

weeks after he should have started his first day of middle school. . . . By then the bills had also begun to arrive . . . Daily. The first bill from the hospital was \$105,547.12 before insurance and over \$12,000 with benefits. We are still receiving bills and our pre insurance totals are well over \$750,000 before insurance. . . . BUT because of ACA we were capped at \$7,500 out of pocket. This means \$231 a month for 24 months which has an impact on our family but it also means we can still afford our mortgage. I wake up every morning thankful for my healthy child and amazed that we live on this tiny piece of heaven. ACA made that possible for us. I have kept all bills, x rays, and documents related to our journey.

Sasha Baskin, Richmond:

When I was seventeen I discovered I had a rare and highly aggressive tumor in my jaw. It took three experimental surgeries to remove and replace the tumor with a metal implant and bone graft. I was fortunate enough to be dependent on my parents' insurance when this medical event first took place. With the Affordable Care Act I have been able to stay on my parents' insurance into college and graduate school and maintain my health status through regular doctors' visits. I require a yearly check-up to make sure that the medical implant is intact and that the bone graft is growing successfully. Within the next 5-10 years I will need another surgery to replace the metal implant with new technology. If the implant breaks or I have any kind of accident that injures my jaw I will require emergency surgery and most likely to have my jaw wired shut. I will turn 26 in October and no longer be eligible to be on my parents' insurance. Thanks to the affordable care act I can rely on being able to maintain affordable insurance and feel comfortable about my health. I can trust that I will not be turned away due to my pre-existing condition of a metal jaw and history of aggressive tumors. I can be sure that I will not reach a lifetime limit of coverage when I need another surgery, (or if the worst happens and I need to have emergency surgery). When the doctors first found this tumor when I was seventeen, they told me not to go to college because I needed so many surgeries. I was planning to attend art school in Maryland, my parents lived in Connecticut and my doctors were in Boston. I was determined not to let a medical problem control my life. I went to and graduated from college in Maryland and am now enrolled in graduate school pursuing masters of fine arts in Richmond Virginia. I rely on the affordable care act for safe and reliable access to doctors all over the country. I have been able to live my life independently because of the freedoms and access to healthcare it has provided. I am a recent Virginia citizen, but I love it here. I am proud of my representation and I hope that my story will help you work towards saving health care in our country.

The PRESIDENT pro tempore. The Senator will suspend.

Mr. KAINE. I will suspend and return following the swearing in.

CERTIFICATE OF APPOINTMENT

The PRESIDENT pro tempore. The Chair lays before the Senate the certificate of appointment to fill the vacancy created by the resignation of Senator Jeff Sessions of Alabama. The certificate, the Chair is advised, is in the form suggested by the Senate.

If there be no objection, the reading of the certificate will be waived and it will be printed in full in the RECORD.

There being no objection, the certificate was ordered to be printed in the RECORD, as follows:

CERTIFICATE OF APPOINTMENT

To the President of the Senate of the United States:

This is to certify that, pursuant to the power vested in me by the Constitution of the United States and the laws of the State of Alabama, I, Robert Bentley, Governor of said State, do hereby appoint Luther Strange, a Senator from said State, to represent the State of Alabama in the Senate of the United States until the vacancy therein caused by the resignation of United States Senator Jeff Sessions, is filled by election as provided by law.

Witness: His Excellency our Governor, Robert Bentley, and our seal hereto affixed at Montgomery, Alabama, this 9th day of February, 2017, at 8:20 o'clock, CST, in the year of our Lord 2017.

By the Governor:

ROBERT BENTLEY,
Governor.

Attested:

JOHN H. MERRILL,
Secretary of State.

[State Seal Affixed]

ADMINISTRATION OF OATH OF OFFICE

The PRESIDENT pro tempore. If the Senator-designate will now present himself at the desk, the Chair will administer the oath of office.

The Senator-designee, Luther Strange, escorted by Mr. Sessions and Mr. SHELBY, advanced to the desk of the Vice President; the oath prescribed by law was administered to him by the President pro tempore; and he subscribed to the oath in the Official Oath Book.

The PRESIDENT pro tempore. Congratulations, Senator.

(Applause, Senators rising.)

EXECUTIVE CALENDAR—Continued

The PRESIDENT pro tempore. The Senator from Vermont.

Mr. LEAHY. Mr. President, I have a simple unanimous consent request, but before I do, I congratulate the new Senator from Alabama. It is unusual that I have someone here taller than I am.

Mr. President, I ask unanimous consent that I be permitted to yield the remainder of my time on the issue before us to the senior Senator from New York.

The PRESIDING OFFICER (Mr. PERDUE). The Senator has that right.

The Senator from Virginia.
Mr. KAINE. Mr. President, I would like to resume my remarks following the swearing in.

I also offer my congratulations to my new colleague.

Ann Odenhal, Richmond, VA:

On New Year's Eve, 2013, we were informed that our youngest son, Patrick, 18 years old, had Type 1 Diabetes (T1D), an incurable disease that comes with a lifetime of insulin dependence, injecting oneself six to eight times a day. The cause is unknown, it is not a lifestyle disease and there is no escaping it once diagnosed. The beta cells on our son's pancreas just stopped working. T1D is extremely dangerous and when not managed can cause blindness, kidney failure, limb loss, other

issues and death. We were knocked off our feet, numb, confused and overwhelmed by the danger and the medical requirements to stay within an acceptable insulin range. People with the disease must balance insulin doses with eating and other activities throughout the day and night. They must also measure their blood-glucose level by pricking their fingers for blood six or more times a day. Our son still can have dangerous high or low blood-glucose levels, both of which can be life threatening. He will die without insulin; he could die from too much insulin. In the midst of our fog of sadness and confusion, we remembered the ACA. "At least the ACA will be there when Patrick is on his own. He will be able to get health insurance regardless of his prior condition," was our mantra. One day, Patrick came home and announced, "Great news! The ACA allows me to stay on your health insurance until I'm 26!"

I changed my retirement schedule. I can do that. I have watched and worried as insulin prices soar. Pat takes two types of insulin, a single carton of which costs between \$400 and \$500 retail. I run the math in my head and I worry some more about lack of insurance. We are covered by my employer's insurance, which pays for most of the drugs, equipment and the additional health care he needs, but what would happen if we found ourselves without insurance? What if I lose my job? Public service runs deep in our family. My husband is a retired teacher and our older son is a policeman. It appears Pat may be moving toward nonprofit or public service work as well. Will he have health insurance? Will he have it without the ACA? I can promise anyone reading this that you know someone whose life has been or will be positively impacted by the ACA. There are 20 million people like our son, Patrick. Don't allow a repeal of the ACA. Fix the problems, work the issues, but don't play politics with our son's life.

Linda Crist, Lynchburg, VA:

I had employer provided health care for 38 years. In 2013 I lost my eyesight to macular degeneration and could no longer work. An insurance company covered me for \$695 a month (just me). With the lost income, I could no longer afford insurance. I contacted them and was told there was a new plan I could apply for. I applied and was denied due to a "pre-existing condition." You see, in 1984—

Decades before—

I was diagnosed with kidney disease. I was treated and, according to my physician, cured. The insurance company didn't care. I applied for insurance under ACA and got a silver plan that cost me \$345 a month. I was given a tax credit of \$500 monthly and I chose to only use a portion of it. The ACA saved me while I was waiting for Medicare to kick in after receiving Disability. I am sure my premium would have gone up with the ACA but it saved me when I needed it."

John Carl Setzer, Winchester, VA:

My son was born in 2009 with a severe congenital heart defect, called Hypoplastic Left Heart Syndrome (HLHS). Basically, he was born with half a heart and required three open-heart surgeries. All of his treatment is considered palliative. In 2009, he had the first two heart surgeries, in addition to another on his diaphragm. He was hospitalized for many weeks. He had insurance under my employer-based coverage. Clearly he had a pre-

existing condition. But the other issue is that he almost maxed out his insurance coverage in the first year of life. My understanding is that the ACA eliminated the lifetime caps on insurance coverage, and my wife and I blew a major sigh of relief. Otherwise, we would have had to switch his coverage from my insurance to hers. However, he required another surgery a couple years later and will at some point likely require a heart transplant. Thus, the insurance games would have continued. The ACA eliminated that burden on us, at least until he is an adult. The lifetime cap is not something I hear debated much these days, but it is something to consider for people that have major health complications. Please consider this in future legislation, in addition to coverage for pre-existing conditions.

I will read one more story and then cede to my colleague. I have so many more that I want to read, and this is just 1 or 2 percent of the 1,654 stories that my office has received in 3 weeks.

Jennifer Smouse, Midlothian:

In 2008, my husband started his own construction company after the national home building company he worked for pulled out of Richmond. It was our first time being self-employed and along with adjusting to the idea of not receiving a paycheck on the 15th and 30th of each month, we needed to secure our own healthcare coverage for our family of 5. We submitted our applications for insurance, and were notified a short time later that we would not be offered coverage for our oldest child. He is on the autism spectrum and they were denying him coverage based on his Autism diagnosis. We were shocked—our son was high functioning and was not in need of any special medical services. . . .

And he still received this denial.

With the passage of the ACA, we no longer had to worry about being denied coverage due to a medical diagnosis. The system is not without its flaws. Our premiums were extremely high in addition to the high deductible, and it was a stretch to afford the plans even with the credits available to us. But at least we felt on even ground. That in addition to parenting a child on the autism spectrum, we didn't also have the challenge of securing healthcare coverage for him.

I have other stories. I may resume my seat, but I will now cede time to my colleague from Florida, Senator NELSON.

The PRESIDING OFFICER. The Senator from Florida.

Mr. NELSON. Mr. President, just like the distinguished Senator from Virginia, I, too, have had so many Floridians reach out to me. And sometime in the next 12 hours—literally in the next 12 hours—we are going to vote on the confirmation of the President's nominee for the Health and Human Services Secretary. The reason so many people are reaching out to us, giving us these personal stories, is that HHS is the primary agency for protecting the health of all Americans as an agency. You could certainly say we ourselves are primarily responsible for our health, or in the case of children, their parents, but when you get to an agency of the U.S. Government, it is HHS. It provides health coverage through Medicare and Medicaid, the Federal marketplace, and the Children's Health Insurance Program.

I don't want it to be lost on the Senators—you know a little bit about

Florida and that the percentage of our population that is elderly is very high, which translates into 4 million people in my State on Medicare for access to health services, and another 3.5 million Floridians rely on Medicaid and CHIP for care. So that alone is reason to be concerned about this appointment.

Another nearly 2 million Americans signed up for coverage under healthcare.gov—specifically 1.8 million in the State of Florida. That is more signing up under the ACA under healthcare.gov than any other State. Nine million other Floridians get their health coverage from their employers and benefit from some of the ACA protections, such as prohibiting insurers from imposing lifetime limits or discriminating against people with pre-existing conditions. That is another 9 million Floridians.

I am concerned that, if confirmed, Congressman PRICE would be the President's top adviser on these important issues and that he would be responsible for upholding President Trump's promise to protect Medicare and Medicaid. He would be responsible for upholding President Trump's promise that any ACA replacement plan will "have insurance for everyone." That is what Candidate Trump said.

This nominee would be responsible for upholding President Trump's promise to keep in place the protections that prevent insurance companies from discriminating against individuals with preexisting conditions. How many times before the ACA did we have some of our constituents tell us they were denied coverage because they had a preexisting condition—a rash. Because of the law, no one can be denied health insurance now.

Yet Congressman PRICE's record and the policies he has supported throughout his seven terms in Congress are in direct conflict with President Trump's stated goals. In fact, Congressman PRICE's proposed budget in the House cuts nearly \$500 billion from Medicare and turns it into a voucher program. His plan would give seniors a fixed dollar amount—that is the voucher—to buy insurance. Most every economist would tell us that means higher monthly premiums. According to the nonpartisan Congressional Budget Office, turning Medicare into a voucher program would cause seniors to pay 11 percent more out of their pockets. Is that what we want to do to our senior citizens? I don't think so. We better think about it.

I can state that the seniors in my State are petrified when folks start messing with their Medicare. One of my constituents said in a letter that he wrote to me:

I hear that Congress is proposing changes to Medicare, which would provide a fixed-dollar amount to purchase medical insurance in the private sector. This monumental shift would put an undue financial burden on fixed income retirees.

Linda, another constituent from Tampa, wrote to me back in January and said:

I am 68 years old. I am a woman who depends on Social Security and Medicare. My years in the workforce were meant to help cushion my retirement with money I invested from dollars earned, and now my living and my access to health care are threatened. Please, please, do all you can to prevent the loss of these important hard-earned necessities.

That is what she wrote to me.

These are just two examples of seniors for whom we need to stand up and fight.

Half of all Medicare beneficiaries have incomes of less than \$24,000, and they have savings of less than \$63,000. I want to say that again because that is the condition of many senior citizens. Half of all Medicare beneficiaries have incomes of less than \$24,000, and half of those beneficiaries have savings of less than \$63,000. Based on these numbers, seniors simply can't afford to pay 11 percent more out of their pocketbooks for benefits. Seniors can't take a chance on Congressman PRICE as their HHS Secretary by virtue of what he has already said and what his record is in the Congress.

The Congressman also supports raising the Medicare eligibility age to 67, forcing seniors to wait for benefits they earned during their working years. They have been waiting patiently until they reach age 65, and now it is being pushed up another 2 years. By increasing the age from 65 to 67, Congressman PRICE is forcing Americans to work longer to maintain the health coverage they were promised or forcing them to go without insurance.

Approximately 92 percent of older adults have at least one chronic disease, and 77 percent of older adults have at least two chronic diseases. Forgoing critical health coverage is not an option for these folks, and who is going to stand up and fight for them? I know Senator KAINE and I will.

The Congressman refused to answer my question in the Finance Committee on whether he supports the ACA that saved seniors money on the cost of their prescription drugs by closing the Medicare D gap that we call the doughnut hole. Under the ACA, more prescription drugs were paid for by Medicare than had been the case before. What that translates into in Florida is seniors saved \$1,000 a year, thanks to the reduction of the gap in the prescription drug coverage. So why in the world would we want to get rid of something that is saving our seniors money and is doing exactly what it was intended to do—save them money on their prescriptions? We should be looking for ways to lower, not raise, the cost of prescription drugs for our senior citizens.

In November of last year, Congressman PRICE said that he wants to overhaul Medicare in the first 6 to 8 months of the Trump administration using a fast-track procedure known as reconciliation—getting around the 60-vote threshold requirement that forces us to have bipartisan compromise on the floor of the Senate in legislation. That

is what he said he wanted to do to force it through on a reconciliation bill. Well, I don't think that sounds too good.

So when you look at all of this, what is the conclusion? The Congressman's record and statements made as recently as 3 months ago do not match President Trump's promises. Our country deserves an HHS Secretary who will uphold those promises, not inflict deep, harmful cuts that fundamentally alter the health and financial security Medicare provides Americans in their later years.

For these reasons and others, sometime in this next 11½ hours when we vote, I am going to vote no on this nominee. There is too much at stake for our seniors to give this nominee control over these programs.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Alabama.

SENATOR LUTHER STRANGE

Mr. SHELBY. Mr. President, I would like to take a few minutes this afternoon to talk about some of the events that happened here in the past 24 hours.

Less than 24 hours ago, we confirmed my colleague—former colleague now—Jeff Sessions to be Attorney General of the United States. After he was confirmed, he resigned as Senator and has been sworn in as Attorney General of the United States this morning.

The Governor of Alabama, Gov. Robert Bentley, subsequently appointed LUTHER STRANGE, who is our newest Senator. He was our attorney general until a few hours ago—a second term as attorney general. I want to tell you a little bit about our newest Senator from Alabama here in the U.S. Senate.

He is someone I have known for about 35 years and someone I have spent a lot of time with, off and on. I know his wife Melissa. I know his sons. We have traveled together. As the Presiding Officer would appreciate coming from Georgia, we have had time to be in Georgia and other places hunting quail, ducks, geese, and doves together. You get to know somebody pretty well, as the Presiding Officer knows.

I believe this was a great appointment by our Governor. This is someone who will hit the ground running. He is going to be involved in the issues. He is a team player. He is going to work with us in the Republican caucus and work for what is in the best interests of the State of Alabama and the Nation, which we all need to do.

He is a graduate of Tulane University, undergraduate and law school, and you might be able to tell he may have been a basketball player in his youth and probably still would be.

I look forward to working with him. I am going to miss Senator Sessions, who is now our Attorney General, someone I worked together with for 20 years. I have been here 30 years, so together, as I said yesterday, we have 50 years.

LUTHER STRANGE is going to hit the ground running. He brings a lot of

knowledge, a lot of integrity to this job, and I look forward to working with him for the people of Alabama and for our great Nation.

I yield the floor.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. KAINE. Mr. President, I thank the Chair for allowing me to retake the floor to speak about the nomination of Congressman PRICE to be HHS Secretary, and to read stories from Virginians who are afraid about repeal of the Affordable Care Act.

Mark Priest, Alexandria, VA:

I am a self-employed entrepreneur and consultant. Since I work for myself I do not have access to a special pool from an employer that would make health insurance more affordable. Starting in 2014 I was insured through the ACA and I was able to find an affordable policy to cover myself. I think that there is a mistaken notion that if you are employed, you automatically have access to affordable health insurance. The ACA isn't just for the unemployed. I work hard and I am a small business owner. The ACA makes it possible for me to afford health care.

Constance Burch, Fort Valley, VA:

I am a 53 year old single female who is self employed as a Voice and Piano teacher. I have always prided myself on being able to care for myself and provide the basic necessities. Before the ACA I had to pay over \$450 a month for health care on a net income of \$19,000. This meant some months having to use credit cards for other necessities such as food and gasoline to get to my lessons. Thanks to President Obama, that all changed and based on my income, my fee was reduced to \$33 a month. I literally cried for joy that someone finally did something to help those of us who work hard and deserve the same quality health care that the more fortunate are able to have. It is fair and quite honestly it was the first time in my life that I truly felt that the government actually did something to help me personally and those in the same position.

Deb Fuller, Alexandria, VA:

I rely on the ACA for my health insurance because otherwise, I would not be able to get it. My job, writing K12 textbooks and other educational material, has largely been outsourced, and full-time permanent positions with benefits are nearly nonexistent these days. The majority of the work is as a "flexible workforce", which is the fancy term for a freelancer or contract employee. Having the ACA means I can continue working these contracts instead of trying to figure out how to completely change professions because I need a job that provides health insurance. Before the ACA, my saint of a doctor went back and forth with health insurance companies trying to convince them that I wouldn't cost them too much money in the long run. They literally looked for anything to deny me coverage. One rejection letter mentioned cold sores in the litany of reasons why I was completely uninsurable. Ninety percent of the population has cold sores. Now, insurance companies make back their money on me because I pay them vastly more than they cover because I don't get sick that often or visit the doctor that often outside of routine checkups. I also have peace of mind that if I am out on horseback riding or hiking on a trail, I won't be put in the poor house because I landed in a heap and had to go to the ER.

Lauren Carter, Lovington, VA:

My 39 year old son has cerebral palsy and a blood clotting disorder. His "preexisting

conditions" started at conception. Three years ago, he lost his full-time job with health insurance benefits. The ACA allows him to continue receiving medical care and purchase his lifesaving medications. He supports himself through multiple part-time jobs, but employer-based insurance is just not an option for him at this time.

Shannon Linford, Leesburg:

My name is Shannon Linford, I'm 24, and from the age of 10, my life has been a series of doctors office visits. I suffer from over a half dozen chronic illnesses, physical and mental, and require frequent checkups and take up to 15 prescriptions a day. I have spent the last 14 years balancing illness with my attempts to build a life. That would not have been possible were it not for the provisions of the ACA that prevent insurance companies from denying me service for my illnesses or allowing me to stay on my parents' insurance until I am 26. I've had to take a detour from pursuing higher education due to these illnesses, as well as getting a job, and instead spend the days I'm well enough volunteering with nonprofits that advocate for others with illnesses like mine. My team of doctors and I work together personally to create a plan that is best for me. We are exemplifying health care at its best. They know me by name, they know each other by name—across disciplines, they work and collaborate together. I would not have this luxury were it not for the ACA. If insurance companies could deny me coverage due to my preexisting conditions I was born with, my family and I would go into bankruptcy trying to give me basic care. My health is finally under good management. I'm going into remission with my depression thanks to new experimental treatment with my psychiatrist. Things are looking up, thanks to the provisions in this remarkable legislation. Revoking this law would be criminal and would destroy lives, destroy futures. Thank you so much for your hard work.

Anna M., Vienna, asked that I not use her last name:

Without the ACA, I would likely be dead. I live with bipolar disorder, an incurable mental illness that causes my moods to swing uncontrollably from intense anxiety to crushing depression. I began seeking help five years ago and once spent two weeks in an intensive outpatient hospital program because I was suicidal. I got help, but later lost my job and my insurance, making my disorder a preexisting condition. Thankfully, the ACA prevents my new insurance from refusing coverage, and I was able to continue treatment. I will need to control my bipolar disorder with medications and therapy for the rest of my life. Without treatment, I am at a higher risk for long-term unemployment, becoming homeless, incarceration, and dying by suicide. With treatment, I work full-time, pay my taxes, volunteer for local charities, and I am a loving daughter, sister, and friend.

Katie Rugg in Henrico:

I was paying half of the cost of my rent and health insurance every month and still having to pay for services every time I went to be seen. I never knew how much things would cost when I needed to be seen, either! So I was paying an outrageous amount for health insurance and also afraid to go see a doctor if I had any issues because it was going to cost me more money than I had on top of everything else. I was already living paycheck to paycheck, with a full-time professional job in my field and a masters degree, and seriously considering going without any insurance at all. When the ACA was passed, my employer offered a discounted option through the affordable care exchanges. I