic missile technology. The reports indicate the missile traveled over 1,300 miles at an altitude and successfully exited and then reentered the Earth's atmosphere—a key requirement for nuclear capable ICBMs.

If fired at its maximum range, the missile could reach Guam. Though the missile itself was not an ICBM, the technological breakthrough demonstrates a significant advancement that North Korea has made in their ballistic missile capability. This is actual. This is happening. This is today. This is reality.

Another significant advancement that occurs to me is the solid-fueled, road-mobile missiles the regime is developing. Kim Jong Un has successfully tested two such missiles already this year—one in February and another last month on May 21.

Solid-fueled missiles mounted on mobile launch vehicles can be prepared ahead of time. They can build up an inventory and come back and use that inventory whenever they desire to do so.

What can we do? It is clear that North Korea does not respond to international pressure. All of these ballistic missile tests violate multiple U.N. resolutions. Yet North Korea carries them out, despite sanctions and international condemnation. The normal type of negotiation doesn't work with those guys. Furthermore, conventional wisdom has led us to believe that China—North Korea's main trade partner in that region—holds significant sway over the regime. That conventional wisdom has been called into question recently. I commend the Trump administration for recognizing this and for working with China on this issue, but we can't assume that China will be able to help us close the deal in a diplomatic way.

Therefore, it is incumbent upon us to take all appropriate steps to defend ourselves from this threat that exists today. We have to keep in mind that as we formulate this year's National Defense Authorization Act—that is what I am talking about now—we have to do it. For 53 consecutive years, we have passed the Defense authorization bill, and right now there is some doubt as to whether we will get enough cooperation from those in this Chamber to make that happen again.

I remember 4 years ago, when I was ranking member on the Senate Armed Services Committee, we didn't get this done until the latter part of December. If you wait around until the latter part

of December and it passes midyear, we will have our soldiers over there not getting what they need to be getting in the way of hazard pay and other things. It would be an absolute disaster. Right now, they are watching us. Our kids are over there watching us now to see what we will do with the most important bill we pass every year.

We are going to get started. I applaud the President for the fiscal year 2018 budget request that calls for increases to defense spending and aims to fill critical readiness gaps. Right now, in Congress, we need to build on that even further.

First, we need to bolster our national ballistic defense capabilities to address the threats we face from North Korea. That is a no-brainer. We all understand that. Since 2006, the Missile Defense Agency budget has fallen 23 percent when adjusted for inflation. While we have taken positive steps in recent years, we need to ensure our last-resort defenses are airtight.

We should heed the recommendations of defense experts like Gen. Lori Robinson, commander of the U.S. Northern Command, who testified in April before our committee. I am quoting her now, Lori Robinson: "As adversaries continue to pursue credible and advanced capabilities, we, too, must evolve our missile defense capabilities to outpace increasingly complex threats." I think that is a recognition by her—the one who probably knows more about it than anyone else—that we are not keeping pace right now.

Simultaneously, we have to boost our military. Our forces are smaller than the days of the hollow force. I chaired a committee not too long ago that had the Vices of all four services. They all came in. The conclusion was—even though some of them were not old enough to remember, as I remember, the 1980s at the end of the Carter administration, but they made the statement that we are in a situation now that we have never been in before and that we are, in fact, a hollow force, just as hollow as we were back in 1989 after the Carter administration.

We really owe our brave service men and women better. We owe them an obligation. It is our obligation to let them know what we are doing. Our forces are smaller than the days of the hollow force in the 1980s. Our equipment is aging, and our base infrastructure requires critical maintenance and upgrades. We went through 8 years of the Obama administration. We paid our price in not really giving our brave young warriors the equipment they needed. Through this year's NDAA, we ought to prioritize across the board end-strength increases and additional investments in maintenance to fill gaps in existing formations and to get our existing equipment back to par. The first thing that happens when you are on a starvation diet is you let your maintenance and modernization go. We have done that.

I hear people say defense spending is out of control. The truth is, defense

spending, as a proportion of total government spending, has steadily decreased since World War II. How many people are aware that in 1964, we spent 52 percent of our total resources on defending America? Today, it is 15 percent. No one seems to care about it because they don't know about it. Nonetheless, that is where we are today.

In the recent years, despite waging multiple wars and facing unparalleled global threats, our spending has decreased to about 15 percent of our total spending. The Chief of Staff of the Army, General Milley, said it best when it comes to funding our military. This is really significant now when people are talking about spending too much. He said:

The only thing more expensive than deterrence, is actually fighting a war. And the only thing more expensive than fighting a war, is fighting one and losing one . . . We're expensive. We recognize that. But the bottom line is, it's an investment that is worth every nickel.

So we have to immediately make up for the damage done by the years of the dangerous defense cuts and recognize what the government is really supposed to be doing. I refer to that old document nobody reads anymore called the Constitution. You read that, and it tells us what we are supposed to be doing here; No. 1, defending America; No. 2, they called it post roads back then but infrastructure. That is what we are actually supposed to be doing.

The good news is, under the leadership of President Trump, we have already started that process working. The appropriations bill last month stopped the decline in Army strength. Instead of the planned 460,000 Active soldiers, we now have 475,000. We added 1,000 marines, a few hundred airmen. In total, we currently have 24,000 more servicemembers than we would have had under the previous administration.

More good news is that we have exceptional patriots like the airmen at Tinker, Vance, and Altus Air Force Bases and those who are protecting the skies with F-16s out of my city of Tulsa. Soldiers like those in Fort Sill and in Oklahoma's 45th Infantry Brigade, who are right now in Ukraine training our allies there.

People don't know that the policy we are following under this new administration is, we are using our resources to help others train themselves. In the case of Ukraine—what happened in Ukraine should never have happened. Ukraine had this great parliamentary election. I happened to be there at the time, about 4 years ago. For the first time in 96 years, Ukraine doesn't have one Communist in its Parliament. They did that because they love us. They love the West. Consequently, when Putin came in right after that—this is back during the Obama administration—he started killing the Ukrainians, who were seeking their freedom—our best friends over there—and our administration refused to let us even send defensive weapons over there.

We are correcting that. In fact, the bill we are talking about right now, the Defense authorization bill, is one where we are going to be addressing that problem.

I am optimistic we will rise to the occasion and meet the challenge presented by the agnostic North Korean regime and confident President Trump has taken the appropriate steps to address this threat diplomatically. We, in Congress, need to follow his lead to ensure that our men and women in uniform have the resources required to answer the call quickly and effectively. We don't have the luxury of time. Just think of the statement I read a minute ago, where Gen. Vincent Stewart told the Armed Services Committee a week ago: "If left on its current trajectory the regime will ultimately succeed in fielding a nuclear-armed missile capable of threatening the United States homeland."

While we have a lot of problems right now on this floor—and we are trying to address these problems—the No. 1 problem is what is happening to our military and the absolute necessity of getting a defense authorization passed very rapidly. We are starting today.

CARBON TAX

Mr. President, let me just mention one more thing because I think I do have a little bit more time. Earlier this year, several major oil and gas companies announced their support for a carbon tax plan. This is kind of interesting because we have been fighting this battle for a long period of time. You have to keep in mind there are some very large corporations that would inure to benefit from a carbon tax.

The plan they are backing is one put forth by the Climate Leadership Council. This group's plan is labeled as a conservative climate solution that would tax greenhouse gas emissions and return money to the taxpayers as a climate dividend.

It ain't going to happen, folks. You pass a tax, and it is going to cost everyone—at least everyone who uses energy. I don't know of anyone right now in America who doesn't. The heart of the plan is to make energy from fossil fuels more expensive.

One of the things I do every week, I go back to my State of Oklahoma where there are logical people. I talk to them about things you don't hear in Washington; things, for example, back there in the Obama administration. It was in Chaddick, OK. A farmer came up to me and said: Explain this to me, Senator. If right now we have a President who is trying to do away with fossil fuels—that is coal, oil and gas—and he also wants to do away with nuclear, and while we are dependent—in order to run this machine called America, for 89 percent of the energy we use, we are dependent upon fossil fuels and nuclear, and if he is successful, how do you run the machine called America? The answer is, you can't. This fight has been going on for a long period of time. If you drive a car, you use electricity, or heat your home, you will see higher

prices at the pump or if you pass one of these carbon taxes. While these are the obvious increases, higher energy costs would be felt across the economy as it becomes more expensive for all industries to operate and transport their wares, raising food prices and the price of consumer goods. In return for paying these higher prices, you get a check or what someone would call free money, but this money isn't really free. The higher costs of energy, food, and goods are paid by the consumer. That is by everyone in America, no exceptions, and then returned to the consumer. Why can't they just avoid the transition and just keep their money in the first place? Well, they can. That is the answer.

Furthermore, if every American gets the same amount of money as this money calls for, is that really equitable? A family who lives in a small apartment, who walks or takes the subway to work or to school and doesn't own a car in New York City would get the same amount of money as the independent long-haul trucker or a farmer in rural Oklahoma who spends a lot of time in his truck and running his tractor and using more energy to run his farm and his home. As unreasonable as it sounds, this is a reality. There are those out there.

The conservative climate solution sounds more like a redistribution from our rural citizens to more urban populations. Usually, we are talking about taxing the rich to pay to the poor. This is something new.

Furthermore, I always find it interesting that the Warren Buffetts of the world want more taxes. They feel comfortable enough in their wealth to ask for more of their money to be taken, knowing that raising taxes is a non-starter for many of us in Congress. As I pointed out to him, and will point out to the companies that have joined the Climate Leadership Council, you are free to write your check, if you want to do it anyway. If you are so wrapped up in this idea, then you need either to go—or if, for some other reason, you want to pay money to the Treasury, they are open for business and would be glad to take your money. If you feel that strongly, why wait for legislation that would be a nonstarter? If you are a citizen and want to pay for your carbon footprint, the Treasury would be very glad to accept that.

Let's face it. I am not going to support a new tax—what could very well end up a tax, maybe even the largest tax we would have in this country that does not accomplish anything.

Let's keep in mind, if there is somebody out there who it inures to their corporate benefit, or otherwise, to increase their taxes, let them go ahead and send their check to the Treasury. They will be glad to get it.

BILLINGSLEA NOMINATION

Mr. President, I ask unanimous consent that the motion to reconsider with respect to the Billingslea nomination be considered made and laid upon the table and the President be immediately notified of the Senate's action.

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

Mr. INHOFE. I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

HEALTHCARE LEGISLATION

Mr. BLUMENTAL. Mr. President, I am here to share the words, the stories, the fears, and some of the faces of people in Connecticut who will be impacted by the bill that was released this morning—the so-called discussion draft, if that is the right term for it. We learned this morning, I think, why that discussion draft has been shrouded in secrecy. The reason is very simply that my Republican colleagues are ashamed and embarrassed about it, and rightly, because it is not only mean, as the House bill was, but it is meaner. It is cruel and costly.

It will be cruel and costly to the people of Connecticut, in human suffering and illness and disease, and it will be costly in failing to prevent and treat disease before it becomes more expensive. That is one of the lessons of public health policy today: Treat earlier; prevent before diseases or illnesses or conditions become even more costly. It is not only a way to save lives; it is a way to save money.

The voices and faces of Connecticut have been heard nowhere in this process because of its secrecy, because it has denied anyone in America, in fact, the opportunity to be heard, to comment, to make their views known. Speed and secrecy have been the watchwords, and they are a toxic recipe, and they should mean this discussion draft is dead on delivery today.

My constituents have actually come in overwhelming numbers to an emergency field hearing on healthcare that I began in Hartford earlier this week, Monday morning at 9 a.m. They came for 2 hours. There were many more than we expected on very short notice, and they were there to make sure their voices and faces were heard and seen. That is what I did earlier in the week when I entered their testimony into the RECORD of the Senate. I was proud to do so.

We are continuing that emergency field hearing, in fact, tomorrow at 1:30 in New Haven at the Aldermanic Chambers, which have even greater capacity. We are expecting many more, judging by the response to the email blast and invitations that we have sent, because people care about healthcare.

They should care because it is the difference between life and death, and this bill will be the difference between life and death for so many people in Connecticut. It will be death. Even though that statement may sound like hyperbole or exaggeration, the public health experts, the docs, and the hospitals that deliver healthcare in Connecticut and around the country know that it is true, and so do the people of Connecticut and our country.

My colleagues have failed to hear those faces and voices because they have refused to have hearings, mark-ups, committee meetings, and robust full debate on the floor of this Chamber, as is the practice and should be in other pieces of legislation. Why is it not for one of historic and unprecedented importance for the future of our Nation?

Instead, they have met behind closed doors, a group of men who, maybe, coincidentally, produced a bill that defunds Planned Parenthood and, in effect, furthers a war on women's health—an assault on women's healthcare that will deny mammograms, screenings, preventive care—and on primary care for men, as well as women, in this country.

It will gut Medicare and Medicaid. It will rob millions of people of the healthcare they now have through Medicaid. It will mean higher costs and less care for America and especially for our seniors, who will be among the most victimized by these cuts.

For anyone who cares about opioid addiction and abuse—and everyone in this Chamber, by an overwhelming majority, during the last session voted for the 21st Century Cures Act and then for the Comprehensive Addiction and Recovery Act, bipartisan, but it was nowhere nearly enough funded—this bill means, in fact, less funding than the House measure would have provided, from \$65 billion increased funding for opioid addiction and abuse treatment to \$2 billion.

When my colleagues characterize this bill as heartless, they underestimate its impact on people who suffer from the disease—it is a disease, not a moral failing—of addiction and abuse.

Yesterday the voices and faces that I elicited on the floor of the Senate were three people who have struggled with substance use disorder and encountered different endings—Justice, Sean, and Frank. We lost Sean just a few weeks ago. Frank could not come to the hearing we conducted on Monday because he is recovering, as well, and the heartbreak of Sean's loss so affected him.

But Maria Skinner described their struggle to recover from that substance use disorder. Justice will likely never recover from the injuries she sustained when she overdosed. Although Frank is doing well, I am pleased to say he has access to Medicaid and the essential treatment services that he needs only because Medicaid exists in the present form. Denying him that kind of service and treatment means that he may be consigned to the risk that doomed Justice and Sean. The coldheartedness of the House bill was hard to match, but on Medicaid the Senate version has outdone even that coldheartedness—cutting the program even more drastically and costing our Nation, not just healthcare but also jobs.

When we say Medicaid, let's be very clear whom we are talking about, and let me introduce three of the people who are affected.

With me in this photograph are Evan, Amelie, and Amanda. They live with their mom in Ansonia, CT. Following their father's death 6 years ago, the entire family went on Medicaid so they could continue receiving the coverage they need and deserve and the healthcare they need and deserve.

Their mom reached out to my office to speak at the hearing that I am having tomorrow. She wrote to me:

I am very frightened that federal funding for state Medicaid programs will receive tremendous cuts with this potential repeal. I hope to advocate to all those in positions of power that will listen so they can see a face to this problem.

The face to this problem is before us in this Chamber. It is children and families that will see Medicaid decimated for them if the Affordable Care Act is repealed, as would be done by this so-called discussion draft from our Republican colleagues.

Today Evan, Amelie, and Amanda's mom is just learning how tremendous these cuts will be, and today she will fear even more for her children's health and well-being, because when we talk about cuts to Medicaid, we aren't talking about a line item on a budget. We aren't talking about a simple number or a statistic. We are talking about literally millions of children like Evan, Amelie, and Amanda, who have parents fearing what will happen if their reliance on Medicaid is betrayed ruthlessly, senselessly, and recklessly and if their dependence on this vital program for the basic healthcare they need is stripped away.

This bill would also jeopardize affordable access to people with preexisting conditions. At my hearing, a woman named Michelle Virshup told her story of how the Affordable Care Act was there for her to provide coverage as well as services when she was diagnosed with an autoimmune disease in her early twenties. Now, 3 years later, she is doing a lot better and is actually an attorney fighting to remove barriers to healthcare for others in her community. She will suffer under this bill because her access to essential services will be weakened. She will be stripped of coverage that is actually affordable. She will be effectively cut from healthcare once and for all.

When telling me about her illness, Michelle said:

The Affordable Care Act allowed me to see it through and the Affordable Care Act protects me now. Though my health is good, my experience is a preexisting condition that will follow me for the rest of my life.

That is the thing about a preexisting condition. It follows people for the rest of their lives. It is preexisting before they have insurance coverage, and so it is preexisting forever. This bill, in enabling States to eviscerate the safeguards against abuse of preexisting conditions, means their healthcare will be in jeopardy and their lives will be at risk and the abuses that I fought when I was attorney general—time after time, year after year—will come back again.

Among the most meaningful of the work I did as attorney general was to fight person by person when insurance companies said: No, we will not cover that preexisting condition. Their excuse proved to be a ruse, a charade, because they could abuse preexisting conditions, and they will do it again if this bill passes.

This bill's depravity unfortunately goes even further. It actually defunds Planned Parenthood, our Nation's largest women's healthcare provider, while eviscerating protections that guarantee women have access to maternal care throughout their pregnancy. It not only stops and undermines effective family planning, but it then denies effective healthcare when women become pregnant. So it is a kind of catch-22.

This action is cruelly ironic, turning women away from basic birth control services and then threatening their access to maternity care when they unavoidably become pregnant. It is really and simply devastatingly bad public policy, a foolish proposal that attacks women's healthcare and defunds Planned Parenthood, which is an overwhelmingly popular healthcare provider. The objective is to score cheap political points on the far right.

Tomorrow in Connecticut, when I hold another hearing—and we may have another afterward—many of my colleagues may wonder why. They may well be scared of having that kind of hearing, where they have to listen to the voices and see the faces of the people who will suffer under this bill. They certainly have been too scared to have that kind of hearing in the U.S. Senate.

I will hear from the people this bill will hurt. I will hear from people whose lives will be put at risk as a result of this heartless, cruel, and costly measure. I will be inspired by these people, and I will fight as long and as hard as possible to be sure that this bill never becomes law.

Listening to our constituents is really the way democracy is supposed to work. We are proud of talking about democracy. We are approaching the Fourth of July. What better way to celebrate our democracy than to listen in this Chamber, in these halls, to the people who have expertise and experience that we need instead of the secrecy and speed that we are seeing now.

I am proud that we are having these hearings in Connecticut. I urge my colleagues to do the same. They are emergency hearings because we face the historic and unprecedented exigencies of a proposed bill that will rip away guarantees of effective insurance coverage that Americans need and deserve.

Healthcare is a right. Eventually we will have single-payer in this country. But for now, let's build on the Affordable Care Act, let's make it better, let's cure its defects, and let's work together across the aisle. We can do that if we have that resolve.

Thank you. I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Ms. KLOBUCHAR. Mr. President, I rise today to join my colleagues to speak out and ask for a normal process, for hearings, and for debates.

The Presiding Officer and I have talked about this issue. I know the Presiding Officer has many good ideas to contribute, and I am hopeful that we can start over with a bill that would consist of a number of changes in our existing healthcare system. That is what I think we need to do, instead of this repeal bill that came to us without hearings. It is just not the right way to do this.

I have already gotten reactions from my State. Just to use some quotes from an article in the Minneapolis StarTribune that was just posted—we have our health plans saying that what matters is Medicaid, and they are the leaders in our healthcare community, calling this bill disappointing because of the continued insistence on significantly cutting Medicaid, the federally paid health insurance program for those who are the most vulnerable.

They have said things—the big story has been, What is it going to do to Medicaid? But, in fact, what our experts in our State are saying—our health plans—is that this is really more of the same from what we have seen in the House bill, but over a different time period. There is an argument that in the end, it involves even deeper cuts.

The Minnesota Hospital Association came out and has already, in just the last few hours, said that the last of the guaranteed benefits discourages preventive care and that this proposal “creates a lot of chaos.”

One of the heads of one of our major hospitals said:

They are shortening up the money. But they're not giving us the ability to manage the care.

I have long advocated for changes to the Affordable Care Act—significant changes. I think seniors should be given the ability to harness their marketing power and negotiate for lower prices under Medicare for prescription drugs. They are currently prohibited from doing that. I think that is wrong. I said that when the Affordable Care Act passed.

I think there are many good things we could do to help with the exchanges and with small business rates, including doing something federally on reinsurance. My State legislature, which is a Republican State legislature, joined with our Democratic Governor and worked out an agreement on insurance. We are currently awaiting word from the administration on a waiver, but we think that is a good idea, and there are things we can do to bring that out nationally. I don't see that happening with this bill.

In the end, what matters to me is how this bill affects individual people in my State. Laura from North St.

Paul wrote to me about her concerns about the very similar House bill. Laura recently retired, but she will not be eligible for Medicare until next year. She has a daughter with several chronic health conditions. She is concerned that if these proposals get passed, she will end up paying far more for her health insurance, and her daughter might lose her coverage altogether.

Take Mike from Grand Marais—that is in the far corner of Minnesota, right up at the tip. He has been self-employed his whole life and is now approaching retirement. He told me that just as he is about to retire, he will not be able to afford health insurance because of the way this proposal works. Like the House bill, it would increase premiums for older Minnesotans.

A woman from Andover, MN, wrote to me that she is worried about this slam dunk attempt to check off a box on a to-do list, when, in fact, she is squarely in the middle of that box. She asked me to put a face on the type of person who is affected by rushing through this checklist, and that would be her 28-year-old son. She said that Medicaid coverage has been a lifesaver for her son because it helps him afford the treatment he needs to strive for an independent, productive life.

I have heard from so many people from all of the corners of my State, from the old, the young, the middle-aged. I have heard from many people from the rural parts of my State about the House bill, which, of course, is very similar to the Senate bill that has been proposed here. They were especially worried about the billions in cuts to Medicaid, which is the lead part of the concern from the Minnesota Council of Health Plans.

The Senate proposal, as I mentioned, would make even deeper cuts over the long term to Medicaid. Medicaid covers more than 1.2 million Minnesotans, including more than one-fifth of the people in the rural part of our State—20 percent of our rural population. This funding is vital to the ability of our rural hospitals and healthcare providers in those parts of our State to stay open and serve their patients. Many people who work in rural hospitals and who are served by rural hospitals have deep concerns.

Even after seeing the Senate proposal for just these few hours, it is clear that this healthcare legislation would have massive life-changing implications for families all over the country.

We know the President of the United States is not known for mincing words, but we also know he used very direct language when he talked about the House bill. The reports are that he called it mean, and there has been no denial that he said that. He didn't need a poll or focus group. He didn't need to know every detail of the bill. But when you hear that millions and millions of people could lose their health insurance, the wealthiest would get tax cuts, and then the people who need

help the most would be forced to pay more, you can see why that would be a good word to describe a bill like this—“mean.” What we don't want to have come out of the Senate is the “son of mean” or “mean 2.”

Most of us agree that we must make changes to the Affordable Care Act, as I said at the beginning of my remarks. I would love to see those changes to prescription drug prices, not only with the Medicare negotiation I just mentioned, getting rid of that prohibition that stops 41 million seniors from negotiating for lower prices for prescription drugs by passing the bill that I have led for years to allow for that negotiation, but I would like to see more competition in two other ways. One is bringing in safe drugs from other countries like Canada. Senator MCCAIN and I have a bill that would allow that to happen.

The second is allowing for more generic competition and making it easier to have generic competition—again, not in the House or the Senate bill. Senator GRASSLEY and I have a bill that would stop “pay for delay.” That is where companies pay generics to keep their products off the market. The nonpartisan Congressional Budget Office has assessed that we would not only save billions of dollars for the government but also for taxpayers if this passed. I would like to have that bill come up for a vote, maybe in the form of an amendment, because I believe it would pass.

We could make improvements in the exchanges with the idea of reinsurance. There are many ways we could come together to make sensible changes to the Affordable Care Act. We can never have a bill that big without making some changes, and I think the time has come.

Instead, we see a bill that was drafted behind closed doors. Yes, Democratic Senators were not a part of that; that is the way it is. But I don't think those doors should be closed to the American people.

Last week I attended the men's baseball game between Democrats and Republicans. It was an amazing event with over 25,000 people. At the end, when the Democratic team won, they took their trophy and gave it to the Republican team, and they asked them to put it in Representative SCALISE's office. We should take the spirit that we saw at that congressional baseball game. We should take that spirit, and we should bring it into this Chamber, and we should start working on a bill together—not this bill. We should start working on a bill that makes some major changes to the Affordable Care Act. We have ideas on both sides, and that is what I think we should do.

With that, I yield the floor.

The PRESIDING OFFICER. The majority whip.

Mr. CORNYN. Mr. President, I enjoyed listening to the comments of my friend, the Senator from Minnesota, and I would just say a couple of things.

One is that if 10 or so Democrats would have the courage to work with us, we could pass a true bipartisan healthcare bill, but the message we received from Democratic Leader SCHUMER and others is that they don't want to get involved in the process. So it is a little hard to take seriously the statement that if we would just be willing to work with them, we could get this done, because we have asked, and they have refused.

But it is not too late. If we could get a bipartisan group of Senators to actually improve the status quo, which is a disaster under ObamaCare, then I think we could make progress. But that is not what I hear.

I hear Senators criticizing the House bill. I guess that is because they haven't read the Senate bill, and we have said all along that we want to improve on what the House did. I think the draft bill, which is just that—it is a draft; it is a work in progress—does represent in many instances an improvement over the House bill.

I look forward to working with a coalition of the willing, whoever that might be. I hear some happy talk, but I don't see many people willing to cross over and actually work with us, roll up their sleeves, and do the hard work to actually pass a bipartisan bill.

I just have to say, I hear the criticism about cutting Medicaid. Well, the fact is, under the draft bill that was filed today, the essential safety net for low-income Americans is preserved. We actually will end up spending more money next year than this year and more money the following year because what we do is add a consumer price index increase.

As the Presiding Officer knows, being a practicing physician, this is a complex issue, but the fact is, it is absolutely critical to reforming Medicaid and making it work better. In addition to spending more money each year, which is not a cut in most of America—maybe it is in Washington, DC—as we all know, Medicaid is an open-ended entitlement, so if you qualify based on your income, then you get access to Medicaid. Medicaid continues to drive the budgets—not only the Federal Government but also the State government—and crowd out other priorities that are also important, such as law enforcement and education.

What we have decided we must do is to put Medicaid on a sustainable path by spending more money each year on low-income Americans. We still have some more work to do. But the idea that just because—compared to an uncapped entitlement with no limits on spending—we end up spending a set amount, as we spent this year or will spend next year and add more each year based on the cost-of-living index, that somehow is a cut, is just ludicrous. That is certainly not my understanding of what a cut is; it is a reduction in the rate of growth. So if you call that a cut, that assumes we are going to spend all of that uncapped

amount of money, and we can't sustain the program if we do that.

This is one of the three major entitlement programs—Medicaid, Medicare, and Social Security. I think it is our obligation, our duty, as we are saving the millions of people who are being hurt by the status quo and ObamaCare, to act responsibly to make sure this safety net program is available for low-income people going forward. We all should agree on that—that it is important and that we ought to put it on a sustainable, responsible fiscal path.

So this was kind of an interesting experience here this morning. We roll out the discussion draft of the ObamaCare repeal-and-replace bill, we put it on the internet, we make sure everybody has access to it, and we ask for their input, their advice, and their suggestions, and we are starting to get suggestions, and we welcome suggestions that people have to this initial discussion draft. But you have to start somewhere, and this is where we are going to start. Then we will have a process next week whereby any Senator who has an amendment to the bill has an absolute right to file that amendment and get a vote on it. I can't imagine a more transparent and open process than putting it on the internet, inviting people to comment and discuss, and then having an open amendment process following debate and then vote. That is what we are supposed to do—vote.

So I think today represents a big step forward in saving those Americans who are being punished by health insurance choices that limit their right to choose a product at a price they can afford that suits their family's needs.

We know what the promises were, and I guess I just have to repeat them again. President Obama said: If you like your policy, you can keep your policy. If you like your doctor, you can keep your doctor. An average family of four will see a \$2,500 decrease in their insurance premiums.

What we have seen is a \$3,000 increase in insurance premiums for the average family of four—not a decrease of \$2,500, an increase of \$3,000. And people who buy their health coverage on the insurance exchanges in the individual market have experienced a 105-percent increase in their premiums. Now, I don't know about you, but there are not many things that come out of my paycheck on which I can sustain over a period of just a few years an increase like that of 105 percent. Imagine if you had a 105-percent increase in your rent payments for your apartment or your mortgage payments for your house or your car payments or anything else. That is harmful and damaging to hard-working Americans, and it really is a breach of faith with them, when they were told when ObamaCare passed that they would actually save \$2,500.

This discussion draft that was released today and put on the internet and is available to anybody who wants access to it is a product of years of de-

bate on this floor and discussions among not just Republicans but the entire Senate and our constituents as well. We made our ideas public, and we sought feedback.

The Senate Finance Committee alone, on which the distinguished Presiding Officer and I serve, has had no fewer than 36 hearings on ObamaCare since 2011, ranging from the high cost of ObamaCare to transparency in the Medicaid system.

Just this year, there have been dozens of meetings throughout our conference. We would love to include Democrats, but they have chosen not to participate. Since May 4 alone, 18 of our conference lunches have been entirely dedicated to healthcare. There is a practical reason for that too—because without Democrats participating in the process, we have 52 Republicans in order to get 51 votes to pass a bill. That means everybody is essential to a successful outcome in repealing and replacing ObamaCare.

So no one has been excluded. Everybody's ideas have been solicited. That doesn't even count individual meetings we have had with Senators and constituents.

Even after receiving this discussion draft, some of my colleagues across the aisle continue to refuse to enter into debate because they say it is not a final bill. Well, that is the point. We didn't present this as a *fait accompli*; we presented this as a place to start. And they don't even want to start. All they want to do is criticize. But they don't want to criticize an actual bill; they want to criticize the House bill, because they haven't even read the 142-page Senate bill. This is called a discussion draft for a reason: We are opening up a conversation and a discussion with the American people.

But we know Senate Democrats have chosen not to help to clean up the mess left by ObamaCare. I don't really understand how they can turn a blind eye or a deaf ear to their constituents. I am confident, with all of the people who are writing and calling me in Texas, that they have to have people in their States who are calling them and saying: My premiums are skyrocketing. My deductible is so high that I effectively don't have access to insurance.

By the way, the insurance companies are pulling out of my State as fast as they can because they are hemorrhaging money.

I don't know why they are not motivated to work with us, but apparently that is the decision they have made.

Unfortunately, I think it goes back to this: When President Obama visited Capitol Hill the last time, in January of 2017, he had one message to Senate Democrats; that is, don't work with Republicans on healthcare. The President of the United States said don't work with Republicans on healthcare. This flew in the face of three consecutive elections since ObamaCare had passed where the voters had clearly

demonstrated their dissatisfaction with how ObamaCare actually worked. That shouldn't have been a surprise to anybody.

I remember being here on Christmas Eve 2009 when Democrats passed ObamaCare with only Democrat votes at 7:30 in the morning. No Republicans voted for the bill; only Democrats voted for the bill. Since that time, they have gone from 60 Democratic Senators down to 48. They went from the majority in the House to the minority in the House. They went from holding the White House to Republicans now holding the White House. To me, the message isn't all that confusing, nor is it subtle. It is clear to me that the American people have rejected the failed promises of ObamaCare and have, frankly, punished our Democratic colleagues for passing it in the way they did and as a result of the failure to keep the promises that were made when it was sold.

I have heard these concerns from my constituents in Texas for the last 7 years. I have read their letters and their emails, sharing some of their stories here on the Senate floor.

This law has been expensive—about \$1 trillion in new taxes. People wonder why the economy hasn't grown during the Obama administration and since the great recession of 2008. One reason is because of the huge tax burden and because of the regulatory burdens it imposed on small businesses, which are the primary engine of job growth in the country, and ObamaCare has been part of the reason for that.

To my mind, this discussion draft does five things.

First, our legislation zeroes in on the unstable individual market.

Under ObamaCare, insurance markets across the country have languished under high costs and taxes, and the result has been that 70 percent of counties nationwide have fewer than two insurers to choose from. Less competition means higher prices because companies don't have to compete for the sale of a policy. In my State, one-third of Texas counties have only one insurance option. That is not exactly a choice; that is a monopoly.

Our legislation will help the collapsing insurance markets that have left millions of people with no options by creating a stabilization fund that will balance premium costs and address the lack of coverage that so many across the country have been experiencing.

I don't care what our critics say, we are not pulling the rug out from anyone. We will continue Federal assistance for healthcare markets through 2021 to make the transition smooth, much unlike our experience with ObamaCare. Ultimately, if we want to encourage a market to lower costs while providing better quality care, we have to get the government out of the way.

The only thing I hear from our Senate Democrats is that they want more

government involvement in your healthcare. That seems to be their default position. Well, we know from the failed experiment of ObamaCare that it doesn't work, at least insofar as the promises that were made when it was sold. So why would they default to a position of more government as opposed to more freedom to let you choose instead of government choosing for you and to punish you with a penalty if you don't buy the product that government orders you to buy?

Our second goal is making healthcare coverage more affordable.

Under ObamaCare, taxes and mandates cost the American economy \$1 trillion—I mentioned that a moment ago—which, as our constituents felt firsthand, was ultimately paid by patients through higher healthcare cost.

Our friends across the aisle think we can raise taxes by \$1 trillion and it won't have any impact on the consumer. Well, that is just ridiculous. We all know that those expenses get passed on to the consumer and that they get passed on in the form of higher healthcare costs. So when you tax prescriptions, for example, well, it is going to cost more. When you tax health insurance plans, which ObamaCare did, premiums are going to go up. And guess what. Taxing medical devices increases the cost of those devices and leads to job losses because they leave the United States, and they make those lifesaving medical products offshore in order to avoid the medical device taxes.

These taxes and mandates have crippled our economy, and my colleagues on the other side of the aisle recognize that as well. That is why our healthcare plan will improve affordability by addressing ObamaCare's taxes, which have hurt American families directly by making their healthcare less affordable. This framework provides a long-term State innovation fund that encourages States to assist high-cost and low-income individuals, making healthcare more affordable.

We are also encouraging tax credits to help defray the cost of purchasing insurance, adjusted for age, geographical location, and income, so that those who need financial assistance get the help they need.

Health savings accounts will also be expanded under our draft, giving Americans the choice of buying a hospitalization plan which covers major medical costs—not if they choose not to buy a comprehensive health insurance policy but, rather, to save money in a health savings account to be used for healthcare if they need it, and if they don't need it, they can use it for their savings. We give them that option, which they don't currently have under ObamaCare.

The third principle is something our Democratic colleagues can certainly agree with us on, I assume, unless their reflexive action is to disagree with us on everything regardless of the facts,

which sometimes seems to be the case, and that is, we should protect those with preexisting conditions. No American should worry about their ability to be covered when they move from job to job.

Our draft legislation also allows children to stay on their parents' policies through age 26.

There are no changes to healthcare for veterans, for Medicare, or changes to Social Security.

Our fourth point of action is safeguarding Medicaid, which I addressed a little earlier, by giving States more flexibility. As we know, Medicaid is paid for by both a State and a Federal share, but the Federal Government sets the conditions by which that money can be spent on healthcare in the State as part of a low-income safety net. Bureaucrats in Washington, DC, shouldn't decide how Medicaid is applied in Texas. I don't know what rationale exists there. Why should the Federal Government tell a State how to spend its own money under Medicaid?

I believe States know how to handle this best because they are closest to the problem and they can design healthcare programs that meet the needs of those States. I dare say, the healthcare needs in Texas are much different from States like Vermont, Idaho, or other States—smaller States, certainly, with a more homogenous population. We have a very diverse State. We have a large number of non-citizens in my State. So why not send the money to the States and give them the flexibility to design programs to deal with the needs of their people? That is why our draft allows States to choose between a block grant and a per capita support for the Medicaid population starting in 2020.

We have done our dead-level best to make sure our draft doesn't leave anyone out, to ensure that the most vulnerable have protection—including children with medically complex disabilities.

Perhaps most importantly is the fundamental goal of this legislation to free the American family from ObamaCare mandates that have hit them where it hurts the most. We are giving Americans back their freedom of choice when it comes to healthcare, which has so long been denied them under the command-and-control regime of ObamaCare.

Our healthcare plan empowers families to make their own choices. It repeals the individual mandate which punishes you if you don't buy the government-approved policy and the employer mandate that has resulted from people going from full-time work to part-time work because employers have sought to avoid that penalty. Finally, no longer will folks be forced to buy plans they don't need at a price they can't afford.

I believe this is the framework for better care. But we are going to continue to discuss this plan and talk to anybody who is willing to talk to us

and work with us. If there is a way the bill can be strengthened, I am open to it. But the status quo isn't working, and our Democratic colleagues know it.

This morning, I likened it as happening upon a terrible accident on the highway. We know people have been injured, and we have two choices: We can either stop and render aid—which is what we are trying to do for people hurt by the failures of ObamaCare—or you can drive right on by.

Unfortunately, our Democratic colleagues have simply chosen to look the other way and drive on by. But before them is a real solution, one that has a chance to change the lives of millions of Americans for the better. So we hope they will reconsider and join us.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

Mr. KAINE. Mr. President, I rise today to talk about the healthcare bill that is currently pending before us. Now that I have had a chance to look at it a little bit, I can see why there has been a lot of secrecy surrounding this process.

Before talking about how I think this bill would hurt Virginians, let me talk about the process itself and how flawed I think it is. But the good news is that it is a process that can be fixed.

This morning, when the bill was first described on the floor, I was interested when my friend the senior Senator from Texas, the majority whip, said we were doing it this way, through a budget reconciliation process, because Democrats didn't want to work together. I took offense at that comment.

As the Presiding Officer knows, I am a member with him on the committee. I was just added to the committee in January. I have been in the Senate for 4 years. I have had great committees, but this is the committee I always wanted to be on because, as a former mayor and Governor, the two biggest line items in the budget I have had to deal with have been education and health. So, finally, I am on the committee I most want to be on.

I believe this session of the Senate started on January 3. That was my first day on the committee. I have a letter I wrote on January 5. I had been a committee member for 2 days, and I wrote a letter to my chairman, whom I hold in the highest regard, Senator ALEXANDER; the Senate majority leader, Senator MCCONNELL; and the chairman of the Finance Committee, Senator HATCH, which has jurisdiction over Medicaid and Medicare issues. I wrote a letter on January 5, and I got 13 Democrats, including me, to sign this letter.

The gist of the letter is this: We would like to work with you. We would like to work with you to find solutions that would improve our healthcare system, whether that be within the Affordable Care Act or, more broadly, Medicare, Medicaid, and Medicare Part D. We want to work together.

That was on January 5, 2 days after I had been added to the committee. As a member of the committee, I have been given no opportunity—not one—to work on this bill.

The committee we serve on works productively. We work productively on pharmaceutical issues. We work productively on educational issues. In the committee the Presiding Officer and I serve on, we have passed legislation through our committee and sent it to the floor. Some of the legislation we have sent has already gone off the floor to the House. This is a committee that has a great bipartisan track record, and I am convinced that bipartisan track record is going to continue. But there has been one topic which has been taboo, and that has been to allow meaningful bipartisan discussion about this healthcare bill.

When the House bill passed—now a number of weeks ago—it was our expectation that we would have hearings in the HELP Committee and in the Finance Committee about the bill. We haven't. The Democrats on the HELP Committee got a little riled up one day. We were having a hearing about something else, and a lot of us said: Wait a minute. We are not talking about the biggest topic in domestic politics in the country right now, which is this House health bill. We should be doing that in this committee. If we are not doing it in this committee, we are really not doing it.

Why does it matter to have hearings in the committee? It is the committee hearing process where you put witnesses at a table and ask them questions. We would have patients, we would have hospitals, we would have doctors, we would have nurses, and we would have pharmaceutical companies and insurance companies, and we would ask them: What is good and what is bad about this bill? What is good and what is bad, and what needs to be fixed about healthcare in this country? That is what you do in hearings, but we haven't had one hearing, and the Finance Committee hasn't had one hearing either.

We haven't had hearings in the committee on the House bill. We have had no willingness to hold hearings on the Senate substitute that was revealed today. The effort to draft the bill was closed-door. The notion that Democrats wouldn't participate—we weren't invited to the meetings. We didn't know where they were. We didn't know when they were. We had no chance to participate. Now we are being told that this bill described this morning—and we thought we were reading it online—no, that is a discussion draft, not the bill itself. So I don't know whether the

bill is going to be different, or is it the same? The notion is to rush it to the floor and then essentially to close off debate with a very meager amendment process.

The Presiding Officer knows this, but I just want to explain for the public. By not having committee hearings where you can talk to witnesses and hear from the public and then discuss and propose amendments, this is what it will be on the floor: 20 hours of debate about the most important topic in anybody's life—their health. Twenty hours and then you finish the debate.

Then, the majority leader indicates there is an unlimited amendment process, but the amendment process under budget reconciliation is as follows: An amendment will be considered, and there will be 1 minute of debate allowed for each side—1 minute.

We are talking about healthcare. We are talking about life and death. I have a number of bills I filed that I want to offer as amendments, but for us to truly debate it and for the American public to truly understand it, 1 minute is ridiculous. But that is apparently going to be the rule for us next week.

I think it is an outrage for a body that is known as the greatest deliberative body in the world to take up such an important topic and be told that it is in such a constrained way. So I just want to object to the characterization of the process this morning, that Democrats refuse to work together. I have evidence to the contrary. Within 48 hours of being put on this committee, I asked for an opportunity to participate in this debate. I think I am entitled to respect as an elected Member of this body and a member of the HELP Committee to be engaged on matters dealing with healthcare. But thus far, I have not had this opportunity, and that is so out of character for the HELP Committee, I might add.

I am going to be discussing this bill tomorrow with stakeholders in Richmond, where I live. Let me tell you what I see that really troubles me about the Senate bill. I think this bill hurts Virginians—especially seniors, children, people with disabilities, and working families—and it hurts them all to deliver giant tax breaks, largely to the wealthiest Americans. It also shifts costs from the Federal budget to the States, and as a former Governor, that worries me.

This bill would slash traditional Medicaid, which is a program that more than 1 million Virginians rely on. It is really important to point out that, when you are cutting Medicaid by potentially more than \$1.3 trillion over 10 years, that is what the House bill cut out in Medicaid—the House bill plus President Trump's proposed budget, \$1.3 trillion in cuts to Medicaid—and this bill could cut Medicaid even deeper by our reading of it.

You have to ask yourself, you cut Medicaid by that much—who are Medicaid recipients? In Virginia, nearly 60

percent of Medicaid recipients are children. Kids who are in public schools receiving special education, many of their services are paid for by Medicaid. A youngster undergoing a cancer operation at Children's Hospital of King's Daughters in Norfolk, a lot of that is being paid for by Medicaid.

A kid who has autism and is getting a couple of hours of autism-related services to help them be successful in school is paid by Medicaid. A child in a dangerous household who might have to get institutionalized—not because the child is doing something wrong but because there aren't parents in the household who are helping the household stay together, they are in danger of being institutionalized—Medicaid can send services a few hours a week into the household to stabilize the family so the child doesn't have to be institutionalized, and that is being paid by Medicaid.

When you cut Medicaid, that is whom you are affecting; 60 percent are children, 15 to 20 percent are people with disabilities. That is who is on Medicaid in Virginia; 10 to 15 percent are parents and grandparents in nursing homes and pregnant women. That is who is on Medicaid in Virginia.

The Medicaid cuts in this bill are even steeper, even more significant than the cuts in the House bill. The bill would continue to allow something that I think is very challenging and that was a carryover from the House bill and may even be worse, which is the ability to charge older adults in the 55- to 64-year-old age range as much as five times higher than younger enrollees in the marketplace.

When most people are in the 55- to 64-year-old range, they are not necessarily at the peak of their earnings. Their earnings are often starting to come down a little bit. If you let their rates rise that dramatically, you are really hurting people who can't easily go back and reenter the marketplace and the workforce at the same level they could have when they were younger.

This is a bill that will hurt 22,000 Virginians who rely on Planned Parenthood for lifesaving healthcare. That is how many women in Virginia use Planned Parenthood as their primary doctor, as their primary physician—22,000, and this bill would hurt it.

This bill would weaken health benefits by reducing the essential health benefits contained in the Affordable Care Act, and that affects pregnancy, that affects mental health, that affects opioid treatment programs, and it would force States to make very difficult budget choices.

If you cut Medicaid by that much, you are going to make Governors and mayors decide: Wow. OK. Whom do I cut? Do I cut the kids? Do I cut the disabled? Do I cut the elderly? Do I cut all three or do I raise taxes? You are just pushing this off on the shoulders of States.

There is good news. I want to finish with good news. I always try to finish

or find some good news. There is good news. We can do this right. We don't have to do this wrong. It is actually really simple. When the Senate bill is truly ready, and it is not just a discussion draft but a real bill and it is put on the floor, all we have to do is refer the bill to the two committees—the Finance Committee and the HELP Committee.

Let the committees hear from the public, from providers, patients, doctors and nurses, and hospitals. Let members of the committee—Republicans and Democrats—ask questions. Let us propose amendments. Let us improve it.

This doesn't have to be a complete up-or-down. Why can't we have a meaningful discussion and ask questions and propose amendments in a deliberative way and improve the bill? It is not as if the Democratic minority can just roll over you. We are the minority in this body, and we are the minority on both the HELP and Finance Committees. Unless I can put an amendment on the table and convince some Republicans it is a good idea, my amendment is going to be voted down. If I can't convince somebody around the table this is a good idea, I will take it, and my amendment will be voted down. At least, let's have a meaningful discussion about the most important expenditure anybody ever makes in their life and the largest sector of the American economy.

What would be wrong, what could be wrong in letting the HELP Committee take a look at the healthcare bill? What would be wrong, what could be wrong with letting the Finance Committee take a look at a bill that affects Medicaid and Medicare, which is in their jurisdiction?

What would be wrong, what could be wrong with allowing public witnesses to come to these committees and testify what they like and what they don't like? I may learn some things about the bill that I like after listening to some witnesses. What would be wrong, what could be wrong with allowing this to happen in this great deliberative body?

I guarantee it would improve the outcome. It would improve the product. More minds looking at this and debating and in dialogue will improve it, if what we want is an improved healthcare system. Maybe that is not what we want. Maybe doing our best job is not what we want. Maybe what we want is the ability to put something through only with votes from one party and with the other party completely shut out of it.

What I think we should want is to do the best job for the most people when it comes to the most important thing in their lives, their health.

I will conclude and say that we can get this right. We can take advantage of the work product of the Republicans, who have been working on this draft by putting it in the HELP and Finance Committees and allowing the body to

treat it as any other piece of legislation and improve it before we are forced to vote for it in a rush vote on the floor.

With that, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

Mr. SCHATZ. Mr. President, there are two things Americans need to know about this Republican healthcare plan. The first is that it is going to make insurance more expensive, and the second is that it is going to make it harder to get healthcare in the first place. That is the bottom line of this bill: higher costs for less care—and all for a tax cut for the rich. That is what we are doing.

We are taking about \$800 billion worth of revenue, eviscerating it, eliminating it. Those tax revenues were basically tax increases passed under the Affordable Care Act. They were tax increases on the wealthiest among us. What we are doing is getting rid of all those tax increases in order to cut Medicaid. That is what this bill does. That is not what Americans had in mind when they said on a bipartisan basis, on a majority basis—when they asked Congress to fix healthcare. When you read the fine print, you see that it gets worse every moment, and you realize how bad this plan is.

The Senate version did something extraordinary: It actually moved to the right. And that is a real legislative achievement. Look at Medicaid. This is a program that helps one out of every five Americans, two out of every five children in the United States. It helps one out of every two families who have a newborn baby. And it covers three out of every four long-term nursing home residents.

This program literally saves lives—nursing home patients; people struggling with opioid addiction; people who are working two jobs but still don't make enough to cover their own healthcare insurance—but with this bill, Medicaid as we know it will be destroyed, all so that people at the top of the food chain can pay less in taxes.

This bill actually has a certain symmetry to it. There are at least \$800 billion worth of cuts to Medicaid—probably more but at least \$800 billion—and it just so happens that there are also around \$800 billion worth of tax cuts for the wealthy. So insurance executives will be OK. Don't worry about them. What we should worry about is women who need Medicaid for maternal health services. We should worry about seniors and people with disabilities.

Activists for disability rights are appropriately freaked out about this bill. People in wheelchairs protested outside of a Senate office earlier today,

and some of them said that they would literally die if this bill passes. It was an intense protest. And we hope everybody is OK, but it is intense because these are intense issues.

These are personal issues. These are healthcare issues. People are worried—not about some abstract public policy or political debate; they are worried about their own lives. And they are not wrong. Because of Medicaid, people now have access to physical therapy and immunizations. They can see a counselor for mental health problems and opioid addiction. They can afford the medication they need instead of relying on free samples from clinics. Medicaid has changed everything for them.

This is not just good for patients, it is also good for taxpayers. By giving preventive care, we save money. And if TrumpCare becomes law, those services will go away, thanks to \$800 billion in cuts.

This bill also lets insurance companies opt out of covering essential health benefits. I want to be very clear about this. This is a term of art. It is a piece of jargon. I am going to go slowly here and not assume that if you are not in politics, you would understand what an essential health benefit is.

Basically, if you are getting a healthcare plan, there are 10 things that, under Federal law, a healthcare plan has to cover. It just makes sense. I will list them. They are ambulatory patient services; emergency services, so ER visits; hospitalization—if you have to stay overnight in the hospital, it has to be covered in your healthcare plan; maternity and newborn care; mental health and substance abuse services, including behavioral health treatment; prescription drugs; rehab; laboratory services; preventive wellness and wellness services; chronic disease management; and pediatric services.

So I want you to imagine a world where you can get an insurance plan—a so-called insurance plan—but under the law, they can tell you: By the way, we don't cover hospitalization. By the way, we have this great insurance plan, but if you need any prescription drugs, those are out-of-pocket—not a copay; you have to pay all of it. By the way, we will give you an insurance plan, but if you have mental illness, you are on your own. By the way, if you get pregnant, we don't cover that.

It is a healthcare plan, which is why we have a statute, a Federal law, that says ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance abuse services, prescription drugs, rehab, lab services, preventive and wellness services, and pediatric services have to be covered. Otherwise, it is not insurance. Every one of these benefits is covered full stop under the current law, but what the proposal does is it eviscerates essential health benefits.

I don't know what the CBO is going to say, because they got rid of the individual mandate, and it is going to be unclear. There is a real possibility that there will actually be an increase in the number of people who are covered, but that coverage is going to be nonsense. Can you imagine having a health insurance plan that doesn't cover maternity care? Can you imagine—especially nowadays, when half the time when you go to the doctor, they give you a prescription—so you go to the doctor, and they say you need this, and you say OK, and then you have to pay out-of-pocket? What is the point of insurance if none of the things you need are covered by the insurance? That is what this bill does.

I am also worried about the distractions in this bill. It defunds Planned Parenthood and doesn't provide nearly enough for opioid addiction programs. I want to be clear about what I mean by "distraction." It is my supposition—I don't know for sure that these things were intentionally either omitted from the bill or put in the bill to allow some of my Republican colleagues to get well legislatively. What do I mean by that? Opioid treatment was tens of billions of dollars in the House version. They brought it down to less than \$1 billion. That puts somebody on this side of the aisle in a position to say: Even though I am for \$800 billion of Medicaid cuts, which will eviscerate opioid treatment across the country, I am going to introduce an amendment and we are going to increase opioid treatment. Once we get a "yes" vote, well, you know, I was really concerned, but with my amendment, we have more money for opioid treatment.

Don't fall for that trick. It is a trick. The way to fund opioid treatment is to fund opioid treatment. Medicaid is both the best way to do it clinically and the best way to do it fiscally. So I am afraid they intentionally left that out so somebody can go in and be the hero on the other side, while not actually solving the problem—likewise with Planned Parenthood. The way you fund opioid treatment is through Medicaid.

We had 13 men working in secret without input from any women or Democrats or experts or advocates.

Part of the thing about healthcare, as the President says, is nobody knew it was so complicated. But you really need hearings. You really need to understand how all of the parts of a system interact with each other. Let me give an example. You cut Medicaid, and somebody who is Medicaid-eligible but also a veteran—you don't know for sure whether, if Medicaid services are not available, they are going to go back into the VA system and cost the VA system more money. If you cut preventive treatment, you don't know if you are going to end up having to pay on the back end with more ER services. So the reason you have hearings is you have to have some rather technical expertise in the room to say: Hey, if you

do this, this might happen. If do you that, this might happen. If you do this, we are not quite sure what might happen.

But the idea that 13 men with very little expertise in healthcare policy—they are not unintelligent, they are not unqualified to be public policy makers, but the whole thing about being in the Senate is that, for the most part, we are supposed to be, as they say—Jack or Jane—Jack of all trades, master of none. We are supposed to be pretty good at receiving information, kind of distilling it, asking the right kinds of questions, listening to our constituents, and then crystallizing all of that into a bill.

The problem with this process is they did about one-third of that. They talked to each other, and they talked to Republican lobbyists, but they didn't talk to the people back home. They didn't talk to people who run community health centers. They didn't talk to mental health advocates.

We have people who come from Hawaii and across the country who advocate for every specific disease treatment and disease research. These people usually are touched personally by their issues. They come in, and most of us receive them and talk to them and think about how to get them more funding or more reimbursements through NIH or CDC or the Department of Defense or wherever we can find resources for them.

That is the process of being in a legislative context if you are not personally an expert on healthcare policy. If you do it in the dark of night, if you do it literally without any women, if you do it literally without any people from the other party, you are going to get a bad product. They knew they were going to get a bad product, but they made a judgment. They made a judgment.

They decided that the longer this bill sees the light of day, the lower the chances it has of passing, and I think they are right. I mean, if this thing is subjected to real sunshine, it will just wither. That is just a fact. This is why they didn't have any hearings in the House, this is why they are not only not having any hearings in the Senate, but they are going to allow for I think it is 20 hours of debate under this silly vote-arama procedure.

What they will do is, I think, yield back a lot of their time. What does that mean? That means 20 hours will become 10 hours because they don't want to defend their bill.

They are absolutely happy to trash the Affordable Care Act and say it has a series of problems and all the rest of it. You know what, the Affordable Care Act has a series of problems. No doubt about it. I will tell you it is way better than this. I will also tell you it is way better than the situation we had before the act was passed.

The No. 1 cause of bankruptcy in the United States was getting sick. Think about that. Before this act, people

would not be just afraid for themselves when they got sick, when something catastrophic happened to them, either a chronic disease or something that imperiled their lives or an accident, but you would have dual anxieties, right? You wondered whether you were going to be OK, but you also wondered whether you were going to be able to make it financially.

So we are sort of beyond that, and now we have a law that has been on the books that does need fixing. I know the Presiding Officer and the Senator from Missouri, who is waiting to speak, would be pleased—really would be pleased to participate in a bipartisan process.

I think about the chairman of the Health, Education, Labor, and Pensions Committee, one of the best statesmen in the U.S. Senate, LAMAR ALEXANDER, a Republican with whom I disagree on a lot, but he and PATTY MURRAY did a bill on public education that got—I don't know—84 votes or something. Liberal PATTY MURRAY and conservative LAMAR ALEXANDER did a deal. ORRIN HATCH, President pro tempore of the Senate, is someone who worked with my predecessor, who worked with Teddy Kennedy, who did bills and did deals.

So I understand we are kind of in this squabble about whether there is good faith or there was good faith. Our view of this is you went into the reconciliation process before even, in any serious way, pursuing bipartisan legislation. You decided you wanted 51 votes, not 60 votes, and that was sort of poisonous fruit from the tree. Fine. That is our view. Your view is that you serially tried to reach out to us, and we have rebuffed your overtures. I have my view; the Republicans have their view.

Right now, you are about to walk one-sixth of the American economy off a cliff, and you are also about to harm tens of millions of individuals in all of our home States—not Republicans or Democrats or Greens or Independents or Libertarians or people who don't vote or whoever it may be, but people are going to really be hurt by this bill. People are really going to be hurt by this bill.

Forgetting the politics, I think we have an opportunity to avert the harm. If this bill does come crashing down, then I think we have an opportunity to work together on healthcare. I, for one, pledge that if we are in a position to sit down on a bipartisan basis and come up with improvements to the existing statute, I will be the first person to say yes to that kind of process. It is not too late. All we need are three Republicans to say: Let's slow down. Let's have a hearing. Let's work with Democrats. Let's do this the right way.

I yield the floor.

The PRESIDING OFFICER. The Senator from Missouri.

Mr. BLUNT. Mr. President, since the current healthcare bill—the bill usually called ObamaCare—passed, every

year Missouri families have had to worry about whether their healthcare plans would be canceled, whether their options and access would be taken away, whether they could have the same doctors next year that they have this year, whether they could go to the same hospital next year that they could go to this year, whether their premiums would be going up, but if they were worried about whether their premiums were going to be going up, that was a worry that everybody else in every State had because premiums went up everywhere.

In fact, this situation has gotten so bad that in one-third of America's counties today, only one company in one-third of the counties today will even offer insurance. So the options are to buy from one company or to pay the penalty because your only choice is that one company. That one company gets to file a rate that the State regulator gets to agree to, if the one company is going to stay. In fact, I think this week the State of Iowa that has only one company providing individual insurance for the whole State, that one company said they would stay again next year, and then they filed an increase of over 40 percent on those policies for next year.

In Missouri, where I live, 25 counties will not have a provider next year, and it could be higher than that. One company has already said they will not be there next year. Twenty-five of the counties they sold policies in only had one company providing policies. We now know that at least 40 percent of all Missouri counties will not have—I mean, 40 percent of all U.S. counties will not have anybody even willing to offer these plans. This is a significant problem, and it just didn't occur when this President was sworn in or this Congress took over.

Premiums in your State, Mr. President, have gone up 123 percent since 2013. In my State, in Missouri, they have gone up 145 percent; in Alabama, 223 percent; in Alaska, 203 percent; in Oklahoma, 201 percent since this plan went into effect, and that was just 2013. This is not 30 years ago. This is 4 years ago.

The average increase for American individuals and families for getting policies under ObamaCare is 105 percent. Now, remember, this was the plan that was supposed to ensure that your costs would go down per family at least \$2,500. The “at least \$2,500 number” was close to right, but what was close to right about it is that your plan probably increased at least \$2,500 if you had that kind of plan. The status quo just simply will not work.

The draft legislation, as it stands right now, preserves access to care for people with preexisting conditions, it strengthens the future of Medicaid, it does not change Medicare in any way, and it gives people more health insurance choices than they otherwise have as States exercise their options under the law. It allows people to stay on

their family insurance until they are 26. That, along with preexisting condition coverage, is usually seen as the two most popular things in the law as it stands now. They would still be in the law.

Now, Members of both parties—and the reason I say “as it stands today” is Members of both parties will have an opportunity to amend this bill. In fact, we will have a vote probably the night before we take the final vote on the bill, where every Member can make amendment after amendment after amendment on this bill. There will be plenty of chances to change this bill on a topic that the Members of the Senate probably know more about, and, by the way, because it is such a big Federal obligation and responsibility, should know more about than virtually anything else we deal with in a level of specificity that is higher than anything else we deal with.

Believe me, anybody who wants to read that bill—and I will, you will, and others will, some will not—anybody who wants to read that bill will have plenty of time to read it and plenty of opportunity to amend it, but it will be amended, so we need to be sure we understand the final product might not be exactly what we have before us today.

I am going to carefully look at the final legislation. I am going to carefully look at how this addresses problems of Missourians. I think one thing that is absolutely clear is that Missouri families need a more reliable and affordable healthcare system. This bill is an important first step in that direction. The status quo cannot continue to be the status quo.

By the way, there were plenty of opportunities over the last 7 years to make the kind of incremental changes that all of our friends on the other side said they would love to make, and they were in charge.

We had a bill over here that Senator COLLINS, I believe, was the principal sponsor of that said: Well, let's change that 30 hour requirement; that if you work 30 hours, you have to have insurance to 40 hours. Now, that is not a very big change, but it is a very big change if you have a 28-hour-a-week job, and the reason that you have that 28-hour-a-week job is the law told your employer, if you hire somebody for 30 hours, you have to provide health insurance for that person.

Now, the employers by the way—nobody is better in America today than employers to provide health insurance and there is no better place to get your health insurance than at work, but we have almost forgotten the tragedy of the workplace where because of ObamaCare so many people worked two part-time jobs because the law said you don't have to pay health insurance if they work less than 30 hours.

Well, we tried to figure out a way to get more people to work at a full-time job, not a very big change. Our friends on the other side were in control for year after year after year after that

bill was introduced. Nobody stepped up and said: Let's do that. Let's make that change. Let's get more people in full-time jobs.

These insurance markets were collapsing. I don't think there was any proposal on the other side to do anything about it. One of the difficulties we find ourselves in now is we are trying to save a critically important system—the American healthcare system—while that system is collapsing around us. That means it is not going to look as good as it would have looked if we could have gone back 7 years and done the things you and I wanted to do when we were House Members—giving more people more chances to buy more policies, having more transparency, being sure, if you didn't pay taxes on insurance you got at work, you also didn't pay taxes on money you spent for insurance if you had to buy it as an individual. There were lots of things that could have been done that were proposed. We can still go back and do that. This is clearly a first step.

The Secretary of Health and Human Services has over 1,400 places where that person's two predecessors defined what the law was supposed to mean. So earlier this week, Secretary Tom Price said he was going to look and his staff was going to look at every one of those 1,400-plus places and figure out if there is a way to define the law better so it doesn't have the impact on family economies or family access to healthcare that it currently has. That is an important step too.

This first step matters as well. I say to the Presiding Officer, nobody has been a more vigorous advocate of this debate than you have. We have an opportunity to continue this debate over the next several days. I look forward to it, and it will be interesting to try to remove the fact from the fiction when we talk about all the things that supposedly could have happened up until now. The fact is, they didn't happen.

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

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

Mr. UDALL. Thank you, Mr. President, and thank you for the recognition.

All across my home State of New Mexico, thousands of hard-working people owe their healthcare and in some cases their lives to the Affordable Care Act. Since early January, I have received over 10,000 letters, emails, and calls from New Mexicans pleading with me to help save their access to healthcare. Over 96 percent of my constituents who have contacted me about healthcare oppose TrumpCare.

Let me say that again because I think it is a very important number.

Over 96 percent of New Mexicans who have contacted me about healthcare over the past 6 months are opposed to TrumpCare, and they are opposed to the effort to repeal the Affordable Care Act.

The TrumpCare bill is a disgrace and a disaster. It is a disgrace that Senate Republicans are trying to force an extremely unpopular bill on the country in 1 week, and they are doing this even though this bill affects one-sixth of our economy and even though it would cost hundreds of thousands of people in New Mexico and millions of Americans to lose access to healthcare, prescription drugs, drug addiction counseling, and other lifesaving services.

The Republican plan raids Medicaid, it strips away protections that prevent insurance companies from canceling your policy for getting sick, and it reduces the services your insurer has to provide. It does all this to pay for massive tax cuts for the wealthy.

This bill is a disaster because it would be devastating for older New Mexicans, families who are struggling to make ends meet, women, people with preexisting conditions, and New Mexicans in rural areas.

Our rural areas would be particularly hard hit. In some cases, it would do very severe damage to healthcare in rural areas. Hospital administrators in rural counties like Guadalupe County and Socorro County in my home State have told me that losing Medicaid reimbursements could break their budgets, and that could force the small, rural hospitals to limit services or even to close. You know, the last thing you want to have happen in a small, rural community is to have the hospital close. We all know what happens after that: The hospital closes, and then a diminution in services takes place, and it is very hard for communities to stay alive in that situation.

It is no wonder the American people don't want this bill. They don't want TrumpCare.

I suppose it is no surprise that the Republicans have kept it hidden—without letting anyone see it. I want to talk about that for a moment. That is not just a talking point for Democrats. If this bill passes and becomes law, many people will suffer, and it has been kept a total secret.

I wish I could read on the Senate floor every story I have gotten from my constituents who are concerned. If I could, I could hold the record for the longest floor speech. I have shared several in the past, but today I would like to read just one, which is from Elena from Albuquerque.

This is a picture of Elena from Albuquerque, NM. She has a very moving story that she wrote me about. In this story, I think you see the story of the Affordable Care Act and the good it does.

Elena is 31 years old.

Earlier this week, I told some of Elena's story in a speech on the Senate floor, but today I want to tell Elena's full story.

Elena graduated last year from the University of New Mexico Law School—my alma mater—and she is quite determined and motivated, as you will hear. She wrote her story in a Facebook post to friends and gave me permission to share it with the American people and with my colleagues here in the Senate. Here is her story. This is Elena's story in Elena's words:

For the past 18 months, I have been carrying around a big secret. I felt really guilty for not sharing it, yet, try as I might, I could not work up the nerve to tell you all. Lucky for me, Senator Udall has helped me to rip off the Band-Aid.

In the spring of 2016, I found out that I have a BRCA-1 mutation, which puts me at a very high risk of developing breast and ovarian cancer. Women with a BRCA-1 mutation tend to get breast and/or ovarian cancer very young, sometimes even in their 20s or 30s.

When you have a BRCA-1 mutation, you have two options: One, you can get breast screenings every six months and yearly ovarian screenings and keep your fingers crossed that nothing pops up. Or two, you can get your breasts and ovaries removed and significantly decrease the odds of getting cancer.

Needless to say, there's not really a "right" decision. A woman's choice just comes down to what she feels is right for her body and life.

In the past 18 months, I've gotten to check a whole lot of things off my "absolutely not on my bucket list" bucket list.

In April 2016, I had my first breast MRI, which revealed a lump that my doctor thought might be breast cancer. I then had my first mammogram, my first breast ultrasound, and my first breast biopsy. These tests thankfully revealed that I didn't have breast cancer. They also helped me to make the difficult decision to have a prophylactic mastectomy and significantly reduce my chances of getting breast cancer.

In August 2016, I had a prophylactic mastectomy. And in October and February of this year, I had follow-up surgeries to have my breasts reconstructed.

Since February, I've been focusing on healing, and I feel great. Obviously, this isn't the end of the road. Doctors suggest that women with a BRCA-1 mutation get their ovaries removed around age 40. And of course screening will continue to be important. But for now, I feel at peace knowing that I'm doing what I can to protect myself.

As Senator UDALL mentioned, at the time that all of this health stuff came up, I had health insurance thanks to Medicaid Expansion through the ACA/ObamaCare.

I first enrolled in Medicaid about three years ago when I was a law student at UNM School of Law. UNM had just given qualifying students the opportunity to enroll in Medicaid under the Affordable Care Act. I was a healthy 29-year-old with no preexisting conditions, and doubted I would ever use my health insurance. Little did I know, completing the Medicaid application would be one of the most important decisions I ever made.

So, a truly genuine #thanksObama to President Obama, his staff and all our elected leaders who worked to make the ACA happen and are fighting to keep it alive.

I am so grateful that I qualified for Medicaid at a time in my life when I unexpectedly needed health insurance more than I could have ever anticipated. I am so thankful the drafters of the ACA understood that allowing me to get the preventive care I needed was better for my health, and also

more financially sound. The ease with which I have received my medical coverage has allowed me to focus on my recovery.

While it has been a challenging year and a half, knowing that I could trust my health insurance made it so much easier than I'd imagined it would be.

I am so relieved that now I can focus on my future instead of figuring out how to pay off insurmountable medical debt.

I am fully recovered from my surgeries and am working on moving my life and career forward. I look forward to paying taxes (I swear, I really do) to support programs like Medicaid so that I can do my part to assist other Americans in staying healthy. If you had told me when I signed up for Medicaid that I would make such extensive use of it, I wouldn't have believed it. At times, I have felt guilty for having to utilize Medicaid at a time in my life that has proven to be so medically and financially complicated.

Friends and family have been good enough to remind me that this is what Medicaid is about: ensuring that Americans can afford to take care of their health, regardless of their financial state, when an issue strikes. The Affordable Care Act has made this a reality for more people than ever before; I am so grateful to be one of them.

I am very scared for what the future will bring for those many individuals who have received insurance thanks to the ACA. I worry that if the [Affordable Care Act] is destroyed, my preexisting condition will make it financially impossible for me and many others to get health insurance.

I worry for people who couldn't get insurance through their work and were finally able to get it through the Exchange. I worry that those who suffer from ailments that constantly affect their health won't be able to afford the care they need. I worry about the millions of Americans who are about to lose so much.

I understand that the ACA is not perfect. It needs some work, especially for people on the exchange who are paying premiums that are way too high. But the replacement plan that is being proposed is going to make it incredibly difficult for all of us to get quality, affordable coverage.

There are no words to adequately express my gratitude to all those who worked so tirelessly to make the Affordable Care Act happen. I am so hopeful that instead of destroying the ACA, our leaders will work to make it stronger so that all Americans can get the healthcare that they deserve.

Those are the words Elena posted on her Facebook page, very, very moving words. Before her surgery, Elena had an 87-percent chance of developing breast cancer, and now it is less than 10 percent, less than that of the average woman.

I commit to Elena and to every New Mexican and American that I will work to make the ACA stronger so that all Americans will get the healthcare they rightly deserve. But the Senate Republicans cannot claim the same. Their bill, drafted in secret behind closed doors, hurts people like Elena who have preexisting conditions. It hurts people in her situation who have complicated healthcare needs with high medical costs and those who benefit from Medicaid, from the Medicaid expansion.

Americans support the Medicaid Program. They understand that even if they don't need Medicaid, neighbors, friends, family may need it. And they

understand that they may need it unexpectedly in the future, as Elena did.

Medicaid expansion has meant that over 265,000 New Mexicans have healthcare coverage that they didn't have before. It is a pretty remarkable thing. In 6 short years in New Mexico, after the passage of the Affordable Care Act, we had people who didn't have any healthcare, and now 265,000 have Medicaid coverage. They could be in a situation just like Elena's. Many of these are hard-working families—families living in rural New Mexico and Native American families living in New Mexico.

The Senate Republican bill, like the House Republican bill, will end Medicaid expansion in New Mexico for people like Elena.

I want everyone listening to hear: This bill cuts Medicaid overall more deeply—more deeply—than the House version. And when President Trump said that the House version was a mean bill, this is a meaner bill. They are not necessary; these cuts are meaner, and they are not necessary to repeal the Affordable Care Act. They will hurt millions of Americans.

They are also devastating to our State economies. New Mexico can't afford to pick up the tab for those cuts, so the State will be forced to cut services and reduce payments to doctors. Hospitals might close, and that would mean healthcare jobs will dry up.

Elena's story is one of millions. Every Senator has hundreds of thousands of constituents with these stories. We all need healthcare at some point in our lives.

I urge, I implore my fellow Senators across the aisle to reject the McConnell TrumpCare bill. Work with Democrats on a bipartisan basis to improve America's healthcare system so that every American has access to affordable healthcare.

Don't do this. Don't gut our healthcare system.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

EXECUTIVE CALENDAR

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of Executive Calendar Nos. 120 through 152 and all nominations placed on the Secretary's desk in the Air Force, Army, Marine Corps, and Navy, with the exception of COL Darius Gallegos in Calendar No. 140; that the nominations be confirmed, the motions to reconsider be considered made and laid upon the table with no intervening action or debate; that no further motions be in

order; that any statements related to the nominations be printed in the RECORD; that the President be immediately notified of the Senate's action, and the Senate then resume legislative session.

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

The nominations considered and confirmed are as follows:

IN THE ARMY

The following named officer for appointment in the United States Army Medical Corps to the grade indicated under title 10, U.S.C., sections 624 and 3064:

To be major general

Brig. Gen. Ronald J. Place

IN THE NAVY

The following named officer for appointment in the United States Navy to the grade indicated under title 10, U.S.C., section 624:

To be rear admiral (lower half)

Capt. William C. Greene

The following named officer for appointment in the United States Navy to the grade indicated under title 10, U.S.C., section 624:

To be rear admiral (lower half)

Capt. William S. Dillon

The following named officer for appointment in the United States Navy to the grade indicated under title 10, U.S.C., section 624:

To be rear admiral (lower half)

Capt. Karl O. Thomas

IN THE AIR FORCE

The following named officer for appointment in the United States Air Force to the grade indicated while assigned to a position of importance and responsibility under title 10, U.S.C., section 601:

To be lieutenant general

Maj. Gen. Jay B. Silveria

IN THE NAVY

The following named officer for appointment in the United States Navy to the grade indicated under title 10, U.S.C., section 624:

To be rear admiral (lower half)

Capt. Samuel J. Paparo, Jr.

The following named officer for appointment in the United States Navy to the grade indicated under title 10, U.S.C., section 624:

To be rear admiral (lower half)

Capt. Gregory N. Harris

IN THE ARMY

The following named officer for appointment in the Reserve of the Army to the grade indicated under title 10, U.S.C., section 12203:

To be brigadier general

Col. John P. Lawlor, Jr.

The following named officer for appointment in the Reserve of the Army to the grade indicated under title 10, U.S.C., section 12203:

To be brigadier general

Col. Dion B. Moten

The following named officer for appointment in the Reserve of the Army to the grade indicated under title 10, U.S.C., section 12203:

To be brigadier general

Col. Bowlman T. Bowles, III

IN THE NAVY

The following named officer for appointment in the United States Navy Reserve to the grade indicated under title 10, U.S.C., section 12203:

To be rear admiral

Rear Adm. (lh) Daniel J. MacDonnell

The following named officers for appointment in the United States Navy Reserve to the grade indicated under title 10, U.S.C., section 12203:

To be rear admiral

Rear Adm. (lh) Daniel B. Hendrickson
Rear Adm. (lh) Thomas W. Marotta
Rear Adm. (lh) Matthew A. Zirkle

The following named officer for appointment in the United States Navy Reserve to the grade indicated under title 10, U.S.C., section 12203:

To be rear admiral (lower half)

Capt. Jacquelyn McClelland

The following named officer for appointment in the United States Navy Reserve to the grade indicated under title 10, U.S.C., section 12203:

To be rear admiral (lower half)

Capt. James M. Butler

The following named officers for appointment in the United States Navy Reserve to the grade indicated under title 10, U.S.C., section 12203:

To be rear admiral (lower half)

Capt. Eugene A. Burcher
Capt. Rodney P. Dewalt
Capt. Joey B. Dodgen
Capt. Andrew J. Mueller
Capt. Richard A. Rodriguez

The following named officer for appointment in the United States Navy Reserve to the grade indicated under title 10, U.S.C., section 12203:

To be rear admiral

Rear Adm. (lh) Keith M. Jones

The following named officer for appointment in the United States Navy to the grade indicated under title 10, U.S.C., section 624:

To be rear admiral

Rear Adm. (lh) Bret C. Batchelder

IN THE AIR FORCE

The following named officer for appointment in the United States Air Force to the grade indicated under title 10, U.S.C., section 624:

To be brigadier general

Col. DeAnna M. Burt

IN THE ARMY

The following named Army National Guard of the United States officer for appointment in the Reserve of the Army to the grade indicated under title 10, U.S.C., sections 12203 and 12211:

To be major general

Brig. Gen. Stephen R. Hogan

The following named Army National Guard of the United States officer for appointment in the Reserve of the Army to the grade indicated under title 10, U.S.C., sections 12203 and 12211:

To be major general

Brig. Gen. Janson D. Boyles

The following named officers for appointment in the Reserve of the Army to the grades indicated under title 10, U.S.C., section 12203:

To be major general

Brig. Gen. Steven W. Ainsworth
Brig. Gen. Bruce E. Hackett
Brig. Gen. Michael C. O'Guinn
Brig. Gen. Miyako N. Schanely

To be brigadier general

Col. John W. Aarsen
Col. Kris A. Belanger
Col. Douglas A. Cherry
Col. Ellen S. Clark
Col. Robert S. Cooley, Jr.
Col. Dianne M. Del Rosso

Col. William B. Dyer, III
Col. Joseph A. Edwards, II
Col. Howard-Charles W. Geck
Col. Michael T. Harvey
Col. Martin F. Klein
Col. William S. Lynn
Col. Joseph A. Marsiglia
Col. Robert F. Pleczkowski
Col. Dustin A. Shultz
Col. Mark A. Towne
Col. Irene M. Zoppi

The following named Army National Guard of the United States officers for appointment in the Reserve of the Army to the grade indicated under title 10, U.S.C., sections 12203 and 12211:

To be major general

Brig. Gen. Gregory L. Kennedy
Brig. Gen. Andrew P. Schafer, Jr.

The following named Army National Guard of the United States officer for appointment in the Reserve of the Army to the grade indicated under title 10, U.S.C., sections 12203 and 12211:

To be major general

Brig. Gen. Christopher P. Callahan

The following named Army National Guard of the United States officers for appointment in the Reserve of the Army to the grade indicated under title 10, U.S.C., sections 12203 and 12211:

To be major general

Brig. Gen. James P. Begley, III
Brig. Gen. Sylvester Cannon
Brig. Gen. Thomas M. Carden, Jr.
Brig. Gen. Richard H. Dahlman
Brig. Gen. Wendul G. Hagler, II
Brig. Gen. Robert T. Herbert
Brig. Gen. Jon A. Jensen
Brig. Gen. John F. King
Brig. Gen. Dirk R. Kloss
Brig. Gen. Francis M. McGinn
Brig. Gen. Walter L. Mercer
Brig. Gen. Paul D. Rogers
Brig. Gen. Sean A. Ryan
Brig. Gen. Michael A. Stone
Brig. Gen. Michael C. Thompson
Brig. Gen. Giselle M. Wilz
Brig. Gen. Gary S. Yapple

IN THE NAVY

The following named officer for appointment in the United States Navy to the grade indicated under title 10, U.S.C., section 624:

To be rear admiral

Rear Adm. (lh) Ann M. Burkhardt

IN THE AIR FORCE

The following named officer for appointment in the United States Air Force to the grade indicated while assigned to a position of importance and responsibility under title 10, U.S.C., section 601:

To be lieutenant general

Maj. Gen. Scott A. Howell

The following named officer for appointment in the United States Air Force to the grade indicated while assigned to a position of importance and responsibility under title 10, U.S.C., section 601:

To be lieutenant general

Maj. Gen. James C. Vechery

IN THE ARMY

The following named officer for appointment in the United States Army to the grade indicated while assigned to a position of importance and responsibility under title 10, U.S.C., section 601:

To be lieutenant general

Maj. Gen. Thomas A. Horlander

IN THE NAVY

The following named officer for appointment in the United States Navy to the grade

indicated while assigned to a position of importance and responsibility under title 10, U.S.C., section 601:

To be vice admiral

Rear Adm. Andrew L. Lewis

The following named officer for appointment in the United States Navy to the grade indicated while assigned to a position of importance and responsibility under title 10, U.S.C., section 601:

To be vice admiral

Rear Adm. Matthew J. Kohler

The following named officer for appointment in the United States Navy to the grade indicated while assigned to a position of importance and responsibility under title 10, U.S.C., section 601:

To be vice admiral

Vice Adm. Kevin M. Donegan

IN THE MARINE CORPS

The following named officer for appointment in the United States Marine Corps to the grade indicated while assigned to a position of importance and responsibility under title 10, U.S.C., section 601:

To be lieutenant general

Maj. Gen. Robert F. Hedelund

IN THE NAVY

The following named officer for appointment in the United States Navy to the grade indicated while assigned to a position of importance and responsibility under title 10, U.S.C., section 601:

To be admiral

Vice Adm. James G. Foggo, III

NOMINATIONS PLACED ON THE SECRETARY'S DESK

IN THE AIR FORCE

PN496 AIR FORCE nomination of Jered N. Fry, which was received by the Senate and appeared in the Congressional Record of May 22, 2017.

PN497 AIR FORCE nominations (2) beginning CHRISTOPHER R. BONEY, and ending DANIEL D. REYES, which nominations were received by the Senate and appeared in the Congressional Record of May 22, 2017.

PN498 AIR FORCE nominations of Jeffrey A. Garrett, which was received by the Senate and appeared in the Congressional Record of May 22, 2017.

PN499 AIR FORCE nominations (2) beginning ROGER A. LEE, and ending JEFFREY R. ROSENBERRY, which nominations were received by the Senate and appeared in the Congressional Record of May 22, 2017.

PN500 AIR FORCE nomination of Theodore L. Wilson, which was received by the Senate and appeared in the Congressional Record of May 22, 2017.

PN501 AIR FORCE nomination of Jason S. Cross, which was received by the Senate and appeared in the Congressional Record of May 22, 2017.

PN504 AIR FORCE nomination of Angela M. Mike, which was received by the Senate and appeared in the Congressional Record of June 5, 2017.

PN535 AIR FORCE nominations (4) beginning MATTHEW V. CHAUVIERE, and ending LAUREN A. MAY, which nominations were received by the Senate and appeared in the Congressional Record of June 5, 2017.

PN536 AIR FORCE nominations (13) beginning MICHAEL E. BRUHN, and ending VICTOR D. WEEDEN, JR., which nominations were received by the Senate and appeared in the Congressional Record of June 5, 2017.

PN537 AIR FORCE nominations (31) beginning JEFFREY W. DRAKE, and ending JACK VILARDI, which nominations were received by the Senate and appeared in the Congressional Record of June 5, 2017.

PN539 AIR FORCE nominations (36) beginning MEGAN E. ANDERSON, and ending

RAJEEV S. WILLIAMS, which nominations were received by the Senate and appeared in the Congressional Record of June 5, 2017.

PN544 AIR FORCE nomination of Jose G. Bal, which was received by the Senate and appeared in the Congressional Record of June 5, 2017.

IN THE ARMY

PN159 ARMY nominations (81) beginning JENNIFER M. BAGER, and ending RAMEY L. WILSON, which nominations were received by the Senate and appeared in the Congressional Record of March 27, 2017.

PN160 ARMY nominations (12) beginning ALFRED C. ANDERSON, and ending KELLEY TOMSETT, which nominations were received by the Senate and appeared in the Congressional Record of March 27, 2017.

PN483 ARMY nomination of William F. McClintock, which was received by the Senate and appeared in the Congressional Record of May 18, 2017.

PN484 ARMY nominations (9) beginning DAVID S. ALLEN, and ending BARRY K. VINCENT, which nominations were received by the Senate and appeared in the Congressional Record of May 18, 2017.

PN485 ARMY nomination of Jeffrey L. Washington, which was received by the Senate and appeared in the Congressional Record of May 18, 2017.

PN545 ARMY nomination of Joseph B. Dore, which was received by the Senate and appeared in the Congressional Record of June 5, 2017.

PN546 ARMY nominations (2) beginning CHRISTOPHER M. CHUNG, and ending HEATH D. HOLT, which nominations were received by the Senate and appeared in the Congressional Record of June 5, 2017.

PN547 ARMY nominations (2) beginning DEVIN G. MCCANE, and ending SHARRI L. ORMSBEE, which nominations were received by the Senate and appeared in the Congressional Record of June 5, 2017.

PN548 ARMY nomination of Janna X. Gaddy, which was received by the Senate and appeared in the Congressional Record of June 5, 2017.

PN549 ARMY nominations (2) beginning BRADLEY H. STEPHENS, and ending AMILYN M. TAPLIN, which nominations were received by the Senate and appeared in the Congressional Record of June 5, 2017.

PN550 ARMY nomination of Terry Kim, which was received by the Senate and appeared in the Congressional Record of June 5, 2017.

PN551 ARMY nominations (16) beginning JEFF A. BURCHFIELD, and ending BRIAN D. WIECK, which nominations were received by the Senate and appeared in the Congressional Record of June 5, 2017.

IN THE MARINE CORPS

PN488 MARINE CORPS nomination of Jason K. Fettig, which was received by the Senate and appeared in the Congressional Record of May 18, 2017.

IN THE NAVY

PN395 NAVY nominations (6) beginning JUANITO F. BOYDON, JR., and ending SURESH K. THADHANI, which nominations were received by the Senate and appeared in the Congressional Record of May 8, 2017.

PN396 NAVY nominations (3) beginning ANTHONY L. BAYUNGAN, and ending MICHAEL A. LEACHMAN, which nominations were received by the Senate and appeared in the Congressional Record of May 8, 2017.

PN397 NAVY nominations (17) beginning TODD M. BOLAND, and ending KAIL C. SWINDLE, which nominations were received by the Senate and appeared in the Congressional Record of May 8, 2017.

PN398 NAVY nominations (64) beginning JAMES G. ADAMS, and ending CHARLES C.

WILLIAMS, which nominations were received by the Senate and appeared in the Congressional Record of May 8, 2017.

PN399 NAVY nominations (2) beginning SHAWN G. DENIHAN, and ending CHAD A. RUNYON, which nominations were received by the Senate and appeared in the Congressional Record of May 8, 2017.

PN400 NAVY nominations (2) beginning KELVIN J. ASKEW, and ending ERIKA L. BERRY, which nominations were received by the Senate and appeared in the Congressional Record of May 8, 2017.

PN401 NAVY nominations (2) beginning KATHLEEN A. ALLEN, and ending CHRISTOPHER FRYE, which nominations were received by the Senate and appeared in the Congressional Record of May 8, 2017.

PN419 NAVY nomination of Bruce E. Osborne, which was received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN420 NAVY nominations (2) beginning COLETTE M. MURPHY, and ending JOHN A. ROBINSON, III, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN421 NAVY nominations (14) beginning NATHAN R. ANDERSON, and ending JODIE M.C. YIM, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN422 NAVY nomination of Adria R. Schneck, which was received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN423 NAVY nominations (2) beginning MARY A. PONCE, and ending BRIAN K. REED, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN424 NAVY nominations (2) beginning RYAN K. MAHELONA, and ending PHILIP L. NOTZ, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN425 NAVY nominations (14) beginning JOSEPH T. BAILEY, and ending JONPAUL STEFANI, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN426 NAVY nomination of David W. Shaieb, which was received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN427 NAVY nominations (15) beginning LEE A. AXTELL, and ending MARK S. WINWARD, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN428 NAVY nominations (13) beginning THOMAS M. BESTAFKA, and ending FRANCIS J. STAVISH, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN429 NAVY nomination of Danny W. King, which was received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN431 NAVY nominations (30) beginning BABAK A. BARAKAT, and ending STEPHEN M. WILSON, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN432 NAVY nominations (26) beginning MICHAEL J. ALLANSON, and ending GERARD J. WHITE, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN433 NAVY nominations (16) beginning MATTHEW L. BERAN, and ending IAN S. WEXLER, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN434 NAVY nominations (21) beginning GARLAND H. ANDREWS, and ending MEREDITH L. YEAGER, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN435 NAVY nominations (50) beginning OLADAPO A. AKINTONDE, and ending SEAN R. WISE, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN436 NAVY nominations (16) beginning JEFF A. BLEILE, and ending JEFFREY G. ZELLER, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN438 NAVY nominations (5) beginning GRADY G. DUFFEY, JR., and ending DAVID A. VONDRAK, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN439 NAVY nominations (4) beginning WILLIAM M. KAFKA, and ending WILLIAM R. URBAN, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN440 NAVY nominations (6) beginning DANIEL E. FILLION, and ending JASON D. WEDDLE, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN441 NAVY nominations (5) beginning DAMON B. DIXON, and ending JONATHAN J. VORRATH, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN442 NAVY nominations (11) beginning JAMES W. ADKISSON, III, and ending SHERRI R. ZIMMERMAN, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN443 NAVY nominations (7) beginning CORY S. BRUMMETT, and ending DAVID J. WHITE, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN444 NAVY nominations (18) beginning JULIE M. ALFIERI, and ending BRETT A. WISE, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN445 NAVY nominations (9) beginning MATTHEW E. ARNOLD, and ending ANTHONY C. TARANTO, JR., which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN446 NAVY nominations (11) beginning PETER A. ARROBIO, and ending KEVIN J. WATKINS, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN447 NAVY nominations (18) beginning JOHN A. ANDERSON, and ending JAY A. YOUNG, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN448 NAVY nominations (3) beginning LAWRENCE H. KENNEDY, and ending TRACIE A. SEVERSON, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN449 NAVY nominations (5) beginning JOSE G. HERNANDEZ, and ending DEREK A. VESTAL, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN450 NAVY nominations (173) beginning DAVID A. ABERNATHY, and ending JESSE J. ZIMBAUER, which nominations were received by the Senate and appeared in the Congressional Record of May 10, 2017.

PN486 NAVY nomination of Kenneth M. King, which was received by the Senate and appeared in the Congressional Record of May 18, 2017.

PN487 NAVY nomination of Garry P. Closas, which was received by the Senate and appeared in the Congressional Record of May 18, 2017.

PN502 NAVY nominations (2) beginning PAUL D. MELVEY and ending ALEXANDER WOLDEMARIAM, which nominations were

received by the Senate and appeared in the Congressional Record of May 22, 2017.

PN503 NAVY nominations (13) beginning WILLIAM J. BAILEY, JR., and ending CHRISTOPHER D. TUCKER, which nominations were received by the Senate and appeared in the Congressional Record of May 22, 2017.

PN504 NAVY nominations (21) beginning GINA A. BUONO, and ending SANDRA F. WILLIAMS, which nominations were received by the Senate and appeared in the Congressional Record of May 22, 2017.

PN505 NAVY nominations (6) beginning DAVID J. ALLEN, and ending TRACIE M. ZIELINSKI, which nominations were received by the Senate and appeared in the Congressional Record of May 22, 2017.

PN506 NAVY nominations (5) beginning DAVID M. BUZZETTI, and ending ERIC R. VETTER, which nominations were received by the Senate and appeared in the Congressional Record of May 22, 2017.

PN507 NAVY nominations (11) beginning DAVID E. BAILEY, and ending CHRISTOPHER J. STEWART, which nominations were received by the Senate and appeared in the Congressional Record of May 22, 2017.

PN508 NAVY nominations (8) beginning JOHN R. ADAMS, and ending MARY C. WISE, which nominations were received by the Senate and appeared in the Congressional Record of May 22, 2017.

PN509 NAVY nominations (7) beginning SEAN A. COX, and ending LUIS A. PEREZ, which nominations were received by the Senate and appeared in the Congressional Record of May 22, 2017.

PN510 NAVY nominations (13) beginning ELIZABETH W. BUNDT, and ending MICHAEL G. WATSON, which nominations were received by the Senate and appeared in the Congressional Record of May 22, 2017.

PN552 NAVY nomination of Miguel A. Santiesteban, which was received by the Senate and appeared in the Congressional Record of June 5, 2017.

LEGISLATIVE SESSION

The PRESIDING OFFICER. The Senate will now resume legislative session.

MORNING BUSINESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

TRIBUTE TO MAUREEN RILEY

Mr. HATCH. Mr. President, today I wish to pay tribute to a remarkable leader in the airport industry, Maureen Riley, who is retiring on June 30. Maureen is not only an accomplished businesswoman, but also a well-respected collaborator who had the vision and tenacity to get a \$3.1 billion airport redevelopment program off the ground at Salt Lake City International Airport.

For more than 30 years, Maureen's professional life has been marked by many significant achievements in the airport industry. She has distinguished herself as a trusted consultant for numerous airports across the country. She has also served as deputy executive

director at Orlando International Airport and, most recently, as executive director for the Salt Lake City Department of Airports.

Maureen believes in collaboration and sharing information to create better operating results. She has served in top leadership positions for the Airports Council International-North America, ACI-NA, a trade association of airports around the globe. She also served as a member of the ACI World Board of Directors for 4 years.

I first met Maureen after she took over the helm at Salt Lake City's Department of Airports, a position she has served in for more than a decade. During this time, Maureen guided the airport through the planning, financing, and now construction of the \$3.1 billion airport redevelopment program.

Maureen is an exceptional manager who can be credited with gaining approval from the airlines to construct the new airport, which is paramount to the success of Utah's economy. She has the unique ability to bring people together and has been able to persuade the airlines, architects, financiers, and construction teams to get the construction program off the ground. Maureen never backs away from a challenge and does what is necessary to keep a project on track and on budget. She is well respected by her colleagues and is known as being a tough negotiator. As one airline executive once told Maureen, "It is hard to resist your reasonableness."

Maureen is passionate about providing excellent customer service to airport passengers. She is committed to seeing that a project is done right the first time and is not afraid of saying no when a project or proposal does not make sense. Maureen is also committed to promoting women in the workforce and encourages the use of gender-neutral language in meetings by contractors, consultants, and staff.

Maureen has been the driving force to ensure the airport redevelopment program leaves a positive lasting impression on passengers and meets Salt Lake City's passenger growth well into the future.

Maureen Riley is leaving a lasting legacy as she steps down from her position with the Salt Lake City Department of Airports. I want to wish Maureen well in her retirement and send my best wishes to her and her family on this momentous occasion.

VA ACCOUNTABILITY AND WHISTLEBLOWER PROTECTION ACT

Mr. SCHATZ. Mr. President, the Senate recently passed the Department of Veterans Affairs Accountability and Whistleblower Protection Act. This legislation is intended to improve the VA by strengthening the process of holding nonperforming VA employees accountable, but it does this by removing certain due process protections that are currently in place to protect VA employees from unlawful discrimi-

nation or retaliation. Dr. David Shulkin, the Secretary of Veterans Affairs, asked for this authority to reform the personnel system, and the Senate obliged his request.

In Hawaii we have a much different and more pressing problem that this legislation does not address, and that is the challenge we face with recruitment and retention of VA leaders and filling vacant positions at the VA.

Nowhere is this challenge more evident than in the VA's yearlong search to recruit a new executive director for the Pacific Island Health Care System in Honolulu. During this time, six executive directors from six different VA healthcare systems on the mainland rotated through Hawaii on an interim basis. The VA said that its search dragged on for so long because it faced a shortage of individuals with the right skills to fill these medical director positions, but that is no excuse. The VA should have been doing more to develop a pool of qualified people to fill vacant medical director positions. Failure to find long-term, stable leadership undermines accountability not only at the highest level, but across the entire healthcare system.

I am also bothered by the decision to rotate medical directors in from other healthcare systems, even on an interim basis. This stopgap measure failed to ensure the proper leadership required to provide long-term direction for the Pacific Island Health Care System and to make sure that there was someone to hold accountable for the delivery of services to the more than 120,000 veterans that the VA is responsible for in the Pacific. Those veterans and their families deserve better.

Leadership recruitment is not the only staffing issue we face. In its September 2016 report on the Pacific Island Health Care System, the VA's Office of the Inspector General specifically noted that recruitment and retention of staff is an ongoing challenge across our neighbor islands, in large part due to cost of living, distance, and physical isolation. At the time of its report, the OIG noted that there were 75 unfilled positions at community-based outpatient clinics across Hawaii. These are vacant positions at clinics that directly affect veterans' access to healthcare.

I worry that removing important due process protections for VA employees will only make this problem worse, because, where there are already issues in physician recruitment and retention, the VA could compete through the promise of a stable job, in an environment free from unlawful discrimination or retaliation. Knowing that those protections are in place is not only helpful to attracting recruits, but it is helpful to promoting a culture free of inequity and intimidation because people know they will be held to account for their actions. That kind of culture is critical to recruitment and retention because the last thing the VA wants is hard-working employees to search for

jobs that offer better working conditions elsewhere.

At our recent subcommittee hearing on military construction and veteran affairs appropriations, Secretary Shulkin acknowledged that the VA has seen cases of documented whistleblower retaliation, and that is important, because it means that Secretary Shulkin is going to have to be vigilant so that this new legislation is not abused. In his mind, he is not seeking this legislation so that the VA can fire employees without any reason or to allow supervisors to abuse them, and I hope that is how this plays out in practice across the country, but there is going to be more risk for a workforce of 360,000 that is decentralized, where decisions are made locally, and so we will be vigilant with him and will hold Secretary Shulkin accountable for any wrongdoing.

We are still left grappling with the challenge of recruitment and retention, and unfortunately, this legislation does not address it, and it may make addressing it even harder. With nearly 50,000 vacant positions across the VA workforce, Congress needs to get a handle on this issue because these vacancies risk undermining the delivery of services and care to our veterans who rely on the VA. We can and need to do better by them.

Thank you.

ADDITIONAL STATEMENTS

50TH ANNIVERSARY OF THE IDAHO NATIONAL LABORATORY'S ADVANCED TEST REACTOR

• Mr. CRAPO. Mr. President, my colleague Senator JIM RISCH joins me today in recognizing the Idaho National Laboratory's achievements in 50 years of operation of the advanced test reactor. The success of the scientific mission of the advanced test reactor is a pride of Idaho and of the entire American nuclear science community.

The advanced test reactor is a unique system designed to support multiple different experiments simultaneously. It can serve as a nuclear "time machine" by testing the stresses of nuclear power 20 times faster than conventional systems. It is currently involved in research to convert weapons-grade nuclear material to reactor fuel. This will strengthen American energy independence.

The U.S. Navy's nuclear propulsion program is a key customer of advanced test reactor research. It is one of many ways in which Idahoans contribute to our national security. The advanced test reactor is also the only American source for a particular isotope known as Cobalt-60. Cobalt-60 is vital for its use in modern brain cancer treatments and is saving the lives of Americans every day.

Beyond these good works, the advanced test reactor is available to our universities. Our next generation of

scientists has access to this unique system on the condition that their research be published for the benefit of the American public. Through this and other efforts, the Idaho National Laboratory works to support current and future generations.

Congratulations to the dedicated men and women of the Idaho National Laboratory. They are the embodiment of American scientific achievement and leadership in nuclear research.●

RECOGNIZING TONGUE RIVER WINERY

• Mr. DAINES. Mr. President, this week I have the distinct honor of recognizing the team at the Tongue River Winery, in Custer County, for having the skill, patience, and dedication required to produce quality wines on the high plains of eastern Montana. Despite a difficult growing climate, this humble, family-run operation has successfully combined vineyard and winery functions and has received numerous awards and recognition for their efforts.

The married couple of Bob and Marilyn Thaden, along with their son Josh, are the team that makes the Tongue River Winery successful; 2017 marks the fifth consecutive year that the Tongue River Winery has won the Granite Peak Award. This award is presented to the top Montana winery at the Northwest Wine Summit.

For Bob, this year marks his 50th anniversary making wine. It has also been about 50 years since he met his wife, Marilyn, so it comes as no surprise that, when asked about winemaking, he compares the process of selecting good grapes to courtship. Bob reflected, "it's like courtship, plant the wrong one and you will regret it for a long time; take your time, choose carefully, so not to be disappointed later on." Bob has selected wisely in both endeavors. His advice on being thoughtful and patient can be applied to many other areas of life.

In the years ahead, I wish Bob, Marilyn, and Josh all the best as they continue to cultivate and create uniquely Montana wines. For their efforts, I raise my glass to the team at the Tongue River Winery.●

225TH ANNIVERSARY OF BUCKSPORT, MAINE

• Mr. KING. Mr. President, today I wish to recognize the 225th anniversary of Bucksport, ME, an active town set along the banks of the Penobscot River. The town has a long and proud history dating back to the late 1700s, and I am pleased to join with Mayor David Keene, town officials, members of the Bucksport Historical Society, and residents as they gather for a founder's day celebration to honor the town's history.

First settled in 1763, Bucksport was incorporated in 1792 and named for its original surveyor, Colonel Jonathan

Buck. However, Bucksport's history begins long before the 18th century. The town's first known inhabitants were the prehistoric "Red Paint People" who were discovered through an archaeological dig in the late 19th century. Originally known as the territory of the Penobscot Abenaki Native Peoples, the town of Bucksport today encompasses an area surveyed by Colonel Buck in 1762. After returning in 1763, Colonel Buck built the first sawmill, store, and home, and by 1775, there were a total of 21 families living there. During the Penobscot Expedition in 1779—notably one of the greatest defeats in American naval history—the British overtook and burned the town. As a result, in 1783, the town was resettled and named Buckstown Plantation, later changed to Buckstown, and finally renamed Bucksport in 1817.

Bucksport's history is deeply engrained in the papermaking industry. In 1930, Bucksport's Maine Seaboard Paper Company opened its doors as the first paper mill on the Penobscot River. The mill and the town have experienced significant changes as the paper industry has declined, with the paper mill finally closing its doors in 2014. Despite these hardships, the town of Bucksport has opened new doors both through creative uses of the former mill site, as well as by capitalizing on the town's deepwater port, rail service, and location at the intersection of two loops of the "three Ring Binder" broadband network. The resiliency of the town is a testament to its residents' hard work, innovation, and commitment to Maine.

Bucksport is home to nearly 5,000 people and continues to grow. Bucksport is centrally located 18 miles from three major employment centers and is also home to numerous cultural and arts organizations like Northeast Historic Film, the Alamo Theater, and the Lighthouse Arts Studio. The town also features the Downeast Waterfront Walkway, a mile-long walkway along the Penobscot River with views of Fort Knox and informational panels that detail Bucksport's important past, as well as its potential for the future. I am proud to commemorate 225 years since the incorporation of Bucksport, a town that has greatly contributed to Maine's economic prosperity and a community known for providing the unique Maine experience.●

200TH ANNIVERSARY OF UTICA, MICHIGAN

• Mr. PETERS. Mr. President, today I wish to recognize the 200th anniversary of the city of Utica, MI. The bicentennial celebration is a historical benchmark for Utica, as well as the State of Michigan.

Located in Macomb County and often referred to as a small town with city amenities, Utica residents have always prided themselves on their high level of community involvement, rich heritage, and family-oriented values. After 200

years of change and growth, the city remains embodied in that local spirit.

Founded by Canadian pioneer Thomas Squire in 1817 and formally incorporated in 1838, Utica has a rich history. In the early pioneer days, settlers and farmers from across the United States traveled to Utica due to its close proximity to the Clinton River. At the time, Utica was known by various names, including McDougalville, Hog Hollow, and Harlow. It was not until 1829 when Americans from New York State began moving to the area and changed the name to Utica, after their home city. Utica gained the status of village in 1838 and was among one of the first towns in Michigan to do so.

The flourishing village experienced great economic growth from the agricultural industry, as well as the construction of the Detroit United Railway, Wildcat Bank of Utica, and Clinton-Kalamazoo Canal. Tragically, in both 1904 and 1905, fires erupted across the village and destroyed many businesses, residences, and the renowned Exchange Hotel. However, Utica residents demonstrated their love and commitment to the city by building waterworks in 1926, gas mains in 1930, and sewers in 1937. It was the same year, 1937, that Utica officially became a recognized city. It is testament to the longevity and vibrancy of the community that the Utica United Methodist Church, which was built in 1839 by two of the first settlers, Nathaniel and Jemima Squires, still stands today.

Today Utica is a vibrant community covering 1,114 acres of land, with affordable, safe housing, successful family-owned shops, and nationally recognized community schools. The city offers its residents a wide range of comprehensive and efficient services from festivals and 5K races, to senior nutrition programs and pinochle tournaments. Utica's fire and police department work hard to protect the city and its residents, as well as enhance the quality of life. In short, Utica is a great place to live, work, and play.

The city of Utica has a rich history, dynamic present, and bright future. As Utica celebrates this milestone, I ask all my colleagues to join me in congratulating its residents, elected officials, and businesses as they celebrate their rich history. I wish the city continued growth and prosperity in the years ahead.●

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Ms. Ridgway, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

In executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations

which were referred to the Committee on Armed Services.

(The messages received today are printed at the end of the Senate proceedings.)

MESSAGE FROM THE HOUSE

At 11:02 a.m., a message from the House of Representatives, delivered by Mr. Novotny, one of its reading clerks, announced that the House has passed the following bills, in which it requests the concurrence of the Senate:

H.R. 1282. An act to amend the Homeland Security Act of 2002 to establish the Acquisition Review Board in the Department of Homeland Security, and for other purposes.

H.R. 1873. An act to amend the Federal Land Policy and Management Act of 1976 to enhance the reliability of the electricity grid and reduce the threat of wildfires to and from electric transmission and distribution facilities on Federal lands by facilitating vegetation management on such lands.

H.R. 2131. An act to amend the Homeland Security Act of 2002 to direct the Chief Human Capital Officer of the Department of Homeland Security to improve consistency regarding discipline and adverse actions in the Department's workforce, and for other purposes.

ENROLLED BILL SIGNED

The President pro tempore (Mr. HATCH) announced that on today, June 22, 2017, he has signed the following enrolled bill, which was previously signed by the Speaker of the House:

S. 1094. An act to amend title 38, United States Code, to improve the accountability of employees of the Department of Veterans Affairs, and for other purposes.

MEASURES REFERRED

The following bills were read the first and the second times by unanimous consent, and referred as indicated:

H.R. 1282. An act to amend the Homeland Security Act of 2002 to establish the Acquisition Review Board in the Department of Homeland Security, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

H.R. 1873. An act to amend the Federal Land Policy and Management Act of 1976 to enhance the reliability of the electricity grid and reduce the threat of wildfires to and from electric transmission and distribution facilities on Federal lands by facilitating vegetation management on such lands; to the Committee on Energy and Natural Resources.

H.R. 2131. An act to amend the Homeland Security Act of 2002 to direct the Chief Human Capital Officer of the Department of Homeland Security to improve consistency regarding discipline and adverse actions in the Department's workforce, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

ENROLLED BILL PRESENTED

The Secretary of the Senate reported that on today, June 22, 2017, she had presented to the President of the United States the following enrolled bill:

S. 1094. An act to amend title 38, United States Code, to improve the accountability of employees of the Department of Veterans Affairs, and for other purposes.

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, and were referred as indicated:

EC-2024. A communication from the Secretary of the Senate, transmitting, pursuant to law, the report of the receipts and expenditures of the Senate for the period from October 1, 2016 through March 31, 2017, received in the Office of the President of the Senate on May 12, 2017; ordered to lie on the table.

EC-2025. A communication from the Deputy Secretary of Defense, transmitting, pursuant to law, a report relative to violations of the Antideficiency Act that involved fiscal years 2009-2014 Operation and Maintenance, Army (OMA), funds, and was assigned case number 16-01; to the Committee on Appropriations.

EC-2026. A communication from the Deputy Secretary of Defense, transmitting, pursuant to law, a report relative to violations of the Antideficiency Act that involved fiscal year 2009 Operation and Maintenance, Army (OMA), funds, and was assigned case number 16-03; to the Committee on Appropriations.

EC-2027. A communication from the Secretary of Defense, transmitting a report on the approved retirement of Lieutenant General John E. Wissler, United States Marine Corps, and his advancement to the grade of lieutenant general on the retired list; to the Committee on Armed Services.

EC-2028. A communication from the Deputy Assistant Administrator for Regulatory Programs, Office of International Affairs and Seafood Inspection, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Trade Monitoring Procedures for Fishery Products; International Trade in Seafood; Permit Requirements for Importers and Exporters" (RIN0648-AX63) received in the Office of the President of the Senate on June 15, 2017; to the Committee on Finance.

EC-2029. A communication from the Deputy Chief Counsel, National Technical Information Service, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Certification Program for Access to the Death Master File" (RIN0692-AA21) received in the Office of the President of the Senate on June 15, 2017; to the Committee on Finance.

EC-2030. A communication from the Deputy Assistant Secretary, Legislative Affairs, Department of State, transmitting, pursuant to law, a report consistent with the Authorization for Use of Military Force Against Iraq Resolution of 2002 (P.L. 107-243) and the Authorization for the Use of Force Against Iraq Resolution of 1991 (P.L. 102-1) for the February 7, 2017-April 8, 2017 reporting period; to the Committee on Foreign Relations.

EC-2031. A communication from the Assistant Legal Adviser for Treaty Affairs, Department of State, transmitting, pursuant to the Case-Zablocki Act, 1 U.S.C. 112b, as amended, the report of the texts and background statements of international agreements, other than treaties (List 2017-0100-2017-0112); to the Committee on Foreign Relations.

EC-2032. A communication from the Acting Assistant Attorney General, Office of Legislative Affairs, Department of Justice, transmitting, pursuant to law, the semi-annual reports of the Attorney General relative to

enforcement actions taken by the Department of Justice under the Lobbying Disclosure Act for the period from January 1, 2016, through June 30, 2016, and July 1, 2016, through December 31, 2016; to the Committees on Homeland Security and Governmental Affairs; and the Judiciary.

EC-2033. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 22-70, "Early Learning Equity in Funding Amendment Act of 2017"; to the Committee on Homeland Security and Governmental Affairs.

EC-2034. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 22-71, "Child Development Facilities Regulations Amendment Act of 2017"; to the Committee on Homeland Security and Governmental Affairs.

EC-2035. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 22-72, "Child Care Study Act of 2017"; to the Committee on Homeland Security and Governmental Affairs.

EC-2036. A communication from the Secretary of Housing and Urban Development, transmitting, pursuant to law, the Department of Housing and Urban Development Semiannual Report of the Inspector General for the period from October 1, 2016, through March 31, 2017; to the Committee on Homeland Security and Governmental Affairs.

EC-2037. A communication from the Associate General Counsel for General Law, Department of Homeland Security, transmitting, pursuant to law, a report relative to a vacancy in the position of Assistant Secretary/Administrator, Transportation Security Administration, Department of Homeland Security, received in the Office of the President of the Senate on June 14, 2017; to the Committee on Commerce, Science, and Transportation.

EC-2038. A communication from the Chief of Staff, Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled "Amendment of Section 73.622(i), Post-Transition Table DTV Allotments, Television Broadcast Stations (Augusta, Georgia)" ((MB Docket No. 11-54) (DA 17-510)) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC-2039. A communication from the Chief of Staff, Wireline Competition Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled "Rural Health Care Support Mechanism" ((WC Docket No. 02-60) (FCC 17-71)) received in the Office of the President of the Senate on June 19, 2017; to the Committee on Commerce, Science, and Transportation.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Ms. MURKOWSKI, from the Committee on Energy and Natural Resources, without amendment:

S. 733. A bill to protect and enhance opportunities for recreational hunting, fishing, and shooting, and for other purposes (Rept. No. 115-116).

By Ms. MURKOWSKI, from the Committee on Energy and Natural Resources:

Report to accompany S. 131. A bill to provide for the exchange of certain National Forest System land and non-Federal land in the State of Alaska, and for other purposes (Rept. No. 115-117).

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. THUNE (for himself, Mr. NELSON, Mr. BLUNT, and Ms. CANTWELL):

S. 1405. A bill to amend title 49, United States Code, to authorize appropriations for the Federal Aviation Administration, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. MURPHY (for himself, Mr. VAN HOLLEN, Mr. BLUMENTHAL, and Mr. WHITEHOUSE):

S. 1406. A bill to amend title 31, United States Code, to provide for the issuance of Green Bonds and to establish the United States Green Bank, and for other purposes; to the Committee on Finance.

By Mr. COONS (for himself and Mrs. CAPITO):

S. 1407. A bill to amend the Internal Revenue Code of 1986 to enhance tax incentives for manufacturing in the United States; to the Committee on Finance.

By Mrs. ERNST (for herself and Mrs. GILLIBRAND):

S. 1408. A bill to enhance effective prosecution and defense in courts-martial, and for other purposes; to the Committee on Armed Services.

By Mr. CARPER (for himself and Mr. HELLER):

S. 1409. A bill to amend the Internal Revenue Code of 1986 to extend the credit for residential energy efficient property, and for other purposes; to the Committee on Finance.

By Mr. WARNER (for himself, Mr. HOEVEN, Ms. CORTEZ MASTO, and Mr. HELLER):

S. 1410. A bill to further the development of unmanned aircraft system technology through investing in additional research, building a trained workforce, and establishing working groups to address near-term and long-term challenges, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. NELSON:

S. 1411. A bill to amend title 10, United States Code, to provide for a five-year extension of the payment of the special survivor indemnity allowance under the Survivor Benefit Plan; to the Committee on Armed Services.

By Mr. BLUMENTHAL (for himself, Ms. WARREN, Mr. MARKEY, Mr. FRANKEN, Mrs. SHAHEEN, Mr. UDALL, Ms. HIRONO, Ms. HASSAN, and Mrs. FEINSTEIN):

S. 1412. A bill to amend the Higher Education Act of 1965 to provide for a percentage of student loan forgiveness for public service employment, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

By Mr. COONS (for himself, Mrs. ERNST, Mr. GRASSLEY, and Mr. REED):

S. 1413. A bill to authorize the Secretary of Education to award grants to establish teacher leader development programs; to the Committee on Health, Education, Labor, and Pensions.

By Mr. WICKER (for himself, Mrs. SHAHEEN, Mr. KAINE, Mr. KING, Mr. BLUMENTHAL, Mr. TILLIS, Mr. COCHRAN, Mr. STRANGE, Ms. COLLINS, Mr. INHOFE, Mr. PERDUE, Mr. COTTON, Mr. ROUNDS, Mr. SULLIVAN, Ms. HIRONO, Mr. ROBERTS, and Mr. RUBIO):

S. 1414. A bill to state the policy of the United States on the minimum number of available battle force ships; to the Committee on Armed Services.

By Mr. CASSIDY:

S. 1415. A bill to terminate the prohibitions on the exportation and importation of natural gas, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

By Mr. TILLIS (for himself and Mr. BURR):

S. 1416. A bill to amend title 28, United States Code, to redefine the eastern and middle judicial districts of North Carolina; to the Committee on the Judiciary.

By Mr. HATCH (for himself and Mr. HEINRICH):

S. 1417. A bill to require the Secretary of the Interior to develop a categorical exclusion for covered vegetative management activities carried out to establish or improve habitat for greater sage-grouse and mule deer, and for other purposes; to the Committee on Environment and Public Works.

By Mr. BLUMENTHAL (for himself and Mr. MARKEY):

S. 1418. A bill to establish protections for passengers in air transportation, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. LEAHY (for himself, Mr. DURBIN, Ms. BALDWIN, Mr. BENNETT, Mr. BLUMENTHAL, Mr. BOOKER, Mr. BROWN, Ms. CANTWELL, Mr. CARDIN, Mr. CARPER, Mr. CASEY, Mr. COONS, Ms. CORTEZ MASTO, Mr. DONNELLY, Ms. DUCKWORTH, Mrs. FEINSTEIN, Mr. FRANKEN, Mrs. GILLIBRAND, Ms. HARRIS, Ms. HASSAN, Mr. HEINRICH, Ms. HEITKAMP, Ms. HIRONO, Mr. KAINE, Mr. KING, Ms. KLOBUCHAR, Mr. MARKEY, Mrs. McCASKILL, Mr. MENENDEZ, Mr. MERKLEY, Mr. MURPHY, Mrs. MURRAY, Mr. NELSON, Mr. PETERS, Mr. REED, Mr. SANDERS, Mr. SCHATZ, Mr. SCHUMER, Mrs. SHAHEEN, Ms. STABENOW, Mr. TESTER, Mr. UDALL, Mr. VAN HOLLEN, Mr. WARNER, Ms. WARREN, Mr. WHITEHOUSE, and Mr. WYDEN):

S. 1419. A bill to amend the Voting Rights Act of 1965 to revise the criteria for determining which States and political subdivisions are subject to section 4 of the Act, and for other purposes; to the Committee on the Judiciary.

By Mr. CARDIN (for himself, Mr. MARKEY, Mr. MERKLEY, Mr. VAN HOLLEN, Mr. SCHATZ, Mr. BOOKER, Mr. KAINE, Ms. BALDWIN, Mr. COONS, Mr. WHITEHOUSE, Mr. BLUMENTHAL, Mrs. GILLIBRAND, Mrs. SHAHEEN, Mr. WYDEN, Mrs. FEINSTEIN, Mr. MURPHY, Mrs. MURRAY, Mr. MENENDEZ, and Mr. UDALL):

S. 1420. A bill to direct the Secretary of State to review the termination characterization of former members of the Department of State who were fired by reason of the sexual orientation of the official, and for other purposes; to the Committee on Foreign Relations.

By Ms. HIRONO (for herself, Ms. BALDWIN, Mr. BLUMENTHAL, Mr. MARKEY, Mrs. SHAHEEN, Mrs. GILLIBRAND, Ms. CANTWELL, Mr. MERKLEY, and Mr. SCHATZ):

S. 1421. A bill to support educational entities in fully implementing title IX and reducing and preventing sex discrimination in all areas of education; to the Committee on Health, Education, Labor, and Pensions.

By Ms. KLOBUCHAR (for herself, Mr. ROBERTS, and Mr. TESTER):

S. 1422. A bill to amend the Internal Revenue Code of 1986 to treat certain farming business machinery and equipment as 5-year property for purposes of depreciation; to the Committee on Finance.

By Ms. KLOBUCHAR (for herself, Ms. CANTWELL, Mr. BLUMENTHAL, Mr.

MARKEY, Mr. FRANKEN, and Ms. DUCKWORTH):

S. 1423. A bill to require the Secretary of Transportation to modify the final rule relating to flightcrew member duty and rest requirements for passenger operations of air carriers to apply to all-cargo operations of air carriers to apply to all-cargo operations of air carriers, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Ms. HIRONO (for herself, Mr. MORAN, Mr. TESTER, and Mr. DAINES):

S. 1424. A bill to apply the provisions of title 5, United States Code, related to veterans' preference to the Federal Aviation Administration personnel management system, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. WICKER (for himself, Ms. CANTWELL, Ms. MURKOWSKI, Mr. SULLIVAN, Mr. CASSIDY, Mr. GRAHAM, Ms. COLLINS, Mr. MARKEY, Mr. SCHATZ, and Mr. PETERS):

S. 1425. A bill to reauthorize the Integrated Coastal and Ocean Observation System Act of 2009, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. THUNE (for himself and Mr. NELSON):

S. 1426. A bill to amend the Ted Stevens Olympic and Amateur Sports Act to expand the purposes of the corporation, to designate the United States Center for Safe Sport, and for other purposes; to the Committee on Commerce, Science, and Transportation.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. DAINES (for himself, Mr. PETERS, Mr. GARDNER, Mrs. SHAHEEN, Mr. RISCH, Mr. HEINRICH, and Ms. HIRONO):

S. Res. 199. A resolution designating June 2017 as "Great Outdoors Month"; to the Committee on the Judiciary.

By Mr. CARDIN (for himself, Mr. MCCAIN, Mr. GARDNER, Mr. MARKEY, Mr. RUBIO, Mr. REED, Mr. SULLIVAN, Mr. DURBIN, Mr. SCHATZ, Mrs. FEINSTEIN, Mr. KAINE, Mr. MENENDEZ, Mr. VAN HOLLEN, Mr. COONS, Mr. BOOZMAN, Mr. ISAKSON, Mr. INHOPE, Mr. RISCH, and Mr. PERDUE):

S. Res. 200. A resolution welcoming the President of the Republic of Korea on his official visit to the United States and celebrating the United States-Republic of Korea relationship, and for other purposes; to the Committee on Foreign Relations.

By Mrs. MURRAY (for herself, Ms. BALDWIN, Mr. BENNET, Mr. BLUMENTHAL, Mr. BOOKER, Mr. BROWN, Ms. CANTWELL, Mr. CARPER, Mr. CASEY, Mr. COONS, Ms. DUCKWORTH, Mrs. FEINSTEIN, Mr. FRANKEN, Mrs. GILLIBRAND, Ms. HARRIS, Ms. HASSAN, Ms. HEITKAMP, Ms. HIRONO, Mr. KAINE, Ms. KLOBUCHAR, Mr. LEAHY, Mr. MARKEY, Mr. MENENDEZ, Mr. MERKLEY, Mr. PETERS, Mr. REED, Mr. SANDERS, Mr. SCHUMER, Mrs. SHAHEEN, Ms. STABENOW, Mr. UDALL, Ms. WARREN, Mr. WHITEHOUSE, Mr. WYDEN, Mr. DURBIN, Mr. MURPHY, and Ms. CORTEZ MASTO):

S. Res. 201. A resolution affirming the importance of title IX, applauding the increase in educational opportunities available to women and girls, and recognizing the tremendous amount of work left to be done to

further increase those opportunities; to the Committee on Health, Education, Labor, and Pensions.

By Mr. MARKEY (for himself, Ms. WARREN, Mr. REED, Mrs. SHAHEEN, Ms. HASSAN, Mr. WHITEHOUSE, Mr. MURPHY, Mr. LEAHY, and Mr. KING):

S. Con. Res. 18. A concurrent resolution honoring David Americo Ortiz Arias, the 3-time World Series Champion Major League Baseball player who played for the Minnesota Twins and the Boston Red Sox for a combined 20 seasons; to the Committee on the Judiciary.

ADDITIONAL COSPONSORS

S. 203

At the request of Mr. BURR, the name of the Senator from Wyoming (Mr. BARRASSO) was added as a cosponsor of S. 203, a bill to reaffirm that the Environmental Protection Agency may not regulate vehicles used solely for competition, and for other purposes.

S. 256

At the request of Ms. HEITKAMP, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 256, a bill to establish the Stop, Observe, Ask, and Respond to Health and Wellness Training pilot program to address human trafficking in the health care system.

S. 298

At the request of Mr. TESTER, the name of the Senator from Massachusetts (Ms. WARREN) was added as a cosponsor of S. 298, a bill to require Senate candidates to file designations, statements, and reports in electronic form.

S. 424

At the request of Mr. BOOKER, the name of the Senator from Wisconsin (Ms. BALDWIN) was added as a cosponsor of S. 424, a bill to amend title 5, United States Code, to include certain Federal positions within the definition of law enforcement officer for retirement purposes, and for other purposes.

S. 474

At the request of Mr. GRAHAM, the name of the Senator from Indiana (Mr. YOUNG) was added as a cosponsor of S. 474, a bill to condition assistance to the West Bank and Gaza on steps by the Palestinian Authority to end violence and terrorism against Israeli citizens.

S. 540

At the request of Mr. THUNE, the names of the Senator from Arkansas (Mr. COTTON) and the Senator from Ohio (Mr. PORTMAN) were added as cosponsors of S. 540, a bill to limit the authority of States to tax certain income of employees for employment duties performed in other States.

S. 584

At the request of Mr. LANKFORD, the name of the Senator from Florida (Mr. RUBIO) was added as a cosponsor of S. 584, a bill to amend chapter 6 of title 5, United States Code (commonly known as the Regulatory Flexibility Act), to ensure complete analysis of potential impacts on small entities of rules, and for other purposes.

S. 622

At the request of Mr. FLAKE, the name of the Senator from Mississippi (Mr. WICKER) was added as a cosponsor of S. 622, a bill to preserve open competition and Federal Government neutrality towards the labor relations of Federal Government contractors on Federal and federally funded construction projects.

S. 804

At the request of Mr. HELLER, the name of the Senator from Massachusetts (Ms. WARREN) was added as a cosponsor of S. 804, a bill to improve the provision of health care for women veterans by the Department of Veterans Affairs, and for other purposes.

S. 856

At the request of Mrs. MCCASKILL, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 856, a bill to amend the Higher Education Act of 1965 and the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act to combat campus sexual assault, and for other purposes.

S. 976

At the request of Mr. ENZI, the name of the Senator from Delaware (Mr. CARPER) was added as a cosponsor of S. 976, a bill to restore States' sovereign rights to enforce State and local sales and use tax laws, and for other purposes.

S. 1024

At the request of Mr. ISAKSON, the name of the Senator from Mississippi (Mr. COCHRAN) was added as a cosponsor of S. 1024, a bill to amend title 38, United States Code, to reform the rights and processes relating to appeals of decisions regarding claims for benefits under the laws administered by the Secretary of Veterans Affairs, and for other purposes.

S. 1050

At the request of Mr. COCHRAN, the name of the Senator from Colorado (Mr. GARDNER) was added as a cosponsor of S. 1050, a bill to award a Congressional Gold Medal, collectively, to the Chinese-American Veterans of World War II, in recognition of their dedicated service during World War II.

S. 1104

At the request of Mr. MANCHIN, the name of the Senator from Wyoming (Mr. BARRASSO) was added as a cosponsor of S. 1104, a bill to require the Federal Communications Commission to establish a methodology for the collection by the Commission of information about commercial mobile service and commercial mobile data service, and for other purposes.

S. 1196

At the request of Mr. SULLIVAN, the names of the Senator from Mississippi (Mr. WICKER) and the Senator from North Dakota (Ms. HEITKAMP) were added as cosponsors of S. 1196, a bill to expand the capacity and capability of the ballistic missile defense system of the United States, and for other purposes.

S. 1296

At the request of Mrs. McCASKILL, the name of the Senator from Florida (Mr. NELSON) was added as a cosponsor of S. 1296, a bill to amend the Uniform Code of Military Justice to prohibit the wrongful broadcast or distribution of intimate visual images.

S. 1303

At the request of Mrs. GILLIBRAND, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 1303, a bill to prohibit discrimination in adoption or foster care placements based on the sexual orientation, gender identity, or marital status of any prospective adoptive or foster parent, or the sexual orientation or gender identity of the child involved.

S. 1311

At the request of Mr. CORNYN, the names of the Senator from Vermont (Mr. LEAHY) and the Senator from Oklahoma (Mr. LANKFORD) were added as cosponsors of S. 1311, a bill to provide assistance in abolishing human trafficking in the United States.

S. 1313

At the request of Mr. CASSIDY, the name of the Senator from Louisiana (Mr. KENNEDY) was added as a cosponsor of S. 1313, a bill to reauthorize the National Flood Insurance Program, and for other purposes.

S. 1315

At the request of Ms. HEITKAMP, the name of the Senator from Virginia (Mr. WARNER) was added as a cosponsor of S. 1315, a bill to require the Bureau of Consumer Financial Protection to amend its regulations relating to qualified mortgages, and for other purposes.

S. 1343

At the request of Mr. THUNE, the name of the Senator from Michigan (Mr. PETERS) was added as a cosponsor of S. 1343, a bill to amend the Internal Revenue Code to extend and modify certain charitable tax provisions.

S. 1350

At the request of Mr. ALEXANDER, the name of the Senator from Mississippi (Mr. WICKER) was added as a cosponsor of S. 1350, a bill to amend the National Labor Relations Act with respect to the timing of elections and pre-election hearings and the identification of pre-election issues, and to require that lists of employees eligible to vote in organizing elections be provided to the National Labor Relations Board.

S. 1366

At the request of Mr. SCHATZ, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. 1366, a bill to direct the Secretary of Defense to review the discharge characterization of former members of the Armed Forces who were discharged by reason of the sexual orientation of the member, and for other purposes.

S. 1368

At the request of Mr. MENENDEZ, the name of the Senator from Louisiana

(Mr. CASSIDY) was added as a cosponsor of S. 1368, a bill to reauthorize the National Flood Insurance Program, and for other purposes.

S. 1369

At the request of Mr. BROWN, the name of the Senator from Vermont (Mr. SANDERS) was added as a cosponsor of S. 1369, a bill to amend the Internal Revenue Code of 1986 to establish an excise tax on certain prescription drugs which have been subject to a price spike, and for other purposes.

S. 1377

At the request of Mr. WICKER, the name of the Senator from Hawaii (Mr. SCHATZ) was added as a cosponsor of S. 1377, a bill to remove the limitation on certain amounts for which large non-rural hospitals may be reimbursed under the Healthcare Connect Fund of the Federal Communications Commission, and for other purposes.

S. 1379

At the request of Ms. WARREN, the name of the Senator from Florida (Mr. RUBIO) was added as a cosponsor of S. 1379, a bill to amend the Internal Revenue Code of 1986 to permit fellowship and stipend compensation to be saved in an individual retirement account.

S. 1389

At the request of Mr. REED, the names of the Senator from Oregon (Mr. MERKLEY) and the Senator from Virginia (Mr. WARNER) were added as cosponsors of S. 1389, a bill to allow the Bureau of Consumer Financial Protection to provide greater protection to servicemembers.

S. 1393

At the request of Mr. CORNYN, the names of the Senator from Florida (Mr. NELSON) and the Senator from Illinois (Ms. DUCKWORTH) were added as cosponsors of S. 1393, a bill to streamline the process by which active duty military, reservists, and veterans receive commercial driver's licenses.

S. CON. RES. 7

At the request of Mr. ROBERTS, the name of the Senator from Ohio (Mr. PORTMAN) was added as a cosponsor of S. Con. Res. 7, a concurrent resolution expressing the sense of Congress that tax-exempt fraternal benefit societies have historically provided and continue to provide critical benefits to the people and communities of the United States.

S. CON. RES. 12

At the request of Mr. GRASSLEY, the name of the Senator from New Jersey (Mr. BOOKER) was added as a cosponsor of S. Con. Res. 12, a concurrent resolution expressing the sense of Congress that those who served in the bays, harbors, and territorial seas of the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975, should be presumed to have served in the Republic of Vietnam for all purposes under the Agent Orange Act of 1991.

S. RES. 102

At the request of Mr. CORNYN, the names of the Senator from California

(Mrs. FEINSTEIN) and the Senator from Colorado (Mr. GARDNER) were added as cosponsors of S. Res. 102, a resolution reaffirming the strategic partnership between the United States and Mexico, and recognizing bilateral cooperation that advances the national security and national interests of both countries.

S. RES. 195

At the request of Mr. CARDIN, the name of the Senator from Michigan (Mr. PETERS) was added as a cosponsor of S. Res. 195, a resolution recognizing June 20, 2017, as "World Refugee Day".

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. LEAHY (for himself, Mr. DURBIN, Ms. BALDWIN, Mr. BENNET, Mr. BLUMENTHAL, Mr. BOOKER, Mr. BROWN, Ms. CANTWELL, Mr. CARDIN, Mr. CARPER, Mr. CASEY, Mr. COONS, Ms. CORTEZ MASTO, Mr. DONNELLY, Ms. DUCKWORTH, Mrs. FEINSTEIN, Mr. FRANKEN, Mrs. GILLIBRAND, Ms. HARRIS, Ms. HASSAN, Mr. HEINRICH, Ms. HEITKAMP, Ms. HIRONO, Mr. KAINE, Mr. KING, Ms. KLOBUCHAR, Mr. MARKEY, Mrs. McCASKILL, Mr. MENENDEZ, Mr. MERKLEY, Mr. MURPHY, Mrs. MURRAY, Mr. NELSON, Mr. PETERS, Mr. REED, Mr. SANDERS, Mr. SCHATZ, Mr. SCHUMER, Mrs. SHAHEEN, Ms. STABENOW, Mr. TESTER, Mr. UDALL, Mr. VAN HOLLEN, Mr. WARNER, Ms. WARREN, Mr. WHITEHOUSE, and Mr. WYDEN):

S. 1419. A bill to amend the Voting Rights Act of 1965 to revise the criteria for determining which States and political subdivisions are subject to section 4 of the Act, and for other purposes; to the Committee on the Judiciary.

Mr. LEAHY. Mr. President, four years ago, a narrow majority of the Supreme Court struck down the heart of the Voting Rights Act in *Shelby County v. Holder*. That 5 to 4 decision crippled the Federal government's ability to protect minority, elderly, and disadvantaged voters across the country. The impact of this disastrous ruling has been even worse than imagined.

Before the ink even dried on the Court's opinion, Republican officials in several States rushed to enact laws making it harder for minorities to vote. Prior to *Shelby County*, the Federal government had the ability to prevent racial discriminatory voting changes from taking effect before those changes occur. Proposed laws and new voting procedures would first have been reviewed by the Federal courts or the Department of Justice to ensure that voting rights would not be harmed if the changes went into effect. But without the full protections of the Voting Rights Act after *Shelby County*, discriminatory laws quickly passed Republican legislatures in several States.

Chief Justice Roberts's majority opinion in *Shelby County* noted several

times that the protections of the Voting Rights Act are no longer appropriate because our “Country has changed.” It is true that our Nation has changed—we have made progress. But there is no question that the scourge of racial discrimination still exists. There are still those within our society intent on suppressing the right to vote and keeping minorities from exercising their constitutional right to participate in our democracy. Since the Shelby County ruling—and now emboldened by the Trump Administration—these forces are more concerning than they have been in decades.

Unfortunately, what has transpired in the aftermath of the Shelby County decision makes the need for the full protections of the Voting Rights Act unmistakably clear. Voter suppression efforts have found renewed life in numerous jurisdictions across the country. Thankfully, in some cases the courts have been able to provide a backstop. Based on strong evidence that hundreds of thousands of minority voters have been disproportionately prevented or discouraged from voting by Republican-enacted voting restrictions, Federal courts have blocked or rolled back many of these laws. Importantly, Federal courts have repeatedly found that these States enacted laws with the intention to discriminate.

Just last month, the Supreme Court left in place the Fourth Circuit Court of Appeals ruling that blocked North Carolina’s harsh voting restrictions, including a strict photo identification law. The Fourth Circuit concluded that the Republican legislature had passed the law with the intent to racially discriminate against African Americans, and found that “the new provisions target African Americans with almost surgical precision.”

In April of this year, Federal district court ruled for a second time that Texas’s photo ID law was enacted with the intent to racially discriminate and had a racially discriminatory effect on Hispanic and Black voters. This ruling came after the Fifth Circuit Court of Appeals reaffirmed that the Texas law should be struck down because of its discriminatory effect on minority voters. But just weeks ago, the Republican-led Texas legislature and Governor enacted a new law in an attempt to escape the court’s rulings.

Federal courts in Kansas and North Dakota have also acted as a bulwark against attempts by Republican officials to disenfranchise minority voters. In Kansas; courts have issued rulings rejecting repeated attempts by Kansas Secretary of State Kris Kobach from making voter registration more difficult. In North Dakota, a Federal district court held that the State’s strict photo ID law disproportionately burdened Native Americans and blocked its implementation in the 2016 election.

These decisions are only the tip of the iceberg of what has transpired since Shelby County. While our courts are acting to guard against attempts to

block minorities from accessing the ballot box, each of these cases requires years of litigation, money, and resources. And these are just the voting changes Republicans are enacting at the State level. Many of the efforts at the local level have gone unnoticed but have equally devastating effects on the voting rights of minorities.

The original Voting Rights Act would have prevented many of these discriminatory laws. But the Supreme Court’s decision has taken this country back to an era before the Civil Rights movement—a bad time in our history where some states openly discriminated against minority voters. We are constantly reminded how costly the fight for voting and civil rights has been in this country. Just yesterday, we marked the 53rd anniversary of three civil rights activists who were killed in Mississippi for registering minorities to vote. James Chaney, Michael Schwerner, and Andrew Goodman gave their lives in 1964 when they were murdered while fighting in Mississippi for racial equality and free access to the ballot box. Their example, and the example of generations of civil rights activists who gave their sweat, blood, and sometimes their lives must inspire us and drive us to do more. It is now imperative for us to do everything in our power to correct the Shelby County decision and reinstate the full protections of the Voting Rights Act for the next generation.

The legislation I am introducing today would restore and update the Voting Rights Act. The Voting Rights Advancement Act of 2017 not only modernizes the Voting Rights Act in response to Shelby County, it also modernizes the law to provide tools to combat current forms of voter discrimination. This bill responds to calls from community leaders and grassroots activists working in communities whose voting rights have been threatened or suppressed. It responds to voting rights experts and civil rights leader who have called for strong legislation to counter the voter intimidation and patently discriminatory efforts that were unleashed after the Shelby County ruling.

I am proud to introduce this bill with forty-six original cosponsors, nearly every single member of the Democratic caucus. I am also proud to be joined by Senator Durbin, who worked with me to reauthorize the Voting Rights Act in 2006. In addition, the House of Representatives is today introducing a companion bill led by Congresswoman Terri Sewell, Congresswoman Judy Chu, Congresswoman Michelle Lujan Grisham, my friend Congressman John Lewis, and over 175 members of the House Democratic caucus.

We are all joining together to introduce this bill today because we will not let systematic and persistent efforts to suppress Americans’ right to vote go unchecked. We will not stand idly by while this country reverts to a bygone era where it was acceptable to dis-

enfranchise our own citizens because they were Black, Hispanic, or disadvantaged. These unconstitutional and discriminatory efforts deserve a strong response.

Protecting Americans’ constitutional right to vote is not a partisan exercise. The original enactment and every reauthorization of the Voting Rights Act has always been bipartisan. When we last reauthorized the Voting Rights Act in 2006, I worked closely with the Republican chairmen of the Senate and House Judiciary Committees—former Senator Arlen Specter and Representative Jim Sensenbrenner. And past reauthorizations of the Voting Rights Act have been signed into law by Republican presidents.

But now, the Republican majority—in both the House and the Senate—refuses to protect the right to vote, restore the Voting Rights Act, or address other critical civil rights issues. Since the Shelby County decision, Republicans at every level of our government have acted to make it harder to vote. This has become the legacy of today’s Republican Party. They should think seriously about reversing course, rather than trying to reverse the gains we have made in history. One significant step would be to join with us to pass the Voting Rights Advancement Act to restore the historic and critically-needed protections of this landmark civil rights law.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 199—DESIGNATING JUNE 2017 AS “GREAT OUTDOORS MONTH”

Mr. DAINES (for himself, Mr. PETERS, Mr. GARDNER, Mrs. SHAHEEN, Mr. RISCH, Mr. HEINRICH, and Ms. HIRONO) submitted the following resolution; which was referred to the Committee on the Judiciary:

Mr. DAINES. Mr. President, I ask unanimous consent that the text of the resolution be printed in the RECORD.

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

S. RES. 199

Whereas hundreds of millions of people in the United States participate in outdoor recreation annually;

Whereas Congress enacted the Outdoor Recreation Jobs and Economic Impact Act of 2016 (Public Law 114-249; 130 Stat. 999) to assess and analyze the outdoor recreation economy of the United States and the effects attributable to the outdoor recreation economy on the overall economy of the United States;

Whereas regular outdoor recreation is associated with positive health outcomes and better quality of life;

Whereas outdoor recreation is part of the national heritage of the United States; and

Whereas June 2017 is an appropriate month to designate as “Great Outdoors Month” to provide an opportunity to celebrate the importance of the great outdoors: Now, therefore, be it

Resolved, That the Senate—

(1) designates June 2017 as “Great Outdoors Month”; and

(2) encourages all people of the United States to recreate in the great outdoors in June 2017 and year-round.

SENATE RESOLUTION 200—WELCOMING THE PRESIDENT OF THE REPUBLIC OF KOREA ON HIS OFFICIAL VISIT TO THE UNITED STATES AND CELEBRATING THE UNITED STATES-REPUBLIC OF KOREA RELATIONSHIP, AND FOR OTHER PURPOSES

Mr. CARDIN (for himself, Mr. MCCAIN, Mr. GARDNER, Mr. MARKEY, Mr. RUBIO, Mr. REED, Mr. SULLIVAN, Mr. DURBIN, Mr. SCHATZ, Mrs. FEINSTEIN, Mr. KAINE, Mr. MENENDEZ, Mr. VAN HOLLEN, Mr. COONS, Mr. BOOZMAN, Mr. ISAKSON, Mr. INHOFE, Mr. RISCH, and Mr. PERDUE) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 200

Whereas the Government and people of the United States and of the Republic of Korea share a comprehensive alliance, a dynamic partnership, and a personal friendship rooted in the common values of freedom, democracy, and a free market economy;

Whereas the alliance between the United States and the Republic of Korea is a linchpin of regional stability in Asia, including against the threats posed by the regime in Pyongyang;

Whereas cooperation between our nations spans across the economic, energy, diplomatic, security, and cultural spheres;

Whereas the relationship between the people of the United States and of the Republic of Korea stretches back to Korea’s Chosun Dynasty, when the United States and Korea established diplomatic relations under the 1882 Treaty of Peace, Amity, Commerce, and Navigation;

Whereas the United States-Republic of Korea alliance was forged in blood, with military casualties of the United States during the Korean War of approximately 36,574 deaths and more than 103,284 wounded, and casualties of the Republic of Korea of more than 217,000 soldiers killed, more than 291,000 wounded, and over 1,000,000 civilians killed or missing;

Whereas the Korean War Veterans Recognition Act (Public Law 111-41) was enacted on July 27, 2009, and President Barack Obama issued a proclamation to designate the date as the National Korean War Veterans Armistice Day and called upon the people of the United States to display flags at half-staff in memory of the Korean War veterans;

Whereas the Republic of Korea and the United States have also stood alongside each other in the 4 major wars the United States has fought outside Korea since World War II—in Vietnam, the Persian Gulf, Afghanistan, and Iraq;

Whereas, since the 1953 Mutual Defense Treaty Between the United States and the Republic of Korea, done at Washington October 1, 1953, and ratified by the Senate on January 26, 1954, United States military personnel have maintained a continuous presence on the Korean Peninsula, and currently there are approximately 28,500 United States troops assigned in the Republic of Korea;

Whereas, in January 2014, the United States and the Republic of Korea agreed upon a new 5-year Special Measures Agree-

ment (referred to in this preamble as “SMA”), establishing the framework for Republic of Korea contributions to offset the costs associated with the stationing of United States Forces Korea (referred to in this preamble as “USFK”) on the Korean Peninsula;

Whereas the Democratic People’s Republic of Korea continues its dangerous incitements, including political assassinations, conventional military provocations, ballistic missile tests and the advancement of its nuclear programs;

Whereas the United States continues to deploy advanced military capabilities to the land, air and waters of South Korea, including the Terminal High Altitude Area Defense system (referred to in this preamble as “THAAD”) to defend against the growing threat from the ballistic missile and nuclear weapons programs of the Democratic People’s Republic of Korea, and will continue to closely coordinate with the Government of the Republic of Korea when evaluating the full range of necessary defensive military policies;

Whereas the new Government of the Republic of Korea has announced that it has no intention to reverse commitments made in the spirit of the United States-Republic of Korea alliance, while it plans to implement the domestic procedures to uphold democratic, legal, and procedural legitimacy and transparency;

Whereas the People’s Republic of China has engaged in an unprecedented campaign of economic pressure on the Republic of Korea in retaliation for the decision by the United States-Republic of Korea alliance to deploy THAAD, with the goal of undermining the United States-Republic of Korea alliance and causing significant damage to the South Korean economy and South Korean people;

Whereas the Government and people of the United States and of the Republic of Korea share a deep commitment to addressing the continued suffering of the people of the Democratic People’s Republic of Korea due to the appalling human rights abuses and repression of the regime in Pyongyang;

Whereas, on March 15, 2012, the United States-Republic of Korea Free Trade Agreement entered into force, which both countries have committed to fully implement;

Whereas the Republic of Korea is the United States sixth-largest trade partner, with United States goods and exports to Korea reaching a level of \$63,800,000,000 in 2016;

Whereas United States foreign direct investment (referred to in this preamble as “FDI”) in Korea (in stock) was \$34,600,000,000 in 2015, a 3.3 percent increase from 2014 and Korea’s FDI in the United States (in stock) was \$40,100,000,000 in 2015, up 0.5 percent from 2014;

Whereas, the Republic of Korea spends 2.6 percent of its gross domestic product (referred to in this preamble as “GDP”) on defense and carries a significant portion of United States operating costs for forces in South Korea;

Whereas President Moon Jae-in has expressed his desire to increase this spending to 3 percent of GDP during his tenure;

Whereas the United States, the Republic of Korea, and the Government of Japan have made great strides in promoting trilateral cooperation and defense partnership, including ministerial meetings, information sharing, and cooperation on ballistic missile defense exercises to counter North Korean provocations;

Whereas, on May 7, 2013, the United States and the Republic of Korea signed a Joint Declaration in Commemoration of the 60th Anniversary of the Alliance Between the Republic of Korea and the United States;

Whereas President Moon Jae-in stated during his inaugural address on May 10, 2017: “I will do everything in my power to bring peace to the peninsula”;

Whereas there are deep cultural and personal ties between the people of the United States and of the Republic of Korea, as exemplified by the large flow of visitors and exchanges each year between the 2 countries, including Korean students studying in United States colleges and universities;

Whereas Korean-Americans have made invaluable contributions to the security, prosperity, and diversity of our Nation;

Whereas, from June 28, 2017, through July 1, 2017, President Moon Jae-in will visit Washington for his first official visit to the United States since his election as President; and

Whereas the United States Government looks forward to continuing to deepen our enduring partnership with the Republic of Korea on economic, security, and cultural issues, as well as embracing new opportunities for new partnership and cooperation on emerging regional and global challenges: Now, therefore, be it

Resolved, That the Senate—

(1) welcomes His Excellency Moon Jae-in, the President of the Republic of Korea, on his first official visit to the United States;

(2) reaffirms the importance of—

(A) the alliance between the United States and the Republic of Korea, as enshrined in the Mutual Defense Treaty of 1953, which is vital to peace and security in Northeast Asia, and the entire Asia-Pacific region; and

(B) the commitment of the United States to defend the Republic of Korea under Article III of the Mutual Defense Treaty;

(3) reinforces longstanding United States commitments to provide extended deterrence, guaranteed by the full spectrum of United States defense capabilities, to the Republic of Korea;

(4) welcomes opportunities to strengthen security consultation, cooperation, and partnership between the United States and the Republic of Korea on matters such as space, cyber, and missile defense;

(5) supports ongoing efforts—

(A) to strengthen the United States-Republic of Korea alliance;

(B) to protect the approximately 28,500 members of the United States Armed Forces stationed on the Korean Peninsula; and

(C) to defend the alliance against any and all provocations committed by the regime of the Democratic People’s Republic of Korea;

(6) urges the United States and the Republic of Korea to work together with members of the United Nations Security Council and other Member States to fully and effectively enforce existing sanctions and consider the need to take immediate action to pass additional and meaningful new measures under Article 41 of the United Nations Charter;

(7) supports efforts by the United States and the Republic of Korea to peacefully achieve a Korean Peninsula free of nuclear weapons through a diplomatic process;

(8) urges the United States and the Republic of Korea to work together to fully and fairly implement all aspects of the United States-Republic of Korea Free Trade Agreement; and

(9) encourages the United States Government and the Government of the Republic of Korea to continue to broaden and deepen the alliance by enhancing cooperation and building new partnerships in the security, economic, energy, scientific, health, education, and cultural spheres.

SENATE RESOLUTION 201—AFFIRMING THE IMPORTANCE OF TITLE IX, APPLAUDING THE INCREASE IN EDUCATIONAL OPPORTUNITIES AVAILABLE TO WOMEN AND GIRLS, AND RECOGNIZING THE TREMENDOUS AMOUNT OF WORK LEFT TO BE DONE TO FURTHER INCREASE THOSE OPPORTUNITIES

Mrs. MURRAY (for herself, Ms. BALDWIN, Mr. BENNET, Mr. BLUMENTHAL, Mr. BOOKER, Mr. BROWN, Ms. CANTWELL, Mr. CARPER, Mr. CASEY, Mr. COONS, Ms. DUCKWORTH, Mrs. FEINSTEIN, Mr. FRANKEN, Mrs. GILLIBRAND, Ms. HARRIS, Ms. HASSAN, Ms. HEITKAMP, Ms. HIRONO, Mr. KAINE, Ms. KLOBUCHAR, Mr. LEAHY, Mr. MARKEY, Mr. MENENDEZ, Mr. MERKLEY, Mr. PETERS, Mr. REED, Mr. SANDERS, Mr. SCHUMER, Mrs. SHAHEEN, Ms. STABENOW, Mr. UDALL, Ms. WARREN, Mr. WHITEHOUSE, Mr. WYDEN, Mr. DURBIN, Mr. MURPHY, and Ms. CORTEZ MASTO) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 201

Whereas in 1972 President Richard M. Nixon signed into law title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.) (referred to in this preamble as “title IX”);

Whereas in 2002 Congress passed a joint resolution establishing that title IX may be cited as the “Patsy Takemoto Mink Equal Opportunity in Education Act”;

Whereas title IX prohibits any institution that receives Federal education funding from discriminating against students or employees on the basis of sex;

Whereas sex discrimination includes—

- (1) gender-based violence;
- (2) sexual harassment and assault;
- (3) dating violence; and
- (4) domestic violence;

Whereas title IX guarantees—

(1) equal educational opportunities for all students, including pregnant or parenting students and gender non-conforming students; and

(2) protection for students from discrimination on the basis of actual or perceived sexual orientation or gender identity;

Whereas, since 1972, the United States has made great progress in providing educational opportunities to women and girls, and in 2015 women earned the majority of doctoral, master’s, baccalaureate, and associate degrees;

Whereas, since 1972, the participation of women and girls in sports has increased by 1000 percent in high school and greater than 500 percent in college, providing women and girls with the opportunity—

(1) to develop leadership and teamwork skills;

(2) to earn athletic scholarships to help finance a college degree; and

(3) to become successful professional athletes;

Whereas, despite the progress that has been made in higher education and athletics, women, girls, pregnant or parenting students, and gender non-conforming students in the United States are still frequently denied equal educational opportunities;

Whereas the number of baccalaureate degrees in science, technology, engineering, and math earned by women has decreased over the past decade, and women earn only—

- (1) 39 percent of physical science degrees;
- (2) 18 percent of computing degrees;

- (3) 19 percent of engineering degrees; and
- (4) 43 percent of mathematics degrees;

Whereas women of color earn only 6 percent of computing degrees and 3 percent of engineering degrees at the baccalaureate level;

Whereas, despite representing 56 percent of all those enrolled in colleges and universities in the United States, women hold almost 2/3 of all outstanding student debt, and the average of student debt owed by women following the completion of a baccalaureate degree is \$1,500 more than the average of student debt owed by men;

Whereas there are approximately 64,000 fewer opportunities for women to participate in college sports compared to men, and in 2015, women made up only 37 of the 313 athletic directors in Division I sports;

Whereas multiple studies have confirmed that 1 in 5 women are sexually assaulted on college campuses and approximately 20 percent of girls have been the victims of sexual assault or attempted sexual assault while in high school;

Whereas more than 50 percent of girls in grades 7 through 12 experience sexual harassment and 10 percent of high school students experience dating violence each year, which can—

(1) lead to symptoms of depression and anxiety and unhealthy and antisocial behaviors; and

(2) negatively impact academic achievement;

Whereas men still hold the vast majority of school leadership positions, and women make up approximately—

(1) 35 percent of full professors at degree-granting postsecondary institutions;

(2) 26 percent of college and university presidents; and

(3) 27 percent of school district superintendents;

Whereas pregnant and parenting students are more likely to drop out of high school compared to other students, and only 51 percent of mothers under the age of 20 earn a high school diploma by the age of 22, leading to decreased opportunities for continuing education and employment;

Whereas students face pervasive discrimination and harassment in school, on college campuses, and in the workforce on the basis of sexual orientation and gender identity, which—

(1) impedes the ability of the students to fully access the educational opportunities to which the students are entitled; and

(2) constitutes sex discrimination; and

Whereas between 2011 and 2016, investigations by the Office for Civil Rights at the Department of Education into reports of sexual and dating violence and discrimination against transgender students have helped to identify and respond to systemic issues of discrimination against students that otherwise would have gone unrecognized, yet recent actions from the Office for Civil Rights indicate there will be fewer resources and less attention focused on these issues moving forward; Now, therefore, be it

Resolved, That the Senate—

(1) applauds the tremendous increase in educational opportunities for women and girls, including in sports, since the passage of title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.);

(2) encourages the Department of Education and the Department of Justice to protect the rights of students to have safe learning environments by working to ensure schools prevent and respond to discrimination and harassment on the basis of sex, including—

- (A) sexual assault;
- (B) harassment;
- (C) domestic and dating violence;

(D) discrimination or harassment on the basis of pregnancy;

(E) sex stereotyping; and

(F) discrimination or harassment on the basis of actual or perceived sexual orientation and gender identity; and

(3) recognizes the work that still remains to be done to secure the promise of title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.) that no federally funded educational institution shall discriminate against any person on the basis of sex.

SENATE CONCURRENT RESOLUTION 18—HONORING DAVID AMERICO ORTIZ ARIAS, THE 3-TIME WORLD SERIES CHAMPION MAJOR LEAGUE BASEBALL PLAYER WHO PLAYED FOR THE MINNESOTA TWINS AND THE BOSTON RED SOX FOR A COMBINED 20 SEASONS

Mr. MARKEY (for himself, Ms. WARREN, Mr. REED, Mrs. SHAHEEN, Ms. HASSAN, Mr. WHITEHOUSE, Mr. MURPHY, Mr. LEAHY, and Mr. KING) submitted the following concurrent resolution; which was referred to the Committee on the Judiciary:

S. CON. RES. 18

Whereas David Américo Ortiz Arias, known to fans as “Big Papi”, was born in Santo Domingo, Dominican Republic, on November 18, 1975;

Whereas after graduating from Estudia Espailat High School in the Dominican Republic in 1992, David Ortiz was signed by the Seattle Mariners;

Whereas on September 2, 1997, David Ortiz made his Major League Baseball (in this preamble referred to as “MLB”) debut for the Minnesota Twins at age 21;

Whereas on January 22, 2003, David Ortiz signed a free-agent contract with the Boston Red Sox;

Whereas David Ortiz has created numerous iconic moments in Boston sports history, including—

(1) on October 18, 2004, hitting a walk-off home run in the 12th inning of Game 4 of the 2004 American League Championship Series against the New York Yankees to spark the Boston Red Sox’s improbable comeback from a 3 games-to-none series deficit, the only time in MLB history a team has ever made such a comeback;

(2) on October 19, 2004, hitting a walk-off single in the 14th inning of Game 5 of the 2004 American League Championship Series against the New York Yankees to continue the Boston Red Sox’s comeback; and

(3) on October 13, 2013, hitting a grand slam to right-center field to tie Game 2 of the 2013 American League Championship Series against the Detroit Tigers;

Whereas David Ortiz was instrumental in helping the Boston Red Sox snap an 86-year World Series drought;

Whereas David Ortiz played a crucial role in the Boston Red Sox winning the World Series in 2007 and 2013;

Whereas David Ortiz has won numerous awards for his baseball prowess, including—

(1) the Edgar Martinez Outstanding Designated Hitter Award from MLB in 2003, 2004, 2005, 2006, 2007, 2011, and 2013;

(2) the League Championship Series Most Valuable Player Award from MLB in 2004;

(3) the Thomas A. Yawkey Most Valuable Player Award from the Boston Red Sox in 2004, 2005, 2006, and 2013;

(4) the Silver Slugger Award as a designated hitter from MLB in 2004, 2005, 2006, 2007, 2011, and 2013;

(5) the designation of “All-Star” from MLB in 2004, 2005, 2006, 2007, 2008, 2010, 2011, 2012, 2013, and 2016;

(6) the Hank Aaron Award from MLB in 2005;

(7) the Roberto Clemente Award from MLB in 2011;

(8) the Babe Ruth Award from MLB in 2013; and

(9) the World Series Most Valuable Player Award in 2013;

Whereas David Ortiz’s “Why not us?” attitude in 2004 transformed the baseball culture of the city of Boston, the Commonwealth of Massachusetts, and “Red Sox Nation” from one of near misses to one of champions;

Whereas David Ortiz founded the David Ortiz Children’s Fund in 2007;

Whereas the David Ortiz Children’s Fund has provided millions of dollars of financial assistance to more than 500 children for life-saving surgeries;

Whereas on June 11, 2008, David Ortiz was sworn in as a citizen of the United States along with 226 other immigrants at the John F. Kennedy Library in Dorchester, Massachusetts;

Whereas David Ortiz instilled hope and pride in the city of Boston in the days following the bombings at the Boston Marathon in 2013;

Whereas on April 20, 2013, David Ortiz gave a rousing and inspirational speech after the Boston Marathon bombings, reminding Boston and the country that “nobody is going to dictate our freedom”;

Whereas David Ortiz comforted the victims of the Boston Marathon bombings, visiting them in the hospital and giving them tickets to games throughout the 2013 MLB season;

Whereas the city of Boston has honored David Ortiz for his impact on the city by naming a bridge and a street after him;

Whereas the love and respect for David Ortiz felt by the city of Boston, the Commonwealth of Massachusetts, and Red Sox Nation is unparalleled; and

Whereas David Ortiz played his final MLB game on October 10, 2016: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That Congress—

(1) honors the legendary career of David Americo Ortiz Arias, whose character, leadership, and selflessness have helped define the identity of the city of Boston, the Commonwealth of Massachusetts, and all of Red Sox Nation; and

(2) wishes David Ortiz a fulfilling retirement as he bids farewell to the baseball diamond.

PRIVILEGES OF THE FLOOR

Ms. WARREN. Mr. President, I ask unanimous consent that privileges of the floor be granted to Stephanie DeLuca of my staff and to her service dog Carra.

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

Mr. WYDEN. Mr. President, I ask unanimous consent that Kimberly Koops-Wrabek, Alexander Floyd, Jeremy Jones, and Justin Abbasi be granted floor privileges for the remainder of the Congress.

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

ORDERS FOR MONDAY, JUNE 26, 2017

Mr. McCONNELL. Mr. President, I ask unanimous consent that when the

Senate completes its business today, it adjourn until 4 p.m., Monday, June 26; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, and the time for the two leaders be reserved for their use later in the day; finally, that following leader remarks, the Senate proceed to executive session and resume consideration of the Svinicki nomination.

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

ORDER FOR ADJOURNMENT

Mr. McCONNELL. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks of Senator WYDEN.

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

The Senator from Oregon.

HEALTHCARE LEGISLATION

Mr. WYDEN. Mr. President, it has been a rough day at the office for the Senate Republican healthcare plan, and my take is that it is going to be even tougher over the next few days. There will be a lot of Senate Democrats home, meeting with folks in open meetings. We will see if any Senate Republicans have the courage to do that as well.

Earlier this morning, the whole Senate had its first opportunity to look at this bill in the light of day. The debate that unfolded on the floor made it clear that our colleagues are committed to a partisan scheme to jam this bill through at any cost. There isn’t going to be a full debate. There isn’t going to be any bipartisan input.

If you read through the fine print in this destructive proposal, as the American people have had the chance to do over the last several hours, it becomes clear why my colleagues on the other side have kept this bill hidden and want to jam it through as quickly as possible.

This proposal is stunning in its sameness to the cruel House bill that the American people have rejected outright—in fact, rejected, according to polls, by really eye-popping numbers. So I want to begin by warning against anybody’s buying into the sales job that is inevitably going to unfold in the days ahead. This bill may change, but Senate Republicans will only be putting lipstick on a devastating blow to the healthcare of the American people.

This is a plan to raise costs, slash Medicaid, and cut millions of people off of their healthcare to pay for tax breaks for the fortunate few.

My colleagues on the other side have spent the last month telling every reporter and constituent who would listen that they were throwing out the House bill and they would be starting anew with a fresher and kinder bill.

That has turned out to be fiction. Republicans are going to keep telling Americans that they are fixing their healthcare right up until the second it gets taken away.

This bill doubles down on the meanness that even the President described in the bill from the other body. The Senate Republican plan doesn’t fix the problems with people’s healthcare. It creates a bunch of new ones.

After a day of pouring over this bill—and the Finance Committee Democratic staff has been looking at this in detail—I would like to lay out, as we close up this afternoon, some of the most devastating effects this bill will have.

First, Senate Republicans are so committed to slashing Medicaid that their bill cuts it even deeper than the House. Today, Medicaid comes with a guarantee to the most vulnerable Americans and their families who walk an economic tightrope every day. Today, if you get sick or suffer an injury, you will get the care you need. The Senate Republican plan ends that guarantee for good. It ends the Medicaid program as our country knows it for good.

People shouldn’t be distracted by date changes or sweeteners for people already enrolled. This is a radical plan plucked from the wish list of the far right, and it is cloaked in the complicated language of inflation rates and dollar figures. When you talk about slashing Medicaid by hundreds of billions of dollars, you are not simply talking about the lingo of healthcare policymakers, like bending the cost curve. You are talking about people’s lives.

Medicaid helps to pick up the bill for two out of three seniors in America’s nursing homes. These are the people who have done everything right. They are our older parents, our grandmothers, our grandfathers. They scrimped, they saved, and they worked hard. But it is pretty clear: It is really expensive to grow old in America. So Medicaid is there to support them and cover the cost of nursing home care when savings run out.

The Senate Republican plan slashes Medicaid so deeply that States are going to be forced to cut benefits, and the guarantee of nursing home care will be in danger. This is one of the greatest threats seniors have ever faced, and it is being imposed on them by an act of Congress.

I don’t make that statement lightly. My background is working with the older people of Oregon and our country. I was director of the Oregon Gray Panthers for 7 years and ran the legal aid office for the elderly before I was elected to Congress. I will say point-blank, having worked in this field now for more than three decades, that this is an extraordinary threat to the well-being of the Nation’s older people, who shouldn’t have to worry about winding up living in squalor or on the street.

Families shouldn’t have to worry about where they will find the money

to cover the cost of a nursing home. That is \$90,000 a year—\$90,000 a year, on average, for nursing home care. Independence, safety, and a reasonably comfortable old age should not become a privilege reserved just for the wealthy in our country.

Second, the age tax in the Senate Republican bill is going to hit older Americans between 55 and 64 like a wrecking ball. They are going to be forced to pay several times as much as a younger person for health insurance. You are going to see older people desperately hoping and praying that they can hold on to their health until they make it to 65 and enroll in Medicare. I would like to hear somebody try to explain what healthcare problem that is fixing or why it is a good approach to healthcare policy.

Third, Senate Republicans have now cooked up a scheme to decimate the value of middle-class tax cuts for healthcare and send deductibles into the stratosphere. Here is how that is going to work. A whole lot of families in the middle class are going to lose their tax benefits outright.

As the ranking member on the Senate Finance Committee that has jurisdiction over tax policy, I have seen that. Then, as if that is not enough harm, this plan cheapens the value of the tax benefits that were created under the Affordable Care Act. It is a scheme to force people into bargain basement insurance plans with sky-high deductibles. It also risks kicking off a death spiral in States where the private insurance markets are stable and competitive today.

Fourth, Republicans have twisted a part of the Affordable Care Act I wrote to promote State innovation, and they are using it to give insurance companies the power to run roughshod over individual Americans. What we are talking about here is what are called section 1332 waivers. What was done in 2009, in the Senate Finance Committee—it came out of my original bipartisan bill, the Healthy Americans Act—we told States that the Affordable Care Act was going to set a new bar for insurance in terms of coverage and affordability. We said to the States—the laboratories of democracy—if you believe you can do even better, you can get a waiver so you can go test an innovative, new approach. We did build in protections, basic protections, so people would get decent coverage, and their lives would be protected.

The Republican plan wipes those protections out, wipes out the consumer protections. It tells States: OK. If you want to do worse, go right ahead. In fact, the Senate Republican plan offers States a bribe to end basic health protections and lower the bar for insurance. You will see insurance companies given a green light to cut essential benefits out of the plans they sell on the open market.

For example, take maternity care. The Affordable Care Act banned the

practice of price-gouging women just because of their gender, but the Republican plan takes the side of the big insurance companies in this debate.

On a fundamental level, this plan says that health insurance in America ought to be based on what men need and what women need ought to cost extra. Services like maternity care would be an add-on item, and that means women are going to face higher costs just because they are women.

Fifth, this proposal attacks Planned Parenthood and deprives hundreds of thousands of women of the right to see the doctor of their choosing.

I want to come back to what that really means. Women in America ought to be able to see the doctor of their choice, the doctor they trust, the doctor, in their own judgment, is the best doctor for them. This provision keeps them from doing that. Never mind that there is already an air-tight ban on taxpayer dollars funding abortions. Never mind that Planned Parenthood doesn't get a single dime of Federal funding above what is available to other Medicaid providers. Never mind that Planned Parenthood is where millions of women get routine medical care from doctors they know and trust—services such as basic checkups, cancer screenings, preventive care, HIV tests. The Senate Republican bill continues this ideological crusade against Planned Parenthood, and it is going to cost women across this country the right that I see as so fundamental—the right of women to be able to choose to go to the doctor they trust.

Sixth, at a time when the opioid epidemic is ripping apart communities from one corner of this Nation to another, this bill would be a devastating setback in the fight against opioid abuse. No community has been spared from this crisis, and I would wager that virtually every Senator has come to the floor at some point and spoken about the impact it has had on their State.

By the way, it would be hard to forget the parade of Presidential candidates in 2015 and 2016 that went through State after State claiming they had the very best plan to end the opioid crisis, but now the Senate Republican healthcare bill makes the crisis worse.

Medicaid is the only lifeline that thousands and thousands of people across America have in their struggle to try to put their lives back together after falling victim to opioids. For thousands and thousands of people, over the last few years, the treatment they have gotten through Medicaid has been their escape, their path out of a downward spiral that too often leads to heroin abuse and overdose deaths. The Republican plan takes this lifeline away.

Some on the other side have proposed creating a separate pool of money, a separate slush fund to replace the loss of treatment through Medicaid. In my view, this is a very serious mistake be-

cause it is based on a complete misunderstanding of the opioid crisis, and it is not going to work.

The opioid epidemic is a public health crisis, and fighting it means making sure people can get the healthcare they need. That means treating substance abuse disorders the same way you treat other diseases. Our country doesn't pay for heart surgery through grant programs. We don't pay for chemotherapy through congressional appropriations. If you are sick and you have healthcare coverage, you get the care you need. Anything less when it comes to opioid addiction treatment is going to fail.

Finally, when you listen to that parade of horrors—all the harm this bill is going to do to generations of Americans across the country—you have to wonder why my colleagues on the other side would push this bill forward.

People have been asking me this all day. There is a simple answer for it. This bill takes healthcare away from millions of Americans and raises costs for millions more for one reason—to give tax breaks to the fortunate few in America. This isn't a debate about two competing visions of healthcare—one liberal and one conservative. One side in this debate wants to protect Americans' healthcare coverage, make sure they can go to the doctors they trust and afford the medical care they need. The other side in this debate has a plan to take away healthcare coverage and raise the cost of care for the vulnerable, the middle class, families struggling to get by—all to pay for tax breaks for the wealthiest few. This is an out-and-out attack on millions of Americans' health and well-being.

In the debate that played out on the Senate floor this morning, it was suggested several times that Democrats turned down a chance to participate in the process. This is completely, entirely 100 percent false.

I am the ranking member of the committee that is responsible for healthcare. I have not once been asked by a single Republican to work on this bill or discuss fixes to the Affordable Care Act. I was stunned this morning when I heard the Democrats had been given an offer to work on these fixes; that Democrats aren't interested in being bipartisan.

I have made the center of my time in public service working in a bipartisan way on healthcare. I have written healthcare legislation that has been signed into law that has been bipartisan. It was based on principles that both sides of the aisle could agree on. Certainly, if there had been any interest in a process that would actually give both sides the opportunity to do the kind of give-and-take that you do with a bill—not through this partisan “my way or the highway” reconciliation—I would have been very interested in it, and I know Senate Finance Democrats would have been very interested in it. That wasn't on offer. The claim the Democrats have refused to

work in a bipartisan way is fiction, a gross fiction.

It is clear now that the only way to bring this partisan process to a halt is for Americans to stand up and speak out. I am going to close with two points. Ever since those Gray Panther days, I have always thought healthcare was the most important issue because if Americans and their loved ones don't have their health, then pretty much everything goes by the board. You can't go to the game. You can't spend time with family. It is hard to do much of anything.

It is very clear that healthcare, as a result of this proposal for millions of Americans and for our country, is going to be at risk. What is at risk is the prospect that the Senate will turn back the clock to the days when healthcare was basically for the healthy and wealthy. We shouldn't go there.

In the past, Democrats and Republicans have agreed we shouldn't go there. With the bill I wrote—seven Democratic Senators, seven Republican Senators—that was the centerpiece of it. By the way, several Senate Republicans who are here in this body were cosponsors of that legislation. We shouldn't go back to those days when healthcare was basically for the healthy and wealthy.

For all those who are paying attention to these proceedings, my view is, the only way you are going to end a partisan process and make policy the way it ought to be made is not through something Washington lingo calls reconciliation—it is just partisan—but through the give-and-take of Democrats and Republicans finding good ideas that the other side can agree on. The only way we are going to do that is for Americans to stand up and speak out.

Political change does not start in government buildings and then trickle down to the people. It is not trickle-down. It is almost always bottom-up, starting from communities where we are going to hear people speaking out over the next few days.

I am going to close by way of saying that over the next few days, this is one of the most important times for Americans to make their voices heard. As we wrap up the first day of actually seeing what the draft Republican proposal is all about, I hope Americans will weigh in, that we will see that grassroots juggernaut develop, and we will defeat a partisan plan and set about the task of doing healthcare policy again in a bipartisan way—where you find common ground that is sustainable rather than just a partisan approach, which continues the gridlock and the polarization on an issue that is the most important issue of our time.

I yield the floor. I believe there are no other speakers.

ADJOURNMENT UNTIL MONDAY,
JUNE 26, 2017, AT 4 P.M.

The PRESIDING OFFICER. The Senate stands adjourned until 4 p.m. on Monday.

Thereupon, the Senate, at 6 p.m., adjourned until Monday, June 26, 2017, at 4 p.m.

NOMINATIONS

Executive nominations received by the Senate:

IN THE ARMY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

LT. GEN. WILLIAM C. MAYVILLE, JR.

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601 AND FOR APPOINTMENT AS A SENIOR MEMBER OF THE MILITARY STAFF COMMITTEE OF THE UNITED NATIONS UNDER TITLE 10, U.S.C., SECTION 711:

To be lieutenant general

MAJ. GEN. RICHARD D. CLARKE

CONFIRMATIONS

Executive nominations confirmed by the Senate June 22, 2017:

DEPARTMENT OF THE TREASURY

MARSHALL BILLINGSLEA, OF VIRGINIA, TO BE ASSISTANT SECRETARY FOR TERRORIST FINANCING, DEPARTMENT OF THE TREASURY.

IN THE ARMY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY MEDICAL CORPS TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTIONS 624 AND 3064:

To be major general

BRIG. GEN. RONALD J. PLACE

IN THE NAVY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be rear admiral (lower half)

CAPT. WILLIAM C. GREENE

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be rear admiral (lower half)

CAPT. WILLIAM S. DILLON

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be rear admiral (lower half)

CAPT. KARL O. THOMAS

IN THE AIR FORCE

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

MAJ. GEN. JAY B. SILVERIA

IN THE NAVY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be rear admiral (lower half)

CAPT. SAMUEL J. PAPARO, JR.

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be rear admiral (lower half)

CAPT. GREGORY N. HARRIS

IN THE ARMY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be brigadier general

COL. JOHN P. LAWLOR, JR.

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be brigadier general

COL. DION B. MOTEN

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be brigadier general

COL. BOWLMAN T. BOWLES III

IN THE NAVY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY RESERVE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be rear admiral

REAR ADM. (LH) DANIEL J. MACDONNELL

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE UNITED STATES NAVY RESERVE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be rear admiral

REAR ADM. (LH) DANIEL B. HENDRICKSON

REAR ADM. (LH) THOMAS W. MAROTTA

REAR ADM. (LH) MATTHEW A. ZIRKLE

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY RESERVE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be rear admiral (lower half)

CAPT. JACQUELYN MCCLELLAND

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY RESERVE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be rear admiral (lower half)

CAPT. JAMES M. BUTLER

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE UNITED STATES NAVY RESERVE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be rear admiral (lower half)

CAPT. EUGENE A. BURCHER

CAPT. RODNEY P. DEWALT

CAPT. JOEY B. DODGEN

CAPT. ANDREW J. MUELLER

CAPT. RICHARD A. RODRIGUEZ

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY RESERVE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be rear admiral

REAR ADM. (LH) KEITH M. JONES

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be rear admiral

REAR ADM. (LH) BRET C. BATCHELDER

IN THE AIR FORCE

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be brigadier general

COL. DEANNA M. BURT

IN THE ARMY

THE FOLLOWING NAMED ARMY NATIONAL GUARD OF THE UNITED STATES OFFICER FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTIONS 12203 AND 12211:

To be major general

BRIG. GEN. STEPHEN R. HOGAN

THE FOLLOWING NAMED ARMY NATIONAL GUARD OF THE UNITED STATES OFFICER FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTIONS 12203 AND 12211:

To be major general

BRIG. GEN. JANSON D. BOYLES

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADES INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be major general

BRIG. GEN. STEVEN W. AINSWORTH

BRIG. GEN. BRUCE E. HACKETT

BRIG. GEN. MICHAEL C. O'GUINN

BRIG. GEN. MIYAKO N. SCHANELY

To be brigadier general

COL. JOHN W. AARSEN

COL. KRIS A. BELANGER

COL. DOUGLAS A. CHERRY

COL. ELLEN S. CLARK

COL. ROBERT S. COOLEY, JR.

COL. DIANNE M. DEL ROSSO

COL. WILLIAM B. DYER III

COL. JOSEPH A. EDWARDS II

COL. HOWARD-CHARLES W. GECK
COL. MICHAEL T. HARVEY
COL. MARTIN F. KLEIN
COL. WILLIAM S. LYNN
COL. JOSEPH A. MARSIGLIA
COL. ROBERT F. PLECZKOWSKI
COL. DUSTIN A. SHULTZ
COL. MARK A. TOWNE
COL. IRENE M. ZOPPI

THE FOLLOWING NAMED ARMY NATIONAL GUARD OF THE UNITED STATES OFFICERS FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTIONS 12203 AND 12211:

To be major general

BRIG. GEN. GREGORY L. KENNEDY
BRIG. GEN. ANDREW P. SCHAFER, JR.

THE FOLLOWING NAMED ARMY NATIONAL GUARD OF THE UNITED STATES OFFICER FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTIONS 12203 AND 12211:

To be major general

BRIG. GEN. CHRISTOPHER P. CALLAHAN

THE FOLLOWING NAMED ARMY NATIONAL GUARD OF THE UNITED STATES OFFICERS FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTIONS 12203 AND 12211:

To be major general

BRIG. GEN. JAMES P. BEGLEY III
BRIG. GEN. SYLVESTER CANNON
BRIG. GEN. THOMAS M. CARDEN, JR.
BRIG. GEN. RICHARD H. DAHLMAN
BRIG. GEN. WENDUL G. HAGLER II
BRIG. GEN. ROBERT T. HERBERT
BRIG. GEN. JON A. JENSEN
BRIG. GEN. JOHN F. KING
BRIG. GEN. DIRK R. KLOSS
BRIG. GEN. FRANCIS M. MCGINN
BRIG. GEN. WALTER L. MERCER
BRIG. GEN. PAUL D. ROGERS
BRIG. GEN. SEAN A. RYAN
BRIG. GEN. MICHAEL A. STONE
BRIG. GEN. MICHAEL C. THOMPSON
BRIG. GEN. GISELLE M. WILZ
BRIG. GEN. GARY S. YAPLE

IN THE NAVY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be rear admiral

REAR ADM. (LH) ANN M. BURKHARDT

IN THE AIR FORCE

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

MAJ. GEN. SCOTT A. HOWELL

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

MAJ. GEN. JAMES C. VECHERY

IN THE ARMY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

MAJ. GEN. THOMAS A. HORLANDER

IN THE NAVY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be vice admiral

REAR ADM. ANDREW L. LEWIS

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be vice admiral

REAR ADM. MATTHEW J. KOHLER

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be vice admiral

VICE ADM. KEVIN M. DONEGAN

IN THE MARINE CORPS

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES MARINE CORPS TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

TANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

MAJ. GEN. ROBERT F. HEDELUND

IN THE NAVY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be admiral

VICE ADM. JAMES G. FOGGO III

IN THE AIR FORCE

AIR FORCE NOMINATION OF JERED N. FRY, TO BE MAJOR.

AIR FORCE NOMINATIONS BEGINNING WITH CHRISTOPHER R. BONEY AND ENDING WITH DANIEL D. REYES, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 22, 2017.

AIR FORCE NOMINATION OF JEFFREY A. GARRETT, TO BE MAJOR.

AIR FORCE NOMINATIONS BEGINNING WITH ROGER A. LEE AND ENDING WITH JEFFREY R. ROSENBERRY, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 22, 2017.

AIR FORCE NOMINATION OF THEODORE L. WILSON, TO BE COLONEL.

AIR FORCE NOMINATION OF JASON S. CROSS, TO BE MAJOR.

AIR FORCE NOMINATION OF ANGELA M. MIKE, TO BE MAJOR.

AIR FORCE NOMINATIONS BEGINNING WITH MATTHEW V. CHAUVIERE AND ENDING WITH LAUREN A. MAY, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JUNE 5, 2017.

AIR FORCE NOMINATIONS BEGINNING WITH MICHAEL E. BRUHN AND ENDING WITH VICTOR D. WEEDEN, JR., WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JUNE 5, 2017.

AIR FORCE NOMINATIONS BEGINNING WITH JEFFREY W. DRAKE AND ENDING WITH JACK VILARDI, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JUNE 5, 2017.

AIR FORCE NOMINATIONS BEGINNING WITH MEGAN E. ANDERSON AND ENDING WITH RAJEEV S. WILLIAMS, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JUNE 5, 2017.

AIR FORCE NOMINATION OF JOSE G. BAL, TO BE LIEUTENANT COLONEL.

IN THE ARMY

ARMY NOMINATIONS BEGINNING WITH JENNIFER M. BAGER AND ENDING WITH RAMEY L. WILSON, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MARCH 27, 2017.

ARMY NOMINATIONS BEGINNING WITH ALFRED C. ANDERSON AND ENDING WITH KELLEY TOMSETT, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MARCH 27, 2017.

ARMY NOMINATION OF WILLIAM F. MCLINTOCK, TO BE COLONEL.

ARMY NOMINATIONS BEGINNING WITH DAVID S. ALLEN AND ENDING WITH BARRY K. VINCENT, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 18, 2017.

ARMY NOMINATION OF JEFFREY L. WASHINGTON, TO BE LIEUTENANT COLONEL.

ARMY NOMINATION OF JOSEPH B. DORE, TO BE COLONEL.

ARMY NOMINATIONS BEGINNING WITH CHRISTOPHER M. CHUNG AND ENDING WITH HEATH D. HOLT, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JUNE 5, 2017.

ARMY NOMINATIONS BEGINNING WITH DEVIN G. MCCANE AND ENDING WITH SHARRI L. ORMSBEE, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JUNE 5, 2017.

ARMY NOMINATION OF JANNA X. GADDY, TO BE MAJOR. ARMY NOMINATIONS BEGINNING WITH BRADLEY H. STEPHENS AND ENDING WITH AMILYN M. TAPLIN, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JUNE 5, 2017.

ARMY NOMINATION OF TERRY KIM, TO BE MAJOR. ARMY NOMINATIONS BEGINNING WITH JEFF A. BURCHFIELD AND ENDING WITH BRIAN D. WIECK, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JUNE 5, 2017.

IN THE MARINE CORPS

MARINE CORPS NOMINATION OF JASON K. FETTIG, TO BE COLONEL.

IN THE NAVY

NAVY NOMINATIONS BEGINNING WITH JUANITO F. BOYDON, JR. AND ENDING WITH SURESH K. THADHANI, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 8, 2017.

NAVY NOMINATIONS BEGINNING WITH ANTHONY L. BAYUNGAN AND ENDING WITH MICHAEL A. LEACHMAN,

WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 8, 2017.

NAVY NOMINATIONS BEGINNING WITH TODD M. BOLAND AND ENDING WITH KAIL C. SWINDLE, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 8, 2017.

NAVY NOMINATIONS BEGINNING WITH JAMES G. ADAMS AND ENDING WITH CHARLES C. WILLIAMS, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 8, 2017.

NAVY NOMINATIONS BEGINNING WITH SHAWN G. DENIHAN AND ENDING WITH CHAD A. RUNYON, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 8, 2017.

NAVY NOMINATIONS BEGINNING WITH KELVIN J. ASKEW AND ENDING WITH ERIKA L. BERRY, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 8, 2017.

NAVY NOMINATIONS BEGINNING WITH KATHLEEN A. ALLEN AND ENDING WITH CHRISTOPHER PRYE, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 8, 2017.

NAVY NOMINATION OF BRUCE E. OSBORNE, TO BE CAPTAIN.

NAVY NOMINATIONS BEGINNING WITH COLETTE M. MURPHY AND ENDING WITH JOHN A. ROBINSON III, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATIONS BEGINNING WITH NATHAN R. ANDERSON AND ENDING WITH JODIE M. C. YIM, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATION OF ADRIA R. SCHNECK, TO BE CAPTAIN.

NAVY NOMINATIONS BEGINNING WITH MARY A. PONCE AND ENDING WITH BRIAN K. REED, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATIONS BEGINNING WITH RYAN K. MAHELONA AND ENDING WITH PHILIP L. NOTZ, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATIONS BEGINNING WITH JOSEPH T. BAILEY AND ENDING WITH JONPAUL STEFANI, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATION OF DAVID W. SHAIEB, TO BE CAPTAIN.

NAVY NOMINATIONS BEGINNING WITH LEE A. AXTELL AND ENDING WITH MARK S. WINWARD, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATIONS BEGINNING WITH THOMAS M. BESTAFKA AND ENDING WITH FRANCIS J. STAVISH, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATION OF DANNY W. KING, TO BE CAPTAIN.

NAVY NOMINATIONS BEGINNING WITH BARAK A. BARAKAT AND ENDING WITH STEPHEN M. WILSON, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATIONS BEGINNING WITH MICHAEL J. ALLANSON AND ENDING WITH GERARD J. WHITE, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATIONS BEGINNING WITH MATTHEW L. BERAN AND ENDING WITH IAN S. WEXLER, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATIONS BEGINNING WITH GARLAND H. ANDREWS AND ENDING WITH MEREDITH L. YEAGER, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATIONS BEGINNING WITH OLADAPO A. AKINTONDE AND ENDING WITH SEAN R. WISE, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATIONS BEGINNING WITH JEFF A. BLEILE AND ENDING WITH JEFFREY G. ZELLER, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATIONS BEGINNING WITH GRADY G. DUFFEY, JR. AND ENDING WITH DAVID A. VONDRAK, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATIONS BEGINNING WITH WILLIAM M. KAFKA AND ENDING WITH WILLIAM R. URBAN, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATIONS BEGINNING WITH DANIEL E. FILLION AND ENDING WITH JASON D. WEDDLE, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATIONS BEGINNING WITH DAMON B. DIXON AND ENDING WITH JONATHAN J. VORRATH, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATIONS BEGINNING WITH JAMES W. ADKISSON III AND ENDING WITH SHERRI R. ZIMMERMAN, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATIONS BEGINNING WITH CORY S. BRUMMETT AND ENDING WITH DAVID J. WHITE, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATIONS BEGINNING WITH JULIE M. ALPIERI AND ENDING WITH BRETT A. WISE, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATIONS BEGINNING WITH MATTHEW E. ARNOLD AND ENDING WITH ANTHONY C. TARANTO, JR., WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATIONS BEGINNING WITH PETER A. ARBOIO AND ENDING WITH KEVIN J. WATKINS, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATIONS BEGINNING WITH JOHN A. ANDERSON AND ENDING WITH JAY A. YOUNG, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATIONS BEGINNING WITH LAWRENCE H. KENNEDY AND ENDING WITH TRACIE A. SEVERSON, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATIONS BEGINNING WITH JOSE G. HERNANDEZ AND ENDING WITH DEREK A. VESTAL, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATIONS BEGINNING WITH DAVID A. ABERNATHY AND ENDING WITH JESSE J. ZIMBAUER, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 10, 2017.

NAVY NOMINATION OF KENNETH M. KING, TO BE LIEUTENANT COMMANDER.

NAVY NOMINATION OF GARRY P. CLOSAS, TO BE COMMANDER.

NAVY NOMINATIONS BEGINNING WITH PAUL D. MELVEY AND ENDING WITH ALEXANDER WOLDEMARIAM, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 22, 2017.

NAVY NOMINATIONS BEGINNING WITH WILLIAM J. BAILEY, JR. AND ENDING WITH CHRISTOPHER D. TUCKER, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 22, 2017.

NAVY NOMINATIONS BEGINNING WITH GINA A. BUONO AND ENDING WITH SANDRA F. WILLIAMS, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 22, 2017.

NAVY NOMINATIONS BEGINNING WITH DAVID J. ALLEN AND ENDING WITH TRACIE M. ZIELINSKI, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 22, 2017.

NAVY NOMINATIONS BEGINNING WITH DAVID M. BUZZETTI AND ENDING WITH ERIC R. VETTER, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 22, 2017.

NAVY NOMINATIONS BEGINNING WITH DAVID E. BAILEY AND ENDING WITH CHRISTOPHER J. STEWART, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 22, 2017.

NAVY NOMINATIONS BEGINNING WITH JOHN R. ADAMS AND ENDING WITH MARY C. WISE, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 22, 2017.

NAVY NOMINATIONS BEGINNING WITH SEAN A. COX AND ENDING WITH LUIS A. PEREZ, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 22, 2017.

NAVY NOMINATIONS BEGINNING WITH ELIZABETH W. BUNDT AND ENDING WITH MICHAEL G. WATSON, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MAY 22, 2017.

NAVY NOMINATION OF MIGUEL A. SANTIESTEBAN, TO BE COMMANDER.