counter China's influence in this critical theater. We can't ask them to further decimate their tourism economy. This legislation, as well meaning as it is, would certainly undermine the stability of our partner and American territory. We should not abolish the program. Instead, we need to ensure the Department of Homeland Security is doing sufficient screening to prevent visitation that poses a risk.

The Northern Mariana Islands do not have a voice in the Senate, and that is why I am objecting today in support of our partner in the Pacific.

While I oppose the passage of this bill, I do stand ready to work with Senator SCOTT and others to support the security of our Nation in a way that does not harm the people and government of the Northern Mariana Islands.

So I object to the request.

The PRESIDING OFFICER. The objection is heard.

The Senator from Florida.

Mr. SCOTT of Florida. Mr. President, I recognize my colleague. We both are in the same position. We don't want to do anything that absolutely hurts the economy of the CNMI, but at the same time, we have got to figure this out to make sure that we don't have birth tourism.

So I look forward to working with my colleague in a constructive manner to make sure that, you know, the Communist Party of China does not abuse this so as to have birth tourism there.

The PRESIDING OFFICER. The Senator from Oregon.

PROVIDING FOR CONGRESSIONAL DISAPPROVAL UNDER CHAPTER 8 OF TITLE 5, UNITED STATES CODE, OF THE RULE SUBMITTED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES RELATING TO ''MEDICARE PROGRAM; IMPLEMENTATION OF PRIOR AUTHORIZATION FOR SELECT SERVICES FOR THE WASTEFUL AND INAPPROPRIATE SERVICES REDUCTION (WISeR) MODEL''—Motion to Proceed

Mr. WYDEN. Mr. President, I move to proceed to Calendar No. 447, S.J. Res. 198.

The PRESIDING OFFICER. The clerk will report.

The bill clerk read as follows:

Motion to proceed to Calendar No. 447, S.J. Res. 198, a joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Centers for Medicare & Medicaid Services of the Department of Health and Human Services relating to ''Medicare Program; Implementation of Prior Authorization for Select Services for the Wasteful and Inappropriate Services Reduction (WISeR) Model''.

Mr. WYDEN. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

The yeas and nays are ordered.

S.J. RES. 198

Mr. WYDEN. Mr. President, colleagues, at the beginning of this year, the Trump administration empowered unaccountable AI companies to delay and deny certain types of care in traditional Medicare.

Now, Donald Trump promised—promised—that he would not touch Medicare, and, today, it is clear that that Trump promise has been broken.

Seniors paid into Medicare out of every paycheck during their working years, and they did so with an expectation they would have an ironclad guarantee of affordable healthcare.

Today, seniors in six States across America are discovering that care their doctor has recommended for them has been slowed or halted by a shadowy AI-driven third party.

The consequences are not abstract. Seniors with severe back pain have to wait weeks for relief, upending their lives and leaving them suffering because of the bureaucracy of healthcare.

The types of care that are subject to these restrictions are not frivolous: knee arthroscopies, nerve stimulations, steroid injections, cervical fusion. These types of procedures are the care that seniors rely on to stay mobile and pain-free in the aging process.

Now, decisions between doctors and patients are overridden by for-profit AI contractors. The Trump administration's only defense of this model has been to point to the rapid rise of skin substitute procedures to justify their flawed experiment.

The Trump administration's work doesn't pass the smell test. First, the Centers for Medicare and Medicaid Services already have now lowered payment rates for this procedure; in doing so, closed the loophole driving the dramatic increase.

(Mrs. CAPITO assumed the Chair.)

Second, the skin substitute procedures only account for a tiny fraction of care under the model. In the case of Oregon's neighbor to the north, Washington State, skin substitutes account for less than 1 percent of services—less than 1 percent of the services, Madam Chair—subject to the prior authorization under this model. So the excuses hold no water.

Prior authorization has run rampant in the American healthcare system. For-profit insurance companies are increasingly using this business tactic to block and deter care in order to increase their profits.

I want to put a fine point on this. In 2024, insurance companies that sell Medicare Advantage plans denied more than 4 million prior authorization requests—just think about that: 4 million prior authorization requests. Of those denials, only 1 in 10 were appealed by a senior or their doctor. But when the denial was appealed, it was overturned 8 times out of 10. What this tells me is that prior authorization is being used to deny legitimate care, often acting as a bureaucratic hurdle meant to discourage seniors and their doctors from pursuing a course of treatment that might impact insurance company's bottom line.

It is bad enough that this is the state of affairs in Medicare Advantage, but now the Trump administration is trying to import insurance company tactics into traditional Medicare. And that would mean that seniors who selected it precisely because they don't want to deal with the headaches and complexity of an insurance company would suffer.

This is not a partisan issue. Many of my Republican colleagues have expressed concern about prior authorizations and the state of Medicare Advantage. I hope that they will stand with those of us today who want to tell the Trump administration to abandon an ill-advised experiment that seniors don't want. They didn't ask for it. It doesn't make sense.

There is a lot of work to be done to improve both traditional Medicare and Medicare Advantage for seniors that count on the Medicare guarantee.

And I have been working on that Medicare guarantee since the days when I was a codirector of the Oregon Gray Panthers. Let's work on that together, and we can start by ending this AI-driven prior authorization experiment. It is a mistake. We can't run the risk of it being sent to other parts of the healthcare system. I urge a ''yes'' vote.

I yield the floor.

The PRESIDING OFFICER. The Senator from Idaho.

Mr. CRAPO. Madam President, in response to the discussion that my colleague from Oregon has just engaged in, far too often, our Nation's healthcare system incentivizes low-value, high-cost services. For years, bipartisan policy makers throughout Capitol Hill and across administrations have endeavored to disrupt this flawed paradigm, especially in the Medicare Program. Unfortunately, despite progress to incorporate new value-based payment arrangements, Medicare's underlying reimbursement structure continues to rely heavily on the volume of services provided, rather than the quality of care.

In addition to failing patients and providers, Medicare's perverse financial incentives contribute to massive waste and abuse. Well-meaning clinicians often face opaque coverage guidelines that can result in denied reimbursements, while malicious actors exploit bureaucratic vulnerabilities to defraud the program.

Through the wasteful and inappropriate service reduction model—work WISeR—CMS is testing whether enhanced technology can help address these systemic failures. For a limited set of nonemergency services with a documented history of abuse and overuse, providers in select States must submit claims for review. Claims that meet existing Medicare coverage requirements are quickly approved, offering providers payment predictability.

When issues arise, board-certified clinicians—not technological machines, board-certified clinicians—intervene to make the final decision. The potential benefit of this ''detect and prevent strategy'' is substantial. For example, Medicare spending on skin substitutes, one of the chosen WISeR model services, increased and—hear this—increased from $256 million in 2019 to $10 billion in 2024. It doesn't even take a technological machine to tell you that something is wrong there.

Proactive, technology-based scrutiny could have detected this outlier spending growth and protected both patients and taxpayers.

Regrettably, misinformation about this model has sparked fears of delays in essential patient care and additional burdens on providers.

Later today, the Senate will proceed to a resolution to stop this important work of the WISeR model. Every Member of this body agrees that patients should have access to high-quality care, providers deserve predictable payment for services, and avoidable waste, fraud, and abuse in Medicare should be stopped. Ending this pilot program prematurely will deprive CMS of a useful tool to accomplish each of those goals.

And I urge my colleagues to consider the facts and oppose this resolution.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Madam President, we don't take a back seat to anybody in terms of fighting inefficiency, fighting fraud. We have been working on those issues, as the chair of the Finance Committee knows, together wherever possible.

Unfortunately, what we have seen in this experiment is that we are not dealing with inefficiency and fraud. We are forcing patients to come back again and again and again. That just defies common sense.

And on the issues like skin substitutes, that has been addressed through a payment process, payment policy reform, to get at the incentives and wasteful utilization.

So on the points that the minority is making, the reality is patients are not going to get care, and we are not going to make sensible changes as we have in other areas to deal with fraud and inefficiency.

That is why we ought to be voting for what we are trying to do today on the Democratic side.

I yield back and hope we will have a bipartisan vote.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Madam President, I wanted to talk today about not just how Republicans are making healthcare more expensive but also how they are making it just plain worse for seniors.

President Trump came into office saying he would not cut Medicare, but that was clearly a lie because right now his administration is trying to privatize Medicare; in part, by putting AI between Medicare beneficiaries and their healthcare.

In January of this year, under Secretary Kennedy and Dr. Oz's leadership, CMS began this pilot program that uses AI to require prior authorization in traditional Medicare for the first time ever, and it is set to run for 6 years. They call it the Wasteful and Inappropriate Service Reduction Model. Well, they got the wasteful and inappropriate part right.

The WISeR Model uses AI to deny vulnerable seniors the care they need and that their doctors recommend.

Not only that, but the for-profit contractors that conduct this prior authorization are paid a percentage of the cost of care that they deny. They are literally incentivized to rip healthcare away from seniors because that is best for their bottom line. When your business model relies on denials, denials are what seniors are going to get, and that is perverse.

WISeR was rolled out in the beginning of this year in my home State of Washington and five other States without safeguards and without any transparency and without the best interests of Medicare beneficiaries at the heart of this program.

President Trump is saying: Forget the doctors who went to medical school and took an oath to do no harm. AI knows better when it comes to healthcare decisions for our seniors.

The consequences of that poor judgment are real, and they are life-threatening. I hear from Medicare patients in Washington State all the time. They are suffering debilitating pain for weeks because they are not getting the care they need, thanks to this harmful model—patients like Joanne. She is a Medicare beneficiary from Quilcene, WA.

She went to her doctor for severe pain. An MRI showed that a herniated disk was pressing on her sciatic nerve. Joanne's doctor prescribed an epidural injection to help ease that pain. This was standard, routine care—care that, before this year, she would have been able to get quickly after it had been recommended by her doctor. But because of this WISeR Model, she had to wait 6 weeks to get approval. That means, thanks to WISeR, Joanne had to deal with unnecessary, unrelated pain for 6 weeks. Because of this nonsense delay, her day-to-day life was disrupted and the burden fell on her then to fight for the care she needed.

This is simply outrageous, but that is also WISeR working by design, and that is a direct impact of the Trump administration's actions.

We have seen way too many stories like Joanne's from States that have been selected for this pilot program. No way should an algorithm decide if seniors should get the care they need. That is exactly why I join my colleagues here in introducing a resolution to overturn this model. And I want all of my colleagues to join me in voting for it so we can make sure seniors in my State and all over the country can, once again, receive their healthcare on time and without interruption.

Let's just use our common sense. It is clear as day that some AI models should never be at the wheel making healthcare decisions left and right. And it is not just patients I have heard from. I have met with healthcare providers all over my State. Whether it is a rural hospital or a doctor in Seattle, no one—no one—has had anything good to tell me about prior authorization in traditional Medicare.

Now, I ran for office because I believe regular people deserve a say in how their government is run, and that is especially true when it comes to the government deploying AI technology. I don't know any senior—Republican or Democrat—who asked President Trump to let AI decide if their doctor-recommended treatment was necessary. Of course, AI can help make things more efficient or do good things. That is not what the WISeR Model is doing.

So let's get to the crux of it. As a country, we make a promise to American seniors: If they paid their taxes throughout their careers, they earned their Medicare coverage. Full stop. WISeR breaks that promise to seniors with these senseless AI-driven prior authorizations that deny and delay care.

Let me be clear, many seniors choose traditional Medicare over other options because traditional Medicare rarely requires prior authorizations. People choose traditional Medicare because they want to make their healthcare decisions with their doctor, not with a private company that is out to make a profit.

Simply put, the WISeR Model—which, again, delays and denies necessary care to Medicare patients—is reckless, and it is irresponsible.

I want my Republican colleagues to join us in voting to get rid of WISeR once and for all because this should not be a partisan issue. We all have seniors in our States that deserve the highest level of care without having to deal with redtape and delay. Thanks to Trump, AI is getting in between our seniors and their healthcare in Arizona, in New Jersey, in Ohio, in Oklahoma, in Texas, and in my State of Washington. We have an opportunity to stop this harmful experimental pilot program before more seniors are harmed. No senior in America should have to appeal their pain and suffering to a machine.

To my colleagues, if it were your spouse or parent who needed care, whom would you want to decide if they get their treatment, their doctor or a for-profit algorithm? Would you want them to suffer in pain for weeks for care that they are entitled to? I know what my answer is.

Let's maintain the promise of Medicare. Let's pass this resolution.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Fortunately, for—let me say to Senator MURRAY that I so appreciate your presentation, and particularly talking about the algorithms. And, also, the fact is that under what you have described very clearly, the big winner under this flawed experiment is a bunch of middlemen who are trying to profit off denials, and not the people who really desperately need care.

So I very much appreciate it, and Oregon is proud to be a partner with Washington State in leading the country to get rid of this very flawed idea. And I thank you for your remarks.

Mrs. MURRAY. Thank you. Thank you.

Mr. WYDEN. I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Madam President, I would ask consent to start the 1:30 vote now.

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

VOTE ON MOTION TO PROCEED

The PRESIDING OFFICER. The question is on agreeing to the motion.

The yeas and nays were previously ordered.

The clerk will call the roll.

The senior assistant executive clerk called the roll.

Mr. BARRASSO. The following Senators are necessarily absent: the Senator from Tennessee (Mr. HAGERTY), the Senator from Kentucky (Mr. MCCONNELL), and the Senator from Mississippi (Mr. WICKER).

Further, if present and voting: the Senator from Tennessee (Mr. HAGERTY) would have voted ''nay'' and the Senator from Mississippi (Mr. WICKER) would have voted ''nay.''

Mr. DURBIN. I announce that the Senator from Connecticut (Mr. MURPHY) is necessarily absent.

The result was announced—yeas 46, nays 50, as follows:

[Rollcall Vote No. 199 Leg.]

YEAS—46

Alsobrooks	Hickenlooper	Sanders
Baldwin	Hirono	Schatz
Bennet	Kaine	Schiff
Blumenthal	Kelly	Schumer
Blunt Rochester	Kim	Shaheen
Booker	King	Slotkin
Cantwell	Klobuchar	Smith
Coons	Luján	Van Hollen
Cortez Masto	Markey	Warner
Duckworth	Merkley	Warnock
Durbin	Murray	Warren
Fetterman	Ossoff	Welch
Gallego	Padilla	Whitehouse
Gillibrand	Peters	Wyden
Hassan	Reed	
Heinrich	Rosen	

NAYS—50

Armstrong	Crapo	Justice
Banks	Cruz	Kennedy
Barrasso	Curtis	Lankford
Blackburn	Daines	Lee
Boozman	Ernst	Lummis
Britt	Fischer	Marshall
Budd	Graham	McCormick
Capito	Grassley	Moody
Cassidy	Hawley	Moran
Collins	Hoeven	Moreno
Cornyn	Husted	Murkowski
Cotton	Hyde-Smith	Paul
Cramer	Johnson	Ricketts
Risch	Scott (SC)	Tillis
Rounds	Sheehy	Tuberville
Schmitt	Sullivan	Young
Scott (FL)	Thune	

NOT VOTING—4

Hagerty	Murphy
McConnell	Wicker

The motion was rejected.

The PRESIDING OFFICER (Mr. ARMSTRONG). The majority leader.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. THUNE. Mr. President, I move to proceed to executive session to consider Calendar No. 775.

The PRESIDING OFFICER. The question is on agreeing to the motion.

The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The senior assistant legislative clerk read the nomination of Benjamin M. Flowers, of Ohio, to be United States Circuit Judge for the Sixth Circuit.

CLOTURE MOTION

Mr. THUNE. Mr. President, I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The senior assistant bill 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 Executive Calendar No. 775, Benjamin M. Flowers, of Ohio, to be United States Circuit Judge for the Sixth Circuit.

John Thune, Tim Sheehy, John Barrasso, Ashley B. Moody, James Lankford, Todd Young, Ted Budd, Pete Ricketts, Jon Husted, Mike Crapo, Mike Rounds, Tim Scott of South Carolina, Bernie Moreno, John Cornyn, Chuck Grassley, James C. Justice, Eric Schmitt.

Mr. THUNE. I yield the floor.

The PRESIDING OFFICER. The Senator from Florida.

WORKING FAMILIES TAX CUT ACT

Mrs. MOODY. Mr. President, I rise today to share some good news with the United States of America. We just celebrated not only the birthday of this Nation—250 years—but we also celebrated the anniversary of the Working Families Tax Cut Act being signed into law.

As my State's newest Senator, this was an important piece of legislation for many reasons, and I will share what it has meant for hard-working Floridians. But I championed this package, and I am so excited to say that we were able to deliver major wins through this legislation.

It is the largest tax cut in the history of our Nation, and I believe, on the birthday of the United States of America, it was important to recognize that the people most wisely know how to spend their money.

And we have seen such positive results already for Floridians and Americans alike. I just traveled around the State of Florida last week, as all of our colleagues did, when we went back to our States and met with our constituents. And I can tell you people were excited, and they were excited because they were just coming off of having to file their taxes. And they are already seeing what this is going to mean for their families.

We got together with law enforcement officers—hundreds of them—where we highlighted no tax on overtime. A lot of people don't think about how no tax on overtime helps those that wear a badge and pick up extra shifts and put their lives on the line to protect us. Now they get to keep more of that money when they do so.

We celebrated no tax on tips at a restaurant called Beth's Burger Bar, and so many of their waiters and waitresses were excited about keeping more of their money.

We talked to parents about child-owned investment accounts over at a local school in St. Cloud.

Floridians are just excited, and they have a right to be. We can proudly boast that we now have the highest average tax refund of any State in the Nation, and that is great news for Floridians.

But it is not just Floridians. Millions of Americans have taken advantage of these new tax cuts. Over 7.5 million individuals claimed no tax on tips, and 29 million Americans have claimed no tax on overtime.

For a waitress working late shifts or a hotel worker that drives Florida's tourism economy, that means they are keeping more of that money. For the nurse or, as we discussed, for the law enforcement officer picking up extra shifts, the linemen that so often have to come in and restore power in Florida after storms—when they are putting in extra hours—factory workers putting in extra hours to support their families, that no tax on overtime rewards hard work instead of taxing it.

And these tax cuts weren't just for workers. They were also for seniors, and in Florida—''the senior State''—this was incredibly meaningful. In Florida, we are home to the largest senior—one of the largest senior—populations in the Nation, with more than 5 million seniors. That is more seniors than many of the populations in the entirety of some of my sister States around the Nation.

And so I argued very hard for the provisions that eliminated taxes on Social Security benefits and provided additional relief through the enhanced deductions for seniors. So there were two ways we were trying to make it easier on our seniors. More than 35 million seniors have already claimed the enhanced deduction, and that helps them keep more of that retirement income.

So after a lifetime of work, seniors deserve to keep more of what they earned working, not send it back up