

The question is, Is it the sense of the Senate that debate on the nomination of David Stilwell, of Hawaii, to be an Assistant Secretary of State (East Asian and Pacific Affairs), shall be brought to a close?

The yeas and are mandatory under the rule.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. THUNE. The following Senators are necessarily absent: the Senator from Tennessee (Mr. ALEXANDER) and the Senator from Montana (Mr. DAINES).

Further, if present and voting, the Senator from Tennessee (Mr. ALEXANDER) would have voted "yea."

Mr. DURBIN. I announce that the Senator from New Jersey (Mr. BOOKER) is necessarily absent.

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

The result was announced—yeas 93, nays 4, as follows:

[Rollcall Vote No. 160 Ex.]

YEAS—93

Baldwin	Graham	Peters
Barrasso	Grassley	Portman
Bennet	Hassan	Reed
Blackburn	Hawley	Risch
Blumenthal	Heinrich	Roberts
Blunt	Hirono	Romney
Boozman	Hoeben	Rosen
Braun	Hyde-Smith	Rounds
Brown	Inhofe	Rubio
Burr	Isakson	Sasse
Cantwell	Johnson	Schatz
Capito	Jones	Schumer
Cardin	Kaine	Scott (FL)
Carper	Kennedy	Scott (SC)
Casey	King	Shaheen
Cassidy	Klobuchar	Shelby
Collins	Lankford	Sinema
Coons	Leahy	Smith
Cornyn	Lee	Stabenow
Cortez Masto	Manchin	Sullivan
Cotton	Markey	Tester
Cramer	McConnell	Thune
Crapo	McSally	Tillis
Cruz	Menendez	Toomey
Duckworth	Merkley	Udall
Durbin	Moran	Van Hollen
Enzi	Murkowski	Warner
Ernst	Murphy	Whitehouse
Feinstein	Murray	Wicker
Fischer	Paul	Wyden
Gardner	Perdue	Young

NAYS—4

Gillibrand	Sanders
Harris	Warren

NOT VOTING—3

Alexander	Booker	Daines
-----------	--------	--------

The PRESIDING OFFICER. On this vote, the yeas are 93, the nays are 4.

The motion is agreed to.

#### EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report the nomination.

The senior assistant legislative clerk read the nomination of David Stilwell, of Hawaii, to be an Assistant Secretary of State (East Asian and Pacific Affairs).

Mr. ISAKSON. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. BARRASSO. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mrs. BLACKBURN). Without objection, it is so ordered.

#### HEALTHCARE

Mr. BARRASSO. Madam President, I come to the floor of the Senate today to remind people what the far-left Democrats want to do with our healthcare.

I am a doctor. I think it is a right people have to know what the Democrats are proposing. They are peddling what to me is an extreme one-size-fits-all healthcare plan. It is a scheme, as I look at it, because, essentially, Democrats want Washington to take over your healthcare and my healthcare and the healthcare of all Americans and actually control all healthcare in this Country. They want to take private health insurance away from 180 million people who get their insurance through work.

Under this system, the health plans that many people like will be gone—not just for today, not just for tomorrow, forever gone. There will be no more individual plans, just Washington's one-size-fits-all plan.

Democrats have been lining up to support this socialist scheme all across the country. Many leading Democrats running for President have done so. They back it, and 112 Democrats who are Members of the House of Representatives are behind it as well.

Radical Democrats, led by Senator BERNIE SANDERS, have decided that Washington bureaucrats—not you, not me, not your doctor—should call the shots. What care do you need? Washington, DC, bureaucrats will decide. How soon will you get the care? Washington, DC bureaucrats will decide. Where can you get the care? Washington, DC, bureaucrats will decide.

The problem with this scheme is it will have a dramatic impact in this country on patient care. As a doctor with decades of experience, I know Washington shouldn't control your medical decisions. That should be up to you and members of your family. You should make your own decisions after you consult with your doctor, not with a faceless bureaucrat.

For decades, I have given medical health advice on the radio and on television. Each time, in giving one of these reports, I close with the line: "Here in Wyoming, I am Dr. JOHN BARRASSO, helping you care for yourself."

Helping you care for yourself—you see, you and your doctor are partners working together, and a good doctor will focus on what is best for you. Doctors in local communities know who their patients are, and they know what their patients need.

What doctors don't need is a Washington bureaucrat telling them how to do their jobs. The point is to protect patient care and to protect patient choice. For example, Medicare is a

medical lifeline for our seniors. Still, with 60 million people relying on Medicare, the program is being stretched to the breaking point.

Waste, fraud, and abuse have made the problem worse. In 2018, the Government Accountability Office found \$48 billion in improper Medicare payments. The government's watchdog wants reforms, and we need reforms to protect our seniors, so we must strengthen this vital program for our seniors.

Just think if we pack every American into one government system, which is what the Democrats are proposing. They call it Medicare for All, which would quickly become Medicare for None. One-size-fits-all care will kill the doctor-patient relationship.

This massive plan is expected to cost a dramatic amount of money. Those who looked into this have estimated the cost to be \$32 trillion. It is a hard number to comprehend. And that is just for the first 10 years.

Washington is going to have to find ways—and they will be looking for ways—to save money, and we have heard what ways they will be. The Wall Street Journal notes that any savings would have to come from cutting payments to doctors, cutting payments to providers, cutting payments to hospitals, and restricting care. They are talking about rationing care—limiting the care that you need, that you want, that the government now will say you cannot have.

The nonpartisan Congressional Budget Office looked at this. They agree. They say "the public plan might not be as quick to meet patients' needs." It may not be as quick to meet patients' needs? So you are diagnosed with cancer, and they are not going to be quick enough to face your needs? Care will be rationed both in treatment and in technology.

Democrats, of course, don't want you to know about healthcare rationing. You need to know. You have a right to know. You deserve to know what they are proposing. The care you get will be entirely the government's call because the Democrats' plan bans all private insurance in the country. If you have it through work, you will lose it.

What about paying your doctor directly for services? Well, Washington Democrats have a plan for that. They want to put an end to that as well. Doctors would have to leave the government-run system. They couldn't take care of any other patients who are on that system if they entered into a private contract with individual patients.

Even the Washington Post newspaper admits the plan has problems. The Post recently ran this headline: "No matter what Sanders says, there's no Medicare-for-all without tradeoffs."

I agree. And the tradeoffs could turn out to be fatal. Democrats' one-size-fits-all healthcare means you will pay more to wait longer for worse care.

As a Senator and a doctor, my focus continues to be on improving patient

care. Real healthcare reform is needed in this country. Reforms are needed to lower the costs without lowering the standards. Regrettably, what the Democrats are proposing lowers the standards and raises the costs—the exact opposite of what is so vitally important for all of us.

These are the issues that Republicans are working on right now: empowering you to buy coverage that works for you, lowering the cost of your prescription drugs, protecting you when you have a preexisting condition, and eliminating surprise medical bills. But with the Democrats' one-size-fits-all care, you would lose the insurance you get through work, and you would lose Medicare Advantage if you are a senior who is one of the 20 million people who gets their insurance through that program.

They call it Medicare Advantage because there are advantages for seniors who are on it. It coordinates care. There is preventive care. Those are the advantages.

You will likely lose the doctor-patient relationship that you have depended on for years and lose the freedom to make your own medical decisions.

I say it is time to reject this one-size-fits-all scheme that would make all of us pay more and wait longer for worse care. Instead, let's work together to give patients the care they need from a doctor they choose, and do it at lower costs.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. CASEY. I ask unanimous consent to speak as in morning business.

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

#### MEDICAID

Mr. CASEY. Madam President, we are on the floor, and I will be joined by colleagues to talk about the program we know as Medicaid—a program that I think we are beginning to appreciate more, especially in the last couple of years—and the impact it has on the American people.

Unfortunately, the debates on healthcare have resulted in Medicaid becoming a target. Too often, both in the Senate and in the other body—the other body, the House—the Medicaid Program has been the subject of attempts to do at least one of three things, if not all three.

One is attempts to decimate the program by way of funding cuts over the next 10 years. We know the President's budget has proposed cutting Medicaid by \$1.5 trillion over 10 years—that is

with a "t"—roughly, \$150 billion each and every year for 10 years. That is a bad idea, and we are going to fight that with all we have.

Other attempts to slash Medicaid have been perpetuated over time, either to cut it over 10 years or to cut it in a particular year.

The third thing we have seen is sabotage efforts by the administration when it comes to the exchanges resulting from the Affordable Care Act but also attempts to sabotage the Medicaid Program itself. I will develop that in a moment in terms of the attempts by the administration.

Medicaid is a program that, I think, tells us who we are as a nation. We are a great nation for a number of reasons. We all know we have the strongest military and the strongest economy. When we are at our best, we are an example to the world. We are also the greatest country in the world because of the way we attempt—don't always do the right thing and don't always do as much as we should—but because of our attempts to take care of folks who need help and to give opportunity to folks who might need a door to be opened or an opportunity to be presented to them.

Medicaid is one of those examples of American greatness when we get it right. Medicaid is the program that we know is responsible for making sure seniors can get into nursing homes. Absent Medicaid, millions of seniors wouldn't be able to have the benefit of skilled care in a nursing home. Something on the order of 60 percent of seniors have an opportunity to get skilled care because of Medicaid. Absent Medicaid, it is highly likely they wouldn't be able to get that care, especially when you consider the cost of care to just one family. It would cost tens and tens of thousands of dollars.

Medicaid is the program that takes care of a huge share of the Nation's children, and a subset of that, of course, is children with disabilities. We are told, just in Pennsylvania alone—the most recent number I have seen—54 percent of children with disabilities have their healthcare provided to them by Medicaid. Thank goodness that is the case, and we have to make sure that continues.

Just consider the birth of a child. We know, whether it is Pennsylvania or the Nation, the number exceeds 40 percent. Forty percent of all the births in the country—more than 40 percent, I should say—are paid for by the Medicaid Program. So the Medicaid Program affects the family in so many different ways: the family, when it comes to a birth, in very high numbers across the country; the family, when it comes to providing healthcare for children and to give children the opportunity not just to have coverage and insurance but to have early screening, early diagnosis, and testing—the kind of preventive care, in a sense, that we hope anyone would receive but especially a young child.

Medicaid, of course, goes from, to use Senator Hubert Humphrey's line, "the dawn of life to the twilight of life"—from children all the way through to older Americans and folks in between there who might have a disability. Probably every Member of the Senate has received a letter from a family who has a loved one with a disability, especially a child, expressing how Medicaid is important to them.

We all know these debates are critically important to what happens to Medicaid. If we allow the majority in the Senate, and if we allow the administration to have its way, we would have substantial cuts to Medicaid—maybe not a trillion and a half, as the administration has proposed, but substantial cuts that would hurt the American family.

I wanted to highlight some of the ways I mentioned earlier that the administration has tried to sabotage Medicaid. That is my view of it. Here are some examples: Starting in January of 2018, the administration undertook an effort to allow States, for the first time, to take away Medicaid coverage from people who are not working or who are not engaged in work-related activities for a specific number of hours each month. In Arkansas, for example—this was the first State to implement this new policy by the administration—over 18,000 Medicaid beneficiaries lost coverage in 2018 due to the new requirements. Almost one in four people were subject to the new rules.

While a Federal district court recently struck down restrictive waivers in both Arkansas and Kentucky, the Centers for Medicare and Medicaid Services, the so-called CMS, continues to approve these policies in additional States.

So that is one attempt to knock people off Medicaid in the calendar year 2018—18,000.

Another attempt was in the State of Utah. HHS, Health and Human Services, a Federal agency, has also approved an unprecedented authority for States to deny coverage for people who otherwise would be eligible for Medicaid. This authority undermines Medicaid's guarantee of healthcare coverage to low-income people who meet the eligibility criteria set by Congress.

Earlier this year, Health and Human Services approved a proposal to allow the State of Utah to cap enrollment based solely on State funding decisions. So, in other words, once the number of enrollees reaches the State's funding cap, other eligible people would be shut out of coverage. An arbitrary enrollment cap limits enrollment on a first-come, first-serve basis and would treat similarly situated people very differently, depending on when they apply for coverage, effectively holding low-income people's healthcare coverage hostage—hostage to State lawmakers' annual budget decisions on how many people should get coverage. So this is another way to limit Medicaid coverage.