The upshot is that neither of these regimes is satisfactory. A maximalist regime that extends U.S. law enforcement jurisdiction worldwide creates serious conflict-of-law problems and places U.S. service providers in impossible positions. A more modest domestic storage regime, by contrast, hinders law enforcement's ability to solve crime and protect us from harm, based solely on where a particular document or piece of data happens to be stored at a given moment in time.

What we need is a sensible regime with clear rules that determine access based on factors that actually matter to the person whose data is being sought. Privacy laws are meant to protect people, not abstractions. We ought not get bogged down with mindless formalism. Most people could care less whether their data is stored at site A or site B or country A or country B as long as it is easily accessible and has robust privacy protections.

At the same time, we need to take proper account of the laws and interests of other countries, especially our allies. We ought to avoid, where possible, trampling on other nations' sovereignty or ignoring their own citizens' legitimate claims to privacy, whether here in the United States or abroad.

For this reason, I believe the right approach to international data privacy is to ground the analysis on the location of the person whose data is being sought. It is, after all, the person who has rights and the person whose interests are devalued when data is obtained without proper process.

Accordingly, I have proposed legislation called the International Communications Privacy Act, or ICPA, that sets clear rules for when and how U.S. law enforcement can access electronic data based on the location and nationality of the person whose data is being sought. I intend to introduce an updated version of this legislation in the very near future.

Here is what the updated version of this legislation will say: If a person is a U.S. national or located in the United States, then law enforcement may compel disclosure no matter where the data is stored, provided the data is accessible from a U.S. computer and law enforcement uses proper criminal process. If a person is not a U.S. national, however, and is not located in the United States, then different rules apply.

These rules are founded on three principles: respect, comity, and reciprocity.

First, respect. If U.S. law enforcement wishes to access data belonging to a non-U.S. national located outside the United States, then law enforcement must notify the person's country of citizenship and provide that country an opportunity to object to the disclosure. This protocol shows respect to the other country and gives the country an opportunity to assert the privacy rights of its citizen.

Second, comity. If, after receiving notice, the other country lodges an objection, the U.S. court undertakes a comity analysis to determine whose interests should rightfully prevail—the U.S. interests in obtaining the data or the foreign interests in preventing disclosure. As part of this analysis, the court can consider such factors as the location of the crime, the seriousness of the crime, the importance of the data to the investigation, and the possibility of accessing the data through other means. This analysis prevents an obstinate foreign power from impeding investigations without good reason or where the U.S. interests in disclosure are particularly strong.

Third, reciprocity. In order to receive notice and an opportunity to object, the other country must provide reciprocal notice-and-objection rights to the United States. The country must also provide robust privacy protections within its own borders and satisfy international human rights standards. These requirements ensure that the U.S. provides its own citizens an equal or greater level of protection against foreign requests for data. They also offer incentives to foreign governments to properly safeguard the data of U.S. citizens within their jurisdiction.

Tomorrow, the Senate Judiciary Committee Subcommittee on Crime and Terrorism will hold a hearing on law enforcement access to data stored abroad. That hearing, I hope, will elucidate many of the principles I just described.

Soon after the hearing, I will reintroduce the International Communications Privacy Act. The bill as reintroduced will incorporate feedback from law enforcement and privacy groups. I intend to push very hard for this legislation and will seek every opportunity to do so. I want my colleagues to know that I will be pursuing any and all legislative vehicles to get it across the finish line.

In the words of Utah businessman Jeff Hadfield, writing in the Deseret News, ''It's imperative that Congress quickly address the ambiguity within our current law. As every company becomes a software company, we need legislation that supports our companies' ability to store data overseas, protects our individual privacy rights, and helps U.S. law enforcement do its important job.'' I could not agree more.

The International Communications Privacy Act provides critical guidance to law enforcement, while respecting the laws and interests of our allies. It brings a set of simple, straightforward rules to a chaotic area of law and creates an example for other countries to follow. It is a balanced approach and a smart approach, and it deserves this body's full support.

Mr. President, on another matter, I wish to register my strong support today for the confirmation of John Sullivan to be Deputy Secretary of State.

The nomination of John Sullivan is another example of President Trump choosing the best and brightest for national security positions in his administration.

I have known John Sullivan since he was confirmed as Deputy Secretary of Commerce during the George Bush administration. He excelled in this position, which bears many similarities to the Deputy Secretary of State role to which he has been nominated.

For example, as Deputy Secretary of Commerce, John was responsible for the day-to-day operations and management of a major Federal agency. As Deputy Secretary of State, he will assume the same managerial duties, but for a different Federal agency.

In facilitating international trade agreements at the Department of Commerce, John Sullivan also honed his negotiating abilities, developing a diplomatic skill set that will be critical in his new role at the State Department.

As the chairman of the Finance Committee, I closely followed John's tenure at Commerce. I was consistently impressed with his ability to promote American interests abroad while maintaining constructive relations with our trading partners. I have no doubt that he will continue to serve our Nation well as the Deputy Secretary of State.

In addition to his management expertise, John Sullivan is a practicing attorney with the law firm of Mayer Brown LLP. There, too, he has developed a reputation for excellence, especially in the area of national security law.

In John Sullivan we have a proven manager, a seasoned diplomat, and a sharp policy mind who will bring strong leadership to the State Department. In John Sullivan, President Trump and Secretary Tillerson have made an inspired choice.

Secretary Tillerson is doing a tremendous job at the State Department. With John Sullivan as his Deputy, even more can be accomplished.

In addition, I would like to thank John Sullivan for his willingness to serve. Of course, I would be remiss if I did not also thank his family—especially his wife of 29 years, Grace Rodriguez, who has provided invaluable support to John throughout his public service. It is unlikely John would be here today without their consent and their constant support.

Few have the skills that John Sullivan possesses. Fewer still possess the patriotism, professionalism, and integrity he has displayed over a distinguished career. He is the best man for the job, which is why I urge my colleagues to confirm him without delay.

I appreciate this opportunity to make these points on the floor.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Mexico.

HEALTHCARE LEGISLATION

Mr. UDALL. Mr. President, today many of my colleagues will come to the floor to speak about the devastating impact that TrumpCare will have on rural communities. I rise to join them in speaking on this topic and on the many other serious flaws in the Republicans' bill to replace ObamaCare.

When he was elected, President Trump promised he would provide healthcare for everyone, but President Trump and our Republican friends have turned their backs on that promise. The Republican healthcare proposal would put insurance companies back in the driver's seat, and that means less quality and more costs for all of us. Rural communities, working families, and people with medical conditions would be hit the hardest.

Today, we got a taste of how devastating TrumpCare would be. The President's budget proposal slashes billions of dollars for Medicaid and the Children's Health Insurance Program. President Trump takes direct aim at bipartisan programs that have made historic progress for kids, for the disabled, and for the elderly.

Former Senator Hubert Humphrey once said: ''The moral test of government is how it treats those who are in the dawn of life, the children; those who are in the twilight of life, the aged; and those in the shadows of life, the sick, the needy and the handicapped.''

When Senator Humphrey spoke those words, he had been diagnosed with terminal cancer. He died a few months later. His words are just as meaningful today.

TrumpCare fails Senator Humphrey's moral test. It doesn't cover more people or more services or improve healthcare. It raises costs and reduces quality. Compared to the ACA—or ObamaCare—TrumpCare would be a disaster for families in my home State.

In New Mexico, tens of thousands of people have healthcare, thanks to ObamaCare and the Medicaid expansion. Before the Affordable Care Act, New Mexico had one of the highest rates of uninsured in the country. It was almost 20 percent, at 19.6 percent. That rate has been cut in half to 8.9 percent.

Approximately 300,000 more New Mexicans now have healthcare. And each one of these 300,000 people has a story about how having healthcare has made a difference—even saved lives.

Thanks to the Affordable Care Act, hundreds of thousands of New Mexicans now have essential health benefits, including doctor visits, hospital care, prescription drugs, pregnancy and childbirth, and mental health services, and a range of preventive services, like mammograms and other cancer screenings, are available at no cost.

I am not saying that the ACA is perfect. Premiums are still too high, deductibles are increasing too much, and we still must bring down the cost of prescription drugs. We absolutely need to work to bring down costs. But, on balance, the Affordable Care Act passes all tests—many with flying colors. TrumpCare does not come close. TrumpCare gets an F.

Test No. 1: Does TrumpCare increase the number of Americans who will have healthcare? No, it decreases coverage and decreases it dramatically.

According to the most recent figures from the CBO, 24 million Americans will lose healthcare coverage under TrumpCare over the next decade. TrumpCare would dismantle the Medicaid expansion provisions that help so many working Americans, including 265,000 people in New Mexico, and TrumpCare would hit rural communities the hardest.

The National Rural Health Association has said that TrumpCare ''does nothing to improve the health care crisis in rural America, and will lead to poorer rural health outcomes, more uninsured and an increase in the rural hospital closure crisis.''

Rural areas like the ones we have in New Mexico have more elderly and disabled people, and fewer people have insurance through their jobs. TrumpCare is the hardest on these groups.

Rural hospitals are already struggling. They will have an even harder time keeping their doors open.

Many New Mexicans would have to drive an hour or more if their local hospital closed. And not only would closed hospitals mean less access to healthcare, it would also hurt the economy. In rural areas, hospitals are a big employer. If they close, the rural economy takes a hit too.

The administrator of the Guadalupe County Hospital in New Mexico, a fine woman by the name of Christina Campos, fears what might happen if TrumpCare becomes law. She is urging me to protect access to care in rural areas.

Guadalupe County is one of our smallest counties by population. The hospital's uninsured payer rate declined from 14 percent to 4 percent from 2014 to 2016, thanks to the Affordable Care Act, and its uncompensated care increased 23 percent in that same period.

I can tell my colleagues that I will fight tooth and nail to keep residents in our rural areas insured and to keep rural hospitals in New Mexico open.

Test No. 2: Does TrumpCare increase coverage of healthcare services? No, it fails this test too. Under the ACA, insurance companies must cover essential healthcare services, period. But under TrumpCare, starting in 2020, States can get a waiver and define their own essential benefits for individual and small group plans. So States would be able to cut the benefits that people count on—and that are making patients healthier.

Test No. 3: Does TrumpCare make healthcare more affordable? It doesn't. It takes aim at the most vulnerable working and low-income families and seniors—the people most in need of care—and it cuts access to healthcare out from under them. If you are older and poorer, you lose big under TrumpCare. If you are young and wealthy, you win.

What is wrong with this picture? What is wrong is that it is unjust. And it is bad for healthcare costs over the long run. Trump and the Republicans are proposing drastic changes to our healthcare system—and they are changes for the worse. They want to go backward to a time when insurance companies could decide who gets healthcare and who doesn't.

Finally, TrumpCare would hurt anyone with a preexisting condition. One of the most popular provisions of ObamaCare is that it prohibits insurance companies from dropping you if you get sick and from refusing to cover you because of a preexisting condition. A preexisting condition could be something serious like cancer, but insurance companies have considered everything from childbirth to hand warts a preexisting condition.

Under TrumpCare, States would be able to decide whether to get a waiver from those patient protections. And then we would go back to that time when insurance companies decided who could get healthcare and who couldn't. States would have to set up high-risk pools to provide people with the option of insurance in catastrophic situations. But in the best cases, high-risk pools wouldn't protect many people from going bankrupt just to get healthcare, and TrumpCare wouldn't provide nearly enough funding for States to run them successfully.

Take Alexis from Albuquerque. Alexis is here in the photograph with her husband. Alexis had a stroke and brain surgeries when she was 28 years old. Even though she had no lingering effects, she was denied insurance in the private market and had to get insurance in New Mexico's high-risk pool. According to Alexis, ''It broke us financially.'' Alexis now has affordable health insurance with the help of the Affordable Care Act subsidies. Like most people, she doesn't want to risk going broke just to get healthcare. She shouldn't have to.

Finally, I want to tell you about a 1-year-old from Albuquerque, NM, whose name is Rafe. Rafe was born with cortical visual impairment—a kind of legal blindness—and significant developmental delays. His parents—Jessica, his mom, and his father, Sam, a veteran—have been able to access the intensive medical care, early intervention services, medical equipment, and therapy he needs through a combination of the military's insurance and Medicaid. But TrumpCare jeopardizes Medicaid by turning it into a block grant for States, which will most certainly result in deep cuts to Medicaid. It threatens Rafe's chances of a better life.

The President promised he would keep protections for people with preexisting conditions—people who are sick. His broken promises can hurt tens of millions of Americans.

In the end, TrumpCare is not a real healthcare bill. It is a tax relief bill for the richest 1 percent. The CBO estimates that TrumpCare would cut taxes by $346 billion over 10 years, at the expense of the healthcare of working families and seniors.

Our priorities for healthcare reform should be increasing coverage, increasing the services provided, making people healthier, and providing affordable healthcare. I strongly and unequivocally support all Americans having healthcare.

Let's get to that goal, and let's get to that goal now. Ninety-one percent of the American people are insured, thanks to the steps taken under the Affordable Care Act. Rather than repealing it, let's build on its strengths so 100 percent of people can afford to see a doctor when they are sick. We can do this. We can do better. Let's ensure that Americans in the dawn of life, the children; those who are in the twilight of life, the aged; and those in the shadows of life, the sick, the needy, and the disabled, have the right to healthcare so that America meets the moral test of good governance.

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

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

Mr. THUNE. Mr. President, if there is one thing that has become clear, it is that the ObamaCare status quo is not sustainable.

Prices continue to soar while choices are rapidly dwindling. Between 2016 and 2017, the average premium for a midlevel ObamaCare plan on the Federal exchange went up 25 percent—25 percent for just 1 year. Let's remember that this is on top of years—year after year—of premium increases under ObamaCare.

How many families can easily absorb a 25-percent premium increase? I would submit that not many. Again, that is just for 1 year. ObamaCare rate hikes aren't going anywhere. Numbers for next year are starting to emerge, and they are not looking good. Connecticut's ObamaCare insurers are requesting average premium increases in the double digits. One Connecticut insurer has requested an average rate hike of 33.8 percent—33.8 percent. In Virginia, one insurer has requested an average rate increase of 38 percent. Another has requested an average 45-percent rate hike. In Maryland, average increases range anywhere from 18 percent to almost 59 percent. One insurer has requested a staggering 150-percent rate increase—150 percent.

Obviously, these kinds of price increases are unaffordable for most families, but ObamaCare isn't leaving them any options. Along with soaring prices, choices on the exchanges are rapidly dwindling. Roughly one-third of U.S. counties have just one choice of health insurer on their exchange for 2017. Several States—including Alabama, Oklahoma, Alaska, and Wyoming—have just one choice of insurer for their entire State, and things are only getting worse.

In 2018, a number of counties may lack an ObamaCare insurer at all. In February, health insurer Humana announced its decision to completely withdraw from the ObamaCare exchanges for 2018, and 2 weeks ago, Aetna, which had already sharply reduced its participation in the exchanges for 2017, announced its decision to fully exit and completely get out of the market in 2018. That leaves the Nebraska and Delaware ObamaCare exchanges with just one insurer for 2018.

UnitedHealthcare is leaving Virginia, and Wellmark Blue Cross Blue Shield is withdrawing from Iowa. In the wake of Aetna and Wellmark's decision, Medica, the last ObamaCare insurer for most of Iowa, announced it will likely leave the State in 2018. That would leave 94 out of 99 counties in Iowa with no ObamaCare insurer next year—all but five counties in the State of Iowa with no ObamaCare insurer. Iowa families with ObamaCare subsidies would have no place to spend them. As my colleague Senator ALEXANDER likes to point out, that is like having a bus ticket in a town where there are no buses running.

Dwindling healthcare choices aren't limited to the ObamaCare exchanges, either. Aetna is not only withdrawing from the exchanges. It is also withdrawing from the non-ObamaCare individual health insurance markets in several States. More than one insurance CEO has suggested that ObamaCare is in a death spiral, and I would have to say it is pretty hard to disagree. Combine soaring premiums with a steady insurer exodus, and sooner or later you get a partial or complete exchange collapse.

Then there are the other ObamaCare problems—like deductibles which are sometimes so high people can't afford to actually use their healthcare plans; or, narrow plan networks with few provider choices.

ObamaCare may have been well-intentioned, but good intentions don't make up for a lack of good policy—and ObamaCare was not good policy. ObamaCare took a healthcare system with problems and it made things worse. It is time to repeal this fatally flawed law and replace it with real healthcare reform.

Three weeks ago, the House of Representatives passed an ObamaCare repeal and replacement bill. The House's legislation repeals ObamaCare's tax increases, penalties, and mandates, and starts the process of restoring control of healthcare to States and individuals. My colleagues in the House have made a good start, and I am looking forward to building on their bill here in the United States Senate. We have a lot of Members with good healthcare ideas, and we are going to work hard to produce a bill that will start the process of giving the American people real healthcare reform.

ObamaCare is failing, and it is failing rapidly. Our Democrat colleagues need to stop pretending this law is ever going to do what it was supposed to do and come to the table to work with us on real healthcare reform. There is no question our healthcare system has problems, but ObamaCare is not, and it never has been, the solution.

Real reform is possible, though, and that is what we are focused on now here in the United States Senate—the kind of reform that will actually drive down prices, that will put patients and their doctors—not the government—in charge of healthcare decisions, that will empower States to embrace the solutions that are right for the citizens in their States and will give Americans more choices and real healthcare freedom.

That is the kind of healthcare reform Republicans are committed to delivering for the American people.

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.

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

The PRESIDING OFFICER (Mr. HOEVEN). Without objection, it is so ordered.

MEDICAID

Ms. CANTWELL. Mr. President, I come to the floor to talk about the President's proposed budget as it relates to Medicaid and the fact that it is just a war on Medicaid; that is, it continues the wrongheaded ideas that have been proposed in the House bill on healthcare reform and takes that and continues to make cuts to Medicaid that are unsustainable for our healthcare system.

The President's budget would impose a block grant or per capita cap on States in 2020 in exchange for so-called flexibility. I haven't met one State administrator of healthcare in our State who says they need more flexibility. They have a lot of flexibility on Medicaid currently, but they know this is just a budget cap and a budget cut.

The budget would result in $610 billion in cuts to States, in addition to what would happen if they were successful in passing the House bill in the Senate. As the Center on Budget and Policy Priorities put it, the Trump budget cuts Medicaid ''considerably more deeply than the House bill's per capita cap proposal would do.''

No doubt what the budget is proposing from the President today and what our House colleagues have proposed on healthcare means more damage for healthcare and more damage for Medicaid.

Let's be more specific. Medicaid for healthcare is about children. It is about seniors. It is about the disabled. It is about working families. It is about young people. Medicaid covers half of the births and the majority of long-term care stays.