

am encouraging our administration to do it. We need to get these things. To implement this policy effectively, we must cultivate critical relations of influence with our like-minded friends in Africa. In the Middle East, we have Israel. In Europe, we have Great Britain. In Africa, we have Rwanda and Paul Kagame.

So it is time to catch up. President Paul Kagame will soon be sworn in as the Chairman of the African Union. In him, we have a visionary leader who has accomplished great things for his country. He has also established himself as a highly influential figure among African heads of State because he has set a bold vision for the future of Africa that is autonomous, self-sufficient, and open for business. This vision is 100 percent complimentary to what the U.S. policy should be in Africa.

In recognizing this, it is my hope the Trump administration will embrace him and Rwanda as the American friends they are. We need to bring Rwanda close so we can work cooperatively with them to accomplish our shared goal. Rwanda and America are like-minded friends, and we should treat them accordingly.

Let me conclude with a personal story that expands a little bit on this. I had an experience in 2000. In 2000, I was called by a friend in Rwanda, and his name is Charles Murigande. He called up and he said—there is a program I have been involved in and others have been involved in, where we encourage them to have like we have in the U.S. Senate. We have weekly Prayer Breakfasts every Wednesday, and we encourage them to do the same thing. He called me up, and he said: We would like to have our first National Prayer Breakfast in Rwanda. Will you come over and speak? So I did.

Well, 14 years later—this is quite a coincidence—in 2014, we were on another trip and planned to land in Burundi before going to Ethiopia, but then, for security reasons, we weren't able to land in Burundi so we stopped in Rwanda instead. Without any warning—now, keep in mind, Rwanda didn't know we were going to be there. We didn't know we were going to be there. There was no warning whatsoever, but when we got there, as a coincidence, the next day they were having their 14th annual Prayer Breakfast. They assumed, since I was their speaker at their first Prayer Breakfast 14 years before, I was there to give a speech, and so I did. I say this because Paul Kagame, 14 years before that happened and every year since then and then every year since this took place, was then leading both Prayer Breakfasts. So in addition to all of the virtues of Paul Kagame that I have been talking about—perhaps too long—he is a strong man of faith, and it doesn't get any better than that.

I yield the floor.

The PRESIDING OFFICER (Mr. JOHNSON). The Senator from Oregon.

Mr. WYDEN. Mr. President, I ask unanimous consent to speak for up to 15 minutes.

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

NOMINATION OF ALEX AZAR

Mr. WYDEN. Mr. President, very shortly, the Senate is going to take two votes on the President's nominees. The first is to confirm Jerome Powell as the next Fed Chair. Once that vote wraps up, the Senate will vote on whether to begin debate on the nomination of Alex Azar to be Secretary of Health and Human Services.

This is one of the key roles in our entire Federal Government in caring for America's sick and vulnerable. Let me begin by saying that Mr. Azar does not come with the staggering ethical challenges of his predecessor, the first Trump HHS nominee, Tom Price.

Here is my concern: Mr. Azar's nomination is a clear symbol of the President's broken promises on prescription drugs and pledge to secure better and more affordable healthcare for all Americans. At the outset of my remarks, I am going to start with the issue of skyrocketing prescription drug prices that now clobber millions of Americans at pharmacy windows across America. It is one thing for a Presidential candidate to have claimed he would just be too busy working to have time to golf and then spend almost 1 out of 3 days in office golfing. It is another thing altogether to promise cheaper prescription drugs to sick and vulnerable Americans who empty their pockets to pay for their medications only to abandon them completely once you are in office.

Now, it was barely a year ago that Donald Trump stood before our country and said prescription-hiking drug companies were getting "away with murder." Those were his words, not mine, not somebody in the news media. The President said the drug companies were "getting away with murder."

Now he has nominated Alex Azar, a drug company executive with a documented history of raising drug prices, to lead the Department of Health and Human Services. From 2012 until last year, Mr. Azar—who is the head of Eli Lilly's American subsidiary; that is, Lilly USA—chaired the U.S. pricing reimbursement and access steering committee, which gave him a major role over drug price increases for every product Lilly marketed across the country.

On Mr. Azar's watch, the price of Forteo, a Lilly drug used to treat osteoporosis, more than doubled. The price of Effient, a Lilly drug used to treat heart disease, more than doubled. The price of Strattera, a Lilly drug used to treat ADHD, more than doubled. The price of Humalog, a Lilly drug used to treat diabetes, more than doubled, and these are only a few of the drugs that were under Mr. Azar's purview.

Mr. Azar told the Senate Finance Committee that he had never—not

even one time—signed off on a decrease in the price of a medicine, and when asked about that statement in his confirmation hearing, Mr. Azar was quick to say: That is just the way the system works, but he didn't give us any concrete examples of how he would buck that system if he became the head of the Department of Health and Human Services. It seems to me, given the fact that he was asked questions about what concrete ideas he had for reforming the system and carrying out the President's promises to hold down prescription drug prices, he came up empty. I guess that says he would fit right in with the Trump administration on prescription drug practices.

In its first year, the Trump administration has made exactly no progress when it comes to tackling these skyrocketing pharmaceutical prices. They don't have any Executive orders that have any teeth in them. There don't seem to be any new initiatives at all. No new legislation has come from the Department or the White House. Perhaps, in my view, that is because the administration seems to be busy on other fronts, like taking healthcare away from those who need it, people who can least afford to have their bills climbing upward because of a decision made by a bureaucracy here in the Nation's Capital.

This nomination, as you are going to hear Senators discuss tomorrow, is about more than just the administration's failure on prescription drugs. It is, in effect, a proxy on an entire healthcare agenda. This is really a referendum on a healthcare policy from this administration that I think is an abject failure.

It is a year in now, and the administration's track record on healthcare is pretty clear. New data came out a few days ago showing that the number of Americans with health insurance dropped by more than 3 million people. That means 3 million Americans are a sudden illness or injury away from the nightmare of personal bankruptcy, having to sell their home or their car or empty a retirement account to escape from under that mountain of medical bills.

A very substantial part of that problem stems from the administration's sabotage on the Affordable Care Act. The administration cut the open enrollment period in half. That meant anybody who clicked on the internet, hoping to sign up this month, has found out that they are just too late. They slashed advertising budgets that helped reach the younger and healthier customers that make the private health insurance market affordable. And they made it harder for those having difficulty signing up for coverage to get a little bit of help in person.

This sabotage agenda, in my view, is an attack on the kind of health insurance this administration says it is for. They say they are for a private health insurance market, but the fact is, what they have been doing is undermining

the private health insurance market as part of their effort to undermine the Affordable Care Act. So this policy, perpetrated by a party and the President who professed to want to run this country like a business, certainly doesn't reflect the kinds of sound business practices we see from business leaders in my home State of Oregon.

If that wasn't harmful enough, the administration also is allowing fraudsters to, once again, sell junk coverage insurance policies that aren't worth the paper they are printed on.

A major part of the Affordable Care Act was laying down basic consumer protections for the private market. It was all about saying that Americans would no longer get stuck with junk insurance that turned out to be worthless when they actually suffered an injury or came down with an illness. I can't tell you what a step backward it is to see the sale of these junk insurance policies.

Years ago, when I was director of the Gray Panthers, it was common to see older people buy 15 or 20 private health insurance policies to supplement their Medicare, and they weren't worth the paper they were written on. They were junk. Finally, we got that changed. We passed a law with teeth to change it.

But now the Trump administration has, with respect to the private market and the Affordable Care Act, decided to turn back the clock and bring back junk insurance in the private insurance marketplace. So instead of working on a bipartisan basis to make the private health insurance market more affordable and competitive, the Trump administration has sabotaged those markets, hiking the number of Americans without coverage and sticking a whole lot of Americans with junk coverage that, in my view, is virtually guaranteed to fail them when they are most in need. The biggest threat their strategy poses on a basic level is that it wipes out the ironclad guarantee of protection for Americans with pre-existing conditions. Guarantee of access to healthcare isn't worth much if you can't afford it, and the Trump administration is doing a bangup job of making healthcare unaffordable for those with preexisting conditions.

The Trump administration has also undermined years of progress with respect to women's health. They attack the rule that says women have to be guaranteed no-cost access to contraception—one of the most popular healthcare rules in recent memory. Fortunately, the administration's action on that issue has been held up in the courts, but that is only one part of the anti-women's health agenda that plays out now.

Just last week, the Trump administration overturned longstanding protections dealing with States and family planning providers. This, in my view, is an attack both on a woman's right to see the provider of their choosing and Planned Parenthood. The administration is also broadening the exceptions

that give employers and universities say over what kinds of healthcare women can access.

Here is how Mr. Azar described his perspective on that issue when he went before the HELP Committee. He said: "We have to balance, of course, a woman's choice of insurance that she would want with the conscience of the employers and others."

We don't have to that. A woman's choice of healthcare is her choice—her choice and nobody else's. The care she has access to and receives is not up to her employer and not up to her university. It is up to that woman and her physician. And now the administration is even going after protections for LGBTQ Americans.

The bottom line is, the administration is doing a lot more to protect the perpetrators of discrimination than the victims. Healthcare is a right in America, but discrimination is not.

The way Mr. Azar describes the position he is nominated to fill, it sounds as if he understands it. He said in his confirmation hearing: If I get this job, my job is to "enhance and protect the health and wellbeing of all Americans." But he is not committed to reversing these kinds of anti-discriminatory practices I just described.

When I heard Mr. Azar say it would be his job to "enhance and protect the health and wellbeing of all Americans," I couldn't help but think back to the first nomination hearing the Finance Committee had for a Trump HHS nominee. Back then, Tom Price told the committee it would be his job at the Department just to administer the laws passed by Congress. He would be out of the legislative business. Once he got the job, he broke his word, and that has been the norm for the Department over the year. Congress has every reason to believe that is going to continue, regardless of the talking points Mr. Azar and administration officials use.

Finally, I want to discuss Medicaid. Just in the last few weeks, the administration has begun giving States a green light to slap new and punitive requirements and other limits on Americans covered by State Medicaid Programs. My bottom line is, Medicaid is a healthcare program. The vast majority of those who count on Medicaid either already have a job or are unable to work due to old age and infirmity. We shouldn't be trying to make life harder for those folks. The action by the Centers for Medicare and Medicaid Services goes after people who are just trying to get by. It is a decision by bureaucrats in Washington, going after Americans who walk an economic tightrope, who might just be trying to take care of kids or elderly parents or struggling with a chronic condition. This looks, on Medicaid, like yet another ideologically motivated attack on a program that covers vulnerable Americans—all generations, from newborn infants to two out of three seniors. The Trump administration is giving States permission to attack it.

Mr. President, I ask unanimous consent for 2 additional minutes.

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

Mr. WYDEN. Mr. President, in a short while, the Senate will have a cloture vote on Mr. Azar's nomination to run the Department of Health and Human Services. The debate will be about a lot more than that. It is a question of whether the Trump administration should be allowed to take this country backward on health and to discriminate against Americans. It is a question of whether the attacks on Medicaid should continue and whether this administration will be held accountable for its broken promises on lower drug prices, insurance for all, no cuts to Medicare or Medicaid.

I regret to say to the Senate today that I have no confidence that Mr. Azar will change course at the Department of Health and Human Services. I do not support his nomination, and I urge a "no" vote today.

I yield the floor.

The PRESIDING OFFICER. Under the previous order, all postcloture time has expired.

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

Mr. WYDEN. 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 legislative clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Tennessee (Mr. CORKER), the Senator from Arizona (Mr. MCCAIN), and the Senator from South Carolina (Mr. SCOTT).

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

The result was announced—yeas 84, nays 13, as follows:

[Rollcall Vote No. 19 Ex.]

YEAS—84

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

NAYS—13

Blumenthal	Harris	Rubio
Booker	Lee	Sanders
Cruz	Markey	Warren
Feinstein	Merkley	
Gillibrand	Paul	

NOT VOTING—3

Corker	McCain	Scott
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The nomination was confirmed.

The PRESIDING OFFICER. The Senator from California.

CHANGE OF VOTE

Mrs. FEINSTEIN. Mr. President, on rollcall No. 19, I voted yea. It was my intention to vote nay. I, therefore, ask unanimous consent that I be permitted to change my vote since it will not affect the outcome of the vote.

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

(The foregoing tally has been changed to reflect the above order.)

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

CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Alex Michael Azar II, of Indiana, to be Secretary of Health and Human Services.

Mitch McConnell, John Boozman, Jerry Moran, Marco Rubio, Deb Fischer, John Barrasso, Richard Burr, Ben Sasse, Richard C. Shelby, Cory Gardner, Mike Crapo, James E. Risch, Shelley Moore Capito, John Hoeven, Dan Sullivan, Rob Portman, John Thune.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the nomination of Alex Michael Azar II, of Indiana, to be Secretary of Health and Human Services, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The bill clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Tennessee (Mr. CORKER), the Senator from Arizona (Mr. MCCAIN), and the Senator from South Carolina (Mr. SCOTT).

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

The result was announced—yeas 54, nays 43, as follows:

[Rollcall Vote No. 20 Ex.]

YEAS—54

Alexander	Boozman	Carper
Barrasso	Burr	Cassidy
Blunt	Capito	Cochran

Collins	Hatch	Murkowski
Coons	Heitkamp	Perdue
Cornyn	Heller	Portman
Cotton	Hoeven	Risch
Crapo	Inhofe	Roberts
Cruz	Isakson	Rounds
Daines	Johnson	Rubio
Donnelly	Jones	Sasse
Enzi	Kennedy	Shelby
Ernst	King	Sullivan
Fischer	Lankford	Thune
Flake	Lee	Tillis
Gardner	Manchin	Toomey
Graham	McConnell	Wicker
Grassley	Moran	Young

NAYS—43

Baldwin	Heinrich	Sanders
Bennet	Hirono	Schatz
Blumenthal	Kaine	Schumer
Booker	Klobuchar	Shaheen
Brown	Leahy	Smith
Cantwell	Markey	Stabenow
Cardin	McCaskill	Tester
Casey	Menendez	Udall
Cortez Masto	Merkley	Van Hollen
Duckworth	Murphy	Warner
Durbin	Murray	Warren
Feinstein	Nelson	Whitehouse
Gillibrand	Paul	Wyden
Harris	Peters	
Hassan	Reed	

NOT VOTING—3

Corker	McCain	Scott
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The PRESIDING OFFICER. On this vote, the yeas are 54, the nays are 43.

The motion is agreed to.

EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report the nomination.

The legislative clerk read the nomination of Alex Michael Azar II, of Indiana, to be Secretary of Health and Human Services.

The PRESIDING OFFICER. The Senator from Massachusetts.

Ms. WARREN. Mr. President, I rise today to urge my colleagues to vote against the confirmation of Alex Azar to serve as Secretary of the Department of Health and Human Services, or HHS. When Congress confirms somebody to be HHS Secretary, they are putting that person in charge of some of the most important decisions made by the Federal Government—decisions that touch the lives of every family in America. The safety of the food inside our refrigerators, the quality of our nursing homes where our grandmothers live, the price of our health insurance policy, the government's response to a flu outbreak—on these issues and many, many more, the HHS Secretary calls the shots.

When Congress debated Tom Price's nomination to be Secretary of Health and Human Services 1 year ago, I said that we should not hand over the keys to this agency unless we were absolutely sure that he would put the American people first every minute of every day. And let's be honest: Tom Price did not clear that bar; he didn't even come close. No. When he was nominated, Tom Price already had a track record of using his position in government to help exactly one person: Tom Price. But Senate Republicans were so excited to get started gutting the Affordable Care Act and ripping up Medicaid that they jammed his nomination

through without a single Democratic vote.

It turns out we are looking at someone whose record is a pretty good way to judge how they are going to fight for the American people. Tom Price didn't spend his time as HHS Secretary working for American families; he spent it burning taxpayer dollars as he flew around on private jets and military aircraft. During the 8 months Tom Price was on the job, he put his own interests before those of the American people—again and again.

Now President Trump has nominated Alex Azar to be Tom Price's replacement as Secretary of HHS. Republicans have been trying to spin Mr. Azar as a breath of fresh air—someone who can be trusted to stay off private jets while he helps them carry out their plans to gut the Affordable Care Act and Medicaid without attracting quite so much unwanted attention.

The American people aren't fooled by the spin because in the ways that matter most, Alex Azar is like Tom Price. Mr. Azar's resume reads like a how-to manual for profiting off government service. About a decade ago, he worked in government, helping regulate the Nation's most profitable drug companies. When he left, he shot straight through the revolving door and became an executive at Eli Lilly drug company. Last year, they paid him more than \$3.5 million. Not bad. Now he wants to swing right back through the revolving door again and once again regulate those same drug companies—regulate them at least until he decides to spin through the revolving door again and make more money from drug companies.

I don't think private sector experience should disqualify anyone from serving. I am rooting as hard as anyone for an HHS Secretary who actually cares about the job. But the American people deserve to know that the person running HHS is looking out for them and not for his own bank accounts or for the profits of his former employer or what makes him more marketable to his next employer.

That is why Mr. Azar faced some very tough questions in his confirmation hearing before the HELP Committee about whether he would be willing to hold giant drug companies accountable when they break the law. After all, he worked for Eli Lilly while they were cleaning up the mess after being forced to pay the largest criminal fine of its kind in U.S. history—a punishment for lying about one of its drugs and peddling that drug to nursing homes as a treatment for dementia and Alzheimer's with no proof that it worked. The word for that, by the way, is "fraud." Eli Lilly's scheme cost the government, and taxpayers, billions of dollars.

Mr. Azar started out by saying the right thing about this. He said:

Oh, that sort of behavior is unacceptable. Of course, anyone who breaks the law should be held accountable.