

consensus. A “nay” vote undermines the bipartisan consensus.

I yield the floor.

I yield back any remaining time.

The PRESIDING OFFICER (Mrs. FISCHER). All time is yielded back.

The joint resolution was ordered to a third reading and was read the third time.

The PRESIDING OFFICER. The joint resolution having been read the third time, the question is, Shall the joint resolution pass?

Mr. PERDUE. 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.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 50, nays 49, as follows:

[Rollcall Vote No. 84 Leg.]

YEAS—50

Alexander	Fischer	Paul
Barrasso	Flake	Perdue
Blunt	Gardner	Risch
Boozman	Graham	Roberts
Burr	Grassley	Rounds
Capito	Hatch	Rubio
Cassidy	Heller	Sasse
Cochran	Hoeven	Scott
Collins	Inhofe	Shelby
Corker	Johnson	Strange
Cornyn	Kennedy	Sullivan
Cotton	Lankford	Thune
Crapo	Lee	Tillis
Cruz	McCain	Toomey
Daines	McConnell	Wicker
Enzi	Moran	Young
Ernst	Murkowski	

NAYS—49

Baldwin	Harris	Peters
Bennet	Hassan	Portman
Blumenthal	Heinrich	Reed
Booker	Heitkamp	Sanders
Brown	Hirono	Schatz
Cantwell	Kaine	Schumer
Cardin	King	Shaheen
Carper	Klobuchar	Stabenow
Casey	Leahy	Tester
Coons	Manchin	Udall
Cortez Masto	Markey	Van Hollen
Donnelly	McCaskill	Warner
Duckworth	Menendez	Warren
Durbin	Merkley	Whitehouse
Feinstein	Murphy	Wyden
Franken	Murray	
Gillibrand	Nelson	

NOT VOTING—1

Isakson

The joint resolution (H.J. Res. 57) was passed.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to consider the following nomination, which the clerk will report.

The bill clerk read the nomination of Seema Verma, of Indiana, to be Admin-

istrator of the Centers for Medicare and Medicaid Services.

The PRESIDING OFFICER. The Senator from Florida.

FREEDOM FOR BOB LEVINSON

Mr. NELSON. Madam President, I come to the floor with a heavy heart because 10 years ago today, Robert Levinson, a former FBI agent, was detained in Iran on the tourist island of Kish Island in the Persian Gulf.

Bob is a very respected, long-time FBI agent who had served his country for 28 years and had since retired. He is the longest held civilian in our Nation's history. He is a husband, a father of seven, and now a grandfather of six, and he deserves to be reunited with his family.

Since Bob's detention, American officials have sought Iran's cooperation in locating and returning Bob to his family. Of course, Iranian officials have promised over and over their assistance, but after 10 long years, those promises have amounted to nothing. Bob still is not home.

The bottom line is, Iran is responsible for returning Bob to his family. If Iranian officials don't have Bob, then they sure know where to find him. So today we renew our call on Iran to make good on those promises and return Bob, return him to where he ought to be, with his family.

Iran's continued delay in returning him, in addition to the very serious disagreements the United States has with the Government of Iran about its missile program, its sponsorship of terrorism, and its human rights abuses, is just another obstacle Iran must overcome if it wants to improve relations with the United States.

We also urge the President and our allies to keep pressing Iran to make clear that the United States has not forgotten Bob and will not forget him until he is home. Obviously, we owe this to Bob, a servant of America, and we certainly owe it to his family.

To Bob's family, we recognize your tireless efforts over those 10 long years to bring your dad home, and we offer our sympathies.

Madam President, I yield the floor.

The PRESIDING OFFICER. The majority whip.

AMERICAN HEALTH CARE ACT

Mr. CORNYN. Madam President, this week the Senate continues to press forward on a number of congressional review actions; in this case, a disapproval that will roll back and repeal many Obama-era regulations that have hurt people across the country and strangled our economic growth.

By doing away with excessively burdensome rules and regulations, we are delivering on our promise to the American people to actually do what we can to help the economy, to grow the economy, to create jobs and not hurt it with unnecessary, expensive, and burdensome redtape.

Earlier this year, we began the legislative process to deliver on our biggest promise: repealing and replacing

ObamaCare with more affordable and more accessible healthcare options, options that will work for all American families. The American Health Care Act, introduced in the House on Monday, is the first step in fulfilling that promise.

ObamaCare is collapsing. It has already failed countless families across the country, and it has forced people off good insurance plans they liked and strong-armed them to sign up for plans that were more expensive, offered less care, and didn't even let them use the doctor of their choice. So we would be revisiting healthcare even if Hillary Clinton had been elected President of the United States because ObamaCare is in a meltdown mode.

ObamaCare has also saddled our economy with more than a trillion dollars in new taxes. Most of those taxes are so hidden that most Americans are probably not aware of the fact that there is even a tax charged on the premium for their health insurance policy, for example. Well, all of these taxes end up being absorbed and have to be paid by American families.

At its very core, the individual mandate of ObamaCare was a major power play and overreach by the Federal Government. Basically, what it said was, if you don't buy the government-prescribed health insurance plan, we are going to fine you; we are going to penalize you.

The government should not be able to force anyone to spend their own hard-earned money for something they don't want but have to buy under a threat of financial penalty. The American people have spoken up loudly and clearly and rightfully demanded that Congress do better, and we will.

Since the 2010 timeframe—when our colleagues on the other side of the aisle passed ObamaCare with 60 votes in the Senate, a majority in the House, and with the White House—they have lost the majority in the Senate, they have lost the majority in the House, and they have lost the White House. I think ObamaCare has been one of the major reasons why, because people, the more they learn about it, the less they like it, and they don't appreciate Washington forcing them to do things they don't want to do with their own money.

About 2 months ago, one of my constituents in Texas wrote me about her skyrocketing healthcare costs. Before last year, her premium was about \$325 a month. A short time later, that was revised to \$436 a month. This same Texan later moved from one city to another and, because of her change of address, her premium jumped to \$625 a month. It started at \$325 and is now \$625. In 2017, thanks to ObamaCare, her premium went up again to an astronomical \$820 a month. It started at \$325 before ObamaCare and is now \$820 a month. I don't know many people who could absorb that kind of increase in their healthcare insurance premium.

In about a year, her monthly healthcare payment jumped by more

than 150 percent—150 percent. That is hardly what I would call affordable; thus, the misnamed Affordable Care Act should be the un-Affordable Care Act.

To make matters worse, she then found that her provider would be putting a halt to individual plans in Texas, something that has been a recurring theme in my State and across the country. So while President Obama said: If you like your plan, you can keep your plan, as a result of ObamaCare, she was not able to keep her plan so she had to find a new plan and a new doctor, a plan ultimately with less care, less flexibility, and even a higher price.

Suffice it to say, for this constituent of mine and for millions more like her, ObamaCare is not working. ObamaCare is not affordable, and it is hurting Texans. It is time for Congress to keep its promise that we have made in every election since that given the privilege of governing—of being in the majority, being in a position to change things—we would repeal and replace ObamaCare with options that fit the needs of all Americans and their families at a price they can afford.

Mr. SANDERS. Will my friend from Texas yield for a question?

Mr. CORNYN. I will not, not at this time.

Fortunately, we now have a President in the White House who clearly sees the failure of ObamaCare and wants to do something about it. Republicans in Congress have introduced a bill, which is now being marked up in the House, that the President can actually sign, once it is passed, to get us out of this mess. The American Health Care Act is the vehicle to do just that, and I am glad President Trump endorsed the plan earlier this week.

It is a work in progress. The House committees are marking it up as we speak. There will be changes along the way, but, ultimately, the House will pass the bill and send it to the Senate. Then we will have an opportunity to offer our amendments during the course of its passage. The important point to make, though, is that this legislation will actually put patients first so they are not forced into a plan that they don't want or that provides coverage they can't afford. It does away with the outrageous new taxes and the penalties that have made the economy worse off and have made life harder for American families.

The legislation will also give families more flexibility so they can get the healthcare specific to their needs that actually works for them. If they decide, for example, to get a major medical policy that is relatively inexpensive and then use a health savings account to use pretax dollars to pay for their regular doctors' visits, they will have the flexibility to do that. So this legislation promotes sensible reforms to ensure that big ticket items like Medicaid are put on a more sustainable fiscal path.

I have heard some suggestions that this legislation actually guts Medicaid. That is false. That is not true. It actually continues at current levels in this shared State and Federal program, but it is subject to a cost-of-living index that will actually put Medicaid on a more sustainable path. Just as importantly, it will also return the authority back to the States to come up with the flexible programs they need to deal with the specific healthcare needs of the people of their State.

This legislation makes sure that Medicaid doesn't lose sight of its design, which is to serve the most vulnerable among us who can't afford access to quality healthcare. It provides them that access—and better access—by providing flexibility to the States.

We know that the States and the Federal Government spend an awful lot of money on Medicaid. In Texas, for example, my State spent close to one-third of its budget on Medicaid last year—one-third of all State spending—and it is uncapped, so it goes up every year by leaps and bounds. Under the American Health Care Act, Medicaid will be tied to the number of people in the State using it, a per capita rate, which makes sense, and it represents the first major overhaul of the program in decades.

ObamaCare left us with unchecked government spending, more taxes, and fewer healthcare options. This bill is the opposite of ObamaCare in every way. It will control spending in a commonsense way, it will repeal ObamaCare's taxes and the individual and employer mandate, and it will provide more flexible free market options for families across the country. That is not just a bumper sticker or advertisement; that is actually what is contained in the legislation.

I look forward to working with my colleagues in the House, in the Senate, and in the Trump administration to get this done in the next few weeks.

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

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

Mr. MARKEY. Madam President, here we go again, debating the nomination of a Trump candidate who is both unqualified and reflects an extreme ideology for the Department she will hope to lead. In this case it is Seema Verma, and the Department is the Centers for Medicare and Medicaid, or CMS, as it is often called.

Why is CMS, an acronym for a department that most Americans don't even know about, so important that its nominee would make it to the floor of the U.S. Senate for debate? Because 100 million Americans receive health insurance coverage under one of our Fed-

eral insurance programs—Medicare, Medicaid, the Children's Health Insurance Program, and the health insurance marketplace created by the Affordable Care Act, all of which are under the jurisdiction of CMS.

CMS is the traffic cop of our Federal Government healthcare system. It makes sure that Americans have access to affordable, quality healthcare by administering and overseeing all aspects of our Federal health program. It promotes healthcare innovation and works to reduce waste, fraud, and abuse throughout our healthcare system.

Under the Trump administration and Republican leadership, which has vowed to repeal ObamaCare and get rid of Medicaid as we know it, the leader of CMS will be the person responsible for reducing Federal spending on public insurance programs, particularly for the poor, the elderly, and the disabled. Seema Verma is President Trump's nominee to try to meet that misguided and heartless challenge.

Republicans have an ancient animosity toward Medicaid, and it would seem that Ms. Verma shares that prejudice. Ms. Verma is most well known for proposals that penalize and create roadblocks to coverage for low-income Americans. She supports changes to Medicaid that would make it harder for those who need Medicaid to access it. This stance is fundamentally antithetical to the core principle of Medicaid, which is providing coverage for those who cannot afford it. For the most part, we are talking about poor people in the United States of America in 2017.

Despite the fact that research shows the onerous premiums or cost sharing for low-income individuals served as barriers to enrolling in and obtaining care, Ms. Verma supported a plan to require Medicaid enrollees to pay premiums through monthly contributions to a health savings account. Guess what. People who are poor enough to qualify for Medicaid rarely have enough money to dedicate to savings accounts of any kind. They are living day to day, week to week, month to month.

She also supports putting in place restrictions that put more burdens on low-income Americans than even private insurance. It will be Grandma and Grandpa who will pay the highest price.

Medicaid isn't just a line in our healthcare budget; it is a lifeline for millions of seniors in every State of the country. Here are the facts about the importance of Medicaid to our seniors. It is anticipated that by 2060, there will be more than 98 million Americans over the age of 65. The number of individuals over the age of 85 is expected to reach 14.6 million in 2040—triple the number in 2014. Of this population, 70 percent will likely use long-term services and supports, of which Medicaid is the primary player. Medicaid spent \$152 billion on long-term support services like nursing home care in 2014.

Let me say that again. The entire defense budget is about \$550 billion. We spent as a nation \$152 billion—a little less than one-third of the defense budget—to take care of Grandma and Grandpa in nursing homes in 2014. They may have Alzheimer's, they may have other diseases, but, unfortunately, most families can't save \$50, \$60, \$70,000 for year after year of nursing home coverage; that is Grandma and Grandpa.

The anticipated growth rate for Medicaid beneficiaries over the age of 65 is four times the rate of growth for all Medicaid beneficiaries. The only thing growing faster than the need for Medicaid is the number of people who are opposed to repealing the Medicaid expansion under ObamaCare. Medicaid pays for nearly two-thirds of individuals living in nursing homes.

Can I say that again? Medicaid pays for two-thirds of individuals living in nursing homes in our country. So if you know a family member who is in a nursing home who has Alzheimer's or some other disease, you can just assume that Medicaid is helping that family to ensure that Grandma or Grandpa is getting the care they deserve for what they did to build this great country.

Fundamentally restructuring Medicaid will place additional strain on already strapped State budgets because nursing facility care is a mandated Medicaid benefit. States may offset the increased costs in covering this service by further cutting payments to providers or removing benefits that seniors want and need, like home- and community-based services. It also puts more strain on working-class families because if Medicaid isn't picking up the cost of putting your grandma in a nursing home, that comes out of the pockets of other contributors to the family.

Unfortunately, Republicans want to undermine the Medicaid expansion under the Affordable Care Act, which is benefiting millions of seniors. They want to force seniors to pay more out-of-pocket for healthcare or forgo coverage because they cannot afford it.

What Republicans refuse to accept is that the Affordable Care Act is the most important program we have put in place for seniors since Medicare. The uninsured rate for Americans aged 50 to 64 dropped by nearly half after the passage of the ACA. The uninsured rate for this older population living in Medicaid expansion States was 4.6 percent while the uninsured rate for the same population living in a non-Medicaid expansion State was 8.7 percent—almost double.

Not only does the Republican proposal amount to an age tax by substantially increasing the amount an insurance company can charge for an older person, but it provides older Americans with fewer resources than what is available under ObamaCare to help cover their increased costs for care.

Unfortunately, as Republicans attempt to repeal ObamaCare, CMS is au-

thorized by President Trump's Executive order to "minimize the unwarranted economic and regulatory burdens" of ObamaCare. In simple terms, that means undoing and privatizing vital provisions of the Affordable Care Act as soon as possible under the law.

CMS has also picked up a sledgehammer. It has already proposed new rules of slashing open enrollment times for the exchanges by over a month. It has proposed rules to relax the minimum standards for what qualifying health plans sold on the exchanges have to cover.

Now, more than ever, we need a leader at CMS who understands and respects the fundamental need for healthcare for our seniors, and for so many of them, that need is met by Medicaid. Ms. Verma's disdain for Medicaid is simply an insurmountable problem for the millions of older Americans in this country who rely upon this fundamental program.

Given her lack of experience and extreme views, several major groups that represent millions of working-class Americans have voiced strong opposition to her confirmation.

This is what the American Federation of State, County and Municipal Employees of the AFL-CIO said:

"Leading CMS is too important a role to be held by an individual who is committed to policies so radical they would jeopardize the health and lives of ordinary Americans."

I could not agree more.

Seema Verma is the wrong person to run CMS at a time when millions of Americans are relying on the dignity and coverage that Medicare and Medicaid provide.

Instead of cutting funding for defense, Donald Trump wants to cut programs for the defenseless. The Trump administration would rather bestow billions more to the Pentagon to pay for new nuclear weapons, which we do not need and cannot afford, all the while supporting cuts to Medicaid and senior health. We should be cutting Minuteman missiles instead of Medicaid. We should be cutting gravity bombs instead of Grandma's prescriptions.

The Trump administration's plan for Medicaid and our overall healthcare system would be a nightmare for Grandma and Grandpa and millions of middle-class Americans.

I am opposed to Seema Verma's nomination, and I call on my colleagues to join me in voting no on her nomination when it is presented on the Senate floor.

I yield the floor.

The PRESIDING OFFICER (Mr. SASSE). The Senator from Colorado.

NOMINATION OF NEIL GORSUCH

Mr. GARDNER. Mr. President, I rise to support the nomination of Judge Neil Gorsuch to the U.S. Supreme Court. Hopefully, we will see his confirmation in the weeks to come.

As I have come to the floor and talked about before, Judge Gorsuch is a

fourth-generation Coloradan who serves on the Tenth Circuit Court of Appeals, which is the U.S. circuit court that is housed in Denver, CO. It is the circuit court that oversees about 20 percent of the land mass in the States of Colorado, Oklahoma, and places in between. Once he is confirmed to the Supreme Court, Neil Gorsuch will become the second Coloradan to have served on the Court.

We have a great history of another Supreme Court Justice who served on the highest Court. Associate Justice Byron White had the distinction of being the only Supreme Court Justice to lead the NFL in rushing, and he was also from Colorado.

If Judge Gorsuch is confirmed, Justice Gorsuch will join Byron White as another Coloradan on the High Court. Justice Rutledge also received his bachelor's of law degree from the University of Colorado. So we do have a great history of Colorado westerners joining our Nation's highest Court.

Mr. Gorsuch was confirmed to the Tenth Circuit Court a little over 10 years ago—11 years ago—in 2006, by a unanimous voice vote. He was so popular and so well supported that there was not even a rollcall vote taken in this Chamber. It was a simple acclamation by a voice vote. In fact, Gorsuch's nomination hearing was deemed so noncontroversial that the last time, Senator GRAHAM was the only committee member to attend.

One may ask oneself what made and continues to make Judge Gorsuch such a mainstream nominee. I do not think we need to look any further than his original Judiciary Committee questionnaire to see that Judge Gorsuch possesses the right temperament and the right view of the role of judges.

I thought it was important that I read this from 11 years ago when Judge Gorsuch was confirmed to the Tenth Circuit Court. The questionnaire he filled out for the Judiciary Committee included then-Neil Gorsuch's—trying to be Judge Gorsuch—response to judicial activism and what it meant to Neil Gorsuch prior to his confirmation to the Tenth Circuit Court.

Here is what he replied to the Judiciary Committee in that committee questionnaire:

The Constitution requires Federal judges to strike a delicate balance. The separation of powers embodied in our founding document provides the judiciary with a defined and limited charter.

Judges must allow the elected branches of government to flourish and citizens, through their elected representatives, to make laws appropriate to the facts and circumstances of the day.

Judges must avoid the temptation to usurp the roles of the legislative and executive branches and must appreciate the advantages these democratic institutions have in crafting and adapting social policy as well as their special authority, derived from the consent and mandate of the people, to do so.

At the same time, the Founders were anxious to ensure that the judicial branch never becomes captured by or subservient to the other branches of government, recognizing