

Duckworth	Klobuchar	Schiff
Durbin	Luján	Schumer
Fetterman	Markey	Shaheen
Gallo	Merkley	Smith
Gillibrand	Murphy	Van Hollen
Hassan	Murray	Warner
Heinrich	Ossoff	Warnock
Hickenlooper	Padilla	Warren
Hirono	Peters	Welch
Kaine	Reed	Whitehouse
Kelly	Rosen	Wyden
Kim	Sanders	
King	Schatz	

NOT VOTING—3

Cassidy	Moran	Slotkin
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The PRESIDING OFFICER (Mr. MORENO). On this vote, the yeas are 51, the nays are 46.

The motion is agreed to.

The motion was agreed to.

The PRESIDING OFFICER. Cloture having been invoked pursuant to the provisions of S. Res. 690, the nominations listed therein are pending en bloc.

The Senator from North Dakota.

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. CRAMER. Mr. President, I ask unanimous consent that the Senate

proceed to 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.

FISCAL YEAR 2026 ENFORCEMENT FILING

Mr. GRAHAM. Mr. President, S. Con. Res. 33, the fiscal year 2026 congressional budget resolution, included a provision authorizing the chairman of the Senate Committee on the Budget to file enforceable levels in the Senate in the event the budget was agreed to without the need to appoint a committee of conference on the measure. The Senate adopted S. Con. Res. 33 on April 23, 2026, and the House agreed to the resolution without changes on April 29. As such, I am submitting the required filing.

Specifically, section 4101(b) of the fiscal year 2026 congressional budget resolution requires the chairman to file an allocation for fiscal year 2026 for the Committee on Appropriations and an allocation for fiscal years 2026, 2026–

2030, and 2026–2035 for committees other than the Committee on Appropriations.

Section 2002 of the fiscal year 2026 budget resolution included reconciliation instructions to the Committee on Homeland Security and Governmental Affairs and the Committee on the Judiciary. Each committee was instructed to increase deficits over the 2026 to 2035 period by not more than \$70 billion. Pursuant to section 3001(b) of the resolution, I am holding the corresponding amounts in reserve until the consideration of reconciliation legislation.

For purposes of enforcing the Senate's pay-as-you-go rule found in section 4106 of the fiscal year 2018 congressional budget resolution, H. Con. Res. 71, I am resetting the Senate's scorecard to zero for all fiscal years.

I ask unanimous consent that the accompanying tables be printed in the RECORD.

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

ALLOCATION OF SPENDING AUTHORITY TO SENATE COMMITTEE ON APPROPRIATIONS FOR FISCAL YEAR 2026

[\$ in billions]

	Budget Authority	Outlays
Appropriations:		
General Purpose Discretionary	1,671.860	1,893.636
Memo:		
on-budget	1,665.209	1,887.059
off-budget	6.651	6.577
Mandatory	1,803.869	1,780.213

Note: The allocation includes adjustments for certain program integrity and wildfire suppression funding pursuant to section 314(g) of the Congressional Budget Act and section 4004 of S. Con. Res. 14, the concurrent resolution on the budget for fiscal year 2022. It does not include amounts that have been designated as being for an emergency requirement or that have been exempted from budget enforcement by statute.

ALLOCATION OF SPENDING AUTHORITY TO SENATE COMMITTEES OTHER THAN APPROPRIATIONS

[\$ in billions]

	2026	2026–2030	2026–2035
Agriculture, Nutrition, and Forestry			
Budget Authority	197.531	1,015.091	2,086.259
Outlays	178.379	918.246	1,861.845
Armed Services			
Budget Authority	309.167	1,061.345	2,152.495
Outlays	339.097	1,185.515	2,280.031
Banking, Housing and Urban Affairs			
Budget Authority	26.176	82.079	274.869
Outlays	–19.359	–147.322	–194.126
Commerce, Science, and Transportation			
Budget Authority	28.301	110.564	204.019
Outlays	27.073	134.043	220.987
Energy and Natural Resources			
Budget Authority	9.300	47.528	102.757
Outlays	13.832	73.107	133.282
Environment and Public Works			
Budget Authority	68.466	336.280	663.378
Outlays	9.776	39.921	62.162
Finance			
Budget Authority	4,484.121	24,837.788	57,544.012
Outlays	4,470.945	24,775.446	57,414.014
Foreign Relations			
Budget Authority	59.209	297.397	593.120
Outlays	53.850	282.656	578.328
Homeland Security and Government Affairs			
Budget Authority	192.793	1,008.416	2,126.793
Outlays	194.041	1,013.008	2,108.178
Judiciary			
Budget Authority	24.267	143.758	278.128
Outlays	35.702	249.858	416.919
Health, Education, Labor, and Pensions			
Budget Authority	53.768	220.879	389.482
Outlays	48.271	196.496	363.671
Rules and Administration			
Budget Authority	0.055	0.287	0.606
Outlays	0.121	0.479	0.806
Intelligence			
Budget Authority	0.514	2.570	3.084
Outlays	0.514	2.570	3.084
Veterans' Affairs			
Budget Authority	303.305	1,719.352	3,880.041
Outlays	300.593	1,709.999	3,863.615
Indian Affairs			
Budget Authority	2.418	11.577	23.451
Outlays	2.610	12.559	24.194
Small Business			
Budget Authority	0.000	0.000	0.000

ALLOCATION OF SPENDING AUTHORITY TO SENATE COMMITTEES OTHER THAN APPROPRIATIONS—Continued

[\$ in billions]

Table with 4 columns: Category, 2026, 2026-2030, 2026-2035. Rows include Outlays, Unassigned to Committee, Budget Authority, and TOTAL.

Note: Includes entitlements funded in annual appropriations acts. Certain budgetary changes related to reconciliation legislation will be held in reserve pursuant to section 3001 of S. Con. Res. 33 until the consideration of such legislation.

BUDGET AGGREGATES

[\$ in billions]

Table with 4 columns: Category, 2026, 2026-2030, 2026-2035. Rows include Spending, Revenue, and Social Security Levels.

Note: Aggregate figures here exclude spending designated as being for an emergency requirement or exempt from budget enforcement by statute. Budgetary changes related to reconciliation legislation will be held in reserve pursuant to section 3001 of S. Con. Res. 33 until the consideration of such legislation.

PAY-AS-YOU-GO SCORECARD FOR THE SENATE

[\$ in billions]

Table with 2 columns: Fiscal Year, Balances. Rows include Fiscal Year 2026, Fiscal Years 2026-2030, and Fiscal Years 2026-2035.

U.S. GOVERNMENT ACCOUNTABILITY OFFICE OPINION LETTER

Mr. WYDEN. Mr. President, I ask unanimous consent that the following GAO opinion letter dated May 12, 2026, be printed in the RECORD.

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

DECISION

Matter of: U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services—Applicability of the Congressional Review Act to Notice Implementing the Wasteful and Inappropriate Services Reduction (WISeR) Model.

File: B-337994. Date: May 12, 2026.

DIGEST

On July 1, 2025, the U.S. Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) issued a notice announcing the implementation of the Wasteful and Inappropriate Services Reduction (WISeR) Model, a new process to be used in six states to evaluate whether claims for certain medical items and services comply with Medicare requirements (WISeR Model Notice or Notice).

The Congressional Review Act (CRA) requires that before a rule can take effect, an agency must submit the rule to both the House of Representatives and the Senate, as well as the Comptroller General. CRA adopts the definition of a rule under the Administrative Procedure Act (APA) but excludes certain categories of rules from coverage. We conclude that the WISeR Model Notice is a rule for purposes of CRA because it meets the APA definition of a rule, and no CRA exception applies. Among other things, the WISeR Model Notice prescribes new requirements for Original Medicare providers in selected states by mandating prior authorization or pre-payment medical review of claims for certain services. Given the nature of the changes and because they could poten-

tially affect the determinations made on claims for the selected services, we conclude that the Notice substantially affects the rights and obligations of non-agency parties, specifically providers and beneficiaries of those services. Therefore, the Notice is a rule subject to CRA's submission requirements.

DECISION

On July 1, 2025, the U.S. Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) issued a notice announcing the implementation of the Wasteful and Inappropriate Services Reduction (WISeR) Model, a new process to be used in six states to evaluate whether claims for certain medical items and services comply with Medicare requirements. We received a request for a decision as to whether the implementation of the WISeR Model is a rule for purposes of the Congressional Review Act (CRA). As discussed below, we conclude that the WISeR Model Notice is a rule subject to CRA's submission requirements.

Our practice when rendering decisions is to contact the relevant agencies to obtain factual information and their legal views on the subject of the request. Accordingly, we reached out to HHS on January 13, 2026. We received HHS's response on February 20, 2026.

BACKGROUND

Original Medicare

Medicare consists of four distinct parts: Parts A, B, C, and D. Original Medicare—sometimes called Medicare Fee-for-Service (FFS)—includes Part A and Part B. Part A (Hospital Insurance) “helps cover inpatient care in hospitals, skilled nursing facility care, hospice care, and home health care.” Part B (Medical Insurance) helps cover a range of medical services and supplies, including physician, outpatient, and some home health care, durable medical equipment, and many preventive services. Medical providers and suppliers submit Part A and Part B claims for services and items to Medicare Administrative Contractors (MACs)—private health insurers that have specific geographic jurisdictions—which process and pay the claims.

CMS and MACs employ a variety of techniques to reduce fraud, waste, and abuse in Original Medicare. These include publishing “National and Local Coverage Determinations (NCDs and LCDs, respectively) describing the evidence-based requirements and limitations for Medicare coverage for specific medical services, procedures, or devices.” MACs also operate a medical review program that includes pre-payment clinical review of medical records and related infor-

mation to ensure that payment is made only for services that meet all Medicare coverage, coding, billing, and medical necessity requirements. The MAC may use any relevant information they deem necessary to conduct the review, including documentation submitted with the claim and additional information they request from the provider. However, only a small percentage of claims are subject to such pre-payment review. CMS pays MACs for pre-payment reviews based on the MACs' costs to review the claims.

Claims are generally submitted to the MACs after the services are rendered, though certain services require prior authorization before the service is provided to the beneficiary. For those services, providers submit a request for prior authorization to the MAC, and the MAC reviews the request based on the associated Medicare requirements, such as those found in NCDs and LCDs, and provides a decision, which can be either provisional affirmation or non-affirmation.

WISeR Model Notice

On July 1, 2025, CMS issued the Notice announcing the implementation of the WISeR Model, a new process to evaluate claims for certain medical services under Original Medicare. The Notice explains that the WISeR Model will be tested for a six-year period beginning on January 1, 2026, in six states. According to CMS, the model “will focus on testing the implementation of prior authorization and pre-payment review for specific selected services that will be performed by third party entities leveraging enhanced technologies”—referred to as “model participants.” The model participants will implement an optional prior authorization process for the selected services to ensure they “are clinically appropriate, evidence-based, and consistent with Medicare . . . requirements.” CMS stated that it envisions that the model's use of enhanced technology will streamline the process and identify when services are medically unnecessary, thereby supporting providers in navigating beneficiaries towards more clinically appropriate or higher value care.

The Notice states that for the selected services, providers will have the option to: (1) submit a request for prior authorization with supporting documentation to the relevant model participant; (2) submit a request for prior authorization with supporting documentation to the MAC (which will send the request to the model participant); or (3) perform the service without requesting prior authorization and then submit a claim, which