

The Senator from Michigan.

Mr. PETERS. Mr. President, the CR has not passed. We are now vulnerable—right now. As my colleague from Oklahoma knows, we are now vulnerable.

I do not know when that continuing resolution will pass. Every day that goes by, we are susceptible to a cyber attack. Who is going to answer for that when it occurs because we did not act here?

We also know that even if the CR were to pass, it is a couple of months. We need to have long-term certainty. That is what we have been hearing from all of the folks in the cyber security industry. That is why the Trump administration is saying we need to pass a 10-year extension, and we need to do it now. It is why Members in the House, both Democrats and Republicans—there is overwhelming support there. There is overwhelming support in this Chamber right now. I assume that if we had a vote today, it would be overwhelmingly passed.

Why do we risk the security of our country from cyber attacks? Why don't we pass commonsense legislation? That is what this Senate should do.

I know we have issues that we debate all the time, but when there is overwhelming support and the threats to our country are imminent, we should act. And when we don't act, we fail the American people.

The PRESIDING OFFICER. The Senator from Oklahoma.

#### VOTE ON CAO NOMINATION

Mr. LANKFORD. Mr. President, I know of no further debate on the nomination.

The PRESIDING OFFICER. Is there further debate?

If not, the question is, Will the Senate advise and consent to the Cao nomination?

Mr. LANKFORD. 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 bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from New York (Mrs. GILLIBRAND), the Senator from Hawaii (Mr. SCHATZ), and the Senator from New York (Mr. SCHUMER) are necessarily absent.

The result was announced—yeas 52, nays 45, as follows:

[Rollcall Vote No. 539 Ex.]

#### YEAS—52

Banks	Cruz	Justice
Barrasso	Curtis	Kennedy
Blackburn	Daines	Lankford
Boozman	Ernst	Lee
Britt	Fischer	Lummis
Budd	Graham	Marshall
Capito	Grassley	McConnell
Cassidy	Hagerty	McCormick
Collins	Hawley	Moody
Cornyn	Hoeven	Moran
Cotton	Husted	Moreno
Cramer	Hyde-Smith	Mullin
Crapo	Johnson	Paul

Ricketts  
Risch  
Rounds  
Schmitt  
Scott (FL)

Scott (SC)  
Sheehy  
Sullivan  
Thune  
Tillis

Tuberville  
Wicker  
Young

Cornyn  
Cotton  
Cramer  
Crapo  
Cruz  
Curtis  
Daines  
Ernst  
Fischer  
Graham  
Grassley  
Hagerty  
Hawley  
Hoeven  
Husted

Hyde-Smith  
Johnson  
Justice  
Kennedy  
Lankford  
Lee  
Lummis  
Marshall  
McConnell  
McCormick  
Moody  
Moran  
Moreno  
Mullin  
Murkowski

Paul  
Ricketts  
Risch  
Rounds  
Schmitt  
Scott (FL)  
Scott (SC)  
Sheehy  
Sullivan  
Thune  
Tillis  
Tuberville  
Wicker  
Young

#### NAYS—45

Alsobrooks  
Baldwin  
Bennet  
Blumenthal  
Blunt Rochester  
Booker  
Cantwell  
Coons  
Cortez Masto  
Duckworth  
Durbin  
Fetterman  
Gallego  
Hassan  
Heinrich

Hickenlooper  
Hirono  
Kaine  
Kelly  
Kim  
King  
Klobuchar  
Luján  
Markey  
Merkley  
Murkowski  
Murphy  
Murray  
Ossoff  
Padilla

Peters  
Reed  
Rosen  
Sanders  
Schiff  
Shaheen  
Slotkin  
Smith  
Van Hollen  
Warner  
Warnock  
Warren  
Welch  
Whitehouse  
Wyden

Alsobrooks  
Baldwin  
Bennet  
Blumenthal  
Blunt Rochester  
Booker  
Cantwell  
Coons  
Cortez Masto  
Duckworth  
Durbin  
Fetterman  
Gallego  
Gillibrand  
Hassan  
Heinrich

#### NAYS—46

Hickenlooper  
Hirono  
Kaine  
Kelly  
Kim  
King  
Klobuchar  
Luján  
Markey  
Merkley  
Murphy  
Murray  
Ossoff  
Padilla  
Peters  
Reed

Rosen  
Sanders  
Schatz  
Schiff  
Shaheen  
Slotkin  
Smith  
Van Hollen  
Warner  
Warnock  
Warren  
Welch  
Whitehouse  
Wyden

#### NOT VOTING—3

Gillibrand Schatz Schumer

The nomination was confirmed.

The PRESIDING OFFICER (Mr. BANKS). 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.

#### NOT VOTING—1

Schumer

The PRESIDING OFFICER. On this vote, the yeas are 53, the nays are 46.

The motion was agreed to.

#### EN BLOC NOMINATIONS

The PRESIDING OFFICER. The clerk will report the resolution.

The senior assistant legislative clerk read as follows:

An executive resolution (S. Res. 412) authorizing the en bloc consideration in Executive Session of certain nominations on the Executive Calendar.

The PRESIDING OFFICER. The Senator from Virginia.

#### GOVERNMENT FUNDING

Mr. KAINE. Mr. President, I rise to talk about the reality of the shutdown that we are in and the efforts underway to find a path out, which I am optimistic we can, particularly after discussions among so many colleagues of both parties today on the floor of the Senate.

This is the third time during my nearly 13 years in the Senate that I have been involved in a shutdown. The first occurred in the fall of 2013. I had been in the Senate for less than a year. Senator CRUZ sort of forced us into a shutdown mode over the Affordable Care Act. Interestingly enough, many years later, that Affordable Care Act is still central to this discussion. In late 2018 and 2019, President Trump forced us into a shutdown of part of the government—the part of government dealing with the Department of Justice and other justice-related Agencies—over border wall funding.

The first shutdown lasted for about 2 weeks. The second shutdown—again, of part of government, not all of government—lasted for about a month. And they are horrible. The consequences for those affected, whether they be Federal workers or the citizens who need services, are horrible.

#### 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 senior assistant 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 Executive Calendar No. 2, S. Res. 412, an executive resolution authorizing the en bloc consideration in Executive Session of certain nominations on the Executive Calendar.

John Thune, Bernie Moreno, Mike Crapo, Chuck Grassley, Ashley Moody, Markwayne Mullin, John Barrasso, Pete Ricketts, Ted Budd, Bill Hagerty, John R. Curtis, David McCormick, Tim Scott of South Carolina, John Cornyn, Steve Daines, Eric Schmitt, Jon A. Husted.

The PRESIDING OFFICER. Under the previous order, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on Executive Calendar No. 2, S. Res. 412, an executive resolution authorizing the en bloc consideration in executive session of certain nominations on the Executive Calendar, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from New York (Mr. SCHUMER) is necessarily absent.

The yeas and nays resulted—yeas 53, nays 46, as follows:

[Rollcall Vote No. 540 Ex.]

#### YEAS—53

Banks	Boozman	Capito
Barrasso	Britt	Cassidy
Blackburn	Budd	Collins

No one relishes that in this body, and I am completely confident that all 100 Senators feel the same way in that this is not a good thing and that there needs to be a path forward. In Virginia, we feel it pretty strongly. We have the second-most Federal employees of any State in the country, and we have an awful lot of Federal contractors whose livelihoods are affected as well.

We have also seen in the first nearly 9 months of this calendar year other actions taken, whether it is the cancellation of research grants or the backtracking on economic development proposals or the withdrawal of \$400 million from the Virginia Department of Health that was critical to our agency's ability to do contact tracing and help stop the spread of infectious disease.

So we have seen since the beginning of January a whole series of actions that have already affected Virginians pretty significantly. We had an unemployment rate that was low by national standards but went up every month for 6, 7 months in a row, largely because of these Federal layoffs. As we reach this moment, it is not a clean break or something new from what was seen earlier in the year; it is sort of a continuation of something that has been a pretty painful chapter in Virginia.

So what are we hoping for or, rather, maybe, not to put words in anybody's mouth, what am I hoping for out of this?

The House prepared a short-term continuing resolution under instructions from the President: Do not deal with Democrats. And the House, with a simple Republican majority, was able to do that and pass a bill that then came to the Senate.

Once we saw that instruction—do not deal with Democrats—Senate Democrats, under the leadership of Senator MURRAY, the lead Democratic appropriator, said: Well, let's prepare an alternative, not a nonnegotiable demand but an alternative.

We put that alternative on the table on September 18. We didn't wait until the 29th of September or the 30th. We felt like, to be fair to the public, to be fair to our colleagues, let's put an alternative on the table with enough time for us to kick the tires on it and have a negotiation before the deadline that we reached at midnight last night.

What is the Democratic alternative compared to the Republican alternative? Actually, much of it is the same. But I would say the two elements in the Democratic alternative that are different are two: One, protecting people's healthcare; and, second, protecting the simple notion that everybody understands that a deal is a deal.

Let me explain both of these.

On the healthcare side, the reconciliation bill that was passed in June, together with some other actions of the administration—particularly unilateral actions of Secretary Kennedy and

the President in withdrawing healthcare funds from Virginia and unilateral actions thrusting uncertainty into areas like vaccines—they have created a huge healthcare challenge for Virginians and for Americans.

Again, not to speak for anybody other than Virginians, but I did a lot of travel around the State in April as some of these proposals were on the table. I did a lot of travel in July, a lot of travel in August, and I just did a good bit of travel last week around Virginia. And on the healthcare side, here is what my constituents are saying to me about what is now happening:

The effect of the reconciliation bill in Virginia is estimated to cause about 330,000 Virginians to lose their health insurance. Our population is about 8.8 million; 330,000 people losing health insurance is not a small number. This is a big—big—deal. That number of people who lose their health insurance is essentially what I call the top layer of a five-layer cake of consequences to these healthcare bills. That is consequence one, people lose insurance.

Consequence two is people who have insurance see their premiums go up dramatically. Premium notices are coming out from insurance companies in Virginia, and they are suggesting that premiums this year in Virginia will go up by at least 20 percent.

Why does that happen? There are two reasons: The reconciliation bill that was passed by the Republicans in June phased out premium support for low- and middle-income people buying health insurance on the exchanges. The Republican bill extended tax cuts for the wealthiest but phased out premium support for low- and middle-income people buying health insurance. So that causes premiums to go up.

The second thing that causes premiums to go up is when you increase the number of people with no insurance, they go to the emergency room, and they are not able to pay. So providers provide treatment, but then they have to charge that off to somebody, and it tends to get charged off to people who have health insurance.

So the combined effect of ACA premium support going away and a whole lot of free care that has to be paid for by somebody causes insurance rates to increase. This is happening in Virginia, and it is happening around the country.

That is the second layer of the five-layer cake of consequences of what happens when the reconciliation bill passes.

The third layer is this, and this is a really, really troubling one: Providers close down. Hospitals and clinics close down when Medicaid is affected; particularly hospitals, for whom Medicaid is a huge portion of the revenue stream coming into the hospital, find that they can't make it work.

A national organization that looks at hospital fiscal soundness has put about 300 hospitals in the United States on a list of hospitals that are in danger be-

cause of the Medicaid cuts. Six of those hospitals are in Virginia, and they are all in rural Virginia. Rural Virginia tends to be a little bit older than the rest of Virginia and tends to have a little bit higher Medicaid population than the rest of Virginia. So the hospitals that are in danger by the reconciliation bill are rural hospitals.

It is not just hospitals that are on the list of potential closure. Within the last month, a prominent health provider in the Shenandoah Valley of Virginia—a rural part of our State—announced that they were closing three primary care clinics in small Virginia communities because of the reconciliation bill. The cuts made to Medicaid in the reconciliation bill made them realize that they could no longer keep these clinics open.

So the third consequence of this reconciliation bill is, we have got people losing insurance; we have got premiums going up; and now we have providers closing.

The fourth consequence is pretty obvious: When providers close, people get fired, so people lose their jobs. Front-line healthcare workers who are doing good work in the communities and having people rely on them, they lose their jobs. That is consequence four.

Then, consequence five is one that I know well as a former mayor and Governor. I kind of call it the loss of your future. It is one thing to lose your health insurance; it is one thing to pay more; it is one thing to lose your provider; it is one thing to lose your job, but if you are a mayor or a chairman of a county board of supervisors or a Governor, for that matter, and you are trying to encourage economic development, a new business to move into a part of the State or a business that is in a part of the State to expand, a question you are going to get asked is: Tell me about the healthcare network in this community. I may be moving executives here. I may be trying to hire people here.

And if you have to look them in the eye and say: We used to have a hospital, but we don't now or we had primary clinics that have closed down and now you have to drive farther to get primary medical care, I can tell you, I have been in economic development discussions with businesses over the course of my 31 years in public life and seen the lights just go out in their eyes: You know, you have just told me something that has convinced me I may not know where I am going, but I know where I am not going.

One the quickest things you can do to turn that light off is to make a prospect worried about whether the employees and executives and their families will have access to good healthcare.

So on the healthcare piece of this, what Democrats are asking for by way of an alternative—not a nonnegotiable but by way of an alternative—is let's go into the changes that were made in the reconciliation bill and fix them.

I have Republican colleagues who say: We don't want to completely reverse them because there are some things about the ACA premium tax subsidy we don't like. We would like to design them differently. We would like to negotiate.

I am completely open to that, but I do think we ought to try to fix them.

I am heartened that a number of Republican colleagues have said: You are right. We should do that.

I have said to my Republican colleagues: Coming up with a fix, even if both sides want a fix, I know this is not going to be a snap decision. There are details. You have to dot the i's. You have to cross the t's. You have to analyze what the downstream consequences of any changes in the fix are. I know that that is a substantive discussion where the details matter. I am not expecting that we would all reach an agreement immediately.

So on the first point, where the Democratic proposal is different than the Republican proposal, I fully expect that this would be a negotiation that would take some time. We needn't wait to open the government until that negotiation is completely done. We should commit to the negotiation and get in the middle of it and sit around the table and figure it out. But we needn't wait, in my view—again, this is me, not the caucus, not anybody else. This is me. We needn't solve the entire problem in order to reach a position where we fund the government and reopen it. We can do it over the course of a time period that I think is being discussed in this body.

The second feature of the Democratic proposal that is important to reach an accord on, I believe, is a simple notion that a deal is a deal. A deal is a deal. If we reach a funding agreement—and some have characterized the Republican proposal as a clean CR, but I would actually say it is not a clean CR unless you are guaranteed that the parties will honor it.

Whatever we do—if we do something for 30 days or if we do something for 45 days—I think it is only fair to ask that a deal be a deal; that Congress fully live up to it but the White House fully live up to it as well.

We have seen, throughout this year already, congressional deals undone by the President unilaterally: tens of thousands of people fired, economic development projects that had been announced and celebrated canceled, funds to public health Agencies taken back. Again and again and again, we have seen, in Virginia, unilateral actions taken by the President that, in our view, undo what Congress and the White House had agreed to in previous budget resolutions. So it is not unreasonable for us to say: Well, if we are going to do a short-term CR to try to find the path for a full-year appropriations bill, we would just want an agreement during that 30 or 45 days—whatever it is—that a deal is a deal; that we not write it, agree to it, celebrate re-

opening the government, and then have President Trump on day two start to fire a whole lot of people or claw back more money from the Virginia Department of Health or cancel more economic development projects in Virginia. Let's just say a deal is a deal. Congress will live by our piece of it, and the White House would live by its piece of it.

Virginians get this. I was traveling around this weekend, and Virginians do not want the government to be closed. They want it open. They said to me: Keep the government open.

I said: We want to get that deal just like you do. We want to get a deal.

But if I said to Virginians: And on that deal, Congress should live up to it, right?

Right.

And on that deal, the President should live up to it, right?

Right.

People get that a deal is a deal. It is not a complicated theory of government or an argument about democracy; it is just basic fairness that when parties reach an agreement and shake hands, that both parties have to honor it.

So what I am looking for very significantly in these discussions is an agreement from the White House that whatever the short-term period is, they will not take punitive actions against my State, against the State of Indiana, against the city of New York, or against anyone, or against any particular program that is part of a congressional appropriations bill that is already in process; that they will not selectively pick out programs to attack or individuals to fire during the course of that agreement.

I think we have to have that longer discussion about an alternate yearlong appropriations bill, about a deal is a deal, but all I am looking for here and all Virginians are looking for here is that we would reach that agreement during the pendency of some short-term CR as we try to negotiate a full-year agreement.

We can do this. We can do this. We ought to do it.

For a reason of fiscal conservatism, during the last shutdown in 2018–2019, I was able to sort of strategically put a bill on the floor on a day much like today, a Thursday during the shutdown, and get colleagues to unanimously agree with the principle that in the event of any shutdown, Federal employees would get backpay.

It used to be, in the old days, if there was a shutdown, you had to fight about backpay after, but now there is a backpay guarantee. When there is a shutdown, people are guaranteed backpay. So that makes shutdowns really foolish, like, you are going to shut down; you are going to lock people out of their office; you are going to tell them they can't do the work; and then you are going to write them a paycheck anyway.

The fiscally conservative answer, when there is a backpay guarantee, is

to end this quickly so people can go back in their office and serve their fellow Americans.

The fact that we, I believe, have narrowed the point of division down to can we find a path forward to negotiate healthcare fixes, even if we don't agree on all the details right now, and can we reach an agreement that a deal is a deal, which is a reasonable request—I believe those are the two issues that are on the table. And they are issues that we are eminently capable of solving and solving very soon. And I am going to do everything I can with my colleagues on both sides of the aisle to make sure we do.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

#### HEALTHCARE

Ms. CANTWELL. Mr. President, I believe every Senator knows and agrees that our constituents are concerned about the cost of healthcare. Just this morning, I heard some of my Republican colleagues also talking about healthcare affordability. The difference is, I think our Democratic side of the aisle wants to do something about it now. We want to fix one of the biggest health insurance spikes that we are going to see locked-in in 2026 in just a few weeks. We want to do everything we can to stop that.

We know that when you kick Americans off of their health insurance, it hurts all Americans. Democrats know that a vague promise to fix it in the future doesn't help us solve the problems of healthcare delivery today. And we know that the problem is worse than we even imagined just a few weeks ago.

Yesterday, the Kaiser Family Foundation released a new report on how expensive the premiums which the ACA expiration—the Affordable Care Act expiration of those premiums—may cost American families. The answer is, it is going to hurt a lot. The new report found that out-of-pocket premiums for a single person would more than double on average next year if the enhanced premium tax credits expire.

That is, we have had insurance commissioners and various offices across various States trying to make guesstimates about this, but increasing from \$880 a year to \$1,900 a year in 2026 just shows you how dramatic that situation could be for American families. These are families who will have to shoulder these unnecessary increases. They will be on top of all the other inflationary issues that they are dealing with now, issues like household goods, gas prices, electricity, housing, groceries, and now we want to throw at them healthcare costs.

We are very clear on our side of the aisle: We want the maximum amount of people to get health insurance, drive down uncompensated care, drive down everybody's cost, and deliver good healthcare for our citizens. Since the passage of the Affordable Care Act, the uninsured rate was cut in half from almost 16 percent—roughly 15.7 percent

in 2010—down to an alltime low of 7.7 percent in 2023. So the result is not just healthy Americans having their cost decreased by taking uncompensated care out of the system. It is remarkable progress towards getting everyone covered and having net savings for everybody.

We know that the current majority on the other side of the aisle, they are no fan of the Affordable Care Act. They are no fan even of universal coverage. If you can imagine, we are not even being prescriptive. We just say, “We want to see universal coverage.” We want everybody to have health insurance. Not only do they not agree with that, they have tried to repeal or weaken the Affordable Care Act 50 times in the past decade—50 times they have gone after the Affordable Care Act, and they have failed.

One time, thanks to the courage of the late Senator John McCain and two of my other colleagues on the other side of the aisle, the last significant threat to our healthcare system was defeated in 2017. Maybe some people here still working on the floor remember that dramatic moment.

But now, with the passage of this budget reconciliation act in July, Republicans are trying to reverse the progress of the Affordable Care Act. Congratulations, you are having an effect. You are taking that act and healthcare out of the system. You may be trying to do it in a sneak attack. You may be trying to do it in a vague way, but we are on to the fact that you are trying to get rid of the Affordable Care Act, and you are trying to get rid of the ability for Americans to get affordable insurance coverage.

So what now? What are we going to do to prevent rural hospitals from closing? Everyone knows that \$50 billion in your slush fund that was part of the reconciliation bill is not enough to save rural hospitals, even if he uses it, even if the President would use it just on so-called red States, it is not enough. And now, you are going to say that 15 million Americans who no longer have the Affordable Care Act marketplace plans or the Medicaid coverage that was stripped out of the healthcare system, we are not going to have that.

So you have no ideas on how you are going to help keep people insured or keep these hospitals operating. So, instead of meaningful negotiations, my colleagues have decided they don't want to tell us what their ideas are to deal with the current crisis. It is not a next year problem; it is a today problem. So instead of using jurisdictional powers like the Finance Committee—they could have come up with a solution. They could have come up with a meeting today. Instead, they were having a hearing on cryptocurrency.

If you thought this issue was so important, why didn't you have a hearing today on how to make health insurance more affordable for the American people? Even if you didn't want to address

this particular idea, how is it that you want to have a meeting on cryptocurrency or give tax breaks to oil companies, but you don't want to deal with the health insurance problems of the American people? So instead of working with their counterparts or the House of Representatives—oh, wait, the House of Representatives, they are not even here, and yet we are in this situation.

So who are you neglecting? You are neglecting your constituents. You are neglecting 5 million Americans, including 80,000 Washingtonians, who are not going to be able to have affordable insurance by the end of this year. They will have to make a decision in November and December, but we already know from projections, 80,000 of them will make a decision because they just simply can't afford it.

Back to those numbers that were on the chart earlier: When you look at households and incomes, somebody might say, “Oh, well, somebody might be able to afford \$840.” Well, not if you are a family of four on \$40,000. You are not going to afford that if you are on \$75,000 of income, and now, you are going to pay \$3,368 more—or even \$90,000 of income. I got news for people: Seattle is one of the most expensive places in the country to live, and coming up with now, all of a sudden, \$3,000 more for health insurance that you didn't think you were going to have to pay? People are going to make the wrong decisions.

God forbid that these people get sick or have a condition that is really life-threatening, and who is going to be responsible for taking this out of the system because people don't want to come up with a solution today? It is not that hard. We can extend these tax credits. We can have affordable health insurance in the market. We can talk as an organization of people who—by the way, Finance Committee is charged with looking at this issue and discussing it. That is why we fought so hard in the Affordable Care Act for something called the Basic Health Program, which covered people under the 200 percent of the Federal poverty line and provided more important health insurance.

But right now, we need to act. We need to say to families who are going to be threatened by this that we can work together and we have a plan. And our plan is going to be able to be implemented immediately.

What is more important than having millions of Americans lose their health insurance? And then basically say, “We don't really care about this, when we already are teetering on so much inflation, so many affordability issues, so much of people struggling.” And if people think we really recovered from a post-Covid era, we haven't. People are still struggling with the aftermath and the effects of that, and now, we are basically saying we are going to add to your insurance.

So, as I did a few days ago here on the Senate floor, I came and talked

about how States are now putting these numbers out, a lot of States. When I found this out this summer, I did many events across the State of Washington trying to bring awareness to the public about this, and I found out that some States were really trying to hide the ball—like they literally didn't want to tell people these costs were going up. Maybe they thought they were going to wait until after the enrollment period opened, when there was nothing you can do much past that. But these States are seeing astronomical costs for health insurance—the State of Texas, a 39-percent increase; Arizona, a 48.95-percent increase.

So, somehow, these numbers were not available to the broader public, and we published a report last week making sure that the biggest insurers in that State—and we were projecting what the State's insurance commissioner or other groups and organizations were saying that this increase is. And now, the Kaiser Foundation is putting an even brighter light on what those numbers are, saying that probably that most people will just see an actual doubling of their premiums.

So how can it be okay to—and even if you thought, “Well, okay, 5 million Americans, they are just going to be short changed. No problem.” It is not that. It is when those people don't have health insurance, it affects the whole system. It takes that progress we made in the uninsured rate, driving it down from 16 or so—15 percent to 16 percent, down to 7 percent, and it means that you are not raising the cost on the entire system by seeing a bunch of people with uncompensated care.

We did this to cover citizens because it was the smart thing to do, and my colleagues should just come to the table and say, “We agree. We need to fix this now. We agree that an open enrollment period that starts as early as October 15 in one or two States and starts for everybody November 1 is on us now. And if we don't send the right signal, this is the catastrophe that is going to happen for people, and that we really do care about affordable health insurance.”

At a time when we already have price increases in, as I said, a lot of household items, now is not the time to put healthcare on the list and crush families with this extra burden. Let's sit down and get this done.

I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

GOVERNMENT FUNDING

Mrs. BLACKBURN. Mr. President, well, I am coming to the floor today as we find ourselves in the middle of the Schumer shutdown, and this is a time where, indeed, instead of being in the Schumer shutdown and having these shenanigans taking place, we should be in the middle of working hard for the American people. If we were not in this shutdown and our attention focused on that, we could be working our way

through the NDAA, our National Defense Authorization Act, and we could be passing our appropriations bills through regular order.

But what we know is this is something that the minority leader has been working on for weeks. It is what he wanted. He thinks that it is going to benefit the Democratic Members of this Chamber.

I just really think he is sorely mistaken on this because the measure—the continuing resolution in front of us—is a clean CR, which means it is funding that is going to continue at levels where they were, for a period of about 7 weeks, while we finish exercising our due diligence and passing the appropriations bills.

Now, this is something that—this shutdown didn't have to happen, but as I said, it is something that appears to have been in the works and something that was really desired by those on the left.

We have heard, of course, that the minority leader is not wanting to face opposition from the left there in New York, and because of that, of course, what we are seeing is that our Nation's business has come to a halt.

Last night and then again today, all but three of the Members of the Democratic conference voted against a stopgap funding measure, our clean CR, that would have kept this government running through November 21. Keeping the spending at current levels, this measure would have given us the time we need to be working on these appropriations bills. It would have kept us moving forward and kept us from wasting time.

One of the things I think is so important is that shutdowns are expensive, and this is something that ends up costing us money every time we do it. And, of course, we have quite a bit of national debt.

Now, when we talk about completing our appropriations bills and setting our spending limits for the year and fulfilling that budget document, that portion—we have our budget document. Then we move to our appropriations bills.

Well, Senator COLLINS of Maine, who has led the Appropriations Committee, has done an outstanding job working with Republicans and Democrats on that committee, building out this appropriations process, making certain that bills moved out of the Appropriations Committee and that they are making their way to the floor.

One of the things that is so interesting is that 8 of the 12 bills that came out of the Appropriations Committee came out with broad bipartisan support. So if you have got measures that are coming out with broad bipartisan support, why would you not move them to the floor? Why would you not want to finish out this appropriations process?

And, of course, it should have been finished by September 30. It was not finished by then. So we are hopeful

that by November 21, this process can be complete and that we will be moving from a Biden budget to a Trump and Republican budget, which, by the way, is what the American people voted for when they gave a mandate to President Donald Trump on November 5.

Now, I mentioned the 12 bills, and 8 of the 12 have come out with bipartisan support. Three of those bills—our Agriculture, our Leg Branch, and our MILCON-VA—have already passed off the floor, and they did so with wide bipartisan votes. This is something that, yes, indeed—yes, indeed—we need to make certain that we continue to push these bills. Now, by passing these approps bills, we are ensuring that we get onto the budget the American people voted for.

Well, this is not what our colleagues across the aisle are saying they wanted. They don't want the clean CR. They are not wanting to move forward on these bills. Instead, their measure for keeping the government open and running is holding government basically hostage, if you will, for \$1.5 trillion in additional spending—\$1.5 trillion.

Our national debt is north of \$37 trillion. It is climbing. And, of course, adding another \$1.5 trillion for a few weeks is really irresponsible. In this, they are basically trying to undo what we did—the steps and the progress that we made when we did the Big Beautiful Bill, which is truly—truly—a bill for hard-working Americans.

So I would encourage my colleagues across the aisle: It is time to come to the table. It is time to pass the stopgap measure, the clean CR. And I would remind my friends that since last year, they have voted for these funding levels five times.

So let's come together. Let's get this passed. Let's get back on track to pass these appropriations bills. Let's keep the Federal Government open and working.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mr. SCHMITT). Without objection, it is so ordered.

## LEGISLATIVE SESSION

### MORNING BUSINESS

Mr. THUNE. Mr. President, I ask unanimous consent that the Senate resume legislative session and be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

## TRUMP ADMINISTRATION

Mr. DURBIN. Mr. President, last night, the Republicans—despite controlling the White House and Congress—shut the government down to avoid addressing their self-inflicted healthcare crisis.

It is another blow to ordinary Americans across this country. In July, Republicans used their majority to jam through Congress the President's so-called "Big, Beautiful Bill." That cruel bill cuts nearly \$1 trillion from Medicaid and will rip health insurance away from 10 million Americans. And for what? So the wealthiest Americans can continue to line their pockets.

Now, Republicans seem poised to allow premiums and out-of-pocket costs to skyrocket. That is the Republican agenda: Billionaires win. You lose. If Republicans allow the Affordable Care Act enhanced tax credits to expire, more than 20 million Americans will see their premiums go up and 4 million more will lose coverage altogether. Republicans seem to be fine with ballooning the national debt for tax cuts for the rich, but they draw the line at extending healthcare to millions of American families.

And already, the President is playing the blame game. In the Oval Office yesterday, the President said, "Well, Democrats want to shut it down."

We don't. And the American people see right through this. They know Republicans control government and refuse to negotiate. When lines are longer at the airport, when farmers cannot receive their loans, or service-members miss a paycheck, that is the fault of Republicans entirely.

Yesterday, too, the President said, "A lot of good can come from government shutdowns, we can get rid of a lot of things." The President is wrong. No good can come from a shutdown. That is why Democrats continue to ask Republicans to negotiate and save healthcare for the American people.

Yesterday, the Senate Judiciary Committee held a hearing entitled: "Blue City Chaos and Tragedy: How the Trump Administration is Addressing the Human Cost of Soft On Crime Policies." Unfortunately, as the title makes clear, this hearing was a partisan attempt to politicize what should be a bipartisan issue: how best to protect the safety of all American communities.

Every American deserves to feel safe, no matter where they live. We must reject these acts of political theater and look at the facts. Over the last two decades, the murder rate in my home State of Illinois has been lower than the murder rates in Missouri, Louisiana, and Alabama—all States led by Republicans. Ignoring these facts and the tangible success of the crime prevention programs working in cities like Chicago does nothing to make our Nation safer.

Unfortunately, President Trump has done everything he can to undermine efforts that have been effective at