agency would be unfair to the American people. And as a core player in the effort to unravel the Affordable Care Act, she demonstrates values that are counter to the very agency which has been supported and improved by key provisions in the law. I do not believe Seema Verma is qualified or fit to serve as the Administrator of CMS, and I encourage all Members to join me in opposing her nomination.

Mr. VAN HOLLEN. Madam President, the Centers for Medicare and Medicaid Services, or CMS, is a major part of the Department of Health and Human Services. A third of the Nation—more than 100 million Americans—get access to quality healthcare through CMS's programs—Medicare, Medicaid, the Children's Health Insurance Program, and the Affordable Care Act Marketplace. CMS also includes the Center for Medicare and Medicare Innovation and several other activities to improve access and affordability in our Nation's health system for all Americans—regardless of income, gender, or health status.

President Trump, Secretary Price, and congressional Republicans seek to drastically restructure our Nation's healthcare, threatening to leave millions without coverage. In the face of that threat, we need a CMS Administrator who knows how to lead CMS and is willing to do whatever she can to protect Americans' healthcare. After hearing from several organizations that deal directly with CMS and familiarizing myself with President Trump's nominee, I cannot support the nomination of Seema Verma for this important role.

Ms. Verma does not have the experience or appropriate knowledge needed to head this vital agency. Her limited scope of experience with just Medicaid, lack of familiarity with Medicare, and willingness to restructure CMS's rules that protect millions are cause for deep concern.

If confirmed, Ms. Verma would manage 85 percent of the HHS's $1 trillion budget, which in turn is more than a quarter of the Federal Government's, and Ms. Verma would oversee 4,000 employees. Running CMS requires significant experience with healthcare and is best done by a person who has held significant positions in private industry and government.

But nothing in Ms. Verma's career shows her to have the skills to operate a budget or team of this magnitude. She has never managed a large organization and has little experience with Medicare. Ms. Verma has operated a small, 10-person company, SVC, Inc., and consulted on various State Medicaid programs. Her experience is inadequate for the important role for which President Trump nominated her.

The next CMS Administrator will have an important voice forming healthcare policy. HHS Secretary Price has been on the forefront of efforts to slash Medicaid and turn Medicare into a voucher program. President Trump, Secretary Price, and congressional Republicans have made it a priority to repeal the Affordable Care Act. We need a CMS Administrator who will provide a reality check in the face of these reckless proposals. We need a CMS Administrator who will work to uphold President Trump's promise that "there will be no cuts to Social Security, Medicare, and Medicaid."

Ms. Verma, however, could not make that commitment during her Senate Finance Committee confirmation hearing. To the contrary, during her hearing, Ms. Verma expressed openness to block-granting Medicaid or instilling per-capita caps—putting the coverage of nearly 70 million vulnerable Americans at stake. These policies would end the Federal guarantee of matching funds to States and would dramatically cut Federal funding to States. Analyzing a 2012 congressional Republican block grant proposal, the nonpartisan Congressional Budget Office found that, for States to manage their Medicaid programs at reduced funding levels, they would have to limit Medicaid eligibility, reduce benefits, cut payment rates, or increase out-of-pocket costs for beneficiaries. These proposals would result in the denial of healthcare and long-term care to millions of vulnerable Americans.

We need a leader at CMS who will defend the historic gains of the Affordable Care Act The Affordable Care Act set standards for consumer protection and significantly expanded coverage. Repeal could cause 22 million Americans—and 400,000 Marylanders—to lose quality, affordable health coverage. Repeal would imperil new access to life saving substance-use-disorder and mental health treatment Repeal would endanger coverage for children who now have access to comprehensive health services. Repeal could significantly raise premiums and erode consumer protections for Americans who have coverage outside of the Marketplace.

Under the Affordable Care Act, insurance plans must provide maternity care as an essential health benefit. But during her nomination hearing, Mrs. Verma said that, while some women want maternity coverage, "some women might not choose that," signaling her view that the law should not require insurance companies to provide this critical coverage. This is unacceptable. Ms. Verma's position would put the health of mothers and families at risk and drive up costs for plans that did provide the coverage. We will not turn back the clock to when maternity coverage was optional. We need an Administrator who will stand with mothers and families on this issue.

Because of Ms. Verma's lack of adequate healthcare experience and her willingness to consider rash policies that are far out of the mainstream, I do not believe that she is equipped to appropriately advise the President and Secretary on these policies that affect millions of Americans. I will not support her nomination to head CMS.

The PRESIDING OFFICER. The Senator from Arkansas.

TRIBUTE TO DR. JIM ROLLINS

Mr. BOOZMAN. Madam President, I rise today to honor Dr. Jim Rollins, an Arkansan who has dedicated his life to public education. Dr. Rollins is the superintendent of the Springdale, AR, public schools, where he has served since 1980.

Dr. Rollins started his career in the classroom as a science teacher in North Little Rock. Since that time, he has consistently sought to provide students with a quality education. The work he has done leading Springdale's public schools speaks for itself.

Dr. Rollins' motto when it comes to education is "Teach them all." This worthy goal has been especially important in Springdale, where enrollment has grown from 5,000 students when Dr. Rollins arrived in 1980 to nearly 23,000 students today. Many of these students are part of immigrant families where English is not their first language. More than 55 percent of the district's students are not proficient in English, and around 75 percent qualify for free and reduced lunches. As you might imagine, this has presented unique challenges to educators in Springdale.

In order to meet these challenges and ensure that the school system is doing everything it can to provide these students with a great education, Dr. Rollins has introduced innovative programs that cater to immigrant families, including the unique Marshallese population in Springdale.

As superintendent, Dr. Rollins has fostered an atmosphere where families feel welcome and understood so that parents, students, teachers, and administrators are working together to create a supportive environment that leads to growth in the classroom. In the spirit of engaging the entire family in the education of every child, Dr. Rollins has helped lead an effort in Springdale's schools to promote English as a second language instruction for students and parents.

This year, Dr. Rollins is once again being recognized for his outstanding efforts in the achievements Springdale public schools have enjoyed under his leadership. Dr. Rollins is being recognized as one of Education Week's 2017 Leaders to Learn From, which highlights forward-thinking district leaders who are working to enact and inspire change in our Nation's public schools. Dr. Rollins is certainly very deserving of this honor. You only need to look at the work he has done over several decades to understand that he has dedicated his professional life to improving public education outcomes for every child in the Springdale education district. The teachers and parents in his district have also had wonderful things to say about Dr. Rollins and his leadership in their community. I am so pleased that his trailblazing work in Springdale public schools is being noticed by national education organizations.

Dr. Rollins has made Arkansas very proud, and we are so grateful for his leadership and commitment to educating children no matter where they come from or their station in life. I am honored to know Dr. Rollins, appreciate his friendship, and look forward to his continued stewardship of the public school system in Springdale and the positive influence he has on education throughout Arkansas.

Congratulations, Dr. Rollins, on a job well done.

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. WYDEN. 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. WYDEN. Madam President, the hard numbers are now in on TrumpCare, and there is no sugarcoating them for the American people, as 24 million Americans get kicked off their insurance plans, as $880 billion is slashed from Medicaid in the first decade, and as a payday worth hundreds of billions of dollars goes out to the wealthiest and the special interests. That is what is going to be dropped on Ms. Verma's plate if she is confirmed and if the bill passes. It is her nomination that is up for debate right now, and we should make no mistake that she is going to be in charge of the specifics.

If TrumpCare passes, under section 132, the new Administrator would be able to give States a green light to push sick patients into high-risk pools when the historical record shows that these high-risk pools are a failure when it comes to offering good coverage that is affordable.

The new Administrator would be in charge of section 134 and could decide exactly how skimpy TrumpCare plans would be and how many more Americans would be forced to pay out-of-pocket for the care they need.

The new Administrator would handle section 135, which paves the way for health insurers to make coverage more expensive for those who are approaching retirement age. That is just the start.

The fact is that TrumpCare is about enormous tax breaks for the fortunate few, financed by raiding Medicare, gutting Medicaid, and hurting older people and the sick and those who are of modest income. Ms. Verma would have the job of implementing all of this at the Centers for Medicare and Medicaid Services.

My view is that the Senate cannot debate this nomination without debating the matter of the TrumpCare program itself because it will be a very huge part of the job. Today, I am going to walk through some of the specifics with regard to TrumpCare, beginning with the scheme that I call ''Robin Hood in reverse.''

If you look at the funds, it is clear that this is an eye-popping transfer of wealth away from older people, from women and kids—from the most vulnerable—directly into the wallets of the fortunate few. No part of the TrumpCare bill shows this more clearly than the fact that it steals from the Medicare trust fund to pay for a tax cut that goes only to the most fortunate—only to those who make a quarter million dollars or more per year.

Everybody in America who brings home a paycheck has a little bit taken out each and every time for Medicare. It is right there on the pay stub. It is automatic. Under TrumpCare, the only people who are going to see a Medicare tax cut are the people who need it the least. I want to repeat that. Everybody in America, when one gets a paycheck, sees a Medicare tax, and everybody pays it, and we understand why it is so important. There are going to be 10,000 people turning 65 every day for years and years to come. The only people who are going to get that Medicare tax cut are the people who need it the least, and that tax cut that is going to go to the fortunate few will take 3 years off of the life of the Medicare Program, depleting the program in 2025 instead of in 2028.

That particular cut breaks a clear Trump promise not to harm Medicare. All through the campaign, then-Candidate Trump was very, very firm in his saying that he would do no harm to Medicare.

He said:

> You can't get rid of Medicare. Medicare's a program that works . . . I'm going to fix it and make it better, but I'm not going to cut it.

The promise not to cut Medicare lasted about 6½ weeks into the Trump administration before it was broken. The bottom line is that TrumpCare raids Medicare. It raids Medicare and causes harm to Medicare in violation of an explicit Trump promise during the campaign, and it brings Medicare 3 years closer to a crisis to pay for a tax cut for the wealthiest in America.

So you have this enormous, eye-popping transfer of wealth from working people, seniors, and people of modest means to the most fortunate. Yet, somehow, people have the chutzpah to say it is a healthcare bill? I do not think so. It is a huge, huge tax windfall for the fortunate.

There is also the tax break on investment income. Once again, this is a break that is going to only go to the most fortunate among us, and, with the investment tax break, the overwhelming majority of the benefit—nearly two-thirds of it—will go to the top one-tenth of one percent of earners in America. That looks like an awful lot of money that is going to be going to the fortunate few, but we are not even done there.

On top of all of this, there is yet another juicy tax—this time for health insurance executives' salaries. It is another juicy tax cut for executives who are making over $500,000 per year.

It is not just Medicare that is getting raided under this proposal. Some of those who are hit the hardest by TrumpCare are those who are approaching retirement age. If you are an older American and are of modest income—55 or 60—and you have to get insurance in the private market, TrumpCare is going to cause your prices to go through the stratosphere. In parts of my home State, especially in rural areas, a 60-year-old who brings home $30,000 a year could see his insurance costs go up by $8,000 or more.

Much of this is due to what we call an age tax. It is a key part of TrumpCare. It is another key part of what Ms. Verma will be in charge of implementing. The bill would give health insurance companies the green light to charge older people five times as much as they charge younger people. If you are a person of modest means, are a few years away from qualifying for Medicare, and your insurance premiums jump by $8,000, that means you are just out of luck. You are going to be locked out of the system. You are, basically, going to have to hope that you just do not get sick before you are eligible for Medicare.

Those tax credits that you hear so much about from TrumpCare advocates are not going to be of much consolation to you. That is because TrumpCare puts a hard cap on your tax credit as an older person—just $4,000—and the odds are good that it would not come close to covering the expense of a decent insurance plan.

Now, I am going to turn to Medicaid because TrumpCare does not just make little changes around the margins. It does not strengthen or preserve this program that covers 74 million Americans. TrumpCare hits Medicaid like a wrecking ball, and it has particular implications for seniors. I am going to walk through those.

The Medicaid nursing home benefit is very much at risk now because of the TrumpCare cuts as it relates to Medicaid. Medicaid picks up the bill for two out of three nursing home patients. These are the people who have worked a lifetime, raised kids, put them through school, and scrimped and saved all they could. These are the people who, in Kansas and in Oregon and across the country, never went on the special vacation, who never bought a boat. All they did was to try to scrimp and save and educate their kids. The fact is that growing old in America is pricey, and after a few years of balancing the rent bill against the food bill and the food bill against the medical costs, what happens is that a lot of seniors just exhaust their savings.

When I was director of the Oregon Gray Panthers, what I saw in my State—and it is duplicated everywhere—was older people walking every single week on an economic tightrope. They were balancing the food bills against the medical bills and the medical bills against the rent bills, and they just couldn't keep up. They burn through all of their funds and they burn through their modest savings, so when it is time to pay for nursing home care, they have to turn to Medicaid.

Today in America, the Medicaid nursing home benefit is a guarantee that those vulnerable older people—the people who are walking on that economic tightrope—are going to be taken care of. TrumpCare breaks the Medicaid nursing home guarantee, and it goes even further than that. A lot of States—mine is one—worked hard to give more care choices to seniors as well as those with disabilities. Maybe instead of living in a nursing home or an institution, they would rather be in the community. Maybe they would rather live at home where they are most comfortable. TrumpCare could mean that those home- and community-based choices could disappear as well.

So what we are talking about is that with these cuts in Medicaid, at a time when, in Kansas and in Oregon and across the country—what we have tried to build for older people is a continuum of services. There would be help at home. There would be help in terms of long-term care facilities. There would be a wide array of choices. And because of Medicaid, there was enough money to fund these choices, to fund this continuum of care for vulnerable older people. Now, as a result of the Medicaid cutbacks, my concern is that there is not going to be enough money for any of these choices—not going to be enough money for the nursing home benefit, not going to be enough money for home- and community-based services. Suffice it to say that my own home State has indicated to me that they are very concerned about the cutback in home- and community-based services.

Nobody wants to see older people get nickled and dimed for the basics in home care they rely on and good nursing home benefits. Yet, when it comes to Medicaid, TrumpCare would effectively end the program as it exists today, shredding the healthcare safety net for older people and millions of others in our country.

It puts an expiration date on the Medicaid coverage that millions of Americans got through the Affordable Care Act. For many, it was the first time they had health insurance. It brought an end to an era where those individuals could turn only to emergency rooms for care. And now TrumpCare is going to cap the Medicaid budget and just squeeze it and squeeze it and squeeze it some more until vulnerable people will not be able to get care.

The program is particularly important for seniors and the disabled, and I want to make sure that people understand what it means for children as well, for those in the dawn of life as well as those in the twilight of life.

Medicaid pays for half of all births, and kids make up half of Medicaid's enrollees. It is important to remember that in many cases, these are kids who already have the odds stacked against them. They are from low-income families. They are foster kids. They are kids with disabilities. We know they are already facing an uphill climb. Medicaid, though, has been there now with the Affordable Care Act to make sure they could see family practitioners and even pediatric specialists. That was just unheard of for these youngsters before the Affordable Care Act. And when a kid needs emergency care, Medicaid is what makes it affordable. TrumpCare puts that in danger.

I have talked about what it means for older people and what it means for the disabled and what it means for kids, and I am just going to keep on going because now that we have the hard numbers in—the hard numbers have arrived here in real time from the budget office that is charged with giving us this analysis—it is important to talk about what it means, because budgets are not just facts and figures and cold sheets of paper; they are about people's hopes and aspirations. And the hopes and aspirations that I have had since those days when I was director of the Oregon Gray Panthers were to make sure that people had affordable, quality, decent healthcare choices because in America, if you don't have your health, you really are missing much of what makes life so special in our country.

The bill also takes an enormous toll in other areas, and I want to mention next opioid abuse. By slashing Medicaid, TrumpCare is going to make America's epidemic of prescription drug abuse-related deaths even worse.

The papers this morning had accounts about how families were losing most of their children to opioid addiction—most of their children lost to opioid addiction—on the front pages of the papers. Medicaid is a key source of coverage for mental health and substance abuse disorder treatment, particularly after the Affordable Care Act, but this bill takes away the coverage for millions who need it.

Republican State lawmakers, to their credit, have spoken out about this issue. Frankly, it just ought to be a head-scratcher for anybody who remembers the last Presidential race when, in the primary race, a parade of candidates rolled through State after State that had been hit hard by the opioid crisis, and all of those candidates were trying to outpromise the one who had spoken previously in terms of how they would help solve the opioid crisis. Then-Candidate Trump was one of the most outspoken on saying that he would fix the opioid crisis. He said he was the guy who could end the scourge of drug addiction and get Americans the help they need. Instead, what we have is TrumpCare, which makes the opioid crisis worse, and there is no getting around it.

TrumpCare puts States in the unimaginable position of having to decide whose Medicaid to slash. Are they going to tell seniors that the nursing home benefit is no longer a guarantee and they are going to have to get in a long waiting line for an opportunity to get a place in the local nursing home? Should they tell pregnant women that births are no longer covered? What about telling mothers and fathers that their kids are cut off and they will have to hope for the best or make their way back to the emergency room?

I also want to touch on a final point that really deserves some discussion and hasn't gotten much, and the finance staff has been looking at it; that is, how TrumpCare really creates a disincentive to work, because I think TrumpCare and Ms. Verma's role implementing it are going to have a substantial effect on American workers and entrepreneurs.

It is my view that TrumpCare creates a substantial, significant disincentive to work. Today, if you are on Medicaid, you are able to pick up a few extra hours at work or go out and accept a higher paying job without the fear that you will lose access to care. That is because under the Affordable Care Act, low-income Americans get the most help when it comes to paying insurance premiums. A lot of persons can get health insurance for less than $100 a month.

Let's compare that with the TrumpCare approach. Under the TrumpCare plan, those who are walking an economic tightrope, bringing home barely more than the minimum wage, don't get the most help. They don't get the most help, and they could see their insurance costs go up by thousands and thousands of dollars each year, which would effectively mean they would be locked out of the healthcare system. So for millions of persons, staying on Medicaid would suddenly look a lot more attractive. Making a little more money and losing your Medicaid coverage could mean losing your access to high-quality healthcare altogether. So my view is nobody has been able to counter this. TrumpCare, in effect, would keep Americans trapped in poverty.

Entrepreneurs and Americans who want to go back to school to pursue a degree would face the same dilemma. Somebody who wants to quit their job and pursue their dream of starting their own business ought to be able to do it without a fear that they won't be able to any longer afford healthcare. The same goes for those who want to go back to school full time to pursue a degree or certification. TrumpCare makes insurance unaffordable for those persons.

TrumpCare is going to be the big issue on Ms. Verma's plate if she is confirmed this afternoon in the Senate to administer this office. We all understand that this bill has been taking a pounding from all sides. Moderate Republicans and those who consider themselves conservative Republicans are against it. Governors from both parties are against it. Democrats are united. The AARP, the American Hospital Association, the American Medical Association, and the American Nurses Association have all come out against the bill—not any surprise to me. I don't think these groups think that healthcare and healthcare legislation is primarily about ladling out big tax breaks for the fortunate few, but that is what this so-called healthcare bill does. And it is financed by raiding Medicare, by gutting Medicaid, and by hurting older and sicker and lower income Americans.

There has been a lot of happy talk about why we ought to support this bill, but what I have tried to do this afternoon is lay out the broken promises. This weekend, for example, the new Secretary of Health and Human Services said: ''I firmly believe that nobody will be worse off financially in the process that we're going through, understanding that they'll have choices, that they can select the kind of coverage they want for themselves and for their family.'' That statement from the Secretary of Health and Human Services is disconnected from the facts. The simple math shows that TrumpCare forces millions of people—particularly older people and less affluent people—to pay thousands of dollars more for their health insurance.

The OMB Director, Mick Mulvaney, was pressed on why TrumpCare breaks the President's promise of ''insurance for everybody.'' His response was that TrumpCare is about access, and the bill ''helps people get healthcare instead of just coverage.'' But we all understand that access doesn't mean a lot if people can't afford to get coverage. That is the future that TrumpCare is going to bring for millions of Americans.

I asked Ms. Verma the most basic questions during her confirmation hearing so we could get even a little bit of an insight into how she would approach these issues. I asked for one example—these are not ''gotcha'' questions; these are the questions you ask if you want to know about running a program involving $1 trillion. I asked Ms. Verma for one example of what to do to bring down the cost of prescription medicine. I gave her three or four to choose from. I particularly would like to see more transparency by lifting this cloud of darkness surrounding how medicines are priced. She didn't have any answers to any of these questions.

So here is where this nomination stands. Ms. Verma gave the Finance Committee and the public virtually nothing to go by in terms of how she would approach this job, but the fact is that, if confirmed, she would be one of the top officials to implement TrumpCare—a bill that raids Medicare, slashes Medicaid, and kicks millions of Americans off their health plan to pay for a tax cut for the wealthy.

I am unable to support this nomination, and I urge my colleagues to oppose it.

Mr. President, over the past decade, the Trump administration's nominee to be CMS Administrator, Seema Verma, has demonstrated a conflicting pattern of working directly for the State of Indiana on its health programs while also contracting with a handful of companies that provided hundreds of millions of dollars in services and products to the very same programs she was helping the state manage.

Those companies are Hewlett Packard, Health Management Associates, Milliman, Inc., Maximus, and Roche Diagnostics. All were vendors to the State's Healthy Indiana Program agencies, while Ms. Verma helped design and direct that Program—first for Governor Daniels and then for Governor Pence. As she describes her role on her company's website, ''Ms. Verma is the architect the Healthy Indiana Plan (HIP), the Nation's first consumer directed Medicaid program under Governor Mitch Daniels of Indiana and Governor Pence's HIP 2.0 waiver proposal. Ms. Verma has supported Indiana through development of the historic program since its inception in 2007, from development of the enabling legislation, negotiating the financing plan with the state's hospital association, developing the federal waiver, supporting federal negotiations and leading the implementation of the program, including the operational design.''

Ms. Verma collected more than $6 million from Indiana taxpayers while overseeing the State's Medicaid reform and ACA implementation. At the same time, while under contract with the State as a consultant, Ms. Verma also collected more than $1.6 million from Milliman Actuaries, more than $1 million from Hewlett Packard, $300,000 from Health Management Associates, and tens of thousands of dollars from Roche Diagnostics and Maximus. All while these companies held important contracts with the State.

In addition to being on ''both sides of the table,'' in at least two cases involving her contracts with Hewlett Packard and Health Management Associates—her duties for the State of Indiana overlapped directly with the tasks those firms were also billing the state to complete.

While there are questions about Ms. Verma's work for the several companies above, I want to focus for the moment on what I believe to be the clearest conflict: her work on behalf of Hewlett Packard.

Hewlett Packard Conflicts. In 2014, the Indianapolis Star newspaper reported:

''Verma's work has included the design of the Healthy Indiana Plan, a consumer-driven insurance program for low-income Hoosiers now being touted nationally as an alternative to Obamacare. In all, Verma and her small consulting firm, SVC Inc., have received more than $3.5 million in state contracts. At the same time, Verma has worked for one of the state's largest Medicaid vendors—a division of Silicon Valley tech giant Hewlett-Packard. That company agreed to pay Verma more than $1 million and has landed more than $500 million in state contracts during her tenure as Indiana's go-to health-care consultant.''

While this in and of itself is deeply concerning, Indiana state contract records show that Ms. Verma was instrumental in helping the state determine this contract was even necessary in the first place.

Let me say that again: Ms. Verma, in her role of advising Indiana, helped the state determine there was a need for the services of a vendor like Hewlett Packard. She then joined the company on a bid to provide those services, received a contract, and was ultimately paid more than $1 million. Hewlett Packard bought the company that originally contracted with the state, Electronic Data Systems in 2008. That company, in a January 2008 press release characterized the Indiana contract in this way:

'''The EDS solution will provide Indiana with enhanced transparency as it implements Gov. Mitch Daniels' package of Medicaid reforms such as the Healthy Indiana Plan . . .' 'At the conclusion of the procurement process, it was evident that EDS was able to bring great value and experience to the taxpayers of Indiana,' said Mitch Roob, Family and Social Services Administration Secretary. 'The technology and insight that EDS has to offer will be a tremendous asset as we continue to make great strides in new, innovative programs, such as the Healthy Indiana Plan.' ''

Ms. Verma helped Indiana outline Medicaid reform policy goals as State contractor before joining a vendor in its bid to fulfill those duties—and then remained a paid participant on both sides. Furthermore, it appears that Ms. Verma was billing Hewlett Packard and Indiana, in some cases, for the same work she was already performing under her own contracts with the State. In written responses for the record to the Finance Committee, Ms. Verma provided a 2013 presentation from Hewlett Packard and herself to Indiana health program executives.

The presentation identified several functions that Ms. Verma would provide to the State through the Hewlett Packard contract. Many of those duties are exceptionally similar to duties the State had already contracted with her directly to provide in 2012 and 2013.

For example, that 2013 presentation outlined specific duties HP was paying her to perform that included: monitoring the Federal regulatory environment, providing Medicaid policy expertise, and supporting Indiana's State Plan Amendment waivers and process. These were things Verma was already under contract to provide the state directly.

On February 21, 2012, Verma's firm was contracted by the State to review Federal regulations that would impact Indiana's Healthy Indiana Plan.

On May 13, 2013, she was contracted to provide the State with advice on the impact of new ACA regulations related to Medicaid.

To me, that sounds a lot like monitoring the federal regulatory environment in the HP presentation.

Under the February 21, 2012 contract, Verma's firm was contracted by the State to provide general policy expertise to the Healthy Indiana Program—also known as Indiana's Medicaid program.

To me, that sounds a lot like providing Medicaid policy expertise in the HP presentation.

Under this same February 21, 2012 contract, Verma's firm was contracted by the State to develop State Plan Amendments and waivers—these are the agreement between the State and Federal Governments that ensures the State adheres to Federal rules for Medicaid and CHIP.

To me, that sounds a lot like supporting Indiana's State Plan Amendment waivers and process in the HP presentation.

Ms. Verma has not addressed how being paid twice for what appears to be largely similar work was ethical. She has, however, consistently denied that any conflicts of interest existed while she worked both sides of these deals in Indiana. During her confirmation hearing before the Senate Finance Committee on February 16, 2017, Ms. Verma claimed she had her staff recused themselves when potential conflicts arose:

"When there was the potential or when we were working on programs, we would recuse ourselves. So we were never in a position where we were negotiating on behalf of HP or any other contractor with the state that we had a relationship with."

That all sounds well and good but that claim has been disputed by the former head of Indiana's Family and Social Services Agency. As first reported in 2014 by the Indianapolis Star,

"Verma's arrangement with HP also came as a surprise to former FSSA Secretary Debra Minott, who said she learned about it sometime in 2013. 'We had delayed paying an HP invoice because of an issue we were trying to resolve, and HP sent Seema to our CFO to resolve the issue on their behalf,' Minott said. 'I was troubled because I thought Seema was our consultant.'"

Ms. Minott made this allegation again just last month in a February 14, 2017 story by the Associated Press about Ms. Verma's conflicts,

"There was at least one instance where Verma crossed the line in Indiana when she was dispatched by HP to help smooth over a billing dispute, said Minot. 'It was never clear to me until that moment that she, in essence, was representing both the agency and one of our very key contractors,' said Minot, who was removed as head of the agency by Pence over her disagreements with Verma. 'It was just shocking to me that she could play both sides.'"

Additionally, in response to questions for the record that I submitted to Ms. Verma, she said that her firm worked directly with HP for the state, and that representatives from SVC participated in meetings between the state and HP,

"SVC worked with the State of Indiana and its vendors, including HP, to design systems for implementation of the Healthy Indiana Plan. We helped vendors translate the policy and waiver language into system operations. We did not oversee HP or any other vendor in this regard, and did not negotiate or participate in change orders or contract amendments. To the best of my recollection, State officials participated in all meetings with HP regarding the Healthy Indiana Plan work at which SVC representatives were also present."

That sounds to me like Ms. Verma and her team were in meetings with both HP and the State discussing issues where her duties clearly overlapped and when she was being paid by both parties. In fact it sounds like the only safeguard in place was that State officials sat in on these meetings between her firm and HP.

Finally, with regard to her claim that she always recused herself, I specifically asked her to provide for the record any documentation that she had of the process for determining when she needed to recuse herself and documentation of the recusals actually taking place. She replied that there were none.

Consequently, it's hard to believe Ms. Verma was truly able to avoid very real conflicts of interest while she and/or her firm were guiding HP's work on behalf of the State and sitting in on meetings with both the state and HP while being paid by both.

In the case of Health Management Associates, Verma also had contracts with the state that covered the exact same work HMA was separately being paid by Indiana to fulfill and while she was also being paid by HMA. For example, in 2007, the State awarded Verma's firm a non-competitive contract to develop the Request for Proposal for a company to implement the Governor's Healthy Indiana Program. On the same day, Indiana gave HMA its own non-competitive contract to develop the very same proposal. This occurred while HMA was also paying Verma's firm on a separate but related contract. Again, as in the case of HP, she was helping the State manage key programs while being paid by contractors performing work for those programs. In this case, what she was doing for the State was essentially the same thing that the contractor was being paid to do—develop a Request for Proposal to implement the Healthy Indiana Plan.

Ms. Verma claims there was no conflict because she did not directly oversee these two contractors—HP and HMA—in her role with State. She also points to the fact that in 2012 she received an opinion from the Indiana Ethics Commission that stated her work for HP was not in violation of state conflict of interest laws because she was a consultant, not a State employee.

I do not believe that her work for the State and her work for these contractors was a true arms-length relationship. As the Associated Press recently highlighted, Ms. Verma maintained an office in the State government center and that the AP characterized her work as "usually reserved for state administrators." The existence of this opinion, in my view, does not absolve Ms. Verma from what look to be very clear and obvious conflicts of interest.

I am not alone in this opinion, as President George W. Bush's ethics lawyer Richard Painter—hardly a liberal partisan—said Ms. Verma's consulting arrangement in Indiana, "clearly should not happen and is definitely improper." Ms. Verma helped the State decide it needed a vendor like HP, and then went to work for HP on the resulting contract. She was also under contract with yet a third company—Health Management Associates—which was being paid to develop the Request for Proposal for the same contract. That certainly seems like a conflict of interest to me.

When I asked her in writing whether she had obtained similar ethics opinions with regard to her work for any of the other state contractors who had hired her—Milliman, Roche Diagnostics, Maximus, or Health Management Associates, she said she hadn't.

All of these companies continue to do business with the State of Indiana and with other State and Federal health programs that will be under Ms. Verma's purview at CMS. Maximus, for example, is the largest provider of enrollment services for these programs in the U.S.

Just because Indiana chose to play fast and loose with conflicts of interest doesn't mean that these practices were right.

I have no confidence that Ms. Verma will take her responsibilities to avoid such conflicts at CMS any more seriously than she did in Indiana.

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

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

[from INDYSTAR, Nov. 29, 2016]

SEEMA VERMA, POWERFUL STATE HEALTH-CARE CONSULTANT, SERVES TWO BOSSES

(By Tony Cook)

President-elect Donald Trump has tapped Seema Verma, a consultant who helped craft the state's Healthy Indiana Plan, to serve as head of the Centers for Medicare and Medicaid Services. Verma worked closely to shape the health care policy of both former Gov. Mitch Daniels and Gov. Mike Pence.

The health policy consulting company she heads, SVC Inc., also has provided its services to Iowa, Ohio, Kentucky, Tennessee and Michigan. A 2016 recipient of the Sagamore of the Wabash award, Verma also served as vice president of planning for the Health and Hospital Corporation of Marion County. She also holds a master's of public health from Johns Hopkins University.

Meet the architect of Gov. Mike Pence's signature health-care plan, Seema Verma.

For more than a decade, the little-known private consultant has quietly shaped much of Indiana's public health-care policy. The state has paid her millions of dollars for her work—amid a potential conflict of interest that ethics experts say should concern taxpayers.

Largely invisible to the public, Verma's work has included the design of the Healthy Indiana Plan, a consumer-driven insurance program for low-income Hoosiers now being touted nationally as an alternative to Obamacare. In all, Verma and her small consulting firm, SVC Inc., have received more than $3.5 million in state contracts.

At the same time, Verma has worked for one of the state's largest Medicaid vendors—a division of Silicon Valley tech giant Hewlett-Packard. That company agreed to pay Verma more than $1 million and has landed more than $500 million in state contracts during her tenure as Indiana's go-to health-care consultant, according to documents obtained by The Indianapolis Star.

Verma's dual roles raise an important question: Who is she working for when she advises the state on how to spend billions of dollars in Medicaid funds—Hoosier taxpayers or one of the state's largest contractors?

In a written statement, Verma said unequivocally that she played no role in HP's contracts with the state. ''SVC has disclosed to both HP and the state the relationship with the other to be transparent,'' Verma said. ''If any issue between HP and the state presented a conflict between the two, I recused myself from the process.''

But the recently ousted head of the state agency administering Verma's contract told The Star that Verma once attempted to negotiate with state officials on behalf of Hewlett-Packard, while also being paid by the state.

HP said it can find no one in its company with any recollection of such a meeting. Verma declined to answer further questions about her work with the state or HP.

Verma's dual roles have surprised some leading Republican lawmakers and expose one of many loopholes in Indiana's government ethics laws.

Ethics experts consulted by The Star called the arrangement a conflict of interest that potentially puts Indiana taxpayers at risk. If Verma were working for the federal government, they point out, she would have to show how the government was protected, or step aside.

''If I were a taxpayer in Indiana, I would be concerned about whether the advice the government was receiving from her was tainted by her own financial interest and the financial interest of her other clients,'' said Kathleen Clark, a professor at Washington University School of Law in St. Louis who specializes in government ethics.

But in Indiana, government consultants aren't required to disclose such potential conflicts, even when they have offices in state government, as Verma does.

So the nature of Verma's work—and the extent to which it benefited HP—remains unclear.

HP referred any other questions on the matter to the state. Verma's spokesman, Lou Gerig, noted in a statement that ''all contracts between the state and SVC Inc., or between the state and SVC Inc. as a subcontractor, have been reviewed and approved in accordance with all requirements of state law.''

Pence's office issued a written statement in response to The Star's questions.

''Seema has played a valuable role in the state's health-care policy since the O'Bannon administration, and we appreciate her advice and counsel, especially on the continuation of the Healthy Indiana Plan and HIP 2.0,'' said Christy Denault, a spokeswoman for Pence.

State officials didn't directly address questions about Verma's work for HP. But James Gavin, spokesman for the Indiana Family and Social Services Administration, said the state does take steps to prevent conflicts in the bidding process.

He said the state's procurement guidelines ''clearly require that all decision-making authority lie with state employees and agency executives. These guidelines are designed to eliminate conflicts of interest.''

POWERFUL CONTRACTOR

Verma enjoys a tremendous amount of sway for a private contractor. She has her own office at the state government center. Earlier this year, Pence turned to her to broker a deal with the state's hospital industry to help finance his plan to expand the Healthy Indiana Plan. And when Verma and one of Pence's Cabinet members—Family and Social Services Administration Secretary Debra Minott—butted heads over how soon to roll out the program, it was Minott who lost her job.

Verma's influence reaches back at least a decade and across the administrations of four governors, two from each party. During his first term, Gov. Mitch Daniels tapped Verma to help create a new health-care plan to address the state's uninsured population. Her solution: the Healthy Indiana Plan, a new low-income health insurance program that features high deductibles and requires participants to contribute a portion of their income to a health savings account.

''This structure melds two themes of American society that typically collide in our health-care system, rugged individualism and the Judeo-Christian ethic,'' Verma wrote in a 2008 Health Affairs blog article co-authored with former FSSA Secretary Mitch Roob. ''HIP combines these diametrically opposed themes by promoting personal responsibility while providing subsidized health protection to those who can least afford it.''

The plan won the support of both Republicans and Democrats in the Indiana legislature and was implemented in January 2008. Today, 52,000 Hoosiers are enrolled in the program.

Now, Pence wants to expand the plan to an additional 350,000 low-income Hoosiers through what he's calling HIP 2.0. And like Daniels, he turned to Verma for help in developing the plan and negotiating a financing agreement with the state's hospital industry. If approved by the federal government, billions of new Medicaid funds would flow to the state.

And because HIP 2.0 would generate significantly more claims, some of that money would likely go to Hewlett-Packard, Verma's other client.

The extent to which Verma's advice has benefited HP is difficult to determine, given that none of the parties involved will talk much about the subject. Further obscuring the issue: Several of her most recent contracts weren't publicly available on the state's online transparency portal until The Star began making inquiries. Denault said that was because ''some of them were mistakenly coded as not for publication.'' The contracts have since been added to the online list.

What they show is that her duties involve crafting requirements for contractors. negotiating with contractors and supervising vendors. Her company's website also says she provided ''requirements for the state's three technology vendors to support HIP.'' That would include Hewlett-Packard. One contract gives her the authority to ''initiate and/or track'' a contract or contract amendments with the state's fiscal intermediary, which is HP. Another puts her in charge of technical changes to the state's medical management information system, which is operated by HP.

Those responsibilities put Verma in the position of making decisions about a state contractor that is also paying her hundreds of thousands of dollars. HP's claims management and information system contracts show it has agreed since 2007 to pay Verma's company $1.2 million as a subcontractor for ''health consulting services.''

During that time, HP received more than $500 million in state contracts, including millions of dollars in contract changes to accommodate the Healthy Indiana Plan that Verma helped create and other new programs.

''Certainly on the face of it, there is the appearance of a conflict,'' said Trevor Brown, an expert on government purchasing and director of Ohio State University's John Glenn School of Public Affairs.

If Verma was a federal contractor, her dual roles ''would certainly raise tremendous concern for regulators and purchasing officials,'' he said. ''This is exactly the kind of thing that would land an agency in a hearing before a legislative oversight committee.''

Lawmakers in Indiana, however, were unaware of Verma's work for HP.

''I was only aware she was working for the state,'' said Sen. Patricia Miller, R-Indianapolis, chairwoman of the Senate Health Committee.

''There certainly appears to be the potential for conflict, and appearances matter,'' said Ed Clere, R-New Albany, chairman of the House Health Committee.

Verma's arrangement with HP also came as a surprise to former FSSA Secretary Debra Minott, who said she learned about it sometime in 2013.

''We had delayed paying an HP invoice because of an issue we were trying to resolve, and HP sent Seema to our CFO to resolve the issue on their behalf,'' Minott said. ''I was troubled because I thought Seema was our consultant.''

HP spokesman Bill Ritz said the company ''checked with a number of its employees and can find no one with any recollection of such a meeting.''

Gerig, Verma's spokesman, said Verma's work for HP was a matter of public record because she is listed as a subcontractor in HP's contracts with the state.

A LACK OF RULES

Ethics experts say that kind of scenario would be unlikely at the federal level, where government purchasing officers are required to identify and avoid ''organizational conflicts of interest,'' which occur when a person is unable or potentially unable to render impartial assistance or advice to the government because of other business relationships.

Many states, including Maryland, Virginia, Minnesota and Illinois, have adopted similar rules at the state level, according to Dan Forman, a Washington, D.C.-based government procurement attorney. Other states, such as Tennessee and Washington, have implemented rules at the agency level. Still others, such as California and Maine, have introduced rules via standard state contract provisions.

But in Indiana, that's not the case.

Minott said when she brought her concerns to FSSA's ethics officer, she was told Indiana's ethics rules didn't apply to conflicts of interests among state contractors.

The lack of any such rule is just the latest in a litany of loopholes that good government advocates say Indiana needs to address.

In recent months, The Star has reported on several high-profile cases—including those of state Rep. Eric Turner, former highway official Troy Woodruff and former state schools chief Tony Bennett—where ethics officials criticized the behavior of public officials but took little or no action due to exemptions in state ethics rules.

The issues raised in Verma's case are not unique to Indiana, said Brown, the Ohio State professor. State governments across the country are increasingly grappling with potential conflicts of interest as more private contractors perform what has traditionally been government work.

''Historically, the practice was these decisions would be made by the leadership of the agency, and in many states they are,'' he said. ''But Indiana is not alone in having to rely on advice and services of a private actor to perform what is at the boundary of, if not a clear instance of, a government function.''

State reliance on private contractors is especially common in the health-care arena, where rapid changes in federal health-care law have put a premium on speed. And indeed, several executive summaries of Verma's contracts emphasize the need to quickly utilize her services amid the threat of losing federal grant money.

''Over the short run, it sounds like you're going to get speed,'' Brown said. ''And you may get some cost savings over the short run.''

But in the long run, states can become dependent on private contractors, who can then jack up their prices.

''They essentially become a monopoly, and there's a risk that they can raise costs over time,'' he said. Verma's arrangement with the state demonstrates how difficult it can be to control such costs.

An amendment to her contract in January added $300,000 without increasing her workload or extending the term of the contract. The reason listed: ''to cover claims.'' State officials declined to elaborate.

The hourly rates listed in her contracts also have increased over time, from $110 in 2007 to $135-$165 this year.

Lawmakers expressed surprise when told by The Star that the state paid Verma's company $1.15 million in the past year alone.

''I had no idea her firm received that much money. I think it would come as a surprise to most legislators,'' Clere said. ''I think there's a larger issue of transparency and accountability as the state increasingly relies on contractors, including consultants. I'm all for harnessing the power of the private sector, and the key word is 'harness,' which suggests the state is in control. The question here is, 'Whose hands are on the reins?' ''

[From the Associated Press, Feb. 15, 2017]

PICK FOR MEDICARE POST FACES QUESTIONS ON INDIANA CONTRACTS

(By Brian Slodysko and Carla K. Johnson)

INDIANAPOLIS.—President Donald Trump's pick to oversee Medicare and Medicaid advised Vice President Mike Pence on health care issues while he was Indiana's governor, a post she maintained amid a web of business arrangements—including one that ethics experts say conflicted with her public duties.

A review by The Associated Press found Seema Verma and her small Indianapolis-based firm made millions through consulting agreements with at least nine states while also working under contract for Hewlett Packard. The company holds a financial stake in the health care policies Verma's consulting work helped shape in Indiana and elsewhere.

Her firm, SVC Inc., collected more than $6.6 million in consulting fees from the state of Indiana since 2011, records show. At the same time, records indicate she also received more than $1 million through a contract with Hewlett, the nation's largest operator of state Medicaid claims processing systems.

Last year, her firm collected an additional $316,000 for work done for the state of Kentucky as a subcontractor for HP Enterprises, according to documents obtained by AP through public records requests.

In financial disclosures posted this week, Verma reported she has an agreement to sell SVC Inc. to Health Management Associates of Lansing, Michigan, within 90 days of her confirmation.

In a statement, a spokesman for Verma said there was no conflict of interest and added that she has the support of former officials who served with her under Pence.

Her firm was ''completely transparent in regards to its relationship with HP and that there was never a conflict of interest,'' spokesman Marcus Barlow said in a statement.

A spokesman for Pence did not respond to a request for comment.

Verma faces a Senate Finance Committee hearing on Thursday. Democrats in Washington are aware of many of her consulting arrangements, and have broader concerns about her philosophy about government entitlement programs, lack of background in Medicare and inexperience leading a large organization.

As a trusted adviser to Pence, she had an office in the state government center and took on duties usually reserved for state administrators. Verma was also widely respected for her grasp on policy and designed a federal Medicaid waiver that allowed Pence to undertake his own conservative expansion of the program while still accepting money made available through the Affordable Care Act.

Verma did not specifically address how she would handle decisions related to HP in a letter to the Department of Health and Human Services that was released this week. The letter outlined her plan for managing potential conflicts of interest should she be confirmed by the Senate to lead the Centers for Medicare & Medicaid Services. Her relationship with HP was first reported by the Indianapolis Star in 2014.

Legal and ethics experts contacted by AP say Verma's work for Hewlett, and offshoot HP Enterprises, raised questions about where her loyalties lay—to the company, or to state taxpayers.

Richard Painter, former President George W. Bush's chief ethics lawyer, called Verma's arrangement a ''conflict of interest'' that ''clearly should not happen and is definitely improper.''

Such arrangements are typically prohibited for rank-and-file state employees under Indiana's ethics rules and laws, but they're murkier when it comes to consulting work. Contractors have often replaced state employees in a GOP bid to drive down the number of public employees, distinctions between the two can be hard to discern.

''She was cloaked with so much responsibility and so much authority, people thought she was a state employee,'' said Debra Minot, a former head of Indiana's Family and Social Services Agency under Pence who worked with Verma.

Indiana University law professor David Orentlicher compared Verma's dual employment to an attorney who represents both the plaintiff and the defense in a lawsuit. It's also similar to federal contract negotiator with a side job for a company they regularly negotiate with, he said.

''If you have one person on both sides of the negotiating, they can't negotiate hard for both sides,'' said Orentlicher, a former Indiana Democratic state lawmaker.

There was at least one instance where Verma crossed the line in Indiana when she was dispatched by HP to help smooth over a billing dispute, said Minot.

''It was never clear to me until that moment that she, in essence, was representing both the agency and one of our very key contractors,'' said Minot, who was removed as head of the agency by Pence over her disagreements with Verma. ''It was just shocking to me that she could play both sides.''

State contracts show Verma's duties to Indiana and Hewlett have overlapped at times. One agreement she held with the state's social services agency required her to ''provide technical assistance'' to state contractors, as well as the governor's office. Another duty was ''contract development and negotiation'' with vendors, which included HP and HP Enterprises

Verma reported her salary with SVC is $480,000 and her business income from the company as nearly $2.2 million.

[From Electronic Data Systems Corporation, Jan. 7, 2008]

INDIANA AWARDS EDS NEW $209 MILLION MEDICAID CONTRACT

AGREEMENT EXTENDS 16-YEAR RELATIONSHIP WITH HOOSIER STATE

INDIANAPOLIS.—EDS, Indiana's Medicaid partner since 1991, has been awarded a $209.9 million, six-and-a-half-year contract to upgrade and continue to maintain the state's Medicaid Management Information System.

The new contract will leverage EDS' leading-edge interchange Health System, which serves as an industry model and is in operation or being implemented in more than a dozen states, including Kansas, Oklahoma, Pennsylvania and Kentucky. Among the upgrades are a Web-based tool that will enable health care providers to electronically enroll in the Medicaid program as well as a number of internal processes.

EDS will continue as fiscal agent to the state and its 27,000 health care providers, who care for more than 800,000 recipients and comprise the nation's 17th-largest Medicaid program.

The agreement includes a seven-month phase to design, develop, test and implement the additional features followed by a six-year management term.

The contract, which was signed in late December, extends a 16-year relationship between EDS and Indiana.

The EDS solution will provide Indiana with enhanced transparency as it implements Gov. Mitch Daniels package of Medicaid reforms such as the Healthy Indiana Plan, which provides health coverage to previously uninsured Indiana residents, and the movement of aged, blind and disabled residents to a care management model. It also will continue claims processing coverage for other Indiana health programs.

''At the conclusion of the procurement process, it was evident that EDS was able to bring great value and experience to the taxpayers of Indiana,'' said Mitch Roob, Family and Social Services Administration Secretary. ''The technology and insight that EDS has to offer will be a tremendous asset as we continue to make great strides in new, innovative programs, such as the Healthy Indiana Plan.''

''As Indiana's technology partner for more than a decade and a half, EDS understands the Healthy Indiana Plan and the state's goal to cover its uninsured residents,'' said Sean Kenny, vice president, EDS Global Health Care. ''Our continued relationship will provide stability not only for the current Medicaid program, but also for future reforms.''

''Long relationships are reflections of earned trust and understanding of cultures and goals,'' said Barbara Anderson, vice president, EDS U.S. Government Health Care. ''Over the years, Indiana and EDS together have delivered program efficiencies to enable reforms and help push forward vital, new programs to improve health outcomes for Hoosiers.''

EDS is the nation's largest provider of Medicaid and Medicare process management services, administering more than $100 billion in benefits a year. EDS processes about 1 billion Medicaid claims annually, more than any other company, and provides fiscal agent services/Medicaid information technology support for 21 states. Through its global healthcare services and solutions, EDS touches more than 200 million patient lives each day.

ABOUT EDS

EDS (NYSE: EDS) is a leading global technology services company delivering business solutions to its clients. EDS founded the information technology outsourcing industry 45 years ago. Today, EDS delivers a broad portfolio of information technology and business process outsourcing services to clients in the manufacturing, financial services, healthcare, communications, energy, transportation, and consumer and retail industries and to governments around the world. Learn more at eds.com.

The statements in this news release that are not historical statements, including statements regarding the amount of new contract values, are forward-looking statements within the meaning of the federal securities laws. These statements are subject to numerous risks and uncertainties, many of which are beyond EDS' control, which could cause actual results to differ materially from such statements. For information concerning these risks and uncertainties, see EDS' most recent Form 10–R. EDS disclaims any intention or obligation to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise.

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[From Hewlett-Packard Development Company, Nov. 21, 2013]

FSSA EXECUTIVE TOUR

(By John Wanchick)

PRESENTERS

John Wanchick, Account Executive; Scott Mack, HPES Regional Manager, State Health and Human Services; Jason Schenk, HPES Sales; Heather Lee, Claims Director; Doug Weinberg, CFO and Third Party Liability Director; Sandra Lowe, Provider and Member Services Director; Rebecca Siewert, Managed Care Director; Beth Steele, Long Term Care Director; Lisa Pierce, Audit and Compliance Director; Maureen Hoffmeyer, Publications Director; Patrick Hogan, System Director; Darren Overfelt, ITO Director; Bev Goodgame, PMO and Business Analysis Director; Julie Sloma, DDI Project Manager; Pat Steele, Operations Manager; Seema Verma, Executive Healthcare Policy Consultant.

INDIANA CORE MMIS HP-SVC PARTNERSHIP

Provides innovative services to support Medicaid Policy; External Scan: Monitoring federal regulatory environment, Financial, demographic, utilization, public health data, Best practices; Support Goal & Objective Setting Process; Develop and Maintain Program Policy; State Plan Maintenance: Support with State plan and waivers.

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MARCH 30, 2012.

Ethics Opinion

DEAR MS. VERMA: Thank you for contacting our office. I understand you are requesting ethics advice to determine whether a conflict of interest would arise under the Indiana Code of Ethics set forth in 41 I.A.C. 1–5 (''Code of Ethics'') if SVC, Inc. d/b/a Seema Verma Consulting (''SVC'') entered into a consulting agreement with Hewlett-Packard Company (''HP'') to assist HP on a contract HP has and/or would have with the Indiana Family and Social Services Administration (''FSSA''). In your inquiry, you explain that SVC is an Indiana Corporation that provides a range of consulting services on health policy, including policy and legislative analysis, grant and proposal development, project and grants management, managing community and stakeholder relationships, survey and evaluation design and data analysis. You further explain that SVC is currently a contractor to the State of Indiana (''State''), specifically FSSA. Pursuant to this contractual relationship, I understand that SVC provides overall management, project leadership and support for the Indiana State-Operated Health Insurance Exchange Level One Grant Activities. You also state that SVC has been a long-standing contractor to HP and its predecessors-in-interest, Electronic Data Systems Corporation and EDS Information Services L.L.C. You indicate that SVC and HP have entered into discussions about a new contractual arrangement between the parties. Generally, the draft proposal you've submitted along with your request for an informal advisory opinion indicates that SVC would assist HP in their efforts relating to work on State's Medicaid Management Information System (MMIS).

The threshold question in this case is whether the Code of Ethics applies to SVC. The Code of Ethics applies to a current or former state officer, employee, and special state appointee and a person who has a business relationship with an agency. SVC is neither a state officer nor a special state appointee. The term ''employee'' is defined in I.C. 4–2–6–1(a)(8) to include an individual who contracts with an agency for personal services. In this case, the contract between SVC and FSSA appears to be a personal services contract. However, SVC is not an individual, it is a corporation. Because SVC is not an individual, SVC would not be considered to be an ''employee'' as the term is defined.

It would appear that SVC would be a ''person who has a business relationship with an agency.'' Specifically, the term ''person'' is defined to include a corporation. I.C. 4–2–6–1(a)(12). SVC is a corporation. Furthermore, a business relationship includes the dealings of a person with an agency seeking, obtaining, establishing, maintaining, or implementing a pecuniary interest in a contract with an agency. I.C. 4–2–6–1(a)(5)(A)(i). SVC has a contract with FSSA, a state agency. Accordingly, the Code of Ethics would apply to SVC as it applies to a ''person who has a business relationship with an agency.''

While the Code of Ethics contains fifteen rules, including two that specifically address conflicts of interest, the only rule in the Code of Ethics that applies to a person who has a business relationship with an agency is the Donor Restrictions rule set forth in 42 IAC 1–5–2. The Donor Restrictions rule prohibits a person who has a business relationship with an employee's agency from providing any gifts, favors, services, entertainment, food, drink, travel expenses or registration fees to the employee if the employee would not be permitted to accept the item under 42 IAC 1–5–1, the Gifts rule.

As a person who has business relationship with an agency, SVC is not subject to the conflict of interest rules set forth in the Code of Ethics. Accordingly, a conflict of interest under the Code of Ethics would not arise for SVC if it entered into a consulting agreement with Hewlett-Packard Company (''HP'') to assist HP on a contract HP has and/or would have with FSSA.

Thank you again for contacting our office. I hope this information is helpful. Please note that this response does not constitute an official advisory opinion. Only the State Ethics Commission may issue an official advisory opinion. This informal advisory opinion allows us to give you quick, written advice. The Commission will consider that an employee or former employee acted in good faith if it is determined that the individual committed a violation after receiving advice and the alleged violation was directly related to the advice rendered. Also, remember that the advice given is based on the facts as I understand them. If this e-mail misstates facts in a material way, or omits important information, please bring those inaccuracies to my attention.

Sincerely,

CYNDI CARRASCO,
Executive Director, Indiana State Ethics Commission.

Mr. WYDEN. Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. MORAN). Under the previous order, the question is, Will the Senate advise and consent to the Verma nomination?

Mr. WYDEN. Mr. President, 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 assistant bill clerk called the roll.

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

Mr. DURBIN. I announce that the Senator from Michigan (Mr. PETERS) is necessarily absent.

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

The result was announced—-yeas 55, nays 43, as follows:

[Rollcall Vote No. 86 Ex.]

YEAS—-55

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

NAYS—-43

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

NOT VOTING—-2

Isakson	Peters

The nomination was confirmed.

The PRESIDING OFFICER. The majority leader.

Mr. MCCONNELL. Mr. President, I move to reconsider the vote, and I move to table the motion to reconsider.

The PRESIDING OFFICER. The question is on agreeing to the motion to table.

The motion was agreed to.

LEGISLATIVE SESSION

Mr. McCONNELL. Mr. President, I move to proceed to legislative session.

The PRESIDING OFFICER. The question is on agreeing to the motion.

The motion was agreed to.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. McCONNELL. Mr. President, I move that the Senate proceed to executive session to consider Calendar No. 23, Daniel Coats to be Director of National Intelligence.

The PRESIDING OFFICER. The question is on agreeing to the motion.

The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The legislative clerk read the nomination of Daniel Coats, of Indiana, to be Director of National Intelligence.

CLOTURE MOTION

Mr. McCONNELL. Mr. President, I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The legislative 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 Daniel Coats, of Indiana, to be Director of National Intelligence.

Mitch McConnell, Michael B. Enzi, David Perdue, Bob Corker, John Hoeven, Lamar Alexander, Bill Cassidy, John Barrasso, Dan Sullivan, Tim Scott, James Lankford, Tom Cotton, Mike Rounds, James M. Inhofe, Chuck Grassley, Roy Blunt, Richard Burr.

LEGISLATIVE SESSION

Mr. McCONNELL. Mr. President, I move to proceed to legislative session.

The PRESIDING OFFICER. The question is on agreeing to the motion.

The motion was agreed to.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. McCONNELL. Mr. President, I move that the Senate proceed to executive session to consider Calendar No. 19, Herbert R. McMaster, Jr., to be Lieutenant General.

The PRESIDING OFFICER. The question is on agreeing to the motion.

The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The legislative clerk read the nomination of Lt. Gen. Herbert R. McMaster, Jr., to be Lieutenant General.

CLOTURE MOTION

Mr. McCONNELL. Mr. President, I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The legislative 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 Lt. Gen. Herbert R. McMaster, Jr., to be Lieutenant General.

John McCain, Roger F. Wicker, John Hoeven, David Perdue, Pat Roberts, Mike Crapo, Ben Sasse, Tom Cotton, Mike Rounds, Mitch McConnell, Thom Tillis, James Lankford, Richard Burr, Marco Rubio, Jerry Moran, Richard C. Shelby, James E. Risch.

Mr. McCONNELL. Mr. President, I ask unanimous consent that the mandatory quorum calls be waived.

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

LEGISLATIVE SESSION

Mr. McCONNELL. Mr. President, I move to proceed to legislative session.

The PRESIDING OFFICER. The question is on agreeing to the motion.

The motion was agreed to.

DISAPPROVING A RULE SUBMITTED BY THE DEPARTMENT OF LABOR

Mr. McCONNELL. Mr. President, I move to proceed to H.J. Res. 42.

The PRESIDING OFFICER. The question is on agreeing to the motion.

The motion was agreed to.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

A joint resolution (H.J. Res. 42) disapproving the rule submitted by the Department of Labor relating to drug testing of unemployment compensation applicants.

MORNING BUSINESS

REMEMBERING MILTON METZ

Mr. McCONNELL. Mr. President, today I wish to pay tribute to a legend in broadcasting. For decades, radio listeners in Kentucky and across the eastern United States tuned in to hear Milton Metz. El Metzo, as he was affectionately known, passed away in January of this year at the age of 95.

Known for his show, ''Metz Here,'' Milton provided fair and well-informed news for thousands of listeners. In his time at WHAS radio in Louisville, KY, Milton almost became part of listeners' families. During his years on the air, he covered a wide variety of topics and helped his listeners sort out the issues of the day.

Like so many other Kentuckians, I grew up tuning into Milton's shows. When I first ran for Jefferson County judge/executive, I appeared on his show. We talked about the issues in my campaign, and although he asked tough questions, he was always fair. Milton welcomed differing opinions and treated his guests and callers with civility. He became a staple of political campaigns, and I appeared on his show multiple times in my campaigns for the U.S. Senate.

Milton represented a different age of diplomatic and gracious programming that listeners of all opinions and interests listened to and trusted. He also made a name for himself covering the Kentucky Derby. Frequently appearing in ''Millionaires Row,'' Milton interviewed celebrities and guests who came to Louisville for the ''Fastest Two Minutes in Sports.'' In 1989, he was inducted into the Kentucky Journalism Hall of Fame, an honor he surely deserved.

I ask my colleagues to join me in recognizing the life and career of Milton Metz, a true radio pioneer. He earned great acclaim in Kentucky and across the Nation, and his legacy will not soon be forgotten.

The Courier-Journal published an article on Milton Metz's career. I ask unanimous consent that a copy of the article be printed in the RECORD.

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

[From the Courier-Journal, Jan. 12, 2017]

LOCAL RADIO LEGEND MILTON METZ DEAD AT 95

(By Andrew Wolfson)

Milton Metz, a pioneer in broadcasting in Louisville and the longtime host of the talk show ''Metz Here'' on WHAS Radio, died Thursday, according to former colleagues Wayne Perkey and Terry Meiners.

He was 95 and died at Magnolia Springs, a senior living facility, Perkey said.

''El Metzo,'' as he was affectionately known, began at the station in 1946. ''Metz Here'' debuted July 30, 1959, with the title ''Juniper 5–2385,'' after its phone number, and ended on June 10, 1993.

''Every time Milton Metz clicked on the mic, people across middle America were guaranteed wit, wisdom, and balance,'' Meiners said.

''On or off the air, Milton was first and foremost a gentleman, bringing grace and intellect into a sometimes inelegant media landscape,'' Meiners said. ''Rest easy, brother. You blazed a beautiful trail and we shall follow.''

Perkey said Metz was a role model and father figure for a younger generation of broadcasters that included Meiners, Perkey and Jack Fox.

''He was not afraid to ask difficult questions, but he tried to be fair,'' Perkey said. ''He had a great wit and he showed it. I loved him because he was Milton.''

Bob Johnson, a retired political reporter on WHAS Radio and TV, said that unlike contemporary talk radio, his show never featured ''talking heads shouting at each other.''

''He had a sweet, gentle nature and his graciousness carried over into his work on the air,'' said Johnson, later a Courier-Journal reporter. ''I was very fond of him.''

Perry Metz said his father enjoyed ''a good joke, a long conversation and listening to different points of view.

''If civility is old-fashioned, you could say he was old-fashioned,'' said the younger