Georgia, for making his comments about TOM PRICE, President Trump's nominee to be Secretary of Health and Human Services.

I have known TOM for over 20 years. We are both orthopedic surgeons. I know his professional ability. I know his passion for patients and health care. I am delighted and confident that he will be confirmed to be the Secretary of Health and Human Services. I think he is the right person for the important task that lies ahead.

NOMINATION OF NEIL GORSUCH

Mr. President, I also come to the floor today to talk about the President's nominee for the Supreme Court, Neil Gorsuch. Ever since the President made that nomination, we have had an outpouring of support for this nomination and not just those of us in Wyoming—of course, because his mom was born in Casper, WY—but there has been an outpouring of support all across the country and actually across the globe.

The Economist magazine out of London wrote: ''Neil Gorsuch Is a Good Pick for the Supreme Court.''

USA Today had a story with the headline: ''Neil Gorsuch, Stellar Resume and Scalia-Like Legal Philosophy.''

There was even an op-ed in the New York Times by a former Acting Solicitor General in the Obama administration. It was an op-ed by Neal Katyal under the headline: ''Why Liberals Should Back Neil Gorsuch.'' This top Obama administration official called Judge Gorsuch ''one of the most thoughtful and brilliant judges to have served our nation over the last century''—over the last century.

He went on to say that ''if confirmed, Judge Gorsuch would help to restore confidence in the rule of law.''

I mean that, to me, is what it is all about—the rule of law. And that is from a former Obama administration official who knows the Supreme Court.

I hope to be able to sit down soon with Judge Gorsuch to talk about his views. He and I had a brief visit today as he was heading from one Senator's office to another.

Everything I have seen in his background tells me that he has the temperament and the experience to be an outstanding Justice on the Supreme Court. His background as a judge gives us powerful evidence of the kind of Justice that he will be.

In 10 years on the U.S. Circuit Court of Appeals, he has authored hundreds of opinions and dissents, and you can be assured that these will be dissected. This record will give Senators ample evidence of exactly how Judge Gorsuch views the role of the courts in applying the law.

From what I have seen so far, he appears to take the law and the Constitution at face value. He doesn't treat them like blank pages on which he can rewrite the laws the way he wishes they were. As he wrote in one opinion: ''Often judges judge best when they judge least.''

This view of judicial restraint in every example I have seen from Judge Gorsuch's record is squarely in the mainstream of American legal thinking today. You don't have to take my word for it. There is actual data to prove it.

There was an editorial in the Wall Street Journal yesterday with the headline, ''Gorsuch in the Mainstream''—''Gorsuch in the Mainstream,'' yesterday's Wall Street Journal.

The editorial cites a thorough study of something like 800 different opinions that Judge Gorsuch has written since joining the court of appeals. Less than 2 percent—less than 2 out of 100 opinions even drew a dissent from his colleagues on the bench, and 98 out of every 100 of his decisions were unanimous. This was on a court where seven of the active judges were appointed by Democrats, and only five were appointed by a Republican. The Wall Street Journal says that of at least eight cases considered by Mr. Gorsuch that were appealed to the Supreme Court—appealed to the Supreme Court—the Supreme Court Justices upheld his results in seven of the eight—seven out of eight. Four of them were unanimous in front of the U.S. Supreme Court. So if you actually look at his record, I think it is clear that this is a judge who is very much in the mainstream.

CNN did a story on Judge Gorsuch, and they said that he is a laid-back, fly-fishing, fourth-generation Coloradan who also happens to have an Ivy League education, a brilliant legal mind, and an established judicial record.

I mentioned his established legal record, and I think it is also very important that he is a fourth-generation Coloradan. He would bring to the Supreme Court a much needed perspective from the Rocky Mountain West. Among the current Justices, only Justice Clarence Thomas is from somewhere other than New York or California. It is important that we get this kind of viewpoint on the Court.

Judge Gorsuch is smart, fair, very well qualified. CNN mentioned his education, and it really is very impressive: Columbia University, Harvard Law School, a Marshall scholar at Oxford University. He was also confirmed to the circuit court by a unanimous voice vote of the U.S. Senate right here.

None of this seems to matter to the Democrats today—not the intelligence, not the distinguished career, not that he is squarely in the mainstream. None of it matters to some of my colleagues on the Democrat side of the aisle. They were sharpening their knives for anyone—anyone the President might nominate, regardless of their qualifications. They wrote their press releases months ago, full of attacks on a person most of them had never met. It is what Democrats always do when a Republican President nominates someone to the Supreme Court. It is exactly what they promised to do this time as well. Even before President Trump was inaugurated, Democratic leader CHUCK SCHUMER said that his party would fight ''tooth and nail'' to block the nominee. He said he was going to do his best to ''keep the seat open.''

Senator SCHUMER met with Judge Gorsuch the other day. He complained that the judge did not answer questions about some issues that are in the news and before the courts, things like the so-called Muslim ban. Well, according to the Code of Conduct for United States Judges—the code of conduct for judges—a judge is actually prohibited from making public comment on the merits of a matter pending or impending in any court. Well, there are certainly ongoing court cases about a number of things that Senator SCHUMER asked about, so I think it is a very good sign that Judge Gorsuch would refuse to comment on these.

Democrats in the Senate are being told by the far-left elements of their political base to try to block this nominee. Many of these Senators are doing everything that they can to comply. Liberal activists have been planning a multimillion dollar lobbying campaign against this nominee or any nominee ever since election day. The reaction of these activists on the left has been hysterical, it has been irrational, and it has been disgraceful.

I hope the Democrats in the Senate will reject these calls from their base and will give this nominee a chance. I hope that they will take the time to consider his qualifications and that they will actually sit down to talk with him before they rush to condemn him.

I know I look forward to sitting down with the nominee and discussing his views more fully. Everything I have seen so far suggests to me that it will be a very good conversation.

I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. CARPER. Mr. President, I don't speak often on the floor, but it seems that whenever I do, you are the Presiding Officer. I have said this before, but you are a glutton for punishment. I thank you for your willingness to show up day after day.

I was going to talk a little bit about the Affordable Care Act as it relates to Congressman PRICE, who has been nominated to be Secretary for the Department of Health and Human Services.

Before I do, I want to follow up on the comments of my friend Senator JOHN BARRASSO, who is the chairman of the Environment and Public Works Committee on which we both serve. He is the senior Republican, and I am pleased and really privileged to be the senior Democrat alongside him.

What I would just say in response is—if Senator SCHUMER were here, he would be perfectly capable of thinking for himself and defending himself, but I would say this: On the question of whether Judge Gorsuch will have a

hearing, I think he will have a hearing, and he should have a hearing. On the question of whether there will be a 60-vote margin—the last couple of people who have been confirmed for the Supreme Court, both Democrats, were confirmed by more than 60 votes.

I don't know Judge Gorsuch well, but I do know Merrick Garland pretty well, and I must say I am disappointed that he never got a hearing, although he was nominated by Barack Obama when there was almost 10 months remaining in President Obama's term. Not only did he not get a hearing, a lot of folks on the other side of the aisle couldn't find the time to meet with him, and he never had a vote—a 60-vote margin or even a simple majority, 51 votes.

For us to now hear it is important that Judge Gorsuch get a hearing and get an up-or-down vote, I just wish I had heard those voices here over the last year when a very good man was treated I think very badly—very badly. That was Merrick Garland. That is for another day, but I couldn't let the moment pass without saying anything.

Mr. President, to back up to about 30 minutes ago, I was talking about the Affordable Care Act, and I yielded to Senators TESTER, ISAKSON, and BARRASSO. Now I want to come back to where I was.

I am a Democrat. I am proud to be a Democrat, a retired Navy Captain, and I went to graduate school, undergraduate at Ohio State, Navy ROTC, studied economics. After the Navy, after the Vietnam war, I moved from California to Delaware, got an MBA at the University of Delaware and studied some more economics and some other things in their MBA program. I became State treasurer, Congressman, Governor, Senator.

I have always been intrigued by how we harness market forces. How do we harness market forces for good public policy outcomes? You don't always hear Democrats say that, but that is the way I think. I think if we can find ways to harness market forces and achieve a good public policy outcome, that is a good thing. We ought to try to find them, and I think if we can, we can generate good bipartisan support for our ideas. At the end of the day, if it meets our goals, so be it.

I keep going back to 1993, which is when John Chafee, whom I knew—I was a Congressman then. Actually, in 1933, he introduced his own version of the Affordable Care Act, cosponsored, I think, by 20 other Republicans and maybe 3 Democrats. Among the Republican cosponsors of John Chafee's legislation—which actually looks like the Affordable Care Act—were a couple of Republicans who are still here. One of them is the chairman of the Finance Committee, ORRIN HATCH, and the other is the fellow on the Finance Committee who is actually senior in terms of the Finance Committee to ORRIN, and that is CHUCK GRASSLEY. They cosponsored the 1993 legislation that Chafee introduced.

I want to take just a moment and go through the five key provisions in Senator John Chafee's 1993 legislation. I will start here at the bottom of this chart.

One of the things we see in the Chafee legislation was the idea that folks who did not have access to health care and were not part of a large group plan would have an opportunity to have the benefit as we do in the Federal Government and, like half the people who get health care in the country, get coverage through a large group plan. So there would be a large group buying access to health care coverage for a lot of individual people who happen to be in that group; maybe they work for the same employer.

But Senator Chafee came up with a good idea, and the idea was that we might want to create in each State something called exchanges or marketplaces where people who didn't have coverage could find coverage and be part of a larger group and enjoy the benefits of being part of that larger group. I think they called them exchanges. They may have called them purchasing groups. But it was a 1993 idea.

He also said that folks who got their coverage through one of these exchanges or marketplaces in 1 of 50 States should get some help in buying down the cost of health care premiums if they are getting coverage through the exchange or the purchasing pool in their State, the marketplace, and we would call that a sliding scale tax credit. The lower the income of the person buying their health care coverage through the marketplace, the bigger the tax credit, and as a person's income goes up, the size of the tax credit goes down and eventually goes away. That was in Senator Chafee's legislation in 1993.

Also in Senator Chafee's legislation was something called an individual mandate, which basically said that under his proposal, people had to get coverage. You couldn't make somebody get coverage if they absolutely refused to, but the idea was to penalize people in one way or another, maybe with a fine or something like that, and say: If you don't get coverage, we can't force you to, but we are going to impose a fine or penalty on you, and over time, that fine or penalty will increase. Maybe eventually you will say: Well, I am paying this fine or this penalty, and it is going to be pretty expensive. Maybe I ought to get health care coverage to avoid the penalty. That is called the individual mandate.

Chafee's mandate was that employers of a certain size would be required to provide health care coverage for employees. It was a mandate, not for all employers but for a number of them when they reached a certain number of employees.

Then the fifth provision in the Chafee plan in 1993 was a ban on preexisting conditions. Some know that the Presiding Officer is a physician in his State. And a number of people in my State, I am sure in his State as well, lost coverage because they had a preexisting condition. Maybe they had coverage for a while, and they lost coverage or lost their job or something like that, and then they had a condition that could be a scare with colon cancer, breast cancer, prostate cancer—you name it—and they eventually planned to sign up to get health care coverage, and because of the preexisting condition, they couldn't get it. So what Chafee said in his proposal to insurance companies was: You cannot refuse to provide coverage for someone because they have a preexisting condition.

The health insurance companies said: Well, if you are going to put that preexisting condition on us, then we have to have the individual mandate. In these State exchanges you are going to create, Senator Chafee, we have to make sure there are people in the purchasing pools in each of the States who are young and invincible, like our pages sitting here in front of me today—young, healthy. They just can't be people that are old and infirm and not well because they will consume a lot of health care costs. We need a mixed pool that is insurable so insurance companies can insure this pool for health care and not lose their shirts.

That was the long and short of it in the Republican plan from Senator Chafee, with some bipartisan support in 1993.

Mitt Romney became Governor of Massachusetts sometime after the turn of the century, and he was interested in running for President. He is a smart guy. Some of us know him, some better than others. But he is a very smart fellow. He is smart enough to know that if he wanted to run for President some day—and he did—one of the things he could do that could help bolster his chances was to be able to demonstrate after years and years of people talking about providing health care coverage to just about everyone in our country, he could actually say: We did this in our State. We actually provided coverage for just about everybody in Massachusetts who needed coverage. When he decided to do this, he was smart enough to go back to Senator Chafee's blueprint from the 1993 legislation.

It was a decade later that Mitt Romney became Governor. I say this as a recovering Governor myself: You are always looking for what works to see if it might be transferrable to your State. But he seized on Senator Chafee's proposal, and the similarities are pretty striking. Like the Chafee plan, RomneyCare—they call it RomneyCare—created these State exchanges, or purchasing pools, just as in Chafee's legislation. They had the sliding scale tax credits to help them buy coverage, buy their health insurance through the purchasing pool so people with a lower income could get a bigger tax credit, and as their income goes up, the credit gets smaller and smaller,

and then it finally phases out. That is what they did in RomneyCare.

The third thing they had was a ban on preexisting conditions in Massachusetts. If someone had a preexisting condition, the insurance company could not say: No, no coverage for you. They had to provide coverage. Just like insurers told Senator Chafee all those years ago in 1993; that if we are going to have to insure people because of preexisting conditions, you have to give us a pool of people to insure, that we can insure and not lose our shirts. That included individual mandates so we could have the young, the healthy in the pool, and at the same time call for the employer mandate so employers of a certain size had to ensure that their employees were getting health care coverage.

That was in the Romney plan. They launched it about a decade ago, and right off the bat it was warmly embraced by the people of Massachusetts. They thought this could be cool. And it was good. It was the right thing to do. It might just work and be an example for the rest of the country. So they had a warm embrace and a good launch.

In the first couple of years, they did a good job in RomneyCare in covering a lot of people and reducing the number of people who did not have coverage. What they didn't do such a good job on, though, for the first several years, was on the affordability side.

Health care costs continued to rise in Massachusetts. There were several reasons for that, one of which was the individual mandate. They had a fine. So if you happen to be young and maybe you didn't think you needed health care, you had to pay a fine if you were a certain age and didn't sign up. It was an increasing fine that went up over time. Eventually, people decided, Well, if I have to pay this fine, I might as well get health care coverage, but they didn't do it initially. They were negative in terms of coverage.

Eventually, in Massachusetts not only did they do a good job in increasing coverage, they actually did a pretty good job on affordability. One of the reasons is, they had a good mix of people in their pools and a fair amount of competition between health insurance companies and providers—competition.

Fast forward to 2009, the Affordable Care Act. When the Affordable Care Act was reported out of committee to come here to the floor, what did it have? It had, No. 1, let's create these State large purchasing pools, State exchanges and marketplaces, and that is in Chafee's bill and in RomneyCare. It had sliding scale tax credits to help buy down the cost of coverage in the exchanges and marketplaces. There was a ban on preexisting conditions, but insurers said: No, we can't insure the people you want us to, we will have to cover everybody, and those who have preexisting conditions, you have to make sure we have a good mix of people in the insurance pool.

So just like in Chafee and in RomneyCare, we had the individual mandate. You can't make people get coverage, but you can have an accelerating scale so people will eventually bite and get the coverage, and we also had the employer mandate. Not every employer but a certain size number of employers had to have—had to cover their employees.

It is kind of remarkable. I think if you talked to most people in this country, and you walked through this, they would be amazed to know that the Affordable Care Act, with these five major provisions, was actually stolen, plagiarized, from a Republican Senator, Chafee, in 1993; but from Governor Romney's proposal.

There is more to the Affordable Care Act, including the expansion of Medicaid coverage—not for everybody, but up to 135 percent or so of poverty, and the real focus on how do we move from a sick care system, where we just spend money on health care for people who are sick, why don't we spend some money to try and make sure people stay well, on prevention and wellness, early access to care, so folks can get a colonoscopy maybe before they come down with colon cancer or get a mammogram before breast cancer, those kinds of things.

One of the great things of the Affordable Care Act, little known to most people, is the idea that we need to collaborate in the delivery of health care so it is not just one hospital working by itself but maybe build a network of hospitals, and maybe with these, working with doctor groups, groups of doctors. The idea is to collaborate in the delivery of health care in ways that focus on wellness, prevention, and that is, I think, little noticed; the idea of better results for less money. I call it value, looking for value.

That is just a little bit of history, and I think it is worth looking at.

Could we look at the next one.

I have a pie chart I would like to share with everybody. I don't know if the Presiding Officer has seen this before. I have used it once or twice. This is a pie chart that has about 300 million people in it, and this represents the 300 million or so people in our country who have health care coverage. The blue represents those folks who get their coverage through their employer. It doesn't mean the employer pays for all the costs of their health care; the employer pays the majority, and maybe the employees pay some fraction or percentage of that coverage. Over half the people in the country today getting health care coverage are those in large group plans. If you look at what is going on with premium increases, and increases in copays and deductibles, my understanding is the premium increases for these folks—over half of the 300 million people in the pool—we actually compared premium increases before the ACA was adopted and the years after, and premiums still go up for these folks but not by as much as they had before the Affordable Care Act was adopted.

So that is how most people get their coverage here.

Next, about—let's see, this green area right here, it has anywhere between 15 and 20 percent of people who get health care coverage in this country, they are in Medicare, the 65 and over or totally disabled, unable to work, and qualify for Medicare because of that. One of the little known things about the Affordable Care Act is that the Medicare trust fund had been running out of money for quite a while, and the date at which it eventually runs out of money and will not be able to provide coverage can continue to get closer and closer. One of the benefits, little known or noted in the Affordable Care Act, is that since it was adopted, the life of the Medicare trust fund has been extended by 12 years. After coming down for years and years and years, the life of the Medicare trust fund has been extended by 12 years. Medicare people, they don't buy their coverage on the exchanges, but a lot of people can still use fee-for-service. Maybe it works for some people. I don't know if it is the best way to get good coverage for an affordable price, but we have seen a migration to what is called Medicare Advantage. I think it is like managed care with a heart and a head, and now about one-third of the folks on Medicare get that coverage. Fifteen to twenty percent of the people get their coverage in this big 300 million-person pie chart from Medicare. About 20 to 25 percent of the people who are getting health care coverage in the country today get their coverage through Medicaid. Believe it or not, it is not mostly part families or women with children, it is mostly people—maybe like our parents or grandparents who are in nursing homes, a lot of them with dementia. They spend down their resources and they end up going to nursing homes, and Medicaid pays to help keep them alive and cared for, and that is anywhere from 20 to 22 percent.

The States previously—virtually every State has a Medicaid plan, but one of the things we did with the Affordable Care Act was to say we want to encourage States to cover not just up to 100 percent of poverty but maybe up to 135 percent of poverty. The Federal Government will pay about 90 percent of that, and maybe someday less than that, but we want more people to be covered through Medicaid, which is actually more cost-effective than the purchasing pools I talked about earlier.

So we have 300 million people getting health care coverage. The lion's share of them—over 55 percent—get coverage from large group plans. About 22, 25 percent is Medicaid, about 15 to 20 percent Medicare, and what is left is about roughly 6 percent or so, they get their coverage through the exchanges, through the marketplaces.

When our Republican friends and others criticize the marketplaces and the sliding scale tax credits and the individual mandates, the employer mandate, and maybe the ban on preexisting

conditions, what they are criticizing is right here, a very small portion of the pie, the heart and soul of what was proposed by Senator Chafee in 1993 and the heart and soul of what was in RomneyCare in Massachusetts a decade later. There is a certain irony there not lost on me and I know not on others.

Can we do some things to improve the delivery of health care among all of these groups? Sure. Can we do it where it covers more people and does it in a more cost-effective way? Sure we can. But the idea of sort of getting rid of this—getting rid of particularly the piece down here and a lot of the other provisions that are represented in this pie chart, I don't think that makes a lot of sense.

A friend of mine is a firefighter. We work out in Wilmington at the YMCA before I jump on a train and come to work. We were talking not long ago about a situation you have with a building that is on fire, and the people are up in the tall building and maybe can't get down to the elevators, and they rush to the windows to look out to see if there is anybody down there. The firefighters are outside the building that is on fire, and they are yelling with a bull horn up to the folks on the fourth and fifth floors: Go ahead and jump. We will catch you. But the people who are being asked to jump notice that the firefighters don't have any nets.

The idea of health care coverage where we are actually covering a lot more people, and to say we are going to pull that away from you for 20 million, 30 million more people, and don't worry, somewhere down the line—a year or 2 or 3 years from now—we will provide the nets to catch you, I think that makes no sense—no sense.

We got this far, so maybe one more chart.

Who gets hurt by repealing the Affordable Care Act?

I will just say this and then close, I say to my friend from Maryland.

The answer is everyone. We do not have a lot of rural space in Delaware. I know we have a lot in Louisiana and quite a bit in Maryland. But folks who get their coverage from the rural hospitals, whether it is in Delaware, Maryland, Delmarva, whether it is in Louisiana, the rural hospitals, they are going to get clobbered if we repeal the Affordable Care Act and take away the Medicaid expansion, take away the marketplaces. They will get clobbered and a lot of them will close. The federally qualified community health centers, they are going to get clobbered, and they provide coverage for 10 million people in our country.

When people are denied coverage in those rural hospitals or suburban, urban hospitals or the federally qualified community health centers, where people don't get coverage there, they will get health care somewhere, and it may be going to an emergency room at a hospital, getting really sick and having to get admitted and then spend a lot of money. Where does the money come from? From those of us who use the health care system, who are paying premiums and our employers are paying premiums. The costs are really absorbed by the hospitals themselves. It makes not a lot of sense.

The person in the House who has been really in the forefront of repealing the Affordable Care Act is the person that Donald Trump has now named to be our Secretary of Health and Human Services. The idea of having a new Secretary overseeing the Department of Health and Human Services, someone who is trying to run this program and oversee it and make sure that it works in a way that provides more coverage at an affordable price, is actually a person who has been trying to kill it for as long as he has been in the House of Representatives. Some people may not be concerned or upset about that, but I am. I think that before we put that person in charge in that job, we need to remember some of the lessons I just shared with folks here today. For these reasons, I cannot support the nomination.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. VAN HOLLEN. Mr. President, I thank my friend and colleague from Maryland's neighboring State of Delaware, the senior Senator, Mr. CARPER. I thank him for raising those points about the very negative impact that repealing the Affordable Care Act would have on so many folks in Delaware and Maryland and, specifically, rural hospitals. The Eastern Shore of Maryland and the Delmarva Peninsula have lots of rural hospitals that will be put in the crosshairs if we repeal the Affordable Care Act, so I thank the Senator for raising those issues and sharing with the Senate the impact of what repeal would do.

I rise to oppose the nomination of TOM PRICE to be Secretary of the Department of Health and Human Services. I am very familiar with the views and the policy positions of Congressman PRICE and the ideas he has with respect to health care and budget issues facing our Nation.

Before coming to the Senate, I served as the senior Democrat, the ranking member on the House Budget Committee, and Congressman PRICE is the chairman of that committee. I have said this before, and I say it again; that despite our very deep differences over critical issues facing our country and health care policies, Representative PRICE did conduct the business of the Budget Committee in a professional manner.

I respect the intensity with which he argues his case, but it is because of his inflexible and highly ideological positions on critical matters before us that I oppose him. I firmly believe his policies will do great harm to the health and well-being of tens of millions of Americans throughout this country. That is why I oppose his nomination for this very sensitive post.

During the Presidential campaign, Candidate Trump tweeted, ''I was the first and only potential GOP candidate to state that there will be no cuts to Social Security, Medicare and Medicaid.'' President Trump has repeated those promises since then.

Yet, throughout his tenure in the Congress and throughout his time as chairman of the House Budget Committee, Representative PRICE has taken the exact opposite position, calling for cuts to Medicare, cuts to Medicaid, cuts to Social Security. He is now going to be overseeing the Department responsible for Medicare and Medicaid. So let's look at how Chairman PRICE's policies would impact those programs and harm the health care of Americans.

First, on Medicare, he has called for privatizing Medicare through a voucher program. Make no mistake—seniors on Medicare are going to pay a lot more under their voucher plan.

Here is how it works: Instead of going to the hospital and having Medicare cover the costs, seniors will instead get the equivalent of a voucher. Here is the catch: The value of that voucher will not rise nearly as fast as the cost of health care in this country, so each year that goes by, the value of that voucher will pay for less and less health care for seniors on Medicare.

Yes, TOM PRICE's plan saves Medicare money. It saves Medicare money by requiring senior citizens on Medicare to eat the difference—the difference between the value of the voucher, which is effectively frozen over time, and the cost of health care that those seniors are going to need. That is the wrong approach for making savings in Medicare.

The right approach is the approach taken in the Affordable Care Act, where we begin to change the incentives in the system, so we encourage doctors and hospitals to focus on the value of care they provide, not the volume of care they provide.

Another way in which Representative PRICE, the President's nominee, would harm seniors on Medicare is when you repeal the Affordable Care Act, you reopen what was called the prescription drug doughnut hole. One of the things the Affordable Care Act did was allow seniors with high prescription drug costs to not have to choose between paying the rent or putting food on the table and the cost of their drugs. Over time, it is closing that doughnut hole that seniors fell into and couldn't cover the costs of needed prescriptions. When you repeal the Affordable Care Act, you repeal those protections for seniors. That is what TOM PRICE's budget would do. It is right there in his budget plan.

Another harm that would befall seniors is that repealing the Affordable Care Act wipes out the provision that allows seniors on Medicare to get free preventive screenings. We want to encourage seniors, just like everybody

else, to catch health problems early, so we said: You don't have to pay these steep copays if you want to get screened for cancer, diabetes, or whatever it may be. Millions of seniors have now benefited from that—not only by not having to pay out of pocket but by catching problems early and getting them treated so they get the health care they want. But TOM PRICE's plan would repeal all of that.

If you are a senior on Medicare now or a senior who may be getting to the point of Medicare or anybody else—we are all going to be there someday—No. 1, you are going to see the plan turn into a voucher plan, which is going to cost a lot more for no more health care, maybe less; you are going to pay more for prescription drugs; and you are going to pay more for preventive screenings. That is a bad deal, but that is the TOM PRICE plan.

Let's take a look at his Medicaid proposal. Again, Candidate Trump said he wasn't going to cut Medicaid. The budget plan put forward by TOM PRICE, chairman of the House Budget Committee, calls for over $1 trillion in cuts to Medicaid over 10 years. It is right there in the plan. Just read it. They don't make any secret about it. The accompanying report talks about it—$1 trillion over 10 years.

Many people don't realize this, but two-thirds of the money we spend for Medicaid goes to provide long-term care to seniors in nursing homes, to people with severe disabilities, very fragile individuals who have no other source of medical security. It would cut dramatically from that. Almost 50 percent—the largest single share of people in Medicaid—is kids. They are kids.

I just happened to meet today with the head of the Children's National Health System and his team. His No. 1 plea and request to me: Don't cut Medicaid. You will hurt kids if you do it.

They provided me some information and facts. What is Medicaid? Medicaid is the single largest health insurer for children. Medicaid is a vital program for children. It covers over 30 million children nationwide. When we cut Medicaid by $1 trillion, we hurt children by hurting their health care.

In addition to calling for these very deep and damaging cuts to Medicaid, harming the Medicare program, and raising the costs to seniors, Representative TOM PRICE has been one of the fiercest opponents of the Affordable Care Act, wanting to wipe it out. We hear a lot about replacement. In other words, the mantra has been, let's repeal it and replace it. In fact, President Trump, both as candidate and now, says he is going to replace it with something much better. Much better. We heard for years Republicans in the House and the Senate saying they were going to replace it too. We have heard them say that since the Affordable Care Act was first put in place roughly 7 years ago: Repeal and replace. But as we are gathered here today, there is absolutely no replace.

But they did repeal. A lot of people don't realize they repealed it because President Obama was there to veto the legislation that came to his desk that repealed the Affordable Care Act. But it was just last year. Congressman TOM PRICE—the person who is going to be in charge, if President Trump has his way, the head of HHS—was the main architect of that repeal—not repeal and replace; repeal.

The nonpartisan Congressional Budget Office—the organization the Congress relies on to present unbiased analysis—in fact, the current Director of CBO was selected by the Republican chairman of the House committee and the Republican chairman of the Senate committee. They issued a report just last month, January 2017. What would have happened if TOM PRICE's repeal had actually been signed by President Obama? What if that had actually become law? What would have happened to health care in America? Here is what they said: The number of people who are uninsured would increase by 18 million in the first plan year following enactment of the bill. Later, after the elimination of the Affordable Care Act's expansion of Medicaid eligibility and subsidies, that number will rise to 32 million in 2026. So in year 1, 18 million Americans would lose access to health insurance.

How about the cost of premiums? The cost of premiums in the exchanges have been high, and there are practical things we can do to reduce them. But if TOM PRICE had his way, according to the Congressional Budget Office, here is what would have happened: Premiums in the non-group market, the Affordable Care Act exchanges, would increase by 20 percent to 25 percent relative to current law—in other words, compared to if we did nothing.

It is really important that the American public understand that the man the President is asking to be head of Health and Human Services for the United States of America is the same person who was the architect of the bill that went to President Obama that within its first year would have resulted in 18 million Americans losing access to health care and jacking up premiums by 20, 25 percent in the exchanges. That is what would have happened. Thank goodness President Obama was there to veto that legislation. But he is not there anymore, and President Trump is installing the person who would have had the dramatic negative impact on the health care of millions of Americans—your constituents, my constituents—and all of us have heard many stories about the impact.

I will close where Senator CARPER closed because he went through many examples of who was going to be harmfully impacted by getting rid of the Affordable Care Act. When we add it all up, it is just about everybody.

In addition to the 22 million Americans on the health care exchanges who will lose that access entirely, Americans who get their health care through their employers—which is most of them—benefit from the patient protections in that legislation. Frankly, they benefit from the fact that people who used to not be able to get any health care and who were showing up in the emergency room and raising the costs for everybody else—they will have it, which is why, as he said, premiums for the majority of Americans in the employer market have actually gone up very slowly compared to what they were doing before the Affordable Care Act. As I mentioned, seniors on Medicare get socked in the chin.

I just came from a meeting with the head of one of Maryland's rural hospitals in Western Maryland, out on the Maryland panhandle. This is an area that Donald Trump carried overwhelmingly with a big vote out in Western Maryland.

The CEO of Garrett Regional Medical Center came to my office today and let me know all the good things they are doing for people in Western Maryland. The last page of this request says: ''Seeking your support,'' and here is the bullet point: Garrett Regional Medical Center is very concerned about ACA repeal. Our organization will implode—implode—without proper replacement.

Yet the legislation, the reconciliation bill that Representative TOM PRICE rammed through the House and then they got through the Senate and went to President Obama's desk, would have done exactly that—it would have imploded this Western Maryland regional medical center. Imploded it. President Obama said no.

Now, despite the fact that Candidate Trump tweeted out that he wanted to protect Medicaid and Medicare, he has appointed somebody to this key position who has taken the opposite position. That is why I cannot in good conscience vote in support of this nomination. It is too big a risk to the health care of Marylanders and to the American people.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Mr. President, first let me comment and thank my colleague from Maryland, Senator VAN HOLLEN. Senator VAN HOLLEN may be a new Member to the U.S. Senate, but he is not a new Member to the Congress of the United States.

I think Senator VAN HOLLEN said this very clearly: This nomination is very much about the type of health care system we want for the people in this country, whether we are going to have affordable, quality health care for all Americans, whether health care is going to be a right or a privilege. I thank Senator VAN HOLLEN for the points he made.

I think the people of Maryland are not going to be surprised that I agree with my colleague from Maryland and that I take this time to explain why I will oppose Mr. PRICE for Secretary of Health and Human Services.

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

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

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

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

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

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

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

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

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

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

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

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

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

The senior assistant legislative clerk read as follows:

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

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

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

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

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

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

EXECUTIVE CALENDAR—Continued

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

I thank my friend from Maryland.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

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

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

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

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

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

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