

are not going to handle that in a way that we should and could today, through a vote on that, I am appreciative of the minority leader allowing this vote to take place today, and I am glad she is going to be confirmed overwhelmingly as our United Nations Ambassador.

With that, I yield the floor.

The PRESIDING OFFICER (Mr. RUBIO). Under the previous order, the question is, Will the Senate advise and consent to the Haley nominations en bloc?

Mr. CORKER. 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 senior assistant legislative clerk called the roll.

The result was announced—yeas 96, nays 4, as follows:

[Rollcall Vote No. 33 Ex.]

YEAS—96

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

NAYS—4

Coons	Sanders
Heinrich	Udall

The nominations were confirmed.

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

The majority leader.

LEGISLATIVE SESSION

Mr. MCCONNELL. Mr. President, I move that the Senate 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. Mr. President, I move to proceed to executive session to consider Calendar No. 2, Rex Tillerson to be Secretary of State.

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 Rex W. Tillerson, of Texas, to be Secretary of State.

CLOTURE MOTION

Mr. MCCONNELL. Mr. 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 assistant bill 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 Rex W. Tillerson, of Texas, to be Secretary of State.

Mitch McConnell, John Cornyn, Richard Burr, Tom Cotton, Jerry Moran, Pat Roberts, James Lankford, Johnny Isakson, Bob Corker, Orrin G. Hatch, Thom Tillis, Dan Sullivan, David Perdue, James M. Inhofe, Deb Fischer, Cory Gardner, John Barrasso.

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

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

Mr. MCCONNELL. 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. 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.

UNANIMOUS CONSENT AGREEMENT—EXECUTIVE CALENDAR

Mr. THUNE. Mr. President, I ask unanimous consent that notwithstanding rule XXII, at 12 noon on Tuesday, January 30, the Senate proceed to executive session for the consideration of Executive Calendar No. 4. I further ask that there be 20 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 the nomination with no intervening action or debate; that if confirmed, the motion to reconsider be considered made and laid upon the table; that the President be immediately notified of the Senate's action; that no further motions be in order; and that any statements relating to the nomination be printed in the RECORD.

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

Mr. THUNE. Mr. President, 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. LANKFORD. 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. LANKFORD. Mr. President, I ask unanimous consent that the order for consideration of the Chao nomination be modified to occur on Tuesday, January 31.

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

REPLACING OBAMACARE

Mr. LANKFORD. Mr. President, in 2010, when I ran for Congress, all the questions circled around the Affordable Care Act. Every townhall meeting, every conversation, everyone who caught me in the grocery store, everywhere I went there was a conversation about the Affordable Care Act. What is going to happen? Where are things going to go? And there was a lot of concern about it.

The President promised at the time that if you liked your insurance, your doctor, and your hospital, you would keep it, and it would just get better. Prices would go down; options for insurance would go up. There would be marketplaces where more and more companies would rush in, and that would drive the prices down.

Now, 7 years later, the greatest fears of a lot of the Oklahomans I am around all the time have come true. Here is the crisis in Oklahoma dealing with health care: We have the highest rate increase in the entire Nation. Last year, our rates went up in Oklahoma 76 percent; the year before that, they went up 35 percent. That is an 111-percent rate increase in 2 years in my State. Over the course of the last 3 years, insurance companies have left my State. All 77 counties of Oklahoma now have one insurance carrier left. I met with that insurance carrier before, and they are seriously looking at how they stay functional in Oklahoma in the days ahead, which is a concern to me. There is a possibility that we may have zero on our marketplace in some counties and in some locations in Oklahoma.

With a 76-percent increase, I have had some folks who caught me and said: Well, your State didn't expand Medicaid. That is the problem. If you had expanded Medicaid, then it wouldn't have been an issue. Well, I will tell you that a study from HHS has now come back, and they have confirmed that it is true. If our State would have expanded Medicaid, it would have reduced our costs by 7 percent. That means instead of having a 76-percent increase, as we had, we would have had only a 69-percent increase of health care costs in our

State. Zero competition, dramatically higher deductibles, dramatically higher premiums—every hospital in my State, rural and urban, has more charity care now and more bad debt now than they had 7 years ago.

Insure Oklahoma, a program we set up a decade ago to take care of people who did not have access to insurance, continues to falter because my State is playing “Mother May I?” every year with the Federal Government on whether we can maintain a program that our State had and was growing. Small risk pools are not allowed. People still don’t know the price of their health care. Electronic health records still can’t talk to each other. There is still a rise in the cost of prescription drugs. We still have overlapping administrative costs on dual eligibles, Medicare and Medicaid, for senior adults. Compliance costs for our doctors, clinics, and hospitals have skyrocketed. Physician-owned hospitals, which we have quite a few of in Oklahoma, have been cut off and limited since 2010 and are slowly struggling just to be able to stay afloat. Fewer doctors are taking Medicare and Medicaid patients.

On the horizon, it gets even worse because most people don’t realize that the Affordable Care Act was backloaded and that the worst of the worst of it wouldn’t be for several years out. Well, guess what. It is now several years out.

Union households in my State are about to take a major hit with the Cadillac tax that is coming because union households in my State have insurance that is too good, and those individuals will face a tax increase.

The insurance company tax is coming, which is a massive tax increase on insurance companies. They will pass that cost directly down to consumers, so it will go up again. We continue to fight off the Independent Payment Advisory Board, a board specifically set up to be able to cut options for patients if they cost too much. That is still out there on the horizon, not to mention the tax penalties that go up even more next year.

People ask me: Why are you still focused on repealing ObamaCare? Why is this such a big deal? It is because the people in my State are struggling under the negative effects of this, and it has to be dealt with. Let me just give you a couple of real life stories.

An Oklahoman from Altus, OK, in the southwest part of my State wrote me and he said:

Senator Lankford, I came home tonight . . . having finished cotton harvest and looking forward to celebrating with my wife and kids. I was greeted at the supper table with somber news about our health care premiums from my distraught wife. Our premium is going from \$960 a month to \$1,755 per month! That’s with a deductible of \$6,000. I can’t even process how to handle this. I think I’m through. Done with any hope of a bright future for my family.

An Oklahoman from Poteau, OK, wrote me and said:

My husband and I have had Healthcare Marketplace health insurance for the past 3 years. The first year my monthly premium was over \$1,200.00, this year I pay \$1,923.84 monthly. Now I get a letter from [my health insurance carrier] that my monthly premium will [go up next year to] \$3,540.07. That is an increase of approx. 84%. . . . How is this possible? Why can’t anything be done about this?

When individuals ask me about ObamaCare, they say: You are just arguing about something because of disdain for the President. No, this is what we have disdain for; this is what people are frustrated about: People who work, people who pay for their health care insurance cannot pay their mortgage and their health insurance anymore because they are literally priced out of it. This is what Bill Clinton meant in October of last year when he made this statement:

So you’ve got this crazy system where all of a sudden 25 million more people have health care and then the people who are out there busting it, sometimes 60 hours a week, wind up with their premiums doubled and their coverage cut in half. It’s the craziest thing in the world.

I could not agree with Bill Clinton more on that because that is exactly what is happening in Oklahoma.

But now, here is what is happening because for years Americans and Oklahomans have said: We have to do something to stop this. It is choking out my family.

We are finally at a point we are going to do something about it, but I have colleagues who are now spreading fear all over the country that suddenly everyone is going to be thrown off their insurance and we are going to have people living out on the streets without coverage.

I have heard on the floor of this Senate that 30 million people could die if we repeal ObamaCare. I have heard 20 million people will lose their insurance. I have heard there is no replacement plan, and people will get sick because their coverage will be gone.

Well, let me just go through a couple of those because there are people calling my office and writing me who are very concerned. They are cancer patients, they are diabetics, they are people with long-term blood diseases, they are people who have difficulty getting insurance, and they are being told: All those mean Republicans up there don’t like you and don’t care about you, and all they want to do is throw you out on the street. When people say that, it couldn’t be further from the truth. It may make for good politics, but it is using people who are in a very vulnerable spot in a negative way.

First, let me get a couple of facts straight. This “30 million” number that is being thrown around—even past President Obama doesn’t agree with that. It is not 30 million; in fact, it is not 20 million. It is 14 million people who gained access to health care coverage, if you count the people who have actually gained coverage and paid for their premiums through the course of

the year or have been a part of the expansion of Medicaid. Of those 14 million people, 11.8 million gained additional coverage from Medicaid, not from the exchanges, and, of that, almost 12 million people got expanded coverage from Medicaid. Jonathan Gruber, as one of the architects of ObamaCare, made the statement that from their own studies, the vast majority of those people who were added to Medicaid weren’t added to Medicaid because of expanded coverage; they were added to Medicaid because of promotions through advertising. They were already eligible for Medicaid.

So we are talking about 6 million people or so that have been added to it. I am not belittling those 6 million people; that is a lot of people. But it is not 20 million, and it is not 30 million.

So now what? As people address this to me, they ask about what just happened on January 6 when the Senate and later when the House voted to start the legislative process to repeal ObamaCare. What happened was we just actually started the process. It wasn’t a total repeal. No one has been thrown out. It starts a legislative process.

As we start that legislative process of what is called reconciliation and as we work through that process, it is a very simple process. It starts the opening conversation to work through committees, to work through debate on the floor so that in the days ahead we will bring a full repeal of ObamaCare and a replacement. But that replacement is not going to be a 2,700-page bill to replace the previous 2,700-page bill. It will be a series of solutions, and it will deal with things on a long-term basis.

There was no vote to suddenly end people’s health care in one day. This begins a transition point to make sure that we are watching out for those individuals, such as those cancer patients, diabetics, and individuals who are in very vulnerable situations and over the next couple of years will be able to transition to other care. We are watching to make sure this is not some sudden shift for those individuals. There are very vulnerable people who are in health care options right now and need to know that there is still that safety net there for them and that moving forward, we will continue to be able to watch for them.

We want to be able to move a lot of those decisions back to the States. Quite frankly, that is where those decisions were before. And we want to be able to allow those individuals who are in very vulnerable situations to seek out the doctor they want, to get the options for health care coverage they want, and to have greater access to health insurance, not less.

The people in my State who had been added and who received those subsidies are grateful to be able to have health care, but there are also individuals in my State who can now literally no longer afford to have health care because they have been priced out of the

market, and they are stuck. ObamaCare moved the system from one uninsured group of people to now another uninsured group of people.

Let me read a statement coming from a person from Oklahoma who said:

My wife and I will be going without health insurance next year! I do not resent anyone who is able to afford healthcare, I just resent a government system that causes [us] to be priced out of the reach of working people.

Why is it we can argue about ObamaCare and people can say those individuals got coverage and people are not paying attention to a whole new group of Americans who no longer have coverage because they literally have been priced out of the market?

Why is it that for the sake of 6 million people, we have affected the cost of health care for millions and millions of other Americans?

We can do this transition. We will do this transition. It will take a couple of years. It is not going to be rapid, and there will be a large debate that will happen nationally in the process. That is appropriate, but allow us to be able to walk through this process together.

One quick illustration and then I will be done. I have a friend who discovered last year that she had mold in her house. Initially, there were some treatments that were done. She had been very sick for a while and didn't know why. They did treatments to the house and such and thought that would settle it. It didn't. Eventually, she had to move out of her own home.

Now they have had to actually strip out the walls and take out all the sheetrock. They are literally replacing studs and everything in the house. It will be a long-term issue to be able to get it all right.

I tell that simple story to say that anyone who says replacing health care is going to be some simple "spray everything down and that will fix it" strategy just doesn't understand the difficulties of the American health care system. This will be much like my friend who is having to do a pretty radical transition that is going to take a long time, but that will actually get her house whole and healthy again.

If we want to have a healthy nation again with people who have access to health care, regardless of what class they are in, it is going to take a while to make this transition, and it will be difficult in the process. But I can assure my colleagues that this Congress is watching out for all people, of all ethnicities, of all neighborhoods, of all diseases, to make sure that we are paying attention to this one simple thing: When ObamaCare was put into place, it punished people. We should encourage people to be able to get health care, and we should be able to walk through it with people in their most vulnerable moments and make sure they are able to make personal decisions, have access to their own doctors, have access to hospitals that can afford to stay afloat, and to provide the ability for

people to choose their own health care. Why is that so radical? It used to not be.

There are things that need to be fixed, but it begins with giving the power of the decision back to the patient and back to people, where it needs to be.

With that, I yield the floor.

The PRESIDING OFFICER (Mr. SULLIVAN). The majority leader.

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. McCONNELL. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

TRIBUTE TO JOHN MCCARTER, JR., AND SHIRLEY ANN JACKSON

Mr. LEAHY. Mr. President, I want to take a moment to recognize two exceptional members of the Smithsonian Institution's board of regents: John W. McCarter, who has served as chair of the board, and Shirley Ann Jackson, who has served as the vice chair. I have had the honor of serving with both of them and believe that their dedication and leadership have greatly benefitted the Smithsonian. Both are stepping down from their roles, and while John will continue to serve on the board, Shirley will be moving on to dedicate her considerable talents to other initiatives.

John W. McCarter, Jr., of Illinois has had a long and distinguished career. He was first appointed as a regent in 2009 and was elected chair in 2013. In addition, John has lent his expertise and wisdom to a number of the regents' other committees.

During his tenure, John has overseen a number of important strategic initiatives, including the search for the Smithsonian's 13th secretary; the development of the Institution's relationship with the Victoria & Albert Museum in London; the reopening of the Arts and Industries Building to the American public; and most recently, the opening of the National Museum of African American History and Culture. These opportunities will help to ensure the Smithsonian's continued success.

John also led the charge in reopening the historic Arts and Industries Building on the National Mall to the public. The building, shuttered since 2004, was reopened to the public for the secretary's installation ceremony in October 2015 and was the site of a very successful pop-up cultural exhibition over Memorial Day weekend in May 2016. John's vision and leadership have made this national treasure available to the American people once more.

A tireless advocate for the Smithsonian in his home State of Illinois, John

has raised the institution's profile across the Nation and around the world. Thanks to his recruitment efforts, the Smithsonian advisory boards are more diverse, more dynamic, and more engaged than ever before. Through all of these initiatives, John has pushed the Smithsonian to be more ambitious and to renew its commitment to "the increase and diffusion of knowledge."

I want to thank John for his exceptional leadership as chairman of the board of regents, and I look forward to working with him through the remainder of his term as a regent.

Dr. Shirley Ann Jackson of New York is the president of Rensselaer Polytechnic Institute. She was appointed as a regent in 2005 and has served as board and executive committee vice chair since 2013.

Shirley was the regents' representative for the successful events that opened the Smithsonian's 19th museum, the National Museum of African American History and Culture, in September 2016. Alongside other notable guests, Shirley helped inaugurate the newest Smithsonian museum by delivering remarks at the museum's dedication ceremony. As she noted during her speech, the museum furthers "the Smithsonian's founding mission, to promote 'the increase and diffusion of knowledge,' by opening a museum dedicated to the African-American experience in the United States, and its crucial place in the American experience."

Shirley has a remarkable life story: She was the first African-American woman to earn a doctorate from MIT, and since 1999, she has served as the president of Rensselaer Polytechnic Institute—marking the first time an African-American woman has led a top research university. She was also the first woman and the first African-American to serve as chair of the U.S. Nuclear Regulatory Commission. Shirley is emblematic of everything the Museum was founded to celebrate about the African-American experience, and we were proud to have her serve as the board's representative at all of the opening ceremonies.

The Smithsonian has also benefitted from Shirley's demonstrated commitment to the sciences. As a trained physicist, she is particularly passionate about inspiring the next generation of scientists and conservationists. As vice chair, she has been a staunch advocate for the Smithsonian's scientific researchers, trumpeting their successes and inviting them to speak at Rensselaer. She has made a point of going beyond the brick and mortar of the Smithsonian museums to visit the Smithsonian's many research centers, including the Smithsonian Tropical Research Center in Panama.

This past year, Secretary David Skorton tapped into Shirley's extensive leadership and management experience, asking her to cochair the institution's initiative to create a new strategic plan for 2017–2022. Shirley has