

economy moving forward while keeping this country secure.

With that, I would encourage a “yes” vote on this bill. I would just ask that next time around, which is going to start immediately, we let the subcommittees on appropriations do their work and bring these subcommittee bills to the floor.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. SCOTT). Under the previous order, the motion to refer with amendment is withdrawn and the motion to concur with amendment is withdrawn.

Under the previous order, the question occurs on agreeing to the motion to concur in the House amendment to the Senate amendment to H.R. 244.

Mr. WICKER. 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 Senators are necessarily absent: the Senator from Georgia (Mr. ISAKSON) and the Senator from Nebraska (Mr. SASSE).

Further, if present and voting, the Senator from Georgia (Mr. ISAKSON) would have voted “yea” and the Senator from Nebraska (Mr. SASSE) would have voted “nay.”

Mr. SCHUMER. I announce that the Senator from Illinois (Mr. DURBIN) is necessarily absent.

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

The result was announced—yeas 79, nays 18, as follows:

[Rollcall Vote No. 121 Leg.]

YEAS—79

Alexander	Gillibrand	Perdue
Baldwin	Harris	Peters
Barrasso	Hassan	Portman
Bennet	Hatch	Reed
Blumenthal	Heinrich	Roberts
Blunt	Heitkamp	Rounds
Booker	Hirono	Rubio
Boozman	Hoeven	Sanders
Brown	Inhofe	Schatz
Burr	Johnson	Schumer
Cantwell	Kaine	Shaheen
Capito	King	Shelby
Cardin	Klobuchar	Stabenow
Carper	Lankford	Sullivan
Casey	Leahy	Tester
Cassidy	Manchin	Thune
Cochran	Markey	Tillis
Collins	McCain	Udall
Coons	McCaskill	Van Hollen
Cornyn	McConnell	Warner
Cortez Masto	Menendez	Warren
Donnelly	Merkley	Whitehouse
Duckworth	Moran	Wicker
Enzi	Murkowski	Wyden
Feinstein	Murphy	Young
Franken	Murray	
Gardner	Nelson	

NAYS—18

Corker	Fischer	Lee
Cotton	Flake	Paul
Crapo	Graham	Risch
Cruz	Grassley	Scott
Daines	Heller	Strange
Ernst	Kennedy	Toomey

NOT VOTING—3

Durbin	Isakson	Sasse
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The motion was agreed to.

PROVIDING FOR A CORRECTION IN THE ENROLLMENT OF H.R. 244

The PRESIDING OFFICER. Under the previous order, the clerk will report the enrollment correction.

The senior assistant legislative clerk read as follows:

A concurrent resolution (H. Con. Res. 53) providing for a correction in the enrollment of H.R. 244.

The PRESIDING OFFICER. Under the previous order, the concurrent resolution, H. Con. Res. 53, is agreed to, and the motion to reconsider is considered made and laid upon the table.

The majority leader.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. MCCONNELL. Mr. President, I move to proceed to executive session to consider Calendar No. 53, Scott Gottlieb to be Commissioner of Food and Drugs, Department of Health and Human Services.

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 senior assistant legislative clerk read the nomination of Scott Gottlieb, of Connecticut, to be Commissioner of Food and Drugs, Department of Health and Human Services.

CLOTURE MOTION

Mr. MCCONNELL. 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 senior assistant 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 Scott Gottlieb, of Connecticut, to be Commissioner of Food and Drugs, Department of Health and Human Services.

Mitch McConnell, John Cornyn, Tom Cotton, Dan Sullivan, Shelley Moore Capito, John Barrasso, Roger F. Wicker, Mike Rounds, Orrin G. Hatch, Bill Cassidy, Pat Roberts, Mike Crapo, Lamar Alexander, Richard Burr, John Thune, Jerry Moran, James E. Risch.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the mandatory quorum call with respect to the cloture motion be waived.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. MCCONNELL. I ask unanimous consent that notwithstanding rule XXII, the cloture vote on the Gottlieb nomination occur following disposition of the Wilson nomination on Monday, May 8.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The PRESIDING OFFICER. The Senator from Montana.

NATIONAL DAY OF AWARENESS FOR MISSING AND MURDERED NATIVE WOMEN AND GIRLS

Mr. DAINES. Mr. President, tomorrow, May 5, Hanna Harris should have been 25 years old. Instead of celebrating a birthday, we will be celebrating her memory. Hanna was a 21-year-old member of the Cheyenne Tribe. She lived in Lame Deer, MT, with her 10-month-old son. The last time she was seen alive was the Fourth of July of 2013. After that, she went missing, and 5 days later, her body was found. Hanna was found to have been raped and murdered.

For too long, the stories of missing and murdered American Indian and Alaska Native women have gone unheard. In fact, according to the Centers for Disease Control and Prevention, homicide was the third leading cause of death among American Indian and Alaska Native women between the ages of 10 and 24 years and the fifth leading cause of death for American Indian and Alaska Native women between 25 and 34 years of age.

According to a study commissioned by the Department of Justice, American Indian women face murder rates that are more than 10 times the national average. Let me repeat that. American Indian women face murder rates 10 times the national average. If this were the case in any other community outside of Native communities, there would be public outcry, but there hasn't been until now. In fact, yesterday the Senate approved my resolution to designate May 5, Hanna Harris's birthday, as a day of remembrance. It will be a day to join together to commemorate the lives of those we lost tragically, like Hanna. It is a day to validate the pain Tribal communities have felt and feel every day. It will mark a national day of awareness for Native women and girls who have gone missing or have been murdered.

I was joined by 12 of my colleagues in passing this resolution to declare that the tragic loss of Native women and girls is not just an issue, it is an epidemic, and I thank them for their support.

Tomorrow, on Hanna's birthday, I will walk with Melinda Limberhand Harris, Hanna's mother, and with Tribal leadership, as well as members in Lame Deer, MT, who have also lost a mother, a daughter, a sister, or a friend. On May 5, we will remember RoyLynn Rides Horse, we will remember Kenzley Olson, and we will remember the thousands of other American Indian and Alaska Native women who have been killed or have disappeared without a trace. And we will remember Hanna Harris on her birthday tomorrow as we walk together in Lame Deer, MT.

Mr. President, I yield my time.

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

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

HEALTHCARE LEGISLATION

Mr. ALEXANDER. Mr. President, the House of Representatives has just passed a bill that would make major changes in the Affordable Care Act by a vote of 217 to 213. I congratulate the House. The Senate will carefully review the House bill, and we will go to work on a Senate bill.

Here are my goals for a Senate bill. I don't pretend to speak for every Member of the Senate or even every Republican, but these are my goals for a bill we will fashion here.

No. 1, rescue the thousands of Tennesseans and millions of Americans who, under the Affordable Care Act, will be trapped in ObamaCare exchanges with few or zero options for health insurance in the year 2018 unless Congress acts.

My second goal is to lower premium costs. Premium costs have increased and, in some States, are going through the roof under the Affordable Care Act.

No. 3, gradually transfer to the states more flexibility in administering the Medicaid program and do that in such a way as to not pull the rug out from under those who rely on the Medicaid program.

No. 4, make sure those who have pre-existing health conditions have access to health insurance. This is one thing in the Affordable Care Act that has strong support from just about everybody, including the President, that if you have a preexisting condition, you must have access to healthcare. We need to make sure that is still true in any bill we create in the Senate.

There is some urgency here because of what is happening in the individual market. When we say "individual market," here is what we are talking about. Most Americans get their insurance either from the government or on the job. About 18 percent of Americans get their insurance through Medicare. We are not talking about Medicare today. The bill in the House or the bill we will create in the Senate does not affect Medicare.

About 60 percent of Americans get their insurance on the job and about 20 percent or so through Medicaid, and that leaves about 6 percent who go into an Obamacare market to buy it. Many of these Americans buy their insurance on marketplaces or exchanges created by the Affordable Care Act. We call those the ObamaCare exchanges. About 85 percent of those who buy their insurance on the exchanges have a government subsidy to help them buy the insurance.

As every day goes by, we hear and we are going to continue to hear about insurance companies pulling out of counties and States. Yesterday we heard that the only insurer left in Iowa is now likely to leave. That means more than 70,000 people on the exchanges

will have no insurance to buy. Most of them will have subsidies from the government. So it is like thousands of people in Iowa have bus tickets in a town where no buses run.

That is what is happening right now because of the 2010 law that we call the Affordable Care Act. I know this all too well because 34,000 people in Knoxville, TN, my home area, are going to have subsidies in 2018 but no insurance to buy with their subsidies unless Congress acts. That is because of the 2010 law that we seek to change. In 2016, last year, 7 percent of counties in the United States had just one insurer offering plans on their Affordable Care Act exchanges. This year, 2017, that number jumped to 32 percent. In one in three counties in the United States, if you have a subsidy to buy insurance on the ObamaCare exchange, you had only one insurance company offering you insurance. Five entire States have only one insurer offering ACA plans in their entire State this year: Alabama, Alaska, Oklahoma, South Carolina, and Wyoming. That is because of the Affordable Care Act passed in 2010.

Unfortunately, every day we are going to be hearing not just about insurers leaving counties and States, but about the ones that remain because they are going to be charging sky-high premiums.

Premiums went up by as much as 62 percent this year in Tennessee and by 116 percent in Arizona. As the new rate increases are proposed to the States over the next few weeks and months, our constituents are going to be saying: What are you going to do about that? So there is an urgency, but we want to get it right.

So, again, here are my goals for the Senate bill we will write in the next few weeks:

No. 1, rescue—and "rescue" is not too strong a word—the millions of Americans across this country who are going to have few or zero insurance options in the year 2018 because of collapsing ObamaCare exchanges, unless Congress acts.

No. 2, lower premium rates because, in many States, premiums are going through the roof under the Affordable Care Act.

No. 3, gradually transfer to States more flexibility in managing their Medicaid programs. About 18 percent of Americans get their insurance on Medicaid. We will do so in a way that does not pull the rug out from under those who are currently served by Medicaid.

Finally, preexisting conditions—make sure Americans who have insurance for preexisting conditions continue to have access to it. If you are on Medicaid or if you are on Medicare or, in almost every case, if you get insurance on the job, you have insurance for preexisting conditions. Under the Affordable Care Act in 2010, there had to be insurance for people with preexisting conditions. We want to make sure that those Americans continue to have access if they have a preexisting condition.

We will move ahead with deliberate speed. We are doing that because the exchanges are collapsing, people could be without insurance, and premiums will go up if we don't act, but we want to get it right. There will be no artificial deadlines. We will carefully consider the legislation passed by the House. We will work together carefully to write our own bill. We will make sure we know what our bill costs when we vote on it. In fact, by law, we have to do that. We will get it right, and then we will vote. And hopefully, Mr. President, the end result will be significant improvements for most Americans, giving them more choices of health insurance at a lower cost, and do that by gradually transferring more decisions from Washington, DC, to the states and to individuals.

I yield the floor.

The PRESIDING OFFICER. The Senator from Louisiana.

Mr. CASSIDY. Mr. President, I followed the remarks of the Senator from Tennessee. We speak to the American people in light of the House just voting 217 to 213 to repeal and replace ObamaCare. If there is somebody watching right now, quite likely she is concerned about her healthcare premiums.

On the campaign trail—I remember this so vividly—on the campaign trail when I was running for the Senate, I was in Jefferson Parish, on Veterans Boulevard, and a woman named Tina came up. I am going to paraphrase what she said a little bit because this is a G-rated program. She said: My name is Tina, and I am angry. I am paying \$500 more a month, \$6,000 more a year. My husband and I have no children and I have had a hysterectomy, and I am paying for pediatric dentistry and obstetrical benefits. I am angry.

If there is something right now that the average middle-class voter is saying about his or her insurance premiums, it is that they are angry. They feel they are being forced by Washington to buy things they do not need and sacrifice other parts of their budget because if they do not, they know the Federal Government will come after them with the force of law, penalizing their family, and they do not want that.

So what can we do? First, we acknowledge, as the House has, that ObamaCare is not working. Premiums are going up 20 to 40 percent per year. In Eleven States, so I am told, individual markets are in a death spiral.

I could go through that, which we already know. President Trump knew it. As Candidate Trump, President Trump pledged four major things:

No. 1, he pledged to eliminate mandates. The Senate is committed to working with the House and the President to eliminate those mandates. Washington, DC, should not tell you what to do.

No. 2, he pledged to care for those with preexisting reasons. As Senator ALEXANDER said, it is something that