In addition to Senator SHAHEEN's legislation to stabilize the individual market and in addition to the legislation we have heard discussed by Senator KAINE and Senator CARPER, there are other things we can do.

I believe it is critical that we take on Big Pharma and bring down the cost of prescription drug prices, including allowing importing safe and affordable drugs and allowing Medicare to negotiate drug prices, and I believe we should eliminate the existing income cliff in the Affordable Care Act which blocks many middle-class individuals from receiving premium assistance.

These are commonsense measures we should be taking now. People across our Nation have made clear, they don't want Congress to do a wholesale repeal of the Affordable Care Act because it would have devastating impacts for them and their families.

I urge my colleagues to put the partisan gamesmanship aside. I join Senator KAINE, as a member of the HELP Committee, in asking for a hearing at the very committee which is supposed to set healthcare policy in this body so we can listen to the voices of constituents, of providers, of other stakeholders. We need to come to the table ready to work on bipartisan solutions in order to improve our healthcare system. All of our people deserve to have access to quality, affordable care so they can be healthy. That makes our country healthy, productive, and strong too.

The PRESIDING OFFICER. The Senator from New Hampshire.

UNANIMOUS CONSENT REQUEST—S. 1462

Mrs. SHAHEEN. Mr. President, I am really pleased to have been joined by my colleagues to talk about the importance of addressing healthcare for all Americans, especially my colleague from New Hampshire. She and I have been touring the State for months now, talking with people in hospitals, with patients, with physicians, with providers, with people with substance use disorders, with providers who are providing treatment for people with substance use disorders, with people all over New Hampshire about what we can do to make sure people get healthcare when they need it.

That should be the goal of this body. It should not be throwing people off their healthcare, which a repeal of the Affordable Care Act would do. It would throw 32 million people off their healthcare.

We can address the instability in the marketplaces. We can do that pretty quickly. Senators KAINE and CARPER talked about reinsurance, something which has worked very well for the first 3 years of the Affordable Care Act, and the reason it doesn't work now is because they have stopped. That is why we are seeing some of these rate increases.

We can address the uncertainty by being clear that we are not going to repeal the Affordable Care Act, by addressing those cost-sharing reduction payments. The ACA already stipulates that CSR—those payments which reduce the costs of copays and deductibles—are to be made pursuant to 31 U.S.C. 1324.

My bill provides for payments to be made jointly from a permanent appropriation rather than subject to the year-to-year whims of the annual appropriations process. The Marketplace Certainty Act removes all bases for any further questions about what is already clear from a fair reading of the Affordable Care Act as a whole; that both those CSR payments and the advanced premium tax credit subsidies are to be funded from the same permanent appropriation.

I see my colleague from Texas on the floor, and I am sure he is going to object to the unanimous consent request I am going to be proposing in a couple of minutes. He objected last Thursday when I asked for unanimous consent to pass the Marketplace Certainty Act, and he justified the objection by asserting that the cost-sharing reduction payments are—I think he called it a bailout of the insurance companies. That is an inflammatory term, and I think we ought to be careful with how we use it because the truth is, the cost-sharing reduction payments are in no way, shape, or form a bailout. They are orderly payments built into the law to go directly to keep premiums, copays, and deductibles affordable for lower income Americans. In fact, those same payments were included in the bill Majority Leader MCCONNELL just said he is not going to go forward with, the Republican bill. It included those very same cost-sharing reduction payments. I think they were included because there was a recognition that these are important to help address the cost of healthcare for all Americans.

As I said earlier, we have had statements by the chairman of the Health, Education, Labor, and Pensions Committee, LAMAR ALEXANDER, talking about that these payments should be continued. We have heard from House Ways and Means Chairman KEVIN BRADY, who said we need to continue these payments to help stabilize the insurance market. It is the uncertainty that is causing the current problem, and we could address that today—this week—if people were willing to work together.

As Democrats, we have come to the floor to say we want to work together. We think we can address the challenges we face with the Affordable Care Act. We can do it in a bipartisan way. I know we can because TIM SCOTT and I have done it. We passed a bill several years ago by unanimous consent, which basically gave States the ability to control group size for people and for companies in the marketplaces so I know it can be done, and I know we could do it today if there were a willingness on the part of all of our colleagues to work together. That is what the American people want. They don't want 32 million people thrown off their health insurance. We don't want rural hospitals to close in New Hampshire. We don't want nursing homes to close. We don't want people to be thrown out of their nursing homes.

I was up in northern New Hampshire at a nursing home over the weekend, where I talked to a group of women in their eighties and older. One woman said to me: You know, I worked my whole life. I paid my taxes. I did everything I was supposed to do. I sold my house so I could get into this nursing home so I could qualify under Medicaid. I got rid of all my assets. Now they are telling me I am going to get thrown out? She said: What would I do? I have no place to go. I have no family to help me.

People don't want that. What they want is for us to work together, to help fix healthcare so people can get what they need when they need it.

Mr. President, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions be discharged from further consideration of S. 1462; that the Senate proceed to its immediate consideration; that the bill be considered read a third time and passed, and the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

The Senator from Texas.

Mr. CORNYN. Mr. President, reserving the right to object.

The Senator from New Hampshire has acknowledged that she had made this previous request last week. The Kaiser Family Foundation, among other publications, has clearly stated that the cost-sharing reductions she is asking for are paid directly by the Federal Government to insurance companies. Thus, when I call this an insurance company bailout, I believe that is literally true.

The Congressional Budget Office estimates the cost of these payments at $7 billion in 2017, $10 billion in 2018, and $16 billion by 2027.

So what my friend, the Senator from New Hampshire, is proposing is an insurance company bailout in the tens of billions of dollars with no reform, throwing more money at a broken Affordable Care Act, which has been in existence 7 years now.

I know they would like to blame this on President Trump, who has been in office just a short time—about a half a year—but this is built into the very structure of the Affordable Care Act, and it isn't working.

I, personally, will not be part of any bailout of insurance companies without reforms. That is why we were trying to structure something under the Better Care Act, which unfortunately we haven't been successful with so far. We are going to keep on trying, but this is not the answer.

I object.

The PRESIDING OFFICER. Objection is heard.

Mrs. SHAHEEN. Mr. President, I am disappointed but not surprised that my colleague has objected. I don't believe he objected because of the effort to help pay these subsidies, which are passthroughs to insurance companies.

Reforming how we do those, I am certainly happy to sit down and talk about that, but the fact is, that is not the issue right now. The issue is, this is a way we could address the current uncertainty in the marketplaces in a way that will be good for maintaining stability of healthcare for all Americans. I am disappointed there isn't a willingness to work together to do that.

I hope, as this debate continues, we will finally see people come together to get something done to address, not just healthcare for Americans but to address the one-sixth of the economy that depends on the healthcare industry.

I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. REED. Mr. President, I rise to discuss the nomination of Mr. Patrick Shanahan to serve as the 33rd Deputy Secretary of Defense. The Senate Armed Services Committee held a hearing on his nomination on June 20, and he was voted out of committee by voice vote.

Mr. Shanahan was born and raised in the State of Washington. He received his undergraduate degree from the University of Washington and then a master's degree and MBA from the Massachusetts Institute of Technology. Mr. Shanahan then embarked on a 30-year career at the Boeing Company, where he rose to the most senior echelons of management, working on both the company's defense and commercial programs. Most recently, Mr. Shanahan served as the senior vice president for supply chain & operations.

The Deputy Secretary of Defense is one of the most important positions within the entire national security system. The Deputy serves as the number 2 official at the Department of Defense, as well as the Department's Chief Management Officer. As the second in command to the Secretary of Defense, the Deputy oftentimes is assigned a broad spectrum of responsibilities which require strong management skills.

The Department currently faces challenges on multiple fronts. For more than 16 years, our military has been consumed by two prolonged wars against violent extremist groups like ISIS. As a result, the military has faced a generational fight which has sapped readiness and precluded our military personnel from training for full spectrum operations. However, violent extremist groups are only one of the many challenges facing our country.

The past several years have seen the rise of near-peer competitors, most notably Russia and China. Russia has been a resurgent force bent on disrupting Europe and undercutting our own Nation and our Presidential election process. China continues its saber-rattling in the Asia-Pacific region by undermining the freedom of navigation and using economic coercion of its smaller, more vulnerable neighbors. When we factor in the destabilizing actions of North Korea and the long shadow of Iran, it becomes urgently clear that we need strong leadership at the Department of Defense. If Mr. Shanahan is confirmed, he will need to contend with all these challenges. It will not be easy and hard decisions on policy and strategy will need to be made.

Perhaps one of the hardest decisions facing the Deputy Secretary of Defense is the allocation of budget resources within the Department. In an ideal world, a cogent defense strategy that takes into consideration the multitude of concerns facing our Nation would inform how the Department invests resources in weapons platforms and advanced technologies to confront these challenges. However, the reality is that the spending caps imposed by the Budget Control Act determine the level of funding for most of these budget decisions.

The current budgetary crisis is compounded by the fact that the President's most recent budget request adds much needed funding to defense activities, but it shortchanges nondefense spending accounts in order to increase spending for our military. Furthermore, the budget request fails to recognize that the BCA budget caps are law. If these spending levels are enacted, the President's budget request would trigger sequestration, effectively wiping out increased defense spending with mandatory across-the-board cuts.

This would be the worst of all worlds. Not only would we be giving the money on the one hand and taking it back with the other hand, but it would not be in any systematic way. We would be making cuts to readiness. We would be making cuts to personnel. We would make cuts to all sorts of things which are much more valuable than some programs which would receive an additional cut.

Unless we resolve ourselves to act—which is going to take a bipartisan effort to repeal the BCA—we can't effectively fund not only the Department of Defense but every other Federal department. That is one of the great challenges Mr. Shanahan will face. Indeed, these multiple challenges will require strong leadership and the ability to make tough decisions. Mr. Shanahan has developed a strong reputation during his tenure at Boeing as someone capable of taking on challenging programs, fixing problems, and turning them into successes.

When I met with Mr. Shanahan to discuss his nomination, he emphasized that the public sector needed to work closer with the private sector to get more cost-effective results while ensuring our warfighters have the best equipment at their disposal. It is that kind of leadership that the Department of Defense needs as our Nation faces as diverse an array of threats and challenges to our national security as at any point in our history.

Based on Mr. Shanahan's qualifications and experience, as well as his testimony before the Senate Armed Services Committee, I believe he is fully qualified for the job. Therefore, I will vote in favor of his nomination to be the next Deputy Secretary of Defense, and I trust he will do his best to lead the men and women who ably and courageously serve this Nation.

On a final note, if confirmed, Mr. Shanahan will be relieving Bob Work, who has served this Nation ably and selflessly for most of his life. Bob Work served in the U.S. Marine Corps for 27 years, rising to the rank of colonel. In 2009, he was confirmed as Undersecretary of the Navy, where he shepherded the service through many challenges for the next 4 years.

He tried to return to the private sector, but in 2014 he was then nominated and confirmed as Deputy Secretary of Defense. Bob Work was the continuity in the Defense Department through three Secretaries of Defense. He stayed more than 6 months into the new administration in order to aid Secretary Mattis. There is no task, no matter how difficult or how big or small, that Bob Work would not devote all of his energy to until it was resolved. Bob Work personifies his name. He works, tirelessly. Our Nation owes him a great debt of gratitude, and I hope he takes some well-deserved vacation time and enjoys the company of his wife and daughter.

I yield the floor.

I suggest the absence of a quorum.

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

The bill 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.

Under the previous order, all time has expired.

The question is, Will the Senate advise and consent to the Shanahan nomination?

Mr. ALEXANDER. 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 bill clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from Arizona (Mr. MCCAIN).

Further, if present and voting, the Senator from Arizona (Mr. MCCAIN) would have voted ''yea''.

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

The result was announced—yeas 92, nays 7, as follows:

[Rollcall Vote No. 162 Ex.]

YEAS—92

Alexander	Flake	Nelson
Baldwin	Franken	Paul
Barrasso	Gardner	Perdue
Bennet	Graham	Peters
Blumenthal	Grassley	Portman
Blunt	Hassan	Reed
Boozman	Hatch	Risch
Brown	Heinrich	Roberts
Burr	Heitkamp	Rounds
Cantwell	Heller	Rubio
Capito	Hirono	Sasse
Cardin	Hoeven	Schatz
Carper	Inhofe	Schumer
Casey	Isakson	Scott
Cassidy	Johnson	Shaheen
Cochran	Kaine	Shelby
Collins	Kennedy	Stabenow
Coons	King	Strange
Corker	Klobuchar	Sullivan
Cornyn	Lankford	Tester
Cortez Masto	Leahy	Thune
Cotton	Lee	Tillis
Crapo	Manchin	Toomey
Cruz	McCaskill	Udall
Daines	McConnell	Van Hollen
Donnelly	Menendez	Warner
Durbin	Merkley	Whitehouse
Enzi	Moran	Wicker
Ernst	Murkowski	Wyden
Feinstein	Murphy	Young
Fischer	Murray	

NAYS—7

Booker	Harris	Warren
Duckworth	Markey	
Gillibrand	Sanders	

NOT VOTING—1

McCain

The nomination was confirmed.

The PRESIDING OFFICER. Under the previous order, the motion to reconsider is considered made and laid upon the table and the President will be immediately notified of the Senate's action.

EXECUTIVE CALENDAR

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of the Bush nomination, which the clerk will report.

The bill clerk read the nomination of John Kenneth Bush, of Kentucky, to be United States Circuit Judge for the Sixth Circuit.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.

Thereupon, the Senate, at 12:48 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. FLAKE).

EXECUTIVE CALENDAR—Continued

The PRESIDING OFFICER (Mr. PORTMAN). The President pro tempore is recognized.

HEALTHCARE

Mr. HATCH. Mr. President, the final pieces of ObamaCare were signed into law a little over 7 years ago. Since that time, Republicans—not just in Congress but throughout the country—have been united in their opposition to the law and our commitment to repeal it. This hasn't been simply a political or partisan endeavor. We are not just trying to take a notch out of President Obama's ''win'' column. The simple truth is that ObamaCare is not working.

The law was poorly written, and the system it created was poorly designed. Even a number of ObamaCare supporters have come to acknowledge that it hasn't been working the way it was promised to work. As a result, millions of Americans have suffered astronomical increases in their health insurance premiums and fewer and fewer insurance options to choose from. That is ObamaCare's great irony: The law requires people to buy health insurance while also making it impossible to do so.

For 7½ years, Republicans have fought to expose the failures of ObamaCare and have pledged time and time again to repeal it. Every single Republican Member of the Senate has expressed support for repealing ObamaCare. Most of us have made promises to our constituents to do just that. And those promises, coupled with the obvious failures of ObamaCare, are a big reason why we now find ourselves in control of both Chambers of Congress and the Presidency.

For the last 6 months, Republicans have worked in good faith to find a path forward to both repeal and replace ObamaCare. The released discussion drafts attempted to bridge the divide between our more conservative and moderate Members, so the products were never going to be perfect. Such is the inherent nature of compromise. The draft released last week included additions to address Member priorities and was likely the best chance we had at a compromise bill to repeal and replace ObamaCare with significant entitlement reform. But last night a handful of our Members announced they would not support the compromise bill, even though it would have repealed ObamaCare's taxes, reformed Medicaid by putting it on a sustainable path for future generations, and included the largest pro-life protections on Federal spending I have ever seen.

This was the opportunity we had been working toward. All we had to do was come together and compromise, and 7½ years of promises would have been much, much closer to being fulfilled. But last night we blinked. And, frankly, I think the Members who opted to scuttle the compromise bill will eventually have to explain to their constituents why they left so many ObamaCare fixes on the table and walked away from this historic opportunity.

So where does that leave us? The majority leader has announced his intention to shelve the effort to repeal and replace ObamaCare with a single piece of legislation. Instead, the Senate will move forward to vote on legislation to simply repeal ObamaCare, with a 2-year delay. So, long story short, we have one more chance to do what we have all said we wanted to do.

I am aware that some Members have already expressed their skepticism, if not their opposition, to this approach. I hope they will take the time to reconsider. As Senators contemplate this path, they should keep in mind that the upcoming vote is not about the next 2 years, nor is it about the past 6 months. We are not going to be voting to approve a specific process for drafting and enacting an ObamaCare replacement, and we are not voting to approve the way this effort has moved forward during this Congress.

I know some of our colleagues have doubts about the path forward. Others have complaints about the path that got us here. But this vote, in my view, will simply be about whether we intend to live up to our promises. Do we want to repeal ObamaCare, or are we fine with leaving it in place? That is the question we have to ask ourselves.

Keep in mind, the vast majority of Republican Senators are already on record having voted 2 years ago in favor of a full ObamaCare repeal with a 2-year delay. Of course, in 2015, we knew that the President would veto that legislation, and we now know that the current occupant of the White House would surely sign it. That is really the only difference between then and now. Was the vote in 2015 just a political stunt? Was it just pure partisanship? I know some of our Democratic colleagues claim that was the case. Were they right? I sure hope not. On the contrary, I sincerely hope that any Member of the Senate who voted for the 2015 bill and who has spent the last 7½ years pledging to repeal ObamaCare hasn't suddenly decided to change his or her position now that the vote has a chance to actually matter.

If we vote to pass a full repeal, will we be solving all of our healthcare problems with a single vote? Certainly not. But that was never going to be the case. Anyone who thought repealing and replacing ObamaCare would be easy once we had the votes was likely not paying attention to the problems plaguing our healthcare system. However, if we act now to pass the full repeal, we will be taking significant steps toward accomplishing our goal and keeping our promises.

If we pass up yet another opportunity, if we can't muster the votes to pass something we have already passed, I have a hard time believing we will get another shot to fulfill our promise and repeal this unworkable law anytime soon. What does that mean? Among other things, it means a congressional bailout of failing insurance markets, probably before the end of 2017. Frankly, that ship may have sailed on that one after last night's developments. We are probably looking at an insurance bailout one way or another. Those who will be interested in moving an insurance bailout later this year should be ready to explain how they want to pay for it.

Failure would also mean premiums will continue to skyrocket and people will be left with few, if any, available insurance options, even though they