

know many of us have received from our constituents—about how that House bill would wreak havoc in their lives. Here is one that I received:

I'm 29 years old and was just diagnosed Feb. 24th with breast cancer. . . . I buy insurance myself, and did so with the assistance from the ACA. Without that program in place, I might not have gone in when I felt this lump. I might have waited much longer, just to be told that it was too late. Without this program, I would be bankrupted by the screenings alone just to find out I am dying. . . . Someone told me not to make this political—but this is my life. It will literally be life or death for so many of us.

This is a life-or-death issue for tens of millions of our fellow Americans. I urge the Senate to flatly reject the House healthcare-wealthcare bill, which is rotten to its core.

Let's focus on fixing the issues in the exchanges. We can do that if people of good faith want to work from scratch to address that issue, but let's not blow up the Affordable Care Act and hurt our constituents and tens of millions of other Americans in the process.

I yield the remainder of my time.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. BROWN. Mr. President, I particularly appreciate the comments of my colleague from Maryland about the Affordable Care Act. The fact is, they are taking insurance from 200,000 Ohioans right now who are getting opioid treatment because of the Affordable Care Act, and the vote in the House of Representatives would turn those 200,000 families upside down. They should be ashamed of themselves. Then to go to the White House and celebrate—that is just the ultimate despicable, political act. I just can't imagine that in the 21st century people would actually do that.

The FDA has incredible influence over Americans' lives, and the Commissioner of the Federal Food and Drug Administration will lead the agency dedicated to ensuring that our medicine and food supplies are safe.

It is the job of the FDA Commissioner, and has been for decades, to be an independent check on big pharmaceutical companies, to crack down on Big Tobacco, and to oversee the safety and efficacy of new prescription drugs, including, most essentially in the last few years, opioid painkillers. Unfortunately, Dr. Scott Gottlieb's record gives me serious concern, as Senator MARKEY has pointed out so well, that this Commissioner will fall short on all of these measures.

We know the havoc that opioid painkillers have wreaked on communities across the country. My State of Ohio has had more overdose deaths from heroin, OxyContin, oxycodone, Percocet, opioids, morphine-based opioids; we have had more deaths than any other State in the United States of America. In my State and across this country, people die because of the opioid epidemic; 91 Americans, including 12 Ohioans, will die today—91 Americans, 12 Ohioans will die today—from opioid overdoses.

The Commissioner will have a lot of tools to fight this epidemic that is ravaging our families and our communities. We need all hands on deck to fight this crisis. We need the FDA.

Unfortunately, Dr. Gottlieb's record indicates he would not take the epidemic and the FDA's authority to rein in prescription painkillers and other drugs seriously, which is why I cannot support his nomination.

I don't want to point fingers, but there are a whole host of reasons for this epidemic. One of them clearly is the proliferation of prescriptions and the manufacture of so many of these opioids. They are getting to market, and doctors are prescribing them, and pharmacists are filling them.

I don't point fingers at individual people and even individual industries; we are all at fault and not doing this right. But Dr. Gottlieb has had a cozy relationship with big drug companies for decades as an investor, as an adviser, and as a member of the board for a number of these companies. He supported allowing those same companies to rush their drugs, including potentially addictive opioid painkillers, onto the market before we were sure they were safe—more on that in a moment.

He has called into question the Drug Enforcement Administration's authority to police opioids, despite the fact that these drugs are often sold on the black market. He has defended industry's efforts to market new drugs and devices with minimal safety oversight. He has refused to answer questions about his previous work for pharmaceutical companies that make the opioid fentanyl. We know he participated in a meeting on their behalf at the time that the company was under FDA investigation for pushing off-label uses of fentanyl.

Anyone who thinks we need more fentanyl on the market in many of Ohio's 88 counties should visit the coroner's office. Imagine this: In some counties, the coroner's office has had to bring in refrigerated semitrailers to keep up with the growing body count from the lives lost to overdoses. Think of that; just think of that picture bringing in refrigerated semitrailers to keep up with the growing body count from opioid deaths.

Let Mr. Gottlieb explain himself to the parents, the children, and the friends who have lost loved ones to this deadly drug. A friend of my wife's, a woman she knew growing up, lost her son to fentanyl. He had a 2-year-old child. He was starting to come clean. My understanding is that he relapsed, and he passed away just a few days ago.

We need a leader at the FDA who will step up the agency's efforts to fight this addiction epidemic, which is tearing families upside down. It rips up communities. We need a Commissioner who will fight the addiction epidemic, not one who will roll over for his Big Pharma friends. We need a strong public health advocate to address probably the worst public health crisis of my

lifetime, a public health advocate who will continue to stand up to Big Tobacco with strong rules for all tobacco products, including newer products like e-cigarettes, which are particularly appealing to kids.

The opioid crisis is certainly a bigger health crisis that we face right now, and tobacco is an ongoing public health crisis. We have made huge victories; we have made huge strides and have had huge victories in this country. Young people smoke in significantly lower numbers than they used to. Tobacco companies don't much like that, so they have introduced e-cigarettes. Tobacco companies are buying more and more of the manufacturing capabilities of these e-cigarettes. The FDA hasn't stepped up the way it should. I implore Dr. Gottlieb to do that, but there is no evidence so far that he cares enough to.

Once again, his extensive business dealings call into doubt whether he can seriously serve as the people's cop on the beat when it comes to policing Big Tobacco. Dr. Gottlieb himself invested in an e-cigarette company—the new FDA Commissioner. He probably will be confirmed today. I accept that because for every Trump nominee, no matter their ethics, no matter their background, no matter their inability to serve well, no matter their lack of qualifications for a whole host of their responsibilities, almost every Republican—it is sort of like when one bird flies off a telephone wire, they all do, and they have voted for almost every one of these nominees.

But think of this: Dr. Gottlieb's job is public health, his job is to police Big Tobacco. His job is to stand between these multimillion-dollar marketing executives and the 15-year-old who is attracted to these e-cigarettes with the flavors and the colors and the marketing, and he has invested in the past in e-cigarette companies. What does that tell you? Can we really trust him to impose tough rules on these potentially dangerous products? Can we trust him to protect our children?

Whoever is in charge of the FDA—whoever is in charge—must put the people's safety over drug company profits, whether it is addictive painkillers or e-cigarettes.

I don't think Dr. Gottlieb is the right person for this. I hope I am wrong. I plan to vote no. I hope he proves me wrong. If he does, I will come back to the floor and applaud him. But from his background, from his statements, from his qualifications, from his investments, from his business background, I don't think he fits the bill.

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

Mr. President, I withdraw the suggestion.

The PRESIDING OFFICER. So noted.

RECESS

Mr. BROWN. Mr. President, I ask unanimous consent that the Senate stand in recess as under the previous order.

There being no objection, the Senate, at 12:29 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. PORTMAN).

EXECUTIVE CALENDAR—Continued

The PRESIDING OFFICER. The Senator from Nevada.

YUCCA MOUNTAIN

Mr. HELLER. Mr. President, I rise to speak on an issue that is vitally important to the well-being, safety, and security of Nevadans; namely, Yucca Mountain. I have said it before—and I will say it again—that Yucca Mountain is dead. Let me repeat myself. Yucca Mountain is dead, and I will continue to come to the floor until we, as a country, move past this ill-conceived project.

Last week, I had the opportunity to testify before the House Energy and Commerce Committee's Environment Subcommittee regarding draft legislation to effectively restart the licensing process for Yucca Mountain. While I appreciate having had the opportunity to testify in order to ensure that Nevadans' voices on this issue are heard, I am concerned that we are using valuable time and taxpayer resources to hold a hearing on a closed issue.

Let me say this one more time. Yucca Mountain is dead.

Instead of focusing our efforts on reviving failed proposals of the past, I will continue to encourage my colleagues and the administration to focus on policies of the future. The failure to do so will have real economic, environmental, and national security implications for all Nevadans. This afternoon, I will focus on the economic impact that resuming licensing activities, with regard to Yucca Mountain as a nuclear waste repository, will have on my home State.

As many of you know, Yucca Mountain is located just 90 miles from the world's premier tourist, convention, and entertainment destination—Las Vegas, NV. Last year, Las Vegas welcomed nearly 43 million visitors. Over the past decade, the Greater Las Vegas area has been one of the fastest growing in the United States, with a population that now exceeds 2.1 million people, according to an estimate from the U.S. Census Bureau. Any issues with the transportation of nuclear waste to the site or issues with storage there would bring devastating consequences to the local, State, and national economies.

It begs the question, Would you want to go to Las Vegas knowing that high-level nuclear waste was being transported, very likely, through the heart of the strip?

Let me outline the vitally important role tourism plays in the Greater Las Vegas area.

This industry accounts for close to 44 percent of the local workforce and provides close to \$17 billion in local wages. Moreover, tourism has an estimated \$60

billion in local impact. Without tourism, every household in Southern Nevada would pay close to \$3,000 more in taxes. That is a significant amount of money to individuals and families who are working to make ends meet. People visit not only as tourists but as business professionals who attend conferences, meetings, and trade shows, which generate another \$12 billion in local economic impact. Las Vegas has 3 of the 10 largest convention centers in North America, and it has been the No. 1 trade show destination for 23 consecutive years.

This economic driver within the State is a critical component of another related industry that is vitally important to the State of Nevada; namely, the gaming industry. In Nevada, this industry alone supports more than 430,000 jobs, pays more than \$18 billion in wages, and generates close to \$8 billion in Federal, State, and local tax revenues. The reason I draw the Presiding Officer's attention and our colleagues' attention to these numbers is due to the fact that Yucca Mountain will have very real negative economic consequences for Nevadans.

I am proud to come to the floor to stand with the many concerned citizens, many small business operators, and casino operators in opposition to any attempt to restart the repository licensing process. I will continue to work tirelessly to ensure that radioactive waste is never stored anywhere near the world's entertainment capital, also known as Las Vegas. Rather, I encourage my colleagues to partner with me on identifying viable alternatives for the long-term storage of nuclear waste in areas that are willing to house it.

I come to the table with a solution to our Nation's nuclear waste program and am proud to have introduced bipartisan legislation on this issue. My legislation would allow for the construction of a nuclear waste repository only if the Secretary of Energy has secured written consent from the Governor of the host State, affected units of the local government, and affected Indian Tribes.

This is consistent with the consent-based siting initiative to site waste storage and disposal facilities that was initiated by the Department of Energy in late 2015. This open process ensures that a State has a meaningful voice in the process and that no State will be forced to accept nuclear waste against its own will.

Identifying communities that will be willing hosts for long-term repositories rather than forcing it upon the States that have outright opposed such a site for decades is the only viable solution to our Nation's nuclear waste problem. The failure to do so will just result in decades of more litigation and in the wasting of more taxpayer dollars without solving the problem at hand.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

Mr. CASSIDY. 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. CASSIDY. Mr. President, the topic before us is clearly the repeal and replacement of the Affordable Care Act, and that is what I rise to speak about today. In part I will speak as a Senator, and in part I will speak as a doctor, as I am a physician. My wife is also a physician. I worked in a hospital for the uninsured for many years.

First, let's just describe the state of play. It is so interesting, President Obama's healthcare law, the Affordable Care Act, ObamaCare.

I had two different communications yesterday, one from a sister-in-law in San Francisco. I think her husband voted for BERNIE SANDERS. She is, you know—but she said: This is incredible. Speaking of herself, she said: I am paying \$20,000 a year in premiums, and each of my family members has a \$6,000 deductible.

They have to pay San Francisco prices for everything, and they make good money but not exorbitant money. They are paying \$20,000 a year for a premium, for a young couple in good health, with a family deductible probably of \$13,000.

The next communication was in a phone call with a consultant here in Washington, DC, who does healthcare. He knows his stuff, and at some point, he breaks out of sort of a professional kind of "this is the way I talk," and he says: You don't see my insurance. I am paying \$24,000 a year for premiums, and I have a \$13,000 family deductible. If my family gets in an accident, it will be \$37,000 my family puts out before we see any benefit from our insurance.

I reminded him he would have preventive services, such as a colonoscopy, but that was cold comfort for him.

The reality is that middle-class America can no longer afford the now-ironically named Affordable Care Act. So where does that leave us?

President Trump—I like to say because I think he would say it—established a contract with the American voter. President Trump said that he wanted to continue the number of folks who were covered under ObamaCare, he wanted to take care of those with pre-existing conditions, he wanted to eliminate mandates because Americans hate to be told what to do by the Federal Government, and lastly, he wanted to lower costs. I think the average voter took lower costs to mean lower premiums, not a better CBO score, and lower premiums are really what those two communications are about.

The second thing I will note is that he was very passionate about a particular preexisting condition that the Presiding Officer here in the Senate cares about, which is opioid addiction. And he would go to counties where