

more people will stay in Oklahoma. Skilled workers won't need to leave the State to find work. These are the people who know the programs best. It is what they have spent their careers doing, and they are going to be able to continue working on them even after they have transitioned out of Active Duty.

This is all in this Defense authorization bill that we have under consideration today that we are going to pass. Our work ethic is just one of the trademarks of the Oklahomans I am lucky to represent.

Another is what we call the Oklahoma standard. Oklahomans know how important it is to care for and support each other, especially our military families. Our military families don't have it easy. The nature of the job means frequent moves around the country and around the world. This means they make a lot of sacrifices. We can't ask military spouses to sacrifice as well. So what we have done is, actually, what we started in last year's Defense authorization bill. At that time, we put in a program to help spouses and families circumvent some of the time they waste but that they have to have when they move into new occupations. We have now done the same thing, but this was in last year's bill.

One way we did it was by extending the DOD program to reimburse spouses for the costs of new professional licenses and credentials. This year, we have improved on that. We have made it easier to transfer those licenses across State lines, but you can't do that until after this bill has passed. We know that, when we improve family readiness, we improve overall military readiness.

I have to say that there are a lot of people around here who don't think we need as strong a military as we need. They talk about it, and I have heard the statement. I have heard it a hundred times. They say we spend more on our military than China and Russia do put together. Well, there is a reason for that. In our military, we look after the troops, after the individuals. You know about the housing problems that we have had, and we have spent a lot of money to correct that problem. We are doing this at the current time. We also have schools for the kids of our troops and educational facilities. Now, in Russia and China—Communist countries—they give them guns and say: Go out and shoot people. That is it.

The last thing I want to point out about this year's NDAA is also the readiness issue. This year, we made sure that we would not have a BRAC round. I mentioned a minute ago that a BRAC round is a Base Realignment and Closure Commission, and we are not going to have one. Now is not the time to reduce our military footprint any further, not when we face so many threats around the world and not when we have worked so hard with President Trump to rebuild and repair our readi-

ness. It is easy to see how these provisions we fought so hard to include in this bill will help Oklahomans and, really, all Americans.

That is why I think the NDAA is the most important bill of the year, not only for Oklahoma but for the rest of the Nation as well. Serving as chairman of the Committee on Armed Services and representing Oklahomans are the two things I am most proud of. I am proud that we can do right by our Armed Forces and Oklahomans with this year's NDAA.

The next step is to make this bill law, and the next step is going to take place when our colleagues from the House have a conference report. I think most people know that, with a bill like this, the Senate passes a bill, and the House passes a bill. Then there is a conference report, and they have to get together and have a conference. It is not going to be easy because there are a lot of differences to iron out.

For those who want to know when it is going to happen, as for the conference report, the House is not going to appoint its conferees until November 16, so it is going to be a while. It doesn't matter. The deadline is actually December 31, and that will happen. It has happened for 60 years in a row, and it is going to happen this time. No matter what, we are going to get it done. We have for the last 59 years, and we are going to do it again.

I was talking to people at Tinker Air Force Base today, and they were talking about the things that they are needing to do. Tinker Air Force Base has turned into probably—I believe it is—the largest military complex in the country. People are doing incredible work there. I was talking to the whole team, and those on the team were talking about what they are preparing for in the next year. I can assure you it is all going to be good and that Oklahoma is going to fare well. We are going to fare well in our equipment and in our training. I am proud of Oklahoma's contribution to the safety of America, and we are doing a good job in Oklahoma.

I yield the floor.

The PRESIDING OFFICER (Mr. BARASSO). The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, I had the chance to hear Chairman INHOFE's remarks. I speak for many of us when I offer my appreciation for his chairmanship of the Armed Services Committee, for his commitment to our troops, and, in my case, particularly, for the great way he works with my senior Senator, JACK REED, who is the ranking member on that committee, in order to get all of this work done. While he may have bragging rights over airbases in Oklahoma, Rhode Island has bragging rights on submarine construction, and it is very important to us. So I offer my appreciation to the chairman for all of his support for the submarine program that has meant so much to our Nation's security and to Rhode Island.

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.

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

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

The Senator from Pennsylvania.

NOMINATION OF AMY CONEY BARRETT

Mr. CASEY. Mr. President, I want to start tonight by just making a few remarks regarding what is ahead of us in the next few days, and that is the debate about a Supreme Court Justice. I won't be able to cover everything tonight that I want to cover, but I will just make some preliminary comments about healthcare, which has been the driving debate in this nomination or at least the issue that has dominated the debate so far.

We made, in my judgment, great progress in 2010, when the Patient Protection and Affordable Care Act was passed. Some refer to that statute as ObamaCare, which isn't really the name of the statute and doesn't adequately describe what it is about. The patient protection part of the act—or the name of the statute—is the part that I think involves most Americans, all the coverages that are provided, all the protections, I should say, that are provided. One example of that, of course, is the protection for preexisting conditions. The state of the law prior to that was if an insurance company did not want to cover someone because of a preexisting condition, they had the authority to do that or they could cover the person but charge them more. That is no longer permitted, and in a State like Pennsylvania, that number—the number of people who are protected by that provision of the law because they have a preexisting condition—that number is 5.5 million people. Nationally, it is as high as 135 million. So we know what is at stake in the debate, and it just so happens in this context that it is part of the debate about the Supreme Court nominee, Judge Barrett.

I have a threshold, initial concern that is even before we get to the debate about the Affordable Care Act and what might happen to it by virtue of the lawsuit filed that is now before the Court with an argument date of November 10. I think that is the primary reason for the rush of her nomination—so that she can be a member of the Court for that argument on November 10 and make that decision, which I think is highly likely to be a decision against upholding the constitutionality of the Patient Protection and Affordable Care Act.

The threshold concern I have, though, is just the way this process has unfolded, not just more recently but over time. The President, when he was a candidate, said he would choose from a list that was developed basically by

two groups: the Federalist Society and the Heritage Foundation. They came up with a list, and that is the list he said he would choose from. That list was expanded when he became President.

Judge Barrett was on that list, Justice Kavanaugh, Justice Gorsuch—you can see the pattern there. I don't want a Supreme Court that is chosen by those two groups, but, so far, that is what the President has decided to do.

In this case, the rush is, I think, for that basic reason, that the majority party here and Republicans in the House and a Republican President want this statute struck down. They want to have that majority, a six-to-three majority, to do that.

But I guess, as much as I can talk, as we all do, about some of the policy—and I will—and the numbers, I think the most compelling parts of this debate are the stories that come from people across Pennsylvania and across the country who have come to us. I met some of these families about 10 years ago when we were debating the act then. I met them again when we were trying to stop the repeal in 2017 and 2018, and now we are getting together again because of this new and, I think, mortal threat to the law.

I will just mention two for tonight—Erin and Shannon. Erin, I know better; I have met her over the years—Erin Gabriel. She has been very public about the fight that she is waging on behalf of her three children with disabilities: Collin, Bridget, and Abby. I have heard a good bit about each of them and maybe the most about Abby.

Erin is from Beaver County, PA, right on the Ohio border, just north of Pittsburgh, and she is very concerned about what happens to her children because of their disabilities. Of course, under the old law—the old way of approaching these issues—a child with a disability could be denied coverage because of a preexisting condition, and, also, a corresponding or related concern is the threat to Medicaid itself, especially in budget debates here over time, and Medicaid expansion.

Erin Gabriel is one of the people who has made very clear to us the adverse impact on the life of her children that could result if the statute is overturned and declared unconstitutional.

A second person who has brought her story to our attention is Shannon Striner. Shannon is a mom to two daughters: Haley and Sienna. Haley is actually a second grader now, and Sienna is a young girl with Down syndrome. Obviously, Sienna is a child who is going to need a lot of care, and we have to make sure that our healthcare system is there to meet the needs of those families.

We are going to be talking more about these challenges that these families face, but for the life of me, I will never be able to understand—if I lived 1,000 years, I will never be able to understand why we would ever go backward on healthcare. Why would we go

back to a time when a child or an adult who has a preexisting condition would be denied coverage? Why would we go back and erase by virtue of, in this case, what would be a judicial fiat all the progress that has been made because of the Affordable Care Act?

So many more people have the security of healthcare. In my home State, it is 1 million people who gained coverage. The number now nationally is about 23 million. That number keeps going up. Most of them are getting their healthcare through the expansion of Medicaid. The number on that keeps growing.

Part of the reason it is growing is because people lost their insurance as a result of the adverse impact of COVID-19—people losing their jobs and turning to programs like Medicaid for coverage. So that number keeps going up.

In the State of Pennsylvania, just by way of example, the latest number is 840,781 Pennsylvanians who have benefited from Medicaid expansion. The benefit of it is one of the reasons you have States that are not controlled by Democrats that are voting to expand coverage. So that number keeps going up.

I want to make sure that we take every step necessary to protect coverage, not just to uphold a statute and to, frankly, grow the number of people with healthcare but to remember the impact it has on people's lives and ensure that the people who gain coverage don't lose it.

We have a State—as the Presiding Officer knows because of his family's roots—we have a State of a few big cities, but mostly it is a State of a lot of small towns. We have 48 rural counties out of 67, and in those small towns or rural communities, we have a lot of people who have gained coverage because of the expansion of Medicaid.

As I said, you can see the number: 840,000 out of about 1 million who gained coverage—gained coverage through Medicaid expansion, so that is a big number. And even in a small county like Cameron County, one of our smallest—it might be the smallest county in population—there are 350 people in that county who got Medicaid expansion. I want to make sure all 350 or more can benefit from Medicaid expansion.

Big cities like Philadelphia have bigger numbers, obviously. When I look at my home county, Lackawanna County, and look at the next county next to it, the largest population county in the region, Luzerne County, these are huge numbers of people who have gained coverage on Medicaid expansion. In Lackawanna, it is more than 17,180 people and more than 26,000 in Luzerne County. Now, that is not accounting for the folks who got coverage because of the exchanges that were set up. So the balance of those folks in Pennsylvania who got coverage, between 840 and 1 million, got their coverage because of the exchanges that were set up by the Affordable Care Act.

One last point before I move to a second topic: Here are some of the benefits of Medicaid expansion that don't get a lot of attention but should warrant attention. I will just give you one example in 1 year from one State.

In 2019, in Pennsylvania, over 135,000 people were able to receive treatment for substance use disorder because they were covered through Medicaid expansion. Now, most people may not think of that longer category or that long phrase, “substance use disorder,” but a subcategory to that and one of the largest parts of that challenge for many families and many communities is the opioid crisis. So that means tens of thousands of Pennsylvanians were getting covered by Medicaid expansion and treatment therefrom just at the time the opioid crisis was on the rise and causing death and devastation to so many families and so many communities. So that is one benefit to the program that doesn't get a lot of attention.

We know that on the larger question of the Affordable Care Act itself, beyond Medicaid expansion and the exchanges, is the so-called prescription drug doughnut hole, that coverage gap where the older Pennsylvanian, at some point in the availability of prescription medications, has to pay for a while before they get into a catastrophic category where the Federal Government and the Medicare Program can pick up the cost. But in that coverage gap—and “doughnut hole” is a very benign way of describing a very burdensome problem for a lot of seniors—if that were to go away, if the Affordable Care Act were declared unconstitutional and that doughnut hole coverage or the filling of the gap, so to speak, were not there the next year or the year after or 5 years or 10 years from now, that could adversely impact hundreds of thousands of Pennsylvanians. By one estimate, more than 293,000 people on Medicare would be forced to pay more for their prescription drugs.

So that is a lot on the line when it comes to the Affordable Care Act, and that is why this nomination is of such great consequence for one big issue. I think the Affordable Care Act Supreme Court decision will be the most significant decision that this Court will decide maybe for 25 years because of the scope of the impact.

Even someone who is not threatened directly by the loss of coverage, the loss of protection for a preexisting condition, or even someone who can buy because of their wealth or their circumstances—that person will also be affected because premiums will likely skyrocket. So there are very few, if any, Americans not affected by this lawsuit that will utterly destroy the Affordable Care Act.

RUSSIA

Mr. President, I want to move to another urgent issue, and this arose again just the other night. This is a matter of significant foreign policy that I