

weeks after he should have started his first day of middle school. . . . By then the bills had also begun to arrive . . . Daily. The first bill from the hospital was \$105,547.12 before insurance and over \$12,000 with benefits. We are still receiving bills and our pre insurance totals are well over \$750,000 before insurance. . . . BUT because of ACA we were capped at \$7,500 out of pocket. This means \$231 a month for 24 months which has an impact on our family but it also means we can still afford our mortgage. I wake up every morning thankful for my healthy child and amazed that we live on this tiny piece of heaven. ACA made that possible for us. I have kept all bills, x rays, and documents related to our journey.

Sasha Baskin, Richmond:

When I was seventeen I discovered I had a rare and highly aggressive tumor in my jaw. It took three experimental surgeries to remove and replace the tumor with a metal implant and bone graft. I was fortunate enough to be dependent on my parents' insurance when this medical event first took place. With the Affordable Care Act I have been able to stay on my parents' insurance into college and graduate school and maintain my health status through regular doctors' visits. I require a yearly check-up to make sure that the medical implant is intact and that the bone graft is growing successfully. Within the next 5-10 years I will need another surgery to replace the metal implant with new technology. If the implant breaks or I have any kind of accident that injures my jaw I will require emergency surgery and most likely to have my jaw wired shut. I will turn 26 in October and no longer be eligible to be on my parents' insurance. Thanks to the affordable care act I can rely on being able to maintain affordable insurance and feel comfortable about my health. I can trust that I will not be turned away due to my pre-existing condition of a metal jaw and history of aggressive tumors. I can be sure that I will not reach a lifetime limit of coverage when I need another surgery, (or if the worst happens and I need to have emergency surgery). When the doctors first found this tumor when I was seventeen, they told me not to go to college because I needed so many surgeries. I was planning to attend art school in Maryland, my parents lived in Connecticut and my doctors were in Boston. I was determined not to let a medical problem control my life. I went to and graduated from college in Maryland and am now enrolled in graduate school pursuing masters of fine arts in Richmond Virginia. I rely on the affordable care act for safe and reliable access to doctors all over the country. I have been able to live my life independently because of the freedoms and access to healthcare it has provided. I am a recent Virginia citizen, but I love it here. I am proud of my representation and I hope that my story will help you work towards saving health care in our country.

The PRESIDENT pro tempore. The Senator will suspend.

Mr. KAINE. I will suspend and return following the swearing in.

CERTIFICATE OF APPOINTMENT

The PRESIDENT pro tempore. The Chair lays before the Senate the certificate of appointment to fill the vacancy created by the resignation of Senator Jeff Sessions of Alabama. The certificate, the Chair is advised, is in the form suggested by the Senate.

If there be no objection, the reading of the certificate will be waived and it will be printed in full in the RECORD.

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

CERTIFICATE OF APPOINTMENT

To the President of the Senate of the United States:

This is to certify that, pursuant to the power vested in me by the Constitution of the United States and the laws of the State of Alabama, I, Robert Bentley, Governor of said State, do hereby appoint Luther Strange, a Senator from said State, to represent the State of Alabama in the Senate of the United States until the vacancy therein caused by the resignation of United States Senator Jeff Sessions, is filled by election as provided by law.

Witness: His Excellency our Governor, Robert Bentley, and our seal hereto affixed at Montgomery, Alabama, this 9th day of February, 2017, at 8:20 o'clock, CST, in the year of our Lord 2017.

By the Governor:

ROBERT BENTLEY,
Governor.

Attested:

JOHN H. MERRILL,
Secretary of State.

[State Seal Affixed]

ADMINISTRATION OF OATH OF OFFICE

The PRESIDENT pro tempore. If the Senator-designate will now present himself at the desk, the Chair will administer the oath of office.

The Senator-designee, Luther Strange, escorted by Mr. Sessions and Mr. SHELBY, advanced to the desk of the Vice President; the oath prescribed by law was administered to him by the President pro tempore; and he subscribed to the oath in the Official Oath Book.

The PRESIDENT pro tempore. Congratulations, Senator.

(Applause, Senators rising.)

EXECUTIVE CALENDAR—Continued

The PRESIDENT pro tempore. The Senator from Vermont.

Mr. LEAHY. Mr. President, I have a simple unanimous consent request, but before I do, I congratulate the new Senator from Alabama. It is unusual that I have someone here taller than I am.

Mr. President, I ask unanimous consent that I be permitted to yield the remainder of my time on the issue before us to the senior Senator from New York.

The PRESIDING OFFICER (Mr. PERDUE). The Senator has that right.

Mr. KAINE. Mr. President, I would like to resume my remarks following the swearing in.

I also offer my congratulations to my new colleague.

Ann Odenhal, Richmond, VA:

On New Year's Eve, 2013, we were informed that our youngest son, Patrick, 18 years old, had Type 1 Diabetes (T1D), an incurable disease that comes with a lifetime of insulin dependence, injecting oneself six to eight times a day. The cause is unknown, it is not a lifestyle disease and there is no escaping it once diagnosed. The beta cells on our son's pancreas just stopped working. T1D is extremely dangerous and when not managed can cause blindness, kidney failure, limb loss, other

issues and death. We were knocked off our feet, numb, confused and overwhelmed by the danger and the medical requirements to stay within an acceptable insulin range. People with the disease must balance insulin doses with eating and other activities throughout the day and night. They must also measure their blood-glucose level by pricking their fingers for blood six or more times a day. Our son still can have dangerous high or low blood-glucose levels, both of which can be life threatening. He will die without insulin; he could die from too much insulin. In the midst of our fog of sadness and confusion, we remembered the ACA. "At least the ACA will be there when Patrick is on his own. He will be able to get health insurance regardless of his prior condition," was our mantra. One day, Patrick came home and announced, "Great news! The ACA allows me to stay on your health insurance until I'm 26!"

I changed my retirement schedule. I can do that. I have watched and worried as insulin prices soar. Pat takes two types of insulin, a single carton of which costs between \$400 and \$500 retail. I run the math in my head and I worry some more about lack of insurance. We are covered by my employer's insurance, which pays for most of the drugs, equipment and the additional health care he needs, but what would happen if we found ourselves without insurance? What if I lose my job? Public service runs deep in our family. My husband is a retired teacher and our older son is a policeman. It appears Pat may be moving toward nonprofit or public service work as well. Will he have health insurance? Will he have it without the ACA? I can promise anyone reading this that you know someone whose life has been or will be positively impacted by the ACA. There are 20 million people like our son, Patrick. Don't allow a repeal of the ACA. Fix the problems, work the issues, but don't play politics with our son's life.

Linda Crist, Lynchburg, VA:

I had employer provided health care for 38 years. In 2013 I lost my eyesight to macular degeneration and could no longer work. An insurance company covered me for \$695 a month (just me). With the lost income, I could no longer afford insurance. I contacted them and was told there was a new plan I could apply for. I applied and was denied due to a "pre-existing condition." You see, in 1984—

Decades before—

I was diagnosed with kidney disease. I was treated and, according to my physician, cured. The insurance company didn't care. I applied for insurance under ACA and got a silver plan that cost me \$345 a month. I was given a tax credit of \$500 monthly and I chose to only use a portion of it. The ACA saved me while I was waiting for Medicare to kick in after receiving Disability. I am sure my premium would have gone up with the ACA but it saved me when I needed it."

John Carl Setzer, Winchester, VA:

My son was born in 2009 with a severe congenital heart defect, called Hypoplastic Left Heart Syndrome (HLHS). Basically, he was born with half a heart and required three open-heart surgeries. All of his treatment is considered palliative. In 2009, he had the first two heart surgeries, in addition to another on his diaphragm. He was hospitalized for many weeks. He had insurance under my employer-based coverage. Clearly he had a pre-

existing condition. But the other issue is that he almost maxed out his insurance coverage in the first year of life. My understanding is that the ACA eliminated the lifetime caps on insurance coverage, and my wife and I blew a major sigh of relief. Otherwise, we would have had to switch his coverage from my insurance to hers. However, he required another surgery a couple years later and will at some point likely require a heart transplant. Thus, the insurance games would have continued. The ACA eliminated that burden on us, at least until he is an adult. The lifetime cap is not something I hear debated much these days, but it is something to consider for people that have major health complications. Please consider this in future legislation, in addition to coverage for pre-existing conditions.

I will read one more story and then cede to my colleague. I have so many more that I want to read, and this is just 1 or 2 percent of the 1,654 stories that my office has received in 3 weeks.

Jennifer Smouse, Midlothian:

In 2008, my husband started his own construction company after the national home building company he worked for pulled out of Richmond. It was our first time being self-employed and along with adjusting to the idea of not receiving a paycheck on the 15th and 30th of each month, we needed to secure our own healthcare coverage for our family of 5. We submitted our applications for insurance, and were notified a short time later that we would not be offered coverage for our oldest child. He is on the autism spectrum and they were denying him coverage based on his Autism diagnosis. We were shocked—our son was high functioning and was not in need of any special medical services. . . .

And he still received this denial.

With the passage of the ACA, we no longer had to worry about being denied coverage due to a medical diagnosis. The system is not without its flaws. Our premiums were extremely high in addition to the high deductible, and it was a stretch to afford the plans even with the credits available to us. But at least we felt on even ground. That in addition to parenting a child on the autism spectrum, we didn't also have the challenge of securing healthcare coverage for him.

I have other stories. I may resume my seat, but I will now cede time to my colleague from Florida, Senator NELSON.

The PRESIDING OFFICER. The Senator from Florida.

Mr. NELSON. Mr. President, just like the distinguished Senator from Virginia, I, too, have had so many Floridians reach out to me. And sometime in the next 12 hours—literally in the next 12 hours—we are going to vote on the confirmation of the President's nominee for the Health and Human Services Secretary. The reason so many people are reaching out to us, giving us these personal stories, is that HHS is the primary agency for protecting the health of all Americans as an agency. You could certainly say we ourselves are primarily responsible for our health, or in the case of children, their parents, but when you get to an agency of the U.S. Government, it is HHS. It provides health coverage through Medicare and Medicaid, the Federal marketplace, and the Children's Health Insurance Program.

I don't want it to be lost on the Senators—you know a little bit about

Florida and that the percentage of our population that is elderly is very high, which translates into 4 million people in my State on Medicare for access to health services, and another 3.5 million Floridians rely on Medicaid and CHIP for care. So that alone is reason to be concerned about this appointment.

Another nearly 2 million Americans signed up for coverage under healthcare.gov—specifically 1.8 million in the State of Florida. That is more signing up under the ACA under healthcare.gov than any other State. Nine million other Floridians get their health coverage from their employers and benefit from some of the ACA protections, such as prohibiting insurers from imposing lifetime limits or discriminating against people with pre-existing conditions. That is another 9 million Floridians.

I am concerned that, if confirmed, Congressman PRICE would be the President's top adviser on these important issues and that he would be responsible for upholding President Trump's promise to protect Medicare and Medicaid. He would be responsible for upholding President Trump's promise that any ACA replacement plan will "have insurance for everyone." That is what Candidate Trump said.

This nominee would be responsible for upholding President Trump's promise to keep in place the protections that prevent insurance companies from discriminating against individuals with preexisting conditions. How many times before the ACA did we have some of our constituents tell us they were denied coverage because they had a preexisting condition—a rash. Because of the law, no one can be denied health insurance now.

Yet Congressman PRICE's record and the policies he has supported throughout his seven terms in Congress are in direct conflict with President Trump's stated goals. In fact, Congressman PRICE's proposed budget in the House cuts nearly \$500 billion from Medicare and turns it into a voucher program. His plan would give seniors a fixed dollar amount—that is the voucher—to buy insurance. Most every economist would tell us that means higher monthly premiums. According to the nonpartisan Congressional Budget Office, turning Medicare into a voucher program would cause seniors to pay 11 percent more out of their pockets. Is that what we want to do to our senior citizens? I don't think so. We better think about it.

I can state that the seniors in my State are petrified when folks start messing with their Medicare. One of my constituents said in a letter that he wrote to me:

I hear that Congress is proposing changes to Medicare, which would provide a fixed-dollar amount to purchase medical insurance in the private sector. This monumental shift would put an undue financial burden on fixed income retirees.

Linda, another constituent from Tampa, wrote to me back in January and said:

I am 68 years old. I am a woman who depends on Social Security and Medicare. My years in the workforce were meant to help cushion my retirement with money I invested from dollars earned, and now my living and my access to health care are threatened. Please, please, do all you can to prevent the loss of these important hard-earned necessities.

That is what she wrote to me.

These are just two examples of seniors for whom we need to stand up and fight.

Half of all Medicare beneficiaries have incomes of less than \$24,000, and they have savings of less than \$63,000. I want to say that again because that is the condition of many senior citizens. Half of all Medicare beneficiaries have incomes of less than \$24,000, and half of those beneficiaries have savings of less than \$63,000. Based on these numbers, seniors simply can't afford to pay 11 percent more out of their pocketbooks for benefits. Seniors can't take a chance on Congressman PRICE as their HHS Secretary by virtue of what he has already said and what his record is in the Congress.

The Congressman also supports raising the Medicare eligibility age to 67, forcing seniors to wait for benefits they earned during their working years. They have been waiting patiently until they reach age 65, and now it is being pushed up another 2 years. By increasing the age from 65 to 67, Congressman PRICE is forcing Americans to work longer to maintain the health coverage they were promised or forcing them to go without insurance.

Approximately 92 percent of older adults have at least one chronic disease, and 77 percent of older adults have at least two chronic diseases. Forgoing critical health coverage is not an option for these folks, and who is going to stand up and fight for them? I know Senator KAINE and I will.

The Congressman refused to answer my question in the Finance Committee on whether he supports the ACA that saved seniors money on the cost of their prescription drugs by closing the Medicare D gap that we call the doughnut hole. Under the ACA, more prescription drugs were paid for by Medicare than had been the case before. What that translates into in Florida is seniors saved \$1,000 a year, thanks to the reduction of the gap in the prescription drug coverage. So why in the world would we want to get rid of something that is saving our seniors money and is doing exactly what it was intended to do—save them money on their prescriptions? We should be looking for ways to lower, not raise, the cost of prescription drugs for our senior citizens.

In November of last year, Congressman PRICE said that he wants to overhaul Medicare in the first 6 to 8 months of the Trump administration using a fast-track procedure known as reconciliation—getting around the 60-vote threshold requirement that forces us to have bipartisan compromise on the floor of the Senate in legislation. That

is what he said he wanted to do to force it through on a reconciliation bill. Well, I don't think that sounds too good.

So when you look at all of this, what is the conclusion? The Congressman's record and statements made as recently as 3 months ago do not match President Trump's promises. Our country deserves an HHS Secretary who will uphold those promises, not inflict deep, harmful cuts that fundamentally alter the health and financial security Medicare provides Americans in their later years.

For these reasons and others, sometime in this next 11½ hours when we vote, I am going to vote no on this nominee. There is too much at stake for our seniors to give this nominee control over these programs.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Alabama.

SENATOR LUTHER STRANGE

Mr. SHELBY. Mr. President, I would like to take a few minutes this afternoon to talk about some of the events that happened here in the past 24 hours.

Less than 24 hours ago, we confirmed my colleague—former colleague now—Jeff Sessions to be Attorney General of the United States. After he was confirmed, he resigned as Senator and has been sworn in as Attorney General of the United States this morning.

The Governor of Alabama, Gov. Robert Bentley, subsequently appointed LUTHER STRANGE, who is our newest Senator. He was our attorney general until a few hours ago—a second term as attorney general. I want to tell you a little bit about our newest Senator from Alabama here in the U.S. Senate.

He is someone I have known for about 35 years and someone I have spent a lot of time with, off and on. I know his wife Melissa. I know his sons. We have traveled together. As the Presiding Officer would appreciate coming from Georgia, we have had time to be in Georgia and other places hunting quail, ducks, geese, and doves together. You get to know somebody pretty well, as the Presiding Officer knows.

I believe this was a great appointment by our Governor. This is someone who will hit the ground running. He is going to be involved in the issues. He is a team player. He is going to work with us in the Republican caucus and work for what is in the best interests of the State of Alabama and the Nation, which we all need to do.

He is a graduate of Tulane University, undergraduate and law school, and you might be able to tell he may have been a basketball player in his youth and probably still would be.

I look forward to working with him. I am going to miss Senator Sessions, who is now our Attorney General, someone I worked together with for 20 years. I have been here 30 years, so together, as I said yesterday, we have 50 years.

LUTHER STRANGE is going to hit the ground running. He brings a lot of

knowledge, a lot of integrity to this job, and I look forward to working with him for the people of Alabama and for our great Nation.

I yield the floor.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. KAINE. Mr. President, I thank the Chair for allowing me to retake the floor to speak about the nomination of Congressman PRICE to be HHS Secretary, and to read stories from Virginians who are afraid about repeal of the Affordable Care Act.

Mark Priest, Alexandria, VA:

I am a self-employed entrepreneur and consultant. Since I work for myself I do not have access to a special pool from an employer that would make health insurance more affordable. Starting in 2014 I was insured through the ACA and I was able to find an affordable policy to cover myself. I think that there is a mistaken notion that if you are employed, you automatically have access to affordable health insurance. The ACA isn't just for the unemployed. I work hard and I am a small business owner. The ACA makes it possible for me to afford health care.

Constance Burch, Fort Valley, VA:

I am a 53 year old single female who is self employed as a Voice and Piano teacher. I have always prided myself on being able to care for myself and provide the basic necessities. Before the ACA I had to pay over \$450 a month for health care on a net income of \$19,000. This meant some months having to use credit cards for other necessities such as food and gasoline to get to my lessons. Thanks to President Obama, that all changed and based on my income, my fee was reduced to \$33 a month. I literally cried for joy that someone finally did something to help those of us who work hard and deserve the same quality health care that the more fortunate are able to have. It is fair and quite honestly it was the first time in my life that I truly felt that the government actually did something to help me personally and those in the same position.

Deb Fuller, Alexandria, VA:

I rely on the ACA for my health insurance because otherwise, I would not be able to get it. My job, writing K12 textbooks and other educational material, has largely been outsourced, and full-time permanent positions with benefits are nearly nonexistent these days. The majority of the work is as a "flexible workforce", which is the fancy term for a freelancer or contract employee. Having the ACA means I can continue working these contracts instead of trying to figure out how to completely change professions because I need a job that provides health insurance. Before the ACA, my saint of a doctor went back and forth with health insurance companies trying to convince them that I wouldn't cost them too much money in the long run. They literally looked for anything to deny me coverage. One rejection letter mentioned cold sores in the litany of reasons why I was completely uninsurable. Ninety percent of the population has cold sores. Now, insurance companies make back their money on me because I pay them vastly more than they cover because I don't get sick that often or visit the doctor that often outside of routine checkups. I also have peace of mind that if I am out on horseback riding or hiking on a trail, I won't be put in the poor house because I landed in a heap and had to go to the ER.

Lauren Carter, Lovington, VA:

My 39 year old son has cerebral palsy and a blood clotting disorder. His "preexisting

conditions" started at conception. Three years ago, he lost his full-time job with health insurance benefits. The ACA allows him to continue receiving medical care and purchase his lifesaving medications. He supports himself through multiple part-time jobs, but employer-based insurance is just not an option for him at this time.

Shannon Linford, Leesburg:

My name is Shannon Linford, I'm 24, and from the age of 10, my life has been a series of doctors office visits. I suffer from over a half dozen chronic illnesses, physical and mental, and require frequent checkups and take up to 15 prescriptions a day. I have spent the last 14 years balancing illness with my attempts to build a life. That would not have been possible were it not for the provisions of the ACA that prevent insurance companies from denying me service for my illnesses or allowing me to stay on my parents' insurance until I am 26. I've had to take a detour from pursuing higher education due to these illnesses, as well as getting a job, and instead spend the days I'm well enough volunteering with nonprofits that advocate for others with illnesses like mine. My team of doctors and I work together personally to create a plan that is best for me. We are exemplifying health care at its best. They know me by name, they know each other by name—across disciplines, they work and collaborate together. I would not have this luxury were it not for the ACA. If insurance companies could deny me coverage due to my preexisting conditions I was born with, my family and I would go into bankruptcy trying to give me basic care. My health is finally under good management. I'm going into remission with my depression thanks to new experimental treatment with my psychiatrist. Things are looking up, thanks to the provisions in this remarkable legislation. Revoking this law would be criminal and would destroy lives, destroy futures. Thank you so much for your hard work.

Anna M., Vienna, asked that I not use her last name:

Without the ACA, I would likely be dead. I live with bipolar disorder, an incurable mental illness that causes my moods to swing uncontrollably from intense anxiety to crushing depression. I began seeking help five years ago and once spent two weeks in an intensive outpatient hospital program because I was suicidal. I got help, but later lost my job and my insurance, making my disorder a preexisting condition. Thankfully, the ACA prevents my new insurance from refusing coverage, and I was able to continue treatment. I will need to control my bipolar disorder with medications and therapy for the rest of my life. Without treatment, I am at a higher risk for long-term unemployment, becoming homeless, incarceration, and dying by suicide. With treatment, I work full-time, pay my taxes, volunteer for local charities, and I am a loving daughter, sister, and friend.

Katie Rugg in Henrico:

I was paying half of the cost of my rent and health insurance every month and still having to pay for services every time I went to be seen. I never knew how much things would cost when I needed to be seen, either! So I was paying an outrageous amount for health insurance and also afraid to go see a doctor if I had any issues because it was going to cost me more money than I had on top of everything else. I was already living paycheck to paycheck, with a full-time professional job in my field and a masters degree, and seriously considering going without any insurance at all. When the ACA was passed, my employer offered a discounted option through the affordable care exchanges. I

decided it was worth trying. It cut my monthly costs by more than half and it pays for services at 100 percent of the Medicare fee schedule. The cost is deducted directly from my paycheck, and every provider that I have seen has been happy with the prompt and predictable payment, even if it requires some explanation at first. The way it works is that I would pay the difference if there was any between the cost of service and the Medicare fee payment. So far, any additional cost to me, besides occasional lab work, which has been very minimal. And my regular chiropractic care has been completely covered. It has been phenomenal, like the difference between day and night for me. Not only did this option allow me to feel comfortable going in to see a doctor when I had an issue instead of when I had to and was already sick, it also helped me put some money away into a modest savings. Most importantly, with housing costs continuing to rise and my paycheck staying absolutely static for 3½ years, I was finally able to buy my own house through a first-time homeowners Assistance loan. It took a year of looking and saving aggressively, but I have done it. I have done it! Losing my ACA insurance would be devastating. I have come too close to homelessness with the financial pressures I face in this economy. I don't want to lose now what I have worked so hard to gain. Thank you, Sen. Kaine, for what you are able to do to help people like me.

JoAnne Loiselet, Clifton:
Clifton, VA.

My story is I'm sure like many other women. I was a stay-at-home mom and in 2009 my husband, who owned his own business, and I separated and ended up divorced 3 years later. He is not required to keep my children insured and he cancelled their health insurance without me knowing it. The company I started working for doesn't offer health insurance, and we went without, until the ACA went into effect. Our pediatrician didn't charge me for office visits and only for vaccines. When needed, we borrowed money to help pay the bills. If the ACA gets repealed, what would we do? What would happen if my son breaks his arm or my daughter breaks her leg? How could I pay for that? I make \$50,000 and live in Fairfax County and I could end up in bankruptcy. We have a right to have insurance and live with peace of mind.

Laura Kreynus, Mechanicsville:

My daughter was diagnosed with Crohn's Disease in April of 2013. That September, my husband was diagnosed with Parkinson's Disease. We are farmers, we raise food for America. As such, we are independently insured. Prior to finding a plan through the ACA in January of 2015, our monthly insurance premiums were increased to nearly \$3,000 a month—yes, a month. On top of that, our health care insurance had an annual cap on prescription coverage of \$5,000. The Humira that my daughter takes to combat Crohn's retails for \$3,800 a month, and that is not the only medication she needs. So basically, after one month, we reach the prescription coverage cap, meaning we would have to pay \$3,800 a month for her medication on top of \$3,000 a month in premiums. Who has an extra \$6,800 a month to pay for this? This is way more than we earn every month. With the health insurance plan we got through the ACA, our premiums for 2015 were \$1,500 a month, less than half of what we would have been paying. But the real saving grace was no prescription cap, so my daughter's medications are covered with a copay after we reach the deductible. This is still a lot of money, but at least we can treat our daughter's disease and hopefully keep her healthy.

And even though our premiums have gone up \$2,000 a month under the ACA, at least we still have insurance. Under the Republican Senate's repeal of the preexisting condition provision, we will not be able to get, much less afford, any insurance in the future. This will have devastating consequences to my daughter's health. She is only 15 years old. She deserves a chance in life. I have not even touched on how our insurance will affect my husband's Parkinson's Disease. We are upper middle class income Americans. I am not asking for a handout. We are paying more than 25 percent of our income for health care related expenses. And I can't imagine the affect this has on people with less resources than we have. Do you know what happens if you get sick or a disease and you don't have or can't have health insurance or medical treatment? You die. Seriously, health care costs are out of control in America and health care is a basic right, and people are dying.

Cynthia Elliott, Hillsboro:

Gov. Kaine, Without the ACA, I and many other younger seniors whose jobs do not provide health care would simply be without until Medicare kicks in. I was paying \$1,000 a month for HMO care. Until I couldn't. But with the ACA, I was able to get coverage for a reasonable \$300 a month. And this one includes dental care! It is simply a lifesaver for me.

Mary Lloyd Parks, Richmond:

We have excellent insurance coverage (though expensive) through my husband's partnership in a large law firm, and we've been grateful. We have two daughters, now 21 and 23. Our oldest has cystic fibrosis. The Affordable Care Act has allowed her to stay on her health insurance policy through college, and now in her first year as an Urban Teachers fellow in Washington, DC where she is teaching first grade and studying at night to get her master's degree in elementary and special education. While her health is currently good, the medicines she requires to maintain her health are extremely expensive and without our insurance, she would not be able to afford them. The prescriptions cost thousands of dollars every month. We are quite fearful that when she turns 26, her pre-existing condition—a very expensive and lifelong disease that requires routine hospitalizations and even lung transplants—would make her virtually uninsurable. We are counting on the ACA to be in place when she can no longer be insured as a member of our family. She has chosen a profession that may not allow her to afford the care she needs, and she was born with a chronic serious illness that would be a pre-existing condition that a future insurer could use to deny her coverage or to charge her prohibitively high premiums.

Just four more.

Carry Hawes from Midlothian:

Sometimes people forget how much is encompassed in the ACA. If not for the ACA, my husband would be dead. Diagnosed with a fatal liver disease in 2007, he needed a liver transplant and he ended up getting two. On July 19, 2012, he received a new liver at UNC hospital. He regained his life and we were able to move home to Richmond to take new jobs and begin a family, knowing that his preexisting condition would be covered under the ACA. We were able to live without fear that an employer would deny us coverage because he was high risk.

Sammye Newman, Richmond:

Before the ACA became law, I was paying more than \$1,200 a month for health insurance. Quitting altogether was one alternative, but it would have meant paying pos-

sibly double for health care, procedures and lab tests because I would no longer be eligible for the negotiated prices contracted by the health insurance company. Still, I was almost out of money. Then the ACA was passed. My rates fell to between \$50 and \$60 per month for better policies than I had before making the switch. At 62 years of age, I am faced with health care needs that continue to increase. As a cancer survivor (21 years and counting!), it is imperative that I be proactive regarding health care. In fact, having a good doctor under an affordable employer-sponsored health care plan is what saved my life 21 years ago. Please, don't allow this lifeline to be abolished!

Heidi S., of Richmond, asked me not to use her last name:

Thanks to the passage of the ACA, I was able to stay on my parents' health insurance plan until I turned 26 years old. This policy change allowed me to go back to school at 24 years old to pursue a Masters degree, during which time I was diagnosed with a malignant melanoma. The mole was not of concern to me at all and was found during a routine check-up. If I did not have access to my parents' health insurance during that time, I surely would not have had access to the pathologists and surgeons who diagnosed and removed the cancer before it had the chance to spread. While no one knows what would have happened if this tumor not been removed, I truly feel that I owe my life to the ACA.

Finally, Christopher Woodroof from Bedford, VA:

Dear Senator Kaine, In September of 2011 I began receiving Social Security Disability Benefits, not from an injury, but from an illness I was diagnosed with 12 years ago, a rare blood disorder caused by a mutated gene in my bone marrow. I worked as many years as I could, but eventually I became unable to. The company I worked for insurance plan had a \$10,000 deductible, so for me having to go to the hospital twice a month for most of the twelve years, it has taken all of my savings and retirement I had accumulated to cover my medical bills. Seven years ago we had to cancel my wife's health insurance due to the high cost. Due to the high cost of medical care, my wife would not see her doctor at times she really needed to. The amount of disability I receive barely covers our basic needs, so she felt we could not afford a doctor bill. Under the Affordable Care Act, she qualifies for a decent policy that cost us \$30 a month. This has enabled her to start seeing her doctors again and made her prescriptions for asthma affordable and obtainable again. This coverage is a lifesaver for us and I'm not sure how [we] could handle losing it. Please convince your colleagues in the Senate to show some compassion for those who worked hard all their life, only to lose everything because they became ill. Thank you for your service and all you have done for Virginia and the American people. God bless you. With kindest personal regard, Chris Woodroof.

This is not a game. This is not politics. This is not a debate. These are the lives of dozens of Virginians sampled out of 1,600 stories that have been sent to me in the last 3 weeks, all saying to this body one thing: Do not repeal the Affordable Care Act. Do not jeopardize the health care of 30 million people. Do not jeopardize the peace of minds of parents going to bed at night and making them wonder what will happen if their child gets sick tomorrow or if they lose their job.

We can improve, and many of these letters point out things we need to do to improve the Affordable Care Act. But we shouldn't even be contemplating a repeal of a law that provides so much good to so many. This is one of the main reasons, when we vote later today, I am going to be opposing someone who wants to repeal the Affordable Care Act—Congressman TOM PRICE, as he has been nominated for HHS Secretary.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I rise this afternoon to speak about the nomination of TOM PRICE to be the next Secretary of Health and Human Services.

I wish to start this afternoon with a couple of names—just five, and I will use just first names—five Pennsylvanians whom I will refer to in my remarks. I am certain I will get to the first two, and I hope to get to all five. First is Anthony; second is Rowan; third is Rebecca; and fourth and fifth are Hannah and Madeline, two sisters whose story inspired me and continues to inspire me today. I will start with Anthony because I think his circumstance and that of his family are good reminders of how important the Medicaid program is to families across the country.

Anthony's mom wrote us a letter. I will read pertinent parts of it to summarize his circumstance. His mom writes in the opening part of the letter:

My son, Anthony, was born at 25 weeks and he weighed one tiny pound. We were overcome with medical bills which Medicaid thankfully paid for us. Since his birth he has had multiple health crisis, seizures, sleep disorders just to name a few.

Most recently, Anthony was diagnosed with Autism spectrum disorder, Tourette's syndrome, severe obsessive compulsive disorder, and Dyspraxia.

All of those in the life of one young boy—

She says:

Last spring, we were faced with the decision of putting him in a residential treatment program. If not for his Medical Assistance—

The name of the program for Medicaid in Pennsylvania—

this would have never been an option for us.

In other words, they wouldn't be able to get him into a residential treatment program. Ultimately, Anthony's family chose to get him intensive outpatient treatment, which Medical Assistance also covered. Anthony's mom Corey ultimately decided to stay home and care for Anthony, so she had to leave the job at which she had worked for 20 years. She said:

If we lost coverage, we would not be able to provide the support he needs. We are sure of that.

Toward the end of the letter, she says:

My son Anthony is currently attending school almost regularly and functioning the best he has for a very long time thanks to the services he received from his medical as-

sistance. It gives me hope and encouragement that he will someday grow up to be a contributing member of our next generation.

That is Anthony's story of all of the benefits he and his family have derived from Medicaid or, as we call it in Pennsylvania, the Medical Assistance program.

The second Pennsylvanian I will talk about is Rowan. I spoke about Rowan on the floor just a number of days ago. I am quoting from Rowan's mom's letter. Pamela wrote:

Rowan was diagnosed with Autism Spectrum Disorder in March of 2015.

He was extremely hyperactive and since he refused to nap, he was a severe distraction. I cannot stress enough that we had zero other options for our family. For months, I would receive calls about Rowan being aggressive to other children. This broke my heart. No parent wants to hear that their child is hurting other children.

Late January 2016, I applied for Medicaid [Medical Assistance]. After Rowan was awarded MA, we were able to obtain wrap-around services.

Then she talks about a behavioral specialist consultant, a therapeutic staff support worker, and all the help that came with those individuals.

Specifically she helped to alleviate his aggression and combat his over-stimulation. The wrap-around services have been a God-send.

Ultimately, Rowan benefited from a social skills program.

This program is a social skills program specifically for Autistic children ages 3-21. I enrolled Rowan in November. Rowan has benefited immensely from [this program]. Thankfully it is covered in full by MA.

Then she concludes, in part:

Our family would be bankrupt or my son would go without therapies he sincerely needs.

Overall, we are desperately in need of Rowan's Medical Assistance and would be devastated if we lost these benefits.

So we have two young boys in Pennsylvania. Their stories are told by their moms, and they are telling us: Don't cut Medicaid. Don't destroy Medicaid, as some proposals have been not just debated here in Washington, not just theorized about; these are policies that Members of Congress have voted in favor of.

But now it is a little different. Now it is not just voting in favor of so-called block-granting—a very benign term, “block-granting.” I would rather use the word “destroy,” but we can debate that. This is a live issue now because we have people who are still proposing block-granting, and we have a President who—at least one member of his administration said he would sign such legislation or at least support it. That gets to the point of my basic disagreement with what Representative PRICE has not only supported but led the fight on in the House of Representatives.

I disagree totally with his budget proposals to block-grant Medicaid for the reasons that I just outlined—because of Rowan and Anthony and lots of children in Pennsylvania like them, children with disabilities, children who

happen to come from low-income families, seniors who want to get into nursing homes. All of those concerns are uppermost when I consider his nomination.

What I was hoping he would say to me in our meeting in my office—a very cordial meeting where we debated a little bit—and then after my questions to him both in the Health, Education, Labor, and Pensions Committee, and the Finance Committee, the committee from which his nomination originated—I was hoping he would say: I was for block-granting Medicaid and changing Medicare and making all those proposals as a House Member, as a leader in the debate about the budget. But I am going to be in different place now, and I am not going to push those ideas. I am going to have a different position, and we are not going to go in the direction of doing that any longer, so I want to separate from what I was proposing as a Member of the House. I have no assurances that his advocacy or position on these issues will be any different.

Now we have the administration embracing the very issues that in the campaign the candidate said he was against. The Presidential candidate said that he wouldn't touch Medicare; he wouldn't touch Medicaid. You know the statements I am referring to.

When we talk about Medicaid and why it is such an important issue in this confirmation process, what are we talking about? In addition to Rowan and Anthony and children like that, we are also talking about the fact that 45 percent of all the births in the United States of America are paid for by Medicaid. A lot of people don't know that, but that is the truth. One in five seniors receives Medicare assistance through Medicaid. That is one of the reasons so many seniors are concerned about not just what happens to Medicare, but what happens to Medicaid.

Another reason for seniors to be concerned: Two-thirds of nursing home residents are covered by Medicaid. So when we talk about block-granting, which leads to massive cuts to Medicaid, we had better be concerned about it because it means nursing home residents are adversely affected.

Medicaid covers 40 percent of all the children in the country with health care—40 percent. For poor children, 75 percent get their health care through Medicaid, and 60 percent of all children with disabilities are covered by Medicaid—60 percent.

How about if you live in a rural area? Let me give a sense of what the circumstance is for Pennsylvania. We have 67 counties, 48 of them are rural, and a lot of people in those communities are covered by Medicaid. By one recent estimate, more than 278,000 rural Pennsylvanians are covered by Medicaid. We know that hospitals in rural areas depend upon Medicaid. In 15 rural Pennsylvania counties, hospitals were the top employer. Guess what program supports those programs, keeps the doors open: Medicaid.

On and on, we could talk about job loss that results from cutting Medicaid. So if we are serious about helping children with disabilities and protecting seniors, we should think long and hard before voting for the block-granting of Medicaid.

One final point just with regard to Pennsylvania Medicaid.

If Medicaid were to be block-granted, as many legislators have supported and voted for, if that happens and if the Affordable Care Act were repealed without a replacement, Pennsylvania alone—one State—would lose \$80 billion over 10 years. This is a 38-percent reduction in funding for Pennsylvania. I am going to fight anyone who tries to take \$80 billion away from Pennsylvania for health care.

I would hope that if Representative PRICE were confirmed, he would abandon those reckless, extreme ideas to block-grant Medicaid because of the consequences for seniors, for children, and for individuals with disabilities.

I don't have a chance to get too far into Medicare today. If I can, I will a little later. I will try to come back to some of the stories people have written to us about the impact of the Affordable Care Act on their lives.

Let me quickly go through some points about Medicare. We know that in a State like ours, one of the oldest States in the country, about 2½ million Pennsylvanians rely on Medicare to help them pay for health care costs. Thank goodness we have Medicare in place. What we would not want to have happen in Pennsylvania is the enactment—and as I said before with regard to Medicaid, now this is a live issue. You have Senators and House Members in both Chambers who have already voted for budgets that would do the following: change Medicare into a premium support program or a voucher program, which means basically you give seniors a fixed amount of money to buy their insurance and then say: Good luck buying your own insurance, buying your Medicare insurance.

I don't think there are very many people in my home State who think that is a good idea.

Of course, none of this has been on the table because these budget votes go by and people vote for the budget, and then it doesn't go any further, so no one feels the urgency to oppose it. Now we have, apparently, people in both Houses in agreement with President Trump to have him sign legislation which would change both Medicare and Medicaid.

I think these are among the many reasons why I would vote against Representative PRICE in his confirmation vote. After a lot of review of his record, after a lot of review on what his proposals would mean if they were to become law—and now we are at a point in our history where these issues are no longer theoretical; they are live issues. These are matters that could be the subject not just of debate but the subject of enactment into law.

I will try to return later to go through some other issues with regard to the nomination.

At this time, I will 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.

Mr. CASEY. Mr. President, before I recommence my remarks, I see the senior Senator from Oklahoma, Mr. INHOFE. I want to make sure that if he is prepared to take the floor, I will yield.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. INHOFE. Mr. President, I thank the Senator from Pennsylvania, and the answer is, yes, I am prepared.

BILATERAL TRADE AGREEMENTS

Mr. President, President Trump is meeting this weekend with Japanese Prime Minister Abe, and so I want to take this opportunity to talk about the need for bilateral trade deals.

We have heard during the campaign and since he has been elected President of the United States that Donald Trump has not been adverse to trade. He said he is for fair trade. I think that makes sense, that we should have it.

I would like to talk about some of the problems that are there that I think he can correct that had not been corrected by the previous administration.

Bilateral trade agreements with our key allies should be a priority for this Congress, and I look forward to working with the Trump administration to ensure that these agreements grow American exports, especially for our agriculture and our energy producers.

For full disclosure, I must admit that my State of Oklahoma is a major ag State and also a major energy State.

Of our many key allies, I want to highlight three opportunities for the United States to engage in bilateral trade agreements with three countries: Japan, Taiwan, and then many of the countries in Sub-Saharan Africa.

Japan has the third largest economy in the world, but American farmers and ranchers are limited in their ability to access them, and this is why: They have very high tariffs on things we would want to export to Japan. At the same time, we are buying their automobiles. We are buying their products. And that is one of the typical examples of what I think our new President has been referring to. He wants to have the deals that benefit equally America and our partners. I think we can really do that.

We should engage with Japan to develop bilateral trade agreements with a focus on providing new and commercially meaningful market access for agricultural exports and smoothing the way for increased energy exports. In

particular, Oklahoma beef producers are chomping at the bit to get more access to the Japanese market.

In addition to agriculture, my State is an energy State, as I mentioned, and Japan is a nation that is hungry for energy. In fact, Japan has accounted for 37 percent of global LNG purchases since 2012. LNG is liquefied natural gas. I am biased because we are a major producer in the State of Oklahoma. It is something they need, and they need to get it from someone. We ought to make this a bilateral arrangement. A trade agreement with Japan would streamline the current lengthy and pretty cumbersome process for LNG exports to Japan, ensuring that they have a reliable source of energy production and providing jobs to Oklahoma at home.

In addition to Japan, Taiwan is a close friend and ally to the United States and our ninth largest trading partner. As I happen to be the chairman of the Taiwan Caucus, I know firsthand how important it is to strengthen the U.S.-Taiwan relationship, which we can do by engaging in direct bilateral trade agreement negotiations with that country. There is no reason for us not to.

I believe that a key component of any trade agreement, including with Taiwan, is an effort to ensure that food safety and animal health regulations are aligned and based on science to ensure that any differences do not become non-tariff trade barriers. This would enable us to directly address the ban Taiwan has against U.S. pork because we use an ingredient called ractopamine in our feed to keep the hogs lean. It is perfectly safe, but Taiwan uses that as an excuse to block imports of our pork to their country. This is an issue I have already brought up with the Trump administration and with Wilbur Ross, who is waiting for confirmation as the next Secretary of Commerce. That is why we need bilateral trade agreements with Japan and Taiwan.

Our trade relations with counties in Africa are also important because, according to the Economist magazine, six of the world's fastest growing economies were in Sub-Saharan Africa from the year 2000 to 2010. For too long Sub-Saharan Africa has been ignored as a trading partner for the American Government. In fact, they pretty much have been ignored anyway.

I can remember when the continent of Africa was in three different commands. They had the Pacific Command, European Command, and Central Command. For this continent with its significance, I was somewhat instrumental in changing that, in establishing a new command, which is called the AFRICOM. The same thing has been true in terms of not using it as a trading partner.

For the last 20 years, I have been—I think I made my 144th African country visit—working with that continent, and I have seen firsthand the vast potential that is there. When they say

their economies are growing—and a lot of times they say “Well, we are not interested in doing that” because they are not large enough yet.

Last year, Congress enacted my “Africa Free Trade Initiative Act,” which requires government agencies—the USTR, USAID, and other agencies—to collaborate on efforts to build trade-based capacity in African nations. This is a step in the right direction for America to partner with and secure deeper ties to the fastest growing economies in Sub-Saharan Africa.

While some in our government may not deem Sub-Saharan African countries ready for deeper collaborations on trade with the United States, let me tell you what is going to happen if we don't. We still have this country called China. Right now, China has become very active in Africa. What you hear in Africa is, America will tell you what you need, but China builds what you need. The problem with that is, that doesn't help Africa, and Africans know this, because China imports their own labor to build all these things.

So this is one of the things we are looking at where we can actually come out ahead if we will get in on the ground floor and get involved with these economically active countries. And we need to focus more on building trade in legal capacities so that they are ready to do trade agreements, and when that time comes, they will be doing it with us and helping their economies grow. That is what our economic assistance should be all about. They grow, and we are going to grow with them.

That is a go of what was enacted in last year's African Free Trade Initiative Act, and I will continue my work with the new administration to ensure that African nations are not left behind.

With China's rising economic might, we need to strengthen America's current relationships with some of our strongest Asian allies, such as Japan and Taiwan, with new bilateral trade agreements, and this will help counter China's growing influence if that region too.

Oklahoma farmers, ranchers, energy producers, and manufacturers need competitive access to international markets to sell Oklahoma-grown and Oklahoma-produced products. New agreements with our allies would generate more economic activity and create jobs not just in Oklahoma but throughout America.

I think this is the thing that the new administration is talking about when he says we need to have—there is no justification for arrangements where we are not able to have a comparable tariff arrangement where the countries can trade with each other, and that is what we anticipate doing.

Let me mention one other thing. I know that the Senators on the other side of the aisle are spending a lot of time blocking or trying to block the nominations by this President. Every

once in a while, I have to get on the floor and remind them that it is not going to work. You know they are all going to be confirmed. The votes are there, and you can say anything you want about some of the fine people who have been nominated by this President.

I was privileged to visit with President Trump in Trump Tower before he was President. I can remember going up there to visit and seeing the people who would be advisers and the types of people he was going to be nominating, and it was very impressive. Now we have gone through a situation where the Democrats in the Senate have stalled these nominations. They stalled them longer than they have ever been stalled in the history of America, going all the way back to George Washington. All we are doing is wasting time that we could be acting productively in correcting some of the problems we have in this country.

OVERREGULATION

There is another issue. I was fortunate enough to spend several years as the chairman and ranking member of a committee in Congress called the Environment and Public Works Committee. It has a very large jurisdiction. It is a committee that deals with—as the title infers—environment and public works, environmental and some of the overregulation that we have had, and created real serious problems.

Also, we have been successful in passing a lot of the initiatives, such as the FAST Act. That was the largest transportation reauthorization bill since 1998. So we have done a lot of good things there.

One of the problems we have had—that we dealt with in that committee and will continue to under the chairmanship of Senator BARRASSO—is doing something about the overregulation. This has been a problem, serious problem. In 2½ months between the Presidential election and Inauguration Day, the Obama administration produced over 200 rulemakings; 41 of which are considered economically significant rules, rules that would result in \$100 million or more in annual costs. Over the course of his administration, President Obama added 481 economically significant regulations to the Federal registry, over 100 more than the Bush or the Clinton administration.

Regulations cost our citizens, at the current time, \$1.89 trillion a year and more than 580 million hours of paperwork in order to comply with this staggering amount of rules. People don't realize the cost of rules. When they made such an effort, starting way back in 2002, to pass legislation that was aimed at trying to get into some type of an arrangement on global warming—and all of this to restrict emissions—they didn't realize at that time, until the bills got on the floor, that the cost to such cap and trade—a type of regulation—is between \$300 and \$400 billion a year to the American people.

Every time I see a large figure coming from Oklahoma—I get the latest

figures from Oklahoma, in terms of what has happened economically in the previous year—those regulations would cost the average family who pays Federal income tax in my State of Oklahoma an addition of \$3,000 a year, and by their own admission, it wouldn't accomplish anything.

I can remember as chairman of that committee, we had Lisa Jackson. Lisa Jackson was the Administrator of the EPA, the first one that President Obama had appointed. I asked her the question live on TV, in an open meeting, I said: If we were to pass, either by regulation or by legislation, the cap-and-trade legislation that they are talking about passing, and have been talking about, would this reduce CO₂ emissions worldwide? Her answer: No, it wouldn't because this isn't where the problem is. If it is not going to accomplish something, even if you believe the world is coming to an end because of fossil fuels, doing something in the United States is not going to correct it. But that is the cost of rules. That is what we are looking at right now.

We went through 481 significant regulations during the Obama administration. At the last minute, after President Obama realized that Hillary Clinton was not going to win, he got involved in what we refer to as “midnight regulations.” He had several of these last-minute regulations he was trying to get in after the election took place—and he knew who was going to be the next President—before the next President took office. One such midnight regulation, finalized January 13, is the Environmental Protection Agency's rule entitled “Accidental Release Prevention Requirements for Risk Management Programs Under the Clean Air Act.” EPA states that the purpose of the updated rule “is to improve safety in facilities that use and distribute hazardous chemicals.” As you can imagine, environmentalists will not be happy if this rule is changed, but I argue this rule does not make facilities or surrounding communities safer. In fact, it could put them at greater risk.

There are several concerns with this rule, but the biggest one is the national security implications due to the rule's public disclosure requirements. Under this rule, facilities are required to share information on the types of chemicals stored there and the security vulnerabilities with emergency responders, and upon request, to the general public. The rule does not provide for the protection of this information from further disclosure once it is provided. It is well known that terrorists have considered attacks on chemical facilities as a way to kill citizens and cause mass destruction in our communities, and of course requiring the disclosure of this information to anyone whose asks is very reckless and impossible to understand. We can't figure out why they would do that. The terrorists would have access to the same information, which would make their job a lot easier.

Congress has passed several bills to protect just this kind of information. It was even the author of one of these bills. Under the Chemical Safety Information, Site Security and Fuels Regulatory Relief Act of 1999, the distribution of sensitive information from chemical facilities is limited to publicly available Federal reading rooms and certain Federal, State and local officials and researchers who are then barred from further disseminating the information. This makes sense. We need local officials to know what they should do in the event there is a problem, but our enemies should not be able to get this information. It is fine, except you don't want to give it to our enemies, those who are in the terrorist community.

The new rule by the EPA does not provide any of these protections to the information now required to be shared upon request, to include audit reports, exercise schedules and summaries, emergency response details—all of which would provide those intent on criminal acts with a blueprint of facility and emergency response vulnerabilities. This is exactly what they want to perform their terrorist activities. The requirement does not make these facilities safer but actually increases the chance of harm to be done to them.

The sole reason this rule was updated by the Obama administration stems from the West, TX, chemical plant explosion of 2013. Yet this rule on accidental release prevention would do nothing to prevent another West, TX, because that explosion and fire was intentional. It was an act of arson. The Obama administration used this tragedy that took 15 lives as an excuse to make these facilities and surrounding communities less safe, and it doesn't make sense, unless you look at what else the rule does.

This rule is the first step in EPA expanding its authority under the Clean Air Act to mandate how chemicals are manufactured and used. We just passed a bill, on a bipartisan basis, that takes care of this problem. You don't have to worry about that anymore. The EPA is requiring paper, petroleum, coal, and chemical manufacturing industries to conduct safer technology and alternative analysis, STAA, as part of their process hazard analysis. In conducting this STAA, these industries must consider what they call inherently safer technologies, IST, or inherently safer designs, ISD. This sounds good, but it is something that is so ambiguous nobody knows what the real definition is.

While the rule stops short of requiring EPA's approval of these STAAs or requiring the implementation of IST and ISDs, it is only a matter of time before the environmental groups begin to litigate the issue and act as escorts to force EPA to mandate these majors. This is the proverbial camel's nose under the tent. Industry will tell you that the best time to assess inherently safer technologies and designs is during the initial design phase.

Furthermore, industries are constantly evaluating their processes and making changes at the margins based on what works best for the products and customers. Allowing the EPA to become a part of that conversation adds a third party to the question that does not care about the company, the product or the consumers. The inherent safety of a technology or design is a relative standard. What might be safer in one company or product, does not mean it is going to be safer within a process that is completely different and in a different company.

For example, it may be inherently safe to store or use less of a hazardous material, but that would likely increase the number of shutdowns and startups due to not having enough materials on hand. Research shows that the shutting down and restarting of a chemical process poses a greater risk than continuous operation would.

Additionally, you would increase deliveries and movement of hazardous material throughout the surrounding communities, shifting the risk elsewhere. How can we say definitely that is safer? As you can see, there is no definitive answer to what would be inherently safer. It is an ambiguous term. It means it is very difficult to define.

Allowing the EPA's foot in the door on this would only lead to a heavier hand mandate that would hurt industries, consumers, jobs, and ultimately the valued public. This rule is promulgated on the premise of preventing another West, TX, tragedy, but this rule does nothing to protect facilities from intentional actions of a criminal or a terrorist and in fact would actually be in a position to aid them in their quest to do us harm.

I only outlined a couple of the many concerns this rule creates. I believe we should take a look at what this actually does.

It is not just this rule. As I said, President Obama went in at the last minute and did these midnight rules. This is one of the things we can look forward to doing away with, some of the overregulation that has cost Americans so much over the last 8 years.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, let me pick up from where I left off earlier in my discussion of some of the issues that Representative PRICE, the nominee to lead the Department of Health and Human Services, advocated for as a Member of the House, as a leader on the Budget Committee. These are issues I continue to be concerned about with regard to his nomination.

With regard to Medicare—I left off with a few comments about Medicare. Here are some of the concerns that have been stressed by major senior organizations with regard to some of the Medicare proposals in Washington.

In a letter to President Trump, AARP CEO Jo Ann Jenkins said:

The average senior, with an annual income of under \$25,000 and already spending one out

of every six dollars on health care, counts on Social Security for the majority of their income and on Medicare for access to affordable health coverage.

Unfortunately, some congressional leaders have discussed plans to use the health care debate to fundamentally change the Medicare program and undermine the contract made with generations of Americans.

Proposals creating a defined contribution premium-support program; restricting access by raising the age of eligibility; or allowing hospitals and providers to arbitrarily charge customers higher prices than Medicare; all betray the promise made to older Americans who have paid into Medicare their entire working lives.

She goes on to say:

Indeed, these proposals do little to actually lower the cost of health care. Rather, they simply shift costs from Medicare onto individuals—many of whom cannot afford to pay more for their care.

So says the leader of AARP.

So that is one of the reasons why the proposals that Representative PRICE has supported become front-and-center concerns in his nomination. I will move next to a consideration of Representative PRICE's record on the Patient Protection and Affordable Care Act. If you go back to 2009, before we passed the Patient Protection and Affordable Care Act, over 50 million Americans were uninsured in 2009. People with any sort of medical condition were routinely denied health insurance or they were charged exorbitant rates because of their health history. Women were routinely charged more than men for their health insurance. Third, sick individuals were routinely dropped from their health care coverage because they had reached arbitrary caps on the amount of care an insurer would pay for in a given year. Of course, in 2010, the Affordable Care Act was passed.

Now we can say that 20 million Americans have health care coverage, and that includes 1 million more Pennsylvanians who have health care coverage because of that legislation. And 105 million Americans are protected from discrimination due to preexisting conditions. Over 9 million Americans are receiving tax credits to help them cover health insurance premiums, and 11 million seniors have saved over \$23 billion from closing the Medicare Part D prescription drug plan doughnut hole. Pennsylvania hospitals, because of the Affordable Care Act, have saved over \$680 million due to reductions in uncompensated care.

I would add to this that all those Americans, by one estimate as many as 156 million Americans—there is another estimate that is even higher than that; but at least 156 million Americans—with employer-sponsored coverage have a long list of protections against being denied coverage for a preexisting condition, against annual or lifetime limits, against discrimination against women because they happen to be women.

All of those protections are in place now for more than 156 million Americans because of the Affordable Care Act. Yet, despite all of those gains that

have been realized in only a few short years, Representative TOM PRICE opposes the law.

In fact, he wants to repeal it. Rather than working with us to improve it, he has proposed a replacement that would strip away many of those critical protections. Again, they are not only protections for people who are newly insured but protections that are in place now that were not there for more than 156 million Americans with employer-sponsored coverage.

So I get letters from constituents concerned about his record or concerned about the direction that he would take the Department of Health and Human Services or the direction that the Trump administration would go. Now apparently, after the election, after inauguration day, the administration is supporting block-granting of Medicaid and supporting changing Medicare as we know it.

That is why we get letters from individuals across our State. I mentioned before that we have 48 rural counties in Pennsylvania. There are a lot of people—literally, several million people; 3.5 million by one estimate—living in rural counties in Pennsylvania, in rural communities.

I have a letter from Rebecca. That was one of the names I outlined at the beginning of my remarks earlier today. Here is what Rebecca said:

The Affordable Care Act allowed my husband to join me on the dairy farm where I worked for 8 years and am co-owner of the herd. Over the past 3 years, we have straightened out our finances and have gotten our student loan debt under control. Third, we have opened an IRA to plan for our retirement.

We live in a small trailer. We own one car. We shop at discount grocery stores and local Mennonite food stands. We have worked hard for financial stability. Over the past year we have begun discussions about having a child and starting our own business. Threats to the ACA are threats to our future, Senator, and to the future of small businesses, agriculture, and families.

She goes on from there to tell her story.

So that is Rebecca, who has some experience, not just in rural Pennsylvania but experience as a dairy farmer, trying to start a family, and trying to start even more of a business career. So that is another example of what we are hearing from people across Pennsylvania.

I mentioned at the beginning of my remarks Hannah and Madeline. Hannah and Madeline are the daughters of Stacie Ritter. She is from Manheim, PA. She is the mom of four children, including Hannah and Madeline. They happen to be twins. I met them way back, I guess, in 2009. At the time Hannah and Madeline were diagnosed with a rare and dangerous type of leukemia when they were just 4 years old.

Stacie and her husband went bankrupt trying to pay their daughters'

medical bills. She wrote to me at that time—just around 2009—saying that, without health care reform “my girls will be unable to afford care, that is if they are eligible, for care that is critically necessary to maintain this chronic condition. Punished and rejected because they had the misfortune of developing cancer as a child.”

So said Stacie Ritter about her daughters, pleading with me at the time, as the Senator who would vote on the Affordable Care Act. I just met with Stacie again. She is very glad that we passed the Affordable Care Act so that her daughters could have the health care that they need. Fortunately, this story has a happy ending. Hannah and Madeline are healthy young women now. They are freshmen at Arcadia University, and they are doing well. The Affordable Care Act protects them by ensuring they will have access to affordable coverage, whether on their parent's plan or on a plan on the individual market.

So when we talk about that legislation, when we talk about Medicaid, when we talk about Medicare—all of those issues—one of my basic points is that Representative PRICE, were he to be Health and Human Services Secretary Price, has to have an answer for those Pennsylvanians. He can ignore the questions of Members of Congress, and sometimes he has done that. We don't have time to get into that today, but he has done that in the confirmation process.

But he has to have an answer for Stacie Ritter. He has to have an answer for her daughters Madeline and Hannah. He cannot ignore them and their health care needs. He has to have an answer for Rebecca, who is worried about what will happen to her, whether she will still be able to have a dairy farm, whether she will be able to have a family. He has to have an answer for Rebecca in Pennsylvania.

He also has to have an answer for the two families whom I cited at the beginning—for Anthony and Rowan's family, two young boys on the autism spectrum who need the services of Medicaid.

So this is not theory any longer. This is not some idea that is floating around Washington. These are real lives that will be destroyed by some of these proposals. So if you block-grant Medicaid, you are going to destroy a lot of lives. If you change Medicare as we know it, and turn it into a voucher program, ripping away the guaranteed benefit of Medicare, you are going to hurt a lot of people. If you choose to vote for a repeal of the Affordable Care Act and you have no plan to replace it—after 7 years of complaining about it, criticizing it, and finger-pointing, and you don't have a replacement for it—you are going to hurt a lot of lives.

So this is not some debate that is not connected directly to people's lives. This is real life for those families. I have real concerns about them if Representative PRICE's view of the world

or his proposals that he advocated for vigorously in the House of Representatives were to become law. Apparently, now his ideas have been embraced totally by the Trump administration.

Let me finish with this one point about Representative PRICE. There are questions that remain surrounding Representative PRICE's stock deals. He told both the Finance and HELP Committees that the discounted shares of Innate Immunotherapeutics that he was able to purchase were available to every individual who was an investor.

But the Wall Street Journal reported not too long ago the following. I will just read one line from the story. The headline says:

Rep. Tom Price Got Privileged, Discounted Offer on Biomedical Stock, Company Says.

Here is what it says in the third paragraph:

In fact, the cabinet nominee was one of fewer than 20 U.S. investors who were invited last year to buy discounted shares of the company—an opportunity that, for Mr. Price, arose from an invitation from a company director and a fellow Congressman.

So says the Wall Street Journal story of earlier this month. So that is on the public record, based upon what the Wall Street Journal reported.

I, at the time, joined other Democrats on the Finance Committee to try and get this clarified. That request was denied. When we talk about the constitutional obligations to advise and consent—the Senate advising and consenting with regard to Cabinet nominations—we are not talking about a rubberstamp. We are not talking about some kind of automatic approval. We are talking about scrutiny, review, and getting answers to questions and having a long debate about someone's qualifications.

When you don't get clarified issues that have been raised and validated by news organization like the Wall Street Journal, I think we have more questions to have answered. It is a constitutional requirement—advise and consent—that needs to be honored.

For these and many reasons, I remain opposed to the nomination of Representative PRICE to be the next Secretary of Health and Human Services.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. CARPER. Mr. President, I rise today to talk for a few minutes about the nomination of our congressional colleague, Congressman TOM PRICE, also known as Dr. TOM PRICE, to serve as our next Secretary for the Department of Health and Human Services. When Senator TESTER arrives on the floor, I will yield to him. I know he has reserved time. I will be happy to yield to him when he arrives.

But until then, I just want to make a couple of comments, if I could.

From the outset, my colleagues—our colleagues and I; not all, but a number of us—have had concerns, in some cases very grave concerns, about many of

President Trump's nominees. Having said that, a number of them have gotten overwhelming support from both Democrats and Republicans. I checked as of sometime yesterday afternoon. There had been seven votes on nominees at that time. I think four of them had gotten overwhelming bipartisan support; three did not.

But from the outset, my colleagues and I have had grave concerns about many of President Trump's nominees. But we have a responsibility, I believe, to thoroughly consider every Cabinet nominee on the merits of his or her fitness to serve.

To evaluate Congressman PRICE's nomination, I looked—and a number of us have looked—at his career in the U.S. House of Representative, which I believe spans some six terms, which would be somewhere between 10 and 12 years. We did that in order to learn more about his guiding principles as a legislator.

All of us have guiding principles. I know the Presiding Officer, who has shared with me his guiding principles any number of times, but mine include trying to figure out what is the right thing to do—not the easy or expedient thing, but what is the right thing to do; to treat other people the way we want to be treated; three, to focus on excellence in everything we do. If it is not perfect, make it better. Four, when you know you are right, you are sure you are right, just don't give up. Those are sort of my guiding principles. I sometimes violate one or more every week. But I always know that I have them, and it is actually helpful to have sort of a compass to get me back on track.

But we wanted to learn more about the guiding principles for Congressman PRICE as we considered his nomination, his core values. During Congressman PRICE's time in the U.S. House of Representatives, he spearheaded efforts to dismantle the Affordable Care Act, which I regard as landmark health legislation that has provided 22 million Americans, including about 35,000 Delawareans with affordable, reliable, and comprehensive health insurance coverage.

Some people say: Well, is it perfect? No, it is not. No, it is not.

Well, I guess ever since Harry Truman was President, you had one President after the other, one administration after the other, bemoaning the fact that we had so many Americans who didn't have access to health care coverage.

So the question would be: Well, why don't you do something about it?

One of the things that we have done about it is to finally pass the Affordable Care Act, and I will talk more about that in a little bit.

Congressman PRICE has opposed the Affordable Care Act from day one, leading his colleagues in the House of Representatives to obstruct and sometimes undermine, first, the drafting of the law and, then, its implementation.

Instead of working with colleagues from both parties to offer improvements to the new law, he rallied against the need for essential benefits, such as contraception or mental health treatment or, frankly, access to medical procedures like colonoscopies, mammographies, prostate screenings—the kinds of things that, for individuals who are at risk of having colon cancer or breast cancer, if they had access to those kinds of screenings, could be detected earlier, with a lot of money saved, a lot of misery saved or avoided. In some cases, a loss of life is avoided as well.

Congressman PRICE introduced proposals to repeal the Affordable Care Act, doubling down high deductible plans and high-risk pools, which have a failed history of inadequate funding, waiting lists, and annual or lifetime limits.

Over the past few months, our Republican colleagues have said loud and clear that they will repeal the Affordable Care Act, and Candidate Trump certainly said that many times during the campaign. When he was elected, he said that one of his major goals was to repeal the Affordable Care Act. When he became President, it was the same message. But at the same time, we have heard from stakeholders across the health care sector about what will happen if the Affordable Care Act is repealed without a replacement. Plain and simple, doing nothing would unfurl chaos across the health care delivery system. The individual market, the marketplaces, the exchanges would collapse. Estimates project that more than 32 million Americans would become uninsured over the next decade. Health insurance premiums in the individual market would skyrocket, increasing by up to 25 percent immediately and doubling again by 2026.

From what I can tell, the cause to which Mr. PRICE has dedicated himself—and that is, repealing the Affordable Care Act with no plan to take its place—would devastate people's lives and our economy.

As we prepare to vote on his nomination, I think it is appropriate to remind our colleagues how we got here and the hard work that we did to approve a health care reform bill that is helping millions of people today.

I have a couple of charts that I would like for us to take a look at. We have on the right of this chart the United States of America, and on the left, we have Japan, a place I used to fly in and out of a lot when I was a naval flight officer during the Cold War.

One of the things that we learned a few years ago—6, 7, or 8 years ago—when we were debating what to do, if anything, in the last administration about extending health care coverage to a lot of Americans who didn't have it, we looked at countries around the world in the Finance Committee to see who was doing a better job and who was not. Among the interesting things that we found out about Japan was

that they were spending about 8 percent of gross domestic product to provide health care coverage to the folks in their country—8 percent. In the United States, at the time, we were spending 18 percent of gross domestic product, more than twice of what they were spending in Japan.

Think about it: 8 percent of GDP to provide coverage and 18 percent of GDP in the United States.

You might say: Well, maybe that is because we were covering a lot more people in the United States than they cover in Japan. Well, as it turns out, just the opposite is true, because not only do they spend in Japan like half as much as a percentage of GDP as we do, but they actually get better results, lower rates of infant mortality, higher rates of longevity among adults, and they cover everybody. They cover everybody.

When the Affordable Care Act was adopted, we had somewhere between 40 and 50 million Americans who would go to bed at night without any health care coverage at all.

I like to say the Japanese are smart people, and they are good allies of ours, good customers of ours. They can't be that smart, and we cannot be that dumb.

So as we were going through the debate on the Affordable Care Act in the Finance Committee about 6 or 7 years ago, one of the things we did is to say: Well, let's look at some other countries and see if they are doing something that maybe we could learn from and maybe we could take to heart and sort of reshape our health care delivery system with that in mind.

One of the things they do really well in Japan is they provide good access to primary health care. If you happen to live in Japan, you don't have to go very far in your neighborhood to find a health care provider. It might be maybe someone like an RN, or it might be something like an advanced practice nurse and maybe a primary care doc, but they have easy access to primary health care.

What they like to do in Japan is to define problems and to address problems when they are small and when they can be treated. They focus a whole lot on prevention and wellness. That is a great lesson. If you look at the Affordable Care Act, that is a lesson that we learned and incorporated into that legislation.

The heading on this chart is this: The Affordable Care Act is a Republican plan. Surprise. Why do I say that? Well, when you go back to 1993, we had a new President, Bill Clinton, and a new First Lady, Hillary Clinton. She basically felt—and I think her husband did, too—that every President, every administration since maybe Truman, had been talking about the need to try to make sure a lot more Americans had access to health care—quality health care—but nobody could actually figure out how to do it.

So Hillary Clinton began working in 1993 on health care, and people eventually called it HillaryCare—HillaryCare. If my life depended on it, I could not explain the elements of HillaryCare, but I could explain the elements of the Republican alternative that was offered to it. It was introduced by a fellow named John Chafee, a Republican Senator from the State of Rhode Island, and it had a number of elements to it. So I just want to mention these five elements that were found in the Republican alternative in 1993 to HillaryCare.

Senator Chafee's bill is the column right here. The next column over is called RomneyCare—right here. Farthest from me—my left, your right—is the Affordable Care Act.

We will look at five different components. As to individual mandate, which of these proposals had the individual mandate and which did not? As to employer mandate, which of these proposals included the employer mandate and which did not?

There is the ban on preexisting conditions—the idea that insurance companies could not say: Oh, because you had breast cancer, because you had this or that—patient or health care—if someone needs health care but they have preexisting conditions, insurance companies can't say you can't get coverage because there was a ban included on that.

As to subsidies for purchasing health insurance, which of these had it and which did not?

And we are going to look at the idea of—we will call them exchanges—purchasing in bulk.

When we were debating the Affordable Care Act, people would say: Why do you want to do this?

I would say: Well, look at the Federal Government. In the Federal Government, you have the legislative branch, the executive branch, and the judicial branch. If folks work as full-time employees, they can get access to health care. We get our coverage usually through private insurers. The Federal Government provides about 70 percent of the premium costs; the individuals provide about 30 percent of the premium cost. It is a large purchasing pool because we have over a million people in the Federal Government purchasing pool. We don't get free or cheap insurance, but it helps drive down the cost because you are buying health care coverage for a lot of people.

Somebody had a bright idea in 1993—John Chafee, I think, and the folks working with him, 20 Republican Senators and 3 Democrats, who said maybe we ought to give folks who don't have health care coverage the opportunity to buy their coverage in large group plans, much like we have in the Federal Government.

I will just hit the pause button right there and stop my remarks for now and yield the floor to the Senator from Montana.

The PRESIDING OFFICER. The Senator from Montana.

Mr. TESTER. Mr. President, I want to thank the Senator from Delaware, and I also want to thank the Senator from Georgia, who has about the same length speech as I have here—short and sweet.

Mr. President, I rise today on behalf of thousands of Montanans who have reached out to me in opposition to the nomination of Congressman TOM PRICE to lead the Department of Health and Human Services.

Health care in this country is a very complex thing. It has many moving parts. It impacts patients, doctors, nurses, hospitals, families, and rural communities in Montana and across this country.

Recently, I traveled across Montana, speaking with folks from most of the 60 hospitals that we have in Montana. There is no doubt our health care system has some problems. Costs are rising, and families are being priced out of health care. There is no doubt about it—not all but some. But these problems to be solved require thoughtful, responsible solutions. These problems require folks to put politics aside and work together for the health of our country and for rural America and for our next generation.

Over the years and throughout this confirmation process, Congressman PRICE has shown that he is not equipped for this vital and formidable job. Health care in this country is too important to turn over to a man who wants to reverse the progress, cut up the safety net, and rip away the health care that our seniors have earned.

Everyone in this body knows that we have work to do to fix the Affordable Care Act, but each and every Senator also knows that the ACA has expanded coverage for millions of Americans, improved rural America's ability to recruit and retain health care workers, and moved us closer to closing the Medicare doughnut hole. We cannot make any of these improvements if we do what Congressman PRICE has promised and repeal the ACA, especially without a single plan to replace it. I would tell you, if one exists, I would love to hear it, and I would love to hear it today.

So I want to work to fix the problems with the ACA, not send us back to a time when folks couldn't afford to get sick or couldn't change jobs due to pre-existing conditions.

Don't take my word for it. Joseph from Missoula wrote to me and said:

I am a practicing cardiologist in Missoula. I am adamantly opposed to the nominee, Congressman Price. His approach takes us back to the 1980s, ignores the reality of life for a large portion of our population, and is inconsistent with our obligation to care for the least of our brothers.

Joseph knows Montana cannot afford to go back to the old system. But Congressman PRICE has indicated that is exactly what he wants to do.

In his confirmation hearing, when Congressman PRICE was pressed about President Trump's replacement plan,

he played it off with a joke to a laughing audience.

The health care of the American people is no laughing matter. We need a serious plan to address rising premiums and deductibles, but Congressman PRICE and President Trump have come up empty. In fact, Congressman PRICE's plan to repeal the ACA without a replacement is a serious threat to the health of our country.

But the Congressman's attack on our health care system does not end with dismantling the ACA. He wants to take a chainsaw to the safety net that helps our hardworking, low-income families stay afloat.

Last year in Montana, under the leadership of Gov. Steve Bullock, the Montana Legislature worked across party lines to expand Medicaid to thousands of Montanans, giving folks coverage for the first time in their lives. A man in Butte, MT, looked me in the eye, and he told me that because of Medicaid expansion—listen to this—for the first time in his life, he was able to go see a doctor, get his diabetes under control, and ultimately find full-time employment. Because of Medicaid expansion, this man was finally able to provide for his family.

Congressman PRICE's proposals will rip that coverage away from that man and make it more difficult for others to use Medicaid as well. His plan to block-grant Medicaid will do exactly that, and I have heard from health care providers from across our great State that this will cripple rural America.

In Montana, with the expansion of the Affordable Care Act and Medicaid, it has created hundreds of jobs in the health care industry, and we can't afford to let those jobs go away. Rural America cannot afford Congressman PRICE's reckless plan—or lack of plan—to replace the ACA.

But Montana's working poor aren't the only ones threatened by Congressman PRICE. Our senior citizens often fall into the crosshairs of Congressman PRICE's irresponsible battle with the Affordable Care Act.

President Trump campaigned on protecting Medicare for seniors, and I am with him on that one.

If Congressman PRICE had his way, Medicare, as we know it, would cease to exist. He has supported budgets that would turn Medicare into a voucher system and cut the program by nearly \$500 billion. Congressman PRICE's plan moves more of the burden of health costs onto our seniors.

Under Congressman PRICE's plan, a senior in Glasgow, MT, who is struggling with dementia would receive a fixed amount of money and would be expected to go out, shop for insurance, and buy a private insurance plan. A couple retired in Whitefish would be forced to spend less time enjoying their final years together in order to comparison shop and wrangle with insurance companies—not really how most of us would envision retirement. A farmer from Fort Benton, who has

given his blood, sweat, and tears to feed our country would be hanging up his dirty baseball cap for the last time and will have to worry about finding extra money in his savings to cover higher premiums and out-of-pocket costs.

Does that sound like a fair way to treat our seniors? I think not.

America's seniors have earned their Medicare over a lifetime of hard work, and because most of them live on fixed incomes, they can't afford to see it privatized. We cannot allow this administration to gamble with our seniors' future and their health care.

Ann from Stevensville agrees. She wrote to me and said:

Please do not support anybody wanting to privatize Medicare. No to Tom Price.

But that is not all. Congressman PRICE's track record of fighting against affordable health care for all Americans is disturbing. Throughout his confirmation process, a disturbing pattern has emerged.

Congressman PRICE has spent his 12 years in Congress pushing legislation that would make health care less accessible for the poorest among us and enrich himself by corporate special interests. In 2016, Congressman PRICE used an exclusive sale of discounted stock of a foreign biotech company to line his own pockets. Now he is nominated to lead the agency that would directly impact this company.

Congressman PRICE underreported his holdings in this company by as much as \$200,000. Now, I know \$200,000 may not seem like a lot to some folks, but I am going to tell you, to this Montana farmer and to farmers across this country, we would remember if we had \$200,000 or so invested in a company.

He introduced legislation to lower the tax bills of three pharmaceutical companies that he personally held investments in. CNN reported that during his time in the House, Congressman PRICE invested in a company and then 1 week later, introduced legislation to delay regulations that would have hurt that company's bottom-line profits.

Patients, nurses, doctors, and hospital administrators got a raw deal while Congressman PRICE and his corporate special interests got richer and richer.

As an elected official, as a potential Secretary, you are held to a high ethical standard. Congressman PRICE failed to reach that standard.

President Trump pledged to drain the swamp. Congressman PRICE's record shows that he swam with the alligators for a while.

It is clear to me that Congressman PRICE's priorities put him at odds with the fundamental job of HHS Secretary.

Congressman PRICE's record is not one of expanding access to affordable care, increasing coverage to rural America, and protecting the Medicare that our seniors have earned. The legislation that he has carried in the House enriched himself and the companies he has invested in.

I think Elaine from Lolo, MT, said it best when she wrote to me and said this:

I believe we should be expanding health care coverage for Americans, not making it more difficult to access and afford.

Price wants to scale back Medicare and Medicaid, is out of touch with the realities of the challenges and needs for reproductive freedom and safety, and has financial conflicts of interest that would potentially skew his judgment.

A better choice should be demanded for the person who will lead Health and Human Services to ensure our country has the best possible healthcare and service support for the needs for all humans, not just those in line with Rep. Price's interests.

I urge you to vote no on Price's appointment. I will be watching the vote closely. Thank you.

Well, I couldn't have said it better myself, and I would encourage my colleagues to vote no for Elaine, for Montana seniors, for Montana families. Well, they are all going to be watching closely.

I would encourage a "no" vote on Congressman PRICE.

I yield the floor.

The PRESIDING OFFICER (Mr. CASIDY). The Senator from Georgia.

Mr. ISAKSON. Mr. President, I ask unanimous consent that these answers to four questions that have been raised in the last few days in the media be printed in the RECORD.

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

FOUR EXAMPLES OF THE LIBERAL CHARACTER ASSASSINATION OF DR. TOM PRICE

Even the great Perry Mason would be stumped by this one. Democrats, with the help of an eager media, have attempted a character assassination of Rep. Tom Price, M.D., President Trump's nominee for Secretary of Health and Human Services. Despite an impeccable record in both public service and medicine, they insisted Dr. Price's good name, built throughout decades of serving others, did not belong to him anymore.

And they almost got away with it. Here's how it happened.

Exhibit A: New York Magazine forecasts Price character assassination.

Buried in a December 27 story in New York Magazine, then-incoming-Senate Minority Leader Chuck Schumer (D-NY) broadcasts that he has unanimous Democratic opposition to a single Trump nominee: Dr. Tom Price. He plans to inflict as much pain as possible on the HHS pick, and Democratic staffers indicate they'll delay the process as long as possible.

"Senate Democrats appear to be unanimous in their opposition to Tom Price, Trump's choice for Health and Human Services secretary, and they hope to raise such a ruckus about Medicare during Price's hearings that at least three Republicans decide to vote against Price, too, thus handing Democrats their first scalp of the Trump era.

"According to various Senate aides, Schumer doesn't believe his party has a chance of torpedoing any other Trump nominees, but he hopes to make their confirmations as bruising—and, with smart floor management, as prolonged—as possible. (Schumer himself decided to comment.) 'The goal will be to show the public how controversial these nominations are,' explains a Senate Democratic aide."

Evidence A: <http://nymag.com/daily/intelligencer/2016/12/who-will-do-what-harry-reid-did-now-that-harry-reid-is-gone.html>

Exhibit B: Democrats, with help from media, begin Zimmer Biomet smear.

In mid-January 2017, CNN began nonstop coverage of what they believed was a bombshell story that would rock the HHS nomination process. Dr. Price, they claimed, introduced legislation to benefit a medical device manufacturer, Zimmer Biomet, whose stock he owned.

"Rep. Tom Price last year purchased shares in a medical device manufacturer days before introducing legislation that would have directly benefited the company, raising new ethics concerns for President-elect Donald Trump's nominee for Health and Human Services secretary."

The written piece breathlessly continues that theirs is the "latest example of Price trading stock in a healthcare firm at the same time as pursuing legislation that could impact a company's share price."

Predictably, Schumer and his henchmen began gleefully alleging on television that Dr. Price potentially broke federal law—a law that calls for up to 15 years of imprisonment if broken.

Except none of what CNN said happened actually happened.

1) Dr. Price's Morgan Stanley broker purchased the Zimmer Biomet stock without his knowledge as a part of a routine rebalancing of his portfolio on March 17, 2016. They notified Dr. Price on April 4, 2016. He disclosed it in his filings on April 15, 2016.

2) The 26 stocks, totaling less than \$2,700, were so small, in fact, that even Zimmer Biomet, like Dr. Price, was not even aware that he was a stockholder.

3) The legislation CNN and others keep referencing concerns Dr. Price's well-documented efforts, including a 2015 letter and subsequent bill, requesting the delay of a rule issued by CMS.

4) While CNN claims this would have benefited Zimmer Biomet, the company actually supports the CMS rule and publicly opposed Dr. Price's legislation.

So, CNN (and Congressional Democrats musing about alleged crimes punishable by imprisonment) runs—and reruns and reruns—a story about Dr. Price potentially breaking the law or behaving unethically and doesn't even get the story correct about Zimmer Biomet's position on the very legislation they claim he introduced for them? Way to go, guys.

Evidence B: <http://www.freebeacon.com/issues/dem-accusations-regarding-tom-prices-stock-trades-unsubstantiated>

Exhibit C: Democrats, with help from media, go low with Innate Immuno play.

In a salacious twist, media and Democrats turn their attention to Australian medical company Innate Immuno. At the recommendation of another Member of Congress, Dr. Price decided to purchase Innate Immuno stock through a "friends and family" referral program. Any eligible buyer referred to the company by a current stockholder received a 12 percent discount to fund a research project the innovator was launching.

This fact didn't stop Democrats from claiming he received "insider information" as a Member of Congress, a rather strange accusation about a company based in Australia.

Then, they pointed to what they insisted—and insisted—was his active support for the 21st Century Cures Act, legislation they said would help Innate Immuno gain access to American markets.

That would be pretty suspicious, except for the fact that Innate Immuno went on the record with the Wall Street Journal back in

December to express that they didn't care about the bill one way or the other because they were governed by Australia and New Zealand law.

And then, of course, there's the little detail that Dr. Price was not a co-sponsor of the 21st Century Cures Act. He never whipped for the bill. He never even voted for it. In fact, he was one of only a handful of Republicans to vote against it when it was introduced in the U.S. House of Representatives. As House Committee on the Budget chairman, Dr. Price had concerns that the law would bust spending limits set by the budget. Thus, he could not vote for the bill. So, a lawmaker doesn't co-sponsor the bill, doesn't whip for the bill and doesn't even vote for the bill, and yet he's being accused of crafting it, pitching it to his colleagues and promoting it to the public? Seems a bit odd, doesn't it?

Months later, the conference committee on the bill (of which Dr. Price wasn't a member, since he voted against the legislation) repaired the funding mechanisms for it, moving it from mandatory spending to discretionary spending. Then, Dr. Price felt comfortable voting to approve of the conference report, which, again, is not the same as "actively supporting the legislation." And to top it all off, it was because of Dr. Price's opposition to it that the American taxpayers weren't on the hook for 21st Century Cures as mandatory spending.

So, another swing-and-a-miss from the media and the Left. He didn't "actively engage" in supporting legislation that they insist he spearheaded, and funnily enough, neither did the company!

EVIDENCE C1: <http://clerk.house.gov/evs/2015/roll1433.xml>

EVIDENCE C2: <http://budget.house.gov/news/documentsingle.aspx?DocumentID=393978>

EVIDENCE C3: <http://www.georgiapol.com/2016/12/23/tom-price-stock-investments-need-eds-perspective/>

EXHIBIT D: Puerto Rico Lies, Lies, Lies

Another story emerged that Dr. Price introduced legislation to benefit himself, via stocks he held in a pharmaceutical company that did business in Puerto Rico. Again, the facts don't match their claims.

In 2004, Congress enacted the Section 199 deduction for qualified U.S. manufacturing activities. Realizing a technical omission, in 2006 Congress extended the 199 deduction for Puerto Rico on a temporary basis. As a result, Puerto Rico was returned to a level playing field and would no longer be competitively disadvantaged against the mainland. The 199 deduction was temporarily extended in both 2011 and 2014.

The Section 199 deduction was not extended as a part of the PATH Act in 2015. Dr. Price's bill would simply make permanent the 199 deduction, no longer requiring periodic reauthorizations, just as it is for the mainland. This would not give Puerto Rico or any U.S. company (and thus, a shareholder of such a company) a tax advantage. It merely creates a tax neutrality so a company can make a decision to invest in a jurisdiction for economic purposes, rather than tax. Dr. Price was never lobbied by PhRMA on this legislation. However, it is a priority of American companies, such as Georgia-based Coca-Cola, who would prefer to maintain their operations in Puerto Rico. The Puerto Ricans they employ, who already face perilous economic circumstances, would be inherently disadvantaged if these extenders did not occur.

Whoops.

Evidence D: <https://www.pwc.com/us/en/tax-services/publications/insights/assets/pwc-new-section-199-regs-could-affect-wide-range-of-taxpayers.pdf>

SUMMARY

Dr. Price's detractors on the Left have no actual defense of their opposition to him. They can't deny his qualifications or expertise, so they've resorted to an attempted character assassination. The media, eager for flames to fan, ran these baseless attacks time and time again, despite easily accessible information (i.e. a Google search) that would disprove these outrageous claims.

Both the Left and their media support must be held to account for conjuring up lies and spreading them for the past two months.

Mr. ISAKSON. Mr. President, I would also like the RECORD to reflect that I have never been to Montana. I have been to Delaware, but I respect anything either one of these Senators would say about any physician in Delaware or any physician in Montana. They have never been to Georgia. I have been to Georgia for 72 years. I have lived there for 72 years, and for 30 of those years, I served with TOM PRICE in the State legislature, in the same neighborhood organizations. He has been my friend. He has been my doctor. He is a great individual, and my knowledge of him is firsthand. I am not going to read to you something that somebody told me TOM PRICE was or is or did or was accused of. I am going to tell you about the man I know who has been nominated for Secretary of the Department of Health and Human Services.

I have known TOM, as I said, for 30 years. He is a great family man. He and his wife Betty are great members of our community. He is a great churchman. He is active in his church in his community. He started out working in neighborhood organizations, graduated to the State legislature, and became the first elected Republican majority leader in the history of the Georgia State Senate. He went from the Georgia State Senate to the Congress to replace me. He raised the intellectual component level of that seat tremendously when I got out and when he came in. He has done a tremendous job here in the seven terms in this Congress, representing the people of my State.

Now, I don't know much about medicine, except that shots hurt, and I don't want to go to the doctor unless I absolutely have to. TOM knows everything about medicine because he has delivered it for 30 years. He knows about the affordability of health care. He knows about the needs of senior citizens. He knows about the innovations that are necessary to help all of us stay healthy for the rest of our lives.

TOM PRICE is a committed public servant who has worked diligently and hard for the State of Georgia and people of Georgia.

There have been a few things said about TOM that I want to address, not because I want to waste my time talking about things that are just allegations that are put together in some fashion or form to make him look bad. I want to just make the record straight.

First of all, it has been said that TOM is for taking funds away from Medicare. That is ironic to me because last December, TOM and I were called on by AARP, the representative of the senior citizens of America, to go on the road and talk about how we were going to save Medicare and save Social Security—not cut and rob it. So we represented the organization AARP at their request. We wanted to save Social Security and save Medicare. We have never spent a minute of our time talking about taking it away from anybody. If there is anybody who is going to be able to make sure Medicare works for the senior citizens of the 21st century, it is Dr. TOM PRICE, of Georgia, and he is going to do it as Secretary of Health and Human Services in the United States of America.

Secondly, there have been a lot of things impugning TOM and his investments—the investments he has made.

I introduced TOM to the Senate Finance Committee. I introduced TOM to the Senate Health, Education, Labor, and Pensions Committee. I went through his application. I have seen everything on it. Everything that he is being accused of doing, he disclosed in his report. They are just using a technique that trial lawyers use called desperate impact, where you take two facts, put them over here, and put them together to make them a negative, rather than a positive. It is all in how you explain it and how you describe it. It is not how the act took place.

As the chairman of the Ethics Committee and the one that administers the STOCK Act for this body, I know what we have to submit and make public; I know what we don't. Every single thing he has been accused of doing is from information taken out of his own disclosures, which anybody who owns a computer can get today to make him look like he is bad and a bad guy.

In fact, I told the Senate Finance Committee when I went to introduce him there—after listening to CHUCK SCHUMER on the Sunday shows for 2 weeks talking about TOM PRICE—that I felt like I was going to have to be a character witness for a convicted felon at a sentencing hearing. That is not right for us to do that to people.

TOM PRICE is a great man. He has done a great public service. He has done a great job, and he will do a great job as Secretary of Health and Human Services.

I am proud to have introduced him. I am proud to know him as a friend, and I am proud that he is going to be my Secretary of Health and Human Services. America and all of her citizens will be better off because the doctor will be in the house.

I urge a vote for TOM PRICE and yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. BARRASSO. Mr. President, I come to the floor to, one, thank my friend and colleague, the Senator from

Georgia, for making his comments about TOM PRICE, President Trump's nominee to be Secretary of Health and Human Services.

I have known TOM for over 20 years. We are both orthopedic surgeons. I know his professional ability. I know his passion for patients and health care. I am delighted and confident that he will be confirmed to be the Secretary of Health and Human Services. I think he is the right person for the important task that lies ahead.

NOMINATION OF NEIL GORSUCH

Mr. President, I also come to the floor today to talk about the President's nominee for the Supreme Court, Neil Gorsuch. Ever since the President made that nomination, we have had an outpouring of support for this nomination and not just those of us in Wyoming—of course, because his mom was born in Casper, WY—but there has been an outpouring of support all across the country and actually across the globe.

The Economist magazine out of London wrote: "Neil Gorsuch Is a Good Pick for the Supreme Court."

USA Today had a story with the headline: "Neil Gorsuch, Stellar Resume and Scalia-Like Legal Philosophy."

There was even an op-ed in the New York Times by a former Acting Solicitor General in the Obama administration. It was an op-ed by Neal Katyal under the headline: "Why Liberals Should Back Neil Gorsuch." This top Obama administration official called Judge Gorsuch "one of the most thoughtful and brilliant judges to have served our nation over the last century"—over the last century.

He went on to say that "if confirmed, Judge Gorsuch would help to restore confidence in the rule of law."

I mean that, to me, is what it is all about—the rule of law. And that is from a former Obama administration official who knows the Supreme Court.

I hope to be able to sit down soon with Judge Gorsuch to talk about his views. He and I had a brief visit today as he was heading from one Senator's office to another.

Everything I have seen in his background tells me that he has the temperament and the experience to be an outstanding Justice on the Supreme Court. His background as a judge gives us powerful evidence of the kind of Justice that he will be.

In 10 years on the U.S. Circuit Court of Appeals, he has authored hundreds of opinions and dissents, and you can be assured that these will be dissected. This record will give Senators ample evidence of exactly how Judge Gorsuch views the role of the courts in applying the law.

From what I have seen so far, he appears to take the law and the Constitution at face value. He doesn't treat them like blank pages on which he can rewrite the laws the way he wishes they were. As he wrote in one opinion: "Often judges judge best when they judge least."

This view of judicial restraint in every example I have seen from Judge Gorsuch's record is squarely in the mainstream of American legal thinking today. You don't have to take my word for it. There is actual data to prove it.

There was an editorial in the Wall Street Journal yesterday with the headline, "Gorsuch in the Mainstream"—"Gorsuch in the Mainstream," yesterday's Wall Street Journal.

The editorial cites a thorough study of something like 800 different opinions that Judge Gorsuch has written since joining the court of appeals. Less than 2 percent—less than 2 out of 100 opinions even drew a dissent from his colleagues on the bench, and 98 out of every 100 of his decisions were unanimous. This was on a court where seven of the active judges were appointed by Democrats, and only five were appointed by a Republican. The Wall Street Journal says that of at least eight cases considered by Mr. Gorsuch that were appealed to the Supreme Court—appealed to the Supreme Court—the Supreme Court Justices upheld his results in seven of the eight—seven out of eight. Four of them were unanimous in front of the U.S. Supreme Court. So if you actually look at his record, I think it is clear that this is a judge who is very much in the mainstream.

CNN did a story on Judge Gorsuch, and they said that he is a laid-back, fly-fishing, fourth-generation Coloradan who also happens to have an Ivy League education, a brilliant legal mind, and an established judicial record.

I mentioned his established legal record, and I think it is also very important that he is a fourth-generation Coloradan. He would bring to the Supreme Court a much needed perspective from the Rocky Mountain West. Among the current Justices, only Justice Clarence Thomas is from somewhere other than New York or California. It is important that we get this kind of viewpoint on the Court.

Judge Gorsuch is smart, fair, very well qualified. CNN mentioned his education, and it really is very impressive: Columbia University, Harvard Law School, a Marshall scholar at Oxford University. He was also confirmed to the circuit court by a unanimous voice vote of the U.S. Senate right here.

None of this seems to matter to the Democrats today—not the intelligence, not the distinguished career, not that he is squarely in the mainstream. None of it matters to some of my colleagues on the Democrat side of the aisle. They were sharpening their knives for anyone—anyone the President might nominate, regardless of their qualifications. They wrote their press releases months ago, full of attacks on a person most of them had never met. It is what Democrats always do when a Republican President nominates someone to the Supreme Court. It is exactly what

they promised to do this time as well. Even before President Trump was inaugurated, Democratic leader CHUCK SCHUMER said that his party would fight "tooth and nail" to block the nominee. He said he was going to do his best to "keep the seat open."

Senator SCHUMER met with Judge Gorsuch the other day. He complained that the judge did not answer questions about some issues that are in the news and before the courts, things like the so-called Muslim ban. Well, according to the Code of Conduct for United States Judges—the code of conduct for judges—a judge is actually prohibited from making public comment on the merits of a matter pending or impending in any court. Well, there are certainly ongoing court cases about a number of things that Senator SCHUMER asked about, so I think it is a very good sign that Judge Gorsuch would refuse to comment on these.

Democrats in the Senate are being told by the far-left elements of their political base to try to block this nominee. Many of these Senators are doing everything that they can to comply. Liberal activists have been planning a multimillion dollar lobbying campaign against this nominee or any nominee ever since election day. The reaction of these activists on the left has been hysterical, it has been irrational, and it has been disgraceful.

I hope the Democrats in the Senate will reject these calls from their base and will give this nominee a chance. I hope that they will take the time to consider his qualifications and that they will actually sit down to talk with him before they rush to condemn him.

I know I look forward to sitting down with the nominee and discussing his views more fully. Everything I have seen so far suggests to me that it will be a very good conversation.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Delaware.

Mr. CARPER. Mr. President, I don't speak often on the floor, but it seems that whenever I do, you are the Presiding Officer. I have said this before, but you are a glutton for punishment. I thank you for your willingness to show up day after day.

I was going to talk a little bit about the Affordable Care Act as it relates to Congressman PRICE, who has been nominated to be Secretary for the Department of Health and Human Services.

Before I do, I want to follow up on the comments of my friend Senator JOHN BARRASSO, who is the chairman of the Environment and Public Works Committee on which we both serve. He is the senior Republican, and I am pleased and really privileged to be the senior Democrat alongside him.

What I would just say in response is—if Senator SCHUMER were here, he would be perfectly capable of thinking for himself and defending himself, but I would say this: On the question of whether Judge Gorsuch will have a

hearing, I think he will have a hearing, and he should have a hearing. On the question of whether there will be a 60-vote margin—the last couple of people who have been confirmed for the Supreme Court, both Democrats, were confirmed by more than 60 votes.

I don't know Judge Gorsuch well, but I do know Merrick Garland pretty well, and I must say I am disappointed that he never got a hearing, although he was nominated by Barack Obama when there was almost 10 months remaining in President Obama's term. Not only did he not get a hearing, a lot of folks on the other side of the aisle couldn't find the time to meet with him, and he never had a vote—a 60-vote margin or even a simple majority, 51 votes.

For us to now hear it is important that Judge Gorsuch get a hearing and get an up-or-down vote, I just wish I had heard those voices here over the last year when a very good man was treated I think very badly—very badly. That was Merrick Garland. That is for another day, but I couldn't let the moment pass without saying anything.

Mr. President, to back up to about 30 minutes ago, I was talking about the Affordable Care Act, and I yielded to Senators TESTER, ISAKSON, and BARRASSO. Now I want to come back to where I was.

I am a Democrat. I am proud to be a Democrat, a retired Navy Captain, and I went to graduate school, undergraduate at Ohio State, Navy ROTC, studied economics. After the Navy, after the Vietnam war, I moved from California to Delaware, got an MBA at the University of Delaware and studied some more economics and some other things in their MBA program. I became State treasurer, Congressman, Governor, Senator.

I have always been intrigued by how we harness market forces. How do we harness market forces for good public policy outcomes? You don't always hear Democrats say that, but that is the way I think. I think if we can find ways to harness market forces and achieve a good public policy outcome, that is a good thing. We ought to try to find them, and I think if we can, we can generate good bipartisan support for our ideas. At the end of the day, if it meets our goals, so be it.

I keep going back to 1993, which is when John Chafee, whom I knew—I was a Congressman then. Actually, in 1933, he introduced his own version of the Affordable Care Act, cosponsored, I think, by 20 other Republicans and maybe 3 Democrats. Among the Republican cosponsors of John Chafee's legislation—which actually looks like the Affordable Care Act—were a couple of Republicans who are still here. One of them is the chairman of the Finance Committee, ORRIN HATCH, and the other is the fellow on the Finance Committee who is actually senior in terms of the Finance Committee to ORRIN, and that is CHUCK GRASSLEY. They cosponsored the 1993 legislation that Chafee introduced.

I want to take just a moment and go through the five key provisions in Senator John Chafee's 1993 legislation. I will start here at the bottom of this chart.

One of the things we see in the Chafee legislation was the idea that folks who did not have access to health care and were not part of a large group plan would have an opportunity to have the benefit as we do in the Federal Government and, like half the people who get health care in the country, get coverage through a large group plan. So there would be a large group buying access to health care coverage for a lot of individual people who happen to be in that group; maybe they work for the same employer.

But Senator Chafee came up with a good idea, and the idea was that we might want to create in each State something called exchanges or marketplaces where people who didn't have coverage could find coverage and be part of a larger group and enjoy the benefits of being part of that larger group. I think they called them exchanges. They may have called them purchasing groups. But it was a 1993 idea.

He also said that folks who got their coverage through one of these exchanges or marketplaces in 1 of 50 States should get some help in buying down the cost of health care premiums if they are getting coverage through the exchange or the purchasing pool in their State, the marketplace, and we would call that a sliding scale tax credit. The lower the income of the person buying their health care coverage through the marketplace, the bigger the tax credit, and as a person's income goes up, the size of the tax credit goes down and eventually goes away. That was in Senator Chafee's legislation in 1993.

Also in Senator Chafee's legislation was something called an individual mandate, which basically said that under his proposal, people had to get coverage. You couldn't make somebody get coverage if they absolutely refused to, but the idea was to penalize people in one way or another, maybe with a fine or something like that, and say: If you don't get coverage, we can't force you to, but we are going to impose a fine or penalty on you, and over time, that fine or penalty will increase. Maybe eventually you will say: Well, I am paying this fine or this penalty, and it is going to be pretty expensive. Maybe I ought to get health care coverage to avoid the penalty. That is called the individual mandate.

Chafee's mandate was that employers of a certain size would be required to provide health care coverage for employees. It was a mandate, not for all employers but for a number of them when they reached a certain number of employees.

Then the fifth provision in the Chafee plan in 1993 was a ban on preexisting conditions. Some know that the Presiding Officer is a physician in his

State. And a number of people in my State, I am sure in his State as well, lost coverage because they had a preexisting condition. Maybe they had coverage for a while, and they lost coverage or lost their job or something like that, and then they had a condition that could be a scare with colon cancer, breast cancer, prostate cancer—you name it—and they eventually planned to sign up to get health care coverage, and because of the preexisting condition, they couldn't get it. So what Chafee said in his proposal to insurance companies was: You cannot refuse to provide coverage for someone because they have a preexisting condition.

The health insurance companies said: Well, if you are going to put that preexisting condition on us, then we have to have the individual mandate. In these State exchanges you are going to create, Senator Chafee, we have to make sure there are people in the purchasing pools in each of the States who are young and invincible, like our pages sitting here in front of me today—young, healthy. They just can't be people that are old and infirm and not well because they will consume a lot of health care costs. We need a mixed pool that is insurable so insurance companies can insure this pool for health care and not lose their shirts.

That was the long and short of it in the Republican plan from Senator Chafee, with some bipartisan support in 1993.

Mitt Romney became Governor of Massachusetts sometime after the turn of the century, and he was interested in running for President. He is a smart guy. Some of us know him, some better than others. But he is a very smart fellow. He is smart enough to know that if he wanted to run for President some day—and he did—one of the things he could do that could help bolster his chances was to be able to demonstrate after years and years of people talking about providing health care coverage to just about everyone in our country, he could actually say: We did this in our State. We actually provided coverage for just about everybody in Massachusetts who needed coverage. When he decided to do this, he was smart enough to go back to Senator Chafee's blueprint from the 1993 legislation.

It was a decade later that Mitt Romney became Governor. I say this as a recovering Governor myself: You are always looking for what works to see if it might be transferrable to your State. But he seized on Senator Chafee's proposal, and the similarities are pretty striking. Like the Chafee plan, RomneyCare—they call it RomneyCare—created these State exchanges, or purchasing pools, just as in Chafee's legislation. They had the sliding scale tax credits to help them buy coverage, buy their health insurance through the purchasing pool so people with a lower income could get a bigger tax credit, and as their income goes up, the credit gets smaller and smaller,

and then it finally phases out. That is what they did in RomneyCare.

The third thing they had was a ban on preexisting conditions in Massachusetts. If someone had a preexisting condition, the insurance company could not say: No, no coverage for you. They had to provide coverage. Just like insurers told Senator Chafee all those years ago in 1993; that if we are going to have to insure people because of preexisting conditions, you have to give us a pool of people to insure, that we can insure and not lose our shirts. That included individual mandates so we could have the young, the healthy in the pool, and at the same time call for the employer mandate so employers of a certain size had to ensure that their employees were getting health care coverage.

That was in the Romney plan. They launched it about a decade ago, and right off the bat it was warmly embraced by the people of Massachusetts. They thought this could be cool. And it was good. It was the right thing to do. It might just work and be an example for the rest of the country. So they had a warm embrace and a good launch.

In the first couple of years, they did a good job in RomneyCare in covering a lot of people and reducing the number of people who did not have coverage. What they didn't do such a good job on, though, for the first several years, was on the affordability side.

Health care costs continued to rise in Massachusetts. There were several reasons for that, one of which was the individual mandate. They had a fine. So if you happen to be young and maybe you didn't think you needed health care, you had to pay a fine if you were a certain age and didn't sign up. It was an increasing fine that went up over time. Eventually, people decided, Well, if I have to pay this fine, I might as well get health care coverage, but they didn't do it initially. They were negative in terms of coverage.

Eventually, in Massachusetts not only did they do a good job in increasing coverage, they actually did a pretty good job on affordability. One of the reasons is, they had a good mix of people in their pools and a fair amount of competition between health insurance companies and providers—competition.

Fast forward to 2009, the Affordable Care Act. When the Affordable Care Act was reported out of committee to come here to the floor, what did it have? It had, No. 1, let's create these State large purchasing pools, State exchanges and marketplaces, and that is in Chafee's bill and in RomneyCare. It had sliding scale tax credits to help buy down the cost of coverage in the exchanges and marketplaces. There was a ban on preexisting conditions, but insurers said: No, we can't insure the people you want us to, we will have to cover everybody, and those who have preexisting conditions, you have to make sure we have a good mix of people in the insurance pool.

So just like in Chafee and in RomneyCare, we had the individual

mandate. You can't make people get coverage, but you can have an accelerating scale so people will eventually bite and get the coverage, and we also had the employer mandate. Not every employer but a certain size number of employers had to have—had to cover their employees.

It is kind of remarkable. I think if you talked to most people in this country, and you walked through this, they would be amazed to know that the Affordable Care Act, with these five major provisions, was actually stolen, plagiarized, from a Republican Senator, Chafee, in 1993; but from Governor Romney's proposal.

There is more to the Affordable Care Act, including the expansion of Medicaid coverage—not for everybody, but up to 135 percent or so of poverty, and the real focus on how do we move from a sick care system, where we just spend money on health care for people who are sick, why don't we spend some money to try and make sure people stay well, on prevention and wellness, early access to care, so folks can get a colonoscopy maybe before they come down with colon cancer or get a mammogram before breast cancer, those kinds of things.

One of the great things of the Affordable Care Act, little known to most people, is the idea that we need to collaborate in the delivery of health care so it is not just one hospital working by itself but maybe build a network of hospitals, and maybe with these, working with doctor groups, groups of doctors. The idea is to collaborate in the delivery of health care in ways that focus on wellness, prevention, and that is, I think, little noticed; the idea of better results for less money. I call it value, looking for value.

That is just a little bit of history, and I think it is worth looking at.

Could we look at the next one.

I have a pie chart I would like to share with everybody. I don't know if the Presiding Officer has seen this before. I have used it once or twice. This is a pie chart that has about 300 million people in it, and this represents the 300 million or so people in our country who have health care coverage. The blue represents those folks who get their coverage through their employer. It doesn't mean the employer pays for all the costs of their health care; the employer pays the majority, and maybe the employees pay some fraction or percentage of that coverage. Over half the people in the country today getting health care coverage are those in large group plans. If you look at what is going on with premium increases, and increases in copays and deductibles, my understanding is the premium increases for these folks—over half of the 300 million people in the pool—we actually compared premium increases before the ACA was adopted and the years after, and premiums still go up for these folks but not by as much as they had before the Affordable Care Act was adopted.

So that is how most people get their coverage here.

Next, about—let's see, this green area right here, it has anywhere between 15 and 20 percent of people who get health care coverage in this country, they are in Medicare, the 65 and over or totally disabled, unable to work, and qualify for Medicare because of that. One of the little known things about the Affordable Care Act is that the Medicare trust fund had been running out of money for quite a while, and the date at which it eventually runs out of money and will not be able to provide coverage can continue to get closer and closer. One of the benefits, little known or noted in the Affordable Care Act, is that since it was adopted, the life of the Medicare trust fund has been extended by 12 years. After coming down for years and years and years, the life of the Medicare trust fund has been extended by 12 years. Medicare people, they don't buy their coverage on the exchanges, but a lot of people can still use fee-for-service. Maybe it works for some people. I don't know if it is the best way to get good coverage for an affordable price, but we have seen a migration to what is called Medicare Advantage. I think it is like managed care with a heart and a head, and now about one-third of the folks on Medicare get that coverage. Fifteen to twenty percent of the people get their coverage in this big 300 million-person pie chart from Medicare. About 20 to 25 percent of the people who are getting health care coverage in the country today get their coverage through Medicaid. Believe it or not, it is not mostly part families or women with children, it is mostly people—maybe like our parents or grandparents who are in nursing homes, a lot of them with dementia. They spend down their resources and they end up going to nursing homes, and Medicaid pays to help keep them alive and cared for, and that is anywhere from 20 to 22 percent.

The States previously—virtually every State has a Medicaid plan, but one of the things we did with the Affordable Care Act was to say we want to encourage States to cover not just up to 100 percent of poverty but maybe up to 135 percent of poverty. The Federal Government will pay about 90 percent of that, and maybe someday less than that, but we want more people to be covered through Medicaid, which is actually more cost-effective than the purchasing pools I talked about earlier.

So we have 300 million people getting health care coverage. The lion's share of them—over 55 percent—get coverage from large group plans. About 22, 25 percent is Medicaid, about 15 to 20 percent Medicare, and what is left is about roughly 6 percent or so, they get their coverage through the exchanges, through the marketplaces.

When our Republican friends and others criticize the marketplaces and the sliding scale tax credits and the individual mandates, the employer mandate, and maybe the ban on preexisting

conditions, what they are criticizing is right here, a very small portion of the pie, the heart and soul of what was proposed by Senator Chafee in 1993 and the heart and soul of what was in RomneyCare in Massachusetts a decade later. There is a certain irony there not lost on me and I know not on others.

Can we do some things to improve the delivery of health care among all of these groups? Sure. Can we do it where it covers more people and does it in a more cost-effective way? Sure we can. But the idea of sort of getting rid of this—getting rid of particularly the piece down here and a lot of the other provisions that are represented in this pie chart, I don't think that makes a lot of sense.

A friend of mine is a firefighter. We work out in Wilmington at the YMCA before I jump on a train and come to work. We were talking not long ago about a situation you have with a building that is on fire, and the people are up in the tall building and maybe can't get down to the elevators, and they rush to the windows to look out to see if there is anybody down there. The firefighters are outside the building that is on fire, and they are yelling with a bull horn up to the folks on the fourth and fifth floors: Go ahead and jump. We will catch you. But the people who are being asked to jump notice that the firefighters don't have any nets.

The idea of health care coverage where we are actually covering a lot more people, and to say we are going to pull that away from you for 20 million, 30 million more people, and don't worry, somewhere down the line—a year or 2 or 3 years from now—we will provide the nets to catch you, I think that makes no sense—no sense.

We got this far, so maybe one more chart.

Who gets hurt by repealing the Affordable Care Act?

I will just say this and then close, I say to my friend from Maryland.

The answer is everyone. We do not have a lot of rural space in Delaware. I know we have a lot in Louisiana and quite a bit in Maryland. But folks who get their coverage from the rural hospitals, whether it is in Delaware, Maryland, Delmarva, whether it is in Louisiana, the rural hospitals, they are going to get clobbered if we repeal the Affordable Care Act and take away the Medicaid expansion, take away the marketplaces. They will get clobbered and a lot of them will close. The federally qualified community health centers, they are going to get clobbered, and they provide coverage for 10 million people in our country.

When people are denied coverage in those rural hospitals or suburban, urban hospitals or the federally qualified community health centers, where people don't get coverage there, they will get health care somewhere, and it may be going to an emergency room at a hospital, getting really sick and hav-

ing to get admitted and then spend a lot of money. Where does the money come from? From those of us who use the health care system, who are paying premiums and our employers are paying premiums. The costs are really absorbed by the hospitals themselves. It makes not a lot of sense.

The person in the House who has been really in the forefront of repealing the Affordable Care Act is the person that Donald Trump has now named to be our Secretary of Health and Human Services. The idea of having a new Secretary overseeing the Department of Health and Human Services, someone who is trying to run this program and oversee it and make sure that it works in a way that provides more coverage at an affordable price, is actually a person who has been trying to kill it for as long as he has been in the House of Representatives. Some people may not be concerned or upset about that, but I am. I think that before we put that person in charge in that job, we need to remember some of the lessons I just shared with folks here today. For these reasons, I cannot support the nomination.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. VAN HOLLEN. Mr. President, I thank my friend and colleague from Maryland's neighboring State of Delaware, the senior Senator, Mr. CARPER. I thank him for raising those points about the very negative impact that repealing the Affordable Care Act would have on so many folks in Delaware and Maryland and, specifically, rural hospitals. The Eastern Shore of Maryland and the Delmarva Peninsula have lots of rural hospitals that will be put in the crosshairs if we repeal the Affordable Care Act, so I thank the Senator for raising those issues and sharing with the Senate the impact of what repeal would do.

I rise to oppose the nomination of TOM PRICE to be Secretary of the Department of Health and Human Services. I am very familiar with the views and the policy positions of Congressman PRICE and the ideas he has with respect to health care and budget issues facing our Nation.

Before coming to the Senate, I served as the senior Democrat, the ranking member on the House Budget Committee, and Congressman PRICE is the chairman of that committee. I have said this before, and I say it again; that despite our very deep differences over critical issues facing our country and health care policies, Representative PRICE did conduct the business of the Budget Committee in a professional manner.

I respect the intensity with which he argues his case, but it is because of his inflexible and highly ideological positions on critical matters before us that I oppose him. I firmly believe his policies will do great harm to the health and well-being of tens of millions of Americans throughout this country.

That is why I oppose his nomination for this very sensitive post.

During the Presidential campaign, Candidate Trump tweeted, "I was the first and only potential GOP candidate to state that there will be no cuts to Social Security, Medicare and Medicaid." President Trump has repeated those promises since then.

Yet, throughout his tenure in the Congress and throughout his time as chairman of the House Budget Committee, Representative PRICE has taken the exact opposite position, calling for cuts to Medicare, cuts to Medicaid, cuts to Social Security. He is now going to be overseeing the Department responsible for Medicare and Medicaid. So let's look at how Chairman PRICE's policies would impact those programs and harm the health care of Americans.

First, on Medicare, he has called for privatizing Medicare through a voucher program. Make no mistake—seniors on Medicare are going to pay a lot more under their voucher plan.

Here is how it works: Instead of going to the hospital and having Medicare cover the costs, seniors will instead get the equivalent of a voucher. Here is the catch: The value of that voucher will not rise nearly as fast as the cost of health care in this country, so each year that goes by, the value of that voucher will pay for less and less health care for seniors on Medicare.

Yes, TOM PRICE's plan saves Medicare money. It saves Medicare money by requiring senior citizens on Medicare to eat the difference—the difference between the value of the voucher, which is effectively frozen over time, and the cost of health care that those seniors are going to need. That is the wrong approach for making savings in Medicare.

The right approach is the approach taken in the Affordable Care Act, where we begin to change the incentives in the system, so we encourage doctors and hospitals to focus on the value of care they provide, not the volume of care they provide.

Another way in which Representative PRICE, the President's nominee, would harm seniors on Medicare is when you repeal the Affordable Care Act, you reopen what was called the prescription drug doughnut hole. One of the things the Affordable Care Act did was allow seniors with high prescription drug costs to not have to choose between paying the rent or putting food on the table and the cost of their drugs. Over time, it is closing that doughnut hole that seniors fell into and couldn't cover the costs of needed prescriptions. When you repeal the Affordable Care Act, you repeal those protections for seniors. That is what TOM PRICE's budget would do. It is right there in his budget plan.

Another harm that would befall seniors is that repealing the Affordable Care Act wipes out the provision that allows seniors on Medicare to get free preventive screenings. We want to encourage seniors, just like everybody

else, to catch health problems early, so we said: You don't have to pay these steep copays if you want to get screened for cancer, diabetes, or whatever it may be. Millions of seniors have now benefited from that—not only by not having to pay out of pocket but by catching problems early and getting them treated so they get the health care they want. But TOM PRICE's plan would repeal all of that.

If you are a senior on Medicare now or a senior who may be getting to the point of Medicare or anybody else—we are all going to be there someday—No. 1, you are going to see the plan turn into a voucher plan, which is going to cost a lot more for no more health care, maybe less; you are going to pay more for prescription drugs; and you are going to pay more for preventive screenings. That is a bad deal, but that is the TOM PRICE plan.

Let's take a look at his Medicaid proposal. Again, Candidate Trump said he wasn't going to cut Medicaid. The budget plan put forward by TOM PRICE, chairman of the House Budget Committee, calls for over \$1 trillion in cuts to Medicaid over 10 years. It is right there in the plan. Just read it. They don't make any secret about it. The accompanying report talks about it—\$1 trillion over 10 years.

Many people don't realize this, but two-thirds of the money we spend for Medicaid goes to provide long-term care to seniors in nursing homes, to people with severe disabilities, very fragile individuals who have no other source of medical security. It would cut dramatically from that. Almost 50 percent—the largest single share of people in Medicaid—is kids. They are kids.

I just happened to meet today with the head of the Children's National Health System and his team. His No. 1 plea and request to me: Don't cut Medicaid. You will hurt kids if you do it.

They provided me some information and facts. What is Medicaid? Medicaid is the single largest health insurer for children. Medicaid is a vital program for children. It covers over 30 million children nationwide. When we cut Medicaid by \$1 trillion, we hurt children by hurting their health care.

In addition to calling for these very deep and damaging cuts to Medicaid, harming the Medicare program, and raising the costs to seniors, Representative TOM PRICE has been one of the fiercest opponents of the Affordable Care Act, wanting to wipe it out. We hear a lot about replacement. In other words, the mantra has been, let's repeal it and replace it. In fact, President Trump, both as candidate and now, says he is going to replace it with something much better. Much better. We heard for years Republicans in the House and the Senate saying they were going to replace it too. We have heard them say that since the Affordable Care Act was first put in place roughly 7 years ago: Repeal and replace. But as we are gathered here today, there is absolutely no replace.

But they did repeal. A lot of people don't realize they repealed it because President Obama was there to veto the legislation that came to his desk that repealed the Affordable Care Act. But it was just last year. Congressman TOM PRICE—the person who is going to be in charge, if President Trump has his way, the head of HHS—was the main architect of that repeal—not repeal and replace; repeal.

The nonpartisan Congressional Budget Office—the organization the Congress relies on to present unbiased analysis—in fact, the current Director of CBO was selected by the Republican chairman of the House committee and the Republican chairman of the Senate committee. They issued a report just last month, January 2017. What would have happened if TOM PRICE's repeal had actually been signed by President Obama? What if that had actually become law? What would have happened to health care in America? Here is what they said: The number of people who are uninsured would increase by 18 million in the first plan year following enactment of the bill. Later, after the elimination of the Affordable Care Act's expansion of Medicaid eligibility and subsidies, that number will rise to 32 million in 2026. So in year 1, 18 million Americans would lose access to health insurance.

How about the cost of premiums? The cost of premiums in the exchanges have been high, and there are practical things we can do to reduce them. But if TOM PRICE had his way, according to the Congressional Budget Office, here is what would have happened: Premiums in the non-group market, the Affordable Care Act exchanges, would increase by 20 percent to 25 percent relative to current law—in other words, compared to if we did nothing.

It is really important that the American public understand that the man the President is asking to be head of Health and Human Services for the United States of America is the same person who was the architect of the bill that went to President Obama that within its first year would have resulted in 18 million Americans losing access to health care and jacking up premiums by 20, 25 percent in the exchanges. That is what would have happened. Thank goodness President Obama was there to veto that legislation. But he is not there anymore, and President Trump is installing the person who would have had the dramatic negative impact on the health care of millions of Americans—your constituents, my constituents—and all of us have heard many stories about the impact.

I will close where Senator CARPER closed because he went through many examples of who was going to be harmfully impacted by getting rid of the Affordable Care Act. When we add it all up, it is just about everybody.

In addition to the 22 million Americans on the health care exchanges who will lose that access entirely, Ameri-

cans who get their health care through their employers—which is most of them—benefit from the patient protections in that legislation. Frankly, they benefit from the fact that people who used to not be able to get any health care and who were showing up in the emergency room and raising the costs for everybody else—they will have it, which is why, as he said, premiums for the majority of Americans in the employer market have actually gone up very slowly compared to what they were doing before the Affordable Care Act. As I mentioned, seniors on Medicare get socked in the chin.

I just came from a meeting with the head of one of Maryland's rural hospitals in Western Maryland, out on the Maryland panhandle. This is an area that Donald Trump carried overwhelmingly with a big vote out in Western Maryland.

The CEO of Garrett Regional Medical Center came to my office today and let me know all the good things they are doing for people in Western Maryland. The last page of this request says: "Seeking your support," and here is the bullet point: Garrett Regional Medical Center is very concerned about ACA repeal. Our organization will implode—implode—without proper replacement.

Yet the legislation, the reconciliation bill that Representative TOM PRICE rammed through the House and then they got through the Senate and went to President Obama's desk, would have done exactly that—it would have imploded this Western Maryland regional medical center. Imploded it. President Obama said no.

Now, despite the fact that Candidate Trump tweeted out that he wanted to protect Medicaid and Medicare, he has appointed somebody to this key position who has taken the opposite position. That is why I cannot in good conscience vote in support of this nomination. It is too big a risk to the health care of Marylanders and to the American people.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Mr. President, first let me comment and thank my colleague from Maryland, Senator VAN HOLLEN. Senator VAN HOLLEN may be a new Member to the U.S. Senate, but he is not a new Member to the Congress of the United States.

I think Senator VAN HOLLEN said this very clearly: This nomination is very much about the type of health care system we want for the people in this country, whether we are going to have affordable, quality health care for all Americans, whether health care is going to be a right or a privilege. I thank Senator VAN HOLLEN for the points he made.

I think the people of Maryland are not going to be surprised that I agree with my colleague from Maryland and that I take this time to explain why I will oppose Mr. PRICE for Secretary of Health and Human Services.

Let me begin by talking about something that happened in Maryland during my first year in the U.S. Senate. I was elected in 2006. In 2007, in my very first year, we had a tragic situation that occurred a few miles from where we are right here, in Prince George's County, MD. A youngster, 12 years of age, Deamonte Driver, died from a tooth problem. Let me give you the background on this because this is a very tragic situation. This is in the State of Maryland, one of the wealthiest States in one of the wealthiest nations.

Deamonte Driver's mother recognized that Deamonte Driver had pain in his mouth. She tried to get him to a dentist, but they had no insurance and no coverage. She couldn't get anyone to take care of her son. What was needed was an \$80 tooth extraction. If he could have seen a dentist, that is exactly what would have happened. He couldn't get in because he had no insurance, and he fell through the cracks of our system. That tooth became abscessed, and it went into his brain. He went through two operations, hundreds of thousands of dollars of cost, and he lost his life.

That happened in my first year in the U.S. Senate. I vowed to do everything I could to make sure there were no more tragedies anywhere in America like Deamonte Driver's. Every child should be able to get access to oral health care. It is who we are as a nation. It is part of who we are, and it makes sense from the point of view of an efficient health care system.

I introduced legislation to provide pediatric dental care in this country. I worked with my colleague ELIJAH CUMMINGS in the House of Representatives and with others here, and we were able to make some progress. Ultimately, we were able to get this as part of our national health policy in the Affordable Care Act. It is now part of what is known as essential health services.

I start this debate on the floor of the U.S. Senate by saying that Dr. PRICE, the nominee for Secretary of Health and Human Services, is one of the leaders for the repeal of the Affordable Care Act, which would repeal essential health services, which would eliminate the right for all children in America to have pediatric dental care. So I then look at what Mr. PRICE would replace it with, and I am confused because I am not exactly sure what he would replace it with. I have looked at what he has done as a Member of the House, I have looked at what he has done as the chairman of the Budget Committee, and I am not confident that we would maintain that type of guaranteed coverage for our children.

That is just one concrete example—one person—of why I am concerned about what would happen if we repealed the Affordable Care Act, and we don't know what is coming next.

The Affordable Care Act—30 million Americans now have affordable, quality health care as a result of the Af-

fordable Care Act. The repeal of that law would jeopardize those 30 million. In Maryland, the uninsured rate has gone down from over 12 percent to a little over 6 percent. We have cut our uninsured rate by about 50 percent. That is so important for so many different reasons. Yes, it is important for the 400,000 Marylanders who now have third-party coverage who didn't have third-party coverage before. They now can go see a doctor rather than using an emergency room. They don't have to wait if they have a medical condition; they can get care immediately. They can get access to preventive health care that keeps them healthy so they don't enter our health care system in a much more costly way.

Before the Affordable Care Act, these 400,000 people got their health care, but they didn't get it in the most cost-effective way. They used emergency rooms, which are very expensive. They didn't pay for their bills. They entered the health care system in a more acute way, using more health care services than they need, and they didn't pay their bills. As a result, we saw that those who had health insurance were paying more than they should because of those who did not have health insurance. That added to the cost, not just of those who didn't have the insurance but to all Maryland insured.

Mr. President, I see that the distinguished majority leader is on the floor. I will be glad to yield to him. I believe he has an announcement he wants to make.

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

TO CONSTITUTE THE MAJORITY PARTY'S MEMBERSHIP ON CERTAIN COMMITTEES FOR THE ONE HUNDRED FIFTEENTH CONGRESS

Mr. McCONNELL. Mr. President, as in legislative session, I ask unanimous consent that the Senate proceed to the consideration of S. Res. 57, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The senior assistant legislative clerk read as follows:

A resolution (S. Res. 57) to constitute the majority party's membership on certain committees for the One Hundred Fifteenth Congress, or until their successors are chosen.

There being no objection, the Senate proceeded to consider the resolution.

Mr. McCONNELL. I ask unanimous consent that the resolution be agreed to and the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

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

The resolution (S. Res. 57) was agreed to.

(The resolution is printed in today's RECORD under "Submitted Resolutions.")

EXECUTIVE CALENDAR—Continued

Mr. McCONNELL. Mr. President, for the information of all of our colleagues, including our newest colleague from Alabama, who is going to have a very long first day here, if all time is used postcloture on the Price nomination, the Senate will have two votes at 2 a.m. Senators should be prepared to stay in session and take those votes tonight. If an agreement is reached to yield back time and to cast those votes earlier, we will notify Members the moment such an agreement might be reached.

I thank my friend from Maryland.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Mr. President, the point I was starting with is that in Maryland, yes, there are 400,000 people who now have coverage who didn't have coverage before, and they are benefiting by being able to get preventive health care and get affordable care, but it is all Marylanders who are benefiting because there is less use of emergency rooms and fewer people who use our health care system who don't pay for it, the uncompensated care.

Many of my colleagues have read letters that they have received from constituents, or phone calls, and I am going to do that during the course of my discussion. I am going to tell you a story that I heard from a 52-year-old who lives in Harford County who frequently used the emergency department prior to the adoption of the Affordable Care Act. This is what this Harford County resident told me: After the passage of the Affordable Care Act, I began working with Healthy Harford Watch Program and shortly after was insured. I have been successfully linked to community health services and no longer depend upon the emergency room as my only source of health care.

I can give many more accounts of people who had to use the emergency rooms and are now getting preventive health care and are getting their health care needs met.

We also now have been able to eliminate the abusive practices of insurance companies. As I said, over 2 million people have private health insurance in Maryland. They are all benefiting from the Affordable Care Act.

If Mr. PRICE has his way and we repeal the Affordable Care Act, every Marylander will be at risk. They will be at risk because of the protections that we put in the Affordable Care Act against abusive practices of insurance companies.

To me, probably the most difficult thing to understand by my constituents was the cruel preexisting condition restrictions that were placed in the law prior to the Affordable Care Act. Simply put, if you had a preexisting condition, the insurance company would restrict coverage for that preexisting condition. So exactly what you needed the health care system to pay for, your insurance company didn't