(7) Collective defense unites the 29 members of the North Atlantic Treaty Organization, each committing to protecting and supporting one another from external adversaries, which bolsters the North Atlantic Alliance.

(b) SENSE OF SENATE.—It is the sense of the Senate—

(1) to express the vital importance of Article 5 of the North Atlantic Treaty, the charter of the North Atlantic Treaty Organization, as it continues to serve as a critical deterrent to potential hostile nations and terrorist organizations;

(2) to remember the first and only invocation of Article 5 by the North Atlantic Treaty Organization in support of the United States after the terrorist attacks of September 11, 2001;

(3) to affirm that the United States remains fully committed to the North Atlantic Treaty Organization and will honor its obligations enshrined in Article 5; and

(4) to condemn any threat to the sovereignty, territorial integrity, freedom, or democracy of any country that is a member of the North Atlantic Treaty Organization.

The PRESIDING OFFICER. The majority leader.

AMENDMENT NO. 255

Mr. MCCONNELL. Madam President, I ask unanimous consent that the title amendment at the desk be agreed to.

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

The amendment (No. 255) was agreed to, as follows:

Amend the title so as to read:

''An Act to Provide Congressional Review and to Counter Iranian and Russian Governments' Aggression.''

UNANIMOUS CONSENT AGREEMENT—EXECUTIVE CALENDAR

Mr. MCCONNELL. Madam President, I ask unanimous consent that at 5 p.m. on Monday, June 19, the Senate proceed to executive session for consideration of Executive Calendar No. 108. I further ask that there be 30 minutes of debate on the nomination, equally divided in the usual form, and that following the use or yielding back of time, the Senate vote on confirmation of the nomination with no intervening action or debate; and that if confirmed, the motion to reconsider be considered made and laid upon the table and the President be immediately notified of the Senate's actions.

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

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. MCCONNELL. Madam President, I move to proceed to executive session to consider Calendar No. 94.

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 Sigal Mandelker, of New York, to be Under Secretary for Terrorism and Financial Crimes.

CLOTURE MOTION

Mr. MCCONNELL. Madam 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 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 Sigal Mandelker, of New York, to be Under Secretary for Terrorism and Financial Crimes.

Mitch McConnell, Roger F. Wicker, John Thune, Mike Rounds, Tim Scott, John Hoeven, Pat Roberts, Orrin G. Hatch, Tom Cotton, Thom Tillis, Michael B. Enzi, John Boozman, James M. Inhofe, John Cornyn, James Lankford, Cory Gardner, John Barrasso.

LEGISLATIVE SESSION

Mr. MCCONNELL. Madam 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. Madam President, I move to proceed to executive session to consider Calendar No. 97.

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 Marshall Billingslea, of Virginia, to be Assistant Secretary for Terrorist Financing, Department of the Treasury.

CLOTURE MOTION

Mr. MCCONNELL. Madam 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 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 Marshall Billingslea, of Virginia, to be Assistant Secretary for Terrorist Financing, Department of the Treasury.

Mitch McConnell, Orrin G. Hatch, John Hoeven, John Cornyn, John Barrasso, John Boozman, Mike Rounds, Chuck Grassley, Steve Daines, Thom Tillis, John Thune, Mike Crapo, Bill Cassidy, James M. Inhofe, Thad Cochran, Tom Cotton, Roger F. Wicker.

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

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

The Senator from Virginia.

INDIVIDUAL HEALTH INSURANCE MARKETPLACE IMPROVEMENT ACT

Mr. KAINE. Madam President, I rise to speak about the ongoing debate in the body concerning the next chapter in healthcare and what we can do about it together and, especially, to address one part of the healthcare market—the individual market.

As most know—and this has been an item about which we are deep into discussions, the people and the Members of this body—before the passage of the Affordable Care Act, Americans with preexisting conditions faced unfair barriers to accessing health insurance coverage, and healthcare costs had risen rapidly. Prior to the passage of the Affordable Care Act, my own family, which is probably like the healthiest family in America because the five of us have only had three hospitalizations for three childbirths—all for my wife—we had twice been turned down for insurance coverage for at least one member of our family because of preexisting conditions.

Since 2010, the rate of uninsured Americans has declined to a historic low. More than 20 million Americans have gained access to health insurance coverage—many for the first time in their lives. In Virginia, over 410,000 Virginians have accessed care on the individual marketplace and another 400,000 would be eligible if Virginia decided to expand Medicaid.

Many Virginians use the individual market, and they have shared their stories with me on my website. I have on my Senate website ''ACA Stories,'' where I encourage people to share their stories.

The individual marketplace, as folks know, is if you are buying health insurance, not through an employer, and you are buying individually—you may or may not be qualified for a subsidy—that particular marketplace is really important for people who aren't employed by companies that offer group plans, but it also has its challenges.

One of my stories was from Lauren Carter, who lives in Lovingston, VA, in Nelson County. She wrote in to say:

My 39-year-old son has cerebral palsy and a blood clotting disorder. His ''pre-existing conditions'' started at conception. Three years ago, he lost his full time job with health insurance benefits.

The ACA allows him to continue receiving medical care and purchase his life saving medications. He supports himself through multiple part time jobs—

This young man with cerebral palsy—

employer based insurance is not an option for him at this time.

Laura Kreynus from Mechanicsville, VA, near Richmond wrote:

My daughter was diagnosed with Crohn's Disease in April of 2013. That September, my husband was diagnosed with Parkinson's Disease. We are farmers, we raise the food for America. As such, we are independently insured.

They have no large employer to cover them.

Prior to finding a plan through the ACA in January 2015, our monthly insurance premiums were to increase to nearly $3,000 a month . . . yes, each MONTH! On top of that, our health insurance had an annual cap on prescription coverage of $5,000. The Humira that my daughter takes to combat her Crohn's Disease retails for $3,800 a month, and that is not the only medication she requires. So basically, after one month, we reached the prescription coverage cap, meaning we would have to pay $3,800 a month for medication on top of $3,000 a month premiums. Who has an extra $6,800 a month to pay for this? That is way more than we earn monthly as farmers.

With the health insurance plan we got through the ACA, our premiums for 2015 were $1,500 a month, less than half of what we would have been paying under the previous plan. But the real saving grace was no prescription cap, so my daughter's medications are covered with a copay after we reach the deductible. This is still a lot of money, but at least we can treat our daughter's disease and hopefully keep her healthy. And even though our premiums have gone up to nearly $2,000 a month from $1,500 a month under the ACA, at least we can still have insurance.

For families like Lauren's and Laura's, the individual marketplace is critical. But like Laura said, premiums are frequently too high. You have to have robust enrollment, competition, and certainty for premiums to come down.

Unfortunately, there has been increasing uncertainty in the individual market due to actions taken by the current administration. On January 20, 2017, President Trump signed an Executive order directing relevant agencies not to enforce key provisions of the Affordable Care Act. Later in January, the administration terminated components of outreach and enrollment spending, including advertising to encourage people to enroll in the individual marketplace.

The administration has also repeatedly threatened to end cost-sharing reduction payments, which reduce costs for approximately 6 million people with incomes below 250 percent of the poverty level. These actions, these statements, these inactions, and this uncertainty have created uncertainty in the individual marketplace, leading to instability for insurance carriers, higher premiums, and reduced competition.

In Virginia, we have seen Aetna and United leave the individual marketplace, and they have cited this uncertainty created by this administration as the principal reason. In other States, there are counties that are at risk to have no insurers offering coverage on the marketplace in particular States or sometimes in regions in the States.

So this is a problem we can address, and we don't have to repeal the Affordable Care Act to do it. We just need to improve the Affordable Care Act, using a tool that has had bipartisan support in this body for some time.

So yesterday Senator CARPER and I introduced the Individual Health Insurance Marketplace Improvement Act, and I want to thank the other original cosponsors of the bill: Senators NELSON, SHAHEEN, and HASSAN.

One way to address uncertainty is to use a common insurance tool, reinsurance—a permanent reinsurance program to help stabilize premiums and increase competition. The Affordable Care Act originally had a reinsurance program. It was temporary. It lasted for the first 3 years of the program, and it did hold premiums down. What we would do is that we would take that idea, which worked, and we would make it permanent. We would make it permanent and modeled after a very successful and bipartisan program: Medicare Part D. Medicare Part D provides a prescription drug benefit for seniors. It was passed with bipartisan support during the administration of President George W. Bush, now more than a decade ago, and the reinsurance program has helped hold down costs.

This reinsurance program would provide funding to offset larger than expected insurance claims for health insurance companies participating in State and Federal marketplaces. It would encourage them to offer more plans in a greater number of markets, thereby improving competition and driving down costs for patients and families. Basically, if reinsurance can cover high costs, an insurance company will know it has a backstop, which gives it a measure of stability, and also can set premiums at a more reasonable level for everyone.

The bill would also do one other thing that is important. It would provide $500 million a year from 2018 to 2020 to help States improve outreach and enrollment for the health insurance marketplaces, especially to draw in new members and educate the public—especially young people who are maybe moving just past their 26th birthdays and can no longer be contained on family policies—about the need to be insured. The outreach funding prioritizes counties where there are limited insurers left in the marketplace.

This is not the only improvement that is needed for our healthcare system. We need to do more to keep costs down, figure out a way to have prescription drugs be more affordable, and we can certainly use technology and data to drive better health outcomes, but this is a fix. It is a fix of an important part of our system, the individual market. It is a fix using an idea that has already worked and has already compelled the support of both Democrats and Republicans—reinsurance in Medicare Part D. This should be something Democrats and Republicans can agree to.

My worry is that we are participating now in a secretive effort to write a healthcare bill behind closed doors and possibly put it on the floor for a vote without hearing from a single patient, without hearing from a single provider, a hospital, a business that has a hard time buying insurance for its employees, an insurance company, or pharmaceutical company.

We ought to be debating these bills in the world's greatest deliberative body and proposing amendments and hearing from stakeholders and then doing the best job we can when we are dealing with the most important expenditure that anybody ever makes in their life, healthcare. Healthcare is also one of the largest segments of the American economy, one-sixth of the economy. Why would we want to pass a bill in secret?

Senator CARPER, my colleagues, and I have introduced this bill as a good faith effort to say what I actually said when I first got on the HELP Committee in early January of 2015. There is a huge group of us just waiting for the door to open so that we can have a meaningful discussion about moving our system forward, and I believe this bill could be a very good part of stabilizing and improving the individual market and bringing relief to many Americans.

With that, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. SASSE). The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

RESOLUTION OF DISAPPROVAL

Mr. PETERS. Mr. President, I rise today to reiterate my support for the resolution of disapproval related to the sale of certain defense articles to the Kingdom of Saudi Arabia. While the resolution, unfortunately, did not pass the Senate in a recent vote, I believe its goals remain important.

The Saudi-led military campaign in Yemen is fueling a humanitarian disaster. Over 10,000 people have died, and over 3 million people have been displaced as the conflict has exacerbated poverty, famine, and disease. According to UNICEF, the United Nations Children's Fund, a cholera outbreak in Yemen could quadruple to infect 300,000 people in the coming weeks. Half of the current cholera cases affect children, and the ongoing conflict leaves few hospitals to turn to and almost no medical supplies.

In addition to deaths related to famine and the outbreak of other diseases, we are seeing civilian casualties as a direct result of Saudi military action. Earlier this year at a Senate Armed Services Committee hearing, I asked General Votel, the commander of U.S. Central Command, which is responsible for the Middle East, to assess the cause of the large number of civilian casualties in Yemen. General Votel responded: ''I attribute those type situations more to the competence of the forces that are operating there, and their ability to properly target.''

I am concerned that even with the precision munitions the United States