

warn, and protect the United States from volcanic eruptions. The system would organize, modernize, standardize, and stabilize the operation of the Nation's five western volcanic observatories: Alaska, California, Cascades, Hawaiian, and Yellowstone Observatories. The bill calls for upgrading the existing networks, using geodetic capacities when appropriate, on currently monitored volcanoes and allowing new networks to be installed on some non-monitored volcanoes. The bill will also prompt USGS to help fund observatories to monitor another 20 high-priority volcanoes such as Mount Adams in Washington, North Sister Field in Oregon, Clear Lake in California, and Mount Spurr in Alaska; set up a national volcano watch office that will be operational at all hours; establish a national volcano data center; support research in volcano monitoring science and new technology development; encourage modernization of monitoring activities including "comprehensive application of emerging technologies, such as digital broadband seismometers, real-time continuous Global Positioning System receivers, satellite and airborne radar interferometry, acoustic pressure sensors and spectrometry to measure gas emissions" from lava chambers; authorize cooperative agreements to establish partnerships between the system and institutions of higher education and State agencies to collect data and coordinate volcanic information sharing and funding to pay for new work; and establish an advisory committee to assist with implementation.

This bill was proposed in 2009, 2011, and most recently in 2015. Last year it was the subject of a hearing before the Committee on Energy and Natural Resources. The record of that hearing contains no opposition to this necessary legislation or the effort it would spur. I hope that this Congress will be the one that puts this bill on the President's desk and sees it enacted on public safety grounds alone, the need for this bill is compelling.

AUTHORITY FOR COMMITTEES TO MEET

Mr. LEE. Mr. President, I have four requests for committees to meet during today's session of the Senate. They have the approval of the Majority and Minority leaders.

Pursuant to Rule XXVI, paragraph 5(a), of the Standing Rules of the Senate, the following committees are authorized to meet during today's session of the Senate:

COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION

The Committee on Commerce, Science, and Transportation is authorized to hold a meeting during the session of the Senate on Wednesday, February 8, 2017, at 10 a.m. in room SDG-50. The Committee will hold a hearing on "A Look Ahead: Inspector General Recommendations for Improving Federal Agencies."

COMMITTEE ON ENVIRONMENT AND PUBLIC WORKS

The Committee on Environment and Public Works is authorized to meet during the session of the Senate on Wednesday, February 8, 2017, at 10 a.m. in room 406 of the Dirksen Senate Office Building to conduct a hearing entitled "Oversight: Modernizing our Nation's Infrastructure."

COMMITTEE ON INDIAN AFFAIRS

The Committee on Indian Affairs is authorized to meet during the session of the Senate on Wednesday, February 8, 2017, in room 628 of the Dirksen Senate Office Building at 2:30 p.m. to conduct an oversight hearing on "Emergency Management in Indian Country: Improving FEMA's Federal-Tribal Relationship with Indian Tribes."

SUBCOMMITTEE ON READINESS AND MANAGEMENT SUPPORT

The Subcommittee on Readiness and Management Support of the Committee on Armed Services is authorized to meet during the session of the Senate on Wednesday, February 8, 2017, at 2:30 p.m.

ORDER OF PROCEDURE

Mr. CORNYN. Mr. President, I ask unanimous consent that at 2 p.m. tomorrow, the Chair lay before the Senate a certificate of appointment from the State of Alabama.

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

ORDERS FOR THURSDAY, FEBRUARY 9, 2017

Mr. CORNYN. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 10 a.m., Thursday, February 9; that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, and the time for the two leaders be reserved for their use later in the day; further, that following leader remarks, the Senate proceed to executive session to resume consideration of the Price nomination postcloture; finally, that all time during morning business, recess, or adjournment of the Senate count postcloture on the Price nomination.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

ORDER FOR ADJOURNMENT

Mr. CORNYN. If there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks of the Senator from Oregon, Mr. WYDEN.

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

The Senator from Oregon.

NOMINATION OF TOM PRICE

Mr. WYDEN. Mr. President, as the Senate begins to consider the Price

nomination, I wanted to see if I could put a little perspective on the upcoming debate.

Focusing on bipartisanship has always been important to me. I know many of my colleagues on the Senate Finance Committee, on the Democratic side, share that view, and in 2009, the nominations of Democrats Tom Daschle, Tim Geithner, and Ron Kirk were all handled in a bipartisan way.

Issues came up in the vetting process in each of these cases, and both sides of the committee took the investigation seriously. Unfortunately, that has not been the case in 2017.

While Congressman PRICE served on the powerful Ways and Means Committee, he traded in health care stocks, pushed policies that helped his portfolio, and got special access to a promising stock deal.

I asked the congressman directly in his Finance Committee hearing whether he got a special deal. He said that he did not.

I don't think you could be much clearer than the following passage from a recent report by a Pulitzer prize-winning reporter at the Wall Street Journal. He wrote: "Rep. Tom Price got a privileged offer to buy a biomedical stock at a discount, the company's officials said, contrary to his congressional testimony this month."

I want to repeat that because I think it goes right to the heart of why Finance Committee Democrats feel that the effort to do the vetting necessary with respect to Congressman PRICE is not completed.

A Pulitzer Prize-winning reporter at the Wall Street Journal—I will just read it again—wrote: "Rep. Tom Price got a privileged offer to buy a biomedical stock at a discount, the company's officials said, contrary to his congressional testimony this month."

So, as I indicated, my Democratic colleagues and I on the committee said it was important to take more time to look into this issue. But the majority, when we said we needed to take more time to look at it, decided to look the other way. That is the first reason for concern on my side.

The second is how Congressman PRICE would manage Health and Human Services, a Department that is really all about people: services for seniors, services for the poor, for the disabled, for children, and for families. These are the powerful threads of our safety net. If the safety net is not there for those who have nowhere else to turn, those poor will suffer greatly.

Now, the debate on Congressman PRICE's nomination, in my view, is a referendum on the future of health care in America. In short, it is a debate about whether it makes sense for our country to go back to the dark days when health care worked only for the healthy and the wealthy.

Based on the public record, Medicare is a program Congressman PRICE doesn't believe in, and it guarantees services he doesn't believe seniors should have.

On the Affordable Care Act, he is the architect of repeal and run. He wrote the bill himself. He proposed weakening protections for Americans with preexisting conditions. He would slash Medicaid, shredding the health care safety net for the least fortunate in our country. He would take away health care choices for women across the country.

Look for the common thread, Mr. President and colleagues, among the Price proposals. They take away coverage for our people and make health care more expensive for individuals or both. That is where Congressman PRICE stands when it comes to American health care.

Every Senator who casts a vote for Congressman PRICE has to stand by that agenda. Beyond what this means for the future of American health care, there is the lingering specter of serious legal and ethical issues.

Tonight and in the hours ahead, this debate is going to tackle each of those issues and more. As it gets underway, I am going to begin with Medicare.

In my view, Medicare has been a historic achievement in the way policy is made in our country. In any debate like this one, I recall my days when I was the codirector of the Oregon Gray Panthers, when I worked with seniors who couldn't imagine life without Medicare. But I will tell you, they told me stories about what it was like for their grandparents when there wasn't Medicare. There were poor farms—literally, poor farms—where older people who had served our country in the Armed Forces very often spent their last days in what amounted to squalor at these poor farms. Then Medicare came along. For millions of older people, it was a godsend.

So I want to start my discussion with respect to Medicare with a comment that Congressman PRICE made about Medicare in 2009. It is a quote that speaks volumes about the Price perspective on the Medicare program that is so treasured by millions of older people.

Congressman PRICE wrote in 2009: "Nothing has had a greater negative effect on the delivery of health care than the federal government's intrusion into medicine through Medicare."

I would just say to my friend, the Presiding Officer of the Senate knows how seniors in Oregon see this. Seniors in Oregon consider Medicare to be a Godsend, not an intrusion into medicine, as you see from the Price perspective.

Here is the bottom line, colleagues, as we begin here today: Medicare is a promise. Medicare is built on a promise of guaranteed benefits—guaranteed benefits that will be there for you. It is not a voucher. It is not a slip of paper. It is guaranteed benefits that you can count on, and it is a promise that Congressman PRICE has indicated—and it is a matter of public record—it is a promise that Congressman PRICE is more than willing to break.

It is a promise that when you turn 65, you will be guaranteed health care benefits regardless of your economic station in life or the status of your health. And the reason Medicare was built with this special guarantee is straightforward: No American knows how healthy they will be when they reach age 65. Perhaps you are a marathoner at age 50 and you develop arthritis or Alzheimer's or cancer a decade and a half later. Furthermore, no one knows what the economy is going to look like years ahead or decades ahead into the future. For the less fortunate, high inflation or a stock market crash could all but wipe out what they set aside over a lifetime of work. Seniors could find their benefits exposed to new danger every time there is a financial downturn.

During the recent campaign, the American people heard a standard Trump pledge: No cuts to Medicare. But when you look at the Price record and the promise of President Trump, there is a big gap between the two. When you look at Congressman PRICE's plan, it is clear that the Trump pledge was on the ropes the minute he was nominated. In fact, Congressman PRICE said that he wants to voucherize Medicare within the first 6 to 8 months of the administration. Let me repeat that again.

Mr. President, some of these statements that the Congressman has made are so far-fetched that once in a while I am going to have to repeat them so that people really get a sense of why we are so concerned.

Congressman PRICE said he wants to voucherize Medicare within the first 6 to 8 months of the administration. So what that would mean is that right out of the chute, the Medicare promise, the promise of guaranteed benefits—Congressman PRICE wants to break the promise. In his budget, the Congressman called for privatizing Medicare and cutting it by nearly \$500 billion.

He also championed legislation to allow a practice called balanced billing in Medicare. That means seniors could be forced to cover extra charges above what the program pays for the services they receive in the doctor's office. Older Americans on fixed incomes would be forced to pay more for their care.

Colleagues, I believe the Congress has no greater duty than to uphold the promise of Medicare. In my view, there is no need to mince words: Privatizing Medicare as Congressman PRICE has thought to do means an end—an end to the program-guaranteed health benefit. It would break the Medicare promise, the promise of guaranteed benefits and services, and end Medicare as our country knows it.

Now let me turn to the Affordable Care Act. When it comes to the Affordable Care Act, for years now, there has been a steady drumbeat coming from my colleagues on the other side: Repeal and replace. Repeal and replace. I think it has gotten to the point where

children sing it almost as a jingle. Repeal and replace. It has been said so many times. A government shutdown all built around that slogan—repeal and replace.

At one point, the President-elect said repeal and replace would happen, in his words, "simultaneously." Shortly before inauguration, he said they would come within the same hour, and he said Congressman PRICE was writing the replacement plan and it was nearly ready to be unveiled.

But the public heard a different story during Congressman PRICE's Finance Committee hearing. At that hearing, our colleague Senator BROWN of Ohio asked: The President said he is working with you on a replacement plan for the Affordable Care Act, which is nearly finished, and it will be revealed after your confirmation; is that true?

That was the question posed by Senator BROWN to Congressman PRICE.

The Congressman said: It is true that he said that, yeah—that he said that, yeah. A moment later he added, "I have had conversations with the President about health care, yes."

So if anybody is waiting for the curtain to rise on the Price replacement plan, it sounds like you are going to have to wait a while longer. In fact, the President said this weekend, just this weekend, Americans might have to wait until next year to see the replacement, but the uncertainty about what comes next sure hasn't slowed down the charge of many toward repeal. In fact, the President issued a day one Executive order instructing the executive branch to roll back the Affordable Care Act in any way possible.

So I thought given these developments, the fact that Congressman PRICE is the architect of a repeal-and-run bill; that the President immediately on day one tried to set in motion a strategy to gut some of the key protections in the Affordable Care Act, I thought I ought to follow this up with Congressman PRICE during his nomination hearing in the Finance Committee. So I asked Congressman PRICE during his finance nomination hearing whether the Congressman would state that nobody would be worse off under the President's Executive order—not real complicated.

There had been all this talk through the campaign about how now President Trump could do a better job, less money. That was the constant refrain. I decided, given these ominous developments that I just described since the beginning of this year, I thought I would just ask Congressman PRICE whether anybody would be worse off under the Executive order. He ducked the question.

I remember asking him about whether people would be worse off with respect to coverage, and I remembered he said something about how people would have access to health care. Well, I will tell you, hearing the word "access" rather than "coverage" means that

somebody is walking back a commitment to people really getting care. Everybody pretty much can have access. Sure, if I had the money, I could get it. It is about coverage. So we asked Congressman PRICE whether people would be worse off and he ducked the question.

So then I asked if he would commit that no one would lose coverage, and he ducked once more.

Then I asked if he would commit to holding off on implementing the Executive order until a replacement plan was enacted. He ducked.

So the Congressman was given an opportunity to, in effect, say that he would honor what the American people were told by President Trump in the campaign; that the two would be hand in hand, the replacement and repeal would go hand in hand, but he had the chance to say that at the nomination hearing and he ducked and ducked and he ducked some more.

Americans are still being told that the Affordable Care Act is the problem and it has to be repealed. It looks to me that what Republicans have on offer now isn't repeal and replace at all. It is what I have been calling it since last year, repeal and run, and the architect of repeal and run is Congressman PRICE. In fact, he wrote the bill. He wrote the bill that would have gutted the ACA the last time around.

Under the Price plan, 18 million Americans would lose their health insurance in less than 2 years. By 2026, it would be 32 million who would lose coverage. Today 26 million Americans are uninsured. In a decade it would be 59 million. Working Americans would make up four out of every five people who lose their coverage. These are folks struggling to climb the economic ladder. No-cost contraceptive coverage for millions of women would be gone. We would have hundreds of thousands of women losing access to care almost immediately just by the defunding of Planned Parenthood. Hundreds of thousands more would lose their choice to see the doctors they trust. Just think about that. Legislation that is going to take away from American women the chance to see the doctor of their choosing, the doctor they trust. I don't know anybody in the last election who thought they were voting to see women lose the choice of the doctor they trust.

Under the Price plan, premiums jumped by hundreds of dollars a year as the individual market for health insurance collapses. Health care costs skyrocket. It is a gut punt to all, even those who get their health insurance at work because what it would do is, in effect, it would shrink—it would shrink the health care market in a way that there would be many more people who are seriously ill and had great expenses, and when you try to pass those on, that would mean people in the marketplace and those who had health insurance from their employer would see increases.

Another issue in the Price plan that ought to set off any alarm bells, in my view, is what Congressman PRICE has proposed for those with preexisting health care conditions. This is especially important in my view. When I proposed my own health plan, eight Democrats, eight Republicans, I was especially pleased that Senators on both sides of the aisle understood that making sure that insurance companies could not knock the stuffing out of people with a preexisting condition any longer was central to reform. Because when you allow discrimination against those with a preexisting condition, what you are essentially saying is health care in America is going to be for the healthy and wealthy. If you are healthy, no problem with a preexisting condition. If you are wealthy, again, no problem.

So right at the heart of the Affordable Care Act is a guarantee that insurance companies cannot discriminate against Americans with preexisting conditions. Frankly, I was very pleased to see that because as I indicated, 16 Senators—8 Democrats and 8 Republicans—on our bill said that was right at the heart of what they wanted in health care reform. So the ACA—the Affordable Care Act—said, No denying coverage to pregnant women, no denying coverage to cancer patients, no denying coverage to kids with autism. Under the Affordable Care Act, that is the law of the land. It protects every single American. No American under the Affordable Care Act should have to feel, when they go to bed at night, that they are going to get hammered as in the old days because they have a preexisting condition.

Now, Congressman PRICE, once again turning to the public record—it is all in the public record here. Congressman PRICE doesn't believe the American people should have the protection of that kind of real ban against discrimination for a preexisting condition. In fact, he was quoted in 2012 saying that it was, in his words, "a terrible idea." So he, like the law, changed, and his way to change a law that guarantees universal protection is to get rid of the guarantee that you aren't going to get discriminated against if you have a preexisting condition.

Our colleague, Senator NELSON of Florida, asked Congressman PRICE about the issue of making sure those with preexisting conditions don't get discriminated against when the Finance Committee held their nomination hearing. Once again, Congressman PRICE ducked, bobbed, and weaved. Senator NELSON asked if the Congressman thought that the proposal to continue the ban on discriminating against people with a preexisting condition is a terrible idea. Here is what Congressman PRICE said: "What I have always said about preexisting conditions is that nobody, in a system that pays attention to patients, nobody ought to be priced out of the market for having a bad diagnosis. Nobody."

Now, that probably is a pretty good sound bite. It is a good sound bite if you are trying to duck a question, but it is not a real answer to what Congressman PRICE was asked by Senator NELSON. And if you examine Congressman PRICE's own proposal, when it comes to actually protecting people with a preexisting condition from discrimination, you can see why Congressman PRICE isn't very interested in giving a straight answer.

I am going to turn now to one of the Congressman's bills. It is ironically called "Empowering Patients First." Instead of a ban on discrimination against those with preexisting conditions, the Price bill opened up loopholes to benefit insurance companies. The Price plan hinged on something called continuous coverage, and Americans are going to probably hear a fair amount about that in the months ahead.

The Price plan said that insurance companies had the right to inspect your recent past when you applied for coverage to the private market. If they found gaps when you went without insurance, they could deny coverage for your preexisting condition for up to a year and a half, or they could hike your premiums by 50 percent. In short, under the Price plan, insurance companies could take your money and skip out on covering the health care that you actually need.

Short summary of the Price health provision there: Worse health care, higher costs.

Now let's think about what this would mean for a cancer patient who suffers a job loss: Up to 18 months without coverage for cancer treatment they need that could be the difference between life and death. Congressman PRICE's bill didn't allow any special exceptions for certain gaps in coverage. No matter why you lost your insurance—maybe a layoff, maybe your spouse passed, quitting your job to start a business or go back to school—insurance companies with the Price plan again would be allowed to discriminate. And Congressman PRICE's bill didn't create any safeguards for particular patients with life-threatening illnesses. No matter what kind of preexisting condition you have, you would be at risk of losing access to care. And going by the practices those companies followed before the Affordable Care Act, more than 130 million Americans under age 65 may have a preexisting condition.

Now, it is correct that Republicans may not decide to go ahead with Congressman PRICE's bill as the final measure on replacement. But make no mistake about it: If confirmed, Congressman PRICE will be the captain of the Trump administration's health team. His proposals matter. And his approach is one that is followed by just about every other Republican who has put forward a plan of their own.

Colleagues, I think it would be an enormous mistake for this Senate—for

our country—to turn back the clock and go back to the days when health care was for the healthy and wealthy. I don't think there ought to be a debate about the need for real, truly strong protection for our people against discrimination for those with a pre-existing condition.

The Affordable Care Act locked it in to black letter law. It set a new standard: Nobody in America is going to be denied insurance due to a preexisting condition. In my view, it would be unconscionable to look to yesteryear, turn back the clock, and undermine those strong protections for the millions and millions of Americans who suffer from those preexisting health conditions. That, as a matter of public record, is what Congressman PRICE's proposal would do.

I want to turn now to his ideas with respect to Medicaid. This, in my view, is an especially important program, and a part of it that is usually missed is the nursing home benefit for seniors. Back when I was the director of the Oregon Gray Panthers and I ran the legal aid office for the elderly, I saw in particular what Medicaid meant for seniors who needed nursing home care.

Medicaid now covers costs for two-thirds of the seniors in nursing homes. And I think we ought to think about why these people are because these are people in Colorado, in Oregon, and across the country, who worked hard. They always played by the rules. They put their kids through school. They were part of their communities. They saved, they scrimped, they didn't go on an extra vacation; maybe they were thinking about buying a boat, but they didn't do any of that. They didn't do any of that because they wanted to save and make sure their spouse could have a dignified retirement, that they could put their kids through school, and they did everything right. So they saved and they saved and they saved.

But the fact is, it costs a lot to be a senior in America today. So perhaps they spent down all those savings, and their kids—the kids they love so much—aren't doing that well economically, so it is hard for the kids to help out with long-term care.

Without Medicaid—and particularly the nursing home benefit—seniors, 65 percent of whom depend on the program for nursing homes, wouldn't be able to have a dignified retirement.

So that nursing home benefit that is paid for by Medicaid is also one that Congressman PRICE has proposed slashing. He does that by cutting \$2 trillion out of Medicaid over the course of two stages. First, Congressman PRICE repeals the expansion of Medicaid created under the Affordable Care Act. This means that more than 11 million Americans lose their coverage. And it is a plan that even Republican Governors are speaking out against. John Kasich of Ohio—I think he would probably tell you he is not anybody's idea of a bleeding heart liberal—said recently: “So if all of a sudden that goes

away, what do we tell those 700,000 people? We are closed? Can't do that.”

But that is exactly what Congressman PRICE's plan is going to end up doing. It is going to end up telling those 700,000 Ohioans, along with millions of people across the country in Oregon, and across the land—and that is because he is pushing to take away their coverage and hasn't offered any real alternative that would preserve their access to care.

So for all of those seniors—the ones who worked hard and saved and did everything right—we all know them; perhaps they are the widower down at the end of the block—there is not going to be a way to pay for their health care, and they are not going to be able to have a dignified retirement, in spite of the fact they did everything all their life to plan and save.

Congressman PRICE's second Medicaid cut turns the program into a block grant and introduces a cap approach. That slashes another 30 percent of its funding and sets it up to be squeezed even more down the road.

Now, Medicaid goes a lot further in terms of taking on some of the biggest health care challenges in America. I cited the nursing home benefit because that is one that I dealt with again and again when I was director of the Gray Panthers. But the fact is that the program is helping communities across the country take on a whole host of health care challenges. The opioid epidemic is one example.

Now, we know that opioid addiction has hit American communities like a wrecking ball. More than a million people struggle with substance abuse, and they would lose access to care if the Price plan to repeal Medicaid expansion goes through. And further cuts to Medicaid would make the problem even worse, and it wouldn't just be for adults.

Tens of thousands of babies are born with a dependency to drugs each year. It is largely a product of the opioid crisis. My view is that number can only rise under Congressman PRICE's plan to cut Medicaid, a key source of primary care, prenatal care, and substance abuse treatment for pregnant women.

Medicaid is also the biggest source of funding for community and home-based care for those vulnerable Americans with serious disabilities. It is a huge source of AIDS treatment in America, particularly with the Affordable Care Act expansion.

All in all, 74 million Americans rely on Medicaid, and they are certainly not among the most fortunate. Half of them are kids, including millions with special needs. The program covers nearly half of all births and millions of Americans with disabilities.

I want to come back again to the faces of these people because I am not sure, when people hear the word “Medicaid,” what they see. I mention that it is so many seniors who, after planning, saving, and scrimping, need the program for nursing home care. It covers

people who toil through hard work, even multiple jobs, bringing home just enough to keep them out of poverty. For many, signing up for the Medicaid Program brought an end to the years when they had to choose between visiting the doctor and putting food on the table. Medicaid is their health care safety net. Make no mistake about it; Congressman PRICE's proposals leave that safety net in tatters. There isn't any other backstop for those vulnerable Americans. From small, tiny children to seniors who depend on it for nursing home care, there is no other backstop if their access to health care through Medicaid goes away.

One of the arguments made by advocates of block grants and caps is that States would have flexibility, and they point to a section of the Affordable Care Act I wrote to support their case. I believe they are talking about what is called section 1332. There is a big difference between what I wrote in the Affordable Care Act and what block grants would do. We had a number of Senators on both sides of the aisle who were interested in this issue. What I wrote is this: With that flexibility, the Affordable Care Act lets States do better by their people. The Price plan to block grant and cap Medicaid costs lets States do worse.

Slashing Medicaid also hits State budgets extraordinarily hard. That is a big reason why Governors across the country have been skeptical—even Republican Governors, like John Kasich and Rick Snyder of Michigan. Today, Medicaid comes with an open-ended kind of feature. Federal funding for the program doesn't tick down to zero. Nobody gets cut off. If you are working in America and are eligible for Medicaid, you don't have to worry about being locked out of the doctor's office if the program goes into the red. Block granting and capping the program changes that. States get a chunk of money each year. There is a big risk that money runs out, especially during times of economic downturn. That is when Medicaid is needed most, at times when working Americans have the most trouble walking the economic tightrope.

This is in addition to the undeniable, routine demands on the program: an aging baby-boomer population that will be in increasing need of nursing home and home-based care, public health emergencies like the Zika virus that can come without warning, natural disasters like Hurricane Katrina or the Flint water crisis that devastate communities, new high-priced drugs that can be cures but come with a steep price.

The reality is if a State's block grant runs out, that raises questions that ought to be alarming to all who care about vulnerable Americans having access to the care they need.

What happens if seniors lose their nursing home benefits in the middle of the year? Where would they go? Would patients in substance abuse treatment

lose access to care? If a State's Medicaid funding dries up midway through the fiscal year, who would pay for a birth? Would the parents of a newborn child have to bear the entire cost when they are on a modest income, working hard, and a hospital bill could reach tens of thousands of dollars?

When it comes time to pitch this very extreme health care agenda to the American people, Congressman PRICE is very articulate and sticks closely to well-rehearsed language. That is because the Price agenda would strip tens of millions of Americans of their insurance coverage and force people to pay much higher costs for much lesser care. It isn't going to go over very well when people really understand what is at stake.

One of the priorities Congressman PRICE talks about most frequently is access—always saying that his vision is Americans are going to have access to care. That is one very hollow theory. Access to health care doesn't mean a lot if you can't afford the cost. So when Americans hear the Price plan that people will have access, rather than coverage, pay attention. Pay attention, because if you have coverage today, and he is going to promise you access in the future, chances are you are going into the hole and you had better figure out how you are going to pay for it.

The Congressman talks about flexibility for patients. But under Congressman PRICE's plans that wipe out consumer protections and minimum standards for coverage, it is insurance companies that get the most flexibility.

The Congressman likes to talk about using metrics to measure health care. It is very hard to follow what this metrics approach is all about. When his proposals are challenged using facts and figures, including those that come from our nonpartisan scorekeepers at the Congressional Budget Office, he disagrees or he dodges. During his hearing, he just disagreed with the Congressional Budget Office when I asked him about some of his funding cuts that would deprive women of access to preventive care. He objects to even the simplest of measures—how much funding his proposals cut from our health care programs—as calculated by the nonpartisan experts. In my view, you can't run from the metrics when they don't tell you what you want to hear.

Finally, the Congressman and many others say patients should be at the center of care. Now, I want it understood, I don't see how anybody could dispute that idea. Of course patients should be at the center of care. But when I look at the Price proposals, I don't see the patient at the center of health care. I see money and I see special interests at the center of health care.

The Price plan tells vulnerable Americans that their health care will only go as far as their bank accounts are going to take them. The well-to-do

may be able to manage just fine under the Price proposals and the costs they push onto patients, but I am absolutely certain that millions of working Americans won't be able to do it.

I am going to wrap up talking about several glaring ethical issues with respect to Congressman PRICE. I will begin with the Congressman's significant investments in an Australian biomedical company. A lot of information about those investments has come into view over the course of months of investigation and reporting. What the facts show is that in 2016, the Congressman was part of an exclusive deal to buy stock at a discounted price—a deal called a “private placement.” On multiple occasions he was given opportunities to come clean and explain his participation in the special stock sale. He never has. Now, the majority on the Finance Committee has cut off the vetting process before getting all the facts or having the Congressman correct the record. So I am going to take a moment tonight to lay out the facts.

It is well known that Congressman PRICE learned about the company from a House colleague, Congressman CHRIS COLLINS. But CHRIS COLLINS isn't exactly a casual observer of the Australian business pages. He is Innate's—the company's—largest shareholder and a member of its board. Many of the company's other major shareholders are people in Congressman COLLINS' orbit, family members and chief of staff and others that he is close to. After learning about the company from his colleague, Congressman PRICE made his first purchase of the company's stock in 2015. He bought 61,000 shares.

Now let's fast forward to August 2016. The Congressman bought another 400,000 shares of Innate as part of a private stock sale for U.S. investors. When the private sale took place, Innate's shares were trading on the Australian stock exchange for the equivalent of 31 American cents, but participants in this private sale got the shares at a steep discount. That discount meant that Congressman PRICE paid tens of thousands of dollars less than a typical investor would have paid on the open market.

With respect to that purchase, the record remains unclear. It does come down to two issues: how he came to participate in the private placement, and whether he got special access that other investors didn't have. On those issues, Congressman PRICE tells one story; company officials, Congressman COLLINS, and public documents tell another.

First I am going to examine how Congressman PRICE came to participate in this private deal. As he tells it, he decided to make that purchase based on his own research into the company. But the Wall Street Journal and a little common sense say otherwise. I will read from a January 30 report.

Mr. Price got in on the discounted sale after Mr. Collins filled him in on the com-

pany's drug trial, according to Mr. Collins. . . . Mr. Collins said he told Mr. Price of the additional private placement. He said Mr. Price asked if he could participate in it. “Could you have someone send me the documents?”

Mr. COLLINS recalled Mr. PRICE asking him.

It paints a pretty clear picture. Congressman PRICE got information from his colleague, the company's top shareholder, and he got an invitation to a special deal. The claim that his conversations with Congressman COLLINS had no effect on Congressman PRICE's decision to invest just does not pass muster.

So I will turn to the second point—whether or not the deal was available to all company shareholders. Congressman PRICE insists it was. Here is the exchange he and I had during his nomination hearing in the Finance Committee.

I said: “You purchased stock in an Australian company through private offerings at discounts not available to the public.”

Congressman PRICE responded: “Well, if I may, those—they were available to every single individual that was an investor at the time.”

But that is not what Innate management—including the CEO—told the Wall Street Journal. According to the Wall Street Journal's report, Congressman PRICE was one of six special American investors in a category called “friends and family.” I will read a passage from the story.

The cabinet nominee [Mr. Price] was one of fewer than 20 U.S. investors who were invited last year to buy discounted shares of the company—an opportunity that, for Mr. Price, arose from an invitation from a company director and a fellow congressman.

At Mr. Collins's invitation, Mr. Price in June ordered shares discounted in the private placement at 18 cents apiece, and then more in July at 26 cents a share, Mr. Collins said in an interview. Those orders went through in August, after board approval. Mr. Price invested between \$50,000 and \$100,000, according to his disclosure form . . .

Mr. Wilkinson [the company's CEO] said investors who had bought in a previous private placement were called to make friends and family aware of the opportunity. . . . We are always looking to increase our shareholder base. But those new parties have to meet the definition of sophisticated financial investor.

Only six U.S. investors, including Mr. Price, fell into the friends-and-family category, Mr. Collins [his friend in Congress] said. About 10 more U.S. investors were offered discounted shares by the company because they had previously been invited to partake in private placement offerings.

Furthermore, Congressman COLLINS and Mr. Wilkinson added more detail.

The discounted stock offer in Innate Immuno, as the company is known, was made to all shareholders in Australia and New Zealand—but not in the U.S., according to Mr. Collins and confirmed in a separate interview with Innate Immuno CEO Simon Wilkinson.

Bottom line, Congressman PRICE got in as a special guest, a friends and family guest of Congressman COLLINS. What he told the committee—that the

deal was open to shareholders—was dead wrong. I am going to repeat this quote from the Wall Street Journal. This was part of a report that was authored by a Pulitzer Prize-winning journalist. This is what he wrote in the Wall Street Journal: “Rep. Tom Price got a privileged offer to buy a biomedical stock at a discount, the company’s officials said, contrary to his congressional testimony this month.”

The stock deals I outlined are of very great significance. They aren’t the only ethical issue at hand. Congressman PRICE introduced legislation that would lower the tax bills of three major pharmaceutical companies in which he owns significant amounts of stock. He invested \$15,000 in a medical equipment company and then introduced legislation to increase the amount Medicare pays for that type of equipment. Parts of his bill went on to become law.

Then there is his investment in a company called Zimmer Biomet. In 2015, Medicare was preparing a new pricing model that would change the way the program paid for hip and knee replacements. Instead of paying for each individual service, Medicare said it would try to make its payments more efficient by bundling the costs together in one lump sum. The new system, however, had the potential to affect the revenues of Zimmer Biomet.

On March 17, 2016, a few weeks before the government’s model—that is, the CMS model was set to go into effect—Congressman PRICE bought thousands of dollars’ worth of Zimmer Biomet stock through his brokerage account. On March 23, 2016, less than a week later, he introduced H.R. 4848, the HIP Act, which would have delayed the im-

plementation of CMS regulations for Medicare coverage of joint replacements. He was the lead Republican sponsor of the bill.

Bottom line, Congressman PRICE introduced legislation that certainly had the potential to add to his personal fortune. Congressman PRICE has argued that he didn’t purchase this stock and others; his broker was making the deal. But at the very least, he would have known about the deals within days when he filed his periodic transaction reports with the House.

On August 15, 2016, not only did Congressman PRICE file a report that he had purchased Zimmer Biomet along with dozens of other stocks, he initiated the entry for Zimmer Biomet in order to correct a mistake on the document.

Wrapping up, I want to go back to the fact that when Congressman PRICE came before the Finance Committee, he didn’t give us the whole story. In effect, I think the Finance Committee regrettably has an ethical double standard now. Look at the nominations of Tom Daschle, Tim Geithner, and Ron Kirk at the outset of the Obama administration. That vetting was vigorous. It was bipartisan. We looked over every stone and peered around every corner. Now, when a glaring issue comes up that undeniably deserves investigation, the party in power is shutting down the vetting process and moving toward confirmation. I think this is sending a dangerous message to nominees in the future.

I will close by way of saying this is a nominee with an extreme agenda. His proposals strip tens of millions of Americans of their health care cov-

erage. His proposals would put Americans with preexisting conditions in danger of losing coverage through the care they need. It would unravel the Medicare promise, the guarantee of secured benefits of vital importance to millions of American seniors.

When it comes to ethics, as I have described, Congressman PRICE falls well short of the standard the American people expect nominees to meet. I will not support his nomination. I urge my colleagues to join me in opposition.

I yield the floor.

ADJOURNMENT UNTIL 10 A.M. TOMORROW

The PRESIDING OFFICER (Mr. SCOTT). Under the previous order, the Senate stands adjourned until 10 a.m. tomorrow.

Thereupon, the Senate, at 9:05 p.m., adjourned until Thursday, February 9, 2017, at 10 a.m.

NOMINATIONS

Executive nomination received by the Senate:

DEPARTMENT OF HOMELAND SECURITY

ELAINE C. DUKE, OF VIRGINIA, TO BE DEPUTY SECRETARY OF HOMELAND SECURITY, VICE ALEJANDRO NICHOLAS MAYORKAS.

CONFIRMATION

Executive nomination confirmed by the Senate February 8, 2017:

DEPARTMENT OF JUSTICE

JEFF SESSIONS, OF ALABAMA, TO BE ATTORNEY GENERAL.