United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 115th CONGRESS, FIRST SESSION

Vol. 163 WASHINGTON, THURSDAY, FEBRUARY 9, 2017 No. 23

House of Representatives

The House met at 2:30 p.m. and was called to order by the Speaker pro tempore (Mr. THOMAS J. ROONEY of Florida).

DESIGNATION OF THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
February 9, 2017.

I hereby appoint the Honorable THOMAS J. ROONEY to act as Speaker pro tempore on this day.

PAUL D. RYAN,
Speaker of the House or Representatives.

PRAYER

Reverend William Gurnee, St. Joseph's Catholic Church, Washington, D.C., offered the following prayer:

O Lord, who founded the Earth and determined its size; who commanded the morning and shown the dawn its place, we sing with gratitude for the gifts of life and truth.

We humbly beg wisdom and prudence for those who work in this Chamber.

May the laws of this Nation be a mirror of Your will.

Give the Members the virtue of courage in difficult times, the virtue of charity in all times and at the end of the day, the certain knowledge that they have served their country well.

We ask all things in Your Holy Name.

Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Georgia (Mr. TOM PRICE) come forward and lead the House in the Pledge of Allegiance.

Mr. PRICE of Georgia led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF MEMBERS TO CONGRESSIONAL-EXECUTIVE COMMISSION ON THE PEOPLE'S REPUBLIC OF CHINA

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to 22 U.S.C. 6913, and the order of the House of January 3, 2017, of the following Members on the part of the House to the Congressional-Executive Commission on the People's Republic of China:

Mr. SMITH, New Jersey, Co-Chairman
Mr. PITTENGER, North Carolina
Mr. FRANKS, Arizona
Mr. HULTGREN, Illinois

APPOINTMENT OF MEMBER TO BRITISH-AMERICAN INTER-PARLIAMENTARY GROUP

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to 22 U.S.C. 2761, and the order of the House of January 3, 2017, of the following Member on the part of the House to the British-American Interparliamentary Group:

Mr. COLE, Oklahoma

APPOINTMENT OF MEMBERS TO VIRGIN ISLANDS OF THE UNITED STATES CENTENNIAL COMMISION

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to section 4 of the Virgin Islands of the United States Centennial Commission Act (Pub. L. 114–224), and the order of the House of January 3, 2017, of the following Members on the part of the House to the Virgin Islands of the United States Centennial Commission:

Mr. MACARTHUR, New Jersey
Mrs. LOVE, Utah

APPOINTMENT OF MEMBERS TO HOUSE DEMOCRACY PARTNERSHIP

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to section 4(a) of House Resolution 5, 115th Congress, and the order of the House of January 3, 2017, of the following Members to the House Democracy Partnership:

Mr. BUCHANAN, Florida
Mr. FORTENBERRY, Nebraska
Mr. CONAWAY, Texas
Mrs. WALORSKI, Indiana
Mr. SMITH, Nebraska
Mr. KNIGHT, California
Mr. RICE, South Carolina
Mr. WOMACK, Arkansas
Mr. WOODALL, Georgia
Mr. FLORES, Texas

APPOINTMENT OF MEMBERS TO CANADA-UNITED STATES INTER-PARLIAMENTARY GROUP

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to 22 U.S.C. 276d and the order of the House of January 3, 2017, of the following Members on the part of the House to the Canada-United States Interparliamentary Group:

Mr. HUIZENGA, Michigan, Chairman
Mr. YOUNG, Alaska
Mr. POLIQUIN, Maine
Mr. CRAMER, North Dakota

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APPOINTMENT OF MEMBERS TO MEXICO-UNITED STATES INTERPARLIAMENTARY GROUP

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to 22 U.S.C. 276h and the order of the House of January 3, 2017, of the following Members on the part of the House to the Mexico-United States Interparliamentary Group:

Mr. MCCAUL, Texas, Chairman

Mr. DUFFY, Wisconsin, Vice-Chairman

Mr. HURD, Texas

Mr. PEARCE, New Mexico

APPOINTMENT OF MEMBER TO BOARD OF TRUSTEES OF THE JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to section 2(a) of the National Cultural Center Act (20 U.S.C. 76h(a)), amended by Public Law 107–117, and the order of the House of January 3, 2017, of the following Member on the part of the House to the Board of Trustees of the John F. Kennedy Center for the Performing Arts:

Mrs. COMSTOCK, Virginia

APPOINTMENT OF MEMBER TO NATIONAL HISTORICAL PUBLICATIONS AND RECORDS COMMISSION

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to 44 U.S.C. 2501, and the order of the House of January 3, 2017, of the following Member on the part of the House to the National Historical Publications and Records Commission:

Mr. MEADOWS, North Carolina

APPOINTMENT OF INDIVIDUAL TO WESTERN HEMISPHERE DRUG POLICY COMMISSION

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to section 603 of the Department of State Authorities Act, Fiscal Year 2017 (Pub. L. 114–323), and order of the House of January 3, 2017, of the following individual on the part of the House to the Western Hemisphere Drug Policy Commission:

Ms. Mary Bono, Washington, D.C.

APPOINTMENT OF MEMBERS TO BOARD OF VISITORS TO THE UNITED STATES NAVAL ACADEMY

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to 10 U.S.C. 6968(a), and the order of the House of January 3, 2017, of the following Members on the part of the House to the Board of Visitors to the United States Naval Academy:

Mr. MURPHY, Pennsylvania

Mr. DESANTIS, Florida

APPOINTMENT OF MEMBERS TO UNITED STATES HOLOCAUST MEMORIAL COUNCIL

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to 36 U.S.C. 2302, and the order of the House of January 3, 2017, of the following Members on the part of the House to the United States Holocaust Memorial Council:

Ms. ROS-LEHTINEN, Florida

Mr. ZELDIN, New York

Mr. KUSTOFF, Tennessee

APPOINTMENT OF MEMBERS TO PRESIDENT'S EXPORT COUNCIL

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to Executive Order 12131, and the order of the House of January 3, 2017, of the following Members on the part of the House to the President's Export Council:

Mr. TIBERI, Ohio

Mr. KELLY, Pennsylvania

Mr. REICHERT, Washington

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, February 8, 2017.

Hon. PAUL D. RYAN,
The Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on February 8, 2017, at 2:25 p.m.:

Appointments:

Library of Congress Trust Fund Board.

With best wishes, I am,

Sincerely,

KAREN L. HAAS.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, February 9, 2017.

Hon. PAUL D. RYAN,
The Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on February 9, 2017, at 11:23 a.m.:

Appointments:

Library of Congress Trust Fund Board.

United States Semiquincentennial Commission.

Congressional advisors on trade policy and negotiations to International conferences, meetings and negotiation sessions relating to trade agreements.

With best wishes, I am,

Sincerely,

KAREN L. HAAS.

PUBLICATION OF COMMITTEE RULES

RULES OF THE COMMITTEE ON NATURAL RESOURCES FOR THE 115TH CONGRESS

HOUSE OF REPRESENTATIVES,
COMMITTEE ON NATURAL RESOURCES,
Washington, DC, February 9, 2017.

Hon. PAUL D. RYAN,
Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: Pursuant to clause 2(a)(2) of House of Representatives Rule XI, I submit the rules of the Committee on Natural Resources for publication in the Congressional Record. The rules were adopted by a quorum of the Committee at its organizational meeting on February 7, 2017.

Sincerely,

ROB BISHOP,
Chairman.

Enclosure.

(Adopted February 7, 2017)

RULE 1. RULES OF THE HOUSE; VICE CHAIRMEN

(a) Applicability of House Rules.

(1) The Rules of the House of Representatives, so far as they are applicable, are the rules of the Committee on Natural Resources (hereinafter in these rules referred to as the ''Committee'') and its Subcommittees.

(2) Each Subcommittee is part of the Committee and is subject to the authority, direction and rules of the Committee. References in these rules to ''Committee'' and ''Chairman'' shall apply to each Subcommittee and its Chairman wherever applicable.

(3) House Rule XI is incorporated and made a part of the rules of the Committee to the extent applicable.

(b) Vice Chairmen.—Unless inconsistent with other rules, the Chairman shall appoint Vice Chairmen of the Committee and the Subcommittees. If the Chairman of the Committee or Subcommittee is not present at any meeting of the Committee or Subcommittee, as the case may be, the Vice Chairman shall preside. If the Vice Chairman is not present, the ranking Member of the Majority party on the Committee or Subcommittee who is present shall preside at that meeting.

RULE 2. MEETINGS IN GENERAL

(a) Scheduled Meetings.—The Committee shall meet at 10 a.m. the first Wednesday of each month when the House is in session if so noticed by the Chairman under Committee Rule 3(a). The Committee shall also meet at the call of the Chairman subject to advance notice to all Members of the Committee. Special meetings shall be called and convened by the Chairman as provided in clause 2(c)(1) of House Rule XI. Any Committee meeting or hearing that conflicts with a party caucus, conference, or similar party meeting shall be rescheduled at the discretion of the Chairman, in consultation with the Ranking Minority Member. The Committee may not sit during a joint session of the House and Senate or during a recess when a joint meeting of the House and Senate is in progress.

(b) Open Meetings.—Each meeting for the transaction of business, including the markup of legislation, and each hearing of the Committee or a Subcommittee shall be open to the public, except as provided by clause 2(g) and clause 2(k) of House Rule XI.

(c) Broadcasting.—Whenever a meeting for the transaction of business, including the

markup of legislation, or a hearing is open to the public, that meeting or hearing shall be open to coverage by television, radio, and still photography in accordance with clauses 2(a)(1) and 4 of House Rule XI. The provisions of clause 4(1) of House Rule XI are specifically made part of these rules by reference. To the maximum extent practicable, the Committee shall provide audio and visual coverage of each hearing or meeting for the transaction of business in a manner that allows the public to easily listen to and view the proceedings, and maintain the recordings of such coverage in a manner that is easily accessible to the public. Operation and use of any Committee Internet broadcast system shall be fair and nonpartisan and in accordance with clause 4(b) of House Rule XI and all other applicable rules of the Committee and the House.

(d) Authorization and Oversight Plan.—No later than February 15 of the first session of each Congress, the Committee shall adopt its authorization and oversight plan for that Congress in accordance with clause 2(d) of House Rule X.

RULE 3. MEETING AND HEARING PROCEDURES IN GENERAL

(a) Notice and Information for Members and the Public.

(1) The Chairman shall publicly announce the date, place and subject matter of a Committee hearing or meeting in accordance with clause 2(g)(3) of House Rule XI.

(2) A hearing or meeting may begin sooner if the Chairman, with the concurrence of the Ranking Minority Member, determines that there is good cause to begin the meeting or hearing sooner, or if the Committee so determines by majority vote. In these cases, the Chairman shall publicly announce the meeting or hearing at the earliest possible time. The Committee shall promptly notify the Daily Digest Clerk of the Congressional Record and shall promptly make publicly available in electronic form the appropriate information as soon as possible after the public announcement is made.

(3) To the extent practicable, a background memorandum prepared by the Majority staff summarizing the major provisions of any bill being considered by the Committee, including the need for the bill and its effect on current law, will be available for the Members of the Committee and the public no later than 48 hours before the meeting.

(b) Public Availability of Markup Text.—At least 24 hours prior to the markup of any legislation (or at the time of an announcement under paragraph (a)(2) above made within 24 hours before such meeting), the Chairman shall cause the text of such legislation to be made publicly available in electronic form.

(c) Meetings and Hearings to Begin Promptly.—Each meeting or hearing of the Committee shall begin promptly at the time stipulated in the public announcement of the meeting or hearing.

(d) Addressing the Committee.—A Committee Member may address the Committee or a Subcommittee on any bill, motion, or other matter under consideration or may question a witness at a hearing only when recognized by the Chairman for that purpose. The time a Member may address the Committee or Subcommittee for any purpose or to question a witness shall be limited to five minutes, except as provided in Committee Rule 4(f). A Member shall limit his remarks to the subject matter under consideration. The Chairman shall enforce the preceding provision.

(e) Quorums.

(1) A majority of the Members of the Committee shall constitute a quorum for the reporting of any measure or recommendation, the authorizing of a subpoena, the closing of any meeting or hearing to the public under clause 2(g)(1), clause 2(g)(2)(A) and clause 2(k)(5)(B) of House Rule XI, and the releasing of executive session materials under clause 2(k)(7) of House Rule X. Testimony and evidence may be received at any hearing at which there are at least two Members of the Committee present. For the purpose of transacting all other business of the Committee, one third of the Members shall constitute a quorum.

(2) When a call of the roll is required to ascertain the presence of a quorum, the offices of all Members shall be notified and the Members shall have not less than 15 minutes to prove their attendance. The Chairman shall have the discretion to waive this requirement when a quorum is actually present or whenever a quorum is secured and may direct the relevant Committee Staff to note the names of all Members present within the 15-minute period.

(f) Participation of Members in Committee and Subcommittees.—Any Member of the Committee may sit with any Subcommittee during any meeting or hearing, and by unanimous consent of the Members of the Subcommittee, may participate in such meeting or hearing, except that a former Chairman or former Ranking Member of the Full Committee may participate without unanimous consent. However, a Member who is not a Member of the Subcommittee (including former Full Committee Chairmen or Full Committee Ranking Members) may not vote on any matter before the Subcommittee, be counted for purposes of establishing a quorum or raise points of order.

(g) Proxies.—No vote in the Committee or its Subcommittees may be cast by proxy.

(h) Record Votes.—Record votes shall be ordered on the demand of one-fifth of the Members present, or by any Member in the apparent absence of a quorum.

(i) Postponed Record Votes.

(1) Subject to paragraph (2), the Chairman may, after consultation with the Ranking Minority Member, postpone further proceedings when a record vote is ordered on the question of approving any measure or matter or adopting an amendment. The Chairman shall resume proceedings on a postponed request at any time after reasonable notice, but no later than the next meeting day.

(2) Notwithstanding any intervening order for the previous question, when proceedings resume on a postponed question under paragraph (1), an underlying proposition shall remain subject to further debate or amendment to the same extent as when the question was postponed.

(3) This rule shall apply to Subcommittee proceedings.

(j) Privileged Motions.—A motion to recess from day to day, a motion to recess subject to the call of the Chairman (within 24 hours), and a motion to dispense with the first reading (in full) of a bill or resolution if printed copies are available, are nondebatable motions of high privilege.

(k) Layover and Copy of Bill.—No measure or recommendation reported by a Subcommittee shall be considered by the Committee until two calendar days from the time of Subcommittee action. No bill shall be considered by the Committee unless a copy has been delivered to the office of each Member of the Committee requesting a copy. These requirements may be waived by a majority vote of the Committee at the time of consideration of the measure or recommendation.

(l) Access to Dais and Conference Room.—Access to the hearing rooms' daises (and to the conference rooms adjacent to the Committee hearing rooms) shall be limited to Members of Congress and employees of the Committee during a meeting or hearing of the Committee, except that Committee Members' personal staff may be present on the daises if their employing Member is the author of a bill or amendment under consideration by the Committee, but only during the time that the bill or amendment is under active consideration by the Committee. Access to the conference rooms adjacent to the Committee hearing rooms shall be limited to Members of Congress and employees of Congress during a meeting or hearing of the Committee.

(m) Cellular Telephones.—The use of cellular telephones is prohibited on the Committee dais or in the Committee hearing rooms during a meeting or hearing of the Committee.

(n) Motion to go to Conference with the Senate.—The Chairman may offer a motion under clause 1 of Rule XXII whenever the Chairman considers it appropriate.

(o) Materials for Record.—Other than witness questions for the hearing record, materials must be submitted within 10 business days following the last day of the hearing or meeting. Witness questions for the hearing record must be submitted to the relevant Full Committee Staff or Subcommittee Clerk within 3 business days following the last day of the hearing. The materials submitted must address the subject matter of the hearing or meeting. Only a Member of the Committee or an invited witness may submit materials for inclusion in the hearing or meeting record.

RULE 4. HEARING PROCEDURES

(a) Written Statement; Oral Testimony.—Each witness who is to appear before the Committee or a Subcommittee shall file with the relevant Full Committee Staff or Subcommittee Clerk, at least two working days before the day of his or her appearance, a written statement of their proposed testimony. Each witness shall limit his or her oral presentation to a five-minute summary of the written statement, unless the Chairman, in consultation with the Ranking Minority Member, extends this time period. Subject to the approval of the Committee, the Chairman may waive oral testimony of any witness who has submitted written testimony for the record. In addition, a witness appearing in a nongovernmental capacity shall include a curriculum vitae and a disclosure of any Federal grants or contracts, or contracts or payments originating with a foreign government, received during the current calendar year or either of the previous two calendar years by the witness or by the entity represented by the witness and related to the subject matter of the hearing. The disclosure shall include the amount and source of each Federal grant (or subgrant thereof) or contract (or subcontract thereof) related to the subject matter of the hearing and the amount and country of origin of any payment or contract related to the subject matter of the hearing originating with a foreign government. Failure to comply with these disclosure requirements may result in the exclusion of the written testimony from the hearing record and/or the barring of an oral presentation of the testimony.

(b) Minority Witnesses.—When any hearing is conducted by the Committee or any Subcommittee upon any measure or matter, the Minority party Members on the Committee or Subcommittee shall be entitled, upon request to the Chairman by a majority of those Minority Members before the completion of the hearing, to call witnesses selected by the Minority to testify with respect to that measure or matter during at least one day of hearings thereon.

(c) Information for Members.—After announcement of a hearing, the Committee

shall make available as soon as practicable to all Members of the Committee a tentative witness list and to the extent practicable the Majority staff shall make publicly available a memorandum explaining the subject matter of the hearing (including relevant legislative reports and other necessary material). In addition, the Chairman shall make available to the Members of the Committee any official reports from departments and agencies on the subject matter as they are received.

(d) Subpoenas.—The Committee or a Subcommittee may authorize and issue a subpoena under clause 2(m) of House Rule XI if authorized by a majority of the Members voting. In addition, the Chairman of the Committee may authorize and issue subpoenas during any period of time in which the House of Representatives has adjourned for more than three days. Subpoenas shall be signed only by the Chairman of the Committee, or any Member of the Committee authorized by the Committee, and may be served by any person designated by the Chairman or Member.

(e) Oaths.—The Chairman of the Committee, the Chairmen of the Subcommittees or any Member designated by the Chairman may administer oaths to any witness before the Committee. All witnesses appearing in hearings may be administered the following oath by the Chairman or his designee prior to receiving the testimony: ''Do you solemnly swear or affirm that the testimony that you are about to give is the truth, the whole truth, and nothing but the truth, so help you God?''

(f) Opening Statements; Questioning of Witnesses.

(1) Opening statements may be made by the Chairman, Ranking Member, Vice Chair, and Vice Ranking Member only. If a witness scheduled to testify at any hearing of the Committee is a constituent of a Member of the Committee, that Member may be recognized for up to 30 seconds to briefly introduce the witness at the hearing.

(2) The questioning of witnesses in Committee and Subcommittee hearings shall be initiated by the Chairman, followed by the Ranking Minority Member and all other Members alternating between the Majority and Minority parties. In recognizing Members to question witnesses, the Chairman shall take into consideration the ratio of the Majority to Minority Members present and shall establish the order of recognition for questioning in a manner so as not to disadvantage the Members of the Majority or the Members of the Minority. A motion is in order to allow designated Majority and Minority party Members to question a witness for a specified period to be equally divided between the Majority and Minority parties. This period shall not exceed one hour in the aggregate.

(g) Claims of Privilege.—Claims of common-law privileges made by witnesses in hearings, or by interviewees or deponents in investigations or inquiries, are applicable only at the discretion of the Chairman, subject to appeal to the Committee.

RULE 5. FILING OF COMMITTEE REPORTS

(a) Duty of Chairman.—Whenever the Committee authorizes the favorable reporting of a measure from the Committee, the Chairman or his designee shall report the same to the House of Representatives and shall take all steps necessary to secure its passage without any additional authority needing to be set forth in the motion to report each individual measure. In appropriate cases, the authority set forth in this rule shall extend to moving in accordance with the Rules of the House of Representatives that the House be resolved into the Committee of the Whole House on the State of the Union for the consideration of the measure; and to moving in accordance with the Rules of the House of Representatives for the disposition of a Senate measure that is substantially the same as the House measure as reported.

(b) Filing.—A report on a measure which has been approved by the Committee shall be filed within seven calendar days (exclusive of days on which the House of Representatives is not in session) after the day on which there has been filed with the relevant Full Committee Staff a written request, signed by a majority of the Members of the Committee, for the reporting of that measure. Upon the filing with the relevant Full Committee Staff of this request, the Staff shall transmit immediately to the Chairman notice of the filing of that request.

(c) Supplemental, Additional, Dissenting or Minority Views.—Any Member may, if notice is given by any Member at the time a measure or matter is approved by the Committee, file supplemental, additional, dissenting or minority views. These views must be in writing and signed by each Member joining therein and be filed with the Committee Chief Counsel not less than two additional calendar days (excluding Saturdays, Sundays and legal holidays except when the House is in session on those days) of the time the bill or resolution is approved by the Committee. This paragraph shall not preclude the filing of any supplemental report on any measure or matter that may be required for the correction of any technical error in a previous report made by the Committee on that bill or resolution.

(d) Review by Members.—Each Member of the Committee shall be given an opportunity to review each proposed Committee report before it is filed with the Clerk of the House of Representatives. Nothing in this paragraph extends the time allowed for filing supplemental, additional or minority views under paragraph (c).

(e) Disclaimer.—All Committee or Subcommittee reports printed and not approved by a majority vote of the Committee or Subcommittee, as appropriate, shall contain the following disclaimer on the cover of the report:

''This report has not been officially adopted by the {Committee on Natural Resources} {Subcommittee} and may not therefore necessarily reflect the views of its Members.''

RULE 6. ESTABLISHMENT OF SUBCOMMITTEES; FULL COMMITTEE JURISDICTION; BILL REFERRALS

(a) Subcommittees.—There shall be five standing Subcommittees of the Committee, with the following jurisdiction and responsibilities:

Subcommittee on Federal Lands

(1) Measures and matters related to the National Park System and its units, including Federal reserved water rights.

(2) The National Wilderness Preservation System.

(3) Wild and Scenic Rivers System, National Trails System, national heritage areas and other national units established for protection, conservation, preservation or recreational development, other than coastal barriers.

(4) Military parks and battlefields, national cemeteries administered by the Secretary of the Interior, parks in and within the vicinity of the District of Columbia and the erection of monuments to the memory of individuals.

(5) Federal and non-Federal outdoor recreation plans, programs and administration including the Land and Water Conservation Fund Act of 1965 and the Outdoor Recreation Act of 1963.

(6) Preservation of prehistoric ruins and objects of interest on the public domain and other historic preservation programs and activities, including national monuments, historic sites and programs for international cooperation in the field of historic preservation.

(7) Matters concerning the following agencies and programs: Urban Parks and Recreation Recovery Program, Historic American Buildings Survey, Historic American Engineering Record, and U.S. Holocaust Memorial.

(8) Public lands generally, including measures or matters relating to entry, easements, withdrawals, grazing and Federal reserved water rights.

(9) Forfeiture of land grants and alien ownership, including alien ownership of mineral lands.

(10) Cooperative efforts to encourage, enhance and improve international programs for the protection of the environment and the conservation of natural resources otherwise within the jurisdiction of the Subcommittee.

(11) Forest reservations, including management thereof, created from the public domain.

(12) Public forest lands generally, including measures or matters related to entry, easements, withdrawals, grazing and Federal reserved water rights.

(13) Wildlife resources, including research, restoration, refuges and conservation, and National Wildlife Refuges.

Subcommittee on Water, Power and Oceans

(1) Generation and marketing of electric power from Federal water projects by Federally chartered or Federal regional power marketing authorities.

(2) All measures and matters concerning water resources planning conducted pursuant to the Water Resources Planning Act, water resource research and development programs and saline water research and development.

(3) Compacts relating to the use and apportionment of interstate waters, water rights and major interbasin water or power movement programs.

(4) All measures and matters pertaining to irrigation and reclamation projects and other water resources development and recycling programs, including policies and procedures.

(5) Indian water rights and settlements.

(6) Rights of way over public lands for energy-related transmission.

(7) Fisheries management and fisheries research generally, including the management of all commercial and recreational fisheries (including the reauthorization of the Magnuson Stevens Fishery Conservation and Management Act), interjurisdictional fisheries, international fisheries agreements, aquaculture, seafood safety, and fisheries promotion.

(8) All matters pertaining to the protection of coastal and marine environments, estuarine protection, and coastal barriers (except coastal zone management).

(9) Oceanography.

(10) Ocean engineering, including materials, technology and systems.

(11) Marine sanctuaries.

(12) U.N. Convention on the Law of the Sea.

(13) All matters regarding Antarctica within the Committee's jurisdiction.

(14) Sea Grant programs and marine extension services.

(15) Cooperative efforts to encourage, enhance and improve international programs for the protection of the environment and the conservation of natural resources otherwise within the jurisdiction of the Subcommittee.

Subcommittee on Energy and Mineral Resources

(1) All measures and matters concerning the U.S. Geological Survey, except for the

activities and programs of the Water Resources Division or its successor.

(2) All measures and matters affecting geothermal resources.

(3) Conservation of United States uranium supply.

(4) Mining interests generally, including all matters involving mining regulation and enforcement, including the reclamation of mined lands, the environmental effects of mining, and the management of mineral receipts, mineral land laws and claims, long-range mineral programs and deep seabed mining.

(5) Mining schools, experimental stations and long-range mineral programs.

(6) Mineral resources on public lands.

(7) Conservation and development of oil and gas resources of the Outer Continental Shelf.

(8) Petroleum conservation on the public lands and conservation of the radium supply in the United States.

(9) Measures and matters concerning the transportation of natural gas from or within Alaska and disposition of oil transported by the trans-Alaska oil pipeline.

(10) Cooperative efforts to encourage, enhance and improve international programs for the protection of the environment and the conservation of natural resources otherwise within the jurisdiction of the Subcommittee.

(11) Coastal zone management.

Subcommittee on Indian, Insular and Alaska Native Affairs

(1) Measures relating to the welfare of Native Americans, including management of Indian lands in general and special measures relating to claims which are paid out of Indian funds.

(2) All matters regarding the relations of the United States with Native Americans and Native American tribes, including special oversight functions under House Rule X.

(3) All matters regarding Native Alaskans.

(4) All matters related to the Federal trust responsibility to Native Americans and the sovereignty of Native Americans.

(5) All matters regarding insular areas of the United States.

(6) All measures or matters regarding the Freely Associated States.

(7) All matters regarding Native Hawaiians.

Subcommittee on Oversight and Investigations

(1) Primary and general oversight and investigative authority on all activities, policies and programs within the jurisdiction of the Committee under House Rule X.

(b) Full Committee.—The following measures and matters shall be retained at the Full Committee:

(1) Environmental and habitat measures of general applicability, including the National Environmental Policy Act and the Endangered Species Act.

(2) Cooperative efforts to encourage, enhance and improve international programs for the protection of the environment and the conservation of natural resources otherwise within the jurisdiction of the Full Committee under this paragraph.

(3) All other measures and matters retained by the Full Committee, including those retained under Committee Rule 6(e).

(4) General and continuing oversight and investigative authority over activities, policies and programs within the jurisdiction of the Full Committee.

(c) Ex-officio Members.—The Chairman and Ranking Minority Member of the Committee may serve as ex-officio Members of each standing Subcommittee to which the Chairman or the Ranking Minority Member have not been assigned. Ex-officio Members shall have the right to fully participate in Subcommittee activities but may not vote and may not be counted in establishing a quorum.

(d) Powers and Duties of Subcommittees.—Each Subcommittee is authorized to meet, hold hearings, receive evidence and report to the Committee on all matters within its jurisdiction. Each Subcommittee shall review and study, on a continuing basis, the application, administration, execution and effectiveness of those statutes, or parts of statutes, the subject matter of which is within that Subcommittee's jurisdiction; and the organization, operation, and regulations of any Federal agency or entity having responsibilities in or for the administration of such statutes, to determine whether these statutes are being implemented and carried out in accordance with the intent of Congress. Each Subcommittee shall review and study any conditions or circumstances indicating the need of enacting new or supplemental legislation within the jurisdiction of the Subcommittee. Each Subcommittee shall have general and continuing oversight and investigative authority over activities, policies and programs within the jurisdiction of the Subcommittee.

(e) Referral to Subcommittees; Recall.

(1) Except as provided in paragraph (2) and for those measures or matters retained at the Full Committee, every legislative measure or other matter referred to the Committee shall be referred to the maximum extent possible to the Subcommittee of jurisdiction within two weeks of the date of its referral to the Committee. If any measure or matter is within or affects the jurisdiction of one or more Subcommittees, the Chairman may refer that measure or matter simultaneously to two or more Subcommittees for concurrent consideration or for consideration in sequence subject to appropriate time limits, or divide the matter into two or more parts and refer each part to a Subcommittee.

(2) The Chairman, with the approval of a majority of the Majority Members of the Committee, may refer a legislative measure or other matter to a select or special Subcommittee. A legislative measure or other matter referred by the Chairman to a Subcommittee may be recalled from the Subcommittee for direct consideration by the Full Committee, or for referral to another Subcommittee, provided Members of the Committee receive one week written notice of the recall and a majority of the Members of the Committee do not object. In addition, a legislative measure or other matter referred by the Chairman to a Subcommittee may be recalled from the Subcommittee at any time by majority vote of the Committee for direct consideration by the Full Committee or for referral to another Subcommittee.

(f) Consultation.—Each Subcommittee Chairman shall consult with the Chairman of the Full Committee prior to setting dates for Subcommittee meetings and hearings with a view towards avoiding whenever possible conflicting Committee and Subcommittee meetings and hearings.

(g) Vacancy.—A vacancy in the membership of a Subcommittee shall not affect the power of the remaining Members to execute the functions of the Subcommittee.

RULE 7. TASK FORCES, SPECIAL OR SELECT SUBCOMMITTEES

(a) Appointment.—The Chairman of the Committee is authorized, after consultation with the Ranking Minority Member, to appoint Task Forces, or special or select Subcommittees, to carry out the duties and functions of the Committee.

(b) Ex-Officio Members.—The Chairman and Ranking Minority Member of the Committee may serve as ex-officio Members of each Task Force, or special or select Subcommittee if they are not otherwise members. Ex-officio Members shall have the right to fully participate in activities but may not vote and may not be counted in establishing a quorum.

(c) Party Ratios.—The ratio of Majority Members to Minority Members, excluding ex-officio Members, on each Task Force, special or select Subcommittee shall be as close as practicable to the ratio on the Full Committee.

(d) Temporary Resignation.—A Member can temporarily resign his or her position on a Subcommittee to serve on a Task Force, special or select Subcommittee without prejudice to the Member's seniority on the Subcommittee.

(e) Chairman and Ranking Minority Member.—The Chairman of any Task Force, or special or select Subcommittee shall be appointed by the Chairman of the Committee. The Ranking Minority Member shall select a Ranking Minority Member for each Task Force, or standing, special or select Subcommittee.

RULE 8. RECOMMENDATION OF CONFEREES

Whenever it becomes necessary to appoint conferees on a particular measure, the Chairman shall recommend to the Speaker as conferees those Majority Members, as well as those Minority Members recommended to the Chairman by the Ranking Minority Member, primarily responsible for the measure. The ratio of Majority Members to Minority Members recommended for conferences shall be no greater than the ratio on the Committee.

RULE 9. COMMITTEE RECORDS

(a) Segregation of Records.—All Committee records shall be kept separate and distinct from the office records of individual Committee Members serving as Chairmen or Ranking Minority Members. These records shall be the property of the House and all Members shall have access to them in accordance with clause 2(e)(2) of House Rule XI.

(b) Availability.—The Committee shall make available to the public for review at reasonable times in the Committee office transcripts of public meetings and hearings, except those that are unrevised or unedited and intended solely for the use of the Committee.

(c) Archived Records.—Records of the Committee which are deposited with the National Archives shall be made available for public use pursuant to House Rule VII. The Chairman of the Committee shall notify the Ranking Minority Member of any decision, pursuant to clause 3(b)(3) or clause 4(b) of House Rule VII, to withhold, or to provide a time, schedule or condition for availability of any record otherwise available. At the written request of any Member of the Committee, the matter shall be presented to the Committee for a determination and shall be subject to the same notice and quorum requirements for the conduct of business under Committee Rule 3.

(d) Records of Closed Meetings.—Notwithstanding the other provisions of this rule, no records of Committee meetings or hearings which were closed to the public pursuant to the Rules of the House of Representatives shall be released to the public unless the Committee votes to release those records in accordance with the procedure used to close the Committee meeting.

(e) Classified Materials.—All classified materials shall be maintained in an appropriately secured location and shall be released only to authorized persons for review, who shall not remove the material from the Committee offices without the written permission of the Chairman.

(f) Committee Information Available for the Public.—In addition to any other requirement of these rules or the Rules of the House of Representatives, the Chairman shall cause to be made available publicly in electronic form the following:

(1) a record of the votes on any question on which a recorded vote is taken which shall be posted no later than 24 hours after the vote is taken that shall include:

(i) a copy of the amendment or a detailed description of the motion, order or other proposition; and

(ii) the name of each Member voting for and each Member voting against such amendment, motion, order, or proposition, the names of those Members voting present, and the names of any Member not present.

(2) copies of all amendments adopted in Committee by voice vote or unanimous consent within 24 hours of the adoption of the amendment.

(3) the rules of the Committee, once adopted, and any amendments thereto, in accordance with clause 2(a)(2) of House Rule XI.

(4) the statements required under the second sentence of clause 2(g)(5) of House Rule XI, with appropriate redactions to protect the privacy of the witness, which shall be posted no later than one day after the witness appears before the Committee.

RULE 10. COMMITTEE BUDGET AND EXPENSES

(a) Budget.—At the beginning of each Congress, after consultation with the Chairman of each Subcommittee and the Ranking Minority Member, the Chairman shall present to the Committee for its approval a budget covering the funding required for staff, travel, and miscellaneous expenses.

(b) Expense Resolution.—Upon approval by the Committee of each budget, the Chairman, acting pursuant to clause 6 of House Rule X, shall prepare and introduce in the House a supporting expense resolution, and take all action necessary to bring about its approval by the Committee on House Administration and by the House of Representatives.

(c) Amendments.—The Chairman shall report to the Committee any amendments to each expense resolution and any related changes in the budget.

(d) Additional Expenses.—Authorization for the payment of additional or unforeseen Committee expenses may be procured by one or more additional expense resolutions processed in the same manner as set out under this rule.

(e) Month Reports.—Copies of each monthly report, prepared by the Chairman for the Committee on House Administration, which shows expenditures made during the reporting period and cumulative for the year, anticipated expenditures for the projected Committee program, and detailed information on travel, shall be available to each Member.

RULE 11. COMMITTEE STAFF

(a) Rules and Policies.—Committee staff members are subject to the provisions of clause 9 of House Rule X, as well as any written personnel policies the Committee may from time to time adopt.

(b) Majority and Nonpartisan Staff.—The Chairman shall appoint, determine the remuneration of, and may remove, the legislative and administrative employees of the Committee not assigned to the Minority. The legislative and administrative staff of the Committee not assigned to the Minority shall be under the general supervision and direction of the Chairman, who shall establish and assign the duties and responsibilities of these staff members and delegate any authority he determines appropriate.

(c) Minority Staff.—The Ranking Minority Member of the Committee shall appoint, determine the remuneration of, and may remove, the legislative and administrative staff assigned to the Minority within the budget approved for those purposes. The legislative and administrative staff assigned to the Minority shall be under the general supervision and direction of the Ranking Minority Member of the Committee who may delegate any authority the Ranking Member determines appropriate.

(d) Availability.—The skills and services of all Committee staff shall be available to all Members of the Committee.

RULE 12. COMMITTEE TRAVEL

In addition to any written travel policies the Committee may from time to time adopt, all travel of Members and staff of the Committee or its Subcommittees, to hearings, meetings, conferences and investigations, including all foreign travel, must be authorized by the Full Committee Chairman prior to any public notice of the travel and prior to the actual travel. In the case of Minority staff, all travel shall first be approved by the Ranking Minority Member. Funds authorized for the Committee under clauses 6 and 7 of House Rule X are for expenses incurred in the Committee's activities within the United States.

RULE 13. CHANGES TO COMMITTEE RULES

The rules of the Committee may be modified, amended, or repealed, by a majority vote of the Committee, provided that written notice of the proposed change has been provided each Member of the Committee prior to the meeting date on which the changes are to be discussed and voted on consistent with Committee Rule 3(a). A change to the rules of the Committee shall be published in the Congressional Record no later than 30 days after its approval and made publicly available in electronic form.

RULE 14. OTHER PROCEDURES

The Chairman may establish procedures and take actions as may be necessary to carry out the rules of the Committee or to facilitate the effective administration of the Committee, in accordance with the rules of the Committee and the Rules of the House of Representatives.

ADJOURNMENT

The SPEAKER pro tempore. Without objection, the House stands adjourned until noon on Monday, February 13, 2017, for morning-hour debate.

There was no objection.

Thereupon (at 2 o'clock and 37 minutes p.m.), under its previous order, the House adjourned until Monday, February 13, 2017, at noon for morning-hour debate.

EXPENDITURE REPORTS CONCERNING OFFICIAL FOREIGN TRAVEL

Reports concerning the foreign currencies and U.S. dollars utilized for Official Foreign Travel during the fourth quarter of 2016, pursuant to Public Law 95–384, are as follows:

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON AGRICULTURE, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN OCT. 1 AND DEC. 31, 2016

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Hon. Conaway	10/16	10/18	Egypt		586.98		6,192.39				6,779.37
	10/18	10/20	Kuwait		787.09		2,086.19				2,873.28
	10/20	10/23	Israel		1,934.00		2,083.10				4,017.10
	10/23		USA				6,192.39				6,192.39
Hon. Abraham	10/16	10/18	Egypt		586.98		6,192.39				6,779.37
	10/18	10/20	Kuwait		787.09		2,086.19				2,873.28
	10/20	10/23	Israel		1,934.00		2,083.10				4,017.10
	10/23		USA				6,192.39				6,192.39
Scott Graves	10/16	10/18	Egypt		586.96		6,249.14				6,836.10
	10/18	10/20	Kuwait		787.09		872.10				1,659.19
	10/20	10/23	Israel		1,934.00		906.10				2,840.10
	10/23		USA				6,249.14				6,249.14
Truman Jones	10/16	10/18	Egypt		586.96		6,249.14				6,836.10
	10/18	10/20	Kuwait		787.09		872.10				1,659.19
	10/20	10/23	Israel		1,934.00		906.10				2,840.10
	10/23		USA				6,249.14				6,249.14
Committee total					13,232.28		61,661.06				74,893.34

[1] Per diem constitutes lodging and meals.

[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

HON. K. MICHAEL CONAWAY, Chairman, Jan. 31, 2017.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON APPROPRIATIONS, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN OCT. 1 AND DEC. 31, 2016

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Hon. Kay Granger	10/21	10/22	India		402.25						
	10/22	10/26	Bhutan		1,568.00						
Commercial airfare							16,109.41				
Delegation costs									1,167.69		
Hon. Ander Crenshaw	10/21	10/22	India		402.25						
	10/22	10/26	Bhutan		1,568.00						
Commercial airfare							13,747.91				
Delegation costs									1,167.69		
Clelia Alvarado	10/21	10/22	India		402.25						
	10/22	10/26	Bhutan		1,568.00						
Commercial airfare							12,982.98				
Delegation costs									1,167.69		
Maureen Holohan	10/16	10/18	Korea		1,062.00						
	10/19	10/20	Japan		284.00						
Commercial airfare							12,195.96				
Delegation costs									370.93		
Sarah Young	10/16	10/18	Korea		1,062.00						
	10/19	10/20	Japan		284.00						
Commercial airfare							12,748.91				
Delegation costs									370.93		
Jen Hing	10/16	10/18	Korea		1,062.00						
	10/19	10/20	Japan		284.00						
Commercial airfare							12,708.82				
Delegation costs									370.93		
Matt Washington	10/16	10/18	Korea		1,062.00						
	10/19	10/20	Japan		284.00						
Commercial airfare							12,707.97				
Delegation costs									370.93		
Matt Leffingwell	10/16	10/18	Korea		1,062.00						
Commercial airfare	10/19	10/20	Japan		284.00						
Commercial airfare							12,707.30				
Delegation costs									370.93		
Rita Culp	10/16	10/18	Korea		1,062.00						
	10/19	10/20	Japan		284.00						
Commercial airfare							12,278.12				
Delegation costs									370.93		
Hon. Steve Israel	10/15	10/16	Japan		485.57						
	10/16	10/18	Korea		682.21						
BG Wright	7/16	7/17	Pakistan		357.50		(3)				
	7/17	7/17	Afghanistan		66.00						
	7/18	7/20	Lebanon		150.00						
Commercial airfare							16,389.23				
Delegation costs									1,222.84		
Cornell Teague	7/16	7/17	Pakistan		357.50						
	7/17	7/17	Afghanistan		66.00						
	7/18	7/20	Lebanon		150.00						
Commercial airfare							16,527.49				
Delegation costs									1,222.84		
Chris Bigelow	7/16	7/17	Pakistan		357.50						
	7/17	7/17	Afghanistan		66.00						
	7/18	7/20	Lebanon		420.00						
Commercial airfare							18,937.97				
Delegation costs									1,222.84		
Hon. Henry Cuellar	10/1	10/3	Italy		475.00						
	10/3	10/4	Zambia		425.00						
	10/5	10/6	Mozambique		660.00						
	10/7	10/9	South Africa		819.00						
	10/10	10/10	Senegal		257.00		(3)				
Hon. Tom Graves	10/1	10/3	Italy		475.00						
	10/3	10/4	Zambia		425.00						
	10/5	10/6	Mozambique		660.00						
	10/7	10/9	South Africa		819.00						
	10/10	10/10	Senegal		257.00		(3)				
Rob Blair	10/1	10/5	Bahrain		1,034.20						
	10/5	10/7	Jordan		779.26						
Commercial airfare							14,659.76				
Adrienne Ramsay	10/1	10/5	Bahrain		1,034.20						
	10/5	10/7	Jordan		779.26						
Commercial airfare							14,767.76				
Becky Leggieri	10/1	10/5	Bahrain		1,034.20						
	10/5	10/6	Jordan		389.63						
Commercial airfare							12,323.06				
Jim Kulikowski	10/9	10/11	Ukraine		371.43						
	10/11	10/13	Hungary		664.50						
	10/13	10/14	Belarus		241.00						
	10/14	10/18	Lithuania		1,264.60						
Commercial airfare							13,758.00				
Delegation costs									136.79		
Shalanda Young	10/9	10/11	Ukraine		371.43						
	10/11	10/13	Hungary		664.50						
	10/13	10/14	Belarus		241.00						
	10/14	10/18	Lithuania		1,264.58						
Commercial airfare							7,203.63				
Delegation costs									136.80		
Hon. Andy Harris	10/15	10/18	Lithuania		895.15						
	10/18	10/19	Ukraine		372.62						
Commercial airfare							11,028.16				
Brooke Boyer	10/31	11/2	Iceland		1,008.22						
	11/2	11/5	Norway		997.10						
Commercial airfare							4,708.29				
Kaitlyn Eisner-Poor	10/31	11/2	Iceland		1,029.42						
	11/2	11/5	Norway		997.10						
Commercial airfare							4,864.27				
Hon. David Valadao	12/25	12/29	Afghanistan		360.00						
Commercial airfare							13,279.06				
Committee total					38,210.43		266,634.06		9,670.76		314,515.25

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.
[3] Military air transportation.

HON. RODNEY P. FRELINGHUYSEN, Chairman, Jan. 27, 2017.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON EDUCATION AND THE WORKFORCE, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN OCT. 1 AND DEC. 31, 2016

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Hon. Frederica Wilson	10/29	10/30	Haiti		256.00		439.56				695.56
Committee total					256.00		439.56				695.56

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

HON. VIRGINIA FOXX, Chairman, Jan. 31, 2017.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON ENERGY AND COMMERCE, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN OCT. 1 AND DEC. 31, 2016

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Andrew Zach	9/24	10/1	Austria		1,633.08		2,570.66				4,203.74
Ben Lieberman	10/8	10/16	Rwanda		2,222.78		13,151.96		840.00		16,214.74
Annelise Rickert	10/8	10/16	Rwanda		2,222.78		13,151.96				15,374.74
Jean Fruci	10/8	10/16	Rwanda		2,222.78		7,132.36				9,355.14
Hon. Bill Flores	10/15	10/17	Lithuania		895.15		13,590.26		3,389.14		17,874.55
	10/18	10/19	Ukraine		372.62				180.27		552.89
Andrew Zach	10/15	10/17	Lithuania		895.15		13,590.26				14,485.41
	10/18	10/19	Ukraine		372.62						372.62
Thomas Hassenboehler	10/17	10/19	Romania		465.00		8,097.96		465.00		9,027.96
	10/19	10/20	Belgium		301.56		96.95		763.68		1,162.19
	10/20	10/22	France		906.00				2,425.00		3,331.00
Ann Johnston	10/17	10/19	Romania		465.00		5,926.86				6,391.86
	10/19	10/20	Belgium		301.57		96.95				398.52
	10/20	10/22	France		906.00						906.00
Brandon Mooney	10/17	10/19	Romania		465.00		5,928.16				6,393.16
	10/19	10/20	Belgium		301.56		96.95				398.51
	10/20	10/22	France		906.00						906.00
Sam Spector	10/17	10/20	Romania		465.00		5,928.16				6,393.16
	10/19	10/20	Belgium		301.56		96.95				398.51
	10/20	10/22	France		906.00						906.00
Joseph Wright	10/17	10/19	Romania		465.00		5,929.26				6,394.26
	10/19	10/20	Belgium		301.56		96.95				398.51
	10/20	10/22	France		906.00						906.00
Eric Kessler	10/17	10/19	Romania		465.00		5,928.16				6,393.16
	10/19	10/20	Belgium		301.56		96.95				398.51
	10/20	10/22	France		906.00						906.00
Mary Neumayr	10/30	11/3	Norway		819.50		4,592.86				5,412.36
	11/3	11/6	Germany		832.98						832.98
	11/12	11/20	Morocco		4,137.07		9,917.66				14,054.73
Peter Spencer	11/12	11/20	Morocco		4,137.07		9,917.66				14,054.73
Jean Fruci	11/12	11/19	Morocco		3,561.00		7,556.66				11,117.66
	11/19	11/20	Belgium		121.88						121.88
Alicia Haberman	11/12	11/19	Morocco		3,561.00		7,556.66				11,117.66
	11/19	11/20	Belgium		121.88						121.88
Hon. Adam Kinzinger	11/18	11/20	Nova Scotia		588.00		(3)				588.00
Hon. Markwayne Mullin	12/17	12/18	Kosovo		252.10		13,754.66		36.56		14,043.32
			Turkey		292.20				50.00		342.20
			Germany		338.77						338.77
Committee total					39,635.78		154,803.88		8,149.65		202,589.31

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.
[3] Military air transportation.

HON. FRED UPTON, Chairman, Jan. 30, 2017.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON FINANCIAL SERVICES, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN OCT. 1 AND DEC. 31, 2016

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Joseph Pinder	10/29	10/30	Bahrain		315.00						315.00
	10/30	11/1	UAE (Dubai)		1,015.00						1,015.00
	11/1	11/2	UAE (Abu Dhabi)		536.00						536.00
	11/2	11/4	Oman		915.89		5,065.86				5,981.75
Committee total					2,781.89		5,065.86				7,847.75

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

HON. JEB HENSARLING, Chairman, Jan. 31, 2017.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON HOMELAND SECURITY, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN OCT. 1 AND DEC. 31, 2016

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
STAFFDEL Shields											
B. Shields	10/15	10/18	England		828.84		*3,153.96				3,982.77
	10/18	10/20	Germany		572.00						572.00
	10/20	10/22	Sweden		681.00						681.00
M. Taylor	10/15	10/18	England		828.84		*3,142.86				3,971.70
	10/18	10/20	Germany		572.00						572.00
	10/20	10/22	Sweden		681.00						681.00
R. Propis	10/15	10/18	England		828.84		*3,142.86				3,971.70
	10/18	10/20	Germany		572.00						572.00

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON HOMELAND SECURITY, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN OCT. 1 AND DEC. 31, 2016—Continued

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
	10/20	10/22	Sweden		681.00						681.00
M. Tisdale	10/15	10/18	England		828.83		*3,153.96				3,982.79
	10/18	10/20	Germany		572.00						572.00
	10/20	10/22	Sweden		681.00						681.00
Additional expenses											
Transportation	10/15	10/18	England						1,314.55		1,314.55
Transportation	10/18	10/20	Germany						1,804.85		1,804.85
Transportation	10/20	10/22	Sweden						1,416.00		1,416.00
Committee total											25,456.36

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.
* Airfare all inclusive.

HON. MICHAEL T. McCAUL, Chairman, Jan. 25, 2017.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON SMALL BUSINESS, U.S. HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN OCT. 1 AND DEC. 31, 2016

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]

HOUSE COMMITEES
Please Note: If there were no expenditures during the calendar quarter noted above, please check the box at right to so indicate and return. ☒

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

HON. STEVE CHABOT, Chairman, Jan. 31, 2017.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON VETERANS' AFFAIRS, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN OCT. 1 AND DEC. 31, 2016.

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]

HOUSE COMMITTEES
Please Note: If there were no expenditures during the calendar quarter noted above, please check the box at right to so indicate and return. ☒

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

HON. DAVID P. ROE, Chairman, Feb. 6, 2017.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON WAYS AND MEANS, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN OCT. 1 AND DEC. 31, 2016

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Patrick Meehan	12/18	12/20	South Korea		692.18		(3)				692.18
	12/20	12/23	Japan		476.00		(3)				476.00
Angela Ellard	11/16	11/18	Peru		*2,586.00		6,874.50		1,794.06		11,254.56
Jason Kearns	11/16	11/18	Peru		*2,586.00		1,382.50				3,968.50
Stephen Claeys	11/16	11/18	Peru		*2,411.00		6,874.50				9,285.50
Katherine Tai	11/16	11/18	Peru		*2,586.00		6,499.50				9,085.50
Angela Ellard	11/1	11/4	Switzerland		851.50		2,174.36				3,025.86
Joshua Snead	11/1	11/4	Switzerland		803.90		2,089.36				2,893.26
Keigan Mull	11/1	11/4	Switzerland		832.45		2,089.36				2,921.81
Committee total					13,825.03		27,984.08		1,794.06		43,603.17

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.
[3] Military air transportation.
* Required payment for four nights minimum stay.

HON. KEVIN BRADY, Chairman, Jan. 30, 2017.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, PERMANENT SELECT COMMITTEE ON INTELLIGENCE, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN OCT. 1 AND DEC. 31, 2016

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Andrew House	10/7	10/10	Asia		1,169.56				14.12		1,183.68
Commercial airfare							14,059.16				14,059.16
Robert Minehart	10/7	10/10	Asia		1,169.56				14.12		1,183.68
Commercial airfare							14,059.16				14,059.16
Timothy Bergreen	10/7	10/10	Asia		1,169.56				14.12		1,183.68
Commercial airfare							14,059.16				14,059.16
George Pappas	10/9	10/11	Europe		271.00						271.00
	10/11	10/13	Europe		980.31		477.25				1,457.56
Commercial airfare							10,177.50				10,177.50
Hon. Michael Turner	10/12	10/14	Asia		225.00				4,043.94		4,268.94
Commercial airfare							12,464.76				12,464.76
Angel Smith	10/12	10/14	Asia		225.00				4,043.93		4,268.93
Commercial airfare							10,739.16				10,739.16
Hon. Jeff Miller	10/11	10/11	Europe						374.06		374.06
	10/11	10/14	Europe		630.07				56.80		686.87
	10/15	10/15	Asia						114.84		114.84

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, PERMANENT SELECT COMMITTEE ON INTELLIGENCE, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN OCT. 1 AND DEC. 31, 2016—Continued

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
	10/15	10/18	Asia		708.00						708.00
	10/18	10/20	Asia		424.00				25.00		449.00
	10/20	10/22	Asia		591.11				42.35		633.46
Commercial airfare							12,509.46				12,509.46
George Pappas	10/12	10/14	Europe		315.02				56.79		371.81
	10/15	10/15	Asia						114.83		114.83
	10/15	10/18	Asia		708.00						708.00
	10/18	10/20	Asia		424.00				25.00		449.00
	10/20	10/22	Asia		591.11				42.35		633.46
Commercial airfare							8,633.96				8,633.96
Michael Bahar	10/23	10/25	Europe		879.00				4.50		883.50
	10/25	10/26	Europe		372.33				230.98		603.31
	10/26	10/29	Europe		696.06						696.06
Commercial airfare							12,844.66				12,844.66
Thomas Eager	10/23	10/25	Europe		879.00				4.50		883.50
	10/25	10/26	Europe		372.32				230.98		603.30
	10/26	10/29	Europe		696.06						696.06
Commercial airfare							10,872.66				10,872.66
William Flanigan	10/29	10/31	Asia		1,076.00						1,076.00
	10/31	11/02	Asia		710.82						710.82
	11/03	11/05	Asia		1,142.00				861.22		2,003.22
Commercial airfare							14,955.69				14,955.69
Douglas Presley	10/29	10/31	Asia		1,076.00						1,076.00
	10/31	11/02	Asia		710.82						710.82
	11/03	11/05	Asia		1,142.00				861.22		2,003.22
Commercial airfare							14,955.69				14,955.69
Lisa Major	10/29	10/31	Aia		1,076.00						1,076.00
	10/31	11/2	Asia		710.82						710.82
	11/3	11/5	Asia		1,142.00				861.22		2,003.22
Commercial airfare							15,115.49				15,115.49
Hon. Thomas Rooney	11/3	11/5	Asia		1,713.00				861.22		2,574.22
Commercial airfare							9,910.39				9,910.39
Hon. Eric Swalwell	12/13	12/14	Asia		498.00				150.00		648.00
	12/14	12/17	Asia		1,038.27				221.76		1,260.03
Commercial airfare							13,866.91				13,866.91
Wells Bennett	12/13	12/14	Asia		498.00				150.00		648.00
	12/14	12/17	Asia		1,038.27				221.76		1,260.03
Commercial airfare							14,933.32				14,933.32
Hon. K. Michael Conaway	12/12	12/15	North America		726.00		561.00		148.00		1,435.00
	12/15	12/17	North America		494.49				92.59		587.08
Commercial airfare							1,195.74				1,195.74
George Pappas	12/12	12/15	North America		726.00		561.00		148.00		1,435.00
	12/15	12/17	North America		494.49				92.59		587.08
Commercial airfare							1,195.74				1,195.74
Michael Bahar	12/14	12/20	Asia		1,872.00				137.85		2,009.85
Commercial airfare							13,391.95				13,391.95
Thomas Eager	12/14	12/20	Asia		1,872.00				137.84		2,009.84
Commercial airfare							13,391.95				13,391.95
Chelsey Campbell	12/14	12/16	Asia		558.00						558.00
Commercial airfare							10,829.65				10,829.65
Hon. Michael Quigley	12/18	12/22	Europe		1,594.00				127.57		1,721.57
Commercial airfare							9,957.86				9,957.86
Linda Cohen	12/18	12/22	Europe		1,594.00				127.57		1,721.57
Commercial airfare							949.76				949.76
Douglas Presley	12/18	12/22	Europe		1,594.00				127.56		1,721.56
Commercial airfare							949.76				949.76
Nicholas A. Ciarlante	12/18	12/22	Europe		1,594.00		0.00		127.56		1,721.56
Commercial airfare							948.76				948.76
Chelsey Campbell	12/10	12/12	Africa		571.00						571.00
Commercial airfare							11,862.08				11,862.08
Angel Smith	12/10	12/12	Africa		797.00						797.00
Commercial airfare							11,862.08				11,862.08
Amanda Rogers-Thorpe	12/10	12/12	Africa		797.00						797.00
Commercial airfare							11,862.08				11,862.08
Committee total					42,352.05		294,153.79		14,908.74		351,414.54

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

HON. DEVIN NUNES, Chairman, Jan. 30, 2017.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, SELECT COMMITTEE ON THE EVENTS SURROUNDING THE 2012 TERRORIST ATTACK IN BENGHAZI, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN OCT. 1 AND DEC. 31, 2016

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]

HOUSE COMMITTEES

Please Note: If there were no expenditures during the calendar quarter noted above, please check the box at right to so indicate and return. ☒

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

HON. TREY GOWDY, Chairman, Jan. 17, 2017.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

540. A letter from the Acting Assistant Secretary of Defense Homeland Defense and Global Security, Department of Defense, transmitting the Department's report on assistance provided by the Department of Defense for certain sporting events, pursuant to 10 U.S.C. 2564(e); Public Law 104-201, Sec. 367(a); (110 Stat. 2496); to the Committee on Armed Services.

541. A letter from the Chairman, Occupational Safety and Health Review Commission, transmitting the Commission's Buy American Act Report for fiscal year 2016, pursuant to 41 U.S.C. 10a(b); Public Law 110-28; to the Committee on Education and the Workforce.

542. A letter from the Assistant Legal Adviser, Office of Treaty Affairs, Department of State, transmitting a report concerning international agreements other than treaties entered into by the United States to be

transmitted to the Congress within the sixty-day period specified in the Case-Zablocki Act, pursuant to 1 U.S.C. 112b(a); Public Law 92-403, Sec. 1(a) (as amended by Public Law 108-458, Sec. 7121(b)); (118 Stat. 3807); to the Committee on Foreign Affairs.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. GOODLATTE:

H.R. 985. A bill to amend the procedures used in Federal court class actions and multidistrict litigation proceedings to assure fairer, more efficient outcomes for claimants and defendants, and for other purposes; to the Committee on the Judiciary.

By Mr. ROKITA (for himself, Mr. COLE, Mrs. NOEM, Ms. MOORE, Ms. MICHELLE LUJAN GRISHAM of New Mexico, Mr. PETERSON, Mr. MULLIN, Ms. CHENEY, Mr. LAMALFA, and Mr. GOSAR):

H.R. 986. A bill to clarify the rights of Indians and Indian tribes on Indian lands under the National Labor Relations Act; to the Committee on Education and the Workforce.

By Mr. ROKITA (for himself, Mr. BARR, Mr. OLSON, Mrs. BLACK, Mr. GROTHMAN, and Mr. ROE of Tennessee):

H.R. 987. A bill to amend the National Labor Relations Act to permit employers to pay higher wages to their employees; to the Committee on Education and the Workforce.

By Mr. ELLISON:

H.R. 988. A bill to provide for a study by the Transportation Research Board of the National Academies on the impact of diverting certain freight rail traffic to avoid urban areas, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. COLE (for himself, Mr. BISHOP of Utah, Mrs. BUSTOS, Mr. KILMER, and Mr. JONES):

H.R. 989. A bill to exempt certain Department of Defense civilian positions from any furlough as a result of a lapse in discretionary appropriations, and for other purposes; to the Committee on Armed Services.

By Mr. COLE (for himself, Mr. BISHOP of Utah, Mrs. BUSTOS, Mr. LOEBSACK, Mr. KILMER, and Mr. JONES):

H.R. 990. A bill to prohibit any hiring freeze from affecting Department of Defense civilian positions in facilities that perform depot maintenance or are designated as a center for industrial and technical excellence, and for other purposes; to the Committee on Oversight and Government Reform.

By Mr. ENGEL (for himself, Mr. COHEN, and Ms. CLARKE of New York):

H.R. 991. A bill to require the establishment of a Consumer Price Index for Elderly Consumers to compute cost-of-living increases for Social Security benefits under title II of the Social Security Act and to provide, in the case of elderly beneficiaries under such title, for an annual cost-of-living increase which is not less than 3 percent; to the Committee on Ways and Means, and in addition to the Committee on Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. FOSTER (for himself, Mr. SEAN PATRICK MALONEY of New York, and Mr. NORCROSS):

H.R. 992. A bill to authorize the Assistant Secretary for Mental Health and Substance Use, acting through the Director of the Center for Substance Abuse Treatment, to award grants to States to expand access to clinically appropriate services for opioid abuse, dependence, or addiction; to the Committee on Energy and Commerce.

By Mr. FOSTER (for himself, Mr. SWALWELL of California, and Mr. SEAN PATRICK MALONEY of New York):

H.R. 993. A bill to reduce opioid misuse and abuse; to the Committee on Energy and Commerce.

By Mr. FOSTER (for himself, Ms. HERRERA BEUTLER, Mr. KILMER, and Mr. ROKITA):

H.R. 994. A bill to direct the Comptroller General of the United States to evaluate and report on the in-patient and outpatient treatment capacity, availability, and needs of the United States; to the Committee on Energy and Commerce, and in addition to the Committee on Natural Resources, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. JEFFRIES (for himself and Mr. CHABOT):

H.R. 995. A bill to direct the Secretary of Agriculture and the Secretary of the Interior to amend regulations for racial appropriateness; to the Committee on Natural Resources, and in addition to the Committee on Agriculture, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. KIHUEN:

H.R. 996. A bill to direct the Secretary of Labor to establish a competitive grant program for community colleges to train veterans for local jobs; to the Committee on Veterans' Affairs.

By Mr. KING of Iowa (for himself, Mr. COLLINS of Georgia, Mr. GOHMERT, Mr. BARLETTA, Mr. DUNCAN of South Carolina, and Mr. FRANKS of Arizona):

H.R. 997. A bill to declare English as the official language of the United States, to establish a uniform English language rule for naturalization, and to avoid misconstructions of the English language texts of the laws of the United States, pursuant to Congress' powers to provide for the general welfare of the United States and to establish a uniform rule of naturalization under article I, section 8, of the Constitution; to the Committee on Education and the Workforce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. SMITH of Missouri (for himself and Mr. GOODLATTE):

H.R. 998. A bill to provide for the establishment of a process for the review of rules and sets of rules, and for other purposes; to the Committee on Oversight and Government Reform, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. WALBERG (for himself and Mr. KILDEE):

H.R. 999. A bill to amend the Internal Revenue Code of 1986 to expand access to Coverdell education savings accounts; to the Committee on Ways and Means.

By Mr. CONYERS (for himself, Mr. NADLER, Ms. KAPTUR, Ms. WILSON of Florida, Ms. SLAUGHTER, Mr. ELLISON, Ms. SCHAKOWSKY, Ms. MOORE, Mr. CAPUANO, Mr. GRIJALVA, Mr. POCAN, Mr. MCGOVERN, Ms. NORTON, Mr. VEASEY, Mr. SERRANO, Ms. CLARKE of New York, Mrs. LAWRENCE, Mr. LEWIS of Georgia, Mr. CUMMINGS, Mr. DANNY K. DAVIS of Illinois, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. GARAMENDI, Mr. RYAN of Ohio, Mr. MEEKS, Ms. JUDY CHU of California, Mr. AL GREEN of Texas, Mrs. BEATTY, Mr. NOLAN, and Mr. RASKIN):

H.R. 1000. A bill to establish the National Full Employment Trust Fund to create employment opportunities for the unemployed; to the Committee on Education and the Workforce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. YOUNG of Alaska (for himself, Mr. PEARCE, Mr. GOSAR, Mr. CRAMER, Mrs. RADEWAGEN, Mr. NEWHOUSE, and Mr. BIGGS):

H.J. Res. 70. A joint resolution disapproving the rule submitted by the Department of the Interior regarding requirements for exploratory drilling on the Arctic Outer Continental Shelf; to the Committee on Natural Resources.

By Mr. NADLER:

H. Res. 111. A resolution of inquiry directing the Attorney General to transmit certain documents to the House of Representatives relating to the financial practices of the President; to the Committee on the Judiciary.

By Mr. MCCAUL (for himself and Mr. THOMPSON of Mississippi):

H. Res. 112. A resolution providing amounts for the expenses of the Committee on Homeland Security in the One Hundred Fifteenth Congress; to the Committee on House Administration.

By Mr. ROHRABACHER:

H. Res. 113. A resolution expressing the sense of the House of Representatives that the United States should continue to authorize cash flow financing to Egypt and expand other areas of cooperation; to the Committee on Foreign Affairs, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

By Mr. GOODLATTE:

H.R. 985.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 9; Article III, Section 1, Clause 1; and Article III, Section 2, Clause 2 of the Constitution, which grant Congress authority over federal courts.

By Mr. ROKITA:

H.R. 986.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3 to regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes.

By Mr. ROKITA:

H.R. 987.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3 to regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes.

By Mr. ELLISON:

H.R. 988.

Congress has the power to enact this legislation pursuant to the following:

Congress has the power to enact this legislation pursuant to Article I, Section 8 of the Constitution of the United States, which states:

The Congress shall have the power to make all laws which shall be necessary and proper for carrying into execution the foregoing powers, and all other powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.''

By Mr. COLE:

H.R. 989.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8 of the United States Constitution.

By Mr. COLE:

H.R. 990.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8 of the United States Constitution.

By Mr. ENGEL:

H.R. 991.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 1 of the Constitution.

By Mr. FOSTER:

H.R. 992.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clauses 1 and 18 of the United States Constitution.

By Mr. FOSTER:

H.R. 993.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clauses 1 and 18 of the United States Constitution.

By Mr. FOSTER:

H.R. 994.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clauses 1 and 18 of the United States Constitution.

By Mr. JEFFRIES:

H.R. 995.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the U.S. Constitution.

By Mr. KIHUEN:

H.R. 996.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the powers granted to the Congress by Article I, Section 8, Clauses 3 of the United States Constitution.

By Mr. KING of Iowa:

H.R. 997.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 4 of the Constitution.

By Mr. SMITH of Missouri:

H.R. 998.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 1 of the United States Constitution, in that the legislation concerns the exercise of legislative powers generally granted to Congress by that section, including the exercise of those powers when delegated by Congress to the Executive; Article I, Sections 8 and 9 of the United States Constitution, in that the legislation concerns the exercise of specific legislative powers granted to Congress by those sections, including the exercise of those powers when delegated by Congress to the Executive; Article I, Section 8, clause 18 of the United States Constitution, in that the legislation exercises legislative power granted to Congress by that clause ''to make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof;'' and, Article III, Sections 1 and 2 of the United States Constitution, in that the legislation defines or affects judicial powers and cases that are subject to legislation by Congress.

By Mr. WALBERG:

H.R. 999.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8.

Clause 1: The Congress shall have the Power to lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United States; but all Duties, Imposts, and Excises shall be uniform throughout the United States;

Clause 18: To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.

By Mr. CONYERS:

H.R. 1000.

Congress has the power to enact this legislation pursuant to the following:

Article I, section 8.

By Mr. YOUNG of Alaska:

H.J. Res. 70.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 1 and Article I, Section 18, Clause 18.

''All legislative powers herein granted shall be vested in a Congress of the United States, which shall consist of a Senate and House of Representatives''

&

''To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof''

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions, as follows:

H.R. 38: Mr. JORDAN and Mr. BABIN.

H.R. 113: Mr. GALLEGO, Mr. AGUILAR, Mr. BISHOP of Michigan, and Mrs. LOWEY.

H.R. 114: Mr. MCCAUL and Mr. NUNES.

H.R. 115: Mr. BARLETTA, Mr. RUSSELL, and Mr. ROHRABACHER.

H.R. 130: Mrs. TORRES.

H.R. 202: Mrs. CAROLYN B. MALONEY of New York.

H.R. 367: Ms. FOXX and Mr. FARENTHOLD.

H.R. 379: Ms. MCCOLLUM and Mr. GRIJALVA.

H.R. 428: Mr. RUSSELL.

H.R. 432: Mr. ESPAILLAT.

H.R. 439: Ms. SHEA-PORTER.

H.R. 442: Ms. VELÁZQUEZ, Mr. MOULTON, and Mr. WEBER of Texas.

H.R. 449: Mr. SENSENBRENNER.

H.R. 474: Mr. HENSARLING.

H.R. 483: Mr. RUSSELL and Mr. JODY B. HICE of Georgia.

H.R. 485: Mr. GRIJALVA.

H.R. 489: Mr. RASKIN and Mr. HIMES.

H.R. 512: Mr. LARSEN of Washington, Mr. PANETTA, and Mr. BLUM.

H.R. 525: Mr. WEBER of Texas.

H.R. 530: Mr. VARGAS and Miss RICE of New York.

H.R. 550: Mr. FITZPATRICK.

H.R. 586: Mr. DESJARLAIS.

H.R. 661: Mr. JONES and Mr. HARPER.

H.R. 696: Ms. CLARK of Massachusetts, Mr. SCOTT of Virginia, and Mr. KHANNA.

H.R. 703: Mr. ROKITA, Ms. SHEA-PORTER, and Ms. GABBARD.

H.R. 706: Mr. HARPER.

H.R. 749: Mr. CUELLAR, Mr. WALZ, Mr. SOTO, and Mr. BISHOP of Georgia.

H.R. 755: Mr. EMMER.

H.R. 757: Ms. MOORE, Mr. Raskin, Mr. RUPPERSBERGER, and Ms. SHEA-PORTER.

H.R. 770: Mr. RASKIN.

H.R. 804: Mrs. LAWRENCE, Mr. GONZALEZ of Texas, Mr. GUTIÉRREZ, Mr. GENE GREEN of Texas, Mr. LIPINSKI, Mr. ELLISON, Ms. KAPTUR, Ms. FRANKEL of Florida, Mr. HUFFMAN, Mr. KILDEE, Mr. CASTRO of Texas, Ms. LOFGREN, Mr. BRADY of Pennsylvania, Ms. ESHOO, Ms. DEGETTE, and Mr. CRIST.

H.R. 831: Mr. RODNEY DAVIS of Illinois.

H.R. 849: Mr. WENSTRUP.

H.R. 852: Mr. POLIS.

H.R. 866: Mr. GONZALEZ of Texas.

H.R. 926: Mr. KHANNA, Mr. BROWN of Maryland, and Mr. SWALWELL of California.

H.R. 947: Mr. KIND, Ms. KUSTER of New Hampshire, Mr. DESAULNIER, Ms. TSONGAS, and Mr. SCHIFF.

H.R. 972: Mr. SOTO.

H.R. 974: Mr. COOK and Mr. TAKANO.

H.J. Res. 42: Mr. AUSTIN SCOTT of Georgia, Mr. WOODALL, Mr. MULLIN, Mr. HENSARLING, and Mr. GAETZ.

H.J. Res. 43: Mr. BRIDENSTINE, Mr. FRANCIS ROONEY of Florida, Mr. DUNN, Mr. JORDAN, Mr. KNIGHT, Mr. WEBSTER of Florida, Mr. LUCAS, Mr. JOYCE of Ohio, and Mr. MESSER.

H.J. Res. 51: Mr. WENSTRUP.

H.J. Res. 59: Mr. KINZINGER, Mr. GRIFFITH, and Mr. HUIZENGA.

H. Con. Res. 21: Mr. SWALWELL of California.

H. Res. 104: Mrs. DAVIS of California, Mr. BERA, Mr. O'ROURKE, and Mr. SCHNEIDER.

CONGRESSIONAL EARMARKS, LIMITED TAX BENEFITS, OR LIMITED TARIFF BENEFITS

Under clause 9 of rule XXI, lists or statements on congressional earmarks, limited tax benefits, or limited tariff benefits were submitted as follows:

OFFERED BY MR. WALDEN

The provisions that warranted a referral to the Committee on Energy and Commerce in H.J. Res. 43 do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

OFFERED BY MR. BISHOP OF UTAH

The provisions in H.J Res. 69 that warranted a referral to the Committee on Natural Resources do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 115th CONGRESS, FIRST SESSION

Vol. 163 WASHINGTON, THURSDAY, FEBRUARY 9, 2017 No. 23

Senate

The Senate met at 10 a.m. and was called to order by the President pro tempore (Mr. HATCH).

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Give ear to our words, O Lord. Listen to the sounds of our intercession. We look to You with the vibrant expectation that You can transform dark yesterdays into bright tomorrows. We are grateful that we can fulfill Your purposes because of the strength we receive each day from You.

Lord, show our lawmakers Your compassion. Give them a peace that transcends human understanding. May they face life's challenges with the faith that nothing is impossible for You. Increase their faith, filling them with a more complete trust in You and with a willingness to follow Your guidance.

We pray in Your Holy Name. Amen

PLEDGE OF ALLEGIANCE

The President pro tempore led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

RECOGNITION OF THE MAJORITY LEADER

The PRESIDENT pro tempore. The majority leader is recognized.

CONGRATULATING SENATOR HATCH: THE LONGEST SERVING REPUBLICAN SENATOR IN AMERICAN HISTORY

Mr. MCCONNELL. Mr. President, I would like to begin this morning by directing some remarks to the Chair. I would like to recognize an important milestone of his, but let me start off this way.

The President pro tempore is something of a legend in the Beehive State. He is a published author. He has gold and platinum albums hanging on the wall, and he is a great fighter for his home State.

It is not hard to see why Utahns keep sending him back. It is not hard to see why they chose to make him the longest serving Senator in Utah history.

Senator HATCH has come a long way from the grinding poverty of his childhood, and just recently, he passed yet another significant milestone. He became the longest serving Republican Senator in American history. Now, that is impressive.

Yet, given what we all know about our colleague, it isn't all that surprising. Senator HATCH is almost always in the mix on the most consequential issues of the day. He has been a leading voice on everything from labor law to judicial nominations, religious freedom to tax reform. This expansive policy expertise helps explain why his colleagues chose him to serve as chairman of three major committees: HELP, Judiciary, and today the powerful Finance Committee.

Senator HATCH remains as much of a key player as ever in advancing the Senate's agenda. His guidance will be crucial as we continue to move forward with repealing and replacing ObamaCare, as we turn to tax reform, and as we consider the President's Supreme Court nominee.

The tasks before us are as diverse as they are challenging, but I know our colleague from Utah is up to the charge.

The man known as ''Honest Orrin'' is one of the kindest and most gracious guys you will ever meet. He is a man of deep faith and principled conviction.

But Senator HATCH is anything but a pushover. He is a fighter for Utah and for the Nation. He is a proud conservative. He has simply learned the art of disagreeing—sometimes strongly—without being disagreeable. That is how you build friendships with both Robert Bork and Ted Kennedy. That is how you establish yourself as one of the most productive legislators in modern history, as Senator HATCH has.

He isn't slowing down any time soon. He is actually getting more done than ever. He just passed dozens of bills out of the Senate last Congress, and many of them became law. Now our friend, the Finance Committee chairman, is in a unique position to continue having an impact on a range of issues, and I am sure he will.

I hope he still finds some time to keep up with his songwriting career. You should listen to his stuff. It is good. He has penned everything from a love song on the ''Ocean's Twelve'' soundtrack to his world-famous Hanukkah song. Senator HATCH would want me to remind you that it ranked somewhere between the Black Eyed Peas and Lady Gaga on the hit charts. ''Everyone,'' he says, ''loves my music''—everyone.

You have to admire that confidence.

We look forward to seeing the great things he will be able to achieve for Utahns, for the country, and for the music industry in the years to come.

It has been my distinct privilege to recognize our colleague in the Chair today. I would ask colleagues to join with Senator HATCH's family—his wife of nearly 60 years, Elaine, their 6 children, 23 grandchildren, and 19 great grandchildren—in marking this important milestone.

ATTORNEY GENERAL JEFF SESSIONS

Mr. MCCONNELL. Mr. President, it was great to see our now-former colleague, Senator Sessions, confirmed as the Nation's 84th Attorney General yesterday. We all had to watch as he was subjected to a terrible campaign of unfair and deeply personal attacks. He endured it all with grace, though, and with the same considerable dignity, respect, and courtesy we have long

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

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known Senator Sessions for. We are going to miss him in the Senate, but we couldn't be more proud of him as he begins this new position.

SENATOR-DESIGNATE LUTHER STRANGE

Mr. MCCONNELL. Mr. President, of course the departure of one Senator typically heralds the arrival of a new one. Today is no different. I hope colleagues will join me in welcoming Alabama's newest Senator later today, LUTHER STRANGE, who will be sworn in this afternoon.

You won't have much trouble finding him. He will be the tallest guy around here. Now, you would expect nothing different from a former college basketball player. Senator THUNE and Senator COTTON last night were somewhat distressed by the notion that they would be replaced by an even taller Senator, and that will happen later today.

LUTHER STRANGE, like the man who preceded him, is a devoted Eagle Scout. He shares his interest in the law too. He even argued successfully before the Supreme Court. It is notable experience to bring to any job, especially this one, and especially at a time when we are actively involved in the process of considering a new—and superbly qualified—nominee to the Court.

We are looking forward to the contributions that Alabama's newest Senator will make. He will have the chance to get started right away. We have important work to do, and that starts with confirming more of the qualified Cabinet nominees who are before us.

NOMINATION OF TOM PRICE

Mr. MCCONNELL. Mr. President, the nominee currently before us is the President's pick for Health and Human Services Secretary, Congressman TOM PRICE, a physician. Dr. PRICE knows more about health care policy than just about anyone. He doesn't just understand health care policy as a policymaker—although he does deeply—he also understands it as a practicing physician. He gets the real-world impact.

He has a clear-eyed view about Washington's capacity to do great harm, even with the best of intentions, just as he is excited about his potential to do great good.

He can start having a positive impact almost as soon as he is confirmed. He can start bringing stability to the health care markets ObamaCare has harmed. He can start bringing relief to the families ObamaCare has hurt. I know he is ready to get to work with Congress to move toward truly patient-centered health care—care that prioritizes the needs of patients over the needs of Washington.

The American Medical Association supports him and says: ''[H]is service as a physician, state legislator and member of the U.S. Congress provides a depth of experience to lead HHS.''

The Association of American Medical Colleges supports him and says: ''[H]e will bring a thoughtful, measured approach to tackling the wide range of issues affecting the nation's health.''

And the Healthcare Leadership Council couldn't be more enthusiastic. ''It is difficult,'' they said, ''to imagine anyone more capable of serving his nation as the Secretary of Health and Human Services than Congressman Tom Price.''

That is high praise. It also happens to be accurate.

The American people need Dr. TOM PRICE applying his practical knowledge as a doctor and as a legislator at the Department of Health and Human Services, an agency in great need of new leadership.

This job is a big one. There is no doubting that. It requires overseeing some of the Nation's most important programs, like Medicare and Medicaid, and helping to protect public health at the CDC and helping to find cures at NIH and helping to ensure at the FDA that those cures can make it to the patients.

It is a big job, but TOM PRICE is the right man for it. We shouldn't wait a moment longer to confirm him. As soon as we do, we will turn to the nomination of Steve Mnuchin to lead the Department of the Treasury.

NOMINATION OF STEVEN T. MNUCHIN

Mr. MCCONNELL. Mr. President, I will have more to say about Mr. Mnuchin tomorrow, but let me say this. For the last 8 years, Americans had to endure an economy that failed to live up to its potential. Part of the problem was the regulatory avalanche of the last administration. It is time to finally move toward a modern regulatory framework instead, one that appropriately manages risks while promoting growth and job creation. The President has started providing relief already that will move us toward that goal. Steve Mnuchin can help do more.

He also has an important role to play in the effort to make our tax system simpler and more conducive to the kind of economic growth and job creation we should all want. It won't be easy to get that done. We need someone like Steve Mnuchin working with both parties to make it happen.

The Treasury nominee is smart, capable, and he has impressive private sector experience. We need him confirmed as soon as possible so he can begin to tackle these challenges and reverse the last 8 years of economic heartache.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER (Mr. ROUNDS). Under the previous order, the leadership time is reserved.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to resume consideration of the nomination of THOMAS PRICE, of Georgia, to be Secretary of Health and Human Services, which the clerk will report.

The senior assistant legislative clerk read the nomination of Thomas Price, of Georgia, to be Secretary of Health and Human Services.

The PRESIDING OFFICER. The Senator from Utah.

Mr. SCHUMER. Will the Senator yield?

Mr. HATCH. I will be happy to yield.

Mr. SCHUMER. I thank my colleague.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The Democratic leader is recognized.

CONGRATULATING SENATOR HATCH: THE LONGEST SERVING REPUBLICAN SENATOR IN AMERICAN HISTORY

Mr. SCHUMER. Mr. President, before our great friend from Utah gets up, I have other remarks; I will let the Senator from Utah speak before those. But I want to join my distinguished friend the majority leader in recognizing the Senator from Utah, who has become the longest serving Republican Senator in history.

We have been friends for a long time. He has given me guidance. He keeps telling me he is going to straighten me out one of these days—a work in progress, I guess we would think—but he is a terrific guy. He is a decent man. He is a caring man. He is an honorable man.

He has been a great partisan when he has to be, but he has shown tremendous independence on many different occasions. In fact, probably my mentor around here, Senator Kennedy, loved working with Senator HATCH, and they accomplished great things for America.

Even just recently, on an issue like Puerto Rico, there was not much gain for him personally. I don't think there is a large Puerto Rican population in Provo or Ogden. But he cared and he knew there was a problem. We spent late nights trying to figure out what to do, and while the solution may not have been as good as some of us would have wanted, it was a solution, and it wouldn't have happened without Senator HATCH. So we can say that on issue after issue after issue, he has risen to the occasion and has been the best of the Senate.

It is a fitting honor that he is here. Last time around, when he was not thinking of running, I think in the hearts of most Democrats there was hope that he would run again, and that was because we so esteem him.

I want to join the majority leader in congratulating Senator HATCH and wish him many, many more years of success both personally—I know he has a large and wonderful family, and we

have talked about our religious faith quite often—as well as a successful career.

With that, I will yield the floor and resume after Senator HATCH has had a few words to say.

The PRESIDING OFFICER. The Senator from Utah.

THANKING THE MAJORITY AND MINORITY LEADERS

Mr. HATCH. Mr. President, I want to thank the distinguished majority leader and the minority leader. I didn't expect this today; I was just happy to be in the Chair. But it was certainly nice of them to say such nice things. That means a lot to me, and I am sure it will mean a lot to my wife Elaine and our family.

I have a great deal of respect for both leaders. Senator MCCONNELL is a very close friend and a wonderful leader. I don't think we have had a better leader than he in my time in the Senate.

I will not go on and on, but Senator SCHUMER and I have been friends for a long time, and I believe he is one of the great Senators here. I hope we will be able to work together on a lot of things in the future. I hope we can get out of this rut we are in right now so we can work together, so we can feel good about being here, and so we can help this country.

I thank both the majority leader and the minority leader for their kind remarks. I didn't expect those, and I was a little shocked that they would say these things this morning, but I am very grateful to both of them. I want to thank both of them for being my friends.

I yield back to the minority leader.

Mr. SCHUMER. Mr. President, I thank my friend for his kind words and, most importantly, his distinguished service to his country. Now on to other subjects.

THE PRESIDENT, THE TRAVEL BAN, AND AN INDEPENDENT JUDICIARY

Mr. President, I rise on a few topics. First, our President has shown a deeply troubling lack of regard for an independent judiciary. He criticizes individual judges in the court system in general. He has gone so far as to preemptively blame future terrorist attacks on the judiciary for putting a stay on his Executive order. I have not heard a President—I can't recall a President in history doing something like that, certainly not in my lifetime.

Let's look at the facts.

Our President all too often seems fact averse. I have experienced that personally, but much more importantly, in general. Not one terrorist attack has been perpetrated on U.S. soil by a refugee from one of these countries—not one.

Since 1975, 3,024 Americans have been killed on U.S. soil in terrorist attacks. I know that painfully because some of them are people I knew who died on 9/11 in that awful, vicious, horrible attack that still stays with me every day I wear the flag, this flag on my lapel in memory of those who were lost, and have since 9/12/2001. So I am aware of the danger of terrorists. But of those 3,024 Americans killed, zero of these deaths were the result of an attack by a person from one of the countries listed in the ban. Do you know where I got that information? Not from some liberal publication but from the libertarian-leaning Cato Institute. I hope the President is not going to attack them now.

What are the threats of terrorism? The great threats, if you ask the experts, are two things above all: the lone wolves and the visa waiver program. The lone wolves caused the terror recently in both San Bernardino and Orlando. They were American citizens importuned by the evil ISIS—American citizens who were probably disturbed or off base in a lot of ways. ISIS propaganda got to them, and they acted. Nothing in the President's proposed law would have stopped them, even if it were in effect.

The visa waiver program is the gaping hole. The visa waiver program tells 29 countries that they can send people here without going through extensive checks and background checks. They are mainly countries that are friendly, such as the countries of the EU. But what has happened recently is that those countries have become a place of refuge for terrorists. People trained by ISIS, Belgian citizens, French citizens perpetrated the horrible attacks in those countries. One of those terrorists could, God forbid, get on a plane, come to America with few questions asked. The President's proposal does nothing to stop that. The President's proposal, if anything, encourages lone wolves because it makes them even more outcast. Those are not my words; they are Senator JOHN MCCAIN's words, and he is one of the greatest experts in this body and in this country on terrorism.

If the President wants to do something on terrorism, instead of these back-of-the-envelope, quickly and shabbily put together proposals, he ought to study it, talk to the experts, and certainly close these two loopholes or greatly decrease the danger of terrorism from these two places.

To blame judges for future attacks because they didn't pass this law when not a single American has died because of people coming from these countries and to leave open these other two gaping loopholes—I want to work to close them right now. I will work with the President. I will work with Senator MCCAIN. I will work with our Republican colleagues; we all will on this side of the aisle. But the President put together something that didn't seem to have much thought, didn't seem to have much coordination. Despite the fact that the admirable General Kelly took the lance and said ''I'll take the blame''—we all know that didn't happen. He was not consulted at length nor was his Department.

The President seems to preemptively say: Well, if there is terrorism, blame the judge. It is dangerous for him to say this. It is dangerous because it diverts us from going after the big gaping loopholes of terrorism—lone wolves and the visa waiver program.

It also underscores the fact that we need judges who are going to be independent of this President. If this President can attack the judiciary the way he does, if this President has so little respect for the rule of law or for separation of powers, our last and best refuge is the courts.

So in my opinion, this new nominee to the Supreme Court has to pass a special test: true independence from the President. I worry that he doesn't have it. His answers to my questions—I won't go into them today—were disappointing in terms of that independence. You can't just assert ''I am an independent person,'' which he did. You have to show examples. I await them.

When I met him, he said: Well, I am disheartened. He said it to me, he said it to Senator BLUMENTHAL, he said it to Senator SASSE. To whisper in a closed room, behind closed doors to a Senator ''I am disheartened,'' and not condemn what the President has done to the judiciary and not do it publicly—what he did does not show independence; it shows his ability to desire an appearance of having independence without actually asserting it. There is even more reason to do it now because the President—I don't know how; I don't know who told him about those meetings, but the President tweeted that Judge Gorsuch didn't say those things, as mild as they were and, at least in my opinion, as insufficient as they are to showing independence. To whisper to a Senator but to refuse to say anything publicly is not close to a good enough showing of independence.

From my view, it is not a good start for Judge Gorsuch—not a good start. I haven't made up my mind completely. I am willing to—there is going to be a process. There are going to be papers filed; there are going to be hearings. Judge Gorsuch may go further, but right now it is an uphill fight to get my support.

While this President is attacking everyone under the sun, most of it with no basis in fact, just assertions—and by the way, I will talk about this more later, but if we become a nation where facts don't mean anything, the sun will set on this great country.

We have always been a fact-based country. The Founding Fathers had different views, but they never disagreed on the facts as they debated issues in Philadelphia, for the Declaration, for the Constitution. In this Chamber, where we have had great Senators—the Clays, the Websters, the Calhouns—they never disputed the real facts. Neither, in my opinion, has any President, Democrat, Republican, liberal, conservative, until this one, and he just seems to make it up as it goes.

Today he attacked not only my colleague Senator BLUMENTHAL in what I thought was a cheap way, but he attacked JOHN MCCAIN, one of the most respected voices on national security.

JOHN MCCAIN voiced his views on what happened in Yemen. Most of the independent reports corroborate what JOHN MCCAIN said. The President, of course, said it was a great success. I don't know if anyone believes—he is saying so many things that are not fact-based that I don't know if anyone believes him anymore. It would be amusing, except it is not; it is sad, very sad.

It is not the first time he has impugned a Republican Senator. He has had harsh words for the Senator from Nebraska, BEN SASSE. BEN is one of the most independent, thoughtful Senators who I have ever come across on either side of the aisle. I really respect that man. We have spent some time together. We see each other in the gym.

He has attacked the Senator from South Carolina, my friend LINDSEY GRAHAM. He has attacked the Senator from Florida. He has attacked the Senator from Kentucky, the junior Senator from Arizona, and so many others.

I would ask my colleagues, who I know care about this Chamber—and the Senator from Utah's heartfelt plea that we can get over these bumps in the road and start working together is one I feel we share—but are we going to let this new President, who seems to have so little respect for other institutions and people, other than himself, oftentimes; are we going to let him force us to change the rules of this great body? Are we going to let him force us to change the rules of this great body? He immediately demanded a changing of the rules on the Supreme Court. I hope not.

In conclusion, I hope these attacks on an independent judiciary are restrained. I hope my colleagues will join some of us in voicing discontent with those attacks and asking the President to cease and desist. I hope the President himself will stop attacking Senators personally, whether it be the Democratic Senator from Connecticut or the Republican Senator from Arizona—which just happened this morning. I hope we will not let the President intimidate us into changing the way this body works and instead try to come together, not let him divide us.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Utah.

THE PRESIDENT AND WORKING TOGETHER IN THE SENATE

Mr. HATCH. Mr. President, this has been a nice morning for me. To have both the majority leader and the minority leader say such nice things means a lot to me.

Having said that, let me just say I am concerned about this body and how it is going. I am also concerned about the President. I personally wish he would choose his words a little more carefully because everybody in the world pays attention to the President of the United States.

On the other hand, I kind of find it refreshing that he doesn't take any guff from anybody. I like that. He is a person who speaks his mind, but I have also seen him change his mind after saying he was for something and change it when he got more facts.

He is a brand new President coming right out of the private sector. He is picking excellent people for his Cabinet. I don't know that I have ever seen any President pick better Cabinet members than he has, not the least of whom will be the two who should go through before the end of this week. Congressman PRICE is a tremendous choice. As both leaders had indicated, he probably has as much knowledge about our health care system as anyone on Earth.

Steve Mnuchin—I didn't even know Steve Mnuchin, but I spent hours with him. I have to say he is brilliant. I said to him: You know, Steven, you are going to lose a lot of money by taking this job. He said: I don't care. I want to serve my country.

I was refreshed by this attitude to the point that I am going to help him every way I can to become the greatest Treasury Secretary we have ever had. I will tell you one thing, he does understand a lot about money. He understands a lot about Wall Street. He understands a lot about business acquisitions and business matters. He is a practical person, as is our President.

I don't know that we should be so sensitive sometimes because he oftentimes repeals what he said afterward, and I find that refreshing too. I happen to like this President. I think he is a refreshing new leader for this country. He is not going to play these same old games that almost everybody who has been President has played.

He reminds me a lot of President Reagan in that regard. Of course, Reagan had been a Governor before he came here and a good Governor, but he didn't take himself too seriously, and he would say some things that got him in trouble from time to time too. They all have, haven't they? I guess, being President, every word you say is being carefully weighed.

This President is going to have to realize that as well. I think he will. He is a very bright man. I think we are lucky that we would have somebody come out of the private sector into the White House, with all the flaws, and flaws that people are finding with Donald Trump, and be willing to take the criticisms and fight back sometimes. Is he perfect? No. Is he ever going to be perfect? No, he is not, but neither will any of us ever be perfect.

I will say this. A lot of us have more experience than he has. On the other hand, in my eyes, isn't it wonderful to have someone who has been immensely successful in the private sector—who has had some very tough realities in the private sector, who has had his ups and downs in the private sector, who understands pain, who understands exhilaration—isn't it wonderful to have someone like that who just may be able to pull this country out of the stinking mess it is in, a mess caused by a superabundance of bureaucracy, by arrogant Members of Congress, and by very liberal States that are dependent upon the Federal Government rather than upon themselves? I could go on and on and on.

Let us give this President a little bit of a chance. Above all, let us give him his Cabinet and let us quit playing these games. I know some on the Democratic side must feel they are making headway by playing these silly games, knowing that these Cabinet officials are going to go through while they stopped them from being able to do the job that needs to be done. They have made it more difficult than any President I recall in my time in the U.S. Senate. They are treating this President in a very belligerent, awful way. So I think we ought to give a little bit of leeway for him to make some verbal mistakes from time to time—even though we all wish he wouldn't.

I will say I think it is time for this body to start working and, more importantly, start working together. There is nothing we cannot do if we work together. We can save this country if we work together. We could have a better attitude in this country if we will work together. We can be an exemplar for the rest of the world if we work together.

Look, there is no excuse for these two big fights that are going on. I like big fights on the floor. I like big fights in committees. Sometimes out of those fights comes very good legislation or very good approaches to government. It is good for us to go at each other from time to time. But to make it impossible for a President to have his Cabinet early on? There is something wrong with this approach.

Some people are using this particular situation to enhance their ability to run for President.

I will say it would be wonderful if, once again, we could get Democrats and Republicans to work together. I remember in the early days, when I became one of the youngest committee chairmen of a major committee in history, when I became chairman of the Labor and Human Resources Committee—which is now the Health, Education, Labor, and Pensions Committee—there were nine Republicans.

Senator Kennedy came over from the Judiciary Committee, which he had chaired, to become my ranking member. There were seven Democrats, including Senator Kennedy, but two of our Republicans from the Northeast were from States that were quite liberal then. I couldn't blame them, but I knew that Kennedy had the 9-to-7 ideological edge. I was going to be chairman, and I could determine some things, but I wasn't going to be able to get much done unless I had some help from Senator Kennedy.

Senator Kennedy was not known for being cooperative up to that time. He was not known as a person who really aligned with Republicans to try to get things done. He was known as a bomb

thrower and as somebody who really was one of the most articulate, liberal Democrats in this body.

In his own way, he was a very interesting and good Senator, but he was not known for bipartisan work at that time. When he came over and said: I will work with you, there are some things I can't do—meaning the unions, the feminists, et cetera—but I will help you, that is how the Hatch-Kennedy relationship began and began to bear fruit.

It could not have happened, except for two tough people with differing principles who were willing to get together and set aside their differences and do some things that were not only important to the country but beneficial to the country. We were known as the odd couple. He would laugh about that in public and say: We are known as the odd couple. I would always point to him and say: We all know who the odd one is, don't we.

He would laugh. He was a fun guy to be with. When he was serious about something, he could be a formidable challenger, but he earned the right to be that. He didn't just pop off because he wanted to be President. He earned the right, he earned our respect, and he earned my respect. From that time forth—he was considered a very great Senator at that time, but he was not considered a great legislator. He went on from there and became a great legislator. I know because we worked together on things that are law today and good laws today. He had to learn to be able to compromise to be able to get this type of work done—and so did I.

We have to earn respect here. It isn't just by popping off on the Senate floor, it is by working as hard as we can to do the best we can for our constituents, for the people in this country of both parties—of all parties—in the interest of everybody.

I wish we could get more of that back. I miss Senator Kennedy. I could talk to him. I could pull him off his liberal perch. I could get him to do things that nobody could get him to do up until that time, and he could get me to do some things I wasn't inclined to do at the beginning. But as we worked them out, we found out that some of the things we both agreed on—by pulling each other together—became some of the most important bills in history.

I would like to see more of that here. I wish to see us all start working together. A good way to do that would be to give the President the Cabinet he needs and wants. Maybe that is one reason why he is saying some things that those on the other side are finding fault with and maybe on my side are finding fault with. He doesn't have his Cabinet. As President, he doesn't have the advisers he needs. We are not helping him here—as President. We are not helping him get the people around him whom he needs. We are delaying, obfuscating, and fighting against people whom we shouldn't be fighting against.

In terms of Congressman PRICE and Steven Mnuchin, these are two extremely important men for two extremely important positions who are left floundering because we are unwilling to get the job done. If there were real arguments against them, that is another matter, but some of the phony arguments that have been brought up are just pathetic.

I remember when one of the Democrats wanted to be Treasurer of the United States. He had some real flaws. He even hadn't paid taxes in some ways, but he was a good person and wanted to serve his country. We worked out the difficulties, and he was able to serve as Secretary of the Treasury. I can name a number of others. If we want perfection here, we are crazy. Nobody is perfect, and everybody has some things that they wish they didn't have in their biography.

But I can say this: I was very disappointed in this body for holding up Jeff Sessions, who is a really good person. I haven't always agreed with Jeff Sessions, but I knew one thing: He was honest in his beliefs, and he was courteous in making his arguments. He did a lot of things that really were right. Frankly, the fact that we differed was kind of irrelevant because he was worthy of his position. I could go through a number of others.

Let me just say that I happen to be one of the people who really like the minority leader in this body. I think he could become one of the great leaders of this Senate. He is smart; we all know that. He is aggressive; we all know that. He has had some degree of success around here; we all know that. He represents a huge constituency; we all know that. He is a good man; we all know that. And he has a good family; we all know that. Let's get rid of some of the picayune fights around here, and let's start working together.

The majority leader, Senator MCCONNELL, in my opinion, is the best majority leader we have had here in a long, long time. He is smart. He understands the system. He loves the Senate. He is a very honest and good man. He is tough as nails. I am sure he has flaws, just like all the rest of us.

But these are two really potentially great leaders who could not only bring us together but could help us to save this country at a time when it needs saving, where we have $100 billion in unfunded liabilities—I mean trillion dollars; not billion, trillion dollars—where we are deeply in debt. We are now $20 trillion in debt.

These two gentlemen could bring us together and could help solve these problems if we would put the politics aside, for the most part. We have to have some politics here, or this would be an uninteresting body, but we don't have to have it on everything. If these two gentlemen could get together—they are both bright, they are both smart, and they both have given a lot of time to the U.S. Senate. I like both of them. I could say I love both of them. If they would really start working together, we could turn this country around. But to do that, the distinguished Senator from New York is going to have to be concerned about the national debt and the annual deficit, and the distinguished Senator from Kentucky is going to have to worry a lot about what motivates the Democrats and what we can do to find common ground with the Democrats.

I believe these two men can do that, and I am hoping with all my heart they will, and I am praying for them every day, that they might get together and that we might put aside party politics in favor of bringing this country out of the mess it is in. I believe they can do that, and I believe we can help them do that. I would like to see it done because we can't keep going the way we are going.

I actually believe the President will grow into becoming a great President, too, if we will help him a little bit rather than just fight everything he does or everything he says or try to criticize him every time he opens his mouth. I would like to see us show some respect for the President too.

I have a lot of respect for these two leaders. They are great men. But I would like to see them be greater so that they will work together. You will notice I am just saying ''work together.'' I would like it to be this way, all the way together, but I will take this, if we could just get people to work together around here.

I have said enough. I just want these two leaders to know that I am pulling for both of them, and I am hoping we can still have our fights and still have our arguments and still have the enjoyable aspects around here of comradeship and working with each other. But I am hoping we can set aside some of these animosities and give the President his Cabinet and his leaders so that he has at least a shot at pulling this country out of the mess it is in. It is going to take a President Trump. It is not going to take another one of those—I believe President Trump is the person who is right for this time. I believe he will do a terrific job if we will help him. We will have differences, but I believe he will pay more attention, and I believe we will get better people to come into the government to help him to do this work and his job.

I may be a little bit naive in thinking that we can do all of this, but I think we can. And that is said by somebody who was told: You don't want to work with Senator Kennedy because he is a rock-ribbed liberal who doesn't really care about what Republicans like. Well, I found that by working with him and he found that by working with me we were able to do things that helped our country. It was partly because he was a prestigious Senator, no question, and partly because I am an active, hard-working, fighting Senator who kind of appealed to him because he knew he had somebody who would help fight these things through, and I was smart enough to be able to help him to get things done in better ways than they would have been done.

Well, I have said enough. I just love this body. I personally have been very moved by the kindness of the two leaders, and I just hope we can get together and do these things the right way. We are not going to go anywhere with constant bickering and fighting and the constant running for President that we have around here. I don't mind that. I mean, I think there is something to that, but it can't be every time a person opens his or her mouth.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from South Carolina.

Mr. SCOTT. Mr. President, I rise today to say thank you. Republicans and Democrats have been talking for a long time this week, and perhaps that is productive. But without any question, from what we have seen, I think both sides would agree that the support cast has made this possible. I think it is important for us to pause for just a moment and say thank you.

We have pages who are juniors in high school here with us around the clock, and we want to say thank you to the pages. I think about the fact that we have law enforcement guarding this place so we can be here safely, all night long. We have Parliamentarians and clerks who have been at their places on and off over the last 4 days, nearly around the clock. I want to say on behalf of our side and the Democrats, I believe we all are very thankful and appreciative for your long hours and the time you have served us. Thank you for helping us represent the American people.

I would also like to point out a few people by name because these folks have been here for up to 57 hours straight—57 consecutive hours of doing their jobs. Captioning services: Sandra Schumm, Brenda Jameson, Doreen Chendorian, Jennifer Smolka, and Laurie Harris.

Official Reporters of Debates, 57 consecutive hours of work: Patrick Renzi, Susie Nguyen, Julia Jones, Mary Carpenter, Patrice Boyd, Octavio Colominas, Alice Haddow, Andrea Huston, Carole Darche, Desirae Jura, Megan McKenzie, Wendy Caswell, Diane Dorhamer, Mark Stuart, and Julie Bryan.

On behalf of a thankful Senate, we appreciate your time and your dedication to the American people, allowing us to do what we have been doing.

God bless.

The PRESIDING OFFICER. The Senator from Nevada.

Ms. CORTEZ MASTO. Mr. President, let me first of all say I echo the comments of my colleague from South Carolina. Thank you to all of you who have been working so hard.

I rise to yield the remainder of my postcloture time to Senator WYDEN.

The PRESIDING OFFICER. The Senator has that right.

The Senator from Illinois.

Ms. DUCKWORTH. Mr. President, I rise to yield the remainder of my postcloture time to Senator SCHUMER.

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

The Senator from Ohio.

Mr. BROWN. Mr. President, I appreciate your flexibility during Senator HATCH's speech. I thank Senator DUCKWORTH and Senator CORTEZ MASTO for their evolving leadership and for their passion about these issues.

NOMINATION OF STEVEN MNUCHIN

Mr. President, I listened to Senator HATCH for many moments not so many moments ago, and I was pretty struck by his analysis of these two nominees who are about to come forward, Mr. Mnuchin and Congressman PRICE. I was struck by Senator HATCH's suggestions of their high ethics and honesty and ability to serve in these two exalted—he is right about that part—exalted Cabinet posts, the Secretary of Health and Human Services, Congressman PRICE, and the Secretary of Treasury, Mr. Mnuchin.

What struck me is that I was sitting in the same committee room as our respected chairman, Senator HATCH, and I heard these two nominees lie to the committee—lie to the committee; not sort of a Trumpian lie, not kind of at the edges, misspeaking or confusing things, but outright lied.

Mr. Mnuchin forgot that he had a $100 million investment, I believe somewhere in the Caribbean. I don't know if too many staff here or even too many of my fellow Members who are better off than most of the country financially—I don't know too many people who would forget they had a $100 million investment somewhere. He forgot to tell the committee that. That was pretty bad, but then he told the committee, in an answer to a question from me, that his bank, OneWest, where he was the CEO for a period of years, that they didn't do any robo-signings. Robo-signings are a way that his bank staff signed document after document after document, very quickly, without looking at those documents, and then ended up causing foreclosures in my State. Hundreds of people in my State lost their homes because of OneWest robo-signings, and he told the committee that he didn't do robo-signings until later.

The Columbus Dispatch, the most conservative newspaper in my State—a newspaper that almost never endorses a Democrat and a newspaper that has generally supported President Trump on most issues; sort of like when one bird flies off a telephone wire, they all do—and they talked about how Mr. Mnuchin lied to the Finance Committee.

So Senator HATCH talks about their integrity and what great public servants they are, except they lied to his committee.

My wife and I live in ZIP Code 44105, Cleveland, OH. That doesn't mean much to people listening, but my ZIP Code 10 years ago—my ZIP Code, in the first half of 2007, had more foreclosures than any ZIP Code in the United States of America. So I take that personally when somebody comes in front of me and in front of a U.S. Senate committee and in front of the American people and lies about something he did that turned hundreds, if not thousands, in Ohio—we still don't have enough information about it—turned their lives upside down.

Imagine when you are foreclosed on—you probably can't if it hasn't happened to you. It hasn't happened to me, but I have heard people tell their stories. You go to your children and you say: We are going to have to move, honey. You are going to have to move school districts. I don't know where we are going to live. I don't know where your friends are going to be; you are going to be far from your friends. We have to move because our house has been foreclosed on. I was paying the mortgage, but this bank called OneWest did this to us.

So that is No. 1.

Then Congressman PRICE kind of didn't tell the committee the truth, either. You could say ''lie'' or you could use whatever term you want to use.

''Rep. Tom Price got a privileged offer to buy a biomedical stock at a discount, the company's official said, contrary to his congressional testimony.''

This is sort of Wall Street Journal language for ''lie'' because he said this, and it said contrary to his testimony. In Cleveland, OH, or in Garfield Heights or in Cincinnati, we would say lie. They want to dress it up because they wouldn't want one of their people to be accused of something.

Congressman PRICE—I am pretty amazed. I know President Trump, Candidate Trump talked about draining the swamp. Draining the swamp—he says that, but it really does look like the White House is an executive retreat for Goldman Sachs, a retreat for Goldman Sachs executives and the people he has hired in the White House.

To hire two people who have these kinds of ethics—Congressman PRICE as a Member of Congress, a prominent Member of Congress in the House, as a Congressman working on health care issues, he bought and sold health care stocks profiting from it. In one case he got this special privileged offer that most people didn't get, and then he lied to the committee about it. That is bad enough, but look what he wants to be the Secretary of. He wants to be the Secretary of Health and Human Services. Why does that matter? Here is why it matters.

He has these views on Medicare that are so out of step with the country. For instance, he said in July 30, 2009, ''Nothing has had a greater negative effect on the delivery of health care than the federal government's intrusion into medicine through Medicare.'' That sounds like the John Birch Society, 1965, when Medicare passed, overwhelmingly in the end because everybody saw how good it was, but they opposed it because it was socialism or some such term they used to describe Medicare.

I don't know too many people who actually receive Medicare—unless they are Members of Congress who really think that Medicare is socialism. Medicare has worked for—back in 1965—Senator DURBIN doesn't remember this as a Member of the Senate, but he remembers this figure I am going to give. In 1965, when LBJ signed Medicare, 50 percent of Americans 65 and older had no health insurance. Today that 50 percent has shrunk to less than 1 percent of Americans that age don't have health insurance. Think about that progress and what this means.

Congressman PRICE wants to be the head of Medicare. He wants to be the head of Medicaid. He wants to be the head of the agency that is going implement the Affordable Care Act if he can't repeal it. Think about this. He wants to privatize Medicare. He wants to voucherize it. He has voted consistently for Republican budgets in the House to do that.

Do you know what else he wants to do that is particularly offensive to me? It is offensive because we sit here and we dress well and we have good titles and we get paid well and we have insurance funded by taxpayers. He wants to raise the eligibility age for Medicare.

Look around my State. The Presiding Officer grew up not far from where I live in Cleveland, OH. He knows his adopted State way better, but he knows my State still, and he knows what this means. If you are a barber in Garfield Heights, you have to wait until 67, or even 70, according to Congressman PRICE, before you are eligible to draw Medicare. If you are a carpenter in Westlake, OH, you have to wait until you are 67 or 70 to draw Medicare. If you are working construction in Lima, OH, or if you are working a manufacturing plant in Mansfield, OH, if you are working retail in Cincinnati, OH, if you live in Zanesville and you wait tables in a diner, you are going to wait until you are 67 or 70 until you can draw Medicare.

That is what Congressman PRICE wants to do. Not only are his ethics challenged—that should be reason enough he should step aside. Buying and selling stocks, health care stocks as a Member of Congress while you are voting and helping those companies, that is bad enough, but what he wants to do to maybe the greatest program in American history, Medicare, is much, much worse because that affects people in those towns I mentioned—in Garfield Heights, Westlake, Zanesville, Cincinnati, and Mansfield, all over.

I hope I am healthy enough to continue working and continue serving in the Senate. The voters, obviously, would have to say that between now and then. I hope I can work until I am 67 or 70 in this job. I know a lot of people who work outside who are on their feet all day, who work with their arms and shoulders. They can't work until they are 67 or 70. It is immoral for Members of this body to support a candidate, to support somebody or to vote for something like this that will raise the Medicare eligibility age.

I will close with this. I was in Youngstown one day at a townhall. A woman stood up. She was clearly in her early sixties. It turns out I could calculate her age from what she said. She put her hand up, she stood up, and I called on her. There were about 200 people there. She said: I work two jobs. I don't make a lot of money. I am getting by with two jobs. Neither of my jobs has health insurance. She said: I am 63. My goal in life—think about this. The pages, they are not thinking a lot about Medicare, but my colleagues think about this. She said: I am 63. My goal in life is to live 18 months more so I can get Medicare.

Think about that. Her life is such that her goal in life isn't to get to know her grandchildren better or help her kids out or maybe take a trip to New York City or even Cleveland, her goal in life is to live long enough to have Medicare.

I would like Congressman PRICE to meet her and Congressman PRICE to say: Well, lady, you know, your goal in life needs to be you can live 3½ more years so you can be 67 or 70 to get this. Think about the morality of this.

Congressman PRICE, I know him. I don't know him well. He is a nice enough guy. Voting for somebody who wants to raise the Medicare eligibility age, that to me is immoral. It shows how out of touch—I am guessing that most of my colleagues who will vote for Congressman PRICE have never sat down with somebody who would think it is a really bad idea, not to mention immoral, to raise the Medicare eligibility age.

I plan to join a lot of my colleagues in voting no on Congressman PRICE. I think it is the wrong move for our country. I think it is the wrong move for particularly seniors in this country who depend on Medicare and on Medicaid, people of all ages. It is clearly the wrong move for our country.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Arizona.

NOMINATION OF NEIL GORSUCH

Mr. FLAKE. Mr. President, as I did last week, I rise again to support the nomination of Judge Neil Gorsuch to serve on the Supreme Court. As we know, he is an accomplished, mainstream jurist, and he is a worthy successor to Justice Antonin Scalia. I look forward to seeing him receive an up-or-down vote on the Senate floor. I truly hope that happens.

After meeting with Judge Gorsuch and learning more about his judicial philosophy, I continue to be impressed by his humble respect for the law and his commitment to service. Before the hearings in the Judiciary Committee, I wanted to take the opportunity to highlight one aspect of his jurisprudence that I find particularly important: the separation of powers.

To hear some of our friends on the other side of the aisle, Judge Gorsuch represents two equal yet opposing dangers to the country. First, they warn that he will lack any independence of thought or commitment to the Constitution. They allege that he would serve merely as a rubberstamp for President Trump and his agenda.

In the same breath, though, they claim he would engage in unprecedented judicial oversight of the Federal executive agencies. In other words, our colleagues on the other side of the aisle assert that Judge Gorsuch would be both too deferential to Federal agencies and not deferential enough.

The truth is, these warnings and accusations are entirely unfounded, and they appear to be grounded more in political calculations than in honest concern. For my part, I am excited about the prospect of confirming a Justice who not only represents the separation of powers but reveres it as one of the central principles of the Constitution.

A commitment to our constitutional separation of powers could not come at a more crucial time, as executive branch agencies have increasingly accumulated power and autonomy over the years. Both the Congress and the Federal judiciary bear responsibility for this.

Legislatively, Congress simply cedes too much of its own lawmaking power to the executive branch. We have been doing that for years. These agencies have been legislating through Federal regulation. In turn, Congress has allowed unelected bureaucrats to create law and determine how that law should be implemented.

We have to stop this erosion of our article I power. Congress needs to take ownership of its lawmaking authority and reverse this dangerous trend toward governance by executive fiat. That is only part of the equation. The Federal judiciary needs to use its constitutional prerogative to rein in the executive branch.

Ever since the 1980s, Federal courts have grown far too deferential to executive agencies. Under a doctrine known as Chevron deference, the courts defer to agency decisions if it makes ''reasonable'' regulations based on ''vague'' statutes.

In fact, this means that when the Federal courts consider an agency decision, the judges have a new catchphrase: ''The agency is always right.'' This should concern my colleagues on the other side of the aisle who voiced strong concerns about rubberstamping.

I don't think the Founders ever intended for two constitutional branches of our Federal Government to voluntarily cede the power to the third. Importantly, neither does Judge Gorsuch. Judge Gorsuch has written extensively both about delegation and deference in his role as judge on the Tenth Circuit Court of Appeals.

He addressed the issue of delegation in a recent case called Caring Hearts Personal Home Services, Inc. v. Burwell. In it, he noted:

Executive agencies today are permitted not only to enforce legislation, but to revise

and reshape it through exercise of so-called ''delegated'' legislative authority.

He continued:

The number of formal rules these agencies have issued, thanks to their delegated legislative authority, has grown so exuberantly, it's hard to keep up. The Code of Federal Regulations now clocks in at over 175,000 pages.

He noted that delegation presents both separation of powers problems and due process problems. The reason is simple. The executive is doing the work of the legislature.

In terms of due process, Judge Gorsuch wondered ''whether and how people can be fairly expected to keep pace with and conform their conduct to all this churning and changing 'law.' ''

He further questioned: ''What happens if we reach the point where even these legitimate legislating agencies don't know what their own 'law' is?''

Judge Gorsuch could not be more correct. With tens of thousands of pages published in the Federal Register every year, it is fair to wonder how any agency can be certain of the legal effect of its own rules. If the agencies that write these laws can't keep track of them, how can a small business owner in Arizona be expected to comply with the litany of ever-changing rules written by unelected bureaucrats?

Judge Gorsuch has also discussed the problem of deference and explained the proper relationship between Federal agencies and the judiciary. In his concurring opinion, in Gutierrez-Brizuela v. Lynch, Judge Gorsuch explained:

In enlightenment theory and hard won experience under a tyrannical king, the founders found proof of the wisdom of a government of separated powers.

He continued:

The founders considered the separation of powers a vital guard against governmental encroachment on the people's liberties, including all those later enumerated in the Bill of Rights.

Judge Gorsuch found Chevron deference inconsistent with this constitutional framework, which he called ''no less than a judge-made doctrine for the abdication of the judicial duty.''

He concluded:

We managed to live with the administrative state before Chevron. We could do it again. Put simply, it seems to me that in a world without Chevron, very little would change—except perhaps the most important things.

The separation of powers is the most important feature of our constitutional system of government. When each branch of government serves as a check on the other, it fosters a more deliberative, judicious, and limited form of governance. As someone who embraces limited government, it is a privilege to support and confirm a judge like Neil Gorsuch who supports this philosophy.

As I have said before, and I will say again, Judge Gorsuch deserves fair consideration by those who serve in this body, and he deserves an up-or-down vote on the Senate floor. When he receives that vote, he will be confirmed overwhelmingly.

I yield back the remainder of my time.

The PRESIDING OFFICER (Mr. SULLIVAN). The Senator from Illinois.

Mr. DURBIN. Mr. President, those following the proceedings of the Senate may be wondering what we are doing. Technically, we are considering the nomination of Congressman TOM PRICE of Georgia to serve as Secretary of Health and Human Services—a position he has been nominated for by President Trump. Other Members have come to the floor and discussed other nominees, as the junior Senator from Arizona just discussed the Supreme Court nominee, but I wanted to make sure I came to the floor for a few minutes to put my thoughts on the record about the nomination of Congressman TOM PRICE to be Secretary of Health and Human Services.

It almost seems like a natural fit. He is an orthopedic surgeon. This man obviously is gifted and talented and educated and skilled when it comes to the healing arts, and he made a living before his election to Congress dealing with complex surgeries. On that alone, he needs to have honest consideration from all Members of the Senate as we advise and consent to his nomination to Secretary of Health and Human Services. But he will not be entering surgery when he goes to the Health and Human Services Department, at least not the kind of surgery experience he has had in the past; he is going to be in charge of the most important health care programs in the United States of America. They are programs that literally tens of millions of Americans count on; 50 or 60 million Americans count on Medicare.

Medicare is that program created in the 1970s under President Lyndon Johnson that said: You don't have to reach a point in life where you are so old that you can't work anymore and therefore can't qualify for health insurance at your employment. We are going to create a program that is available for people who are 65 years of age called Medicare. You are going to be able to have health insurance coverage at age 65.

It was a dramatic change in the way we looked at health care in America, and it was controversial. The medical professions opposed Medicare. They argued that creating this health insurance plan for senior citizens—and later it was expanded to the disabled—meant socialized medicine, which meant that the government was going to make the decision about your health care—no longer you and your doctor; it would be the government making these critical decisions. So the American Medical Association and many others opposed the creation of Medicare.

Despite that opposition, the bill went forward and passed and became law. I would go out on a limb today as a politician and say it may be the most popular single political program, perhaps only second to Social Security, in the history of the United States. Overnight, it changed the treatment of our parents and grandparents. There was a time—and there aren't many left who can remember it—when it reached the point where Grandma had to come and live with you because there was no place for her to go. She perhaps worked in life and perhaps hadn't. She had a limited amount of retirement. She had very modest, if any, Social Security. She was in and out of the doctor's office and hospital. And she was in the spare bedroom. I can remember that growing up as a kid. That was considered somewhat normal at the time.

In the 1970s, that started to change. It changed, obviously, with Social Security but also with Medicare. Now your grandmother had access to a doctor and a hospital, and it didn't cost her life savings. What a big change it meant. As we learned when Medicare was created, almost half of the seniors in America had no health insurance. Now that number is 1 or 2 percent.

Medicare has worked, and it has worked to give people longer lives. That is the real proof. I can brag about it all I care to, but the bottom line is that senior citizens, starting with the creation of Medicare, started living longer, more independent lives. Isn't that what every senior wants—decent, good health and independence in the way they live? Medicare has been the key to that.

It is hard to imagine that here in 2017 we are going to initiate another debate about whether America should have Medicare. Fifty years later, we are going to go through this debate all over again? Apparently so, because the nominee of President Donald Trump to be the head of the Health and Human Services Department, Congressman TOM PRICE of Georgia, has said some troubling things about Medicare.

In Politico, he said: ''Nothing has had a greater negative effect on the delivery of health care than the Federal government's intrusion into medicine through Medicare.'' What was he thinking? He obviously never looked at it from the perspective of someone of limited means who finally had a chance for the protection of health insurance at age 65. I met those people. One of them is a friend of mine. Her name is Judy. Judy lives in Southern Illinois. I met her because she is a sweet lady who is head of hospitality at a motel where I stay in Southern Illinois. She is a happy person with a big smile, and I have gotten to know her over the years. We became friends.

I came to learn one day that Judy has spent most of her life in jobs just like that. She is not a lazy person at all, but she is lucky to get part-time jobs. And when I met her at age 63, Judy told me, whispered to me once, ''Senator, I have never had health insurance in my life.'' That is a heartbreaking statement when you think about it, isn't it? This lady lived 63 years never once having health insurance. Then a couple of things happened. She asked me about the Affordable Care Act, ObamaCare. Was it good

for her or not? I told her that because her income was at a certain level, she was going to qualify for health insurance under the Affordable Care Act with no premium. She was brought into the Medicare Program at age 63. For the first time in her life, she had health insurance through the Affordable Care Act—a low-income wage earner, eligible for Medicaid at no expense to her.

And it didn't come a moment too soon. On one of my next trips down South, I saw Judy. She didn't look as healthy as she once looked. Turns out she had been diagnosed with diabetes. And at age 64, she was in need—desperate need of ongoing medical care or complications were likely to set in. It was shortly after that she qualified for Medicare. So Judy has coverage. Judy has a doctor. Judy has people who care about her in her life.

That is why I wonder what Congressman PRICE, who wants to be Secretary of Health and Human Services, is thinking. What is he thinking about people just like her?

Let's take a look at what we have before us with his nomination. This Department touches the lives of virtually every American, Health and Human Services. I talked about Medicare and Medicaid, but this is the Department that is responsible for medical research too—the National Institutes of Health, for example. This is the Department that oversees the Centers for Disease Control, and that is the agency which had to fight the outbreak of Ebola in West Africa. This is the Department that is in charge of promoting healthy births of babies in America and, of course, caring for our seniors I have spoken about.

On many of these issues I have just outlined, Congressman TOM PRICE of Georgia has made his views very clear. His legislative record and his core values as a Republican Congressman from Georgia are in contrast with the missions of the very Department President Trump has asked him to lead. Let's take a look.

New York Times said Congressman PRICE's views on the role of government in health care can ''be summed up in one word: Less.''

Congressman PRICE has spent his political career opposing many of the basic Federal health programs he is now being asked for permission to oversee. He has repeatedly voted against the Children's Health Insurance Program, which is a program that provides health insurance to 8 million kids in America. Even before passing the Affordable Care Act, we decided we were going to extend health insurance coverage to children, making a real commitment at the Federal level on a bipartisan basis to do it. Eight million kids are covered nationwide, 300,000 in Illinois.

Congressman PRICE has spent the last 6 years in a desperate attempt to repeal the Affordable Care Act, ObamaCare. If he were successful in that effort, it would eliminate health insurance for 30 million Americans and lead to dramatic premium increases for those with health insurance. Last year, it was Congressman PRICE of Georgia who authored the repeal and retreat reconciliation bill that, thank goodness, was vetoed by President Obama. Bound and determined Congressman PRICE was to eliminate ObamaCare. And for 6 years, Republicans have never had a replacement. That is why they are changing their rhetoric. It went from repeal, to repeal and replace, and now it is repair. I can't keep up with them. But I will tell you, starting with repeal is inviting a disaster in health care in America and calling into question the health insurance coverage of 30 million people in our country. So if Congressman PRICE had his way, it would mean less funding, fewer services, and fewer people covered.

In addition to wanting to repeal our health care law, Congressman PRICE wants to fundamentally and negatively change Medicare and Medicaid. Those two programs together serve about one-third of the people living in America, 120 million. He wants to eliminate the Affordable Care Act's expansion of Medicaid.

Remember Judy? Her income was too low. She couldn't pay any health insurance premiums. But because her income was so low, she qualified to be brought into the rolls of Medicaid in Illinois. Over 600,000 people just like her were brought into protection of health insurance for the first time in their lives. This is one of our best tools for primary care for people who are in low-income situations—Medicaid.

Because we included in the Affordable Care Act a guarantee that health insurance would cover mental illness and substance abuse treatment, in some parts of my State where opioid addiction and heroin deaths are so prevalent, people with health insurance have access to substance abuse treatment. Congressman PRICE, who would repeal ObamaCare, would eliminate that guarantee in health insurance.

Repealing the Medicaid expansion that I mentioned earlier would put 650,000 Illinoisans out of insurance, and our State would lose $37 billion in Federal funding over the next decade.

What impact does it have if a person shows up at an emergency room sick, with no insurance? In America, that person still receives care, but who pays for it? Everybody else. People with health insurance end up paying for those who receive care and don't pay for it. Medicaid makes sure that hospital receives a payment. So when Congressman PRICE wants to eliminate the coverage of Medicaid under the Affordable Care Act, it means less money coming into the hospitals across America. Some hospitals are big and prosperous, and they can take it; others cannot. In downstate Illinois, where I hail from, smalltown America, hospitals in those communities losing Medicaid, which Congressman PRICE would eliminate, are going to have a tough time staying open.

The Illinois Hospital Association tells us we will lose 90,000 jobs if Congressman PRICE's plan to repeal the Affordable Care Act goes forward—90,000 in Illinois. I need not tell you they are the best paying jobs in downstate communities. So it is a job-killer, and sadly it endangers the health of the people who count on these hospitals.

What is he thinking? He is a doctor. He should be thinking in terms of what it means when you don't protect people with basic health insurance. Right now, if you qualify for Medicaid, you are guaranteed to get health care. Under Congressman PRICE's plan—the man who wants to be head of Health and Human Services—the guarantee is gone. Illinois would have lost $14 billion in Medicaid funding if Congressman PRICE had his way.

Faced with far less Federal funding, the States would have to be forced to find ways to save money, even worse than what we currently have in our State. They might start Medicaid waiting lists or work requirements or cut benefits. Think about it. A person nominated to lead the Nation's premier health agency supports proposals that would take health care away from people.

It gets worse. Congressman PRICE wants to privatize Medicare. Be careful when you hear a politician stand up and say: I want to guarantee your access to health insurance. Well, I have access to a lot of things. I can walk onto the showroom floor of people who are selling $85,000, $95,000 cars. I mean, I have access to those showrooms. Can I buy one of them? No. I can't afford it. Most people couldn't. But I have access to it. So when they say you have access to health insurance, the obvious next question is, What kind of health insurance? And how am I going to pay for it? Watch out for that word ''access.'' It is a loaded political word.

Just the other night my colleague BERNIE SANDERS was debating Senator TED CRUZ of Texas, and darned if Senator CRUZ didn't come up with that word, saying we have to make sure every American has access to health insurance. No, we have to make sure every American has health insurance. How about that? Health insurance they can afford that is worth buying.

Congressman PRICE wants to privatize Medicare. So instead of having a government-run program for tens of millions of Americans, he wants to put seniors and the disabled in America back in the loving arms of health insurance companies. How about that? Do you remember a time when you or your family was on the phone with somebody, begging them for health insurance coverage, waiting and waiting and waiting for your turn? That is what he thinks is access, and that is what he believes is good health insurance. I don't. Ending the guarantee of Medicare for hardworking American seniors and handing them a voucher

and wishing them good luck on finding their own insurance—that may be access, but it is not protection.

The point of voucherizing Medicare is to save the government money by forcing seniors to pay more out of their own pockets. That is Congressman PRICE's approach, and now he wants to head up the agency in charge of Medicare. Don't take my word for it. He said: ''Nothing has had a greater negative effect on the delivery of health care than the federal government's intrusion into medicine through Medicare.''

Since 1965, when we created Medicare, listen to what has happened. Before Medicare, 51 percent of Americans 65 or older had health care coverage and nearly 30 percent lived in poverty. That is before 1965. Today, 98 percent of seniors have health care coverage, primarily because of Medicare. Fewer than 10 percent live below the poverty line. It has made a dramatic difference in their quality of life, the length of their lives, and the independence they enjoy in their lives.

In addition, by ensuring access to care for more people, Medicare has contributed to life expectancy—5 years higher today than it was in 1965. So Medicare has helped ensure more seniors have health insurance, fewer seniors are living in poverty, and people are living longer. Is that what Congressman PRICE considers a ''negative effect on the delivery of health care''?

There are so many different issues where Congressman PRICE has taken what I consider to be radical and extreme views, particularly when it comes to health care. I won't go through the long list, but I will say this. We debated the future of Medicare when I was a member of the Simpson-Bowles Commission. We were looking at the deficit situation facing our country and looking, as we should, at entitlements. Many of us said at the time: Be careful about raising the eligibility age for Medicare. For a Congressman or a Senator, a couple more years at a desk before you qualify for Medicare is not a big ask. But if you happen to be a waitress on her feet every day, suffering from arthritis or some other issues, 2 more years in the workplace literally are backbreakers. If you happen to be driving a truck, making deliveries, changing the Medicare eligibility age from 65 to 67 or 70 is where you are going to get in trouble. That is where people actually are going to face a hardship.

Sadly, Congressman TOM PRICE of Georgia doesn't get it. He doesn't understand that part of it. Because he doesn't, I am going to be opposing his nomination and watching carefully and closely.

There is going to be a battle royal on the floor of the House and the Senate about funding important programs in America. The Department of Defense, as important as it is for America's security, wants all the money it can get its hands on, and I want to make sure we always spend enough to keep us safe. But the battle is going to be between defense and nondefense. Nondefense includes health care. Nondefense includes medical research. Nondefense includes education.

Now we are going to have someone here at the Department of Health and Human Services who, sadly, is not committed to the basics of Medicare and Medicaid. That is not good news for seniors and disabled people across the America. That is why I am going to oppose Congressman PRICE.

I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. COONS. Mr. President, I rise to agree, briefly, with the remarks of my friend, the senior Senator from Illinois, and to comment that the nomination of Congressman TOM PRICE of Georgia to be Secretary of Health and Human Services is concerning, even alarming, to all of us who have reviewed his record—his record, his public statements, his work—that threatens to privatize Social Security, that threatens to restructure and fundamentally change the promise of Medicare, and that offers the promise of repealing the Affordable Care Act without any plan to replace.

I could not agree more with the words of the Senator from Illinois that we should all be cautious about being promised access without any pathway toward the ability to actually afford quality health care.

Mr. President, I yield the remainder of my postcloture debate time to Senator WYDEN.

The PRESIDING OFFICER. The Senator has that right.

The majority whip.

NOMINATIONS

Mr. CORNYN. Mr. President, I appreciate, as always, the courtesy of our colleagues.

Earlier this week, we confirmed Mrs. Betsy DeVos as the next Education Secretary, and last night—finally, at long last—we confirmed Senator Jeff Sessions to be the Attorney General of the United States. That represents the eighth nominee to the President's Cabinet who has been confirmed. At this point in the Obama administration, there were 24 Cabinet members confirmed. So, obviously, we are way behind in terms of giving the President the team he needs in place in order to start his administration and advance the country's policies.

We will move after today to the Department of Health and Human Services Secretary, Dr. TOM PRICE, and then to the Treasury Secretary, Mr. Mnuchin. The handwriting of course is on the wall. We all know each of these nominees will be confirmed. How do we know that? Because, thanks to the former Democratic leader, who invoked the nuclear option changing the Senate rules, only 51 votes are necessary to confirm a nominee since there is no filibuster, strictly speaking, no 60-vote requirement for nominees. So my question is this: What purpose is to be served by dragging all of this out?

Unfortunately, what this does is it uses floor time, which is a valuable and limited resource here in the Senate. It prevents us from turning to bipartisan legislation that would actually help the American people. That is a real shame. Of course, beyond our political parties, beyond our differences in philosophy and opinions on various policy matters, we are here to work for the American people. That is the job we were sent here to do. In fact, I think, more than anything, the election on November 8 was a mandate for change.

I think the American people had become pretty—well, I think we had used up all their patience in both political parties in our inability to actually get things done. So just slowing down the confirmation process for the purpose of delay I think ignores the mandate we received on November 8 from the American people when they voted for change.

Looking back through recent history, we will see that bipartisanship has characterized a peaceful transition of power from one administration to the next. President Obama, to his credit, did believe in a peaceful transition of power and worked with the incoming Trump administration to make that possible. But it takes more than one President working with the next President. It takes Congress working together on a cooperative basis to make sure that, yes, questions have to be answered and, yes, nominees have to be vetted. But after all the questions have been asked and all the vetting has taken place, I think just delay for delay's sake serves no useful purpose and undermines the tradition that we have had in this country—that once the election is over, we then move, not to an election mode, but to a governing mode. Then, of course, we gear up for the next election in 2018. But now is the time for governing, not a time for electioneering. The American people need to accept the results of the election, and I think the American people by and large have. Now, activists clearly have not. But I don't think dragging this out in order to increase the level of separation and polarization in the country by not coming together and providing the President's Cabinet serves the public interest. Maybe it serves the interests of some narrow part of a political base, but certainly not the American people.

Many have pointed out that since President Carter, who had eight of his nominees confirmed on his first day in office, the nominations process has been fairly uneventful. President Reagan, for example, had a dozen confirmed in his first 2 days of office. President Clinton had 13 within 24 hours. President Obama had seven confirmed on day 1, and so did George W. Bush, when he was President.

The obstruction and slow-walking of the President's Cabinet choices is unprecedented. In fact, this is the longest

it has taken to confirm a majority of a new President's Cabinet since George Washington in 1789. This goes back to the origins of the country. That is pretty shocking.

For our colleagues to keep the President from his advisers is not only a rejection of the verdict of the American people on November 8 but to this institution and to the stability of the government and that peaceful transition of power that President Obama said he believed in and I think demonstrated by his actions.

We need adults to stand up and say we are not going to cater to the extremes in either political party, but we are going to seek common ground for the common good of our country. That is a position many of our Democratic colleagues have agreed with until today.

The day before the election last November, the Democratic leader indicated a willingness to work with his Republican counterparts to reach across the aisle in order to do so for what was right for the American people. Senator SCHUMER, our colleague from New York, said on November 16:

> We have a moral obligation, even beyond the economy and politics, to avoid gridlock and get the country to work again. . . . We have to get things done.

I bet at the time Senator SCHUMER said that, he expected Hillary Clinton to be President. But now President Trump has won the election, and I think the same obligation applies to a Trump Presidency that he felt should apply to a Clinton presidency.

Now, the Democratic leader is singing a different tune, and we know what the results are. I actually don't envy our friend from New York, the Democratic leader. He has perhaps one of the toughest jobs in Washington, DC. He has allowed a narrow political base full of people who want him to block, stall, and obstruct this President at every turn. But I have worked with the Senator from New York before. He and I see the world through a different lens, but we have found ways to come together and work in practical ways that benefit our constituents and the country.

But I can tell he is being pulled in directions that he is not particularly comfortable with. But what he is doing is allowing that loud narrow base of his political party to lead his conference and his party. I think he knows what is good for the country and for the people we all work for, and that would be to resist the urge to feed the radical elements and to work together for the interests of the American people.

Just last week, President Trump announced the nomination of an incredibly well-qualified judge for the next Supreme Court Justice. As of today, several Senate Democrats have indicated they want an up-or-down vote on that nomination. I think that is positive. I hope those are representative of the cooler heads that will prevail on the other side of the aisle when it comes to taking up the nomination of this incredibly qualified judge for the U.S. Supreme Court.

People on the right and on the left alike have acknowledged that Judge Gorsuch is an incredibly qualified nominee, a mainstream candidate, and widely recognized as such by liberals and conservatives alike. Some of our friends on the other side are grasping at straws, searching for ways to call his background or qualifications into question, basically using the nomination as a way to continue to contest and deny our new President the mandate he received from his election on November 8.

The Democratic leader even suggested that because Judge Gorsuch would not answer all of his questions in a private meeting, he was somehow hiding something. Well, our friend across the aisle knows—he is a smart Senator. He is a good lawyer, and he understands. Judges are not supposed to answer before they get on the bench how they would decide cases once they are on the bench.

Judges are not politicians, wearing black robes, unelected, life-time tenured super legislators. So it would be completely inappropriate for any nominee for the Court to come, either in a private meeting or in a public setting, and say: Well, if I am elected, I will decide this case or this issue in this way. That is completely contrary to the responsibility of a judge, and I think mistakes the important distinction between how judges and legislators ought to act.

Judges are not politicians. We don't want them as politicians. We want them as an independent judiciary that can interpret the Constitution and laws as written. This is an important difference between some of our friends on the left and those of us who believe in a traditional judiciary. I believe that because judges are life-tenured and they are unelected, they are ill-suited to become policymakers for our country.

Indeed, as to Justice Scalia, I thought this was one of his life's work. He said:

> A judge's job is to interpret the written word, either the Constitution or the statutes written by the elected representatives of the people. It is not to pursue a separate and independent policy agenda or personal agenda just because you have the power to do so as a lifetime tenured judge.

So the fact that Judge Gorsuch does not answer questions about how he would decide cases once confirmed, I think, means he is being true to his responsibilities as a judge. If someone were willing to make those sort of campaign promises before they were confirmed, I think they would be disqualified from serving. Take the example of Justice Ruth Bader Ginsburg during her confirmation hearings in 1993. She said she did not want to give any hints or previews about how she might vote on an issue before her. So she politely declined to answer those questions.

Nominees have since followed her example so much that it has now become known as the Ginsburg rule. So I hope our friends across the aisle don't now take the position that Judge Gorsuch would be disqualified because he invokes the Ginsburg rule, which all responsible judges or nominees to the Supreme Court should invoke. It has been a consistent theme throughout.

So let's drop the excuses, and let's get to work. I hope that at some point the fever will break and our friends across the aisle will decide to quit the foot dragging, quit the slow walking for delay's sake alone. I don't know who benefits from that—certainly, not the American people.

When it comes to nominees like Judge Gorsuch, I hope our colleagues will apply the same standard that was applied when a Democratic President nominated somebody for the Supreme Court like Justice Ginsburg. I hope they will not have a double standard but will agree that the standard should be the Ginsburg rule and give this good judge, an outstanding nominee for the U.S. Supreme Court, the up-or-down vote he deserves.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Ms. CANTWELL. Mr. President, I come to speak on the nomination of Congressman PRICE to lead the Health and Human Services Department. But I have to respond to my colleague from Texas on his remarks. He wanted to know why Members of our side of the aisle wanted to have information about nominees or why it might take so long.

There are a record number of billionaires in this Cabinet. There is nothing wrong with people making money. But when you have conflicts of interest, clearly people on this side of the aisle feel like we should do our job and find out about those conflicts of interest. Even in record time, these nominees have moved through this body, coming to votes in committee without our even having all of this information that we wanted to have on their conflicts of interest.

For one nominee, the Commerce Secretary, we were negotiating even the day of the vote to clarify whether he was going to recuse himself if any of his transport vessels ever entered U.S. waters and would have a conflict on the Oil Spill Liability Trust Fund.

So there is the notion that somehow we have been dragging our feet on a Cabinet, when a billionaire Cabinet has been nominated by this President, who seems to want to tweet against commerce. The conflicts are here, and we want them cleared up.

As to Mr. PRICE, there are issues here that even the committee was not given the chance for a second hearing to get information about his conflicts of interest. So for my colleague—who thinks for a party that railroaded Zoe Baird because of a housekeeping issue, and yet there are nominees that we have moved forward on who have the

same issue—now to say to us that we don't have the right to find out what these conflicts of interest are, I would say that you are wrong.

On this issue for Mr. PRICE, my issue is the issue of our health care delivery system, which was very hard to pin him down on as it relates to the Affordable Care Act. My view is that this vote is the first vote in the repeal of the Affordable Care Act. Why? Because Mr. PRICE held nothing but his own views about this before coming to our committee.

When we asked repeatedly what would he endorse as it related to the reforms in the Affordable Care Act that are saving Americans money, that are clearly working for Americans, he failed to make a commitment. So my newspaper in Washington State, the Seattle Times, has said: ''President-elect Donald Trump and his nominee for U.S. Secretary of Health and Human Services have doubled down on Republican promises to scuttle the Affordable Care Act (ACA).''

So that is not what I want. That is not what I am going to vote for in the nomination of Mr. PRICE. If Mr. PRICE had given us a little bit of an inkling of his desire to work across the aisle on what is working in the Affordable Care Act, what is working in Medicaid expansion, what is working to help save Americans dollars on their health care, it would be a different discussion here. But Mr. PRICE has put forth a budget in the House of Representatives that would cut Medicaid by one-third within 10 years. His budget cuts $1 trillion from States over a 10-year period of time.

So this philosophy has raised a lot of concerns by my colleagues here. We had no other choice but to look at his record since he would not give us any answers on these programs. His record clearly shows that he has actively and aggressively worked to cap Medicaid with a block-grant program; trade away Medicare's guarantees with a voucher, instead; defund Planned Parenthood; and switch guaranteed benefits for a fixed tax credit that would steadily buy less and less and less and become more of a standard of actually giving Americans less health care.

Why is this so important? The reality is that 7 percent of Americans get their health insurance through the individual health insurance market, and that while people talk about the exchanges, the expansion of Medicaid, which so many States took advantage of, is a critical program. Nationally, nearly half of pregnant women depend on Medicaid for prenatal and postnatal care to ensure healthy pregnancies.

Medicaid covers 64 percent of nursing home residents and is the largest payer for long-term care. Many Americans in the United States are now going into nursing homes because they can't afford to save for retirement. Medicaid is critically important. In hospitals across the Nation, one in two births are financed by Medicaid. Medicaid insurance actually costs less than private insurance. So, it is a very efficient way to cover a population.

I know a lot of my colleagues are going to come out here and talk about Medicare. I am sure seniors in America will be very anxious about Mr. PRICE's statements on Medicare. But I am speaking here now about a program that is keeping people off of uncompensated care, keeping them from flooding our hospitals, and putting them on a system that is working for our Nation to cover people who need to have an option.

Now, I say ''option.'' Why? Because Medicaid itself is an optional program. States don't have to participate. But guess what. Every State in this country does participate. In fact, in Washington State, we know that Medicaid reduces, as I said, infant mortality. It helps with long-term health care, and it is helping us make sure we are becoming more efficient in our delivery system.

So in Washington, we expanded Medicaid and covered 600,000 additional Washingtonians, most of whom were previously insured. It helped us reduce our uninsured rate by 60 percent, to less than 6 percent; that is, 6 percent of Washingtonians are now not with a health insurance program.

So why am I so concerned about this? Because in the Affordable Care Act, reforms are working. We would like a nominee who would at least address and agree that those things are working. For example, as I just mentioned, because the Medicaid population and long-term care costs are rising, and the number of people are living longer, they are going to drive a huge balloon into our Medicaid budget. So we came up with an idea of saying: You should ''rebalance'' from nursing home care to community-based care.

Why? Because people would like to live in their homes longer, because we can deliver more affordable care that way. It is better for the patient, and it is better for our health care delivery system. So what did we do? We put incentives into the Affordable Care Act to give the patients a cheaper, more affordable way to stay in their homes and get long-term care.

It is really amazing to me how many States in our Union took up the opportunity to participate in this program: Arkansas, Connecticut, Georgia, Indiana, Iowa, Kentucky, Louisiana, Maryland, Mississippi, Missouri, New Hampshire, New Jersey, New York, Texas, Illinois, Maine, Ohio, Nevada, Massachusetts, Nebraska, and Pennsylvania.

All of those States decided to use this part of the Affordable Care Act because they agreed in philosophy that taking this population and rebalancing would save dollars in Medicaid, give people better health care choices, and save us money overall. In fact, the State of Georgia received $57 million from the Affordable Care Act to do this and has been able to shift 10 percent of its long-term care costs from nursing home care to community-based care with the help of this program. So it is a winning strategy.

Yet we could not get a commitment or an awareness by Mr. PRICE about this program, what it does, why it is so successful, or the concept that having people get care in their homes would be appropriate for so many Americans over the very expensive nursing home care that so many States are burdened with and so much of our Federal dollars are going to be burdened with in the future.

We also tried to discuss with him another incredible idea from the Affordable Care Act; that is, the Basic Health Plan: the idea that customers should be able to buy in bulk. I call it the Costco plan, because everybody knows that when you buy in bulk, you are going to get a discount.

But beyond the Medicaid eligibility level, so much of what Americans have not been able to do is to buy in bulk. So part of the Affordable Care Act said that you could buy in bulk as a State and give a benefit.

What is the outcome of that? Well, the State of New York is using the Basic Health Plan and has signed up more than a half million people under that plan.

Right now, a family of four in New York making about $37,000 a year, if they were buying just on the exchange, might have to pay $1,500 in annual premiums, with tax credits. Because of the Basic Health Plan, they are paying about $250 per year in premiums. That is a savings of over $1,000 per year for those families. This is an important program. Why? Because those in the delivery system have certainty that they are going to see those patients, just as Costco, when they buy in bulk for so many Americans across the country, knows that Americans are going to shop there and take advantage of the discount that they were able to negotiate, and it works for everyone. The producers know they will have volume, the customer knows they will get the best price, and more people are covered.

The fact that New York has used the Basic Health Plan, as well as Minnesota, has shown us that these kinds of expansions of Medicaid—and programs like the Basic Health Plan that exist just above the Medicaid eligibility rate—work successfully for us and are the types of things we wish Mr. PRICE would endorse. But, again, he failed to endorse these kinds of things.

What he has said, instead, is that he wants to cap these programs, which is not an improvement to the system but almost a truncating of the cost. In my mind, it is like a surgeon going into surgery but instead of taking a scalpel, he is taking an ax.

Given what the people of Washington State have done successfully in driving down health care costs and improving outcomes, I am not willing to take a risk on somebody who will not take a risk and say that these programs are working successfully.

I hope our colleagues will listen to these concerns. This is the first vote in the dismantling of the Affordable Care Act. It is the first opportunity we have to say: Either tell us what is working or tell us what you are for.

But on Mr. PRICE, all we have is his record. And I hate to say, his record, by capping and desiring to cut Medicaid and Medicare, is not the direction our country needs to go.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The President pro tempore.

NOMINATION OF NEIL GORSUCH

Mr. HATCH. Mr. President, I rise to speak about two of President Trump's nominees. I will first address Nominee Gorsuch to the Supreme Court. Then I will discuss the nomination of TOM PRICE to be Secretary of Health and Human Services, which is currently pending before the Senate.

Last week, President Trump nominated U.S. Circuit Judge Neil Gorsuch to fill the vacancy left by the death of Supreme Court Justice Antonin Scalia. I want to address both the process and the substance of what lies ahead for the Senate.

The Constitution gives to the President the power to nominate and, subject to the Senate's advice and consent, the power to appoint judges. The first step in the Senate exercising its power of advice and consent is to decide the best way to handle a nomination made by the President.

The Constitution does not mandate a one-size-fits-all process. In fact, the Senate has handled the Supreme Court nominations in at least a dozen different ways.

Nearly 1 year ago, shortly after Justice Scalia's death, I explained on the Senate floor the two reasons the next President should choose his replacement. First, the circumstances and timing of the Scalia vacancy supported separating the confirmation process from the Presidential election season, which was a hard-fought Presidential election.

When he chaired the Judiciary Committee in 1992, then-Senator Joe Biden urged the Senate not to consider a Supreme Court nomination in that Presidential election year. Each of his four reasons applied, with even greater force, to the circumstances we faced last year.

Second, I said that elections have consequences. The American people were increasingly concerned about the illegal and unconstitutional actions of the Obama administration, actions that the courts struck down dozens of times.

The two Presidential candidates last year represented very different ideas about the power and proper role of judges in our system of government. The American people, therefore, had a unique opportunity to address the future course of the judiciary in general and the Supreme Court in particular.

Not surprisingly, the percentage of American voters who said that the Supreme Court was a very important issue tripled between 2008 and 2016. The issue was always when, not whether, the Senate would consider a nominee to fill the Scalia vacancy.

Plunging into a divisive, ideological confirmation battle in the middle of a confrontational and ugly Presidential campaign would have done more harm than good to the judiciary, the Senate, and the country. We were right to avoid such damage and, as a result, today we can focus properly on the appointment of Justice Scalia's successor.

Democrats and their left-leaning allies, however, sound as though they exist in some kind of parallel universe. In editorials since the election, for example, the New York Times claims that Republicans stole this Supreme Court seat from President Obama.

I am sure they are in denial about the election results, and some observers have called this bizarre fiction sour grapes. I think that gives sour grapes a bad name, between you and me.

No judicial position, including the Supreme Court seat occupied by Justice Scalia, belongs to any President. President Obama exercised the power that the Constitution gives him by nominating someone to that vacancy. The Senate exercised the power that the Constitution separately gives us by not granting consent to that nomination.

I have news for my Democratic colleagues: Not getting your way does not mean that anyone stole anything; it just means that you did not get your way.

When Chairman Biden refused to give a hearing to more than 50 judicial nominees during the 103rd Congress—a record, by the way, that still stands—the New York Times never said that those seats were being stolen from President Bush.

When Democrats blocked a confirmation vote 20 times during the 108th Congress, the Times never accused Democrats of theft but was right there egging them on.

Republicans last year decided to defer the confirmation process without knowing who would win the election. Democrats this year are objecting because of who won the election, even though at the time, it looked as though Hillary Clinton was a sure winner.

I think we should stop the nonsense and act like grownups because we have work to do.

Turning to that work, the task before us is to determine whether Judge Neil Gorsuch is qualified to serve as an Associate Justice of the Supreme Court. Qualifications for judicial service include both legal experience and judicial philosophy, and I believe we should look at a nominee's entire record for evidence of these qualifications.

Judge Gorsuch's legal experience is well documented and widely acknowledged. Judge Gorsuch clerked for two Supreme Court Justices, spent a decade in private practice, and then served as Acting Associate Attorney General. His qualifications for the U.S. Court of Appeals were so obvious that the Senate confirmed him in 2006 without even a roll call vote.

Let me put that into perspective. During the 4 years that Republicans were back in the majority, 2003 to 2006, the Senate took roll call votes on 86 percent of judicial nominations. Democrats were demanding roll call votes even when, as happened 82 percent of the time, the nominations were unopposed. In other words, it was a very rare exception for a judicial nomination to be confirmed without a roll call vote at all. That is how self-evidently qualified this nominee was for the appeals court.

In 11 years on the appellate bench, he has authored hundreds of majority or separate opinions, many of which have been widely praised. There is no question that Judge Gorsuch has the legal experience to serve on the Supreme Court.

As I have said many times, the conflict over judicial appointments is really a conflict over judicial power. The more important qualification for judicial service, therefore, is a nominee's judicial philosophy, or his or her understanding of the power and proper role of judges in our system of government—in other words, the kind of Justice he will be.

Federal judges have two basic tasks. They can perform those tasks in two basic ways. Their tasks are to interpret and apply the law to decide cases. They can perform those tasks impartially or politically.

An impartial judge interprets statutes and the Constitution to mean what they already mean, while the political judge interprets them to mean what he wants them to mean. When an impartial judge applies the law, he deliberately excludes his own views and does not put his thumb on the scale to make sure the results of the case benefit a particular party or group.

The political judge accepts, and even embraces, that his background and biases shape his decisions and considers how individual decisions will affect other parties, groups, or issues.

Our system of government, and the liberty it makes possible, requires impartial judges in all cases.

In his farewell address in 1796, President George Washington said that the heart of our system of government is the right of the people to control the Constitution. One of his original Supreme Court Justices, James Wilson, described our system of government by saying that here, the people are masters of the government. Our liberty can be secure only if the people control the Constitution, only if the people remain masters of the government. That cannot happen if judges control the Constitution because then, government will be the master of the people. That is why the kind of judge Presidents appoint is so important. Impartial judges

let the people govern; they let the people govern themselves. Political judges do it for them.

The best way to tell which kind of Justice the nominee before us will be is to assess the kind of judge he already is. One of the most obvious places to look is in the opinions he has been writing for more than a decade. Last year, for example, the Tenth Circuit had to decide whether to use the Constitution to create new categories of lawsuits against law enforcement officers. Judge Gorsuch agreed that the courts should resist doing so and wrote:

> Ours is the job of interpreting the Constitution. And that document isn't some inkblot on which litigants may project their hopes and dreams . . . but a carefully drafted text judges are charged with applying according to its original public meaning.

In other words, the Constitution is not a blank check a judge may write to whomever, and for whatever amount, they like. It is not a shape-shifting blob that judges can manipulate into whatever they want it to be.

In this view, Judge Gorsuch was merely echoing America's Founders. Thomas Jefferson, for example, argued that if the Constitution means whatever judges say it means, the Constitution will become ''a mere thing of wax in the hands of the judiciary, which they may twist and shape into any form they please.''

He was right. The Constitution, after all, is the primary way the people set rules for government, including for the judiciary. If the people are to remain masters of the government, they must remain masters of the Constitution, and that includes not only what it says but also what the Constitution means.

Impartial judges take statutes and the Constitution as they are, not for what they say but also for what they mean.

Political judges act as if the people and their elected representatives established a Constitution or enacted statutes that are merely collections of words with no meaning until judges fill in those blanks. Judge Gorsuch is an impartial judge. Anybody looking at the record has to know that. He knows that he is to interpret but cannot make the law. He knows that the Constitution must control judges, not the other way around.

Last year, Judge Gorsuch delivered a lecture about Justice Scalia's legacy at Case Western University School of Law. In that lecture, Judge Gorsuch embraced a defined judicial philosophy and made clear the kind of judge that he is.

I referred to this lecture in my remarks last week, and this week I sent it to each of my colleagues on both sides of the aisle. I truly hope each and every Member of this body will read it carefully because it helps answer the most important question before us in exercising our power of advice and consent: What kind of Justice will this nominee be?

In his lecture, Judge Gorsuch said—and I will refer to the chart again—''Judges should be in the business of declaring what the law is using the traditional methods of interpretation, rather than pronouncing the law as they might wish it to be in light of their own political views, always with an eye on the outcome.''

Some Senators and liberal groups have already stated that they oppose this nomination. Perhaps they think judges should be in the business of pronouncing the law as they might wish it to be in light of their own political views.

Judge Gorsuch said in his lecture that the task of a judge is to interpret and apply the law rather than, as he put it, ''to amend or revise the law in some novel way.'' Perhaps his critics believe the opposite, that judges actually do have the power to amend and revise the law in novel ways.

Last year, Judge Gorsuch echoed America's Founders in saying that the power of the legislative branch to make law and the power of the judicial branch to interpret law should be kept separate and distinct. Confusing them, he said, would be a grave threat to our values of personal liberty and equal protection. Perhaps his critics believe it does not matter whether judges make or interpret the law.

Last year, Judge Gorsuch said that judges must ''assiduously seek to avoid the temptation to secure results they prefer.'' What the law demands, he said, is more important than the judge's policy preferences. Perhaps his critics think judges should give in to that temptation, putting their preferred results ahead of what the law demands?

The more we find out about Judge Gorsuch and his judicial philosophy, the more we should ask what his opponents and critics really find so objectionable. If Democrats and their left-wing allies believe that judges, rather than the people, should control the Constitution, they should come right out and say so. If they believe that the political ends justify the judicial means, that judges may manipulate the law to produce politically correct results, then they should be honest about it and defend that radical idea to the American people.

As I close, I want to offer some wisdom from DANIEL WEBSTER, who served in the House and Senate and twice as Secretary of State under three different Presidents. In a speech on March 15, 1837, he said:

> Good intentions will always be pleaded for every assumption of authority. It is hardly too strong to say that the Constitution was made to guard the people against the dangers of good intentions. There are men in all ages who mean to govern well, but they mean to govern. They promise to be good masters, but they mean to be masters.

Well, there are also judges who mean to be good masters, but they do indeed mean to be masters. They mean to govern well, but they do mean to govern. That kind of judge compromises the heart of our political system and undermines the liberty that it makes possible.

Judge Neil Gorsuch has no intention of governing, of being any kind of master of the Constitution or of the people. He is, instead, an impartial judge, the kind who follows rather than controls the law. He will be the kind of Justice that America needs on the Supreme Court.

Mr. HATCH. I thank you, Madam President.

The PRESIDING OFFICER (Mrs. FISCHER). The Senator from Nebraska.

Mr. SASSE. Madam President, I would like to thank the Senator from Washington State and the Senator from Michigan for allowing me to sneak in here quickly.

I thank the Senator from Utah for his comments.

Mr. HATCH. I still have one more speech to give.

Mr. SASSE. I yield to the chairman of the committee.

Mr. HATCH. I will try to make this very brief.

The PRESIDING OFFICER. The President pro tempore.

Mr. HATCH. Madam President, I would like to turn to the business currently before the Senate and express my support for the nomination of Representative TOM PRICE to be the Secretary of Health and Human Services at this critical juncture.

HHS encompasses an extremely large and diverse set of agencies, including the Centers for Medicare and Medicaid Services, the Centers for Disease Control and Prevention, the National Institutes of Health, and the Food and Drug Administration, just to name a few. All told, its annual budget is more than $1 trillion—that is trillion with a ''t.''

The various programs and agencies that fall under HHS's purview have an enormous impact on our Nation's fiscal and economic outlook. I am not exaggerating when I say that HHS affects the daily lives of more American taxpayers than any other part of the Federal Government.

Management of all these agencies is not for the faint of heart. Once confirmed, Dr. PRICE will have his work cut out for him, but I believe he is more than up to the challenge. He has proven that over the years.

Dr. PRICE has extensive insight into our Nation's health care system, having practiced medicine for two decades in a variety of settings. That experience has informed his years of service in the House of Representatives, which included a tenure as chairman of the House Budget Committee and in the leadership in the Ways and Means Committee.

While many who come to Washington are content to sit back and talk about our Nation's problems, Dr. PRICE has always sought to find solutions. At a time when our health care system is in distress, I believe Dr. PRICE will put his

vast experience to good use and be decisive in not only working with Congress to find solutions but implementing them as well.

My view on his qualifications is shared by a great number of people, including many who see the problems in our health care system up close. For example, former HHS Secretaries Mike Leavitt and Tommie Thompson enthusiastically support his nomination. Major stakeholder organizations, including the American Medical Association, the American Hospital Association, most surgical specialty groups, and others, also support him. In their letter of support, the Health Care Leadership Council, which represents a wide range of health care providers, said that ''it is difficult to imagine anyone more capable of serving his nation as the Secretary of HHS than Congressman TOM PRICE.'' I couldn't have said it better myself.

Of course, none of this seems to matter to some of my colleagues on the other side. They aren't coming to the floor to criticize Dr. PRICE's abilities or qualifications; instead, most of what we have heard for weeks now is focused on a vague patchwork of allegations of ethical impropriety on the part of the nominee.

I have participated in quite a few confirmation debates during my time in the Senate, and even over this agency. One thing I have learned is that if the opponents of a particular nomination keep moving their focus from one set of allegations to another, more often than not, they don't have a leg to stand on. That is very much the case with regard to the attacks that have been hurled at Dr. PRICE.

First, we heard about supposed conflicts of interest in his finances, until it was pretty clear that Dr. PRICE had followed all the required ethical guidelines and disclosure requirements of the House.

After that, he was accused of lying to the Senate Finance Committee during our vetting process because he had to file an amended disclosure to include some mistaken omissions. Of course, this is not altogether an uncommon occurrence, particularly given the fact that the Finance Committee's vetting process is uniquely exhaustive. It happens in almost every case where you have people who have had a complicated life or work life. Furthermore, he was asked about this during his confirmation hearing, and his answers were reasonable, and I haven't heard anyone credibly argue that he was intentionally trying to mislead the committee.

I will set aside the fact that the particulars of Dr. PRICE's disclosures to the Finance Committee—information which is typically kept private among members and staff—were apparently managed and embellished in order to create and reinforce a partisan narrative with the media. Instead, I will simply say that the Finance Committee's bipartisan vetting process for nominees has historically operated on an assumption of good faith, both on the part of the nominee and the members of the committee. The fact that my colleagues on the committee, in many respects, have decided to cast all that aside in recent weeks is not evidence of wrongdoing on the part of Dr. PRICE.

When the overblown claims about his disclosures failed to gain traction, my colleagues on the other side turned their focus to a particular investment in an Australian biomed company in 2015. Their claim: Dr. PRICE received a ''sweetheart deal'' from the company which allowed him to purchase stock at a discounted price. They also argue that he lied during his confirmation hearing when he said he paid the same price for the stock as everyone else at that time.

Now, my colleagues would have everyone believe that private placement investment arrangements are inherently shady and nefarious. Let's just get that out of the way right now. Private placements are a commonplace and appropriate means for companies to raise—

Madam President, let me yield the floor to Senator SCOTT.

The PRESIDING OFFICER. The Senator from South Carolina.

Mr. SCOTT. Madam President, I yield 30 minutes of my time during the debate of Congressman PRICE to Senator HATCH.

The PRESIDING OFFICER. The Senator has that right.

Mr. HATCH. I sure appreciate my colleague because I have run out of time here and I still have things to say.

Mr. SCOTT. Yes, sir.

The PRESIDING OFFICER. The President pro tempore.

Mr. HATCH. Well, let me just go back.

Let's just get that out of the way right now. Private placements are a commonplace and appropriate means for companies to raise additional capital from a small number of investors. I know because I used to practice law and I did a number of private placements in my experience.

The facts in this matter are relatively simple: The Australian company, Innate Immunotherapeutics, had a relatively small number of U.S. investors at the time. It is my understanding that all of the investors who had participated in a previous share offering were offered an opportunity to purchase additional stock as part of a private placement arrangement. Dr. PRICE purchased additional stock at the price that was offered to all the investors in that group.

Once again, private placements are commonplace investments, not nefarious conspiracies that some of our colleagues would have us believe. And I can certainly testify to that. According to all the available details, this particular investment was in compliance with all of the laws and regulations that govern those types of deals. In fact, as private placement investments go, this one appears to be fairly unremarkable, unless, of course, you just assume without evidence that there simply had to be something fishy going on—an assumption that I don't think could be made.

Put simply, this investment arrangement was a perfectly normal, commonplace affair. There is certainly no evidence to suggest that there was any insider trading, as some of my colleagues have alleged.

On top of that, Dr. PRICE's statements before the Finance Committee, despite many claims to the contrary, appear to be truthful unless you simply want to assume without evidence that he has to be lying. What a situation that our colleagues try to put this good man in. It is disreputable, in my opinion.

By all accounts, Dr. PRICE purchased the Innate stock at the same price offered to all other participants in the private placement which, by the way, also included a few thousand investors from Australia and New Zealand. That is what he told the committee and that, by all appearances, is the truth. We certainly haven't seen any evidence to the contrary. Sure, my colleagues on the other side have thrown a lot of dots on the wall, apparently hoping they can create a cloudy impression that something nefarious just had to be going on with this investment, even though they haven't come close to connecting any of the dots. They have parsed words, they have divined alternative meanings behind the nominee's statements. But let me be clear, no one has produced any credible evidence of wrongdoing on the part of Dr. PRICE. Those of us who know him know that he never did any wrongdoing and, frankly, never intended to do anything that was wrong.

That being the case, it is utterly shameful that my colleagues would go to such elaborate lengths in order to malign not only a nominee for a Cabinet position but a sitting Member of the U.S. Congress. There ought to be some courtesy here, and I am kind of shocked that there isn't. Of course, we went through a fairly ugly episode the other night about the same issue, though that one hit a little closer to home as the nominee under attack was a fellow Senator.

I don't want to rehash that argument here today. Instead, I will say this. I know some people like to fight around here. For some, it seems the fighting is half the reason they are here to begin with, and neither party is blameless in that regard. Do you know what? If my colleagues wanted to have a fierce and lively debate about this nominee's qualifications or his views on policy, I welcome that debate. He is a tremendous human being, a tremendous doctor, with all kinds of experience, and has been a wonderful Member of the House of Representatives for both parties—as a Republican. If they want to fairly debate his record as a legislator

and a public servant, I am game. I will be glad to do it with them, but to throw accusations at a congressional colleague, and even go so far to accuse him—without evidence—of criminal wrongdoing is, in my view, beneath the dignity of the Senate.

That is precisely what has happened to Dr. PRICE. Ultimately, my colleagues' specious arguments and their desperate attempt to block Dr. PRICE's confirmation would all seem far more sincere if he were the one nominee or even one in a small handful of nominees they deemed unfit to serve, but that is not what is happening.

My colleagues on the other side have appeared to be apoplectic about almost every single nominee we have had before us. The confirmation of any of President Trump's Cabinet nominees, it seems, will bring about untold destruction, the likes of which America has never seen.

With so many of these nominations, the entire process has been wrought with fever-pitched arguments, accusations, and apocalyptic visions of a future world gone mad. We hear it in committee. We are hearing it on the floor. Then the Senate votes, the nominees are confirmed, and my colleagues immediately switch gears to do the very same thing with the next nomination. Some of them even switch gears and come up to the nominee with smiles on their faces and congratulate him or her.

One can only wonder how so many Senators can keep their outrage settings turned to 11 without getting completely exhausted around here. I expect they are able to do so because their outrage is more show than anything else. Indeed, I suspect that the outrage that has been on display has less to do with the particular nominees and more to do with a longer term political agenda. In service of that partisan agenda, my colleagues appear to be more than willing to cast aside the traditions, respect, and assumptions of good faith that have long been the hallmark of the Senate confirmation process and of the Senate itself.

I am very concerned with the way this has gone on here. I am concerned with the way my colleagues are treating another respected colleague from the House. We have seen it in committee. We are seeing it on the floor. In my view, it is a tragic shame.

The bottom line is, Dr. PRICE is, by any reasonable objective standard, qualified to serve as HHS Secretary. Some people would say he is qualified just because he has made it all the way to Congress and he ought to be treated with equal respect, but I will not even go that far. I will just say, by any reasonable and objective standard, he is qualified to serve as HHS Secretary. There is nothing in his past record or statements that disqualifies him to serve in that capacity. In a better world, he would be confirmed already. People would be shouting hooray that this good man will take the time and spend the effort to take this very thankless, very difficult job—and to leave Congress in the process. I suspect he will be confirmed in short order.

Once again, I do urge my colleagues to vote with me to confirm Representative PRICE. I really believe we ought to get past this is picayune stuff that has been going on, on the floor. We ought to get past that and truly, truly support a good man from the other body who we all know is honest and decent and allow him to see what he can do to straighten out this tremendously complex Department of Health and Human Services.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan.

Mr. PETERS. Madam President, I rise in defense of Michigan seniors and working families and to speak on the nomination of Representative TOM PRICE to be Secretary of Health and Human Services. As a Member of this body, it is my duty to only support a nominee for this position if I trust that he or she will put the health and wellness of American families first.

Representative PRICE has failed to convince me that he will do this. As a doctor, he should be familiar with the Hippocratic Oath. Reciting this oath is a rite of passage for our physicians and our Nation and across the globe. While it is known most widely for its overarching message of ''do no harm,'' I wish to recite a passage from the modern version of the Hippocratic Oath that should resonate with all of us. It reads:

> I will remember that I do not treat a fever chart—a cancerous growth—but a sick human being—whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

We should all heed these words. Health care is deeply personal. Some of the most important decisions Americans will ever make will be with the advice of their loved ones and their doctor.

Health care affects our families and the economic stability of our families. Quality, affordable health care can literally be the difference between life and death. A Medicare system that works for seniors can be the difference between a retirement with dignity and having to spend their golden years in poverty.

When it comes to our Nation's seniors, Congressman PRICE has crafted extremely dangerous proposals that would end Medicare as we know it. He has introduced legislation that would turn Medicare into a voucher system, increase the eligibility age for seniors to enroll in the program, and lead to increased drug costs.

Our Nation's seniors worked hard their entire lives and they deserve a dignified retirement—not higher drug costs or a voucher that could be worth less each and every year, putting a significant strain on their fixed budget. We must honor our promises to current and future retirees by refusing to confirm any HHS nominee who is not fully committed to protecting our seniors and ensuring they have the health care they need. We need a Secretary who wakes up every morning thinking about how to provide the best care possible to as many Americans as possible and as affordably as possible.

I am concerned that Representative PRICE sees our health care system as a profit center, a profit center for special interests and a profit center for himself. He has proposed dangerous plans to end critical investments that make our health care system better so he can give large tax breaks to some of his wealthy friends.

The American people should be confident that the men and women leading Federal agencies are thinking about the bottom line of taxpayers and not themselves. We must be faithful stewards of taxpayer dollars. I wish to remind my colleagues that Medicare and Medicaid spend far less on overhead and operations than private insurance.

I would also like to remind my colleagues that the Republican budget plan that includes repealing the Affordable Care Act would increase our national debt by upward of $9 trillion over the next decade. Yes, that is trillion with a ''t.'' We must continue efforts to cut waste and inefficiencies across the Federal Government, especially in health care. Increasing efficiencies allows us to invest in what works.

Medicare and Social Security are two of the most popular Federal programs ever created, and they are popular for a reason. They work. They work for seniors, they work for the disabled, they work for orphans, and we should too.

When I hear from Representative PRICE that he wants to fundamentally change Medicare and Medicaid and implement health care reforms that will limit care for American families, this is something I cannot and will never support.

Representative PRICE has introduced proposals to cut over $1 trillion from Medicaid that will jeopardize care for millions of low-income working Americans, senior citizens that require long-term care in nursing homes and individuals with disabilities. This is not a vision of America that I see, and it is not one I can possibly support.

We need to find a bipartisan path forward. We need to invest in prevention, increased efficiencies, embrace technologies like telemedicine, and capture the full potential of promising medical research, like precision medicine, to yield better care and at lower costs. We need to make it easier for small business owners who want to do right by their employees to provide them with coverage. We can strengthen our health care system without cutting the quality of care by investing in commonsense changes to save money. For example, Medicare spends $1 out of every $3 on diabetes treatment. While the total economic cost of diabetes is estimated to be $245 billion per year, I have

introduced bipartisan legislation that allows Medicare to enroll individuals at risk for developing diabetes into medical nutrition therapy services proven to decrease the likelihood they will develop diabetes.

I have also introduced bipartisan legislation that expands Medicare's use of telemedicine, increasing access for patients in rural and underserved communities, and bringing down future health care costs by ensuring patients get the preventive care they need to stay healthy.

Instead of focusing on these critical challenges or sensible solutions, Representative PRICE wants to move us backward and push policies that could leave 30 million Americans without health insurance.

We can't look at this as simple budgetary math, we are talking about 30 million of our friends, family members, and neighbors, including over 800,000 Michiganders—Michiganders who could once again face bankruptcy and loss of their economic security just because they get sick.

We live in a nation where historically the No. 1 cause of personal bankruptcy has been medical debt. That is simply unacceptable in this great country of ours. Whether we are policymakers or physicians, we should adhere to the central tenet of the Hippocratic Oath of ''do no harm.''

Our Nation's seniors, children, and all hard-working Americans deserve a Secretary of Health and Human Services who will, at the very least, do no harm. Representative PRICE is not that person.

It is for this reason that I have decided I will vote against his nomination for the Secretary of Health and Human Services. I urge all of my colleagues to do the same.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Madam President, I come to the floor this afternoon to announce I will be voting against Congressman PRICE to be the Secretary of the Department of Health and Human Services. Despite some of the remarks people have expressed, I feel passionately about the fact that he is the wrong person to serve in that job. I have heard from a remarkable number of my constituents who also believe he is the wrong person for the job.

Congressman PRICE is an outspoken advocate for repealing the Affordable Care Act, which would cause up to 30 million Americans to lose their health insurance and put at risk the lives of thousands of people in New Hampshire and across America who rely on the Affordable Care Act—or ObamaCare—for treatment of substance abuse disorders. He is a rampant supporter of defunding Planned Parenthood and denying women our reproductive rights. If he defunds Planned Parenthood, it would mean that women would lose access to contraceptive services and cancer screenings.

In New Hampshire we have thousands of women who rely on Planned Parenthood as their only source of health care. Congressman PRICE is determined to make billions of dollars in cuts to the Medicaid program, which would jeopardize the health of some of our most vulnerable citizens, including millions of children living in poverty and millions of seniors living in nursing home care.

I am especially troubled by the threat that Representative PRICE poses to women's health. I urge my colleagues to listen to the millions of women across America who marched last month in opposition to the policies of the Trump administration and Congressman PRICE. Those of us who marched on that day had a simple and powerful message: We will not be dragged backward. We will not allow the Trump administration to take away our constitutional rights and to interfere with our deeply personal health care choices. Yet Dr. PRICE's extreme policies would do exactly that. They would drastically undermine women's access to health care, and they would turn back the clock on women's reproductive health and rights.

Representative PRICE has spent his entire congressional career authoring, sponsoring, and voting for legislation that would put women's health at risk. He cosponsored and voted 10 times—10—to defund Planned Parenthood, repeatedly championing slashing funding and access for family planning services. If we want to cut down on unintended pregnancies and abortions in this country, we need to give families access to family planning services.

If Congressman PRICE succeeds in making good on this threat as Secretary of Health and Human Services, it would result in 1.5 million Medicaid patients losing the ability to see the family planning provider of their choice.

As Senator PETERS said, Congressman PRICE does not support the Affordable Care Act and the requirement in the Affordable Care Act that women have access to FDA-approved methods of contraception with no out-of-pocket costs. Indeed, he rejects the very idea that women should obtain birth control with no out-of-pocket costs. He said:

> Bring me one woman who has been left behind. Bring me one. There's not one.

Well, that statement is not only wrong, but it is arrogant, and it is gravely out of touch with reality.

Throughout his career in Congress, Dr. PRICE has been a zealous advocate of restricting women's access to contraception and abolishing our constitutionally protected reproductive rights. He has cosponsored an ''extreme personhood'' bill—so-called—that would establish that life begins at conception, and he supported a bill to ban abortion after 20 weeks, despite the Supreme Court's rulings that similar bills are unconstitutional. He even voted for a bill that would alter the recommended medical training for obstetrics and gynecology by preventing grant funding from being used to train medical students on how to safely perform the abortion procedure.

The policies advocated by Representative PRICE would have profoundly negative impacts on the health and well-being of the people in my State of New Hampshire. Repeal of the Affordable Care Act would have devastating effects on people in New Hampshire. Some 120,000 Granite Staters—nearly 1 in 10 people in New Hampshire—have enrolled in health care coverage thanks to the Affordable Care Act, thanks to ObamaCare. That is an enormous step forward for the health and well-being of the people of my State. Yet Dr. PRICE is determined to destroy that progress. Indeed, he seems to have no higher priority than to terminate health coverage for millions of people across this country.

Make no mistake. Repeal of the Affordable Care Act would destroy much of the progress we have made in New Hampshire and in other States to fight the heroin and opioid epidemic. Across this country, more people are now killed by drug overdoses than by traffic accidents. There were more than 52,000 overdose deaths in 2015. But statistics can't fully capture the profound human toll. It is not only the thousands of individual lives that have been destroyed. Entire communities are being devastated.

In dozens of visits to New Hampshire during his campaign, President Trump pledged aggressive action to combat the opioid crisis. Keeping that promise is a matter of life and death. Make no mistake. Representative PRICE's determination to repeal the Affordable Care Act has put millions of Americans at risk.

I am especially concerned that repeal would abruptly end treatment for thousands of Granite Staters fighting addiction. The Affordable Care Act, and Medicaid expansion in particular—what we call in New Hampshire our New Hampshire Health Protection Plan—which has bipartisan support from then-Governor, now-Senator MAGGIE HASSAN and the Republican legislature, has been a critical tool in combating the opioid epidemic. More than 48,000 Medicaid claims were submitted in New Hampshire for substance use disorder services in 2015.

Having traveled across our State in the past year, visiting treatment centers and meeting with individuals struggling with substance use disorders, I am convinced that TOM PRICE's plan to repeal the Affordable Care Act would mean that thousands of Granite Staters would lose access to treatment, with devastating consequences because right now, even as we are beginning to ramp up treatment, we have the second highest overdose rate in the country.

We need a Secretary of the Department of Health and Human Services

who will respect women's health care choices and our constitutional rights and who will defend the enormous progress we have made, thanks to the Affordable Care Act and the expansion of Medicaid. Representative PRICE is the wrong person for this critically important position in our Federal Government, and I will vote against his confirmation.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Madam President, before I begin, I wish to note my disappointment about how rushed the consideration of this nominee has been. Calls for a thorough investigation into Congressman PRICE's ethically questionable and potentially illegal health trades have been ignored.

Hundreds of questions HELP Committee Democrats asked Congressman PRICE as part of the official committee process have gone unanswered, and the vote to advance Congressman PRICE's nomination to the floor took place without Democrats getting any notice—a clear break from long-standing committee rules. Unfortunately, those are just a few of the examples.

It is clear that Senate Republicans are doing everything they can to protect President Trump's nominees from tough questions, which is only helping him rig his Cabinet against workers and families. That is really concerning, especially on issues as critical as our families' health and well-being.

As I have said before, when I evaluate a nominee for Secretary of Health and Human Services, I am interested in whether that person has a record of putting people first—not politics, partisanship, or those at the top. I want to know they put science first—not ideology. Critically, I consider whether their plans for health care in our country will help more families lead healthy, fulfilling, and secure lives, or take us backwards.

Unfortunately, I am very concerned that Congressman PRICE falls far short in these categories and that his nomination sends another clear signal: President Trump is setting up his Cabinet to run our country in a way that benefits those at the top and their allies, but it really hurts the workers and families we all serve.

I will start with women's health and reproductive rights. I believe that when women have access to quality, affordable health care, when they can afford contraception and exercise their constitutionally protected rights to make their own choices about their own bodies, our country is stronger for it. That is because access to health care, which includes reproductive health care, is fundamental to women's economic independence and opportunity. When women have more resources, more freedom, and more ability to give back in whatever way they choose, we move forward as a country.

Congressman PRICE has a long record of fighting to take women's health care in the wrong direction. He has advocated for defunding Planned Parenthood, our country's largest provider of women's health care, time and again. He has been determined, since the start, to dismantle the Affordable Care Act, which has really helped millions of women gain coverage and essential benefits. Especially given his background in medicine, he has displayed a shocking lack of understanding when it comes to the need for continued work to help women access birth control. He even suggested there ''was not one'' woman who couldn't afford contraception.

Well, I have certainly heard the opposite. I know for a fact now that Congressman PRICE has, too, because I made sure to tell him about my constituent Shannon in our hearing.

Shannon has endometriosis and would have struggled to afford contraception, which is often used to treat that condition, were it not for Planned Parenthood. How can a Secretary of Health and Human Services, who won't listen to stories like Shannon's and who can't understand their need to access basic health care, possibly be trusted to work for all of our communities?

Unfortunately, there is more. While President Trump has magically promised now insurance for everybody that is both lower cost and higher quality, Congressman PRICE's plans would do the exact opposite. From the start, he has led the fight for repealing the Affordable Care Act, even though Republicans cannot agree on what they as a party would do to replace it.

Congressman PRICE's own proposals, however, would cause millions of people to lose coverage, increase the cost of care, and leave people with preexisting conditions vulnerable to insurance companies rejecting them or charging them more.

I am hearing constantly from the families who are scared about what the future holds for their health care, given Republicans' rush to rip apart our health care system, and plans like Congressman PRICE's, which would leave so many so vulnerable, are simply not the answer.

Donald Trump campaigned on promises to protect Medicare and Medicaid, but Congressman PRICE said that he wants to voucherize Medicare in the first 6 to 8 months of the administration, ending the guarantee of full coverage so many seniors and people with disabilities rely on. He has put forward policies that would shift $1 trillion in Medicaid costs to our States, squeezing their budgets and taking coverage away from struggling children and workers, and people with disabilities, and families.

While President-Elect Trump has said that Medicare should be able to negotiate lower drug prices for seniors, Congressman PRICE has repeatedly opposed efforts to do so. He even went so far as to call legislation to address high drug prices ''a solution in search of a problem.''

Well, I couldn't disagree more.

In addition, I am deeply concerned about Congressman PRICE's extreme approach to key public health challenges, including his history of opposing regulations to keep tobacco companies from luring children into addiction.

In fact, it is hard to imagine who in America would be better off under Congressman PRICE's leadership at HHS—certainly not women who can no longer be charged more than men for the same health care; children or their families who get peace of mind from having coverage through the exchanges or Medicaid; workers who know they can still get coverage, even if they find themselves between jobs; communities that count on public health protection; or seniors who shouldn't have to pay more for prescription drugs or worry about what the future holds for Medicare.

All in all, Congressman PRICE's vision for our health care system is, to me, disturbingly at odds with the needs of families I hear from every day. But what makes this nomination even more troubling are the serious ethics questions that have not been resolved as it has been jammed through the Senate. I would hope that any Member of Congress—Republican or Democrat—would take seriously the need to ensure that incoming Cabinet Secretaries are free from conflicts of interest, fully prepared to put the public interest first, and have demonstrated a commitment to service for the sake of service, rather than a pattern of mixing personal financial gain with public office. Unfortunately, when it comes to this nomination, Senate Republicans have avoided those questions at every turn.

When reports first came out that Congressman PRICE had traded more than $300,000 in medical stocks while working on legislation that could impact companies whose stocks he had purchased—including one whose largest shareholder, Representative CHRIS COLLINS, encouraged PRICE to invest in—Democrats called for an investigation before this nomination could move forward. Senate Republicans refused to join us. When outside consumer advocacy groups and an ethics counsel raised concerns, Senate Republicans went ahead with the hearings. The day before a vote on his nomination in committee, when a story broke indicating that Congressman PRICE misled members of our HELP and Finance Committees in responding to their questions about his investments, Senate Republicans met secretly to jam his nomination through in a closed-door vote.

Congressman PRICE and Republicans have insisted that everything Congressman PRICE did was above board and legal. I certainly hope that is the case, but we shouldn't have to take their word for it, and neither should the families and communities we serve. I am deeply disappointed that so many of my Republican colleagues appear to be willing to overlook the need for a thorough independent investigation.

Congressman PRICE's backward views on women's health, his harmful vision for our health care in our country, and the ethical questions that remain unresolved even as this nomination is headed to a vote, I will be voting against Congressman PRICE for Secretary of Health and Human Services.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Wisconsin.

Ms. BALDWIN. Madam President, I rise to urge my colleagues to join me in opposing the confirmation of Congressman TOM PRICE to be Secretary of the Department of Health and Human Services.

Congressman PRICE has a long political record in Washington of siding with Big Business and not American families. He has led efforts that would force families to lose their health care coverage, that would end Medicare as we know it, and increase costs for our seniors, and that would let politicians choose what health care is best for women and their doctors. Perhaps most troubling, though, are recent revelations about Congressman PRICE's deep and ethically questionable financial ties to health companies that are looking to turn a profit.

The people of Wisconsin elected me to the United States Senate to stand up to powerful interests, to stand up for the working people of my State. They surely did not send me to the Senate to take away people's health care. That is why I simply cannot vote for a nominee whose financial activities with health companies raise such serious ethical questions and who has repeatedly opposed measures that would improve the health of our hard-working middle-class families in America.

During his time in Congress, reports show that Congressman PRICE traded more than $300,000 in shares of health companies while he was advancing health-related legislation which could directly impact these companies' profitability. Congressman PRICE's financial disclosures show that he has purchased stock in medical device companies, leading pharmaceutical companies, and medical equipment companies. He also led a number of legislative efforts to restrict or delay implementation of several Medicare programs that would have impacted reimbursement for these very industries.

I don't know who Congressman PRICE is working for. Is he working for the American people or is he working for the powerful corporations to help advance his financial interests and his investments in them? This ethically questionable activity raises too many unanswered questions about his professional judgment and his ability to fairly lead a department that is charged with protecting the health of all Americans.

Even more troubling are reports that he had access to a special private deal to buy discounted stock in an Australian biomedical firm, Innate Immunotherapeutics. Reports show he received this special deal from his colleague in the House, Congressman CHRIS COLLINS, who sits on the company's board and is their largest investor. I sent a letter asking Congressman PRICE to explain his relationship, his involvement with Innate Immuno, and how his relationship with Congressman COLLINS influenced those purchasing decisions, but he hasn't responded. His financial dealings raise serious concerns about potential STOCK Act and insider trading law violations. That is why I have called on the U.S. Securities and Exchange Commission to investigate his stock market trading activities. These questions must be answered and his stock trading should be fully investigated before the Senate is able to adequately consider his nomination. Yet we are probably hours from the vote without all the information.

While there are so many unanswered questions about Congressman PRICE's ethical judgment, there is a lot we do know about his record as a politician that is deeply concerning.

We know Congressman PRICE wants to end Medicare as we know it and raise costs for our senior citizens. Medicare is a promise, a promise to current and future generations that guaranteed health care will be there for them when they need it. Congressman PRICE wants to break that promise, that promise to millions of seniors across this country. He has spearheaded proposals that would convert Medicare into a voucher system, essentially privatizing Medicare. He also supports raising the eligibility age for participation in Medicare, forcing hard-working Americans to wait to receive the benefits they have already earned. His dangerous proposals would force seniors to pay more and would jeopardize guaranteed access to the Medicare benefits they have today, but we don't need to take my word for it. Listen to the thousands of Wisconsinites who have written to me just since the start of this year, urging me to oppose Congressman PRICE's confirmation and to fight against any efforts that would take away their Medicare benefits.

Richard from Fond du Lac, WI, is just one of those Wisconsinites. Richard and his wife are now retired and on Medicare. He wrote to say:

> We both spent decades in teaching and while we knew we would never get rich, we believed we were doing important work with our students.
>
> Both of us felt secure in knowing that Medicare would be there for us when we left the profession and moved on to our retirement years.

Richard cannot understand why politicians like Congressman PRICE are proposing to fundamentally change a system that has worked well for decades. He told me: ''Now we feel as if our world is being turned upside down.''

Congressman PRICE's views are not only out of touch with America's seniors, but they are also, interestingly, in conflict with President Trump's promise not to cut Medicare. PRICE's legislative record also conflicts with President Trump's public commitments to improve this program by allowing Medicare to negotiate lower drug prices for our seniors. Just this week, the White House confirmed the President's support for this proposal again. Yet, during his hearing before the Senate Health Committee, Congressman PRICE refused to answer my questions when I repeatedly asked him if he would commit to standing with the President and with American seniors by supporting Medicare negotiation of better prescription drug prices. We don't know where he stands on this issue, but we do know Congressman PRICE does not stand with seniors, and he does not stand for protecting the guarantee of Medicare coverage that our families rely on.

We also know that Congressman PRICE does not stand for the millions of Americans who rely on the health care coverage and protections available under the Affordable Care Act. Congressman PRICE almost personifies the Republican agenda and battle to repeal the Affordable Care Act and all of its benefits and protections, which would force 30 million Americans to lose their current insurance through participation in the program. He has led the effort in the House to take away guaranteed health care coverage and has championed dangerous measures that would put insurance companies back in charge of health care and lead to higher costs and more uncertainty for American families. Congressman PRICE's agenda is putting the health care coverage of over 200,000 Wisconsinites at risk.

I wish to share the story of Sheila from Neenah, WI. She is a small business owner and relies on the premium tax credits that helped her purchase her health plan through the marketplace. She wrote:

> I just wanted to let you know how devastating it would be for my family if the Affordable Care Act is repealed. To take away the subsidies would pretty much turn the plan into the Unaffordable Care Act.

Sheila said that premium tax credits under the law have made it possible for her to buy decent insurance for the first time in her whole career.

I am listening to Chelsea from Shelby, WI. Her daughter Zoe was born with a congenital heart defect. At just 5 days old, Zoe needed to have open heart surgery. Chelsea said:

> The Affordable Health Care Act protects my daughter. . . . I'm pleading to you as a mother to fight for that and follow through on that promise. There are so many kids in Wisconsin with heart defects (as well as other kids with pre-existing conditions) that are counting on you to protect that right.

I am listening to Maggie, who attends college in DePere, WI. Maggie was diagnosed with cancer in 2015. Thanks to the Affordable Care Act, she was able to stay on her parents' health insurance, which covered most of her

care. The Affordable Care Act also ensured that Maggie did not face lifetime limits on coverage for her multiple rounds of chemotherapy and radiation. Thankfully, Maggie is now cancer-free, but Maggie is terrified—terrified that if the law's benefits are repealed, she could face a situation where her chemo isn't covered if she ever needs it again. She also fears being denied coverage because of her preexisting condition or not being able to stay on her parents' plan.

During my time serving in the House of Representatives, I championed the provision in the Affordable Care Act that allows young adults like Maggie to remain on their parents' health care plan until age 26. Congressman PRICE would take that away, as well as other protections that Maggie relies on, and instead go back to letting the insurance companies decide what to do.

During his HELP Committee hearing, I asked him directly if he supports the current requirement that insurance companies cover young adults until age 26. Essentially, he refused to answer my question but instead said that he trusts insurance companies to do this on their own. He said: ''I think it's baked into insurance programs.''

Our future leaders like Maggie can't afford to take his word for it that insurance companies will choose to protect their care. The stakes are too high when it comes to accessing the lifesaving health care for cancer or other serious conditions.

As I travel my State, I listen and I hear the voices of people who are struggling. Too many people feel that Washington is broken and it isn't working for them. People are scared because they can't make ends meet and provide a better future for their children. We need to change that. Our work here should be focused on making a difference in people's everyday lives.

I am concerned that if confirmed as Secretary of Health and Human Services, Congressman PRICE would make it harder for people to get ahead. I am concerned that he will work with special interests who already have too much power here in Washington instead of working for the Wisconsin families I was sent here to serve.

For all these reasons, Congressman PRICE is not the right choice for Secretary of Health and Human Services, and I urge my colleagues to oppose his confirmation.

I yield the floor.

The PRESIDING OFFICER (Mr. PERDUE). The Senator from Nebraska.

NOMINATION OF NEIL GORSUCH

Mr. SASSE. Mr. President, I say thank you to my colleague for yielding to me a little bit out of line.

I think one thing we don't do nearly a good enough job at around here—and not just in Washington, DC, but in schools across America—is reflect on the basic civics we have inherited and the constitutional structure of checks and balances and why we have a limited government. I think Judge Gorsuch's nomination to the Supreme Court and, frankly, more narrowly, the media cycles of today, give us a special opportunity to pause and to do a little bit of civics again.

Judge Gorsuch is tough, smart, fair-minded, independent, and he is a person who has taken an oath of office to a Constitution of limits. That is exactly the sort of thing we should be affirming and celebrating around here. I think that everyone on both sides of the aisle in this body should be celebrating Judge Gorsuch and what he believes about a constitutional system that has limits. And defending your own branch—the Founders envisioned a world where these three branches would be jealous of their own prerogatives—defending your own branch is not to attack another branch.

As I read the media reports this morning of who said what to whom and who shouted at whom and who argued about what, what if we just paused and reflected again on what it means to believe in a constitution that has three separate but equal branches that are supposed to check and balance one another?

After seeing some media reports this morning, I looked and I happened to have on my desk the breast-pocket card that was in my suit 2 days ago when I met with the judge, and I asked him about the comments coming from the White House criticizing a so-called judge. I wish to share with this body some of the comments the judge made to me when I asked him what he thought about the criticism of the so-called judge, because we don't have so-called judges, we don't have so-called Presidents, and we don't have so-called Senators; we have people from three branches who have taken an oath to a constitution.

So here is some of what the judge told me when I asked him what he thought about those comments. He got a little bit emotional, and he said that any attack or any criticism of his brothers and sisters of the robe is an attack or a criticism on everybody wearing the robe as a judge.

I think that is something this body should be pretty excited to hear someone who has been nominated to the High Court say.

He said that it is incredibly disheartening to hear things that might undermine the credibility and the independence of the judiciary. He said that it is completely legitimate for all of us to vigorously debate individual opinions. We should argue about opinions. We can argue as citizens about cases. We can argue in this legislative branch or the executive branch can argue about the merits of particular opinions and yet we want to affirm the three branches.

So he said it is disheartening for us to do anything that would undermine that.

He then pointed me back to his comments at the White House the night he was nominated, and so I went back and looked at his comments, and the very first people he thanked when he had been nominated to the Court were—he said: I want to celebrate the judges of America who are the ''unsung heroes of the rule of law'' in this country. He called the judges ''unsung heroes of the rule of law.''

He said: An independent judiciary has got to be tough. It is not my job as a nominee to the Court and it is not the job of any other judge to comment on particular cases, and it is not the job of judges to play politics or to hold press conferences talking about politics, but we can recognize that historically the other two branches are often wary of times when the Court asserts its prerogatives.

He said: For instance, Thomas Jefferson didn't like Marbury v. Madison, and it was completely legitimate for President Jefferson to criticize and argue about the merits of the Marbury v. Madison decision even as we do the important civics work of reaffirming these three separate but equal branches.

Frankly, I think that everybody in this body ought to be celebrating the nomination of a guy who is out there affirming three separate but equal branches and the independence of the judiciary. We should want to see the executive branch checked, and, frankly, if we really love America, as I know people in this body do, we should want to see our own powers limited because it is fundamentally American to be skeptical of the consolidation of power.

Our Founders divided power and checked and balanced each of the other branches because they were skeptical of what people in power might ultimately do.

Sadly, there are some on the other side of the aisle today—and I think many are going to give him a fair shake, but there are some on the other side of the aisle who decided they want to reflexively attack Judge Gorsuch. So it is like the Keystone Kops trying to run around and figure out which story you want to label him with. I hear some people saying: Well, Gorsuch was nominated by this President and a bunch of people don't like this President; therefore, he couldn't possibly be independent, he would be a puppet. There are other people saying in these private meetings allegedly Gorsuch has rented a plane and taken out a skywriting script and he is out there saying ''I hate Donald Trump. I hate Donald Trump.'' That is nonsense. Neither of those things is true. He is not a puppet, and he is not out there attacking the President of the United States. He is meeting with us, trying to explain his view of an independent judiciary. He is trying to affirm the same constitutional oath of office that all of us in this body have taken.

I think it is high-time in this body that we get beyond reflexive partisanship of ''Republicans are for Republicans if they have the same label'' and ''Democrats are against Republicans''

and vice versa. Our job fundamentally in this body is an oath that we have taken to three separate but equal branches. I think what we are hearing in these private meetings with Judge Gorsuch and what I am sure he is going to say when he speaks for himself publicly before the Judiciary Committee—what we are hearing from him is a guy who believes in three separate but equal branches and is skeptical of the consolidation of power because he understands why America has limited government. That is the kind of person we should be celebrating having been nominated to the Court.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. WARNER. Mr. President, I am here to speak about Mr. PRICE, but I want to respond to my friend the Senator from Nebraska.

I appreciate very much the independence the Senator has shown in his tenure in the Senate. My hope would be that his comments about civics, his comments about our three branches of government—I hope we will take that speech and actually send it down to 1600 Pennsylvania Avenue because I concur with him. I concur with him about the basic civics lessons he laid out. I concur with him about three equal branches of government. I concur with him about the fact that I look forward to hearing from Judge Gorsuch and having my chance to view him.

But I would also think that in any kind of objective analysis of what our country is going through right now, we have currently a President of the United States who—I have real questions whether he has read that document, the Constitution, whether he understands the basic tenets of three coequal branches.

We saw his activities during a campaign where he called out a judge because of his ethnic heritage and somehow impugned that judge's independence. At some point, he walked that back, and perhaps those of us who were kind of scratching our heads thought, well, that is just during the campaign, and candidates do strange things during the campaign.

Then we saw the President get elected, and we saw throughout a transition period decrees by twitter that are, again, unprecedented in modern activity. I know the President wants to be a disrupter, but there is some level of comity and some level of civics and some level of recognition of coequal branches that—candidly, when the President of the United States attacks a judge because he doesn't like the ruling in a way that calls into substance not the substance of the ruling but the very nature of the judiciary, I think all of us—and I know the Senator from Nebraska would agree with this—all of us need to sit up and say this is not what the Founders intended.

I look forward to giving Judge Gorsuch and everyone else the President might nominate a fair look, a fair appeal, and then making a judgment on whether I think one of the most important positions—a lifetime position of serving on our Nation's highest Court—whether he is appropriate or not. But this President makes that case harder for his nominee when he shows such blatant disregard of the fundamental basics of our Constitution.

I would be more than happy and glad if we would all dial it back a bit, but we are in uncharted territory in a way that, as somebody who believes every bit as much in the Constitution as the Presiding Officer does, it makes me very concerned about making sure we maintain those basic liberties, making sure we have a government that can live within its means, making sure we maintain the independence of the judiciary, the independence of our legislative body, and an Executive who knows there are limits on Presidential powers.

I appreciate his comments and particularly appreciate the fact that through his tenure in the Senate, he has shown a level of independence. I have taken some hits from my own team for showing similar levels of independence. I commend his words, but I do hope that those words would actually make their way down to 1600 Pennsylvania Avenue. I am curious to see what the President's tweeting response to that speech would be.

Mr. President, I did come here, though, today to rise and talk about a need that Virginians and, for that matter, Americans have, about a health care system that is affordable and accessible and provides high-quality health care.

I voted for the Affordable Care Act back in 2010, and I have acknowledged, I think along with many of us, that just like every major reform—just like Medicare and Social Security and Medicaid—Congress never gets it 100 percent right the first time and that Congress needed to revisit and improve certain aspects of the ACA.

As anybody who serves in the legislative body knows, you have to have partners in order to get to yes. Unfortunately, that is what we have heard from folks on the other side for the last 7 years. We have heard all the critiques, we have heard the screech of repeal, but we have not heard any kind of plan on what you replace.

The fact is, like it or not, ACA has played a critical role in driving health care innovation, protecting consumers, and reducing overall health care spending. Those are just facts—not alternative facts, not alt acts; those are just facts. The increased coverage to more people now makes it all the more difficult to find some way to repeal and maintain all the things that people liked, yet replace it with a plan that is actually more cost-effective.

So today we consider a candidate for Secretary of Health and Human Services, the lead Cabinet member who will oversee our critical health care programs. Congressman PRICE has advocated for dismantling the ACA, and he has made it clear that, as Secretary of HHS, he would seek to implement policies that, I believe, will make health care more expensive and less accessible to Virginians.

Today, after a great deal of reflection, I join my colleagues in opposing Congressman PRICE's nomination to be Secretary of HHS. And rather than going through the statistics and facts—I know I have other colleagues who want to speak—I want to reflect briefly on a couple of stories I have heard from Virginians.

One of the things that was a benefit but I don't think folks have focused on enough is that the ACA, with all its challenges, did allow people freedom from the trap of being caught in a dead-end job that they couldn't move from because of the fear of losing their health care benefits. This was the first move toward an affordable benefits system, something I think we are going to have to move beyond health care to retirement and other aspects, as well, as more and more workers work not in traditional full-time and long-term employment, but more and more—one-third of the workforce today already is in some form of contingent work: part-time work, independent contractors, gig work. They have no benefits, other than the fact that through the ACA they are able to maintain health care. The ACA has actually reduced this phenomenon of ''job lock.''

A couple of weeks ago, I met Andrea in Richmond. She always dreamed of opening a software business, but she and her business partner were considered uninsurable because of preexisting conditions. The ACA changed everything. After obtaining insurance through the exchanges, Andrea and her business partner were able to take that risk. Today, that successful company has a staff of 12. As Andrea said: ''Simply put, my business would not exist without the security the Affordable Care Act provided.''

The coverage gains we have seen are remarkable. That is clear from hundreds of Virginians who have contacted me with stories like Andrea's. In fact, never before in our Nation's history has the rate of uninsured dropped below 10 percent. In Virginia, a State where our legislature unfortunately would not expand Medicaid, we have still seen an uninsured rate drop from 15 percent to 9 percent, and 327,000 Virginians got additional coverage. This is especially true in rural areas.

Nationwide, the ACA lowered the percentage of uninsured by eight points in rural communities. Rural communities often struggle with hospitals that, without ACA, would be on the brink of financial extinction.

Here is another quick example from Janet in Mosely, a rural area south of Richmond, who grows and sells organic vegetables to support her family, which includes four children. She said:

We went through various attempts to manage the cost of health insurance and health care in our finances before the ACA—with no

good results. [Because of ACA], we have been able to have an appropriate plan, with a realistic deductible, access to quality doctors, and be able to go to preventative care annual appointments. We are quite fearful about what life and business may be like without the ACA, or an improved-upon version of the ACA. A repeal would be disastrous.

Unfortunately, not only has Congressman PRICE strongly opposed the ACA, but his plan—or what framework of a plan you see—and other proposals dramatically scale back the individual market reforms that allow people like Andrea and Janet to obtain meaningful coverage. As our workforce becomes more mobile than ever, Congressman PRICE has said people should have access to care, but access to care without affordable care isn't true access.

For example, if you got rid of the ACA with no plan to replace it, we would see the reinstatement of lifetime and annual limits on coverage. They are what turned getting sick into a financial calamity for so many people. Plans would be required to cover far less in terms of conditions, moving away from the ACA's promise that insurance is worth more than the paper it is written on.

As I mentioned already, the close to one-third of the workforce that is already in some level of nontraditional work and doesn't work full time in a long-term employment facility would lose that flexibility to move from job to job.

We have also heard from Congressman PRICE plans to block-grant, for example, Medicare. We in Virginia have a very trim Medicaid program. We have also not expanded Medicare, which I think was a grave mistake of the legislature. The Governor and I agreed we should expand it. Putting a Block Grant Program in place for Virginia would be a disaster in terms of Medicaid. As well, Congressman PRICE has voted against the Children's Health Insurance Program, the CHIP program, one of the things I was proud to expand in Virginia, where we ended up signing up 98 percent of all eligible children. Congressman PRICE called the CHIP program ''government-run socialized medicine.'' What he didn't say is what he would say to the 200,000-plus kids in Virginia who get their health care coverage through CHIP.

So I believe that Congressman PRICE's approach—whether it is on Medicaid block-granting, whether it is on the ACA, whether it is on the CHIP program, whether it is his failure to come up with a sufficient plan to provide access and affordability—means that if we go forward with his nomination, the kind of chaos that would be created if you repeal the ACA without a replacement plan in place will not only affect the 20 million-plus Americans who got health care coverage through the ACA but literally everyone else because it will absolutely pull the bottom out of the overall insurance market. These are chances that we can't take.

I have a series of other stories, but I see my friend the Senator from Connecticut, who spent a great deal of time on this issue back when there weren't that many people coming to the floor to defend the ACA. I guess it is better to be early and right, but Congressman Murphy has been a great leader on this issue. He was here, as I mentioned, on the floor, when many of us were active in other activities, an absolute native of the ACA, when we went through the bad rollout. But what we have seen in America, as we get closer now to the reality of the new administration, is that the new majority wants to actually repeal this program without fixing it—simply repeal. I think his forewarnings about what would happen are all coming to pass.

I will personally be opposing the nomination of Congressman PRICE to be Secretary of HHS. I hope my colleagues will join me.

I do want to yield the floor to the Senator from Connecticut, who has been such a great leader on this issue.

The PRESIDING OFFICER (Mr. SASSE). The Senator from Connecticut.

Mr. MURPHY. Mr. President, I am going to be brief. I want to build on some of the comments Senator WARNER made. It is unclear what President Trump's position is on repeal and replacement of the Affordable Care Act. He has made all sorts of commitments all over the map, suggesting that he wants to deconstruct the act in full, suggesting that he wants to keep some elements of it, making promises that whatever comes next will be just as good, will be better than what consumers have today.

I think what you are going to hear consistently from our side is a willingness, a desire, an enthusiasm to engage in a conversation with Republicans about how to strengthen our health care system, how to repair the parts of the Affordable Care Act that are broken, but keep the majority of that legislation, which is delivering lifesaving care to people as we speak, and not descend into health care chaos by repealing this legislation with no plan for what comes next.

The genesis of our opposition, of my opposition, to TOM PRICE's nomination to be the Secretary of the Department of Health and Human Services is that he has been, in the House of Representatives, the face of the Republican effort to repeal the Affordable Care Act with absolutely no plan for what comes next.

There were many other choices that could have been made for selections to head the Department and lead the conversation about the Affordable Care Act and its future that could have signaled that we were going to have an ability to come together. But when I was a Member of the House of Representatives, I watched my colleague, TOM PRICE, be the leader, the face of the campaign to repeal the Affordable Care Act, with absolutely no replacement, which would descend our entire health care marketplace into chaos.

That is chiefly why I stand here in opposition to his nomination today. He did offer a token plan to replace it, but it had nothing of value to the people of Connecticut. It would have repealed Medicaid expansion with no plan for what came next. It would have repealed the insurance protections for people who are sick with a $3 billion high-risk pool that would never have met the needs of those who have serious illness and disease and who cannot find insurance.

Our worry is that we are on the precipice of repealing an act which has saved thousands of lives, which has insured 20 million people, and the results will be health care chaos for everyone, whether they are on the Affordable Care Act or not.

TOM PRICE has been the face of the repeal effort in the House of Representatives. He has been the face of the irresponsible position of getting rid of this law with nothing that comes next. And it simply doesn't give us confidence that there is going to be a rational bipartisan conversation about how to improve our health care system.

This isn't politics. I just want to underscore the point that Senator WARNER made. This isn't about scoring political points. This isn't simply about numbers. This is about human lives that are affected if TOM PRICE gets what he has been asking for during the last 6 years, which is a full repeal of the Affordable Care Act without any plan for what comes next.

This is a picture of Mark and his family from Westbrook. This is a picture of his daughter Dominique. Dominique has a profound intellectual disability. She also has cerebral palsy. She doesn't have the use of her left arm. She walks with an unsteady gait. She also cannot chew food, so she takes liquid nutrition. But she has an amazing spirit. She loves school. She loves music. She loves singing to Disney movies. She plays soccer, buddy baseball, and rides a horse for therapy, but Mark and his wife used to spend $40,000 a year out of their own pocket for her care. The Affordable Care Act saved this family from potential bankruptcy. The Affordable Care Act now, through Medicaid expansion, allows Dominique to get care that is socially insured. And Mark asks:

After all, who are we as a people and a country if we cannot take care of those who for no fault of their own cannot take care of themselves? Dominique didn't do anything wrong, she was born this way and deserves to have a fulfilling life.

That is the whole concept of insurance: The idea that we should socialize the cost of caring for kids and adults who, through no fault of their own, get sick. But without the Affordable Care Act, this family bears the burden of caring for Dominique by themselves. And there is no replacement. There is no plan on the table today—certainly not TOM PRICE's reputed replacement plan in the House of Representatives—that offers any help to this family if the Affordable Care Act goes away.

Let me introduce you to one more family. This is a picture of Angela. She

is hiding here—Angela from New Canaan. Angela is 49 years old. She was diagnosed with stage IV breast cancer in 2015. The good news is that Angela is winning the fight against breast cancer, but she would face the inability to get health care insurance if not for the Affordable Care Act because if this family ever lost continuous care, they would be uninsurable. So the protections built into the law allow them to pay reasonable prices. She says:

> Would President Trump or any member of Congress who voted to repeal the ACA be willing to write to my 12 and 9 year old boys, and explain to them why they let their Mommy die? I doubt they even give a damn.

I don't think she is right on that. I think that everybody in this Chamber cares about this family, but it is a reminder that there are really personal consequences for millions of Americans if TOM PRICE, as the leader of the Department of Health and Human Services, leads a campaign to repeal the Affordable Care Act without any replacement.

We talked about the damage that will be done to these families, but for the entire marketplace, there is nothing but chaos if TOM PRICE gets his way. I opposed his nomination right from the start because I knew who he was in the House of Representatives. I knew that he had led this campaign of health care destruction for families like those that I just described.

Frankly, his hearing just compounded my worries. These ethical lapses that have been raised over and over again just draw even more question as to whether he is going to use this position as the head of the Department of Health and Human Services to protect and advance the health care of my constituents or he is going to use that position to enrich himself and his family.

Those are serious accusations. I get it, but these were serious ethical lapses that were uncovered, not by us but by an independent journalist raised as part of these hearings. I would hope this body would consider rejecting TOM PRICE's nomination so we can find someone to lead that agency and lead our conversation on the floor of the Senate about the future of health care, so that instead of continuing what has been a bitterly divisive issue over the last 6 years, we can finally find a way to come together and answer Angela's concerns that Donald Trump and the Republicans who support him don't care about her and her family, are willing to let her die.

I don't think that is true, but by putting someone in this position as the head of the Department who has campaigned on repealing this act, taking away from Angela the protections that allow her to succeed and to live and to continue to beat cancer, without any idea for what comes next, it suggests that the division will continue and catastrophe will be in line for families like hers.

I will oppose this nomination. I urge my colleagues to do the same.

I yield the floor.

The PRESIDING OFFICER. The Senator from Arkansas.

Mr. COTTON. Mr. President, as I said before, we should not be holding up any of the President's nominees. There is far too much work to be done, but I think that is especially true for the man whose nomination is before us today, the next Secretary of Health and Human Services, Dr. TOM PRICE, who I am happy to say has my full support.

It is especially important that we confirm Dr. PRICE because, as we all know, our health care has undergone some serious turmoil as of late. This was undoubtedly caused, at least in part, by the rolling calamity of ObamaCare. You can step back and you survey the wreckage, and it is sobering to see what that law has left in its wake: double-digit premium hikes, very high deductibles, and millions of canceled plans.

For all the fanfare over the law's passage, and all the arguments that followed, it seems we have forgotten the person who matters the most, the patient. That is what the next HHS Secretary is facing, a Herculean or perhaps you might say a Humpty-Dumpty-like task of picking up the pieces and rebuilding our health care system from the ground up.

So as we consider this nomination, I think it is appropriate to ask ourselves: If we need someone who will focus on the needs of patients, why not pick a doctor? Dr. PRICE was an orthopedic surgeon in private practice for nearly 20 years. He taught and trained young doctors personally. So when he hears the phrase ''quality, affordable, personalized care,'' it is not an abstract notion to him. It is not something he dreamed up in the Halls of Congress because he himself has provided just that kind of care to real people.

When we repeal and replace ObamaCare, we have to avoid the kind of thinking that gave rise to it. We need someone with on-the-ground understanding of what it takes to care for patients, someone who knows what it is like to stand at a bedside with a patient comforting her in a confusing and frightful moment.

Dr. TOM PRICE is that man. TOM PRICE is also my friend. We served together in the House of Representatives. He is a good man. That is why, during his time in public service, he has earned the respect of his colleagues as he has worked his way up the ranks: chairman of the Republican study committee, chairman of the House Republican policy committee, and, most recently, chairman of the House Budget Committee.

He has studied our health care system from top to bottom, and he is no stranger to the health care battles the last 8 years. You could say his chief qualification for the job of replacing ObamaCare is he had the good sense to oppose it in the first place, but TOM PRICE did not just vote no.

Contrary to what you have heard from the Democrats, he also offered his own alternative, the Empowering Patients First Act. You may or may not like that bill, but I think you have to admire that he was willing to make a serious proposal. That is the kind of leadership we need at the Department of Health and Human Services.

I want to express my support for TOM PRICE's nomination to be the next Secretary of Health and Human Services. I urge all Senators to vote for his confirmation.

I yield the floor.

The PRESIDING OFFICER (Mr. PERDUE). The Senator from Virginia.

Mr. KAINE. Mr. President, I also rise to speak about the nomination of Congressman PRICE as HHS Secretary. I will oppose his nomination, principally because he has been an opponent of virtually every program that provides health care access to people with modest means in this country: Medicare, Medicaid, the S-CHIP program—which he called socialism—Planned Parenthood, which is the primary health care provider of choice for millions of women, and the Affordable Care Act.

There is much to talk about, but I am going to focus my comments today on his repeated promises to repeal the Affordable Care Act. Repeal of the Affordable Care Act would be very unwise. It would be heartless, and it would be economically foolish. The Virginia stats are instructive. In Virginia, 179,000 Virginians have been able to enroll in Medicaid since the ACA was passed—an additional 179,000—and nearly 380,000 Virginians have been able to get coverage through the marketplace.

We have not done the Medicaid expansion program. If we did, another 400,000 could receive care through the ACA. Nearly 4 million Virginians have protection against discrimination on the grounds of preexisting health conditions. They have such conditions, and they could be turned away from insurance companies, as they have been in the past, as my own family has been.

Before the ACA, only those with employer coverage got tax benefits to help pay for health insurance. Now, 320,000 moderate- and low-income Virginians get tax credits averaging $275 a month to help. In addition, there are nearly 5 million Virginians with employer-sponsored insurance, and over 800,000 Virginians would lose access to free preventive care under Medicare if the ACA were to be repealed.

Nationally, a repeal of the ACA—under an estimate of the Urban Institute—would cause 30 million people to lose their health insurance. That is the combined population of 19 States.

We had a hearing last week in the Senate HELP Committee about the Affordable Care Act. It was called, by the majority, ''ObamaCare Emergency.'' I asked the witnesses, Democratic, Republican, and of no political identification—I asked them: Would a repeal of the Affordable Care Act with no replacement be an emergency? All of the

witnesses agreed that it would. One of the witnesses said it is more than an emergency, it would be a catastrophe.

So then I asked those witnesses—again, bipartisan witnesses: OK. We shouldn't repeal it. That means we should fix it or repair it or reform it or improve it. Should we do a fix or improvement hastily, carelessly, and secretly or should we do it openly, publicly, carefully, and deliberately?

They all said: Of course, we should not rush. We should get this right. That is why many colleagues on our side have asked Republicans to sit down with us and let's make improvements, but don't push people off of health insurance.

It would also lead to a significant economic catastrophe for hospitals, for providers, to have a repeal and not know what comes next. Remember that health care is one-sixth of the American economy. If you inject uncertainty into that, you have consequences that we could not now predict that would be negative.

The real story is not any of these statistics, and I will pick up on what my friend, the Senator from Arkansas, said. The real story is about individuals, patients, and what happens. Three weeks ago, I put on my Web site a little section, kaine.senate.gov/acastory. I asked people to submit what it would mean to have a repeal of the Affordable Care Act.

To date, I have had 1,654 submissions of what it would mean to them. We have been able to follow up on some of them and get permission from some so I could read their stories on the floor. So during the remainder of my speech, I am just going to tell you what a repeal of the ACA would mean to people all over my Commonwealth.

Michael Dunkley lives in Alexandria VA.

I was diagnosed with advanced Stage 4 non-Hodgkin's lymphoma cancer in October of 2013 and was put immediately on an extremely powerful 5-component chemotherapy treatment program that would conclude in late January, 2014. My medical insurance coverage at the time of my diagnosis was under the terms of COBRA, and my monthly premium was $875, with a $7,500 deductible and a $15,000 out-of-pocket limit.

My COBRA coverage expired at midnight on December 31, 2013, and was immediately [able to be] replaced [because of a] plan that I had been issued through the provisions of the . . . Affordable Care Act. Because of the new law, I could not be denied coverage due to a pre-existing condition (advanced cancer), and I was issued a new plan that was far superior in coverage and cost me only $575 a month, with zero deductible and an $1,850 out-of-pocket limit. 3 days after receiving my new health insurance coverage, I was infused with my 5th-round of chemotherapy, for which I was charged $35,000. Near the end of January, 2014, I received a 6th-dose of chemotherapy and was billed another $35,000. . . . I was given a PET-CT nuclear scan that cost $5,000, and 1 week after that, on February 14, 2014, my wife and I were told by my oncologist that my advanced cancer [was now in] complete remission. As I am the sole caregiver for my wife, who has advanced Multiple Sclerosis, the news of the cancer's remission was a life-saver for her as well as myself.

Had it not been for the Patient Protection and Affordable Care Act, I would not have been able to purchase [my] health-care insurance, for any price, due to my pre-existing condition of having cancer. Had it not been for the income subsidy, I would have not been able to afford to pay the premium for a superior plan, a plan which saved my life. Thank you, President Obama, and thanks to every member of Congress that voted in favor of the lifesaving Patient Protection and Affordable Care Act.

Patricia Mills, Virginia Beach.

My daughter, who has Lupus, and her husband, who has juvenile diabetes have been struggling for the last six years to keep their conditions under control. They have a gifted seventeen year old daughter who has been in the IB academy in Virginia Beach, and have had to sell their home to pay off debts due to complications from their illnesses. My husband and myself have made our home their home, but their struggles have continued because of the enormity of their medical expenses.

Since they have been able to enter the Affordable Care Act for their insurance, they have been able to stabilize their lives financially. If the Affordable Care Act is repealed, I don't know what will happen to them. Insulin is extremely expensive and so are the supplies to inject and check blood sugar to keep my son in law alive. There is NO option for a diabetic to turn to to get life saving insulin a diabetic individual needs who works hard every day, but falls above the Medicare threshold. We are living in terror at the thought of a repeal.

Justine Jackson, Radford:

As I type this, I am currently sitting in the office of the Community Health Center of the New River Valley. I am 25 years old and the last doctor I had seen until today was my pediatrician. Like many struggling Americans, I cannot afford insurance and rely on low income/free clinics to receive preventive care. The ACA helped programs like the one at the Community Health Center [clinic] with funding.

We cannot afford to lose clinics like this one with cuts to funding public health. Americans should not be denied health care. We should not have to file for bankruptcy for becoming sick or avoiding a doctor all together because it costs too much. The Affordable Care Act should be revised, not repealed. If Congress repeals the ACA, 20 million Americans risk losing insurance. That's 20 million Americans that may stop going to doctors because they can't afford it. I plead to Congress to care about your fellow Americans and give us health coverage that is affordable or, better yet free. Seeing the doctor should not revolve around a choice between going hungry or not.

Gabriella Falco, Alexandria, VA:

Senator Kaine, my name is Gabriella, I'm a 26-year old full-time student studying what she loves. I work part-time in my field of study and make some money to live on, but my school expenses are all covered by student loans. When I was 22, fresh out of college and unemployed, I was diagnosed with hyperparathyroidism and many severe kidney stones. To prevent kidney failure or worse, I required multiple surgeries, all of which were covered by my parents' insurance through the Affordable Care Act. Ever since, I have had twice yearly check-ups and ultrasounds, as well as some scares with my kidneys. There is no explanation for my medical history. All the doctors can do is monitor and treat it when troubles arise.

When I turned 26, I chose my own healthcare plan through the ACA. As I am a student, I have no way of working full time for benefits. The ACA has allowed me to live and safely and affordably monitor and treat my kidneys while finishing my master's degree. Were it not for the ACA, I fear my health would become a choice between death or bankruptcy. I don't know what I'll do if I lose my health care. I could not afford it without the ACA. I will fight for you, Senator Kaine, and please fight for me and my health in Washington.

Corwin Hammond, Williamsburg, VA:

Senator Kaine, Before the ACA, my wife and I did not have nor could we afford medical insurance. My wife is a business owner and I'm a pastor of a small church in Toano, Virginia. I left my . . . state job that provided full benefits, because the ministry needs in my community were so great. I am grateful for this legislation that has allowed us to have peace of mind in knowing that we are covered and able to visit the doctor without going bankrupt. Why not just fix the components that need repairing; instead of throwing millions of hard-working Americans to the wolves. We deserve better. How about the congress and senate repealing their health care and leaving ours alone? Thank You, Corwin Hammond.

Sarah Mullins-Spears, Prospect, VA:

Senator Kaine, I have one perfectly imperfect child. He has not one but two ''pre-existing'' conditions. . . . He was diagnosed with Asperger's Syndrome . . . and he was also born with a unicameral bone cyst, a hollow bone. . . .

That affects one in four children.

This year we were able to purchase our lifelong dream. . . . A family farm. . . . 18 PERFECT acres of peace and promise. This summer we endured a medical ordeal we could have NEVER imagined. . . . My son broke his arm, due to the cyst, for the 4th time in less than 3 years. . . . And we were finally approved for surgery to place a titanium rod through the cyst that would prevent any further breaks. On July 26th the surgery was successfully completed and the next day we were released with instructions on pain management and to not remove the surgical bandages for 3 days. On July 30th we removed the bandages to find a hot, swollen, bright red nightmare. We were readmitted to the hospital. . . . I wasn't truly afraid until I saw the face of the same nurse that discharged us that night. . . . she was fighting back tears. . . . Over the next 3 days there were 2 additional surgeries including a PICC line, and after 6 days we were released to home health care. . . . Suddenly I was a health care provider, every 8 hours a dose of antibiotics had to be attached to the PICC line, it took approximately 90 minutes to administer, and then the line had to be cleaned and prepped. There was NEVER a 6 hour window that I could be away from my child. . . . Which meant I was not able to work the 6 hour schedule at my part time job. Which means after the second week I was let go, told I could reapply when I was ready to come back to work. . . . On August 26th my son slept for almost 20 straight hours and then woke up vomiting and with a fever. . . . So by lunch we were readmitted to the hospital again. . . . The next day while in the hospital he broke out in a mystery rash from head to toe, and had a white blood cell count of a chemo patient. For me this was the worst, because no one, not even the consult from UVA infectious diseases, knew why. After 3 days, with the WBC count trending up and more research, the leap of faith was decided to end all antibiotics and see if they were the cause for the reactions. They were and by October my child was declared healed and eligible to start school. . . . Almost 5

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.

The Senator from Virginia.

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 paychecks 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 preexisting 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, Lovingston, 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 no 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 that 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 preexisting 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 possibly 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 assistance. 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 Godsend.

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 CO_2 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. I 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 preexisting 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. CASSIDY). 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 benefitted 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 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/roll433.xml

EVIDENCE C2: http://budget.house.gov/news/docmentsingle.aspx?DocumentID=393978

EVIDENCE C3: http://www.georgiapol.com/2016/12/23/tom-price-stock-investments-needed-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 having 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, Americans 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 Affordable 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

pay for it. They said: Look, you had this heart condition before you were insured; we are not going to pay for your heart needs. You had cancer; we are not going to pay for your cancer treatment in the future. You have diabetes, and that leads to a lot of different health care needs. We are going to restrict your insurance coverage and not pay for diabetes care. That is a thing of the past with the Affordable Care Act.

Once again, we are now talking about repealing the Affordable Care Act. We don't know what it will be replaced with, if at all. Mr. PRICE, in the House, has not given us a satisfactory explanation during the confirmation process of how we are going to be able to guarantee that everyone who has insurance and everyone who has a need for coverage with preexisting conditions will be able to get insurance that won't discriminate against that person because of preexisting conditions.

Another aspect that was an abusive practice before the Affordable Care Act is that our insurance policies had caps on how many claims you could make in a year over the lifetime of your policy, and that would kick in exactly when people who have chronic needs need insurance the most.

Let me give an example. Juanita, who lives in Hyattsville, MD, told me about her son. She said her son seemingly was in perfect health, had graduated from Harvard with a master's degree and was working at a nonprofit. Then he was diagnosed with a rare cardiovascular disorder. He didn't know he was going to have that. Well, that required him to have multiple operations, and it would have fully exceeded his lifetime cap in hospital stays, and he would not have been able to afford the care. Thanks to the Affordable Care Act, Juanita's son has full coverage. That is another example of a person who is at risk if Mr. PRICE is able to carry out what he said—repeal the Affordable Care Act—and we don't have a way to guarantee that insurance companies must take all comers and must eliminate the caps that we have seen in the policies before.

Another area which I think has been a pretty popular part of the Affordable Care Act and which I heard many of my colleagues on both sides of the aisle say they want to keep is allowing 26-year-olds to stay on their parents' policies—under 26 years of age. That is a very popular provision. I heard many of my colleagues speak in favor of it. Remember, when you repeal the Affordable Care Act, that will be repealed. Unless we have adequate replacements, unless we have an improvement, that is at risk as well.

I want to talk about another provision that was in the Affordable Care Act. I authored the provision. It is called a prudent layperson standard for emergency care. Let me take you back before the Affordable Care Act. This is why it is important for Congress to be careful as to how we pass laws. And if we repeal laws, we can go back to these types of practices. Before the Affordable Care Act, if you had chest pains and shortness of breath, you would do what I would think any reasonable person would do: You would be taken to the emergency room as soon as possible to see whether you are having a heart attack. Those are classic signs of a heart attack. Yet there were insurance policies that said that if you went to a hospital that was out of network, they weren't going to pay the full amount even though you went to the closest hospital because you had an emergency situation. That makes no sense at all, but that was the case.

You went to the hospital. You did the right thing, and you found out you didn't have a heart attack. You went home. You were happy until you got the bill, and your insurance company said you didn't need to go to the emergency room because you didn't have a heart attack. Then you do have a heart attack because you can't pay the bill.

That was the circumstance that existed before the Affordable Care Act, and we put into the Affordable Care Act, for all insurance companies, the prudent layperson standard. If it was prudent for you to go to the nearest emergency room, your insurance plan must cover that cost. That is the standard today, and I wonder whether, if we repeal the Affordable Care Act, we will be going back to those types of abusive practices.

Before the Affordable Care Act, women in some circumstances were in and of themselves a preexisting condition. Are we going to go back to those days?

Let me go on to another point that worries me about Mr. PRICE's position if we were to repeal the Affordable Care Act, and that is affordability. It is one thing to say people can buy insurance—you know, there is insurance out there; just buy it. It's another thing whether you can afford the insurance coverage.

One of the benefits of the Affordable Care Act that I don't think has been fully explained to the American people is that since the passage of the Affordable Care Act, we have been able to keep the growth rate of health care costs below what we had seen before the passage of the Affordable Care Act. We have reduced costs for all individuals and companies that have health policies. The rate of growth has been at a slower rate because of the Affordable Care Act. And I have already alluded to one of the reasons—we reduced uncompensated care because more people are paying their bills. We kept the growth rate down.

But there are other aspects to the Affordable Care Act that have helped bring down the costs, and that is, we have premium tax credits. In 2015, 70 percent of those who were enrolled in the Maryland Health Connection—that is our exchange in the State of Maryland—received some form of a credit. That was provided in the Affordable Care Act. We recognize that not everyone can afford the premiums, so we provided credits. If you repeal the Affordable Care Act, we may very well not have affordable policies for those individuals who have been able to get credits under the Affordable Care Act.

I want to talk about a situation that was brought to my attention at several of the roundtable discussions I have held in Maryland with interest groups on health care, and that has to do with small businesses.

Before the Affordable Care Act was passed, if I had a forum on small businesses—and I did. I have been a member of small businesses and entrepreneurship committees since I first came to the Senate. I believe in the importance of small businesses. That is where job growth and innovation takes place. It is critically important that we help small businesses.

Before the passage of the Affordable Care Act, the No. 1 issue that would come up at roundtable discussions I had with small business leaders of Maryland was the affordability of health coverage for their employees. It is no longer an issue that they talk about because the Affordable Care Act has allowed small companies to have competitive premium costs with larger companies.

Before the passage of the Affordable Care Act, if you were a small business owner and you had maybe 10 people in your employ on your health policy and one of those individuals unfortunately had a major health episode during that year, you knew that the next year you were going to get a major premium increase because you were rated on your own experiences as a small group. That is a thing of the past under the Affordable Care Act. Now, under the Affordable Care Act, you are in this big pool, and you are not discriminated against because you happen to have someone in your employ who needs health care.

It also enables small business owners to hire people who have particular health needs. They are not going to be discriminated against because they hire somebody who happens to have the need for health insurance. Before that, small companies were very reluctant to hire individuals who had health needs because they knew it would affect their health policy.

I want to mention one other factor that is pretty telling. Let me read from a letter I received from Nancy of Silver Spring. This is something that really gets to me, something I think we have to be very careful about, because the repeal of the Affordable Care Act is going to hurt our economy.

Nancy of Silver Spring is a 60-year-old freelance writer/editor and depends upon the Maryland Health Connection exchange for her health insurance and the tax credit that helps reduce her premium. She is a healthy 60-year-old, but no insurance company will write her an individual policy, she knows—she tried. One of the big factors that helped Nancy get the courage to leave

her salaried, full-benefits job and go out on her own was the fact that the ACA was right on the horizon when she made the leap in 2012.

Nancy writes:

You want a world-class work force? How about giving everyone access to affordable health care so we can keep ourselves functioning? You want job creation? How about keeping the ACA so freelancers, gig workers, and startup entrepreneurs don't have to split their energy between the jobs they are creating and some soul-sucking ''day job'' just for the sake of keeping our health insurance?

This is a real problem. You repeal the Affordable Care Act, people become what is known as job-locked. They don't like where they work, they know they can do better, but they can't afford to leave and lose their health coverage. It may be their spouse, it may be their child, may be their self, but they are job-locked because they don't have the protection of knowing they can get affordable coverage if they give up the insurance they currently have. That hurts our economy. That hurts the entrepreneur spirit. That hurts innovation. And it is something that is critically important that we solved in the Affordable Care Act.

Mr. PRICE talks about the repeal and we will have something to replace it with. That is not an easy one to fix. That is not one that you can just say we will take care of because you have to have pools for individuals in small companies that are competitive. If we don't have the type of comprehensive coverage we have under the Affordable Care Act, it is very difficult to understand how that can, in fact, be done. So that gives me great heartburn with someone who espouses the repeal of the Affordable Care Act.

We have many stories, many letters here from people who literally would have had to go through bankruptcy.

In Laurel, MD, Mark tells me about his son Timmy, who developed a rare genetics syndrome called Opitz G/BBB. Timmy's medical expenses would have reached his family's lifetime maximum of $1 million when he turned 3 months old. When Timmy finally made it home, the ACA covered and continues to cover his cost of medical equipment. The law covers all of Timmy's specialist appointments, surgeries, and hospital stays.

Recently, Timmy was sick and coughing up blood. Mark and his wife took him to the emergency room without fear that he would incur debt he would never be able to pay. Without the Affordable Care Act, Mark's family would likely be in bankruptcy.

Go back before the Affordable Care Act. Look under bankruptcies. Look up what the major reason was for bankruptcy. It was people's inability to pay their medical bills in the United States of America. That is something we don't want to go back to.

I started my comments by talking about pediatric dental. The Affordable Care Act provides essential health benefits so that every person who is insured, every person who is in our system, is guaranteed certain benefits. That affects nearly 3 million Marylanders who are protected by the essential health benefits in the current law. They include such things as maternal benefits and newborn health care, mental health and addiction.

Mr. President, you have been the leader of this body on dealing with mental health services and addiction services, and I applaud you for your efforts, but quite frankly, if we lose the essential health benefits, private insurance companies aren't going to cover these costs.

We have an epidemic nationwide on drug addiction. We have seen opioid misuse lead to heroin, lead to fentanyl. The death rate in Maryland is up about 20 percent every year. We have doubled and quadrupled the number of ODs the last 5 or 6 years, and the numbers are still going up. We need coverage so that we can, first and foremost, stop people from using it in the beginning—an education program, a prevention program; we have to do more of that. We also have to keep people alive and get them into treatment and save their lives, and the Affordable Care Act helps us get that done.

You repeal these essential health benefits, I really worry as to whether—mental health and drug addiction have never been a priority for private insurance companies or, for that matter, the Medicaid system. So we have to make sure that we maintain that type of coverage, and the repeal of the Affordable Care Act puts all of that at risk.

One of the areas I worked on very carefully when I was in the House, and now in the Senate, was preventive health care services. Immunization, cancer screenings, contraception—those types of services are critically important. We had a meeting at lunch today. I found out that unwanted pregnancies are at a historically low level. Are we going to go back to the day where women cannot afford contraceptive services? That makes no sense at all. It is counterproductive to what we all agree we need to do.

I want to talk about one or two other issues which I think are important which are also in jeopardy with the repeal the Affordable Care Act or policies that have been espoused by Mr. PRICE. One is the Medicaid expansion.

The Medicaid expansion covers our most vulnerable. These are people who don't really have a strong voice in our political system. They are people who really depend upon us, every one of us in the Senate, to protect their health care needs. These are people who are desperate, who can't afford health care other than through our medical assistance program, the Medicaid Program. Yet there has been talk about block-granting that program to the States. Have you looked at State budgets recently? Do you really believe our States have the financial capacity to deal with the Medicaid population without a partnership with the Federal government?

Maryland has been a pretty strong State with Medicaid expansion. My Governor is doing the right thing. I am proud of what Maryland has done, but if you withdraw the Federal partnership, the Governor doesn't have that type of flexibility in the budget to make up the difference. It is going to hurt. It is going to hurt our health care system, hurt our most vulnerable.

It has been estimated that a block grant—that by 2019, Maryland will lose close to $2 billion. We can't make that up. Would we still cover substance abuse under Medicaid? We didn't before. If we don't cover that, are we going to now be denying those centers that are located for substance abuse? All this is put at great risk.

We know that Mr. PRICE, in his fiscal year 2017 budget proposal, looked at this proposal, and I believe it was at $1 trillion at that time.

There is a provision in the Affordable Care Act that I authored that sets up Offices of Minority Health and Health Disparities within all our health departments and sets up the National Institute for Minority Health and Health Disparities. We elevated it in the Affordable Care Act. I would certainly hope that we would not be repealing that, although it is in the Affordable Care Act. But I can tell you that the mission of Minority Health and Health Disparities will be severely restricted if we repeal the Affordable Care Act or we block-grant the Medicaid Program because it is the minority population who had been discriminated against historically in our health care system who are most at risk.

I can give you one example of that: our qualified health centers. We significantly increase the resources in the qualified health centers as part of the Affordable Care Act. I have been to our qualified health centers in Maryland, and I have seen that they now have dental services that they didn't have before the Affordable Care Act. They now have mental health facilities. It is one thing to have third-party coverage but another thing to have access to a facility. We know that in rural areas, it is very challenging. In poor neighborhoods, it is also challenging. Qualified health centers help fill that void.

I was talking to our qualified health centers in Maryland. I said: What happens now if we repeal the Affordable Care Act? They literally told me that they can't stay in business because they would lose so much of their reimbursement because it is now being reimbursed under the Medicaid system because these people enrolled; that it would jeopardize their ability to provide the types of services they are providing today. So you are not only denying people third-party reimbursement, you are denying them access to care by the repeal of the Affordable Care Act.

Lastly, let me talk about our Medicare population. Medicare was part of the Affordable Care Act. We don't hear too much talk about that today. We extended the solvency of Medicare as a

result of the Affordable Care Act. We brought down the cost of Part B premiums as a result of the Affordable Care Act. And we are closing the doughnut hole coverage gap for prescription medicines within the Medicare system. Before the Affordable Care Act, how many times would we go to a senior center and someone would tell us they didn't pick up their prescriptions from the counter because they didn't have the money to pay for the cost because they were in the doughnut hole? Well, that is coming to an end. It has already closed enough so people are not in that vulnerable situation. But it is now coming to an end as a result of the passage of the Affordable Care Act.

So I take this time today because of Mr. PRICE's nomination. I care deeply about the principle Senator VAN HOLLEN talked about and others have talked about; that is, health care in America should be a right not a privilege. The Affordable Care Act has helped us in achieving that.

Somehow I believe that if we ask the American people, some would say: Well, we don't like this ObamaCare, but we like this Affordable Care Act. Let us be honest with the American people. Let us recognize that this bill has changed the landscape of health care in America for the better: reduced costs, extended coverage, more quality coverage, insurance companies now have to spend at least 80 percent of their premiums on benefits.

So much of that has been done as a result of the Affordable Care Act. Can we do it better? Absolutely. Let's work together, Democrats and Republicans, to improve the health care system in this country without scaring Americans that they are going to lose the benefits they already have.

For those reasons, I believe Mr. PRICE does not represent what we need, and I will, unfortunately, be voting against his confirmation.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Georgia.

Mr. PERDUE. Mr. President, I rise tonight actually to support the confirmation of my friend and fellow Georgian and our next Health and Human Services Secretary, Dr. TOM PRICE. I have known Dr. PRICE personally and worked with him for quite some time. He is a remarkable individual, and we should take comfort in his nomination to this important position because he has years of service and years of experience working with our Nation's health care system.

He has been a practicing physician, a state legislator, and a Member of the House of Representatives. Dr. PRICE knows that government intrusion has already negatively impacted patient care in the last few years. He has years of professional experience as a physician and he is seen as a leading voice in health care policy. My colleagues across the aisle oppose him, they say primarily because of his opposition to the Affordable Care Act. Well, the truth is, ObamaCare is collapsing under its own weight today. In my State of Georgia, this year alone, after double-digit increases last year, premiums are up 33 percent this year. Nationwide, premiums are up 26 percent. So the other side talks about it being affordable. People back home—I am getting letters every week about the fact that people are withdrawing from ObamaCare because of the increase in premiums, and most insidious are the increases in deductibles. Some two-thirds increase—67 percent—increase in deductibles.

You know, we don't have to worry about repealing ObamaCare because it is collapsing under its own weight. We just have to sit back and watch it die of its own volition. Here is how it is going to happen. It is very simple. In my State, out of 159 counties, we have 99 counties that only have one health care provider because of the Affordable Care Act. Even in that carrier, there are limited insurance programs available to their customers.

What happens if that carrier decides they cannot profitably afford to be in Georgia? Then 99 counties will lose any health care carrier. Where do they go? They will be fined under the Affordable Care Act for not having insurance. Where do they go? Well, the Federal Government has an answer, obviously. The U.S. Government can always step in and be the insurer of last resort. Is that not the single-payer strategy that was behind this all along? It is not what American mainstream voters want.

The fearmongering that is going on right now about any potential repeal is just hypocrisy. I believe there is no question that there is a plan. We know there is, but to fix ObamaCare is very difficult relatively to the way it was built to begin with. It was based on the wrong premise; that is, that the Federal Government is going to step in and take care of everybody's health care.

If you like the Veterans' Administration, you are going to love health care done by the Federal Government in the Affordable Care Act. By the way, if you like the way the post office is run, you are going to love the way the Federal Government runs our health care.

With all of that in mind, the No. 1 objective of Dr. PRICE that I have heard today and throughout this week has been nothing more than the vitriolic argument that he opposes ObamaCare. That is sad. I think we are taking a great American who is willing to volunteer and become a member of this President's Cabinet and try to make health care better for every American.

I can't think of another person in this country who is more qualified for this timely responsibility. Dr. PRICE will work to end Washington's takeover of our health care system, and I know he will work tirelessly for a health care system that compassionately improves the lives of every American. Truly, there is no one more qualified to serve as our next Health and Human Services Secretary than my good friend, Dr. TOM PRICE.

I am proud to support him. I am glad we are finally grinding our way to his confirmation later tonight, but while we talk about his confirmation, we also need to talk about this frog walk that the opposition is making us go through to get these nominees confirmed in this Cabinet. This is taking the longest time to confirm a Cabinet since George Washington.

We see extreme delays, longer delays than we have seen at any time since the first President was in office. Imagine if Hillary Clinton was President right now. Imagine. Imagine if Republicans in the Senate were doing what the people across the aisle are doing today. Imagine if we were delaying her Cabinet nominees to the point where we are now confirming them at a pace slower than any time since George Washington was in office in 1789.

Imagine. Imagine how the mainstream media would be screaming about that story and how it would be a very different story than what is being told today. This last week, the Senate demonstrated exactly the type of behavior that folks in my home State of Georgia, and I must say around the country, are absolutely fed up with and sick and tired after.

They know this is exactly why Washington is gridlocked and why we are not getting results for the American people. We are wasting time. People are out of work. The other side says this is very real. Of course it is very real. It is time to move on. We have a new President. Put his team in place. The American people are being hurt by and paying attention to this failure of responsibility.

Real results can only be achieved if Washington politicians prioritize the well-being of Americans, rather than their own individual political careers and their next election cycle. The minority party is well within their rights, of course, to dissent and oppose the President's nominees on solid ground. Republicans have done that in the past, but at no time in history have we seen this sort of frog-walk delay being perpetrated on the people of America.

They are using the rules of the Senate inappropriately, in my mind, to slow down and bring to a halt the confirmation process of a President they don't support. No President since George Washington has had to endure this sort of historic delay, obstruction, and slow-walking we have seen here since President Trump was inaugurated.

If the minority party had its way, all Cabinet-level nominees would not be confirmed until June or July of this year. By the way, that is one-eighth of the first term of this President—12 percent is being wasted right now—if, in fact, the Republican leadership in this Senate were not doing what it is doing. The minority party knows it can't stop any of these nominees on their own

merits individually. So they are grinding the entire process to a halt using procedural delays. This is a clear abuse, in my mind, of the intent of the rules to protect the minority, authored by James Madison. To combat that, the Republican leadership has kept the doors of the Senate open 24/7. The people of America should know that we are here doing their business and doing their bidding to make sure we proceed as fast as we can to the confirmation of this President's nominees.

We have to move past these delays perpetrated by the minority party intended to do nothing but to delay the potential impact of this new President. It is time to get results. The American people have spoken. President Trump has named his team. He is ready to get to work. He is already showing that he is willing to move at a business pace, not a government pace.

The people in Washington, looking at this President through the lens of the political establishment, are having a hard time dealing with him, but I have to say, the quality of nominees is something we have not seen for decades, if ever. It is time to put these people in their responsible positions and let them go to work. He is already moving at a pace that we have not seen in many Presidencies.

Like me, President Trump came here to focus on getting results and changing the direction of the country. He has a plan to do just that. We need to get on with that business, debate those issues, come to some conclusion, compromise where necessary, but get government moving, as the Senate has done for every previous President.

We should confirm this President's nominees now and spend our time debating those critical issues that will get our country moving again, to change the direction of our country, to put people back to work. Things like growing our economy, updating our antiquated tax system, unleashing our full energy potential, updating our antiquated and unnecessary regulatory regime, fixing the broken budget process, changing our outdated immigration system, saving Social Security and Medicare, and, yes, addressing the spiraling health care costs that, no, the Affordable Care Act did not even attempt to address.

The American people elected a new President. That President has named his slate of potential nominees to be Cabinet members. It is time to cut the foolishness and get down to business.

I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, my distinguished friend, Senator PERDUE, is actually right. There is something unprecedented going on around here with these nominations, but it is not the Democratic effort to try to make sure that those nominees get a fair hearing and some light on them before they get into office.

What is unprecedented around here with these nominees is, first of all, what a hash the Trump administration made of getting them ready. They were not ready to go. They were not prepared for the ethics reviews. They were dead in the water, and they have a lot of responsibility just in terms of the simple incompetence of getting a Cabinet ready to go.

That is not the Senate's fault. The Senate should not roll over in its advice and consent role because an executive branch can't prepare nominees. Then you get behind the incompetence of the executive branch in preparing nominees and you start looking at the nominees.

What else is unprecedented about them is the huge array of conflicts of interest they bring. We have never seen anything like this. We call it the ''swamp cabinet'' because it is, in fact, swampy with conflicts of interest. Many of these candidates have such massive financial complexities—because it is billionaire after billionaire after billionaire—that they have had to do all sorts of business contortions to try to get ready for their appointment.

That also is not our fault. That actually makes our responsibility greater so we can do our constitutional job in the Senate, as providing advice and consent, to look at potential conflicts of interest. It is part of why we have advice and consent, so we can screen for that. When we are not getting disclosure, we can't even do that.

There are still disclosure gaps for a lot of these nominees. The controversy and special interest connections of some of them are, frankly, appalling. So there are, indeed, nominees whom we would love to stop. If we could stop them, we would do it because we think they are going to do damage to the American people; damage to Medicare, which seniors rely on; damage to Medicaid, which so many sick kids rely on; damage to clean air, which I think everybody tends to rely on if they breathe; damage to clean water, which fishermen and sailors and people count on across the country. It is not a question here of doing the people's business, it is a question of trying to prevent these people from giving the people business because this looks like the special interest Cabinet of all time. If you go down one by one through the civilian Cabinet, you can more or less pick who the most influenced special interest is, the one who is most harmful to the American people in that particular area, and bingo, there is your nominee. So we should not slow down the advice and consent process just for the sake of slowing down the advice and consent process, but we should slow down the advice and consent process when we are not getting the basic information necessary to do our jobs, and we should slow down the advice and consent process when we are handing over agencies of government to big special interests. Those are two very good reasons to have the Senate's noble tradition of advice and consent followed scrupulously.

As to the nominee for HHS, Dr. PRICE, he is right in that list. He has conflicts of interest. He has real harm that he proposes to the American public.

I think Medicare is one of the great things the United States has done. It is one of our signal achievements. It has lifted seniors out of poverty in a way that very few other countries can match and that the United States had never seen before we did Medicare. It is probably the most efficient health care delivery system in the United States of America, and our seniors count on it and love it.

That is not good enough for the good Dr. PRICE, though. He wants to voucherize Medicare. What do you do if you are a Medicare patient who is elderly and infirm? How do you go shopping for health insurance? I can remember when I was quite capable as a fit lawyer, and I was given the H.R. forms by the U.S. attorney's office to make my choice. It is a complicated mess. And you expect some woman who may be in a hospital bed to sort through that? Great job giving her a voucher. It is just so unfair and so wrong.

Medicaid. Children across Rhode Island depend on Medicaid. If you are a family and you have a child with a significant illness, you are very likely to have that support for that child come through the Medicaid Program. This is a man who wants to block-grant Medicare and projects trillion-dollar cuts—trillion-dollar cuts? Who is going to make up the trillion dollars if we are not taking care of these kids? Is it going to go back to the families or the care just isn't going to be there for the Medicaid children? That is just wrong.

These are ideological candidates who want ideological victories that will hurt real people like Henry, from Warwick. A woman named Lisa wrote to me. She is a teacher and lifelong resident of Warwick, RI. She has a son, Henry. Henry was just born last year, and before he was even 1 month old, Henry was diagnosed with cystic fibrosis.

Cystic fibrosis, as I am sure we all know, is a genetic disorder. It affects more than 30,000 people in the United States, and it is one of the crueler diseases on the face of the planet. As cystic fibrosis progresses, it can cause infections, it causes difficulty breathing, and eventually it renders the child unable to breathe and respiratory failure results. There have been important advances and treatment for this disease, but there is no cure.

So Henry needs regular tests and treatment. He will need them for the rest of his life as doctors fight to extend his life as long as they can in hopes that a cure will arise. His parents are extremely grateful for the wonderful work of our doctors at Hasbro Children's Hospital who take care of Henry. But Lisa and her husband are also worried about their health insurance, and Henry's, because

Henry has a preexisting condition. If Secretary Price were to have his way, the Affordable Care Act would be repealed, and without it there would be no protection for people like Henry—a child like Henry with a preexisting condition. Either he would face outrageous health care premiums or be denied coverage altogether. Since then, having to face the scrutiny of confirmation, he has said: Oh, no, that part we are going to try to save. But when you go through the parts that my Republican friends are going to try to save, you end up with pretty much the whole bill. If you are going to try to save every part of the bill, why bother repealing it? Why not make it better and move on?

How irresponsible it was to say, ''Repeal,'' when all these points were in it. When repeal was the great mantra, nobody said: ''Repeal. Oh, but not that.'' ''Repeal. Oh, but let's protect the seniors from the doughnut hole.'' No, it was just ''Repeal ObamaCare. Repeal ObamaCare.'' Frankly, chanting ''Repeal ObamaCare'' I think is about as disqualifying to lead Medicare and Medicaid as chanting ''Lock her up'' would be to be Attorney General of the United States.

Catherine is a constituent of mine who lives in Cranston. She is a breast cancer survivor. She owns a small family business. Her family had health insurance before the Affordable Care Act, but their insurance company decided that their little company had too few employees to qualify as a small business, and it dropped them from their coverage. So it was thanks to the Affordable Care Act that Catherine and her husband could get affordable and quality health insurance through our exchange that we call HealthSourceRI. With this coverage, they go on about their business. They don't have to worry about whether their insurance company is going to change the rules and pitch them out again. Catherine and her husband tell me they don't understand how anyone could say they support small business and want to repeal the Affordable Care Act.

Timothy wrote to me. He is a freelance writer in Rumford, RI. He has affordable health care for the first time in his life. There is no big company to help you if you are a freelance writer; you are on your own. But the Affordable Care Act has been there for Timothy. He has multiple chronic health conditions that require medication. Before he had coverage under the Affordable Care Act, Timothy was hospitalized for a heart problem. He couldn't afford the resulting hospital bills. Without health insurance, he couldn't pay for his prescriptions. Having health insurance, Timothy told me, has changed his life. He feels dignity, he feels peace, he feels assurance, and a lot of that is simply the reassurance that you can afford the medications you need to stay healthy. His chances of having to be hospitalized in the future are down. If the ACA is repealed, Timothy may be forced to forgo care that he needs, endangering his health, and potentially, by the way, costing the system a lot more.

Martha, who lives in Cranston, RI, knows well the dangers of being uninsured. Before the Affordable Care Act, Martha went several years without health insurance, gambling that she could get away with it because she couldn't afford it. A gall bladder infection required emergency surgery. She was taken to the hospital, the surgery was performed. It went well, but she was left with a $60,000 hospital bill. Unable to pay the bill, she declared bankruptcy.

Now she can have coverage, and by the way, when the hospital has to do the surgery, it gets paid with her insurance. That is why the American Hospital Association and the Hospital Association of Rhode Island are saying: Don't repeal ObamaCare. That would be reckless.

Martha and her husband and her 24-year-old son have all been able to purchase insurance through the Rhode Island exchange. By the way, our exchange is doing great. People may complain about exchanges in other States. We are seeing costs steady; we are seeing costs going down. One of our major insurers, Neighborhood Health Plan of Rhode Island, is advertising on TV. Whoa. Our rates are going down, and their coverage is fine, and Rhode Island is a success story under the Affordable Care Act. The $283 per month that Martha and her family now pay in total for insurance certainly beats the $500 a month that she and her husband each faced for individual coverage before the ACA.

Paula wrote to me from Cranston about how the Affordable Care Act has helped her and her husband bridge the gap until they get to the safe haven, finally, of Medicare. Paula is 63 years old. She works part time. Her husband who is 64 years old and retired has health insurance through our exchange, HealthSourceRI. Paula has beaten breast cancer once, but she is at high risk of recurrence.

If the Affordable Care Act is repealed, Paula would be at risk to lose her health insurance and the ability to have tests that would help her catch a recurrence of cancer in time. Paula and her husband worked hard and saved well, but as Martha's story shows, one illness can wipe you out if you don't have health insurance, and they are so content and comforted knowing they have a good health insurance plan through our exchange.

Travis is a social worker in Providence. He provides psychotherapy and counseling to recovering addicts who are receiving medication and assisted treatment. This is a particularly touching point in Rhode Island because we lost 239 Rhode Islanders to opioid-related overdoses last year. That is 239 fatalities in Rhode Island last year.

The Affordable Care Act, Travis believes, is the reason that many of his patients are actually able to get care and stay away from the risk of overdose. He wrote of his patients, many of them never accessed methadone treatment prior to the passage of the Affordable Care Act, let alone sought treatment for their psychiatric conditions which may underlie the substance abuse disorders. By the way, a recent report came out that said if you repeal the Affordable Care Act and its coverage requirements for mental health and substance abuse, you pull about $5.5 billion worth of coverage out from American families. Is that really what this Congress wants to be responsible for doing? I certainly hope not, not after all the fine statements we heard about the Comprehensive Addiction and Recovery Act and the funding for it.

Let me make one last point because I see the Senator from Michigan here and I know she wants to add her thoughts. You can talk about the personal stories, and it shows how poignant and important having the Affordable Care Act around is in the lives of real actual people, but we also have to deal with budget issues in Washington, and I just want to show this chart.

This chart shows the spending projections for Federal health care spending. The red line on the top was the projection in 2010 done by the CBO, the Congressional Budget Office. In 2010, they said: Here is how we think our spending is going to be in Federal health care. They predicted that. Then they came back and they did another prediction in 2017.

One thing that happened is that after the passage of the Affordable Care Act back here, we came in well below predicted expense for Federal health care. We saved a lot of money in that period. Then when they rebooted the prediction in 2017, they started off actual and they did a new prediction right here. The difference in this 10-year period in Federal health care costs between what they expected to have happen in that 10-year period before the Affordable Care Act came along and what experience and the new projections show the savings are since the Affordable Care Act are $3.3 trillion—$3.3 trillion—and we have this person who wants to be the Secretary who wants to cut the program? We are saving money in the program under this. It doesn't make any sense fiscally, and it is cruel to the individuals and families who have found comfort and peace and security from the Affordable Care Act.

So I will leave us with that, but if we are going to be responsible about doing something about our outyear health care costs, find me something else that shows $3.3 trillion in savings during the period of 2017 to 2027, over 10 years. For these costs, we sometimes look out 30 years, and that number would grow even greater. We have saved trillions of dollars as a result of the Affordable Care Act, and CBO shows it.

Thank you very much. I yield the floor.

The PRESIDING OFFICER (Mr. YOUNG). The Senator from Michigan.

Ms. STABENOW. Thank you very much, Mr. President.

The decisions made by the next Secretary of Health and Human Services will affect all of us, and that is why we are here. That is why we have spent so much time and will continue to talk about the issues. This is not personal with the individual, this is about everyone in our country and how they are impacted by the ideas and the policies of this individual as well as the person who has nominated him.

This particular individual has a very clear record as to what he believes should happen as it relates to Medicare and Medicaid, and our entire health care system. More than 100 million people rely on programs like Medicare—seniors, people with disabilities on Medicare. With Medicaid, the majority of money spent through the Medicaid health care system goes to seniors in nursing homes. That is where the majority of dollars go, long-term care for seniors. So Congressman PRICE's ideas, his proposals, the things he has pushed in the House matter because they show us what he believes should happen to Medicaid and to Medicare.

We need to make sure the next Health and Human Services Secretary will fight for the health care of families in Michigan—at least I need to be sure. That is where my vote goes, based on what is best for families in Michigan. That is what is best for our communities, rural communities, where the hospital, like where I grew up in Clare, was the largest employer in the community, greatly affected and impacted by what happens to Medicare and Medicaid funding. If the hospital is not there, chances are the doctors aren't there either or the nurses. Our larger communities are where, obviously, our hospitals are critically important as well.

So when we look at communities and hospitals and doctors, families, children, seniors, and the broad economy—and, by the way, one-sixth of the whole economy in our country is connected to health care. So who is in charge as Secretary of Health and Human Services is a big deal. That is why we have focused so much on this individual, his policies, his ideas, and his own background as well.

As we have gone through the confirmation process, it is clear to me that Congressman PRICE's policies do not—do not—have the best interests of the people I represent in Michigan at heart, which is why I will be voting no on his confirmation.

I have heard from thousands of people around Michigan. I have heard from people who like our hospitals and live in the community, and businesspeople and nurses and doctors with great concerns. I have also heard from people around the country and have helped to lead a forum for people to come and speak, people who were not invited into the actual hearing for the confirmation hearing. I thought it was important, as did my Democratic colleagues, to have a forum where people could speak about the ideas, the bills, the policies that Congressman PRICE has passed in the House of Representatives.

So we heard a lot of stories and, overwhelmingly, people were opposed to this nominee.

One of the people who shared her story was from Michigan. I was very appreciative that she came in from Michigan. Ann was diagnosed with multiple sclerosis when she was 4 years old. It resulted in functional quadriplegia. She has limited use of her right arm and no use of her left arm. She was fortunate to have strong employee benefits and to be covered until she went on Medicare at 65. By the way, this nominee thinks the age should go up—66 or 67, I am not sure how far. But Ann made it to 65 and, like so many people I know, was holding her breath to get there so she could have comprehensive quality health care that she paid into her whole life called Medicare.

Over the course of the last few decades, the price of her prescription drugs have skyrocketed and would cost her tens of thousands of dollars a year without Medicare and Medicaid. For her, the decision about our Health and Human Services Secretary makes an enormous impact on her life.

She told us: Without Medicare and Medicaid, things would have been very different for my family. I don't know how I could have cared for my mom on top of managing my own care. My family would have lost our home, all of our savings, trying to keep up with the bills. So many families are squeezed like ours, having to afford care for their aging parents and their own care, or childcare at the same time. But with support, we don't have to suffer to just be alive.

If these programs are cut, if we see the kinds of proposals on Medicare and Medicaid that Congressman PRICE has put forward in the House, in the Budget Committee, people will face more catastrophes than ever before.

Our new President campaigned on a promise not to cut Medicare and Medicaid. He said himself: ''I am not going to cut Social Security like every other Republican, and I am not going to cut Medicare and Medicaid.'' But it doesn't square with the person he has nominated for this critical position, who will be making administrative decisions as well as leading his efforts on health care. So actions speak louder than words, at least that is what we say in Michigan.

Just this fall, Congressman PRICE said he expects Medicare to be overhauled—overhauled within the first 6 to 8 months of Trump's administration. He also believes the age of eligibility needs to increase—his words—and that ''the better solution is premium support.'' What does that mean? That is another word for voucher. Some people say privatization. But basically instead of having an insurance card and a health care system where you can go to the doctor and know that you are covered with insurance, you get some kind of a voucher or an amount of money, and then you would be able to go find your own insurance, I guess, or figure out a way to pay for your insurance.

Before Medicare, seniors were trying to figure that out and couldn't find affordable insurance in the private market, which is why, in 1965, Medicare was created. There is no way in the world I will support going backward to that kind of approach.

As chair of the Budget Committee, Congressman PRICE proposed a budget that would have cut Medicare by nearly $500 million, not counting what he wants to do with Medicaid, the majority of which goes to fund senior citizens in nursing homes.

We need to have a Secretary who supports making it easier and more affordable for people to get care, not less.

Let's talk about health care for a moment in the broader sense. We know more and more people—some 30 million people—would be affected, their health insurance ripped away, if the repeal is passed that has begun—the process has begun by Republicans in the House and in the Senate. The Affordable Care Act has provided health care and the opportunity for people to get care for children to be able to see a doctor. There are parts of the country where we need more competition, where prices are too high. I want very much to work on that. I am committed to working to make that system better, and we can do that without ripping the entire system apart.

There is also another part of the Affordable Care Act that affects every single person with insurance—things that I know have made a tremendous difference to anybody with employer-based insurance; first of all, being allowed to have your child on your insurance until age 26; secondly, knowing that if you get sick, you can't get dropped by your insurance company, and if you have a chronic disease, something has happened to your health, you can't be blocked from getting insurance; and we also know things like making sure you can get all the cancer treatments your doctor says you need, not just those up to the cap that the insurance company will pay for. I had pediatric cancer physicians tell me they have been able to save children's lives who have cancer because there was no longer a cap on the amount of care.

Mental health and substance abuse services, where if they were covered at all before the Affordable Care Act, it always cost more money: higher copays, higher premiums. Now you can't do that. You have to have the same kinds of copays and the same kinds of premiums.

So many patient protections have basically said to insurance companies: You don't get, just based on profits, to decide what is going to happen; that when you buy insurance, you actually

get health care. And that is something true for everyone today.

So we have a Secretary nominee who supports doing away with all that, changing all that, who is not someone who is interested in having a basic set of services identified in health care, like maternity care. I talked with him, questioned him in the Finance Committee. This is an area I had championed when we passed the Affordable Care Act to make sure that basic services for women were viewed as basic services in health care, and it starts with prenatal care and maternity care. Prior to the Affordable Care Act, it was very hard to find private insurance that covered maternity care, unless you wanted to pay for—some 70 percent of the plans out in the private market require women to pay more. So I asked Congressman PRICE, did he believe maternity care was a basic service and should be covered under basic insurance. He said: Well, women can purchase that if they need it, which is exactly what happened before—which is, no, it is not basic care, but you can purchase it on top of your regular premium, if you need maternity care.

So right now the law says you can't discriminate and charge women more than men, and in fact being a woman is no longer a preexisting condition.

But the person whom the President has nominated for Health and Human Services would take us back there, and he would take us back there on a whole range of areas that create access for people to be able to have the care they need.

Here is an example from a doctor in west Michigan who wrote me regarding just basic medical care for someone in need. He said:

> In December, a young man arrived in our emergency room with a badly mangled hand from a machining accident. He knew the hand was seriously injured and was willing to allow his coworker to bring him into the hospital so that it could be stitched up. When our physician studied the wound, they knew he needed surgery to repair the bone and blood vessel damage. The patient refused, thinking the only thing he could possibly afford was stitches.

They then connected this man with a financial services specialist who took a few minutes to find out that he was eligible for Medicaid, working; now, because of the expansion, able to receive health care under Medicaid. He was then able to get the surgery he needed.

Beaumont physicians said that if the surgery hadn't happened, the man could have had an open wound for an indefinite amount of time, been prone to infection, and possibly lost his hand entirely, making him unable to ever work at his job or maybe any job again.

Expanding Medicaid health care to working people is a good idea, and millions of people have been impacted and have been able to get the care they need for themselves and for their children.

Access to health care saved this man's arm and possibly his life, and that is really what is at stake here, both with this nominee and the larger debate on where we are going to go in our great country on the whole issue of health care.

We all know that the advice of the Secretary of Health and Human Services will be a strong influence on the President's decision to promote, to sign, to veto legislation. We know he has the ability administratively to do a number of things—to cut off care, to cut off access to women's health care, to change the system that we have now, to destabilize it so that the Affordable Care Act will not work. I am extremely concerned that because of Congressman PRICE's record and his actual proposals and decisions and votes, he will be willing to actually do that. Whether it is cutting Medicare or Medicaid or removing some of the critical policies that keep people healthy and care affordable, I am deeply concerned about the decisions this nominee will make and the recommendations he will make to the President of the United States.

Again, we don't have to speculate about this. He has put these plans on paper. He has supported them. He has passed them. It is very clear. We don't have to guess where he wants to go: to dismantle Medicare as we know it, to gut Medicaid, most of which goes for seniors in nursing homes, and to unravel the entire health care system and the patient protections that every American who has insurance has right now that allow them to get the health care they are actually paying for.

I need to raise one other thing because this is very serious and goes to serious issues surrounding conflicts of interest and likely ethics violations that relate to this nominee.

There are a lot of unanswered questions and serious concerns related to Congressman PRICE's investments in health care and pharmaceutical companies. Frankly, he misled the Finance and the HELP Committees with answers to questions, and just the night before he was to have a confirmation hearing and vote, we learned from company officials that he got a privileged offer to buy stock at a discount. In other words, he got a special deal on health care stock. He told us he had not; they had paid fair market value, even though it was already an issue that he had purchased stock and then put legislation in related to similar companies or the same companies involved. But then we found out it was even worse because he got a special deal.

As Democrats, we asked for answers. We did not want to move forward without asking the Congressman to come back before us so we could ask questions about what he had said to the committee versus what the business that sold him the stock said afterwards. Unfortunately, that did not happen, requiring the Finance Committee to be in a situation where the rules ended up being broken and the nomination was forced through the committee without having bipartisan participation.

I have a number of concerns related to the ethics and possible legal violations of this nominee. On multiple occasions, he did purchase stock within days of introducing legislation that would have affected that company's bottom line and his investment. Despite multiple requests over several weeks, we still don't have the answers and, more importantly, the American people don't have the answers from the person who will oversee health insurance, oversee Medicare, Medicaid—the entire system. Someone who has invested and then helped the same companies indicated he didn't get a special deal, and now we have information that says otherwise. I think that is very concerning and should have been addressed before we were asked to vote on this particular nominee.

There are a number of reasons—policy, track record, questions that have been raised that I find extraordinary that they haven't been answered and shocking that folks haven't felt they should be answered at this point. But for many reasons, it is my intention to vote no on behalf of the people in Michigan who care deeply about a strong, effective Medicare system, about making sure Medicaid is there for our children as well as our seniors and nursing homes, and for everyone who believes that in this great country, all should have the ability to see a doctor and get the medical care you need for your child or yourself.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. FRANKEN. Mr. President, my understanding was that the Democratic leader wanted to come and speak for 5 minutes between Senator STABENOW and myself. But he is not here, so I am going to speak.

Before I start my remarks that I have prepared, I want to say something specifically to the Presiding Officer because he is a new Senator from Indiana.

I read a front-page article in the New York Times just a few weeks ago. It featured Indiana University Hospital and the health physicians there. It was an article about the savings and the delivery reform that have been driven by the Affordable Care Act, things that will be staying with us even if this is repealed, which I hope it isn't. But this is a quote I would like to read for the Presiding Officer from Dr. Gregory Kira, cochief of primary care, Indiana University Health Physicians.

I would ask the Presiding Officer for his attention for a second. This is what it says: ''I've been a registered Republican my whole life, but I support the Affordable Care Act,' said Dr. Gregory C. Kiray, co-chief of primary care for IU Health Physicians, 'because it allows patients to be taken care of.'''

I admit, I didn't have 49 others for every State, but I had remembered reading this.

On February 3, 2009, Tom Daschle, President Obama's nominee for Secretary of Health and Human Services, withdrew his nomination because he hadn't paid his taxes on his car service. On January 9, 2001, Linda Chavez, President George W. Bush's nominee for the Department of Labor, withdrew her nomination after questions were raised about her decision to shelter an undocumented immigrant. Most recently, Vincent Viola, President Trump's nominee to be—

Would the leader like me to yield to him for a few minutes?

Mr. SCHUMER. That would be great.

Mr. FRANKEN. Really?

Mr. SCHUMER. I would appreciate it.

Mr. FRANKEN. Would that be good for me and my career?

Mr. SCHUMER. Your career is so great, you don't need me.

Mr. FRANKEN. Well, I am going to yield to our leader in just a moment, when he manages to get there, and it will be the esteemed Senator from New York, CHARLES SCHUMER. I will narrate as he is stepping over there, walking now to the podium—the leader, whom I will yield to.

Mr. SCHUMER. First, let me thank my colleague from Minnesota.

The PRESIDING OFFICER. The Democratic leader.

Mr. SCHUMER. And I meant what I said: He doesn't need any help. He does it so well on his own. So I will regard this not as a quid pro quo—although he can get what he wants—but as an act of kindness and generosity.

Mr. President, I rise this evening to oppose the confirmation of Representative TOM PRICE to be Secretary of HHS and urge my colleagues to vote no on his nomination.

Representative PRICE might be the quintessence of President Trump's Cabinet: a creature of Washington, deeply conflicted, and far out of the mainstream when it comes to his views on health care.

Like other nominees, philosophically he seems completely opposed to the very purpose of his Department: the good governance of the health programs that cover tens of millions of Americans.

Candidate Trump promised he would not cut Medicare or Medicaid, but Congressman PRICE has spent his entire career trying to cut Medicare and Medicaid and dismantle the Affordable Care Act. Just listen to these quotes:

The nominee for Secretary of Health and Human Services has said, ''Nothing has had a greater negative effect on the delivery of health care than the federal government's intrusion into medicine through Medicare.'' That one might have come out of the 1890s, if we had had Medicare then.

He said he expects lawmakers to push forward with an overhaul of Medicare, ''within the first six to eight months'' of this new administration. Does that sound like someone who doesn't want to cut Medicare and Medicaid? It doesn't to me. It doesn't to the American people. In fact, if you could pick someone who in either House of Congress was most likely to cut Medicare and Medicaid, you would pick Congressman PRICE. It could not be more of a contradiction to what Candidate Trump promised in the campaign.

So here is what worries me: From what I know of the President, he will cede great authority to Cabinet officials, content to jump from one topic to the next, one tweet to the next. I would put much greater stock in Representative PRICE's record than anything the President promised during the campaign, and that is very bad news for seniors and the American people generally.

For that reason, every American who receives benefits from those programs—the millions of American seniors, women, families, and people with disabilities—should be gravely concerned about what the tenure of a Secretary TOM PRICE will mean for their health.

Make no mistake, in the dark hours of the early morning, with the confirmation of Secretary Price, the Republicans launch the first assault in their war on seniors. The war on seniors begins when we select Representative PRICE over our votes as Secretary of Health and Human Services.

When it comes to the health care of older Americans, confirming Representative PRICE to be Secretary of HHS is akin to asking the fox to guard the henhouse. It has been revealed that in his time in the House, Representative PRICE engaged in a number of questionable practices related to the trading of stocks in issues that his legislation impacted. There are many instances.

There were reports late last year that Congressman PRICE had traded stocks in dozens of health care companies valued at hundreds of thousands of dollars during a time when he introduced, sponsored, or cosponsored several pieces of legislation that potentially impacted those companies. In one instance, Congressman PRICE bought shares in a medical device manufacturing company just days before introducing legislation in the House that would directly benefit that company.

These were far from isolated incidents. Just yesterday, USA Today reported that Congressman PRICE ''bought and sold health care company stocks often enough as a member of Congress to warrant probes by both federal securities regulators and the House ethics committee.''

These allegations alone might be enough to sink a nominee in another administration, but it seems this Cabinet is so rife with ethics challenges and conflicts of interest that Representative PRICE's conduct in the House doesn't place him too far outside this unethical norm. But that should be no excuse. When you are a Congressman or a Senator, you must endeavor to avoid even the hint of a conflict of interest, let alone a situation where you are actively trading stocks that may be impacted.

So this is a sad evening. The war on seniors by the Trump administration begins when we confirm Representative PRICE. People will look back and say that the public war on seniors began at 2 a.m. Friday morning when the Senate, unfortunately, confirmed Representative PRICE.

I urge my colleagues to vote no.

I yield the floor and once again thank my colleague.

Mr. FRANKEN. Thank you, Mr. Leader.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. FRANKEN. Mr. President, I have to start this over fresh. I don't know if the CONGRESSIONAL RECORD needs to have this first half paragraph twice, but so be it.

On February 3, 2009, Tom Daschle, President Obama's nominee for Secretary of Health and Human Services, withdrew his nomination because he hadn't paid his taxes on his car service. On January 9, 2001, Linda Chavez, President George W. Bush's nominee for the Department of Labor, withdrew her nomination after questions were raised about her decision to shelter an undocumented immigrant. Most recently, Vincent Viola, President Trump's nominee to be the Secretary of the Army, withdrew his nomination after it proved too difficult for him to distance himself from his business ties.

Congressman PRICE's conflicted financial investments and his affiliation with conspiracy-theory-peddling extremists should be enough to disqualify his nomination. On top of that, Congressman PRICE's policy agenda squarely contradicts what the majority of the American people want and the key promises President Trump made during his campaign. It is, frankly, hard to believe that we are seriously considering someone who has advanced policies that would privatize Medicare, gut Medicaid, and rip coverage away from millions of Americans.

For all of these reasons, I strongly oppose Congressman PRICE's nomination for Secretary of Health and Human Services.

Let's take these issues one by one.

First, Congressman PRICE's stock trades. Public documents show that between 1993 and 2012, Congressman PRICE owned shares in tobacco companies worth tens of thousands of dollars. At the same time, Congressman PRICE voted against landmark legislation in 2009 that gave the Food and Drug Administration the authority to regulate tobacco and bring down the death toll inflicted by tobacco products. That means Congressman PRICE, a physician who swore to uphold the Hippocratic oath of ''do no harm,'' voted against public health and for Big Tobacco. This is the person who is slated to become the next Secretary of Health and Human Services, someone who personally profited from increased sales of deadly, addictive products.

When asked about this during his hearing in the Health, Education, Labor, and Pensions Committee, Congressman PRICE's best defense was that his broker made the stock trades on behalf without his knowledge.

Here is the problem with that defense:

First, Congressman PRICE annually reported his financial holdings, signing off on documents acknowledging his investments in tobacco companies, meaning that he would have knowledge of the fact that his vote to block tobacco regulation could have a direct financial benefit to him.

Second, these were not investments in diversified funds; these were individual stocks that he owned for nearly 20 years and that he reported paid him dividends. Let me repeat that. Congressman PRICE, medical doctor, owned individual tobacco company stocks that paid him dividends.

Owning tens of thousands of dollars of tobacco stocks while voting to help tobacco companies was not Congressman PRICE's only questionable investment. In late December, the Wall Street Journal reported that over the past 4 years, Congressman PRICE has traded stocks worth more than $300,000 in about 40 health-related companies while at the same time serving on the House Ways and Means Committee, where he drafted and cosponsored legislation that could affect his investments.

Let's talk about one example that is particularly troubling. Congressman PRICE made his largest ever stock purchase in a company called Innate Immunotherapeutics, a small biotech company based in Australia. This is a company that has only one experimental therapy in the early stages of testing, has never generated revenues from drug sales. It is not exactly a household name. How did Congressman PRICE get in on this sweetheart deal? He was told about Innate by Congressman CHRIS COLLINS, who, in addition to being a Member of the House of Representatives, serves on the board of directors for Innate Immunotherapeutics and is the company's largest shareholder.

The Wall Street Journal reported that Congressman PRICE was part of a small group of fewer than 20 U.S. investors who participated in the private stock sale. The New York Times and the Buffalo News reported that many of those people had close ties to Congressman COLLINS, including COLLINS' chief of staff, a prominent DC lobbyist, and several of Congressman COLLINS' campaign contributors.

On August 31, Congressman PRICE reported that as part of this special private stock sale, he bought about 400,000 shares of Innate stock for as little as 18 cents a share. That same day, the stock was trading on the Australian Stock Exchange for the equivalent of 31 cents per share. That is a 42-percent difference—42 percent below the market price—and Congressman PRICE now stands to make a profit of more than $200,000. That is quite a stock tip.

Richard Painter, George W. Bush's chief ethics lawyer, describes PRICE's stock trades as ''crazy. . . . We wouldn't have put up with anybody in the Bush administration buying and selling health care stocks.'' Painter went on to explain that ''if you, as a member of Congress, buy and sell health care stocks at the same time you are possessing non-public information about that legislation, you are taking the risk of being charged with criminal insider trading.''

Let me repeat that. Mr. Painter, who was George W. Bush's chief ethics official, suggested that Mr. PRICE's actions risk a criminal insider trading charge.

Congressman PRICE could have directed his broker to stay away from tobacco stocks. He could have directed his broker to stay away from health care stocks or individual stocks altogether given that health care was one of his legislative priorities. But he did not. Why would Congressman PRICE take this risk?

My colleagues and I have sent Congressman PRICE a number of letters asking for more information about his stock trades and investments. If this is all aboveboard, then Congressman PRICE should have nothing to hide. I also submitted questions for the record as a member of the HELP Committee. In response to all of these questions, I have received nothing. It makes no sense that his nomination has been brought to the floor despite his refusal to respond to committee questions.

Congressman PRICE has demonstrated a lack of judgment with his stock trades and now is stonewalling the committee, refusing to answer our inquiries, but Congressman PRICE's questionable stock trades aren't the only area raising red flags.

My second set of concerns stems from Congressman PRICE's longstanding association with conspiracy-peddling, anti-science extremists. For more than 25 years, Congressman PRICE has been a dues-paying member of the Association of American Physicians and Surgeons. He has spoken at the organization's conferences and even described the organization's executive director as one of his personal heroes. This organization is way out of the mainstream. It promotes anti-vaccine pseudoscience and denies the scientific fact that HIV causes AIDS. It is an organization that blames ''swarms'' of immigrant children for disease and has published scientifically discredited theories linking abortion to breast cancer. At one point, it even accused President Barack Obama of hypnotizing voters with ''neuro-linguistic programming.''

Let me repeat that. It accused President Barack Obama of hypnotizing voters with ''neuro-linguistic programming.''

That is not all. The statement of principles for the Association of American Physicians and Surgeons has an entire section devoted to urging doctors to refuse to participate in Medicare, in which it says the effect of such government-run programs is ''evil, and participation in carrying out his provisions is, in our opinion, immoral.'' Congressman PRICE—the person poised to become the next Secretary of Health and Human Services, the person responsible for leading Medicare—has been an active, engaged member of this organization for 25 years.

Just in case you don't think he has bought into these ideas, let me read you what Congressman PRICE wrote in 2009 in an op-ed: ''I can attest that nothing has had a greater negative effect on the delivery of health care than the federal government's intrusion into medicine through Medicare.''

Since Congressman PRICE will not answer my questions, I will pose this to one of my Republican colleagues: How are the American people supposed to trust Congressman PRICE as Secretary of Health and Human Services given that he has belonged to an organization for over 25 years that has such blatant disregard for science and a propensity for putting partisanship and ideology above evidence?

Lastly and most importantly, the policy reforms that Congressman PRICE has put forward are so extreme that they should be disqualifying in and of themselves. As an editorial recently published in the New England Journal of Medicine stated, ''As compared with his predecessors' actions, PRICE's record demonstrates less concern for the sick, the poor, and the health of the public and much greater concern for the economic well-being of their physician caregivers.'' That is from the New England Journal of Medicine.

Mr. President, I ask unanimous consent to have the article printed in the RECORD.

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

[From the New England Journal of Medicine; Jan. 12, 2017]

CARE FOR THE VULNERABLE VS. CASH FOR THE POWERFUL—TRUMP'S PICK FOR HHS

(By Sherry A. Glied, Ph.D. and Richard G. Frank, Ph.D)

Representative Tom Price of Georgia, an orthopedic surgeon, will be President-elect Donald Trump's nominee for secretary of health and human services (HHS). In the 63–year history of the HHS Department and its predecessor, the Department of Health, Education, and Welfare, only two previous secretaries have been physicians. Otis Bowen, President Ronald Reagan's second HHS secretary, engineered the first major expansion of Medicare, championed comparative effectiveness research and, with Surgeon General C. Everett Koop, led the fight against HIV–AIDS. Louis Sullivan, HHS secretary under President George H.W. Bush, focused his attention on care for vulnerable populations, campaigned against tobacco use, led the development of federally sponsored clinical guidelines, and introduced President Bush's health insurance plan, which incorporated income-related tax credits and a system of risk adjustment. In their work at HMS, both men, serving in Republican administrations, drew on a long tradition of physicians as advocates for the most vulnerable, defenders of

public health, and enthusiastic proponents of scientific approaches to clinical care.

Tom Price represents a different tradition. Ostensibly, he emphasizes the importance of making our health care system ''more responsive and affordable to meet the needs of America's patients and those who care for them. But as compared with his predecessors' actions, Price's record demonstrates less concern for the sick, the poor, and the health of the public and much greater concern for the economic wellbeing of their physician caregivers.

Price has sponsored legislation that supports making armor-piercing bullets more accessible and opposing regulations on cigars, and he has voted against regulating tobacco as a drug. His voting record shows long-standing opposition to policies aimed at improving access to care for the most vulnerable Americans. In 2007–2008, during the presidency of George W. Bush, he was one of only 47 representatives to vote against the Domenici Wellstone Mental Health Parity and Addiction Equity Act, which improved coverage for mental health care in private insurance plans. He also voted against funding for combating AIDS, malaria, and tuberculosis; against expansion of the State Children's Health Insurance Program; and in favor of allowing hospitals to turn away Medicaid and Medicare patients seeking nonemergency care if they could not afford copayments.

Price favors converting Medicare to a premium-support system and changing the structure of Medicaid to a block grant—policy options that shift financial risk from the federal government to vulnerable populations. He also opposed reauthorization of the Violence Against Women Act and has voted against legislation prohibiting job discrimination against lesbian, gay, bisexual, and transgender (LGBT) people and against enforcement of laws against anti-LGBT hate crimes. He favors amending the Constitution to outlaw same-sex marriage.

In addition, he has been inconsistent in supporting investments in biomedical science. He opposes stem-cell research and voted against expanding the National Institutes of Health budget and against the recently enacted 21st Century Cures Act, showing particular animus toward the Cancer Moonshot.

Price has also been a vociferous opponent of the Affordable Care Act (ACA) and a leader of the repeal-and-replace movement. His proposal for replacing the ACA is H.R. 2300, the Empowering Patients First Act, which would eliminate the ACA's Medicaid expansion and replace its subsidies with flat tax credits based on age, not income ($1,200 per year for someone 18 to 35 years of age; $3,000 for someone 50 or older, with an additional one-time credit of $1,000 toward a health savings account). Price's plan is regressive: it offers much greater subsidies relative to income for purchasers with high incomes and much more meager subsidies for those with low incomes. In today's market, these credits would pay only about one third of the premium of a low-cost plan, leaving a 30-year-old with a premium bill for $2,532, and a 60-year-old with a bill for $5,916—along with a potential out-of-pocket liability of as much as $7,000. By contrast, subsidies under the ACA are based on income and the price of health insurance. Today, a low-income person (with an income of 200% of the federal poverty level) pays, on average, a premium of $1,528 per year (regardless of age) for a plan with an out-of-pocket maximum of $2,350, and that payment does not change even if health insurance premiums rise.

To put the plan's subsidies into perspective, consider that in 1992, when per capita health expenditures were just one third of what they are today, President Bush and HHS Secretary Sullivan proposed a slightly larger individual tax credit ($1,250) for the purchase of insurance than Price proposes today. Even in 1992, analysts reported that the credit would be insufficient to induce most people to buy coverage.

The Price plan would eliminate the guaranteed-issue and community-rating requirements in the ACA and create anemic substitutes for these commitments to access to comprehensive coverage for Americans with preexisting conditions. These replacements include an extension to the nongroup market of the continuous-coverage rules that have long existed in the group market with little benefit; penalties on reentering the market for anyone who has had a break in coverage; and a very limited offer of funding for states to establish high-risk pools. In combination with relatively small tax credits, these provisions are likely to lead low-income and even middle-class healthy people to forgo seeking coverage until a serious health problem develops. Without the income- and premium-based subsidies in the ACA acting as market stabilizers, Price's provisions would erode the non-group health insurance market.

Price's plan would withdraw almost all the ACA's federal consumer-protection regulations, including limits on insurer profits and requirements that plans cover essential health benefits. By allowing the sale of health insurance across state lines, the plan would also effectively eliminate all state regulation of health insurance plans, encouraging a race to the bottom among insurance carriers. Finally, Price would fund his plan by capping the tax exclusion for employer-sponsored health insurance at $8,000 per individual or $20,000 per family. These caps are well below those legislated through the Cadillac tax in the ACA, a provision that Price himself has voted to repeal.

In sum, Price's replacement proposal would make it much more difficult for low-income Americans to afford health insurance. It would divert federal tax dollars to people who can already buy individual coverage without subsidies and substantially reduce protections for those with preexisting conditions. The end result would be a shaky market dominated by health plans that offer limited coverage and high cost sharing.

Whereas Price's actions to date have not reflected the tradition of the physician as advocate for the poor and vulnerable, they do harken back to an earlier tradition in American medicine: the physician advocate as protector of the guild. His Empowering Patients First Act would directly advance physicians' economic interests by permitting them to bill Medicare patients for amounts above those covered by the Medicare fee schedule and allowing them to join together and negotiate with insurance carriers without violating antitrust statutes. Both these provisions would increase physicians' incomes at the expense of patients. Price has consistently fought strategies for value-based purchasing and guideline development, opposing the use of bundled payments for lower-extremity joint replacements and proposing that physician specialty societies hold veto power over the release of comparative effectiveness findings. These positions reduce regulatory burdens on physicians at the cost of increased inefficiency and reduced quality of care—and reflect a striking departure from the ethos of his physician predecessors, Secretaries Bowen and Sullivan.

The HHS Department oversees a broad set of health programs that touch about half of all Americans. Over five decades and the administrations of nine presidents, both Democratic and Republican secretaries have used these programs to protect the most vulnerable Americans. The proposed nomination of Tom Price to HHS highlights a sharp contrast between this tradition of compassionate leadership and the priorities of the incoming administration.

Mr. FRANKEN. This article cites his votes against mental health parity—think about what that means in terms of treatment during this opioid crisis—against funding for AIDS, malaria and tuberculosis, against the expansion of the State Children's Health Insurance Program, against tobacco regulation, against the reauthorization of the Violence Against Women Act, and more.

Price has also been a champion of efforts to repeal the Affordable Care Act. The Congressional Budget Office recently estimated that if the ACA is repealed, nearly 20 million Americans will lose their health care coverage immediately, with the number growing to 32 million over the next 10 years, and 300,000 of those individuals live in my State of Minnesota. Let me tell you about at least two of them.

Leanna has a 3-year-old son named Henry. Henry has been diagnosed with acute lymphoblastic leukemia, and his treatment will last at least until April of 2018. Henry often needs around-the-clock care to manage his nausea, vomiting, pain, and sleepless nights. This is a 3-year-old boy. Henry's immune system is so compromised that he is not supposed to go to daycare. So Leanna left her job to take care of him. Leanna's family is supported by her spouse, but they couldn't pay for Henry's treatment on one salary. Leanna says:

> It is because of the ACA that Henry gets proper health care. Henry can get therapy and the things he needs to maintain his health and work toward beating cancer. Henry is still with us because of the ACA.

Let me say that again: ''Henry is still with us because of the ACA.''

I have asked Republicans repeatedly to show me the plan they have to make sure Leanna and her son Henry and the hundreds of thousands of Minnesotans who have gained coverage don't lose the care they need. I have yet to see their plan. What I have seen Congressman PRICE advocate for so far is pretty awful. His proposals would strip away coverage for people with preexisting conditions, strip away preventive health benefits, strip away protections from annual and lifetime limits, strip away coverage for young adults. Moreover, Congressman PRICE views Medicaid and Medicare as government expenditures to be cut, rather than lifelines to millions of seniors, disabled populations, children and families. As chairman of the House Budget Committee, Congressman PRICE introduced proposals to cut funding for Medicaid by more than $2 trillion.

In my State, Medicaid provides health insurance to 14 percent of the residents. That includes two out of five low-income individuals, one in four children, one in two people with disabilities, and one in two nursing home residents. Think about that. One in two

people in nursing homes are covered by Medicaid in my State.

What is going to happen to these people—our parents, our children, our spouses, our families—if Congressman PRICE and his colleagues succeed in slashing Medicaid's budget? I can guarantee you, it will not be kind and it will not be just and Americans are going to lose out.

Congressman PRICE's assault on our health care system doesn't end there. He wants to slash Medicare's budget by hundreds of billions of dollars, undermining our basic guarantee of coverage to our Nation's seniors, and no wonder. Let me remind you, this is the same person who wrote: ''I can attest that nothing has had a greater negative effect on the delivery of health care than the Federal government's intrusion into medicine through Medicare.''

Do we really want the person who wrote this to be running Medicare? Price's determination to gut Medicaid and Medicare is directly opposed by the vast majority of Americans and in direct opposition to President Trump's campaign promise never to cut Medicaid or Medicare.

When Tom Daschle withdrew from consideration for HHS Secretary, he talked about the challenges of health care reform and said:

> This work will require a leader who can operate with the full faith of Congress and the American people, and without distraction. Right now, I am not that leader, and will not be a distraction.

So I say to Congressman PRICE, you do not have the full faith of the Congress, and you do not have the full faith of the American people. You are not the leader this country needs, and you should not be a distraction. Since you have not withdrawn your nomination, I urge my colleagues to do the right thing and oppose this controversial nomination.

I yield the floor to my colleague from Hawaii.

The PRESIDING OFFICER. The Senator from Hawaii.

Ms. HIRONO. Mr. President, I rise to address the deep anxiety in Hawaii and across the country about President Trump's choice to lead the Department of Health and Human Services, HHS, Congressman TOM PRICE.

I am particularly concerned about this nominee because of the mixed messages President Trump has been sending about health care. During the campaign, President Trump promised to protect Medicare and Medicaid. Yet he has nominated Congressman PRICE to head HHS. Congressman PRICE has led the effort to privatize Medicare and dismantle Medicaid in the U.S. House. This is hardly someone who would protect Medicare and Medicaid.

Shortly before taking the oath of office, President Trump said he supported the concept of universal coverage. He said:

> We are going to have insurance for everybody. They can expect to have great health care.

Yet he nominated Congressman PRICE, who has spent the past 6 years trying to end universal health care coverage by repealing the Affordable Care Act.

President Trump says a lot of things. He tweets his thoughts daily, but at this point, instead of listening to what President Trump says, we should pay attention to what he does. By nominating Congressman PRICE, the President demonstrated he does not intend to protect access to quality, affordable health care for all Americans—not by protecting Medicare and Medicaid, not by protecting health insurance fraud. President Trump's health care agenda would have far-reaching, negative, painful consequences for tens of thousands of people in Hawaii and millions all across the country. Maybe President Trump should tweet less and listen more.

Over the past few months, I have heard from thousands of Hawaii residents concerned that they will no longer be able to afford health care if President Trump succeeds in repealing the Affordable Care Act and privatizing Medicare. I would like to read a few of the messages I have received.

Catherine from Honolulu wrote:

> I am writing to you to express serious concern over the repealing of ACA and other health insurance changes. As a working (teacher) and single parent of two young children I am very afraid for our future. I am afraid my insurance will not cover my psoriatic arthritis if I change jobs, they change companies, or for some reason I should lose my job or coverage. My medicine without insurance would cost more than my mortgage payment, and would thus be cost prohibitive.
>
> If I don't have my medication I would be in so much pain. I would be unable to work and would therefore lose my insurance which would mean I would never be able to get coverage because of a preexisting condition. I am certain there are many other people out there with similar stories.
>
> Please do everything you can to make sure this scenario doesn't happen to us. If there is anything I can do, please don't hesitate to let me know. I just don't know who else to turn to.

Next, I would like to share a note I received from Julie from Papaaloa on the Big Island.

> My husband and I are on Medicare, together with a supplemental plan. We are totally dependent on Social Security for our income and Medicare for our health plan. Many millions of seniors are in the same situation as we are. Please continue to fight for us as this abominable horror of an administration goes forward. I shudder to think what would happen if these programs are repealed or privatized.

Finally, I would like to share a heartbreaking story from Desi from Mililani on Oahu. Desi is an extremely hard-working, self-employed teacher and the single mother of two daughters. Her youngest daughter has Down syndrome, autism, and is hearing impaired. Desi is self-employed because she needs the flexibility to work and care for her daughter. This year, as a sole proprietor over the age of 55, Desi's premiums for her HMO plan rose to over $680 per month for 2016.

In a letter she wrote to me, Desi said:

> Paying this high monthly premium was no longer possible and was jeopardizing our family's ability to pay our mortgage, food, and other essentials alone.

Desi successfully found a cheaper plan in the ACA marketplace for 2017. In her letter she went on to say:

> If the ACA is successfully repealed, we will no longer be able to afford medical coverage! Families like ours are the reasons why it is so important to defend the Affordable Care Act.

These letters and stories demonstrate what is at stake for our 200,000 seniors on Medicare in Hawaii and millions more across the country. That is why I will continue to fight tooth and nail to prevent any cuts that would jeopardize our crucial social safety net progress.

The fight has already begun. Last month, Republicans in Congress pushed through a partisan budget resolution that would give them the tools they need to repeal the Affordable Care Act. This assault on the Affordable Care Act is also an assault on Medicare and Medicaid because the ACA strengthened Medicare and Medicaid through, for example, closing the prescription doughnut hole and providing free preventive checkups for seniors. This is why I joined with my colleague from Indiana, Senator DONNELLY, to introduce an amendment that would block congressional Republicans from privatizing Medicare or increasing eligibility standards for Medicare. It would also prevent changes that reduce funding for Medicaid.

During the debate on our amendment, one of our Republican colleagues, in his opposition to the amendment, basically made our point for us. He said something to the effect of, a vote in favor of our amendment to protect Medicare and Medicaid is a vote against repealing the Affordable Care Act. Exactly. In the end, it was a close vote on our amendment. While the amendment lost, I was encouraged that two of our Republican colleagues, Senator HELLER of Nevada and Senator COLLINS of Maine, voted in favor of the amendment.

In the coming weeks and months, there will be other battles to protect Medicare and Medicaid. It is going to be a daunting fight, but I am not going to shy away from it. I am going to do whatever I can, whenever I can to protect the Affordable Care Act, Medicare, and Medicaid. In this fight, I strongly urge my colleagues to vote no on TOM PRICE's nomination to serve as Secretary of Health and Human Services. TOM PRICE is not the champion that millions of people in our country are counting on to protect their health and welfare.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

TRAVEL BAN DECISION

Mr. MENENDEZ. Mr. President, I have come to the floor to speak on the nomination of Congressman PRICE to be the Secretary of Health and Human Services. But before I do, I must speak to the decision that the U.S. Court of Appeals for the Ninth Circuit just decided in the case of the State of Washington and the State of Minnesota v. the President and the Department of Homeland Security.

I am pleased to see that the courts of the United States are still part of the separate coequal branch of government that the Founders dictated when they ultimately created an ingenious document, the Constitution of the United States, which served the Nation well for so long, even though it seems the President may need a review of history and an understanding of the Constitution as it relates to the separate coequal branches of government, because he seems to be willing to try to disparage the judiciary in an effort to try to either effect their decisionmaking or to call into question the legality of their decisions or the righteousness of their decisions.

I am glad to see that that has not affected our judicial system. I just want to read some elements of the court's decision, which I think are pretty extraordinary. Of course, this is far from a final decision on the merits, but it was on a motion for a stay of the order of the district court that said, basically, that the Muslim ban could not be continued to be enforced.

The court said—and I am quoting—in a unanimous opinion which speaks very powerfully to their decision:

> We therefore conclude that the States—

Meaning the State that brought forth—Washington, as well as the State of Minnesota—

> that the States have alleged harms to their proprietary interests traceable to the Executive Order. The necessary connection can be drawn in at most two very logical steps: (1) the Executive Order prevents nationals of seven countries from entering Washington and Minnesota; (2) as a result, some of these people will not enter state universities, some of them will not join those universities as faculty, some will be prevented from performing research, and some will not be permitted to return if they leave.
>
> We therefore hold that the States have standing.

That was one of the critical legal bars.

Secondly, they opined on the reviewability of the Executive order. This is, I think, extraordinarily important. The Court went on to say—I am paraphrasing at this point: Yes, the courts owe substantial deference to the immigration and national security policy determinations of the political branches—legislative and executive. But it went further to say:

> Instead, the Government has taken the position—

This is on behalf of the executive branch—

> that the President's decisions about immigration policy, particularly when motivated by national security concerns, are unreviewable—

Unreviewable—

> even if those actions potentially contravene constitutional rights and protections. The Government indeed asserts that it violates separation of powers for the judiciary to entertain a constitutional challenge to executive actions such as this one.

I did not really capture that the government had made that argument. But that is an extraordinary argument. The court went on to say:

> There is no precedent to support this claimed unreviewability, which runs contrary to the fundamental structure of our constitutional democracy. Within our system, it is the role of the judiciary to interpret the law, a duty that will sometimes require the ''[r]esolution of litigation challenging the constitutional authority of one of the three branches.'' We are called upon to perform that duty in this case.

Further they say: ''Although our jurisprudence has long counseled deference to the political branches on matters of immigration and national security, neither the Supreme Court nor our court has ever held that courts lack the authority to review executive action in those arenas for compliance with the Constitution.''

That is an extraordinary set of statements that the government made, saying that the President's actions are unreviewable in this regard.

They further go on to say: ''Nonetheless, 'courts are not powerless to review the political branches' actions' with respect to matters of national security.''

It would indeed be ironic if, in the name of national defense, we would sanction the subversion of one of those liberties which make the defense of the Nation worthwhile.

Well, I fully agreed with the circuit court's determination in that regard.

It goes on to say: ''In short, although courts owe considerable deference to the President's policy determinations with respect to immigration and national security, it is beyond question that the Federal judiciary retains the authority to adjudicate constitutional challenges to executive action.''

Well, all I can say is, thank God. Thank God that the courts of the United States feel that they are not controlled by the executive branch in pursuing the decisions that are made. This is a great day for democracy in our country and for the preservation of the separation of powers. This is a great day, I think, from my own perspective, that a ban that does not help the United States but harms us and is against every fiber of our being and the nature of the history of our Nation, which was founded by those fleeing religious persecution—ultimately, today, we restore that sense of our history, and we restore who we are as a nation both at home and across the world.

But today's decisions in this regard are also important as we consider the nomination of Congressman PRICE, so I want to rise today, along with so many of my colleagues, to voice my strong opposition to the confirmation of Congressman PRICE to be the Secretary of Health and Human Services.

I am deeply concerned about his views on what is the core mission of Health and Human Services, not only his career-long opposition to the very existence of Medicaid and Medicare but his wavering fidelity in science and his regressive views of women's health care and the social safety net.

The Secretary of Health and Human Services is one of the few Cabinet positions that affect virtually every single man, woman, and child in America. It affects the health care of 56 million seniors on Medicare, of 74 million low-income individuals and children on Medicaid, and of 12 million Americans who have enrolled in the Affordable Care Act coverage. But more than that, the Department of Health and Human Services is home to the world's leading institutions of research at the National Institutes of Health, of advancing public health and epidemiology at the Centers for Disease Control and Prevention, known worldwide, of working to ensure that we have access to the most advanced, most effective, and safest medications at the Food and Drug Administration, and many other critical departments and agencies that we as Americans rely on.

Many of our Republican colleagues have pointed out that Congressman PRICE's history as an orthopedic surgeon is enough evidence that he is someone who should be in charge of the Department of Health and Human Services. I can't speak to his credentials and qualifications in the operating room, but I do have a constitutional obligation to speak about his credentials and qualifications to be the Secretary of Health and Human Services. So I can say without hesitation that his career in Congress and his positions on key issues of policy have proven to me that he is not the right person for the job.

Throughout his time as a congressman—most recently as the chairman of the House Budget Committee and during his confirmation process through the Senate Finance Committee, on which I am privileged to serve—it has become abundantly clear that Congressman PRICE views patients, including seniors on Medicare and even those with private employer coverage, as nothing more than a source of revenue or a budget line item. The characteristics that had defined Congressman PRICE's career run contrary—contrary—to the fundamental mission of the Department of Health and Human Services, and it should be a cause for concern across the aisle and across the country.

Despite the alternative reality portrayed during his confirmation hearings in both the Finance Committee and the Health, Education, Labor, and Pensions Committee, Congressman PRICE's vision for our Nation's health

care system has been laid bare for the public to see for years. All one has to do is look at the legislation he has introduced and the radical budget proposals he, along with Speaker RYAN, has been pushing through the House of Representatives. Let's look at some of them.

Let's start by taking a look at his plan for Medicare, which is, by all intents and purposes, a plan to fundamentally end Medicare as we know it, end Medicare as we know it. Despite Congressman PRICE's seeming denial of this fact, when I asked him about it directly during his confirmation hearing, there is absolutely no other way to characterize his plan: It ends Medicare as we know it.

Currently and for more than 50 years, Medicare has provided a guarantee—a guarantee; that word is critical—to seniors that they will have coverage, access to care, and the ability to rest assured that their health care needs will be taken care of. It is a system into which they paid their entire working lives and a compact that has been made with the Federal Government that we will uphold our end of the deal and ensure that they have quality coverage to stay healthy.

The Affordable Care Act, despite the years-long gnashing of teeth and fake tears shed by some of my Republican colleagues, has improved upon this deal and made Medicare stronger. It has extended the life of the Medicare trust fund by more than a decade. It has saved seniors $27 billion on prescription drugs and last year alone provided more than 40 million seniors access to no-cost preventive services—no-cost preventive services. In my home State of New Jersey last year, seniors on Medicare saved more than $263 million on prescription drugs, and nearly 1 million seniors were able to receive free preventive services.

Additionally, thanks to the law's health care delivery system reforms, we are seeing far fewer hospital-acquired conditions and greater coordination of care that has resulted in a healthier population and a more efficient health care delivery system. That reality stands in stark contrast to TOM PRICE's vision of what he thinks Medicare should be and in stark contrast with the vast majority of seniors who want to protect the program for their loved ones and for themselves.

Unfortunately, President Trump, who himself spent an entire campaign promising that he is ''not going to cut Medicare or Medicaid,'' nominated a leading member of this radical anti-Medicare movement to impose devastating cuts to the program, force seniors to pay higher costs, and lower the quality of care throughout the health care system.

Congressman PRICE's destructive legislative history on Medicare does not lie. It is there. It is in the record. It is there for anybody who wants to see it. It tells a stark truth about his desire to increase the eligibility age, about ending the guarantee—the guarantee of coverage.

You know, that is why we call it an entitlement. If you meet the criteria under the law, you are entitled to those health care services; you are guaranteed those health care services. But his whole legislative history is about ending the guarantee of coverage we currently have and replacing it with the possibility of coverage. The difference between a guarantee and a possibility is a far, far too significant gulf to be able to overcome—but only if you can afford the difference between Congressman PRICE's coupon and the actual cost of care under his vision. The Congressional Budget Office has shown that this will unquestionably increase costs for seniors.

His dark view of Medicare, that—to quote Congressman PRICE—''nothing has a greater negative impact on . . . health care than the Federal Government's intrusion . . . through Medicare''—that is an extraordinary statement. I am going to quote it again. ''Nothing has a greater negative impact on . . . health care than the Federal Government's intrusion''—intrusion, mind you—''through Medicare.'' That is understandably causing a lot of concern back home in New Jersey. Many people have been calling and writing me to express their thoughts.

Dr. William Thar of Summit, NJ, himself a retired physician of more than 50 years, wrote in that PRICE's ''willingness to privatize Medicare indicates a lack of concern for Americans who need health care coverage.''

I also heard from Cara Davis of Glen Ridge, NJ, who wrote in on behalf of her uncle, who has end-stage renal disease and requires dialysis, saying, ''If [Price] and the Trump administration successfully move Medicare to a voucher program''—again, that is different from a guarantee—''I fear that my uncle will not be able to afford the necessary coverage for his dialysis treatments.''

For me, the battle to protect Medicare is more than a political battle; it is more than a theoretical battle; it is a deeply personal battle to protect a program that allows seniors to live with dignity during the twilight of their lives.

My personal connection to the value of the Medicare Program stems not from my experience but that of my late mother, Evangelina. For 18 long, difficult years, my mother suffered from Alzheimer's disease. During those years, we watched as this strong, courageous woman drifted further and further away from us. After her diagnosis, I, like so many families across our Nation, hoped for the best, but we expected the worst. And while there were times early on when she seemed just fine, those times turned into lost moments, and those lost moments eventually lasted forever.

At this point, I had to wonder if all the moments of her life—her struggle to flee her homeland and seek freedom in the United States, of my youth and all of the time spent together—were still in there, still with her somehow, or whether those memories were lost forever.

As her illness progressed, she lost her cognitive abilities, and eventually we had to admit to ourselves that our mother was no longer with us, until, mercifully, the Good Lord took her, and the long goodbye came to an end.

Throughout this experience, throughout her struggle of fighting back against the progress of Alzheimer's, our family knew that Medicare would be there to provide her with access to the health care she needed. I learned that Medicare wasn't just there for her; it was there for the rest of us, too, providing her with access to care, while granting us the ability to focus on making the most of the limited time we had together.

Medicare was there to meet the challenges of her illness as well as the intergenerational challenges that arise when caring for a parent in the twilight of their lives while simultaneously working to put your own children through college. I lived it, I saw it, and I understand it. My mother would not have lived with the dignity that she deserved in the twilight of her life after working a lifetime and paying for Medicare, but for Medicare as a guarantee.

I know all too well that an underfunded voucher would undermine Medicare's ability to live up to the responsibility that we have to care for one another and to provide that same dignity to seniors as they and their families prepare to say good-bye for the last time.

That is why I couldn't agree with Dr. Thar or Ms. Davis more, and I share their concerns about what Congressman PRICE has in mind, despite the repeated pledges from President Trump to the contrary for the future of Medicare.

My concerns about Congressman PRICE don't stop with his desires to end Medicare, because those desires also extend to end Medicaid, as we know it, as well. His desires to end Medicaid are really a two-front war. The first is to repeal the highly successful expansion of Medicaid provided for under the Affordable Care Act, which has extended lifesaving care and coverage to over 200,000 New Jerseyans, many of whom are covered for the first time.

Nationwide, the Affordable Care Act's Medicaid expansion is one of the most successful aspects of health reform. Currently, 32 States and the District of Columbia have taken advantage of Medicaid expansion, making coverage available to 11 million people, because they recognize the value in providing people with coverage, with access to preventive care, with the ability to manage chronic conditions—all of which lead to a healthier, more productive population.

The second is to eviscerate funding from Medicaid by taking away the current funding structure and replacing it

with a block grant or some other form of arbitrary underfunding that they mask as allowing for ''state flexibility.''

We have seen this picture before. Take away an obligation, an entitlement, move it to a block grant, underfund it, and ultimately slay that opportunity for people to have a guarantee.

We all know what is meant when Congressman PRICE talks about State flexibility. He means the flexibility to slash enrollment and deny people access to coverage. He means forcing States to choose between cutting payments to doctors for treating low-income Medicaid patients or cutting other vital State services like education and infrastructure. He means unraveling Medicaid benefits so that for those few still able to enroll, they won't have adequate coverage for most of the health care issues they need treated. It means simply putting his radical ideological opposition of the Federal Government being involved in health care ahead of the lives of millions of men, women, children, and seniors and the disabled across the Nation. That is truly remarkable for a man who took the oath to ''first do no harm.''

As with his views on Medicare, his desire to end Medicaid expansion has caused a lot of people from New Jersey to write me about their concerns. I would ask Congressman PRICE and other like-minded Republicans to consider carefully the stress and potentially devastating impacts these policies have on real people—real people like Jolie Bonnette from Brick, NJ, who wrote to me about how she was able to finally gain access to health coverage, thanks to Medicaid expansion. She wrote: ''Without this care and my Medicaid medication coverage, I would have died, because I would have no access to doctors or medications.''

Jill Stasium from Jersey City wrote in saying that thanks to Medicaid, ''[I] have been receiving top quality health care for the first time in my life.''

I ask my colleagues how the mantra of State flexibility, which is just another way of ensuring funding for Medicaid is slashed and access to life-enhancing treatment is denied, is going to impact Ms. Bonnette and Ms. Stasium. I ask how they can justify taking away their coverage—coverage that has provided, for the first time in their lives, not only the peace of mind of having health insurance, but also it is the first time they have had regular access to the doctors and medication necessary to live.

How do we justify that? We can't do it on the basis of State flexibility and surely not on the basis of a 6-year-long political vendetta against the Affordable Care Act. Yet somehow, with this nominee and this Republican Congress, this is something that we are all going to have to justify to every single one of our constituents.

Unfortunately, the list of destructive policies supported by TOM PRICE doesn't end with his desires to end Medicare as we know it and to dismantle Medicaid. This is also not surprising given the Republican agenda for the last 7 years to repeal the Affordable Care Act, throw millions of Americans off their health insurance, and return us to the dark ages where insurance companies have free rein to deny coverage for preexisting conditions, cancel coverage after a devastating diagnosis, limit what benefits are covered, and discriminate against women. That is what the marketplace was before the Affordable Care Act.

Now, this is not new. The Republicans have been trying to repeal health care reform and deny millions of Americans health care coverage since before the law was even passed. It has sadly become dogma for Republicans—dogma to repeal ObamaCare, which they voted to do 60-some odd times. But now, after 7 long years, the chickens have come home to roost.

They now have the ability to live up to their dream of repealing the law, but are starting to realize what the implications are—starting to realize that real people will face real life-and-death situations that result from Republicans putting partisan ideology ahead of the well-being of their constituents, starting to realize that on-the-ground implications of the Affordable Care Act mean real people receiving real treatment for real health conditions.

One of these people is David Konopacki from South River, NJ. David is a diabetic who, thanks to the Affordable Care Act, no longer has to choose between paying for college and paying for the medication he needs. David put it so succinctly: ''The Affordable Care Act is literally the difference between life and death for so many.''

The same holds true for Mrs. Lori Wilson from Morristown, NJ. Her son, like David, has diabetes and has had diabetes since birth. As she writes, her son ''is just one citizen among millions whose life, literally, depends on access'' to care, and under the Price Republican plan, that access is denied.

I mentioned that repealing the Affordable Care Act means reinstating the ability of insurance companies to deny coverage for preexisting conditions. As diabetics, these folks would find it impossible—certainly, financially impossible—to find coverage that would allow them to get their medications and see their physicians. That is what is shocking about TOM PRICE. Despite knowing full well that the ban on preexisting conditions is one of the most widely supported and critically important aspects of the Affordable Care Act, he considers it to be a ''terrible idea.''

Let me say that again. TOM PRICE's views on health care are so radical that he thinks insuring people with preexisting health conditions—like diabetes from birth—and guaranteed access to coverage is a ''terrible idea.'' That is an extremely callous way to put ideology above people's lives.

Let me close on this. I have spoken about the many reasons I am opposed to Congressman PRICE's nomination to run the Department of Health and Human Services, including his long-held opposition to Medicare. But above all else, one of the reasons I am opposing Congressman PRICE is because of the seeming lack of fidelity to the one thing that runs at the heart of health care and the heart of the Health and Human Services Department, which is science.

For years Congressman PRICE has been a member of a group called the Association of American Physicians and Surgeons. This is a group of so-called doctors who push dangerous conspiracy theories and widely debunked claims that have serious implications for the public health. The prime example of this is their assertion, despite all evidence to the contrary, that vaccines aren't safe and that they cause autism. Nothing could be further from the truth. In fact, this week I received a letter signed by 350 organizations, including several from New Jersey and several representing the autism community, restating the fact that ''vaccines are the safest and most cost-effective way of preventing disease, disability, and death'' but unfortunately, because of widespread misinformation, the United States ''still witnesses outbreaks of vaccine-preventable diseases,'' including the biggest outbreak of whooping cough since 1955, and the fact that we have upwards of 50,000 deaths a year from complications of vaccine-preventable influenza.

While TOM PRICE, personally and as a physician, might understand these basic facts, what worries me most is that the President of the United States does not, posting on Twitter for years that vaccines are dangerous and appointing anti-vaccine conspiracy theorists to critical posts in the White House and possibly to key positions within the Department of Health and Human Services.

When I asked Congressman PRICE directly about his fidelity to science and his willingness to stand up to the President about adhering to science as the guiding principle at the Department of Health and Human Services, his answers were far less than satisfactory, and he left me with the impression that he is unwilling to counter the President when he touts untrue claims about health care and ensure that personnel within HHS are stewards of sound science and not ideology.

For the Department that oversees the Centers for Disease Control, which is the global beacon of health care that must be focused on science, that is simply incredible.

I rise today to give my voice in opposition to Nominee TOM PRICE as the next Secretary of Health and Human Services, and I rise to be the voice of Dr. William Thar, Cara Davis, Jolie Bonnette, Jill Stasium, David Konopacki, Lori Wilson and the over 6,000 New Jerseyans who have called

and emailed me to vote in opposition to TOM PRICE's nomination. I will do that when it comes time for a vote.

With that, I yield the floor.

Mr. LEAHY. Mr. President, the Cabinet nomination we are considering today is one of great consequence. The reach of the Department of Health and Human Services is extensive, with direct and indirect consequences for the health and well-being of all Americans. Like many other nominations that this body is rushing to confirm, Representative PRICE has not satisfied the many questions that have been raised about his ability to defend programs that are vital to so many Americans. In fact, his record in Congress runs counter to these goals.

I have always believed that all Americans deserve access to quality, affordable health care. We made a tremendous step in this direction through the Affordable Care Act, ACA, which has extended health insurance coverage to more than 20 million Americans and their families through cancer screenings, immunizations, and preventative health care at little or no cost-share. The law has ensured that vulnerable populations have access to quality care through State expansions of Medicaid. The ACA stopped insurance companies from discriminating against women, seniors, and individuals with preexisting conditions. And it has already saved taxpayers billions in Federal health care costs, while bolstering reserves for our Nation's Medicare and Social Security Trust funds.

Unfortunately, Representative PRICE does not see it this way. As one of the first lawmakers to draft legislation calling for the full repeal of the ACA, Representative PRICE believes that health care should once again be under the largely unfettered control of big businesses and insurance companies. He may say that he wants more Americans to have ''access to affordable coverage,'' but his record in the House shows otherwise.

It is not only the Affordable Care Act that Representative PRICE has put in the crosshairs, but virtually every Federal, health program. Representative PRICE's track record in opposing programs like Medicaid, Medicare, and Social Security is extensive. As Congressman, he has proposed dissolving or block granting Medicaid and replacing Medicare with vouchers, unadjusted for income, for consumers to purchase private plans on the market. In November, he released an agenda proposing across-the-board cuts to Medicare, Medicaid, and Social Security. He has also long fought against women's healthcare and access to family planning services. And he has advocated banning abortions and abolishing funding for Planned Parenthood, which would make it far more difficult for women to have access to health care.

Medicare, Social Security, and Medicaid are crucially important to patients and their families. Medicaid provides vulnerable populations, including children, with essential and comprehensive health benefits, like mental health care and substance abuse treatment, which are required to be covered by Medicaid under the ACA. And for decades, Medicare and Social Security have offered health care protections to low-income Americans and seniors, offering guaranteed resources in retirement. These are earned benefits that hard-working Americans have paid into throughout their lives. It is only fair that these people should expect to have these resources when they enter retirement.

We cannot deny the vital health protections of Medicaid, Medicare, and Social Security to our Nation's families. And I cannot in good conscience support someone who does not share this game goal. Lives, literally, are at stake.

I am also deeply concerned about allegations of Representative PRICE's violation of the STOCK Act, which prohibits Members of Congress from making investment decisions based on information they receive as a result of their roles in Congress. Serious questions of his all-too-coincidental trading with medical companies, after introducing legislation that supports these very companies, are troubling, and signal that this nominee is unfit to lead the very agency responsible for protecting the health of Americans.

I am glad the minority members of the Senate Finance Committee refused to join the business meeting scheduled to move Representative PRICE's nomination last month. There remain serious questions relating to potential conflicts he would have as Secretary. Despite these concerns, Republicans on the Finance Committee made the unprecedented decision to change the rules and confirm Congressman PRICE without even one Democratic member present. This move runs counter to the majority's own rules. But more importantly, it contradicts what we stand for in promoting the interests of Americans as their elected officials.

If confirmed, there are valid reasons for the American people to be concerned that Representative PRICE's agenda will make its way into the Department of Health and Human Services, and Americans will suffer for that. It is the responsibility of this agency to uphold and protect the well-being of the people of this great and good country, and it would be counter to this goal to allow someone like Representative PRICE to oversee such efforts. That is why I will strongly oppose his nomination, and I encourage all in the Senate to do the same.

Mr. UDALL. Mr. President, I rise today to oppose the nomination of Congressman TOM PRICE to be Secretary of the Department of Health and Human Services.

I oppose the nomination because Mr. PRICE wants to dismantle America's health care system—with no guarantee that Americans will continue to receive the health care coverage they now enjoy. He is part of the Trump ''repeal with no plan'' contingent.

In my view, any repeal of the Affordable Care Act must be coupled with a program that has rock solid guarantees to the American public, guarantees that Americans will not lose the health care benefits they now have.

Further, I oppose any vote on Mr. PRICE's nomination until there has been a full investigation and disclosure to the American public of his conflicts of interest. Mr. PRICE has invested in companies just prior to introducing legislation that would benefit those very companies. Before we vote on Mr. PRICE, the American public needs a full accounting whether his investments comply with Federal insider trading laws and ethical provisions.

The President's first order of business was an attack on Americans' health care. His Executive order gives Federal agencies broad authority to grant waivers, exemptions, and delays of provisions in the ACA. As Secretary of Health and Human Services, Mr. PRICE will be given rein not only to grant waivers but to not enforce key ACA provisions and to pass regulations that undercut ACA protections. For example, undermining the individual mandate—a key target of Mr. PRICE's—could lead to collapse of the individual health insurance market and drive up premiums for everyone.

The ACA has resulted in the broadest health care coverage Americans have ever known. Now over 91 percent of Americans have health insurance.

In my own State of New Mexico, the number of uninsured has dropped by over 50 percent. New Mexico is not a wealthy State. We had one of the highest rates of uninsured in the country before the ACA—19.6 percent. That's almost one in five people. Now, only 8.9 percent of New Mexicans do not have insurance. This is still too high, but it is a big improvement.

Americans strongly support ACA protections. Almost 70 percent of Americans think insurance companies should not be able to deny insurance because of a preexisting condition. Eighty-five percent of Americans want their young adult children to be able to get coverage on their insurance policies. Eighty-three percent think preventative services should be free.

The Republicans and Mr. PRICE have no plan to make sure Americans do not lose these rights and benefit.

Now, the ACA is not perfect. We all know this. It needs improvement. It needs work. But the solution is not to throw the health care system into chaos with no plan. The solution is to work together on a bipartisan basis and fix the ACA's problems.

Hundreds of my constituents have called and written asking me to protect the ACA. New Mexicans are scared—really scared—that their health care will be taken away. People are scared their health is in jeopardy. For some, they are scared their lives will be put at risk.

I am angry that the President, Mr. PRICE, and the Republicans have created so much fear and worry among my constituents and around the Nation. None of them has to worry whether their children will get the health care they need. My constituents now do.

Kevin, from Albuquerque, now has to worry whether his 33-year-old daughter Amber will get the health care she needs. Amber has multiple sclerosis. That is a tough disease. I talked about Amber once before here, and her story bears retelling.

Amber's annual medical costs are high. Her medications alone are $60,000 a year. Her doctor visits and MRIs run into the thousands of dollars.

But Amber now has health insurance through the open market thanks to the ACA. And, thanks to the ACA, she is healthy. She works. She leads a productive life.

Without the ACA, Kevin worries his daughter will be kicked off her health insurance plan because her medical expenses are so high and that she will not be able to get new health insurance—because of her preexisting MS. For Amber and Kevin, the ACA's protections mean everything.

There are literally hundreds of thousands of New Mexicans and millions of Americans like Amber. This one ACA provision—prohibiting discrimination based on preexisting illness—protects an estimated 861,000 New Mexicans and 134 million Americans. If we ourselves don't have a serious illness like Amber, we have a family member or friend who does.

Same with people who have high medical costs. These are the people who need medical care the most. The ACA provision—prohibiting lifetime benefit limits—protects an estimated 555,000 New Mexicans and 105 million Americans.

Why is there even any discussion about jeopardizing millions of Americans' health care?

The ACA saves lives. It saved Mike's life. Mike and his wife, Pam, are from Placitas, NM. Before the ACA, they didn't have insurance. They couldn't afford it and probably couldn't get it for Pam because she had a preexisting illness.

As soon as they could, they signed up for an insurance plan under the ACA. Using their new preventive care services, they found out Mike had an aggressive form of cancer. Thankfully, they caught it early. Mike was treated at the University of New Mexico Cancer Center and is cured.

Pam says there is ''no question'' that the ACA saved her husband's life.

Hundreds of thousands of New Mexicans and millions of Americans benefit because the ACA requires health insurance companies to provide free preventatives services. It is well documented that such services prevent illness, save lives, and save money in the long run.

I am also concerned about the impact ACA repeal would have in Indian Country. During his confirmation hearings, Congressman PRICE was asked specifically about the devastating consequences Medicaid expansion repeal would have on Indian health providers. These providers depend heavily on this Federal funding to provide lifesaving services to our Native communities. Any reduction in Federal funding to these facilities would be unconscionable.

But Congressman PRICE has a clear record of voting to support the elimination of the Medicaid expansion and, when asked directly, could offer no solution for making Indian Country whole if this funding were to be cut. Nothing in his hearing or written answers has assured me that Congressman PRICE intends to protect Native communities from the negative impact of ACA repeal.

And, finally, ACA repeal would be devastating to my State's economy. That is what a Ph.D. economist from New Mexico State University told the New Mexico Legislature last week. Dr. Jim Peach said ACA repeal would be ''devastating'' to our State.

As I said, New Mexico is not a wealthy State. We have one of the highest unemployment rates in the country, at 6.6 percent.

But the ACA has been an economic boon for us. Seven of the 10 fastest-growing job categories in New Mexico are in health care. In fact, boosts from health care and tourism actually led to positive job growth for the last 2 months. So health care jobs are of critical importance in New Mexico.

But, if the ACA is repealed, it is estimated New Mexico could lose between 19,000 and 32,000 jobs. I can tell you right now New Mexico cannot take that kind of hit in its employment numbers.

And, the loss in spending in New Mexico would be astronomical.

ACA repeal would mean a loss of $93 million in Federal marketplace spending in 2019 in New Mexico and $1 billion between 2019 and 2028.

It would mean a loss of $2.2 billion in Federal Medicaid funding in 2019 and almost $27 billion between 2019 and 2028.

This hit to our economy would be immediate and would be sustained. Tax revenues would decrease. And the New Mexico legislature is struggling mightily now how to balance the State budget.

The fact is no State budget is ready to take on the extra load if the ACA is repealed and health care gets pushed back to the States. We will go back to the days of no care, uncompensated care, and use of taxpayer-subsidized ER services as a last resort.

But Mr. PRICE and the Republicans are not talking about any of the damage in human or fiscal terms if the ACA is repealed.

In fact, they are already moving to undermine the Affordable Care Act, roll back its protections, reduce assistance to families, create chaos in the insurance markets—by executive action alone.

President Trump's Executive order directed his government not to implement the Affordable Care Act wherever possible under existing law. And we cannot be confident they will not bend the law in pursuit of this Presidential decree.

I cannot support a nominee to head our health care system who is not firmly committed to maintaining the health care coverage Americans now have. And who will not push—and push hard—for the right of every American to have health care.

Finally, I cannot support holding a vote on Mr. PRICE until all financial conflicts of interest of his have been fully vetted and the American public knows there has been no violation of law or ethical responsibilities.

Mr. PRICE is a wealthy man, like so many of Mr. Trump's cabinet nominees. And he has tried to increase his wealth by investing in health-related companies. It is widely reported—in the Wall Street Journal and elsewhere—that Mr. PRICE has made over $300,000 worth of investments in health-related companies—companies that could benefit from his legislation.

We are all familiar with the STOCK Act. It applies directly to us and prohibits us from using inside information that we obtain through our positions as Members of Congress for personal gain.

There are serious questions whether Mr. PRICE's investments ran afoul of the STOCK Act.

I would like to refer to a February 7, 2017, column from the New York Times discussing Mr. PRICE's widely reported investments. So, a first example, in March of last year, Congressman PRICE announced opposition to a Medicare measure that would limit the money doctors could make from drugs they prescribe their patients. The proposal was meant to reduce doctors' financial incentives to prescribe expensive drugs.

Makes sense—we don't want doctors to prescribe more costly drugs because they would personally benefit.

But, just 1 week later, Mr. PRICE bought stock in six pharmaceutical companies that would benefit if this consumer protection measure were defeated.

And then, at the very same time, those very same companies were lobbying Congress to block the measure. And Big Pharma succeeded.

A second example—last year, he purchased shares in Zimmer Biomet, a company that makes hip and knee implants.

Six days later, he introduced a bill that would have directly helped Zimmer. His legislation sought to delay a Federal regulation that would have changed payment procedures for Zimmer. In fact, Zimmer was one of two companies that would have been hit the hardest by the regulation.

Mr. PRICE has said his broker bought the Zimmer stock. But these circumstances warrant investigation.

And, bottom line, Mr. PRICE is responsible for his investments.

A third example—last summer, Mr. PRICE was offered a special deal—to purchase shares at deeply discounted price from Innate Immunotherapeutics, an Australian drug company. He got in at 18 cents a share—at a time the stock value was increasing rapidly, rising to more than 90 cents a share. The value of his shares rose more than 400 percent.

At the same time, Innate Immuno needs Federal Drug Administration approval for one of its drugs.

This deal raises questions whether Mr. PRICE gained from an investment opportunity—unavailable to the public—from a company whose profits could be influenced by his political decisions.

A Cabinet nominee should not come into office under a cloud of conflicts. A vote on his nomination before there is full inquiry into his investments and ethical behavior is premature.

For these reasons, I will vote no on the nomination of Mr. PRICE as Secretary of Health and Human Services.

I ask unanimous consent that the New York Times column I referred to be printed in the RECORD.

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

[From the New York Times, Feb. 7, 2017]

TOM PRICE, DR. PERSONAL ENRICHMENT

(By David Leonhardt)

Each year, a publication called Medscape creates a portrait of the medical profession. It surveys thousands of doctors about their job satisfaction, salaries and the like and breaks down the results by specialty, allowing for comparisons between, say, dermatologists and oncologists.

As I read the most recent survey, I was struck by the answers from orthopedic surgeons. They are the highest-paid doctors, with an average salary of $443,000 in 2015—which, coincidentally, was almost the exact cutoff for the famed top 1 percent of the income distribution.

Yet many orthopedists are not happy with their pay. Only 44 percent feel ''fairly compensated,'' a smaller share than in almost every other specialty. A lot of orthopedists aren't even happy being doctors. Just 49 percent say they would go into medicine if they had to make the decision again, compared with 64 percent of all doctors.

I know that many orthopedists have a very different view: They take pride in helping patients and feel fortunate to enjoy comfortable lives. But despite those doctors, it's clear that orthopedics suffers from a professional culture that does not live up to medicine's highest ideals. Too many orthopedists are rich and think it's an injustice that they're not richer.

This culture helped shape Dr. Tom Price, the orthopedic surgeon and Georgia congressman who is Donald Trump's nominee for secretary of health and human services.

Price had a thriving practice near Atlanta before being elected to Congress in 2004. His estimated net worth of more than $10 million (and possibly a lot more) makes him one of the House's wealthier members.

Yet he hasn't been content to make money in the standard ways. He has also pushed, and crossed, ethical boundaries. Again and again, Price has mingled his power as a congressman with his desire to make money.

So far, the nominee receiving the most attention is Betsy DeVos, Trump's choice for education secretary, and she definitely deserves scrutiny. Still, I think Democrats have made a mistake focusing so much on her rather than on Price. He could do more damage—and his transgressions are worse than those that have defeated prior nominees.

Last March, Price announced his opposition to a sensible Medicare proposal to limit the money doctors could make from drugs they prescribe their patients. The proposal was meant to reduce doctors' financial incentives to prescribe expensive drugs. (And, yes, if you're bothered that your doctor has any stake in choosing one drug over another, you should be.)

One week after Price came out against the proposal, he bought stocks in six pharmaceutical companies that would benefit from its defeat, as Time magazine reported. At the time, those same companies were lobbying Congress to block the change. They succeeded.

It's a pattern, too. Price has put the interests of drug companies above those of taxpayers and patients—and invested in those drug companies on the side.

Last year, he also bought shares in Zimmer Biomet, a maker of hip and knee implants. Six days later, according to CNN, he introduced a bill that would that have directly helped Zimmer.

In his defense, a spokesman for Price has said that his broker bought the Zimmer stock and Price didn't find out until later. That's certainly possible, but still not acceptable. Members of Congress bear responsibility for their personal stock transactions, period.

A third episode may be the worst. Price accepted a special offer from an Australian drug company to buy discounted shares, as The Wall Street Journal and Kaiser Health News reported.

He told the Senate that the offer was open to all investors, although fewer than 20 Americans actually received an invitation to buy at the discounted price. The stock has since jumped in value, and Price underreported the worth of his investment in his nomination filings. It was a ''clerical error,'' he says.

Even without any larger context, his actions are disqualifying. He's repeatedly placed personal enrichment above the credibility of Congress. The behavior is substantially worse than giving money to an illegal immigrant (which defeated a George W. Bush nominee) or failing to pay nanny taxes (which scuffled a Bill Clinton nominee).

But of course there is a larger context. Price has devoted much of his political career opposing expansion of health insurance. His preferred replacement of Obamacare would reduce health care benefits for sicker, poorer and older Americans.

His views have a long history within the medical profession. For decades, doctors used their political clout to help block universal health insurance. They offered many rationales, but money was the main reason. Many doctors feared that a less laissez-faire health care system would reduce their pay.

It's to the great credit of today's doctors that they have moved their lobbying groups away from that position and helped extend insurance to some 20 million people. They understand that some principles matter more than a paycheck.

Or at least many of them do.

The PRESIDING OFFICER. The Senator from Washington.

Ms. CANTWELL. Mr. President, I come to the floor this evening to continue my remarks from earlier today in opposition to the nomination of Congressman PRICE to be Secretary of Health and Human Services and to continue talking about the Medicaid program.

My colleague from New Jersey was talking about the affordability of health care in general and some of the critique about where we are going with health care in the future. That is really what I think the next few years here in the Senate are going to be about—the future of health care.

Unfortunately, the nominee before us is more about the past of health care, focusing on issues like fee-for-service instead of the patient-centric health care that we need.

Earlier today, I was talking about the innovation that is happening in Medicaid through the Affordable Care Act and, specifically, what is happening in Midwestern States, Eastern States, Southern States, and Western States—how the expansion of Medicaid is not just giving more people access to health care but how innovative programs that are reaching that population are allowing people, instead of going into nursing home care and costing States more and having more expense, going into community-based care and home-based care that will help us keep costs down and give patients what they want: the ability to stay at home and have care.

I also talked about how, on top of the Medicaid expansion, we put a program like the Basic Health Plan into place, which drove down the costs of premiums for people in that program.

Through Medicaid, not only have we expanded health insurance by helping states cover their citizens, but the uninsured rate has also dropped. I mentioned that in our State of Washington, it dropped to just 6 percent. Through delivery system reforms, we are also driving a better way for us to improve the Medicaid Program.

Now I want to contrast that to the position of this administration and to Congressman PRICE, because it is a very different view. As I said, I think it is a very backwards-looking view about what we need to improve our health care system. I want to make sure that our colleagues on both sides of the aisle understand this.

Now, my biggest concern is that the current administration and members of that administration are talking about what they want to do with Medicaid. I know that Speaker RYAN has said that he would like to block-grant Medicaid back to the States. This may sound like some great idea until you realize that, right now, Medicaid is already a state option. Medicaid is a voluntary program for States to participate in. The money goes back to the State based on the need. It is not block-granted.

I talked earlier today about when you block-grant it and cap it at a certain level, you are asking people to do more with less. Instead of addressing their needs and improving the system,

like I mentioned on rebalancing to community-based care versus nursing home care, or making it more affordable like in the Basic Health Plan, all you are doing is capping it and continuing to give an amount of money that doesn't meet the needs of individual citizens. So I did not like the fact that Speaker RYAN seems to be on this parade of saying: Let's block-grant Medicaid.

The reason we came to this is that my dear colleague from Vermont came to the Senate floor one night and showed a tweet from—I think it was actually then-Candidate Trump, but it might have been President Trump—that said: No, I am not touching Medicare or Social Security or Medicaid. My colleague from Vermont wanted to know whether the President was going to stick to that promise. What has happened since then is we have seen that there has been a promise, so to speak, on some of these programs, but not on others.

I know Vice President PENCE said that he and Donald Trump will give States new freedom and flexibility through block-granting Medicaid. So they are for this idea of block-granting Medicaid.

In fact, White House Counselor Kellyanne Conway said: block-grant Medicaid to the States.

So many on the other side are saying you are going to keep your health care; don't worry, it is going to be there for you; no one is going to lose it. I guarantee that if we block-grant Medicaid, which is the premise that Mr. PRICE has been rallying on, not just once but many times, it is not going to work out for many Washingtonians in my State, and it certainly is not going to work out for many people all across this country.

Mr. PRICE wrote a budget that would block-grant Medicaid. And he wrote a bill that would repeal the Medicaid expansion in its entirety and repeal all of the Affordable Care Act. So I know for some people, as I said, that might sound like giving the States flexibility, but right now, that dollar goes up and down based on need. When Medicaid is block-granted, you are going to give States a set amount of money and, as I said, that set amount of money may not keep pace with the cost of care.

Through Medicaid waivers authorized by Congress and approved by the Centers for Medicare and Medicaid Services, States can work with the Federal Government to deliver flexibility. I just mentioned two programs that are already in the Affordable Care Act.

Earlier today I mentioned all of the States that were utilizing rebalancing programs and the shift they are seeing in keeping people out of nursing home care and putting them in community-based services. So that is a huge win.

A number of States have pursued these Medicaid waivers through a section of the Social Security Act called 1115. It is really not necessary for anybody to know the number, but basically those innovations are allowing States to continue to improve the delivery of health care. In the State of Washington, that means we are delivering better care, better outcomes, at lower cost. That should be our target—not taking a hatchet to Medicaid and chopping it and saying we are going to give you less and less money.

We know that our health care delivery system is going to be challenged in the future, and we know Mr. PRICE's budget would cut one-third of Medicaid funding within 10 years. That is a huge cost to the Medicaid program. So what would it mean? It would mean millions of Americans would lose their health insurance because States will not have the investments to cover them. Uncompensated care will skyrocket, and that would really hurt the safety net that hospitals provide. People don't go without health care just because Medicaid doesn't cover them. They show up in the emergency rooms, they get uncompensated care, it is more expensive, or they ignore their health care needs until they can absolutely afford it. We are seeing this across America even now. We have had physicians tell us stories of people who are just waiting until they can afford coverage.

So that is why it is so important to get affordable coverage like the Affordable Care Act has been able to provide and to unleash innovative programs within these systems, like the Basic Health Plan that I mentioned earlier today, which allows us to buy in bulk, like a Costco model. Costco delivers Americans a lot of cheaper products because they buy in bulk; it drives down the price. The consumer wins and the insurer wins because they know they are going to get big purchases, and that provides flexibility. I mentioned how New York has more than 600,000 people on the Basic Health Plan, and instead of paying a yearly premium of about $1,500, they were basically saving about $1,000 or more on their annual insurance premiums. Why? Because the State was able to offer up a bundle to New York residents and drive down costs. That is the kind of flexibility we need in the health care system. We don't need to just say we are going to cut one-third over a 10-year period of time.

Let me again contrast this progress with Mr. PRICE's ideas. Congressman PRICE's budget would cut $1 trillion from States over 10 years through Medicaid block grants—$1 trillion, leaving States with a hole in their budget that I know, if they are like our State and are challenged with other issues, they would not be able to cover. The notion that block-granting Medicaid and repealing the Medicaid expansion is the way forward is absolutely not what the people of Washington State think. I am here to represent the viewpoint that innovations in the Affordable Care Act are working, and we shouldn't just simply block-grant and cut Medicaid.

So instead of improving the delivery system of health care and instead of expanding coverage and giving peace of mind, here is what Mr. PRICE's Medicaid cuts would do, according to some of the independent experts who study Medicaid.

The National Council on Disability says about block grants: ''Older Americans and people with disabilities would be at special risk. . . . States would face strong financial pressure to reduce services to low-income seniors and people with disabilities if the Federal Medicaid funds were capped.''

The Center on Budget and Priorities says: ''To compensate for the federal Medicaid funding cuts a block grant would institute, states would either have to contribute much more of their own funding or, as is far more likely, use the greater flexibility the block grant would give them to make draconian cuts to eligibility, benefits, and provider payments.''

The Commonwealth Fund says that ''the federal contribution under a block grant program would remain the same, or grow only according to a present formula, no matter how large the population in need becomes or how much a State actually must spend on health care for Medicaid recipients.''

So we can see that people understand that block-granting Medicaid is nothing more than a war on Medicaid—nothing more than a war on Medicaid.

That is why I cannot support Mr. PRICE's nomination. We gave him chances in the hearing to talk about why this kind of approach is not acceptable and why the programs within the Affordable Care Act that are driving down costs, giving people access, making improvements, working all across the United States in various parts of our Nation are actually the right ways to improve the delivery system, but we couldn't get commitments.

So if my colleagues are being honest with themselves or if they actually understand this, they should be very afraid of the notion that Mr. PRICE is putting forward in wanting to block-grant Medicaid. I think some of them do understand. It is why the Governor of Nevada, Brian Sandoval, and the Governor of Michigan, Rick Snyder, and others, are asking Congress to let them keep the Medicaid gains already in the Affordable Care Act and not shift those costs to the States.

So while shifting costs to the States might be exactly what some people want to do, this is exactly why we need to fight to make sure that the Medicaid expansion remains supported, and that we have the right focus moving forward—a delivery system, that is, that works for the patients and improves outcome and lowers costs. That is why I mentioned two aspects of the Affordable Care Act. We did the Medicaid expansion, and then, for a working family just above the Medicaid eligibility level, which is 138 percent of the federal poverty level, they were able to buy in bulk and get the kind of cost savings in health care that, as I said, let more than 600,000 New Yorkers

sign up for truly affordable health care in impressive numbers.

So that kind of progress being made in Medicaid and in the income levels just above it is exactly the kind of progress we must keep pursuing. Our colleagues seem to want to turn back the clock on this plan.

We did not get a single commitment from Mr. PRICE on keeping Medicaid healthy for more than the 70 million Americans that depend on it. Therefore, all I can do is go back to his record, his votes, and his comments to understand his desire to block-grant Medicaid, which is a war on Medicaid. It will not make that population healthier. It certainly will not really control health care costs for the future, and it is certainly the reason I will be voting no on Mr. PRICE.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts.

Ms. WARREN. Mr. President, I rise today to urge my colleagues to vote against the nomination of TOM PRICE to be the Secretary of the Department of Health and Human Services.

The decisions made at HHS touch the lives of every family in America. The Secretary who runs this agency makes decisions about everything from safety of the food we eat to the drugs we take, to the health insurance we buy and the quality of nursing homes we live in. This is an extremely important job, and we should not hand over the keys to this agency unless we are certain that the person will put the American people first every minute of every day.

President Trump has nominated Congressman TOM PRICE to serve in this job. Unlike many of the President's other nominees who are stunningly inexperienced in areas where they will be setting policy, Congressman PRICE has a lot of experience in health care policy. Yes, he has experience, but it is the kind of experience that should horrify us if we care about Medicare, if we care about Medicaid, or if we care about our own insurance coverage.

Congressman PRICE's record is perfectly clear. He wants to destroy fundamental protections that millions of Americans depend on for their health and economic security, and, frankly, he isn't very subtle about it. He has described ACA's ban on discriminating against individuals with preexisting conditions as ''a terrible idea.'' He has voted 10 times to defund Planned Parenthood—voted 10 times against a group that provides lifesaving cancer and sexually transmitted infection screenings to millions of patients a year. He has tried to privatize Medicare and raise the age of eligibility. Privatize Medicare; think about that. And he has been one of the chief boosters in Congress for gutting the Medicaid program—the Medicaid program, which provides health care for millions of kids, for people with disabilities, for families with parents in nursing homes—cut money to keep people in nursing homes.

Nonpartisan analyses of these plans are not pretty. Millions of people in this country, young and old, children and grandparents, poor and middle-class workers would be denied access to lifesaving care.

Congressman PRICE touts his own magic numbers that say differently, but make no mistake, this is the record of someone who wants to use his position at HHS to advance a radical, reckless agenda that puts rightwing, anti-government ideology ahead of the health and safety of the American people.

During his hearing before the HELP Committee, I asked Congressman PRICE some pretty simple questions. I asked him about more than $1 trillion in cuts that he has proposed to Medicare and Medicaid. I asked him if he would keep or undermine President Trump's campaign claim that he would protect these programs. I asked him to guarantee that not one dollar in cuts to Medicare would take place on his watch. I asked him to guarantee that not one dollar in cuts for Medicaid to help people living in nursing homes would happen on his watch. I asked him to guarantee that not one dollar in cuts for people with disabilities would happen on his watch.

I asked him three separate times to make this commitment, and three separate times he refused to do so. Think about that—cut Medicare for millions of seniors, cut help for people with disabilities, cut Medicaid for people living in nursing homes. This is the person Donald Trump wants to put in charge of those programs.

We have a lot of work we need to do on health care. We need to reduce the cost of insurance. We need to make sure insurance is available to small business owners, gig workers, and part-time workers. We need to make sure insurance continues to cover health care for women and people with preexisting conditions who otherwise are not going to be able to get insurance. What we don't need is to put someone in charge who is hell-bent on destroying health care in America.

For me, this is easy. When someone says he wants to cut Medicare, I am done with him. When someone says let's take away the money that people rely on to pay for nursing homes, this guy is finished. When someone says that protecting people with preexisting conditions is a bad idea, they don't get the job. This should be easy for everyone in Congress. This is a moment for Senator Republicans to step up and say no.

There is another reason to reject Congressman PRICE's nomination, a reason that has nothing to do with his terrible ideas, a reason that would disqualify him even if we agreed on every single issue. The reason is basic ethics.

During his time in Congress, Mr. PRICE has made money by trading hundreds of thousands of dollars' worth of stock in healthcare-related companies at exactly the same time that he pushed legislation that could affect the value of these stocks. His formula has been pretty simple. First he buys the stock, then he pushes bills to help the company, which helps the stock price go up.

For example, Congressman PRICE bought stock in a company that makes hip and knee replacements, and then he introduced a bill to suspend a Federal rule affecting Medicare reimbursements for hip and knee replacements. Congressman PRICE bought stock in a bunch of pharmaceutical companies, then cosponsored a bill to suspend a Federal rule that would hold down drug prices for the drugs that these companies manufacture. Congressman PRICE bought stock in an Australian biotech company with an experimental drug to treat multiple sclerosis, and then he voted for a bill that would make it easier for the FDA to approve these drugs.

So what does Congressman PRICE have to say for himself? How does he explain this connection between buying stock, then supporting changes in the law that would boost the value of the stock he just bought? Well, he has his excuses lined up, and I have to say they are doozies.

He says he didn't know about the trades; his broker made them without asking him first. Oh, wait. He did know about the trades. He just happened to know about an obscure Australian biotech firm, and he just happened to decide to invest as much as $100,000 in it because it was a good investment. Then he hit his last excuse: It is all OK because he paid the same price as anyone else who bought the stock.

Wow, that is really a heaping, steaming pile of excuses, and the excuses stink. These are Congressman PRICE's stock trades, not anyone else's. He made those decisions to buy those stocks, and then he repeatedly pressed for rules that would increase the value of those stocks. In fact, with one of the deals, it isn't just a question of stinkiness; it is a question about whether he broke the law.

By his own account, Congressman PRICE found out about an Australian biotech company called Innate Immunotherapeutics from a fellow House Member who, it just so happens, sits on the company's board and holds the largest stake in the company. So when he decided to buy his latest batch of stock, Congressman PRICE got access to a private sweetheart deal, meaning he got a discount on the price of the shares the general public couldn't get.

This sequence of events might break the law. That is not good at all. And getting special access to a sweetheart deal doesn't help your claim that you are just an ordinary guy with a boring stock portfolio. So when Congressman PRICE appeared before the Finance and HELP Committees, he said he had not paid a lower price than had been available to other investors. That is just not true. The company itself pointed it out. In fact, Congressman PRICE got a

special discount that went to only 20 people in the country—20 special friends, including the Congressman who could help write the laws that would make the company even more valuable.

An outside watchdog has called for an SEC investigation into whether Congressman PRICE committed insider trading. PRICE lied to Congress about his trades, and that should be the end of it. No more nomination for Secretary of HHS. The Congressman should have the decency to withdraw his nomination. It should have happened weeks ago. And if he didn't go voluntarily, the President and his friends in Congress should have quietly but forcefully pushed him out, but that is not what happened either. Instead, Republicans barreled straight ahead, and they changed the rules to do it.

Since Congressman PRICE lied to the committee, Democrats wanted him back for another hearing to ask him about it. Republicans refused, and Democrats boycotted the Finance Committee to try to force PRICE to explain why he lied. So the Republican response was to just suspend the Senate rules so they can run around the Democrats and move forward PRICE's nomination anyway.

Do we do not care about basic ethics anymore? Is that just gone? A Congressman should not be buying stocks then pushing laws to help the company, and that Congressman sure shouldn't be lying to the United States Senate about it.

Because Congressman PRICE has no shame, it will take three Senate Republicans to reject his nomination. Where are the three Republicans who will say no to a man who bought stock and then tried to get the rules changed in Washington so the companies would be more profitable? Where are three Republicans who will say no to a man who got a special stock deal that went to only 20 people in the whole country? Where are three Republicans who will say no to a man who lied to a Senate committee? This has nothing to do with politics. It is about basic ethics. It is about potentially illegal behavior. Where are three Republicans who will say no to this man?

When Donald Trump selected Congressman PRICE for this job, he said PRICE was part of a ''dream team that will transform our healthcare system for the benefit of all Americans.'' Over the past few weeks, I have been trying to understand exactly what that dream looks like.

For families all over this country, the dream is pretty simple. They want to know that when they get sick, they can go to the doctor and not be hit with a surprise bill they can't pay. When they buy insurance, they want to be sure it covers birth control or cancer screenings and preexisting conditions. They want to be able to fight cancer and not lose their house or declare bankruptcy because their insurance company imposes a lifetime limit on benefits.

President Trump does not share this dream for health care in America, and neither does Congressman PRICE. From his first day in office, President Trump has acted to undermine access to health care. Now he has nominated an HHS Secretary who will help him sabotage our Nation's health care system from inside the Department of Health and Human Services.

Yes, we have our differences over health care, and, yes, there are fixes we need to make, but where are three Republicans who will say no to a man who wants to cut Medicare? Where are three Republicans who will say no to a man who wants to cut nursing home care? Where are three Republicans who will say no to a man who wants to cut insurance coverage? Democrats can't do this alone. Three Republicans need to put aside partisanship and stand up for the American people. We need you. The American people need you.

With my remaining time, I want to share some of the letters I have been getting from families in Massachusetts who have seen the reckless, radical plans that President Trump, Congressman PRICE, and Republicans in Congress have put forth for the Nation's health care system. These families know exactly what is at stake in this debate. Congressman PRICE didn't have an answer when I asked him to protect Medicare and Medicaid, but these letters are from constituents and they show just how important these programs are.

Lee from Holliston wrote to me, concerned about cuts to Medicare and Medicaid. I am just going to read an excerpt from his letter:

> I am a 65 year old disabled woman who depends on the generosity of MassHealth and Medicare to survive. I am terrified that Medicare and Medicaid will be so drastically cut that I will no longer be able to maintain my life. I live in HUD housing, receive Medicare and MassHealth which covers all of my healthcare and allows me to continue to live on my own through senior services and the Personal Care Attendant program.
>
> I guess I am just feeling scared and hopeless as I realize the potential for destroying the lives of seniors who live on Social Security and nothing else. I wear an insulin pump, have type 1 diabetes going on 53 years, and I have multiple complications—including an amputation 11 years ago.
>
> My healthcare costs are just unaffordable without all the assistance. Medicare and MassHealth covers everything for me so that the $1,050 per month I receive is doable for living expenses.
>
> I just need to know it is going to be OK.

Lee, we need three Republicans to help out here. Congressman PRICE has made it clear that he wants more than $1 trillion in cuts to Medicare and Medicaid, and that affects you. We have to find three Republicans to help out and to help stand up for you and the rest of America.

I also heard from Alan from South Shore, who is worried about his daughter Meg. Here is what he wrote:

> My daughter Meg is 29. She was born with a condition called neurofibromatosis. As a result of this, she has benign but inoperable tumors on her spine. They cause her chronic pain and problems walking. On some days, she cannot walk even one step. On other days, she might begin walking with a walker, then suddenly collapse on the floor.
>
> Meg cannot hold down a job: She spent the last quarter of 2016 in and out of hospitals. She receives about $700/month from Social Security Disability. She has no savings. She pays for her Medicare prescription drug Part D supplement out of her Social Security. MassHealth is free for her, and it pays for Meg's Medicare Part B. I am retired, so I can only help her a bit.
>
> If Trump's first idea about TrumpCare goes into law—where he assumes you will buy your health insurance out of savings—I fear Meg will live in her bed, watching repeats of quiz shows on her television. And her network of care—including emergency services, rehab physical therapy, chronic disease management prescription drugs—will be reduced.

I understand why you are worried, Alan. I am worried, too, because I think that is exactly the path we are on with Congressman PRICE's nomination to head up HHS. That is why we are fighting back.

Boston Center for Independent Living also shared with me a story from a constituent named Jill who receives health care from the State's Medicaid Program. Let me tell you a little bit about Jill.

Jill is 62 years old. She has a heart defect, a seizure disorder, and serious osteoporosis. She had a varied career as a manager of a women's clothing company a decade ago, and in the 1980s, she installed some of the first computer networks in public schools. In the past several years, Jill has had significant health problems: surgery for her heart condition and multiple broken bones due to her worsening osteoporosis.

MassHealth, the State's Medicaid Program, has covered hospital bills, appointments with specialists, rehab stays, and an affordable medication plan.

Jill is now hoping to use a personal care assistant to give her support with shopping, making meals, and basic housekeeping.

Jill said: ''For me, Medicaid is a lifeline—any cuts from Washington would be a disaster.''

I hear you on that, Jill. I just hope that Congressman PRICE, President Trump, and the Republicans hear you as well.

Medicaid helps a lot of people in Massachusetts, including the very youngest. I got a very powerful letter from Marika from Duxbury, who wrote to me about giving birth to her son Jack after just 28 weeks of pregnancy. I want to read parts of her letter:

> I'm writing to you today because I am horrified about the changes that may be happening to healthcare in the United States.
>
> My husband and I welcomed our son, Jack, at 28 weeks in July of 2015. I had a very normal, healthy pregnancy—until suddenly it wasn't. I ended up with rapid onset of HELLP, a rare and life-threatening syndrome, and an emergency C-section saved both my life and Jack's.
>
> Jack was 1 pound, 14 ounces when he was born. We were both in the ICU for some time,

my son Jack for 110 days. He had all the issues you'd imagine at 28 weeks—cardiac, pulmonary, feeding.

Today, at 18 months old, Jack is a fighter—my hero really—and despite still needing oxygen and a continuous feeding tube that is surgically inserted into his intestines, he is cruising, talking, and ALIVE.

He is alive, and quite frankly, I'm alive because of our amazing healthcare. I have the benefit of an exceptional employer plan from Harvard University. But Jack also qualified (because of his birth weight) for MassHealth. And our public health insurance has been an incredible resource:

Jack's hospital bills were in the millions after his 110 day stay in the NICU. This doesn't even include my own hospital costs for my stay. Despite having excellent jobs and resources, my husband and I would have been bankrupt, and immediately so, without our private health insurance and MassHealth benefits.

Since coming home from the NICU, Jack is still on a feeding tube and oxygen, and he cannot be accepted into regular daycare. He would go to a medical day care, but he has no cognitive delays, and so placing him in such a facility would not ensure that he gets the regular developmentally appropriate engagement that he needs. And so MassHealth pays for skilled nursing care in our home with no out of pocket costs. This means that Jack gets the care that he needs, and my husband and I can still work at the jobs that we love.

Jack participates in early intervention programs and receives feeding therapy, physical therapy and occupational therapy free of charge.

Jack's Synagis shots cost zero dollars. Synagis is a prescription medication that is used to prevent a serious lung disease caused by respiratory syncytial virus, RSV, in children at high risk for severe lung disease from RSV. The average wholesale price is $780.15 for the 50 milligram Synagis vial, and $1,416.48 for the 100 milligram vial. Jack gets a 150 milliliter shot every month.

I cannot imagine this life without my son's public health insurance. I recently enjoyed the NICU Family Advisory Board at Beth Israel Deaconess Medical Hospital in Boston (where Jack and I were cared for) as a way to give back. Today, I mentor other families who have unexpectedly found themselves the parent to a tiny premature baby fighting for life. In nearly every case, navigating the insurance system and fears about money are top of mind.

I am glad to hear that Jack is doing well, but I understand why it is that you want to hang on to MassHealth and why it is that we cannot take the cuts Congressman PRICE has proposed.

Families in Massachusetts are also deeply worried about the future of the Affordable Care Act. Jackie from Norwood wrote to me about how the ACA helped her get coverage for therapy after her mother was killed. She wrote:

My mother was murdered when I was 24. I was on her healthcare, which kicked me off the day after she died. I had recently accepted a new job and I was set to start that Monday (she was killed on Saturday). I had already left my previous full-time job the Friday before.

Due to having to move states after her death, I couldn't start my new job. I didn't know when I'd have work again that could provide insurance, nor did I have another parent whose plan I could join. I also had no way of affording COBRA payments.

So in the matter of one night, I was left helpless in so many ways. Not having health insurance was one of many side effect issues that no homicide victim's family should have to worry about. Especially the next day and when planning a funeral.

Thanks to the Affordable Care Act, I was able to get covered almost immediately, which meant I could still afford my current medications and I was able to get into needed therapy right away. If it weren't for the ACA, I would have been left struggling and sick as a result of something FAR out of my control.

Very true, Jackie.

Jackie goes on to say:

I ended up finding work within a couple of months, and I am still in treatment for PTSD. I was lucky enough to find employment at Harvard University and no longer needed coverage through the ACA. I have generous health benefits provided to me. However, I never want a fellow citizen or victim of homicide to be without medical care due to cost, preexisting conditions, or other setbacks. I am happy my tax dollars go to help programs like MassHealth and the ACA. We all work hard, but that doesn't mean we are all as fortunate.

I am not the typical poster child for a homicide victim/survivor. I am white and college educated. I work for an Ivy League school. I still needed help when disaster struck, and so many others less privileged than me need help finding affordable health care.

Please continue fighting for me and other victims and survivors of homicide.

That is what we are here for, Jackie. That is what we are supposed to do. We just need three Republicans to help us out on this.

I also heard from Jennifer from Northampton, who is terrified for her family if the ACA is repealed. She says:

I suppose I can't say when our story starts. Maybe the day I met my then-life partner (now wife) of 16 years. Maybe it begins when she had to have emergency surgery in Maryland when she wasn't covered under my insurance, because our union wasn't legally recognized. Maybe it begins with the tens of thousands of dollars of debt we incurred in uncovered medical expenses when we tried to get pregnant with our son.

Or maybe it started two days ago when the unthinkable happened. My wife got laid off. After seven years of exemplary services to a large human services agency whose mission is supporting individuals and families affected by homelessness, my wife was given no warning, no severance and no compassion in her sudden dismissal from the agency. For any family this would be devastating. Now we come to the dire part.

About a year ago, my younger sister, Stephanie, was diagnosed with an aggressive form of Triple Negative Breast Cancer at 35 years of age. But this story isn't about that.

Six months later, my mother got diagnosed with Stage 4 Metastatic Breast Cancer.

I didn't have to be an over-educated lesbian to know that there was something genetic going on in my family. I got tested for the BRCA gene and was found positive for the mutation that causes breast cancer, specifically Triple Negative (like my sister had) and am currently looking at an 80% chance of developing Breast Cancer in my lifetime.

I need a double mastectomy and I need it soon. It's scheduled, in fact, for March 6th, 2017. And now, my wife doesn't have a job. I am a Behavior Analyst who specializes in the treatment of children with Autism Spectrum Disorder. I have a small private practice and don't make enough money to support our household. I also don't have access to health insurance through any of my contracts.

That is why it's dire.

One laid-off spouse, one four year old son, one self-employed wife with an 80% chance of developing breast cancer and fear of the ACA being repealed. This is dire.

We are terrified, I am terrified.

This isn't a ''wait and see'' situation for my family. This is us. This is now. And this is real.

Yes, Jennifer, and that is why we are here tonight, in the U.S. Senate, to debate whether or not Congressman PRICE—a man who wants to cut Medicare, cut Medicaid, repeal the Affordable Care Act—is going to be the next head of Health and Human Services. That is why we are fighting. That is why we are looking for three Republicans to step up with the Democrats and turn him down. We must protect the Affordable Care Act.

I also got a letter from Olivia, a college student from North Reading. Olivia wrote me about what the ACA means to her as someone living with multiple chronic illnesses. She wrote:

I am a twenty-two year old white woman from a middle-class suburb of Boston. I attend the University of Massachusetts Amherst and will be applying to graduate school next year. I eat an anti-inflammatory diet, I exercise regularly, do not smoke, and drink lots of water. I am on my parents' insurance, which they receive through their employer. I am a patient at some of the best hospitals in the world.

I am so fortunate to live in a state that protects my right to affordable health care. I was also hopeful when I heard that President Trump was considering modifying ObamaCare rather than repealing it. However, I am still worried about the actions that will be taken in 2017 by his administration and by Congress.

If you met me you would see a ''young, vibrant, and ambitious woman''—other people's words, not mine. Many people and politicians in this country would meet me and not assume that I rely on the ACA. I am not from a low-income family, I don't live in an area that doesn't have adequate medical facilities, and I appear well. I am, however, living with multiple chronic illnesses. I suffer from asthma, fibromyalgia, chronic urticaria, chronic migraines, irritable bowel system, gastro-esophageal reflux disease, and a rare-genetic kidney disorder.

I take multiple medications daily that keep me alive, prevent further health complications, and that allow me to take care of myself. I also seek other therapies to manage my conditions, such as chiropractic care and physical therapy. I currently have great health insurance, yet I still pay hundreds of dollars a month just to give myself any quality of life.

I read the Trump/Pence administration's health care plan and I am aware of the efforts by the GOP to repeal Obamacare and their readiness to do so now that President Trump has taken office. I don't believe I have to explain to you why this worries me.

No, you don't.

I won't go on a rant about why health care reform should be about the people not the money (though I could). I will also not talk about why we should have universal health care (though I could). I am hoping that my story offers a slightly different perspective on why certain aspects of the ACA cannot be modified.

Please remind your fellow senators that millions of Americans suffer from multiple chronic illnesses, many of which are invisible, and that we are a minority that is often

forgotten. Many people are just like me. We are college students and new graduates who have to learn to manage our medical conditions before going out into the real world.

To do this, we may have to stay on our parents' insurance until we are twenty-six years old. We are people who can only work part-time jobs and will need insurance to help keep our medical costs down. We may require expensive prescriptions and numerous doctor visits a year; we cannot have a cap on our care because our conditions are chronic and unpredictable. We are people who will have to apply for insurance with pre-existing conditions which should not be held against us. We are thankful for preventative care because it prevents illnesses that would exacerbate our other conditions.

Health care is a business that we need but that we didn't ask to be a part of. It is a business we all take part in, whether we plan to or not. We are NOT burned-down houses—we are citizens who provide meaningful contributions to our country.

I hope that Congress can work together to continue to give people like me a fighting chance.

I am with you on that. I hope Congress can work together to give people like you a fighting chance.

I also got a letter from Christine in Canton, who wrote to me about her son. She writes:

My oldest child is a 21-year-old college student (soon to turn 22 in February), who is also transgender. He suffers from anxiety and depression. He's been working very hard to complete college while also seeking treatment for his mental health issues. He sees a therapist weekly and has also been hospitalized twice for mental health issues since he's been in college.

Luckily, due to the Affordable Care Act, he is able to remain on our insurance, where the co-payments for both therapy and hospitalization are at least manageable. If he were not to have coverage through our insurance, I'm not sure that we could afford to pay for his treatment—and as a college student, he certainly could not afford to pay for it. It frightens me to think of what will happen to him if he is not able to receive treatment to keep him healthy.

Like so many others covered by the Affordable Care Act, it is a life or death situation. I need to know that you will fight by any means possible to keep the Affordable Care Act from getting repealed.

I also have a 19-year old college freshman and a 17-year old high school senior. While they do not have the same health issues as their brother, we all know how that can change in an instant. The repeal of the Affordable Care Act will also have consequences for them down the line.

I guarantee, Christine, I will be here to fight for you, to fight for keeping the Affordable Care Act for you and for families like yours.

Denise from southeastern Massachusetts wrote to me about how her family is fighting cancer. Here is what she said:

We are family of four, with three cancer survivors. My husband is a childhood cancer survivor who is now fighting a blood disorder and is a patient at Dana Farber. I am a three-time cancer survivor. Having been diagnosed with breast cancer at age 42 (with no family history), I have since had two recurrences.

I have had radiation, five years of tamoxifen therapy, a bilateral mastectomy, and reconstruction. My reconstruction has been difficult, with five surgeries within 18 months. I have been postponing another surgery due to cost, since my insurance has changed for the worse. At age 23, my daughter was diagnosed with Hodgkin's lymphoma and underwent surgery and seven months of chemotherapy.

We are a family that has always been proactive and responsible in receiving regular health care. Now, my husband and I have been rejected for long-term care. My daughter, who has two children, pays a higher premium for life insurance and has been denied cancer insurance. We are in a position where we cannot even succeed in our attempts to take responsibility for ourselves.

This outreach to you is a further attempt to do just that; to maybe give you one more example of reality in your fight for us. We are not whining; we are fortunate to be a close, loving family that has had the strength to rally every time adversity has struck.

But we are tired from the fight and very afraid for the future. It is shocking to us that, in the richest country in the world, after years of working, planning and saving, that we are at the point of fearing a possible bankruptcy in our later years. We also fear financial destruction for our hard-working children due to uncovered medical expenses or the possible exorbitant premiums of a high-risk insurance pool.

Please, please never tire in the fight for access to comprehensive affordable healthcare. Good medical care should not be a privilege for the rich, but a fundamental right for all.

Boy, I am with you on that one, Denise. It is a fundamental right for all, and that is what we will continue to fight for.

I also received a letter from Jenny in Worthington. And I want to read you Jenny's entire letter because she really underlines what is at stake in this fight.

My husband and I have spent our entire careers in the arts. I write music for the theater; my husband is a novelist, playwright, and freelance medical writer. We have two children. We own a home. We paid back every dime on our student loans and we contribute regularly to our self-funded retirement accounts. We have no consumer debt. In short, we are hardworking, fiscally responsible people.

We recognize the trade-offs that come with being our own bosses. We enjoy the freedoms of self-employment, and take seriously the extra burden that society imposes on us, including making our own Social Security payments, contributing to Medicare, and buying health care on the individual market, something we have done our entire adult lives.

When the Affordable Care Act was passed, we were thrilled. For the first time, we had adequate coverage for our family. Our deductibles shrank. We lost the dreaded co-insurance provision and began to think that we could prepare financially should we face the worst.

Or so we believed.

Our difficulties began in late 2014, when I was diagnosed with breast cancer. Over the weeks that followed, I endured 5 surgeries, including a unilateral mastectomy and reconstruction. Almost immediately after, I began to experience complications. Since then, I've come to learn that I was having a reaction to the silicone implant used in my reconstruction and that was just the early stage of a complex autoimmune condition that still lacks a name.

Back then, all I knew was that I was wracked with constant, severe pain. I lost the ability to walk. I could no longer think straight and I lost sight in my right eye. Luckily, we stumbled upon an article by a Dutch team that had examined a cohort of women suffering from the same condition. After consulting with the lead author of the paper, we decided that my implant was to blame, and we determined to have it removed.

Although I experienced some relief immediately after ex-plantation, I have never fully recovered. The joint pain and exhaustion persist. I have shed more than a third of my body weight. The battery of medications I take do little more than keep my pain at bay, permitting me to drive my son to school or shop for groceries, but not much more.

As for my artistic life, it has been put on hold. I have unfinished commissions from two theaters—Chicago Shakespeare Theater and Playwrights Horizons, in New York City—and both institutions have been incredibly patient. Yet the truth is that I have been unable to work for more than two years.

Severe cognitive impairment is a hallmark of my condition, and I have serious problems with my short-term memory. Holding the thread of conversation is incredibly difficult, and I experience blinding headaches if I write music for more than a couple of hours. Frequently, it feels as though someone has reorganized my brain but forgotten to leave me the instructions. It is frustrating; it's terrifying.

Only one thing has made it possible for me to survive this at all: the coverage I receive through the ACA.

The day I got my cancer diagnosis, I was in the process of re-certifying through the Massachusetts Health Connector. I was thrilled when my local Navigator told me that thanks to my new diagnosis, I qualify for Massachusetts' Breast and Cervical Cancer Treatment Program, a Medicaid-backed initiative designed to cover middle and low-income women through their treatments. Not only would I be covered, but our two children would also be insured by MassHealth, our state's Medicaid program. Though my husband continued to purchase care through a separate plan, this single event saved our family from financial ruin.

Now, all of that stands to change. With the repeal of the life-saving provisions guaranteed by the ACA, we are faced with the complete erosion of our savings. The Republican Congress has already voted to eliminate the ban on denying individuals coverage on the basis of previously existing conditions, meaning that I will most likely be uninsurable. What will happen then? Will we go bankrupt? Will we lose our home? How will I cope without my medications when we can no longer afford to pay for them?

The passage of the ACA did more to shore up our little family than any other piece of legislation in my lifetime. It has enabled me to face my grave illness without worrying whether cost would be a factor in my treatment or whether I could try the next medication my doctors prescribed to relieve my pain.

In sharing our story on social media, I have been overwhelmed by the outpouring of concern from our tiny community of theater professionals. The President of the Dramatists' Guild, a professional association for theatre artists, called me to offer the assistance of their Emergency Fund should we need it. And while it is heartwarming to receive the support of my professional community, the hard truth is that even the most doggedly determined not-for-profits can't possibly replace the broad social safety net of the Federal government—a safety net Republicans are determined to shred.

In every industrialized country but ours, health care is considered an inalienable human right. It is abhorrent to claim that

care is something Americans should have to ''shop for.'' Price-comparison shopping may seem like a wonderful market-driven design, but in reality it forces us to confront the terrifying arithmetic of balancing how much care we need against what we can afford. The sicker one grows, the harder it becomes to solve that equation.

We have no idea what the Republicans intend by way of a replacement to the ACA. They refuse to specify, despite their years of claiming that the ACA is a failure. They talk of expanding Health Savings Accounts (HSAs), though such accounts represent nothing but a disingenuous transfer of the cost to the consumer. Even if such an approach made sense, how far would $6,750 (the current HSA limit) go in meeting actual health care costs? That amount would be wiped out after a single visit to the emergency room.

What's more, where do they expect sick Americans—those fighting for their lives and unable to work precisely because of their illnesses—to suddenly uncover $6,750 to sink into a tax-sheltered HSA?

Clearly, this idea has been put forward by people who do not depend on their health insurance for their very lives. They pretend that this sort of thing will save ''our system,'' but their proposal is like offering a patient an Advil for an amputation—laughably inadequate at best; an utter horror at worst.

What's more, efforts like the expansion of Medicaid under the ACA have already saved us. Or many of us. Certainly me, in any case. A Republican friend wrote me recently, venting about the ''third-world'' coverage Medicaid provides. What he had to say was ignorant and false. Medicaid isn't failing. To the contrary, it has saved my life and the lives of many others who have simply had the misfortune of falling ill. And isn't that, after all, one of the primary functions of government? To care for its citizens and return them to the ranks of the healthy and productive?

We have no idea what the year ahead holds for us. It is likely we will face health premiums of $24,000 or more for a low-level plan. Our premiums will consume 30% of our income, more than our mortgage. Despite MassHealth, we shelled out nearly $15,000 for uncovered medical expenses in 2016, and we are already on track to surpass that number this year. On top of everything else, this is the year our daughter starts college. I'm not the typical Medicaid patient that people seem so fond of demonizing, nor am I some poster child of the ACA. I am simply one of the countless individuals whose story does not fit the narrative the Republicans are attempting to feed us about the ACA and about what it means to be sick in America. Medicaid is on the chopping block not because it is failing, but because the people who benefit from it too often fail to speak up on their own behalf. Their silence has nothing do with a lack of will or words. They are simply too busy struggling to survive.

Medicaid benefits our poorest, yet it also assists those slightly higher on the income ladder—people like me who would vastly prefer to be thriving without it. Many more people than you suspect have turned to it in a time of need. They aren't merely characters in some musical or play. Trust me, I know. They are your friends and neighbors. They are families whose lives have been unended by illness. This is what happened to my family. And, with a single diagnosis, it could be your family too.

Thank you. Thank you for writing. This is why we are here to fight.

I also heard from Kaitlyn, from Cambridge, who said the ACA has allowed her to continue pursuing her postdoctoral research. She says:

I am postdoctoral fellow at MIT, and I have a pre-existing condition. In 2012, during my second year of grad school, I started having debilitating pain in my abdomen. The pain was so bad I couldn't eat or sleep, and I lost 30 pounds over two months. The pain was so bad I couldn't wait the full 3 months to see a specialist, and I went to the ER and finally got a diagnosis for an autoimmune disease and began treatment.

However, my condition was so advanced that a little over a year later I needed an emergency surgery while I was visiting family out of state. I spent six nights in the hospital and rang up a bill in excess of $50,000. Luckily, I was 25 and still on my parent's insurance. Additionally, I was doubly insured by the student health insurance from the University of California, for which I was automatically enrolled through my graduate program. Other than a $200 deductible, my hospital bill was paid in full.

Now that I have a chronic illness, having quality healthcare and regular checkups is vital to staying healthy and productive. My medication, Humira, costs $5,000 a month out-of-pocket, which was more than double my grad school stipend. With insurance, I only pay $25 a month. Though surgery helped me tame the inflation in my intestines, my disease began to express itself as arthritis in my joints. The pain was so bad that one Christmas I canceled my trip home to see my family and spent the whole time alone on my couch. I had a bad reaction to some of the medications and became so severely anemic that I needed a blood transfusion. Additionally, one of the medications I take causes severe birth defects. So I needed an IUD to prevent pregnancy.

Easily, all these conditions could become overwhelmingly expensive. But with my student health insurance through the University of California, I could afford it. The premium was $300 per month, part of which was covered by the university. My medications cost $110 a month, and I had a yearly out-of-pocket maximum of $2,000. While I didn't get my insurance through the exchanges, the other conditions of the ACA which determine the minimum quality of care made it possible for my care to be affordable.

By having proper treatment and care, I can be a productive member of society. I have received my PhD in Applied Mathematics and my research contributes to the design of medical devices that can be used for cancer screening. I am able to mentor young girls and encourage them to study math and science. And who knows—one of them may cure cancer one day! Since I am no longer in pain and I am not in debt, I was able to find a prestigious job after graduation. When a state provides for the health of its people, they can thrive at home and at work. It is not only the moral choice, but also a good choice for the economy.

Kaitlyn, thanks for writing and thanks for being one of the big success stories under the Affordable Care Act. This is what we are fighting for tonight.

I also heard from a young woman in Somerville named Samantha. Here is what she wrote:

I've been dealing with severe mental health issues since I was a kid. I am now 27. In that time, I have been through numerous hospitalizations, residential treatment, day treatment, intensive outpatient treatment, and outpatient treatment.

When I was 18, I had to drop out of college and spent 3 months in residential treatment for my eating disorder. The year prior, I spent 2 months in residential treatment and 6 months between day and intensive outpatient treatment, and I had been in therapy for 4 years.

Due to Massachusetts law, I was still covered by my parent's insurance, but the Massachusetts health care reform didn't stop insurance companies from imposing lifetime limits. At 18 years old, fighting for my life, I overheard my parents discussing lifetime limits in regard to my health care. I don't know how much all that treatment cost, or how much of my lifetime limit I had consumed. For the next 7 years, I was in and out of treatment at various levels.

Mr. President, I ask unanimous consent to extend my time by 10 minutes, if I might, to finish my stories.

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

Ms. WARREN. Thank you.

In 2014, when I had my own health care, I had a bad relapse. For the first time I was paying for my own treatment. I had health insurance through my employer that was really good, but even with that, for 1 month of residential treatment, 1 month of day treatment, and 3 months of intensive outpatient, plus therapy, a nutritionist, a psychiatrist and medication—all crucial to my recovery—my out-of-pocket health care costs reached almost $10,000.

These days, I am much more stable and have remained in relatively good health, but all because of the continued support I get from my therapist, psychiatrist, and doctor. I can only imagine how much money has been spent and how close I'd be to my lifetime limit if those were still in place. And of course, all that adds up to being a ''pre-existing'' condition.

The simple fact is that I would most likely be dead today were it were not for the protections provided by the ACA, and if I lose those protections, if I have another relapse, I will either end up dead or unemployed and mired in debt.

Samantha, thank you for writing. Thank you for fighting. That is why we are on the floor of the Senate tonight, to continue to fight for the Affordable Care Act and to continue to fight against cuts to Medicare and Medicaid. This is what is at stake for families in Massachusetts.

As Jennifer said in her letter: This is us. This is now, and this is real. Congressman PRICE wants to cut more than $1 trillion from Medicare and Medicaid. But I am not giving up, because I am here to fight for Lee and Meg and Jill and Marika's baby Jack.

Congressman PRICE wants to rip up the behavioral health protections in the Affordable Care Act. But I am not giving up, because I am here to fight for Christine's son and Jackie and Samantha.

Congressman PRICE wants to get rid of the ACA's ban on discriminating against individuals with preexisting conditions. But I am not giving up, because I am here to fight for Jenny and Kaitlyn and Olivia and Denise and Jennifer.

I will fight for every one of them and for the tens of millions of people who are counting on Medicare and who are in need of Medicaid to pay nursing home bills and to help with home health care for people with disabilities and who need that Medicaid money for children with serious problems. I will

fight for every one of them. Where are three Republicans who will do the right thing and fight alongside me? That is what tonight is all about.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, I rise in strong opposition to the nomination of Congressman TOM PRICE to be the next Secretary of Health and Human Services. My opposition to Mr. PRICE has less to do with his well-known, extreme, rightwing economic views than it has to do with the hypocrisy and dishonesty of President Trump.

The simple truth is, Congressman PRICE's record is the exact opposite of what President Trump promised to working families and for senior citizens all over this country. If President Trump had run his campaign for President by saying: OK, Americans, I am going to cut Social Security, and I am going to cut Medicare, and I am going to cut Medicaid, and I am going to put together a Cabinet that will do just that, I think Congressman PRICE would have been the perfect candidate for Secretary of HHS, but that is not the kind of campaign Donald Trump ran.

He ran a campaign in which he said over and over again: I am a different type of Republican. I am not going to cut Social Security, I am not going to cut Medicare, and I am not going to cut Medicaid. Yet he has nominated individuals like Congressman PRICE, who have spent their entire career doing the exact opposite of what Donald Trump promised the American people he would do.

If Mr. Trump had said: I want to prevent the American people from getting low-cost prescription drugs from Canada, and I want to continue to prohibit Medicare from negotiating for lower drug prices, Congressman PRICE would have been a great choice, but that is not what Donald Trump said during his campaign.

This is what President Trump said. During the campaign on May 7, 2015, Mr. Trump tweeted:

> I was the first and only GOP candidate to state there will be no cuts to Social Security, Medicare, and Medicaid.

On August 10, 2015, Mr. Trump said:

> [I will] save Medicare, Medicaid, and Social Security without cuts.

Without cuts.

> [We] have to do it. . . . People have been paying in for years, and now many of these candidates want to cut it.

On November 3, 2015, Mr. Trump said:

> I'll save Social Security. I'll save Medicare. . . . People love Medicare. . . . I am not going to cut it.

On May 21, 2015, Mr. Trump tweeted:

> I am going to save Social Security without any cuts. I know where to get the money from. Nobody else does.

On January 24, 2015, Mr. Trump said:

> I'm not a cutter. I'll probably be the only Republican that doesn't want to cut Social Security.

Mr. Trump did not make these statements in the middle of the night. It wasn't an ambush interview with some reporter who caught him off-guard. This was one of the centerpieces of his campaign for President. And I think whether you are a Republican or a Democrat or Independent or whatever you are, you will acknowledge that Mr. Trump said: I am not a conventional Republican. I am going to do it differently. Everybody else, all the Republicans, they want to cut Social Security, Medicare, and Medicaid. And he is absolutely right. They do. But he made a promise to the American people that he would be different, that he would not cut Social Security, Medicare, and Medicaid.

President Trump sends out tweets every single day, but the American people are waiting, are still waiting for that one tweet which says: I will keep my promise. I will not cut Social Security, Medicare, and Medicaid, and if Republicans give me legislation to do that, I will veto that legislation.

In fact, the President could save us all a whole lot of time if he would get on the phone now with the Republicans in the House and some here in the Senate and say: Hey, save your efforts. Don't waste your time because if you bring me legislation that will cut Social Security, cut Medicare, cut Medicaid, I am going to veto it.

If President Trump sent that tweet, it would save us all a whole lot of time but, more importantly, it would tell millions of seniors who today cannot make it on $13, $14, $15,000 a year in Social Security that he will not make their lives more difficult. He will tell seniors who are struggling with difficult, painful, costly illnesses that he is not going to devastate Medicare.

He will tell low-income people who are trying to survive on minimum incomes that he will not take away the health insurance they have through Medicaid, and he will tell middle-class families and working-class families that, no, they do not have to worry that their parents can remain in nursing homes and have those bills paid by Medicaid.

What I think the American people are worried about is not just that Mr. Trump has not yet sent out that tweet. We did get a tweet about Arnold Schwarzenegger and how well he is doing on his TV show—we got several tweets about that—but we did not get the tweet that tells seniors and working people they do not have to worry about their future; that this President was not lying but was telling the truth when he said he will not cut Social Security, Medicare, and Medicaid.

The problem is, President Trump has nominated people like Congressman PRICE whose views are absolutely contradictory to what he campaigned on. So why would you appoint somebody whose views run exactly opposite to what you told the American people during your campaign?

The truth is, in the House of Representatives, Congressman PRICE has led the effort to end Medicare as we know it by giving seniors inadequate vouchers to purchase private health insurance.

In 2009, Congressman PRICE said, and I quote—and I hope people listen to this quote and try to ask yourselves: How could somebody who ran on a campaign of not cutting Medicare appoint this gentleman to be Secretary of Health and Human Services? This is what Congressman PRICE said:

> Nothing has had a greater negative effect on the delivery of health care than the Federal Government's intrusion into medicine through Medicare. . . . We will not rest until we make certain that government-run health care is ended.

Now, how does that tally with Candidate Donald Trump saying: I will not cut Medicare and Medicaid.

We don't need an HHS Secretary who will end Medicare as we know it. We need an HHS Secretary who will protect and expand Medicare. The idea of this voucher program, of ending Medicare as we know it, as a defined benefit plan and converting it into a voucher plan, not only contradicts what Candidate Donald Trump said, but it will be a disaster for millions of seniors.

Right now, if you are a senior and you are diagnosed with a serious and costly illness, you have the comfort of knowing that Medicare will be there throughout your illness. It will pay your bills.

The Republican plan, led by Congressman PAUL RYAN, has a very different approach, and what that plan is about is a voucher plan which says that we will end Medicare as we know it. We will give seniors a voucher of an undetermined amount—the last number I heard was $8,000; it may go up, it may be lower—and give that check to a senior who then goes out into the private insurance market looking for the best policy that he or she can get.

I would like the American people to think for a moment what kind of policy an 80-year-old person who is struggling with cancer and who has a check for $8,000 can get. The answer is, when you go into a private insurance company.

Also, if the Republicans are successful in doing away with the Affordable Care Act and the patient protections within the Affordable Care Act, including a ban on the insurance companies' ability not to insure you if you have a preexisting condition—now let's assume they got rid of that.

Now you are 80 years old. You walk into an insurance company, and you say: I have been diagnosed with cancer, and here is my check for $8,000.

The insurance agent looks at you and says: Are you kidding? Don't be absurd. Why would we cover you? What do you think we are going to give you for $8,000 when you are about to run up some enormous health care costs related to cancer? You are going to be in the hospital. You are going to undergo all kinds of treatment. You are going to need expensive drugs, and you expect us to take you with an $8,000

check. How are we going to make any money out of you? Because that is what our job is. We are an insurance company. We don't care about health care. We care about making money. That is our function. We don't make money on $8,000 for taking care of somebody who is 80 years of age who has cancer. Furthermore, because the Republicans got rid of the law protecting people with preexisting conditions, we don't even have to take you. Or maybe we will take you, but you are going to have to add another $10,000 on top of that $8,000 because that is the only way we make money.

Oh, by the way, also, so there is no confusion, they want to raise the retirement age to make sure you keep working until 67 years of age.

So not only is that a disaster, but maybe in a deeper sense, if we take democracy seriously, if we think candidates should run for office based on what they really believe, all of that stuff is a direct contradiction to what Candidate Donald Trump talked about.

I have heard many Republicans say: Look, what he was talking about was really absurd. It was ridiculous. Of course we are not going to do that.

Well, then, that takes us to a whole other discussion: What does it mean if you have a candidate who runs for office who simply lies to the American people and really doesn't mean anything he says?

I have no problems getting up and debating or disagreeing with my colleagues who have a very conservative point of view. That is their point of view. This is a democracy, and we have different perspectives. And many of those candidates ran on positions. They were honest enough to say: Hey, if you elect me, I think we have to cut Social Security, and they gave their reasons. I think we have to cut Medicare; they gave their reasons. I think we have to cut Medicaid; they gave their reasons. I think we have to give huge tax breaks to billionaire; they gave their reasons.

Well, for some reason or another, the people in their State elected them. That is fine. It is called democracy.

But that is not what Donald Trump did as a candidate. So I rise in opposition to Congressman PRICE becoming Secretary of HHS because his appointment would go in diametrical opposition to what Candidate Donald Trump told the American people. I think that is a bad thing for democracy. If you run for office, keep your word, you know? Do what you told the American people you would do. The profound disgust so many millions of people feel for the American political process is not just of what we believe, it is that we don't keep our word, the promises we make to them, and this is exactly where Donald Trump is today.

Let me touch on another area where I think President Trump has not been clear with the American people, and that is, we pay today by far the highest prices in the world for prescription drugs. One out of five Americans between 18 and 65 cannot afford to fill the prescriptions that their doctors write for them. The numbers go down after 65 because of Medicare Part D. But can you imagine living in a nation where one out of five people cannot afford to fill the prescriptions their doctors write?

Mr. Trump campaigned on taking on the pharmaceutical industry. Well, the record of Congressman PRICE is very different from the rhetoric that Candidate Donald Trump used during his campaign.

So I eagerly await Mr. Trump's statement—he can do it through a tweet; that would be fine with me—that says he will support concrete legislation that some of us are going to be offering very shortly which does two fundamental things that will substantially lower prescription drug costs in America today.

No. 1, at a time when you can buy many medicines for far less cost in Canada or in many other countries around the world, at a time when we have free trade agreements so that the lettuce and tomatoes you are having dinner can come from Mexico or Latin America or anyplace all over the world, the fish you eat can come from anyplace all over the world, we will introduce legislation that says that individuals, pharmacists, and prescription drug distributors will be able to purchase lower cost medicine in Canada and eventually in other countries around the world.

Mr. Trump—President Trump had talked during his campaign about taking on the pharmaceutical industry. I hope very much that he will at least keep his word on that issue and that he will join us in supporting legislation to allow for the reimportation of brand-name prescription drugs from Canada and many other countries around the world. If he is prepared to do that, we will pass it. We will pass it because there are a number of Republicans who support it, and the vast majority of Democrats support it. We have the votes to pass it, and if President Trump signs that bill, we will go a long way in ending the burden that so many elderly people and working people and people with chronic illnesses are facing today, and that is the outrageously high cost of prescription drugs.

By the way, this huge increase in prescription drug costs takes place at a time when, in 2015, the five largest pharmaceutical companies in this country made $50 billion in profit—$50 billion in profit in 2015—yet one out of five Americans under 65 cannot afford the medicine they need. The top 10 CEOs or executives in the pharmaceutical industry that year made over $300 million in salary.

Passing reimportation is one mechanism to lower the cost of prescription drugs, but it is not the only one. We have a totally insane prescription drug pricing system in America right now. If you are Kaiser Permanente, you will pay a certain amount for a drug. And by the way, of course, we don't know what that amount is that you are paying; that is secret. If you are Medicare, you will pay a different amount. If you are the Veterans' Administration, you will pay a different amount than Medicare. And if you are Medicaid, you will pay a different amount than Medicare or the Veterans' Administration. We have a situation today where by law the Veterans' Administration is able to negotiate drug prices with the pharmaceutical industry. Today we have a situation where Medicaid, by law, is guaranteed a significant rebate over list price. But in terms of Medicare, which spends over $4 billion a year for prescription drugs, a number of years ago Republicans insisted that Medicare would not be able to negotiate drug prices with the pharmaceutical industry.

President Trump has indicated in vague language that perhaps he would support the ability of Medicare to negotiate prices with the pharmaceutical industry. Given all of the tweets he has sent out on so many subjects, I would hope that he has the time to send out a very simple tweet which says: If Congress passes legislation allowing Medicare to negotiate drug prices with the pharmaceutical industry, I will sign that bill. That tweet will have a profound impact on taxpayers because we can save very substantial sums of money, and it will also result in lowering the cost of prescription drugs.

Unfortunately, once again Congressman PRICE is coming from a different place than Candidate Trump came from—again, that contradiction of a President appointing somebody whose views are diametrically opposed to the views he raised during the campaign.

I think the American people are growing increasingly concerned about the contradictions in general, not just on health care, of what Candidate Trump said and what President Trump is doing. During the course of his campaign, not only did Candidate Trump say he would not cut Social Security or Medicare or Medicaid, he also said that he thought Wall Street was causing all kinds of problems and that you can't clean up the swamp by bringing people in who are a part of the swamp, in so many words. You can't bring people in to clean up the problem who have caused the problem in the first place. And you know what, he is exactly right. He is exactly right. You can't bring in people whose greed and recklessness and illegal behavior on Wall Street caused us the worst economic downturn in modern history of this country. You can't bring those people in and then say: We are going to solve the problem that Wall Street caused.

But in an exactly similar way to what he has done with the Secretary of Health and Human Services, he is bringing in top Wall Street executives. His main financial adviser comes from Goldman Sachs, one of the largest financial institutions in this country, a

financial institution that required a multibillion-dollar bailout from the taxpayers, an institution whose illegal behavior caused them to have to pay a $5 billion fine to the Federal Government. Those are the people he is bringing in to regulate, to take on Wall Street. He is bringing Wall Street executives who caused the worst financial crisis in modern history of this country to take on Wall Street. Well, I don't think most Americans believe that.

So, Mr. President, let me close by saying that I hope that tonight the Senate stands up for the American people, demands that President Trump keep the campaign promises he made, and that we reject the nomination of Congressman PRICE to be the next Secretary of Health and Human Services.

With that, Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. BLUMENTHAL. Mr. President, I am very honored to follow my distinguished colleague from Vermont on issues that he has worked so long and so hard and so well, and that is health care for our Nation and focusing on the fight for women's health, for access to affordable care for all Americans, and for a Cabinet truly free of conflict and corruption—a cause that we share in opposing TOM PRICE as the Secretary of the Department of Health and Human Services.

What is so painfully apparent to him and me and many of our colleagues is that Representative PRICE's nomination is a doubling down of the ongoing blatant attack on women's health by his administration. His radical anti-choice policies, antiquated views on reproductive health, and demands to repeal the women's health provisions of the Affordable Care Act disqualify him from serving as the next Secretary of Health and Human Services.

Before the ACA was signed into law, being a woman meant higher health care costs for simply being a woman. It is estimated that this discrimination cost them about $1 billion more every year. They had to pay higher costs simply because they were women.

Representative PRICE has been clarion clear about where he stands on this issue, with his policy effectively eliminating important protections against discrimination that were guaranteed under the Affordable Care Act. Under Representative PRICE's reckless proposal, all women, including healthy women, could see their insurance costs rise—and rise astronomically. His plan also means guaranteed coverage of maternity care services could be lost. It means well-woman visits, birth control, domestic violence screening, and breastfeeding support—all provided now without any out-of-pocket costs—would be lost. The simple truth is, with Representative PRICE's policies, many women will go without necessary care.

More than a quarter of all women and 44 percent of low-income women already rely on publicly funded health clinics like Planned Parenthood for contraception. Without guaranteed access to birth control, without cost-sharing, this number will certainly climb.

It isn't hard to see why, despite the lonely opposition of Representative PRICE and the Republican Party, 70 percent of Americans support a birth control benefit. Representative PRICE callously asked to see one woman who couldn't afford birth control, one woman who was left behind. If he is confirmed and if the policies he vigorously supports are enacted, he will see millions without necessary health care and particularly birth control.

As many know, Representative PRICE's attempt to defund Planned Parenthood means more than just losing access to birth control; it means cutting off preventive care, cancer screenings, and STD testing for millions of low-income women. The women who get their care from Planned Parenthood seek what all of us want, what all of us should have a right to receive—trusted, compassionate, and medically sound health care. Representative PRICE's politically motivated tax on Planned Parenthood put this care, and their lives, at risk.

Clearly, Representative PRICE is one of the most extreme Members of his party on issues of women's health, and that includes his views on women's reproductive rights—a woman's right to choose. He has supported radical legislation that would ban virtually all safe abortions and even some forms of birth control, which, in essence, would send our country back to a time when women died because the care they needed was outlawed. It was made unlawful; it was banned. That time has gone. We do not want it to come again.

Simply put, Representative PRICE's anti-choice views are not only ill-informed and unconstitutional, but they are downright dangerous.

Representative PRICE has also shown remarkable indifference to the concerns of the millions who will see their health insurance disappear—vanish—following repeal of the Affordable Care Act, if that disgrace should occur. For millions, the Affordable Care Act has been the difference between seeing a doctor at the first signs of disease and waiting until treatment is no longer an option. It has been the difference between financial security and bankruptcy. Much of the bankruptcy in the United States of America has to do with medical costs.

For many, it has been the difference—no exaggeration—between life and death.

The numbers support this point, whether or not Representative PRICE wants to believe them. Since the passage of the Affordable Care Act in 2010, the percentage of uninsured Americans is the lowest it has been in 50 years or more. The positive impact of this law is felt every single day in the State of Connecticut. It has reduced our uninsured rate by a massive 34 percent, resulting in 110,000 Connecticut residents gaining coverage. Many of my constituents have felt emphatic about—and have told me so—exactly how the Affordable Care Act has changed their lives and their family's lives for the better.

Representative PRICE refuses to guarantee that these families will be covered following repeal. So I hope he hears their stories and understands what the Affordable Care Act means to them and the millions of other Americans whom he chooses not to see, not to hear, not to know exist.

Representative PRICE refuses to guarantee that these families will be covered. For example, I point to a woman in Connecticut named Colleen who told me that before the ACA was passed, her medications alone cost $250,000 each year. That is a quarter of a million dollars. Thanks to this law, she has affordable care, no lifetime limits, and knows she will not be a victim of discrimination or denied coverage of her preexisting condition. Colleen said the Affordable Care Act has been the difference for her between life and death.

I have also heard from a father whose daughter has a chronic illness. He asked that I emphasize to all of you, my colleagues, that health insurance is ''not a luxury, but a necessity'' for his family. His daughter represents one of the 1.5 million people in Connecticut who are now protected from discrimination based on preexisting conditions, thanks to the Affordable Care Act.

I have heard from a retired pastor who counts on the Affordable Care Act for coverage, a farmer who fears for his family's health after repeal, a young woman who was able to start her own business because of the assurances promised by health reform, and a veteran who is scared for his wife.

Representative PRICE cannot promise that these people will keep their coverage, and he has said that outlawing discrimination because of preexisting conditions is ''a terrible idea.'' He thinks it is a terrible idea to outlaw preexisting conditions. I saw the effects of preexisting conditions year after year when I was attorney general, and I went to bat and fought for people who were denied health care because their insurance companies told them that health care isn't to take care of a preexisting condition not covered by their policy. His proposals do not expand access to affordable care, and they do not protect patients.

Representative PRICE's nomination is wrong for the people of Connecticut and for the people of this Nation.

Representative PRICE's plans would also do away with the expansion of Medicaid under the Affordable Care Act, disrupting the lives and health of nearly 15 million Americans. This would leave so many people without access to preventive care, lifesaving medications, and necessary medical interventions. This is simply unacceptable and cannot be the policies of the

Secretary of Health and Human Services.

In fact, instead of expansion, Representative PRICE wants to block-grant Medicaid and cap the program, resulting in higher costs, less coverage, and devastation for millions of Americans, half of them children who rely on this program.

In Connecticut, we have been hit hard by the opioid addiction epidemic. It is a national scourge, a public health crisis, and we have relied heavily on Medicaid to fill the gaps. At a time when this epidemic needs more resources, not less, Representative PRICE would work to strip that away, leaving people who rely on Medicaid without treatment.

His plan for our Nation's seniors is just as dismal. He champions privatizing Medicare by turning it into a voucher system and ending the promise of guaranteed health benefits.

Giving seniors a fixed amount of funds to buy health insurance would result in high premiums, increased out-of-pocket costs for seniors, many of them already on a fixed income. And for many Americans, Representative PRICE may mean the difference between being able to purchase lifesaving medications and putting food on the table or heating their homes.

Finally, like many of my colleagues—and Senator SANDERS made this point so well—I have serious concerns over Representative PRICE's potential conflicts of interest. Having repeatedly purchased stock in health care and pharmaceutical companies that would directly benefit from his legislative efforts and advocacy on the company's behalf, he nonetheless made those investments and kept them.

In the face of these allegations, Representative PRICE has simply refused to provide information that could disprove violations, which has led many Americans to question whether Representative PRICE will truly put their best interests before crony capitalism.

The American people know better. These potential conflicts of interest and views on the Affordable Care Act, Medicaid, and Medicare are out of touch and out of line with what Americans want and our Nation needs. We should be building on the success of these programs, not tearing them down, and we should be working with one another to improve the health of all Americans, not fostering divisions. Sadly, Representative PRICE's views and policies make this very attainable goal really impossible. Simply put, his proposals are dangerous, they are disgraceful, and they are disqualifying.

I cannot vote for Representative PRICE to lead the Department of Health and Human Services. I will oppose his nomination and I urge my colleagues to do the same.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Jersey.

Mr. BOOKER. Mr. President, we have had a lot of long nights here, and I just want to take a moment again to really give my gratitude to the staff. A lot of folks go into making the Senate work. We can see a lot of them down here. I can't imagine the days that they have been pulling, as we have been pulling long nights. Many of them get here early in the morning and they go a long way. So I want to thank them, from the stenographers to many of the Senate staff who make it work.

I also want to thank the pages again. These are young folks who have to carry a full load of classes and course work—hard stuff. I don't understand why they haven't come to me to help them with their calculus homework. But the reality is they are working a full class load of courses as well as being here with us around the clock. They probably aren't caught by cameras. They aren't even getting C–SPAN glory. But your presence here really means a lot, and I am grateful for that as well.

I rise specifically to speak about the President's nomination of Congressman PRICE to be his Secretary of Health and Human Services.

I want to take a step back and talk about the profound history that the United States of America has in terms of our bringing together the resources of this country to combat public health crises. We have a country where every generation has been able to step up and take on things that threaten the common health.

There was a time in this Nation when we had actual child death rates that were tragically high, and that for an industrializing nation, our water, the quality of our milk, women dying in child birth, and children dying was a common thing. But we had this bold understanding that in America, a Nation that believes in life, liberty, and the pursuit of happiness, the common health is important. And we took steps that, frankly, in a booming industrial economy, the private sector couldn't do. We took steps to protect the public health, and we made great strides.

It was a Republican President, actually, in 1953, Dwight D. Eisenhower, who actually created what was then a version of what is now the Department of Health and Human Services. Specifically, it was called the Department of Health, Education, and Welfare.

Now, the very first Secretary was a woman, and her name was Colonel Oveta Hobby. She had served as the director of the Women's Army Auxiliary Corps during the Second World War. She was, in my just great reverence, someone who served and fought for health and safety and security during World War II.

As Secretary, Secretary Hobby had an expansive and expanding role. It was a demanding role. She was coordinating the distribution of polio vaccine, overseeing countrywide hospital expansions, overseeing Social Security and the Federal education policy. She had a huge role, one that was so full that one newspaper joked that ''when she [actually] learns her job, Oveta Hobby may trim her week to just 70 hours.'' This was someone who went out there as an agent of the government to lift up the welfare of all of our citizenry, the health and well-being of everyone, again pushing toward those ideals.

In the United States, we really do believe in this idea of life, liberty, and the pursuit of happiness, freedom from deprivation, freedom from illness, the belief that we can have life and have it more abundantly. To Secretary Hobby, this was her duty to her country—someone, again, who served valiantly in World War II.

In the collection of papers from Secretary Hobby's lifetime, Rice University includes that she was a great humanitarian and that she believed there was a role—a ''common thread,'' to use her words—to service to her country toward the empowerment of health for all. She set a standard, a powerful standard, as the first Secretary of Health for the greater good that we, acting collectively, could do to ensure the health and well-being of our Nation.

In fact, it was an understanding from President Dwight D. Eisenhower all the way down to Secretary Hobby that if we ensure people's health and access to health care, it is not just an individual concern, but actually, societally, we become better and we become stronger. The healthier all children are, the more likely they are to go out there and compete. If you are battling sickness, it undermines your economic well-being. In the world of infectious diseases, the words of Martin Luther King are true: Injustice anywhere is a threat to justice everywhere; in fact, an illness somewhere is the threat of an illness to people everywhere. This was the brilliance of Republican President Dwight D. Eisenhower, and it is how this great Department began, setting the standard, understanding that in many ways we are all in this together when it comes to our health.

So for me, this is another point in history. It is a challenge to us as to who we will be as a Nation. Will we continue to be a country that believes, as a fundamental birthright in the richest Nation on the Planet Earth, that everyone can access the highest quality health care, the best access to quality doctors with wide avenues to pursue the rich abundance of life because we have the best health care system on the Planet Earth?

I actually was happy to hear President Trump on the campaign trail talk specifically about this issue, tell us we were going to have a health care system better than the one we have now, specifically calling it ObamaCare; that we were going to have one that is amazing, one that is going to be covering more people. I think the word that was used was ''terrific''; it was going to be terrific. He specifically spoke about some of the bedrock elements of our current health care system that Republicans and Democrats

both agree are things we want to preserve, protect, and in fact make better. He specifically talked about Medicare and Medicaid, defending them: They wouldn't be taken away; they wouldn't be undermined; people wouldn't be kicked off.

So with this excitement, hearing that we have a President committed to these ideals, creating a terrific health care system, we stand on this history in our country where we know our greatness, and it is an affront if we don't have a system that takes care of our most valuable natural resources: the people of this country and a global, knowledge-based economy. What helps us compete is the quality of our workforce.

I am telling you right now, I have learned in my professional life that when children are sick, they don't learn; when a mother is sick, it throws the whole family into crisis; if someone can't afford their medication, it is not just a sin to this country's values, it is a sin morally.

So when President Trump nominated his person to be Health and Human Services Secretary, we might imagine they would reflect the values that he espoused during his campaign and reflect the values he has talked about as President. But instead, he has chosen someone who is diametrically opposed to the things he says he is for—preservation of Medicare. More than this, he has advocated a view on health care that unequivocally would take millions of Americans off of health coverage, thrust millions of Americans into economic crisis, and put the health of many millions of Americans in jeopardy. Usually people say these things hyperbolically, but this is quite clearly a matter of life or death.

For years, Congressman PRICE has told us who he is. He has led the charge in the House of Representatives to repeal the Affordable Care Act and take coverage away from millions of Americans while advocating specifically for the privatization of Medicare and the gutting of Medicaid. For years, Congressman PRICE has advocated for anti-choice, anti-contraception access, anti-commonsense measures, and supported efforts to defund and eliminate proven programs like title X family planning, programs like Planned Parenthood which, through their Medicare reimbursements, often in many communities is the only access women have in their communities for cancer screenings or to get contraception.

Congressman PRICE has been one of the loudest voices on tearing down many of the things that now Americans overwhelmingly say ''Hey, now that we've got this, we don't want to lose it,'' whether that is not having insurance companies dictating to you whether you get health insurance or not having pharmaceutical companies ratchet up prices so much that your lifesaving drugs are out of reach.

Then finally, at a time when we cannot afford to have people who have conflicts, we have a Congressman right now for whom other House Members are calling for ethics investigations because his personal financial interests clearly have been in conflict. In fact, he seems to be building a career as a Congressman working on health policy on one hand while building a fortune trading health stocks directly related to that work. This is a man who is so conflicted, a man who is so contrary to what our President says he believes, a man who has been leading the charge to take our health care back in an affront to the ideals that literally stem from the founding history of our Department of Health. I cannot support this individual.

But let me quickly go through some of these things. We now have to have an honest conversation in our country about this idea of repealing the Affordable Care Act without replacing it because objective organizations like the Congressional Budget Office, conservative organizations like the American Enterprise Institute, and fellow Republican Senators of mine have acknowledged that to repeal the Affordable Care Act would throw into crisis millions of hard-working Americans who have been able to get coverage because of the health insurance marketplace and the Medicaid expansion. Millions of Americans can now go to a doctor when they feel sick instead of going to an emergency room. By the way, as a local mayor—when people use emergency rooms as their primary care facility, it is extraordinarily more expensive; it is fiscally irresponsible.

Because of the ACA, millions more Americans can now access basic health and preventive services that can lead to lifesaving opportunities that did not exist before. Millions more Americans have the peace of mind of knowing that they are no longer one illness away from financial ruin.

Let me put up a chart for a second about the history of people having insurance.

This is the percentage of uninsured in the United States—going along, about 18 million uninsured. And then what happens? The uninsured rate has been driven down. Enrollment in the individual market continues to rise but has now decreased since 2014.

In late December 2016, Standard & Poor's—hardly a Democratic organization, but a market-based organization—released an incredibly optimistic report for the future of the individual market in the Affordable Care Act. But Congressman PRICE, on the other hand, has repeatedly introduced legislation and resolutions to repeal critical elements or the entirety of the law responsible for these successes without any regard for consequences. He has done this again and again and again and again, eight times. He authored a bill last year that would repeal critical parts, like the Medicaid expansion provision that has expanded access to care for millions, tax credits that would help millions buy insurance. And Congressman PRICE has introduced legislation that would fully repeal the Affordable Care Act.

I want to let you all understand that, to me, this is a point in our American history where this isn't arguing over opinion; these are facts about what Congressman PRICE has done. If he were successful in any of those eight attempts to rip down the Affordable Care Act, we now know objectively from organizations like the independent Congressional Budget Office that it would mean 18 million people losing their health insurance in the first year alone, 32 million of our fellow Americans by 2026. Objectively, there would be increases in premiums in the market by 20 to 25 percent; 4.4 million of those Americans who would lose coverage would be children; and 11 million of the most vulnerable would lose their Medicaid coverage.

There is a man named Andy Slavitt who is a former Acting Administrator of the Centers for Medicare and Medicaid—again, what our President says he wants to preserve. He put together a list because so many people were calling him, writing him: What are going to be the consequences if they repeal the Affordable Care Act without replacing it? What are the consequences? And he just went through a list: Small businesses, farms, self-employed Americans represent 20 percent of the coverage of the exchange. These are individual entrepreneurs, many of whom, by the way, experience something called job lock, where they are afraid to become entrepreneurs because if they lose their jobs, they lose health insurance. Twenty percent are covered by the exchange, and 127 million Americans—127 million Americans—have preexisting conditions. They would be put at jeopardy, and insurance companies would be able to deny them coverage.

Seniors, Medicare beneficiaries, have saved $2,000 on prescription drugs because of the ACA—$2,000; 30 million Americans are on individual policies and Medicaid; 2.8 million Americans with drug disorders would lose coverage; 1.25 million Americans with mental health disorders would lose coverage—1.25 million Americans with mental health disorders. In other words, the ACA put mental health care on parity with physical health care. A 42-percent reduction in uninsured rates for veterans has resulted. He said that bad debt—bad debt, bankruptcy—would go up by $1.1 trillion because health care bills would again be the lead cause in this country of bankruptcy. In other words, before the ACA, the No. 1 reason people were declaring bankruptcy was because of medical bills. After the ACA, that can't happen. There are steps to prevent that from happening, at least to the extent of $1.1 trillion.

The Medicare trust fund, which has been extended, will have several years reduced off its life expectancy. Taxpayers will lose $350 billion added to the deficit and $9 trillion would be added to the debt if it is repealed—2.6 million jobs lost, especially in communities like rural hospitals, where they

depend upon the ACA to keep doors open and hospitals running. Anyone who likes free preventive services like mammograms and better cancer treatment, preventive services that literally save lives by early detection, gone.

Young adults, 3.1 million right now on their parent's plan because of extending the years. Women who want to buy health insurance will pay more than men in premiums because, amazingly, at times insurance companies would be charging you more simply because of your gender and 105 million people had lifetime limits on what insurance companies pay.

This is a list from one of the great experts who knows factually what would happen if we were to turn back the clock. Let me drill down a little bit more. As head of Health and Human Services, Congressman PRICE would be responsible for insuring the continuance of Medicaid.

Americans like Kelley from New Jersey are able to access care right now because of the Medicaid expansions under the ACA. I want to read what she said. She said:

> Thank you for supporting the ACA. I hope that you will continue to fight hard for it. It's the ACA and Medicaid that allow me to be able to seek medical treatments for my scoliosis (which causes me to suffer from chronic pain) and ensure that my newborn receives appropriate medical care when need be.
>
> I work full time and go to college but I still struggle to pay the bills, as I'm only 18 and fast food doesn't pay much even at 35 to 40 hours a week.

Here is someone going to college, raising a child, working full time, and relying on the ACA so she can inch toward her American dream, being a college graduate, getting a better paying job.

She concludes by saying:

> I want my baby to have the health care she deserves so she can be happy and healthy.

The Medicaid expansion under the ACA has extended access for millions in our country, millions of hard-working people like Kelly and their children, like her baby, across the country.

In New Jersey alone, hundreds of thousands of people gained coverage. Uncompensated costs were driven down, and my State saved a billion dollars, all because of Medicaid expansion.

Republican Governor of New Jersey: Medicaid expansion was the right fiscal decision for our State and for our communities' families who live in our State.

In PRICE's efforts to undo ACA Medicaid expansion, he has indicated people like Kelly and her newborn baby are not a priority.

I know for a fact that hard-working people across the country and in my community will suffer if PRICE is able to do what he intends to do and has tried to do.

Let me go to another issue; that is, Medicaid. How about Medicare? As Secretary PRICE, he will be responsible for overseeing Medicare, the health care program that services 57 million American seniors and those with disabilities.

Under the Affordable Care Act, we know that the quality of Medicare coverage has improved. The life of the Medicare trust fund has been extended, and we have begun to close the gap in prescription drug coverage that too many seniors and people with disabilities—they know about this. It is known as a doughnut hole. There is more work to do to strengthen Medicare and to make prescription drugs more affordable for everyone, including our seniors.

The changes we have done already have had real positive impacts on the daily lives of Americans. Let me read another letter from Myra in Willingboro, NJ. She wrote to tell me about the difference that Medicare is having for her family as they live with chronic illness. She said:

> As your constituent and an advocate of affordable, accessible health insurance, I would like to share how adjustments to the health care system could impact me. As you consider policy changes, I urge you to think about how your constituents living with chronic conditions will be affected.
>
> It is so important to my husband who lives with Parkinson's disease and myself who is being treated for Chronic Lymphatic Leukemia that our Medicare benefits continue without any cuts in benefits. It is most important that we continue to be able to visit doctors able to care for our specific needs and have the expensive medications covered that are needed as we live with these diseases.
>
> As a support group leader for people living with Parkinson's disease—

I pause here to say, my father suffered for years with Parkinson's, died from Parkinson's. The support groups are essential, and the medical challenges that this chronic disease brings are great.

I continue with her letter.

> As a support group leader for people living with Parkinson's disease and their caregivers, I know all the members would echo my requests. Many people actually need further assistance to purchase the needed drugs as their policies do not cover them adequately presently. Often the medication prices are prohibitive for folks. They have to constantly check to see which drug plan will allow their medication at an affordable price.
>
> In addition, specific supports for caregivers is another very important need for the Parkinson disease population. Please consider assistance for these people who require assistance throughout the day.

Let me tell you, this is a person writing to say keep what we have and make it better because it is still not enough to meet the challenges. Instead, we are considering making someone the Secretary of Health and Human Services who doesn't want to improve, build upon, get better but wants to throw out.

Take TOM, who believes that for his family, their lifeline to health care access is an intrusion. This is TOM PRICE—excuse me, who believes that this is an intrusion. He writes: ''I can attest that nothing has had a greater negative effect on the delivery of health care than the federal government's intrusion into medicine through Medicare.''

I want to put these words up. This is what the nominee to Health and Human Services is saying about one of the most valued parts of our health care in America. He is saying: ''I can attest that nothing has had a greater negative effect on the delivery of health care than the federal government's intrusion into medicine through Medicare.''

I would like to tell you that is an insult to Myra and her husband, millions of American seniors, those on disabilities who rely on what he calls an intrusion. Someone who is calling for an end to a program that millions of Americans rely on, that the President himself swore that he would do nothing to disturb, we are now putting the chief architect of the destruction of Medicare from the House into a position where they can wreak havoc on the health care of millions.

I want to go into that area of preexisting conditions. Imagine yourself as someone who has a child with diabetes or that you are a survivor of cancer and an insurance company can now look at you and say: I am sorry. I am not going to cover you. The people driven by the market, driven by profits, driven by the bottom line are going to look at you and your humanity and simply say: Sorry, I am not going to cover you. And you live in that place in America, that dark, painful place where you know you are one illness away from destitution.

This is what Maureen wrote to me recently. She said:

> Please do not repeal the Affordable Care Act. My 18-year-old son has been fighting cancer for over a year. I am scared to death of what his future will hold without the protections of the ACA. He may be subject to a lifetime cap on insurance payments or be rejected for health insurance entirely on the basis of a preexisting condition. He is only 18. He could be financially ruined before he even gets his adult life started. After fighting cancer as a teen, it scares and upsets me to think that his battles will continue throughout his life in the form of financial hardships from the loss of protections he currently has through the ACA.

She ends saying:

> Please consider my family when voting on the ACA.

Please consider my family. There are millions of Americans who now are living in this state of fear, looking at the rising and the ascendancy of Congressman PRICE to a position—someone who has tried again and again to end insurance for people with preexisting conditions.

I don't understand what we are trying to achieve with putting someone who believes that somehow the free market will take care of these folks. I began with our history as a country: booming industrial economy. The free market didn't take care of ensuring that our waters and rivers were cleaned up. The free market didn't take care of eradicating polio. We are a nation that has learned from our history that we have a responsibility to each other, and in our common civic space and in the

governments that are established amongst men and women, we have to do better for folks who are victims or vulnerable to the vicissitudes of the free market.

That is why we are stepping up to say that we can create a system that serves all. We are the richest country on the planet Earth. What even makes this worse than Medicaid under assault, Medicare under assault, people with preexisting conditions, which are issues that are simply around contraception.

Congressman PRICE would be expected to uphold protections currently in place that prohibit insurance companies from charging women more because of their gender and ensuring that insurance companies abide by the Affordable Care Act's contraceptive care.

All that talk about preexisting conditions, many insurance companies saw gender as a preexisting condition. As something as critical as having access to contraception, TOM PRICE has voted time and time again to restrict access to essential health care services and limit reproductive rights.

Before the Affordable Care Act was passed, cost was a major barrier for women seeking access to birth control. Congressman PRICE has repeatedly opposed the provision requiring insurance plans to cover contraception. This is what he said in an interview in 2012:

> Obviously one of the main sticking points is whether contraception coverage is going to be covered under health insurance plans and at hospitals, and whether or not they're going to be able to pay for it, especially low-income women, where do we leave these women if this rule is rescinded?''

That is the question. PRICE's response was simple:

> Bring me one woman who's been left behind. Bring me one. There's not one.

I am sorry, in this case, PRICE is not right; PRICE is wrong. There is not just one you could bring. There are millions of women who were left behind and struggled with access to coverage before the Affordable Care Act. For this man to stand there and cast a shadow over the basic commonsense understanding that when you allow women to make their reproductive health decisions and have access to contraception, you give them power over their lives and their destinies. You actually reduce unwanted pregnancies dramatically. This is an economic issue. This is an empowerment issue. This goes to the core freedoms as a country.

The Center for American Progress reported in 2012 that before the ACA contraceptive provision went into effect, that ''a recent study shows that women with private insurance paid about 50 percent of the total costs for oral contraceptives, even though the typical out-of-pocket cost of non-contraceptive drugs is only 33 percent. Surveys show that nearly one in four women with household incomes of less than $75,000 have put off a doctor's visit for birth control to save money in the past year.'' Because of the ACA's contraceptive provision, America has changed. According to the National Women's Law Center, 55 million women have saved $1.4 billion on birth control pills alone since 2013.

Listen to Rachel from West Orange, NJ, a couple towns over from where I live. She benefited from the contraception provision of the ACA as well as access to Planned Parenthood. This is what she wrote:

> The Affordable Care Act is something that has made a huge impact on my life. I come from a poor background, and there is no additional money to spare on things like birth control, which I take for my independence and legitimate medical issues. Without birth control, I'm unable to get out of bed for days at a time because of painful periods. This means losing out time off work and opportunities because of a serious medical malady.
>
> I never thought I would be able to normalize my life because I can't afford a $40 copay every month, in addition to my expensive transportation passes, student loan payments, and helping my parents pay their bills. However, with the Affordable Care Act, I have access to free birth control that allows me to live my life and succeed. It enables my independence, and makes me a healthier individual. I am terrified that any repeal of the Affordable Care Act will harm my health, my career and my ability to lead a normal life.

We want people to lead the life of their dreams—their health, their careers. What she is asking for is not a luxury. It actually benefits us all because we are empowering her to succeed. That makes this country greater. Yet TOM PRICE, this nominee, has voted 38 times on measures that would restrict women's access, including 10 times voting to defund Planned Parenthood. At a time when there are fewer unwanted pregnancies, when women have more power, more control over their lives, TOM PRICE wants to roll things back.

Struggling women are fighting to raise families and go to college and pay the bills and run businesses or be entrepreneurs, that they are having constrictions placed on their lives—you empower women, you empower this Nation.

In New Jersey, Planned Parenthood's 26 health centers provide access to life-saving care for women across the socioeconomic spectrum. I will fight tooth and nail with all that I have for not rolling things back. We are not going back. And a Congressman who has pledged to do just that should not be the Secretary of Health and Human Services.

TOM PRICE has spoken out against sex education. I am a believer. I said this when I was mayor, all the time. In God we trust—I am a man of faith—but everybody else, bring me data. Sex education is actually something that has a powerful economic benefit. When it comes to advocating for better health options and outcomes, we know this is not an idea or theory, but there is a connection between poor, incomplete, or absent sexual education and increasing rates of teen pregnancy, sexually transmitted diseases, sexual assault. Young people are also disproportionately infected, without sex education, with HIV, and HIV rates among young adults are truly problematic in this country. Kids who are granted full information live healthier lives. But Congressman PRICE advocates against that. He thinks sex education doesn't reduce rates of teen pregnancies—it does; doesn't reduce rates of sexually transmitted diseases—it does; doesn't reduce rates of sexual assault—it does; doesn't reduce rates of HIV—it does. But he thinks that it promotes promiscuity among young people.

I want to end with my last point. All of this is enough, but this is the more astonishing part of my opposition because in this, I would at least think we could get my Republican colleagues to join with me because if you look at past Presidents, something less than this has sunk nominations before. This doesn't have to do with health policy; this has to do with conflicts of interest.

There was a great Senator who pulled himself out of consideration for what, compared to this, is a mild issue that he moved to correct on paying taxes on a benefit that he received. He pulled himself out of consideration. He had that kind of dignity to say: You know what, I have this small issue. I am pulling myself out of consideration.

But TOM PRICE is charging right ahead, while people in the House are calling for his investigation. Some of my colleagues have already addressed this, so I won't go into it much, but the SEC investigation should be there. An independent watchdog from the Office of Congressional Ethics should be there. We don't know because these organizations, the SEC and the Office of Congressional Ethics, don't announce when they are investigating somebody. But there are a whole bunch of people saying that Congressman PRICE has potentially violated something called the Stock Act, which was basically put in place so that Congresspeople, who know things about regulations or issues affecting companies, can't benefit off of that insider information to profit themselves. I don't understand why, at a time that this is all hanging over his head, that there should be an investigation, that we should get to the bottom of it before we put him in the President's Cabinet, Democrats and Republicans here, given past history and past nominees who had to withdraw, why aren't we joining in a bipartisan way and saying: Hey, there is a lot of smoke here, and the facts are kind of screaming for attention.

Let me just be clear. As an example, last March Congressman PRICE bought between $1,000 and $15,000 worth of shares in a company called Zimmer Biomet. They are a medical manufacturer that specializes in hip and knee devices. House ethics disclosures show that he invested in the company just 6 days before introducing a bill that would have directly benefited hip and knee replacement companies like Zimmer Biomet, H.R. 4848. Let's do this

again. He invests in a company 6 days before he introduces legislation that would have benefited such a company. That is astounding, to me, and it should raise alarms in terms of the codes of conduct of a potential Cabinet nominee. He invested in a medical manufacturer of hip and knee devices and shortly thereafter introduces a bill, the HIP Act.

What is more, though, is while Congressman PRICE has said that he was unaware of the stock purchase because it was bought by a broker, his financial disclosure forms show that he initialed the purchase to note an error. He initialed the purchase. So to say he had no knowledge of it is a stretch.

Congressman PRICE then added nearly two dozen cosponsors to the bill over the next 3½ months. I am sorry, if a Senator here did that—knowingly buying stock, then introducing a bill—I know this body would look askance on that. More than that, I don't think you need to explain much of this because it is so obvious that American folks at home are knowing that you should not introduce legislation to self-deal to yourself.

Let me give another example. PRICE also bought stock in an obscure Australian biopharmaceutical firm called Innate Immunotherapeutics through a private offering that was not made available to the public. The private stock offering gave Congressman PRICE access to hundreds of thousands of discounted stock.

At his Senate confirmation hearing, he asserted the stocks were ''available to every single individual that was an investor at the time,'' but this is how the Wall Street Journal reported it—not quite a liberal periodical. It said:

> 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.
>
> The shares were discounted at 12 percent off the traded price in mid-June only for investors who participated in a private placement arranged to raise money to complete a clinical trial. The company's shares have since tripled during the offering.

I am sure that Americans at home who are saving for their retirement would love to have an insider deal like this, would love to be clued in by company heads to an opportunity to triple their money, but clearly something is wrong when a Congressman is doing that. That should cause us to pause as a nation before we put him in as a Cabinet Secretary over all of our health care.

It is a disturbing pattern when Congresspeople use their position of power for personal gain with no regard for public interest. This type of behavior would be unacceptable in most industries. It should be unacceptable to Congress, to Senators on both sides of the aisle who have to advise and consent.

Look, we are at a point in our country where we have taken steps forward on health care. It has been controversial, I understand, but there is no arguing with the fact that we are now at a point in America where someone with a preexisting condition is not stopped from having health insurance, where young people all over our country have the security of knowing they can stay on their parents' health insurance until they hit 27. We are at a point now where being a woman is not a preexisting condition, where we have expanded access to contraception. We are at a point in our country where the uninsured population has gone down dramatically.

We cannot have someone whose attitude is not what I would hope it would be, one of ''Hey, we accomplished a lot. Let's figure out a way to make it better. Let's build on it.'' Instead, they not only want to take back the gains I just mentioned, but they want to go further and take back Medicaid and Medicare, privatize them, gut them, block-grant them.

So this is not a close call. This is a Congressperson who for years has told America what his intentions are. He just didn't have the power to do it then because he was 1 out of 435. Frankly, if you include the Senate, he was 1 out of 535 and had a Democratic President also to get through. He couldn't get done what he wanted to get done. Now he is going to go from being one voice on the fringe, yelling for getting rid of Medicaid and Medicare, yelling against women's access to contraception, yelling to put insurance companies back in charge of your life, your destiny, and your health care—he is going to go from a fringe voice, 1 out of 435, to now being the head of the Department of Health, advising the President on things, frankly, that he has said, at least, that he doesn't want to do: gutting Medicare, gutting health care for seniors.

So I go back to where we came from—a Republican President, Dwight D. Eisenhower, and the first head of the Health Department, an incredible woman, World War II—served soldiers in World War II. And they had a vision for this country, that, hey, what we have is not good enough. Let's figure out a way to do better because a healthy society is an economically strong society. A healthy society is a prosperous society. A healthy society lives up to our common values.

We are the United States of America. We should set the national standard for health care. When it comes to the most vulnerable amongst us, whether it is a poor kid on a farm, whether it is someone in an inner city, whether it is an immigrant, we are a country that believes—like the old African proverb: If you want to go fast, go alone, but if you want to go far, go together.

One of the great singers and artists and inspirations in my State is a guy named Bruce Springsteen. He has a song where he says: We take care of our own. Well, we have done well on that idea. We have gotten better. We have made strides toward that standard.

We have work to do. We should be working together, both sides of the aisle, to make our health care better, more inclusive, more accessible, and more affordable. We have a lot more work to do. But I don't want to go back. So help me, I will fight every day to prevent us from going backward where there will be fewer people covered, more people, because they can't afford things, suffering untold health crises.

I don't want to go backward to where women are denied coverage or access to empowering things, basic things, fundamental things like contraception.

I don't want to go backward with senior citizens who are in the sunsetting years of their lives, when they should be free of stress and worry and strain but suddenly are worried again and struggling and suffering. I don't want to go back to those days; therefore I will vote a resounding, full-throated no on Congressman PRICE because, as the poet Maya Angelou said, if someone tells you who they are, believe them. He is someone who has told us what he wants to do. We should stop him from doing it.

I yield the floor.

The PRESIDING OFFICER (Mr. PERDUE). The Senator from Florida.

VENEZUELAN PASSPORTS

Mr. RUBIO. Mr. President, I wanted to take a few moments today. I know we are in the middle of this debate about the health care law, about the nomination. On a topic I have been working on for a while, I was compelled to come to the floor at this late hour because it has now broken in the press. It is important to kind of give some clarity.

As my colleagues know, I have spent a significant amount of time over the last few years discussing the issues in the nation of Venezuela, which has a direct impact on my home State of Florida but ultimately on the country. It is a nation that faces some very significant challenges, primarily because its political leadership is a disaster. It is no longer truly a democracy. It is now a government run by a tyrant who has basically ignored the Constitution. They have taken over the courts. The members of the judiciary in Venezuela are now basically under the complete control of their so-called President, Nicolas Maduro, and before that, Chavez. They control the press. They have a national assembly that actually is controlled by the minority party or the opposition party to the government. But it is pretty shocking. My colleagues would be shocked by this. We all travel abroad often. Imagine if you lived in a country where the President denied you the ability to travel abroad. Well, that is what has happened.

One of the members of the National Assembly in the opposition, Luis Florido was trying to go to Peru to travel and was denied the ability to

leave the country. Imagine that. Imagine that one of our Democratic colleagues here in the Senate decided they wanted to take a trip next week overseas in the conduct of their office and were told that the President was not allowing them to travel abroad. That happened in Venezuela. Another one, Williams Davila, had his passport taken away by the President of Venezuela. So the country is a disaster because of their leadership. It is actually headed into a cataclysm.

In April of this year, Venezuela has to make a $6 billion payment on their debt. They will not be able to make that payment. The Government of Venezuela knows that. It is a terrible situation.

But in the midst of all of that, I have argued that the national security interests of the United States is at stake in what is happening in Venezuela. This is not just about the issue of democracy; it is also about the threat it potentially poses to the United States. That is what I come to the floor to speak about tonight.

My office has been engaged with a number of people over the last few months and year who have been coming to us with information. We have been working on some of this. Some of that has now broken into the press tonight in a CNN report that I am about to describe in a moment, but first, let me lay out the scene.

There have been about 8.5 million names added to Venezuela's immigration system since it was last independently audited in the year 2003. OK. So 8.5 million people were added to their immigration system, the new names that have come about. Of the 8.5 million names that were added, 221,000 of those—over 221,000 of those are foreign nationals, and at least 173 of those 221,000 foreign nationals are from the following countries: Iran, Syria, Iraq, Lebanon, and Jordan. So 173 people from these countries were provided government passports and national IDs between the year 2008 and 2012, which leads me to this: In November of 2015, a Venezuelan attache by the name of Misael Lopez Soto, who was assigned to the country's Embassy in Baghdad, became a whistleblower, and he began to reveal the identities of several of these 173 names.

Understand that this is important because there has been a 168-percent jump in U.S. asylum applications from Venezuela since October of 2015, now the third highest nation of origin for asylum applicants to the United States. The overwhelming majority of them are legitimate people fleeing all this craziness that is happening. But I lay the groundwork to understand the connection between Venezuela and the United States.

I now want to go into the story of Mr. Soto, who, as I said, used to work at the Embassy.

Mr. Soto was assigned to work at the Embassy of Venezuela in Iraq. As he began to work there, he noticed some irregularities, so he began to report what he says was a scheme to sell passports and visas for thousands of dollars out of that Embassy. He was offered all kinds of money to do this, to get a cut of those thousands of dollars. He says he declined it.

CNN and CNN en Espanol have over the last year teamed up on a joint investigation, relying on much of the same information that I have had access to, looking into all of these allegations and what they uncovered. In the story that posted tonight was evidence of serious irregularities in the issuing of Venezuela passports and visas, including passports that were given to people with ties to terrorism.

According to CNN, one confidential intelligence document obtained by CNN—intelligence documents from nations in the Western Hemisphere, not from the United States—actually directly links Venezuela's now new Vice President, who is in line to potentially become the President when the current dictator is going to have to give up power here soon because of this cataclysm that they are facing—the name of that Vice President is Tareck El Aissami. There are now links, according to CNN, to the current Vice President, Tareck El Aissami, and the 173 Venezuelan passports and IDs that were issued to individuals from the Middle East, including people connected to the terrorist group Hezbollah.

It is important to understand—and the CNN article appropriately outlines this—if you have a passport from Venezuela, you are allowed to enter over 130 countries on this planet without a visa. That includes the 26 countries in the European Union. So a Venezuelan passport is a valuable commodity for someone who is trying to travel around the world under an assumed name with a valid government document. That is why it is important.

Mr. Lopez, the whistleblower who once worked at the Embassy, is a lawyer. He used to be a police officer in Venezuela. He said, according to the article, that he thought that becoming a diplomat was a great career opportunity that would allow him to serve his country, so he moved to Baghdad and started his new life at the Embassy.

He remembers what he calls an unwelcome surprise on his first day in July of 2013. His new boss was Venezuelan Ambassador Jonathan Velasco. The Ambassador handed him a special envelope, he said.

> ''He gave me an envelope full of visas and passports,'' Lopez recalled. ''He told me, 'Get this, this is one million U.S. dollars.' I thought it was like a joke. Then he told me here people pay a lot of money to get a visa or a passport to leave this country.''

Meaning Iraq.

About a month later, Lopez said he realized it was no joke.

An Iraqi employee of the Embassy who was hired to be an interpreter told him that she, the interpreter, had made thousands of dollars selling Venezuelan passports and visas and that he could make a lot of money too. He says he told her it was wrong and he refused. The employee pressed the issue, telling him that there were thousands of dollars to be made, even discussing an offer to sell visas to 13 Syrians for $10,000 each.

Lopez said that he was stunned when he found the document inside the Embassy. It was a list of 21 Arabic names with corresponding Venezuelan passport numbers and Venezuelan identification numbers. A Venezuelan immigration official told CNN that a crosscheck of the passport numbers indicated that the passports are valid and that those passports, given to these people with the 21 Arabic names—when he ran the crosscheck, they actually matched the names on the list Lopez found, meaning the people on the list could be able to travel using those Venezuelan passports.

But here is what is incredible: A publicly available database in Venezuela examined by CNN shows that 20 of the 21 identification numbers of the people with the Arabic names that match the passports are actually registered to people with Hispanic names, not the Arabic names listed on the passports.

So basically CNN has uncovered evidence that at least on 21 occasions, the Venezuelan Government—the Venezuelan Embassy has sold passports to someone from the Middle East but assigned them a Hispanic surname or a Hispanic name. People are traveling under assumed identities from the Middle East. We have a couple of those names we are going to share with you in a moment.

In April 2014, only 9 months after he started the job, he emailed a report about all this to the Ambassador. He said the Ambassador did nothing, and, in fact, the Ambassador, Velasco, threatened to fire him.

By 2015, he was so frustrated that no one would investigate it that he took what he found to Delcy Rodriguez, who was Venezuela's Foreign Minister. He emailed the report and said that there was fraudulent issuing of visas, birth certificates, and Venezuelan documents. He said nothing happened. With nowhere else to turn, Mr. Lopez said he contacted an FBI official at the U.S. Embassy in Madrid.

By the end of 2015, the Venezuelan Government accused him of abandoning his post and removed him. A police official showed up at his home in Venezuela with a document that said he was under investigation for revealing confidential documents or secrets.

Now, this is not the first time this Congress hears about this. U.S. lawmakers heard reports about Venezuela's passport fraud during congressional hearings as far back as 2006. In fact, a congressional report warned that ''Venezuela is providing support, including identity documents that could prove useful to radical Islamic groups.''

A State Department report at that time concluded that ''Venezuelan travel and identification documents are extremely easy to obtain by persons not entitled to them.''

Roger Noriega, the former U.S. Ambassador to the OAS, a former Assistant Secretary of State for the Western Hemisphere, said in prepared remarks before Congress in 2012 that ''Venezuela has provided thousands of phony IDs, passports and visas to persons of Middle Eastern origin.''

In 2013, confidential intelligence reports from a group of Latin American countries obtained by CNN said that from 2008 to 2012—I already outlined this earlier—173 individuals from the Middle East were issued Venezuelan passports and IDs. Among them were people connected to the terrorist group Hezbollah. The official who ordered the issuing of those passports, the report said, is Tareck El Aissami, who just a few months ago was appointed and is now the Vice President of Venezuela. Back then, he was the Minister in charge of immigration, as well as a Governor. He personally took charge of issuing granting visas and nationalizing citizens from different countries, especially Syrians, Lebanese, Jordanians, Iranians, and Iraqis, the report said.

So what we have now is an unbelievable situation in which a country in this hemisphere, according to both the whistleblower, independent reports, and now CNN's own investigation—Venezuela—has been providing passports to people from the Middle East under false pretenses, basically fraudulent documents that allow them to travel all over the world.

Among them, Hakim Mohamed Ali Diab Fattah, a Palestinian and suspected Hezbollah member, was given national ID No. 16.105.824, issued on July 12, 2012. He was deported from the United States in 2002 for his possible connection to the 9/11 hijackers via aviation school in the United States. He was detained and arrested by Jordanian authorities on May 3, 2015, for suspicion of financing terror. This individual has that national ID number from Venezuela and a passport that was allowing him to travel.

Here is another one: Ahmad Adnan Ali, an Iraqi, another suspected Hezbollah member. He is a convicted trafficker facing charges in France and Denmark, and he has documents under two aliases: Ahmed El Timmy Villalobos, with the number 29.645.898. That is the number on the ID that was issued on January 16, 2014. He has another alias and another document: Ahmad El Timmy Gomez. His name is neither Villalobos nor Gomez, but he has these documents.

By the way, all of this, according to CNN, is no surprise to General Marco Ferreira, who was in charge of the immigration office in Venezuela in 2002. He now lives in Miami. He was granted political asylum. ''He told CNN that he personally witnessed corrupt senior officials ordering passports for people who were not citizens when he was running the department.'' He said it was ''very easy'' to assume someone else's identity. It was ''very, very easy to go and be a Venezuelan or pretend being born in Venezuela.''

I bring this up in the midst of all these other things because we now understand that what we are facing in Venezuela is not just a corrupt government and a tyranny but a nation that is under the corrupt leadership of its now Vice President and, of course, its President, a nation that is trafficking in selling passports and travel documents to individuals with links to terrorism. That poses a direct threat to the national security of the United States. I hope in the days to come, with this new information and with this report, that we can work with the Justice Department and the State Department to take appropriate measures to protect our Nation and the world from what is occurring at the hands of the Venezuelan Government under the tyrant Maduro and under its Vice President, who personally ran the department that was undertaking these corrupt activities.

I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. MARKEY. Mr. President, tonight I am here to speak in opposition to the nomination of TOM PRICE to be the Secretary of Health and Human Services, and I am standing here this evening in solidarity with millions of Americans across this country who, thanks to the Affordable Care Act, have health insurance, some for the very first time in their lives—not just access to coverage but actual health insurance for themselves and for their families, coverage that provides preventive care without copays, coverage despite preexisting conditions, coverage supported by subsidies for those who need it to help make health insurance affordable for their families.

TOM PRICE's position on health care is contrary to everything those millions of Americans rely upon, and it is against everything that my State of Massachusetts stands for.

So let's take a look at TOM PRICE's formula for health care for America. First, Congressman PRICE wants to repeal the Affordable Care Act. He wants to bring back discrimination against those with preexisting conditions. He wants to kick 32 million Americans off their health coverage. He wants to deprive women of reproductive health choices, and all of this, ultimately, is going to raise prices of insurance, of health care coverage for everyone who has insurance right now, which is 80 percent of America who gets their private coverage.

Second, TOM PRICE wants to end Medicare as we know it. He would increase the Medicare eligibility age and create a voucher system that pushes the cost of the program directly onto seniors. Finally, he wants to slash Medicaid, which provides health care to disabled and poor families across this country.

So that is his plan. This is the TOM PRICE health care plan for America in the 21st century: No. 1, repeal the Affordable Care Act; No. 2, end Medicare as we know it; and, No. 3, gut Medicaid and raise premiums for everyone else in our country. No one with any sense believes this is a winning formula.

Voting for the Affordable Care Act was the best vote of my entire political career, and that is because I agreed with Senator Ted Kennedy that health care is a right and not a privilege and that everyone in our country is entitled to health care coverage and that that health care is the solid foundation for our entire country to build their lives on.

Ralph Waldo Emerson said: ''The first wealth is health.'' Without health, you have nothing. That is what the Affordable Care Act is all about—to give every American the first wealth, the most important one, the access to the health care which they need. That is the promise that all Americans were made with the Affordable Care Act, and it is a promise that we still must keep.

Before TOM PRICE and his Republican allies came up with their blueprint to dismantle the ACA and put their big health insurance companies back in charge of your health, there was a Massachusetts blueprint that helped to create that historic health care law. Many of those core fundamentals were from Massachusetts and were then just built right into the Affordable Care Act: creating a marketplace so that insurance companies compete for customers, expanding Medicare to cover more low-income residents in our State, helping lower and middle-income people buy insurance with tax subsidies, encouraging people and businesses to buy in so we are all splitting the cost and sharing the benefits, and a employer-responsibility requirement for all large employers to offer coverage to their workers.

In Massachusetts, we call this RomneyCare, a good Republican program from my Republican Governor—RomneyCare. Then on a national level, they called it ObamaCare. In Massachusetts, we just called it successful. It worked. It is a good plan.

Right now in Massachusetts, 98 percent of all adults have health care insurance; 99 percent of all children have health insurance. The Massachusetts unemployment rate is 2.8 percent. We are No. 1 in math, verbal, and science at the fourth, eighth, and tenth grades out of all 50 States. We have the cleanest environment in the United States. We have health care for all children and all adults, and our unemployment rate, again, is 2.8 percent.

It is not a choice. In fact, it is a business plan for the State. It works—the healthiest families, the most educated children in the Nation, the lowest unemployment rate. It all comes together. It is a plan.

Now, to listen to the critics of this idea—that everyone is entitled to health care—you would think that it would destroy our economy, and they are still waiting for it to happen, as our unemployment rate continues to go down and down and down.

What is up? I will tell you what is up. Cancer screenings are up. Preventive care visits are up. Diabetes treatments have gone up. Health disparities among women and minorities are down. That is who we are. We can do this. It is a plan. It is a plan. It actually ensures that every child in America, every family in America really doesn't have to worry about something happening, some bankruptcy taking place because they can't afford the health care that one of their family members needs. That is what was happening before the Affordable Care Act passed.

So what makes Massachusetts one of the healthiest places in the world to live is in jeopardy with the nomination of TOM PRICE. He is coming for this plan. He doesn't think it works. He doesn't understand what has happened in Massachusetts or across our country.

In fact, in the State of Kentucky, the Democratic Governor, Governor Beshear, has instituted this plan in his red State, and he took the total number of people up to 95 percent of total coverage for Kentucky—hundreds and hundreds of thousands of people.

If we did that across the whole country, then we would essentially have the Affordable Care Act of Massachusetts in the whole country, but there has been strong resistance from States that are ideologically opposed to having this kind of a plan be put in place. So they are coming for it. That is what TOM PRICE is doing.

Let me give you an idea as to what TOM PRICE's plan does for Massachusetts and ultimately for the rest of the country that has adopted the plan. In Massachusetts alone, there will be an average per person loss of $2,280 in tax credits, and 83,000 seniors and people with disabilities may lose $1,000 per year in saved prescription drug costs. We could lose an estimated 57,000 jobs just in Massachusetts with all these services just being eliminated. We would have the loss of $1.85 billion in Medicaid expansion funding and the loss of more than $700 million in Federal premium tax credits and cost sharing reduction payments for middle-income families.

We also have to consider the Affordable Care Act's prevention and public health fund. Here is what went wrong with our health care system in the 20th century: We were running a sick care system, not a health care system. So what the Affordable Care Act did was it began to shift the emphasis towards prevention. How do you stop people from getting sick in the first place? That is the way we should be viewing disease in our country. The Affordable Care Act is our government's single largest investment in prevention.

Since enactment of the ACA, the prevention fund has provided more than $5 billion to States and communities across the country to support community-based prevention programs. Nationally, the prevention fund also funneled hundreds of millions into the preventive health services block grant. These grants have been critical in Massachusetts, for example, helping our communities respond to the heroin, prescription drug, and fentanyl crises.

Unfortunately for all of us, TOM PRICE's assault on health care wouldn't stop there. Congressman PRICE's march on the Affordable Care Act would slash Medicaid—and listen to this number—which pays for $1 out of every $5 in America for substance use disorder treatment.

The repeal of Medicaid expansion would rip coverage from 1.6 million Americans, newly insured Americans who have substance use disorders. We have an opioid crisis in America, a fentanyl crisis, a prescription drug crisis. People are dying in record numbers. What TOM PRICE is proposing is going to take 1.6 million of these Americans who are receiving treatment right now and just strip them of this health care benefit.

What happens to them? We know what happens if you don't have treatment. We know what happens if you don't have prevention when you have a drug problem. It leads, inextricably, inevitably, toward a conclusion that is now affecting tens of thousands of people in America every single year, and that is death. You tell these 1.6 million people they no longer have coverage, and you are sentencing them to consequences that, I don't think, our country wants to see.

I have served in Congress for nearly 40 years, and I have never seen anything like this opioid epidemic, never.

In Massachusetts, 2,000 people died last year. We are only 2 percent of America's population. If the whole country was dying at our rate, that would be 100,000 people a year dying from drug overdoses. That is two Vietnam wars every single year.

What TOM PRICE is saying is that he is going to rip away the Affordable Care Act funding for those who have substance abuse. Nationally, opioids have now killed more people than gun violence, auto accidents. Many people who have substance use disorders benefit from protections under the ACA. It is guaranteed. The funding is there for it. So this is for me just one perfect example of many, many examples which I can use in order to kind of just give people insight as to the horrors that are going to be done to vulnerable families all around the country.

Donald Trump is bragging today that he is going to provide a big league tax cut for businesses in America, big league tax breaks for the wealthiest people in our country. That is a commitment. The wealthiest can get a big tax break, businesses can get a big tax break.

Where will that money come from? Well, in order to pay for the Affordable Care Act, hospitals across the country kicked in about $500 billion over 10 years in order to help with the costs, but the hospitals received something in return. Because of the Medicaid subsidies for patients, they would now have insurance, and when they showed up at the hospitals, they would actually have insurance coverage. So that would help the hospitals have the revenue they need in order to take care of business. Since many fewer people were now going to arrive at the emergency room, the uncompensated care—that is the funding which the hospitals just had to provide for patients who just walked into an emergency room—would now be dramatically reduced because the patients would have insurance through the Affordable Care Act. The $500 billion they had promised to the Federal Government that would not be an expenditure, that would be the tradeoff.

Then you say to yourself, what is the Republican plan now? What they are saying is, they are going to kill these subsidies that have reduced the number of people who do not have insurance going into emergency rooms, and they are going to strip that away. They don't have a plan. This is the TOM PRICE plan—nothing. But they are also saying they are not going to give back the money to the hospitals which had been used in order to deal with the uncompensated care. So it is a con job. The President says you have a big tax break to the wealthiest in our country, big tax break to the businesses in our country. Where is the money coming from? Where is the piggy bank? Here is the piggy bank. The piggy bank is the money that was being used to give insurance for people to go to hospitals with their families. That is being taken away, and they will use it to give tax breaks to the businesses. You are taking it from the people who need it the most, for health care, preventive services, and families and you give it to the people who need it the least, the wealthiest and the businesses in the country. It is a con job—take the money and hand it over to the largest constituency in the Republican Party. And who is the architect? TOM PRICE.

Is that why he would destroy this health care system? Is that why you would cut back Medicare? Is that why you would gut Medicaid? You do it so you can give huge tax breaks to the wealthiest in our society? That is an unacceptable plan, and it makes him an unacceptable candidate to be the Secretary of Health and Human Services in our country.

We have a raging epidemic of opioids. We have all kinds of problems that can be dealt with if people had the insurance coverage and they knew they could go in order to get the help they need.

Now let's focus on the Medicare Program because they want to save money there too. How are they going to accomplish that? Well, there were doom-

and-gloom prospects about the Medicare programs that came from the Republicans, TOM PRICE himself, but just the opposite happened. The Medicare Program since the Affordable Care Act went into place has resulted in the lowest per member rate of spending growth in its 50-year history for Medicare. Premiums paid by enrollees in Medicare Part B and Part D have gone down against all the predictions of its opponents, and perhaps more importantly, the savings have helped America's seniors by ensuring that Medicare will continue to be there for them.

Here is a big number for you. Medicare had previously faced a projected insolvency that could have occurred this year—this year. Medicare insolvent. However, because of the Affordable Care Act, it extended the insolvency date of the Medicare trust by 12 years. Good news for seniors. Repealing the law jeopardizes Medicare for a generation of Americans.

But TOM PRICE doesn't just want to repeal the Affordable Care Act, the second part of the health care assault is to transform Medicare into a voucher program and increase the Medicare eligibility age. After a lifetime of hard work, Congressman PRICE would make seniors wait longer for the benefits they earned.

My father was a milkman for the Hood Milk Company. His arms were the size of my legs. Milk men work hard. Blue-collar people work hard across our country. Working-class people work hard. Should they have to wait until they are 66, 67, 68, 69 to receive a Medicare benefit? They work hard. That makes no sense whatsoever. That is TOM PRICE. How do you increase the age when people can receive Medicare coverage for their health when they are old in order to save money—for what purpose? To then have a tax break for the wealthiest who already have the money they need in order to take care of the health care of their families. That is one thing you never have to worry about. The wealthy in America have all the money they need for their families.

Do you want to know another thing? The higher your income, the more likely you are going to live longer than people who don't have money. You don't have to worry about wealthy people. They are fine. Their health is fine. Their children are fine. Any problems in their family are fine.

Well, how about other families in our country? That is what this plan does. They want to lose that plan in order to give more money to the people who already have enough for the rest of their lives. So that would wind up increasing premiums for grandma and grandpa by hundreds of dollars, making them pay more out-of-pocket for less care. What TOM PRICE essentially wants to do is get us into the Wayback Machine and return us to a time when corporate insurance companies were calling the shots in our country, back to a time when a person could go bankrupt because of medical bills, back in time to when Americans had to choose between paying for the rent or paying for a life-saving medical treatment.

The Affordable Care Act moved our country from being a sick care system to a health care system, but Congressman PRICE wants to undo all of that progress and get rid of all of those protections.

Here is TOM PRICE's bottom line: repeal the Affordable Care Act, which results in fewer insured patients, and that means more patients in the emergency room and higher premiums for everyone else. That formula is as bogus as a degree from Trump University. It doesn't add up.

The people who have to pay for it are everyone else's insurance policies that are going to go up. Because you better believe the hospitals and insurance companies, when that money is not there in the Affordable Care Act, insurance policies for those people, and you don't get back the $300 to $500 billion that the hospitals have now committed back to the Federal Government, somebody is going to have to pay. Somebody is going to pay, and you don't have to be Dick Tracy to figure this out. The people who are going to pay will be every other American who has an insurance policy. It will just go up 5, 10, 15 percent, everybody else's insurance policies. The hospitals are getting their dough; the insurance companies are getting their dough.

When people go to an emergency room, they are not going to be turned away. Somebody is going to have to pay. Where is the payment going to come from? Everybody else's insurance policies, which are going up, and the money that had been saved is going to the Federal Government for tax breaks to the Trump administration. He said today big league tax breaks for the wealthy, big league tax breaks for businesses. Great. This is the plan that if you kicked it in the heart you would break your toe. What about ordinary people? What about the people who need help?

Martin Luther King, Jr., said: Of all forms of inequality, injustice in health care is the most shocking. You cannot work if you are ill, you cannot learn if you are sick, you cannot be secure if you are constantly worried that medical bills can wipe out your entire savings. These clearly are not concerns for TOM PRICE, who has a legislative history that has repeatedly favored wealthy individuals and corporations over the health of the majority of Americans.

Congressman TOM PRICE championed legislation that would eliminate young adults' ability to stay on their parents plan until age 26. Congressman PRICE trumpeted a plan that would let insurance reinstate lifetime and annual limits on coverage and charge women more because of their gender.

TOM PRICE would rip away the Affordable Care Act income-based subsidies and instead offer inadequate tax credits that can be given to a billionaire, not the middle-class, working-class, blue-collar American.

If TOM PRICE had his way, he would implement a plan that would cause health care premiums in individual markets to skyrocket, increasing premiums for average Americans by 25 percent immediately and doubling over the next 10 years. He wants to strip Planned Parenthood of all its resources, and 2.5 million people would lose access to care in those community clinics. If that happens, fewer mammograms, fewer prenatal exams, fewer cancer screenings, and loss of all those vital services would hit women of color and low-income women hardest. It would increase health inequity and health disparity in our communities of color.

TOM PRICE's assault on women's health doesn't end there. He has proposed legislation that would allow health insurance companies to charge women more than men. He has repeatedly cut and limited access to family planning services. He does not believe that women should get birth control with no out-of-pocket costs. He is an outspoken and virulent opponent of reproductive health and would push women's reproductive rights back to the 18th century. Good physical health and reproductive freedom are critical to supporting women as productive members of their households and our economy. We cannot allow TOM PRICE to turn back the clock.

So this is the challenge. We have an administration committed to increasing defense spending big time, increasing tax breaks to the wealthiest and to corporations big time, and then promising to cut the Federal budget by $10 trillion over the next 10 years. Well, where is the money going to come from?

We know what they are targeting. They are targeting all these programs that help those who need the help the most in our society. So I urge my colleagues to vote no on this nomination of Congressman PRICE. He is the wrong man at the wrong time for the wrong job. It just doesn't match up, not with a 21st century strategy that we need to have the healthiest population in the world to compete against our economic rivals across the planet, and if for no other reason, just the moral obligation we have to make sure families are not desperate when their loved ones are hurting.

I thank you for giving me the opportunity to come out here at this time, and I urge my colleagues to vote no on Congressman PRICE's nomination.

I yield back the remainder of my time.

The PRESIDING OFFICER. The Senator from Maine.

Mr. KING. Mr. President, I am a former Governor, and as such, I have an inclination to support the Executive's nominees for their Cabinet—for their Secretaries or Commissioners in my case, in Maine. I think that is an

important principle, and it is how I start when I approach the analysis of any nominee to any position put forward by the Executive, whether the Executive is Donald Trump or Barack Obama or anybody else. That is a kind of starting point, and that is how I started this January. And, indeed, thus far, as we have voted here on the floor, I have supported five of the seven nominees who have come before us, plus I supported two additional nominees in committee which have not yet come to the floor, but whom I will support on the floor.

So I am not in total opposition: Don't vote for any nominees. I don't think that is the way our system works, and it is certainly not the way I intend to approach these issues. I have approached them one at a time, looking at the position of the nominees, their policies, their views, their hearings. I have tried to follow the hearings as closely as possible, including their answers to questions. Again, I start with a bias toward approval, perhaps because of my experience as a chief executive myself.

But I can't support nominees who are fundamentally opposed to the mission of the agency they have been asked to lead. To me, that just doesn't make sense. That is why I voted against Betsy DeVos 2 days ago because I didn't believe that she had the best interests of American education—particularly public education—at heart. Her whole career has been about attacking and undermining public education by trying to, in effect, voucherize it, provide vouchers to people to use in other schools which, by the way, in a rural State like Maine, simply wouldn't work as a practical matter. So I could not support her because I felt she was hostile to the very premise of the agency that she was being asked to lead.

Today, I come to the floor to talk about Dr. PRICE. I think he falls into the same category. I understand policy differences, and I understand the election took place, and I understand elections have results and that there are going to be different policies, but his policies on the fundamental mission of the Department of Health and Human Services are just inimical to what that Department was established to do for the American people. The title is Health and Human Services, and that is the role that Department has played and should play and will play in the future of America.

Now, my problems with Dr. PRICE and his positions—and there is no doubt about his positions on various issues. He has a long record in the House of Representatives writing and legislating and advocating, so there is not much argument about where he stands, and there are really three areas that I want to touch on tonight. One is Medicare, one is Medicaid, and one is the Affordable Care Act. I want to try to put these all in the context of my home State of Maine.

Health care in Maine is an enormous part of our economy. It is somewhat higher, actually, as a percentage of our GDP than it is nationally. We are at about 20 percent of GDP. One-fifth of our economy is health care. In part, that is because we have a great number of seniors who, of course, require more health care expenditures, but it is a very important part of our economy, which I will touch on a little bit later. But let's talk about Medicare.

First, Medicare in Maine: 306,000 people in Maine are Medicare beneficiaries. The expenditure in Maine by Medicare is $2 billion. Now, when we are talking about cutting or changing Medicare, of course we focus, as we should, on those 306,000 people—and I will talk about them—but we also need to talk about that $2 billion. If we are talking about savings—savings don't just evaporate, they occur in real life, and those are funds that don't go to support medical care for seniors in Maine and don't go to our hospitals and don't go to our practitioners. So $2 billion is a very significant part of our GDP, and that is just what Medicare spends in Maine, 306,000 people.

Now, I want to touch on an aspect of this that I don't think has been discussed much in these debates; that is, the burden of anxiety about health care and the cost of health care that was lifted from generations of seniors in this country by the passage of Medicare, now some 50-plus years ago. As you get older, there is anxiety about retirement, there is anxiety about income, there is anxiety about your health, but there is also anxiety about the cost of health care. The miracle of that Medicare was that it lifted that burden of anxiety from our seniors. It was one thing they didn't have to worry about. ''I have Medicare'' have been the words that have comforted thousands and millions of people in this country since 1965.

To change the fundamental premise of Medicare, which is what Dr. PRICE has advocated for vigorously and continuously, from the current system, which is, if you get sick, if you have hospitalization, if you need medical care and you qualify for Medicare, it is paid for. To change that to a system which is essentially a voucher, which is capped at some level of inflation but not the health care level of inflation, is a cruel trick on our seniors. What it will do is, through compounding of interest, if inflation is 2 percent a year, and medical inflation—the cost of medical treatment—increases at 4 or 5 or 6 percent a year, which is typical of what has happened in the last 15 or 20 years; there have been ups and downs, but 4, 5, 6 percent is about where medical inflation has been. So if inflation is at 2 percent, and that is what your voucher is going to increase to, and medical costs increase at 6 percent, that gap is going to grow to the point where we are back where we were in 1964, before the passage of Medicare. Then, seniors suddenly have to worry about how they are going to pay for their health care. They are going to have an added burden of anxiety, and they are going to have an added burden of money, of finance, of cost.

You can call it all kinds of highfalutin things. You can call it a voucher program, whether or not it is privatization. There are all kinds of ways to paper it over, but what it really is, is shift and shaft. It is shifting the cost from Medicare to seniors, and over time that shift and shaft is only going to increase. I think that is unconscionable, and there is no reason for it.

Yes, the cost of Medicare is going up as a percentage of our budget. That is because we are getting older. That is because we have a demographic bulge going through our society for people who were born in the 1940s and 1950s—the baby boom generation—but that is anticipated, that is understood. There are things we can do to deal with that issue without the radical solution of essentially shifting the cost over to the seniors. It makes the Federal books look good, but it is not going to make the household books in Maine look good.

That is what really bothers me about this policy. We are trying to improve our miserable budget situation by shifting a great deal of these costs off to individuals. That is just wrong. Medicare is too important financially, emotionally, psychologically. It is too important as an essential part of the promise that we have made to each generation of Americans for the past 50 years. And to fundamentally change that and realize, I believe cynically, that as the gap increases over time, the percentage of the premiums that is being shifted onto seniors is going to grow over time, until at some point—and you can do the arithmetic—it is going to eat the whole thing. And the Federal share, yes, will be capped—or capped at some lower level, and the share that is paid by the individual, by the family, by your mom, by your dad is only going to be greater. That is wrong. That is a breaking of the promise that we made to our seniors.

The second piece where Dr. PRICE, I believe, is fundamentally at odds with the premise, with the mission of the agency, is in Medicaid. He has talked about various programs. First, let's get rid of the expansion of Medicaid and the Affordable Care Act and then let's block-grant Medicaid and send it to the States. It is the same principle: It is shift and shaft, only this time you are shafting the States. You are taking a program which now says, if you have medical expenses and you are qualified, they are paid for, and you are saying, OK, in the future, we will give you a fixed amount of money, but if the medical expenses go up, it is on you, Mr. State; it is on you, State of Maine or Michigan or California or Georgia or Florida, or anywhere in this country.

It is simply, again, repairing the miserable books of the Federal Government because we are not facing up to our responsibility to pass reasonable budgets. It is fixing those books at the expense of somebody else. Those moneys they are talking about: a $2 trillion cut in Medicaid. Great, Medicaid is going to look a lot better, but that $2 trillion doesn't evaporate and doesn't go anywhere. It is not like everybody is going to say: Well, they are cutting Medicaid so we are going to charge less for our hip or for our surgery or for our treatment of drug abuse. It is going to have consequences. It is going to come out of treatment. It is going to come out of health.

There is something about Medicaid that often isn't observed. I learned this as Governor. People think of Medicaid as a kind of welfare program, and there are these people who are taking advantage of it, and perhaps there are. There are always people who take advantage of programs.

The truth is, the majority of the funds for Medicaid go to people in nursing homes—your parents, your uncle, your aunt. Nursing home expenditures for the elderly are a significant cost for Medicaid. Medicare doesn't pay nursing home expenses except for a limited period of time, but a great deal of Medicaid expenses go to nursing homes. You are going to cut Medicaid? You are going to have people who aren't going to be able to afford to stay in nursing homes. That is going to shift that cost back on to the family.

The other majority of people on Medicaid are children. They are children who are covered who wouldn't have coverage otherwise.

One of the best things in this country is the combination of Medicaid and CHIP, which has resulted in an enormous increase in the covered health coverage of children. And it is so important because health problems in children that can be dealt with when they are young, when they are children, when it is covered by insurance, can save us enormous costs later on.

So, again, what does Dr. PRICE want to do? Cap, eliminate ACA expansion of Medicaid, and block-grant it.

Let's not kid ourselves. Block-granting is shifting and shafting to those elderly people who would lose coverage for nursing homes, to the children who need the coverage, but most especially, to the States. As a former Governor, I can see the impact of this on my State of Maine. It is a difficult issue, and if we limit it, the only option will be to limit coverage or to cut back.

Of course, Medicaid is one of the places we are covering the treatment of opioid addiction. The greatest public health crisis in this country in my lifetime is the opioid crisis. We are losing 1 person a day in the State of Maine to overdose deaths—1 person every day. I met a young man at Christmastime at a treatment center. I went to the Christmas party and met his family and he was hopeful and he was under treatment. I learned this week that he is gone. He is gone, taken by the scourge of drugs.

These are real people. These are real people. These aren't just numbers and statistics. In the next hour, as we are here debating this nomination, four people in America are going to die of overdoses—four people an hour. And when you think of how we mobilized this country and the money we spent to deal with Ebola where one person died—one person in the whole country—and yet we have this horrible disease and scourge that is just decimating our societies and we are talking about cutting back one of the basic props for providing treatment. We have cases where we—there is a huge backlog of treatment beds.

I have been working on this problem in Maine for a long time. One of the things I have learned is that once a person who is addicted reaches a stage where they are willing to ask for help, we have to be there—then. To say to that person there will be an opening in 3 weeks or 3 months is akin to a death sentence because they might not be able to make it 3 weeks or 3 months; yet that is the situation in much of the country today. That is the situation, and we are talking about knocking one of the props out from under our ability to deal with this horrible public health crisis that is devastating this country in every State, but particularly in rural States. It is taking people out of the workforce that we need, it is tearing families apart, and it is affecting everybody. It is not just certain people in certain places. It is everybody. It is middle-class families. It is people of all ages.

To blithely talk about we are going to block-grant Medicaid and fix the amount—it is the same as what I said about Medicare; the iron law of the percentage changes. If you fix it today and inflation continues, then ultimately it withers away, and it is not going to meet the needs of our people. Yet that is what the nominee for the Department of Health and Human Services wants to do. I don't get it.

Finally, there is the Affordable Care Act. I have talked on this floor before about the Affordable Care Act and why I feel so passionately about it, how having insurance when I was a young man saved my life, how not having insurance costs lives.

The mathematics is pretty clear. There have been a number of studies: For every million people who don't have insurance, there are a thousand people who die prematurely. The Affordable Care Act now covers something in the neighborhood of 22 million people, so here is the arithmetic: 22,000 premature deaths a year. This isn't ideology. These are people. To ignore that and say we want free markets and free choice—free choice means death for a lot of people. It meant death for a young man who had what I had 40 years ago and didn't have insurance, didn't get a checkup, didn't have surgery, and he is gone and I am here, and that is not fair. That is not fair.

I have said since I got here that the Affordable Care Act isn't perfect. It can be changed; it can be fixed. I hear every now and then that my colleagues are saying: Let's repair it. I am all for it. Let's repair it. Let's get over this talk about repeal. But Dr. PRICE has been one of the leading voices, if not the leading voice, in the Congress to repeal the Affordable Care Act. I don't know his exact voting record, but I suspect he voted for every one of those repeals in the House 60, 70 times over the last couple of years: Repeal, repeal. Well, you are repealing people's health care.

He doesn't want to have the patient protections in the Affordable Care Act, the ones that keep it so that you can't discriminate against women in health insurance because they are women. And there have to be preventive services. Preexisting conditions—he says: They have to insure; they have to keep you on for the preexisting condition. But if you lose your health insurance for a few months, sorry. The clock stops, and you can't get it again because of a preexisting condition. That is one of the most important and fundamental promises of the Affordable Care Act, yet he wants to get rid of it.

Here is the reality in Maine. We are a rural State. We have a lot of rural hospitals. I urge every Member of this body to talk to their hospitals. I have done it. I have gone to the hospitals and sat down with them. I did it as recently as 2 weeks ago with a small rural hospital, the Penobscot Valley Hospital in Lincoln, ME. They told me the repeal of the Affordable Care Act would cost them $1 million a year, and they can't afford it. I have been to the Bridgton Hospital. I have talked to people from—not all, but many of our small hospitals, and 50 to 60 percent of our rural hospitals are running in the red right now. The Affordable Care Act has provided insurance coverage to people who are the customers of those hospitals, and the estimates are that repeal of the Affordable Care Act without a reasonable replacement would reduce their revenues anywhere from 5 to 8 to 10 percent. These hospitals can't stand that kind of cut, and they have told me there are only two choices: One is to shrink their services to their communities, and the other is to close their doors.

In Maine, in our rural State, we have only 16 counties. In 8 of our 16 counties, the hospital is the largest employer in that county. I am sure that is true in all of the States in our country that have these small rural hospitals; the hospital is the major employer. So again, when we are talking about cutting the Affordable Care Act and all these policy things and ideological things, what we are doing is cutting jobs in small towns that can't afford to lose them, and they are good jobs. If that is what you want to do, fine. But fess up and understand that is the consequence of policies that are espoused

enthusiastically by this nominee for the Department of Health and Human Services. It doesn't make sense to be putting someone in charge of an agency that is supposed to be looking out for the welfare and the health of our citizens who is diametrically opposed to maintaining the health and welfare of our citizens.

In Maine, we have 75,000 people on the Affordable Care Act. I know people who have it who couldn't have coverage otherwise without those subsidies. But he is not going to allow those subsidies anymore. It is every man for himself. Every man for himself means a lot of people fall by the wayside, and that is wrong. That is wrong in Maine, and I can't vote for somebody who is going to put a dagger in the heart of these citizens of Maine. I cannot do it. My conscience will not let me.

So on Medicare, shift and shaft to the seniors. On Medicaid, shift and shaft to the States. On the Affordable Care Act, shift and shaft to those people who need health insurance and the hospitals in our communities, the hospitals in those communities. If you take paying customers away, it is a double whammy: You lose the revenues from the customers, and then you have to treat them as charity care. It makes the bottom line in these hospitals even worse. As I said, they have told me in my State—and I suspect this is true practically everywhere—50 to 60 percent of our hospitals are skating on the edge. They are in negative territory. They are in the red, and we are going to cut their revenues by 8, 10 percent? It is unconscionable. It is truly unconscionable. That is a word used around here sometimes, but this is it.

All in the name of some kind of ideology, we want to go back to the health care—I can't believe we are debating Medicare, a program that has been so successful and so important to seniors throughout the last three to four generations. We are now debating it? It doesn't make any sense. To put somebody in charge of the Department of Health and Human Services that is inimical to Medicare, Medicaid, and the Affordable Care Act—this guy is a wrecking ball. He is not a Secretary. He is going into this agency to destroy it. He wants to undercut and diminish and, in some cases, literally destroy some of the major underpinnings of providing health care to people in this country.

If we were sitting in this body and somebody walked by me and was stricken by a heart attack and fell on the floor, I would help him. Every one of us would help him. I suspect Dr. PRICE would help him. He would be the first one there. But by these changes, what we are doing is having people fall by our side and ignoring them in large scale across the country. It is just as real as if it is happening right before our eyes. Twenty-two thousand people will die if health insurance is lost prematurely. Seniors will take on a burden of anxiety and fiscal drain that they can't afford that they have avoided for 50 years.

The final point is that this man's policies are at odds with those of his boss. Through the campaign, President Trump issued pretty much ironclad guarantees to seniors that he was going to maintain Medicare, maintain Social Security, but then he appoints a guy whose whole professional career has been aimed at undermining Medicare. I think they had better get on the same page. I don't always agree with President Trump, but in this case I think he is right. I wish he would whisper into the ear of his nominee: You can't have it both ways. You are either for it or you want to gut it. That is what we are facing in this vote.

This is a vote of conscience for me. It is also a vote about my State. I love those people. I know them. I started out as a legal services attorney in a small town in Maine. My first boy was born in that town, in a little, rural hospital that is struggling. I can't stand by and see someone take over this Department who is going to do harm. That is the medical creed, isn't it? Do no harm; that is the oath. But we are talking about harm to seniors, to children, to people with insurance who will not have it. We are talking about real harm.

That is why I come to the floor tonight to urge my colleagues to reject this nominee. If the President wants to put somebody forward who is conservative and has ways of fixing some of these things and thinks some improvements should be made—and we don't have to do everything the way we have always done it. I'm not arguing that. But goodness, gracious, don't give us a nominee whose whole career has been spent aimed at undermining and diminishing and gutting the very programs that have meant so much to the people of America.

I am voting no on this nominee. I believe my colleagues should do so as well.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, before Senator KING leaves the floor, let me just say, as one who ran the legal services for the elderly program in Oregon, that the Senator makes all of us in legal services proud tonight. Senator KING has really put a face on what is at stake here in the way he has focused on the opioid scourge that is hammering areas from coast to coast. Rural health care—without rural health care, we can't have rural life. It is just that simple. Certainly when we get to the closing here in perhaps an hour and a half or so, we are going to get to the bottom line, as the Senator did. I think these changes take America back to the day where health care was for the healthy and wealthy.

So I thank the Senator for his passion and his commitment to his citizens, but also to the people of this country. Anybody in legal services tonight will be very proud, as I am, because what it is all about is standing up for people, and the Senator has said it very well.

Mr. President, we will be having our closing remarks here in perhaps an hour and a half or thereabouts. We have several Members of the Senate who are on their way for their remarks, and several Members of the Senate have discussed various elements of the serious and unanswered ethics questions surrounding Congressman PRICE's nomination. It is my view that these are issues that have set off loud ethical alarm bells.

I want to take a little bit more time to lay out the full story here.

The stock trades Congressman PRICE made while working on health care policy do, in fact, raise serious ethical and legal questions. None of Congressman PRICE's stock trades raise more questions than the hundreds of thousands of shares he bought in the obscure Australian biotech company known as Innate. His stock in this company is by far his largest of holdings, both in terms of the hundreds of thousands of shares he owns and the value of those shares, and that exceeds a quarter of a million dollars.

Congressman PRICE told the Finance Committee that he did not get a special deal. He told the Health, Education, Labor Committee that he did not get a special deal. But the fact is, Congressman PRICE paid bargain-basement prices for Innate stock in a private sale last August. The private stock sale was limited to a small group of well-connected American investors.

Congressman PRICE's participation has been described as a ''sweetheart deal'' by Kaiser Health News and a ''privileged, discounted offer'' by the Wall Street Journal.

As I said during his nomination hearing, Congressman PRICE's participation in the private stock sale showed bad judgment at best. At worst, it raised serious questions about whether he violated the STOCK Act or other security laws. I will take a minute to read section 3 of the STOCK Act. It says: ''Members of Congress . . . may not use nonpublic information derived from such person's position . . . or gained from the performance of such person's official responsibilities as a means for making a private profit.''

It is well known that Congressman PRICE learned about Innate from a House colleague, Congressman CHRIS COLLINS of New York. COLLINS is not just a casual reader of the Australian business pages; he is actually a member of the company's board and its largest shareholder.

This raises additional questions: Did Congressman PRICE have access to nonpublic information about Innate or its private stock because of his position as a Member of Congress? Did he get special access to the discounted private sale because of his position? Does he stand to profit because of the information or access he may have received?

Finally, did Congressman PRICE tell the Finance Committee the truth about how he learned about the private stock sales and the ability of typical investors to participate?

Congressman PRICE would have us believe that he decided to make these investments based on his own research into the company. That is what he told the Finance Committee.

Let me quote from the Wall Street Journal's article published January 30:

> Mr. Price wasn't in line to buy shares in the last private placement because he hadn't previously participated in private fundraising rounds. . . . Mr. Price first invested in the company a year ago, buying shares through the open market on the Australian exchange. He learned about the company from Mr. Collins, who holds a 17 percent stake in it. Mr. Collins said Mr. Price is ''one of my friends'' and that he sits ''next to him'' on the House floor. . . . Mr. Price got it on the discounted sale after Mr. Collins filled him in on the company's drug trial, according to Mr. Collins.

The fact is, you don't just get in on a private stock offering by accident. As the Wall Street Journal explained, Congressman PRICE didn't originally even meet the criteria for participating in the 2016 private offering because he hadn't participated in any previous offerings. Yet he was able to buy over 400,000 shares of stock with Congressman COLLINS' help.

My view and the view of my Democratic colleagues is that Congressman PRICE failed to come clean with the Senate Finance Committee on the details of the special discounted deal. He has assured the committee he followed the law, but straightforward questions have been met with dodging, weaving, and obfuscation. Details of his purchase continue to emerge, and the public's understanding of his involvement continues to evolve.

Meanwhile, as scrutiny of the deal continues to mount, Innate's top executives are defending Congressman PRICE at the behest of his colleague Congressman COLLINS, who sits on the company's board of directors.

After the Wall Street Journal story was published, the company and Congressman PRICE went into spin control. The public knows this only because Congressman COLLINS made a mistake that everybody who uses email for work has seen made at least once: He mistakenly hit ''reply all'' when responding to an email from the company's CEO, Simon Wilkinson. Instead of a private note to Mr. Wilkinson, the note wound up going to a CNN reporter covering the story.

In the email, Congressman COLLINS, the company's top shareholder, said the Wall Street Journal was ''yellow journalism,'' and he thanked Innate's chief executive, Mr. Wilkinson, for defending Congressman PRICE and the company. According to CNN, Congressman COLLINS acknowledged the email to be authentic.

The Finance Committee's own experience with Innate only adds to the sense that there is a coverup as Republicans seek to race Congressman PRICE across the confirmation finish line.

The day after the Wall Street Journal story ran, I wrote my own letter to Innate's CEO, Mr. Wilkinson. I asked the company to respond to the article and the inconsistencies in Mr. PRICE's explanations and for documentation of details of the private stock sales. The company refused to answer my letter.

This looks to me like a coverup, and it ought to shake this body's confidence in Congressman PRICE's nomination. This situation, in my view, demands that further questions be asked and answered. Instead of taking time to explore these issues, Republicans took the unprecedented step of suspending the Finance Committee's rules to rush this nomination to the floor before any more questions could be asked, let alone answered.

In years past, as with the nominations of Senator Daschle, Secretary Geithner, and Ambassador Kirk, the Finance Committee left no stone unturned in the vetting process. Not this time. The majority party, in my view, is on its way to an ethical double standard to cut off the vetting process. That leaves me with a question for Congressman PRICE and my Republican colleagues in the Senate: What is there to hide?

Mr. President, before I continue, I ask unanimous consent to have printed in the RECORD the letter that I sent to Simon Wilkinson, chief executive of Innate, on January 31, 2017.

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

UNITED STATES SENATE,
COMMITTEE ON FINANCE,
Washington, DC, January 31, 2017.

Mr. SIMON WILKINSON,
Chief Executive Officer,
Innate Immunotherapeutics Limited,
Sydney, Australia.

DEAR MR. WILKINSON: As part of the U.S. Senate's constitutional duty to confirm presidential appointments, I have been reviewing the record of U.S. Representative Thomas Edmunds Price, who has been nominated to be the Secretary of the U.S. Department of Health and Human Services.

To that end, I am writing to you seeking prompt assistance in providing information and documents related to Congressman Price's investment in Innate. Please provide the requested information and documents:

1. The New York Times reported that ''Mr. Wilkinson and Michael Quinn, Innate's chairman, said they had never heard of many of the company's more prominent investors, and said they first learned that Mr. Price had invested in the company from an article in The Wall Street Journal [published online December 22, 2016], which first reported his investment.''

In written response to questions from the Committee, Congressman Price said ''I communicated with Representative Collins, who is a director of Innate. As noted above, I learned about Innate through a general conversation with him in the fall of 2014. I also communicated with Simon Wilkinson of Innate regarding my interest in participating in the 2016 private placement of company stock.'' In addition, the Wall Street Journal reported that ''Mr. Collins said he told Mr. Price of the additional private placement. He said Mr. Price asked if he could participate in it. 'Could you have someone send me the documents?' Mr. Collins recalled Mr. Price asking him.''

a. Please identify any meeting or communication between you, the company, its officers, employees, directors, consultants or affiliated personnel, and Congressman Price. In so doing, please include the person or persons involved in such communication or meeting, the date, method, location of the communication, and the subject of the communication.

b. Please provide any e-mail or other written communications between you, the company, its officers, employees, directors, consultants or other affiliated personnel, and Congressman Price. In addition, please provide any documents transmitted by Innate to Congressman Price, and any document Congressman Price transmitted to the company.

2. Regarding the August 2016 private stock placements reference in the company's Notice of Annual General Meeting and Explanatory (''Notice'') on July 25, 2016:

a. Please describe how Innate found and solicited potential buyers for the private stock sale in August 2016. In so doing, please provide all dates that solicitations or other communications regarding the stock sale was sent to investors. Please also note any differences between how U.S. and non-U.S. investors were solicited. Please provide the number of U.S. investors at the time of the solicitation, the number of U.S. investors who were solicited, the number who agreed to participate, and the number who were considered accredited, ''friends and family,'' or met some other classification or category. Please provide any and all solicitation materials, offering documents, or other information related to the sale that were sent to participants in the placement.

b. Please describe the criteria by which the company determined who could participate in the sale both within the U.S. and outside the U.S. Please provide supporting documentation regarding the company's criteria for participants in the sale, if the not contained in the offering documents described in Question 2(a).

c. It has been reported that these private offerings were made available—in the U.S.—only to shareholders who had previously participated in private stock placements. Is it correct that shareholders had to have previously participated in Innate's private stock placements?

i. Please provide any documents that describe eligibility for the August 2016 private placements, if not already provided in response to Questions 2(a) or 2(b).

ii. Did Congressman Price participate in any private stock placements prior to the August 2016 private placement?

d. Based on interviews with you and Congressman Collins, the Wall Street Journal reported that Congressman Price qualified for the August 2016 private placements in the U.S. as one of six ''friends and family'' solicited for the sale.

i. Was Congressman Price one the ''friends and family'' participants described by the Wall Street Journal?

ii. What were the requirements for ''friends and family'' participation?

iii. Please provide any and all offering documents that were provided to this class of participants for the August 2016 sale. Please provide any and all documents that show the company's eligibility criteria for determining this class of participant in the August 2016 sale. Please provide any and all documents that describe eligibility for this class of participant in the August 2016 private placements.

e. Did the names of individual participants or criteria for participation in the August

2016 sale come before Innate's officers or its board of directors for consideration, including Congressman Price? If so, please describe what actions or consideration officers or directors took. Please provide any supporting documentation of the selection decisions.

f. Did the company use an investment banker or other agent for the August 2016 private placements? If so, please provide the name of the bank or agent and its employees who were involved in the sale.

g. What role did Congressman Collins—a director and Innate's largest stockholder—play in the U.S. 2016 private placements?

Please provide the requested information and documents via email on a rolling basis as they become available. Please contact my staff at +1 (202) 224–4515. Thank you to your prompt attention to this matter and your timely response.

Sincerely,

RON WYDEN,
Ranking Member.

Mr. WYDEN. I would also refer my colleagues to the following news articles: ''Trump's HHS Nominee Got A Sweetheart Deal from A Foreign Biotech Firm,'' a story published by Kaiser Health News on January 13, 2017; ''Representative Tom Price Got Privileged, Discounted Offer on Biomedical Stock, Company Says,'' a story published by the Wall Street Journal on January 30, 2017; and ''In accidental 'reply all' to reporter, Collins thanks CEO for defending HHS nominee,'' a story published by CNN on January 31, 2017.

Mr. President, I wish to now discuss what is known about the facts and timing of Congressman PRICE's investment in Innate. This is a timeline that is based on public documents, press reports, and information the nominee provided the Finance Committee.

If you have never heard of Innate until the last few weeks, you would be forgiven. The New York Times described it as a ''tiny pharmaceutical company from Australia that has no approved drugs and no backing from flashy venture capital firms.'' Innate has fewer than a dozen full-time employees. The company's stock was first listed on the Australian Stock Exchange in 2013, and until recently its market capitalization was well below $100 million. Innate has never generated revenue from drug sales. It has repeatedly teetered on the brink of running out of cash. It has just 2,500 shareholders. By way of comparison, a major American pharmaceutical company could have hundreds of thousands of shareholders.

Innate is planning to submit an investigational drug application to the Food and Drug Administration, and its ultimate goal is to one day sell itself to a large pharmaceutical manufacturer, which would take its early-stage experimental therapy to market.

What I am describing is, this company is the poster child for obscure companies. It is so small and so obscure, it doesn't even have a Wikipedia page. So the question is, How did Congressman PRICE come to learn about this company, and how did he decide to make it the single largest investment in his sprawling portfolio of health care stocks? The answer is, the Congressman learned about Innate in 2014 during a conversation with his colleague, Congressman COLLINS of New York. As I indicated, Congressman COLLINS sits on Innate's board of directors. Congressman COLLINS is also the company's largest shareholder, holding 38 million shares. Congressman COLLINS' adult children, his chief of staff, and many of his political backers are also heavily invested in the company. I am going to touch on those issues in a few minutes.

According to disclosures with the House Ethics Committee, Congressman PRICE bought some 61,000 shares of Innate stock in 3 separate purchases during January of 2015. At the time, the stock was trading at roughly 10 cents a share. Congressman PRICE testified to the Health, Education, Labor, and Pensions Committee that he directed his broker to make the January 2015 purchases.

Fast-forward to August 2016. Congressman PRICE bought another 400,000 shares of Innate as part of a private stock sale for U.S. investors. When the private sale took place, Innate's shares were trading on the Australian Stock Exchange for the equivalent of 31 American cents. Participants in the private sale got the shares at a deep discount.

In written testimony to the Finance Committee, Congressman PRICE said he paid 84,000 American dollars to buy the 400,000 shares. He bought 250,000 of those shares for 18 American cents per share in one private stock placement. He bought another 150,000 shares for 26 American cents each in a second private stock placement. Congressman PRICE's House Ethics Committee disclosures showed that he acquired the stock on August 31. On that day, Innate's stock was trading for the U.S. equivalent of 31 cents a share on the Australian Stock Exchange. In my book, that is a special deal.

The bottom line is that Congressman PRICE bought these shares for $40,000 less than an average investor would have paid to buy the same amount of stock off the open market. That is nearly 33 percent off the price on the Australian Stock Exchange at the time. Since that time, Innate's stock has more than doubled. These facts are not in dispute.

Mr. President, I ask unanimous consent to have printed in the RECORD Congressman PRICE's written testimony in response to my questions for the record as part of his nomination hearings.

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

QUESTIONS FOR THE RECORD

''THE HONORABLE THOMAS E. PRICE NOMINATION HEARING FOR HHS SECRETARY'' HEARING DATE: JANUARY 24, 2017

QUESTIONS FOR THE RECORD FROM RANKING MEMBER RON WYDEN

Innate Immunotherapeutics purchases

5. The nominee owns 461,238 shares of Innate Immunotherapeutics Ltd. (''Innate''), a small Australian biopharmaceutical firm developing a multiple sclerosis therapy. The nominee acquired the stock in four separate purchases on January 8, 9 and 23 of 2015 (''2015 tranche''), and in a pair of private stock placements on August 31, 2016 (''2016 tranche''). Regarding Innate:

a. Question: Please describe how and when the nominee first learned about Innate.

Answer: I previously answered this question for the SFC. I learned about Innate during the course of a conversation in the fall of 2014 with Representative Chris Collins regarding their respective personal backgrounds. I cannot recall the specific date of that conversation. During that exchange, Representative Collins told me that he sat on a number of public company boards including Innate, which was developing a treatment for multiple sclerosis (MS),

b. Question: Did the nominee or his staff ever meet or otherwise communicate with current or former employees, directors, consultants or other officials affiliated with Innate. If so, please describe the communication, including who it involved, the date, subject, place and form (e.g. in person, by phone of communication.

Answer: I previously answered this question for the SFC.

I communicated with Representative Collins, who is a director of Innate. As noted above, I learned about Innate through a general conversation with him in the fall of 2014. I also communicated with Simon Wilkinson of Innate regarding my interest in participating in the 2016 private placement of company stock. According to Innate's website, Mr. Wilkinson is currently the Managing Director and CEO of Innate.

My Congressional staff has not met or otherwise communicated with current or former employees, directors, consultants or other officials affiliated with Innate.

c. Question: Please describe any communication between the nominee and Congressman Collins regarding Innate Immunotherapy, including the date, subject, place and form.

Answer: I previously answered this question for the SFC.

I had a conversation with Representative Collins in the fall of 2014 that brought Innate, as a company, to my attention. The nature of that conversation did not, however, influence my decision to invest in the company in either 2015 or 2016.

I believe I had subsequent general communications with Representative Collins regarding Innate. I do not have a specific recollection of when those conversations occurred or their substance. Any such communications did not impact my investment decisions, however, because my purchases of Innate stock were based solely on my own research.

d. Question: The nominee bought 400,316 shares in the 2016 tranche in a private stock sale that included two placements at two prices. Please provide the number of shares bought in each placement, and the price at which the shares were bought.

Answer: I previously answered this question for the SFC. I purchased 250,000 shares of Innate in Private Placement 1 at US$0.18/share—the same price offered all participants in this private placement. I purchased 150,613 shares of Innate in Private Placement

2 at US$0.26/share—the same price offered all participants in this private placement.

Mr. WYDEN. I also refer my colleagues to the following news articles and documents: ''Australian Drug Maker has Low Profile but Powerful Backers in Washington,'' printed in the New York Times on January 13 of this year; ''Aussie shareholding puts heat on President's Ally,'' published in the Australian on February 6 of this year; the 2016 Annual Report to Shareholders of Innate; a periodic transaction report that Congressman PRICE filed with the House Ethics Committee on September 12, 2016; a list of the 20 largest investors in Innate dated January 17, 2017; and a stock price history of Innate.

I wish to turn to the issue of misleading testimony. What remains unresolved are major inconsistencies between Congressman PRICE's testimony to the Finance Committee, statements by Congressman COLLINS, and statements by Innate's CEO Simon Wilkinson published last week in the Wall Street Journal.

Simply put, Innate's chief executive and Congressman COLLINS, the company's top shareholder, provided one version of events to one of the world's most respected newspapers. Congressman PRICE provided a different version of events to the Finance Committee and the Health committee. These inconsistencies are among the reasons that Democrats boycotted last week's Finance Committee markup. The Senate has an obligation to know the truth about these transactions in order to protect the integrity of this body and its constitutional duty to consider executive branch nominees.

Now, with respect to exclusivity of the sale, Congressman PRICE told the Finance Committee that the August sale was available to all Innate shareholders, which contradicts what Innate's management told the Wall Street Journal. Congressman PRICE was definitive in his response to my question during the hearing.

Reading back the transcript, I said: ''Well, you purchased stock in an Australian company through private offerings at discounts not available to the public.''

Here is Congressman PRICE's response: ''Well, if I may, those—they were available to every single individual that was an investor at the time.''

That is not what Innate executives told the Wall Street Journal. Here is an extended passage from the Wall Street Journal:

> Rep. Tom Price got a privileged offer to buy a biomedical stock at a discount, the company's officials said, contrary to his congressional testimony this month. . . .
>
> The cabinet nominee is 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 fellow Congressman. . . .
>
> At Mr. Collins' invitation, Mr. Price in June ordered shares discounted in the private placement at 18 cents apiece, and then more in July at 26 cents a share, Mr. Collins said in an interview. Those orders went through in August, after board approval. Mr. Price invested between $50,000 and $100,000 according to his disclosure form. . . .
>
> Mr. Wilkinson said investors who had bought in a previous private placement were called to ''make friends and family aware of the opportunity. . . . We are always looking to increase our shareholder base. But those new parties have to meet the definition of sophisticated financial investor.'' Only six U.S. investors, including Mr. Price, fell into the friends-and-family category, Mr. Collins said. About 10 more U.S. investors were offered discounted shares by the company because they previously had been invited to partake in private placement offerings.

In other words, Congressman PRICE not only got a deal that wasn't publicly available, he was in a special group of six investors in a special category called ''friends-and-family,'' whereas other American investors got in on the private deal because they previously participated in the company's private placements. Congressman PRICE bypassed that requirement. He got in as what could only be called a special guest—a ''friends-and-family'' guest of his House colleague, Congressman COLLINS.

As I mentioned earlier, when I asked the company how Congressman PRICE was able to get this special status, the company refused to provide an explanation. The Wall Street Journal also reported a key distinction between U.S. investors and the company's shareholders in Australia and New Zealand. The paper reported:

> The discounted stock offered in Innate Immuno, as the company is known, was made to all shareholders in Australia and New Zealand—but not in the United States, according to Mr. Collins and confirmed in a separate interview with Innate Immuno CEO Simon Wilkinson.

The Wall Street Journal's account is supported by company documents, specifically a ''Rights Issue Booklet'' that Innate published on June 10, 2016. The booklet noted that the shareholders would buy one new share for every nine shares they already own. The booklet noted that the shareholders would have ''the option to pay for their new shares in either Australian dollars or New Zealand dollars.'' The booklet goes on to describe the private stock sale in which Congressman PRICE participated. I will read briefly from the book:

> In conjunction with this rights issue, Innate announced that it also completed a private placement at an issue price of U.S. 18 cents, raising U.S. $1.8 million.

The booklet states clearly that the private placement was announced on the June 10, 2016, the same day Innate announced the rights issue for investors in Australia and in New Zealand.

Our staff has reviewed all of the company's publicly available documents and found no similar advertisements for the private placement to American investors. So this paper trail pokes more holes in Congressman PRICE's argument that the private stock sale was open to all the company investors.

First off, the company didn't announce the existence of the private sale until after it already had been completed. So unless an investor was on the company's short list of go-to people, they were just excluded.

Second, the company's documents clearly show that Congressman PRICE and other participants in the private stock sale were able to buy far more discounted shares than the company's typical investors. Innate documents showed that the company restricted the number of shares the typical investor could buy in the rights issue to just one new share for every nine they already owned. No such limit appears to have been imposed on Congressman PRICE and the other American participants in the private stock sale. In fact, Congressman PRICE owned just over 60,000 shares at the time of the sale. His participation in the private stock sales allowed Congressman PRICE to buy 400,000 more shares. If Congressman PRICE had been held to the same rules as everyday investors, he would have been restricted to buying less than 7,000 shares.

The bottom line to me is what Congressman PRICE said was untrue. The deal Congressman PRICE got was not open to every other shareholder. And again, when I sent a letter last week to the Innate CEO, asking him to explain all of this, he declined. He told my staff that as an Australian firm, the company had no obligation to cooperate.

So to recap, Congressman PRICE told the Finance Committee and the Health Committee that the stock sales he participated in were open to all shareholders. That is not true. The private sale does not appear to have been widely marketed to American investors and was certainly not advertised in the company's public documents. The private sale reportedly included less than 20 American investors. Congressman PRICE was part of an even smaller subgroup known as friends and family, invited by other investors—in this case, by his House colleague, Congressman COLLINS. How many people were eligible to be in the friends and family group? Just six.

That brings me to the next issue, which is, How did Congressman PRICE learn about the special sale in the first place? Congressman PRICE told the Finance Committee his conversations with Congressman COLLINS had no influence on his investment decisions.

I am going to again quote from his written response to questions for the record asking Congressman PRICE to describe the communications with Congressman COLLINS regarding Innate. Congressman PRICE said:

> I had a conversation with Representative Collins in the fall of 2014 that brought Innate as a company to my attention. The nature of the conversation did not, however, influence my decision to invest in the company in either 2015 or 2016. I believe I had subsequent general communications with Representative Collins regarding Innate. I do not have a specific recollection of when those conversations occurred or their substance. Any such communications did not impact my investment decisions, however, because my

purchases of Innate were based solely on my own research.

I am going to quote again from the Wall Street Journal:

Mr. Price got in on the discounted sale after Mr. Collins filled him in on the company's drug trial, according to Mr. Collins. Mr. Collins said he told Mr. Price of the additional private placement. He said Mr. Price asked if he could participate in it. ''Could you have someone send me the documents,'' Mr. Collins recalled Mr. Price asking him. Congressman Price wants us to believe that Congressman Collins had no influence on the decision to buy Innate stock. But Congressman Price would not have known about the company in the first place if he hadn't talked to Congressman Collins, and he wouldn't have known about the private placements without hearing about them from Congressman Collins.

Congressman PRICE characterizes his conversation with Congressman COLLINS in 2015 and 2016 as being general in nature. But again, according to the Wall Street Journal, Congressman COLLINS, one, told Congressman PRICE about the upcoming drug trial; two, alerted him to the private stock sale; and three, arranged to ensure that he could participate. To me, this seems like more than ''subsequent general communications with Congressman COLLINS regarding Innate'' as Congressman PRICE put it in his written response to the committee.

With respect to reporting to the committee and the Office of Government Ethics, I would just say that I think I described issues—ethical issues—that are serious enough on their own. However, it took no small amount of effort to unravel Congressman PRICE's holdings in the company because he failed to fully disclose them to Federal ethics officials, the American people, and the Finance Committee. I don't believe this issue would have ever come to light if it were not for the work of the committee's minority investigations team.

On February 7, 2 days ago, Congressman PRICE sent a letter to the independent Federal ethics officials at the Office of Government Ethics that amended his original public ethics disclosure. This letter confirmed the suspicions of Finance Committee Democrats that Congressman PRICE's original ethics disclosure to the public understated the value of his Innate stock holding by roughly a quarter of a million dollars. Put another way, his stake in Innate was more than five times the figure initially reported to the American people.

Congressman PRICE's original disclosure reported that he owned less than $50,000 in Innate stock. At the time the disclosure was filed, by my calculation, his shares had a value of more than $250,000. Today his stake is valued at more than $300,000. Quite simply, it appears the shares he bought in the private stock sale in 2016 were excluded entirely from the Congressman's financial disclosure to the Office of Government Ethics. And because it is the Office of Government Ethics disclosure that is posted on a public Web site so the public can see the investment ties and investments the President's nominees hold, the American people, too, were kept in the dark about how much stock Congressman PRICE held in this company.

In addition, the Congressman was also less than forthcoming in his disclosure of the value of Innate holdings to the Finance Committee. In his response to the committee questionnaire, Congressman PRICE valued Innate stock he bought in the private sale between $50,000 to $100,000. However, that amount was based on the $84,000 discounted price the Congressman paid to buy his stocks in the August private stock sale. It was not based on the actual value of the stock on the Australian stock exchange—the true value of his holdings.

By December, when he made his disclosure to the Finance Committee, the stock price had nearly tripled and the shares he bought in those private sales were worth nearly $230,000. In other words, he told the committee that his private purchases were less than half the value they really were.

Mr. President, I ask unanimous consent that the following items be printed in the RECORD: a memo from Finance Committee Staff to the Finance Committee, dated January 23 of this year, and a letter from Congressman PRICE to the Office of Government Ethics dated February 7, 2017, amending his public ethics disclosure.

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

MEMORANDUM FOR FINANCE COMMITTEE MEMBERS

From: Senate Finance Committee Staff
Date: January 23, 2017
Re: Nomination of Dr. Thomas E. Price

This memo describes the Senate Finance Committee staff review of the 2013, 2014, and 2015 tax returns, and other documentation of Dr. Thomas E. Price in connection with his nomination to be the Secretary of the Department of Health and Human Services (HHS).

BACKGROUND

Finance Committee staff conducted a review of Dr. Price's Senate Finance Committee (Committee) Questionnaire, tax returns for 2013, 2014, and 2015, and financial disclosure statements. As part of this review, a due diligence meeting was held with the nominee and his legal representation on January 16, 2017. His accountant participated via telephone. In addition to the due diligence meeting, staff submitted multiple rounds of written questions to the nominee.

At the conclusion of this process, three issues have been identified that have been deemed appropriate to bring to the attention of Committee Members.

SENATE FINANCE COMMITTEE QUESTIONNAIRE—ETHICS INVESTIGATION AND LATE PROPERTY TAX PAYMENTS OMITTED

All nominees referred to the Committee are required to submit the Senate Finance Committee Statement of Information Requested of Nominee (''Questionnaire'').

Part D. Legal and Other Matters, Question 1, asks nominees: ''Have you ever been the subject of a complaint or been investigated, disciplined, or otherwise cited for a breach of ethics for unprofessional conduct before any court, administrative agency, professional association, disciplinary committee, or other professional group?''

In his response, submitted December 21, 2017, Dr. Price responded, ''No.'' However, in 2010, the Office of Congressional Ethics (OCE), an independent office of the House of Representatives, conducted an investigation into Dr. Price's 2009 fundraising activities. OCE voted 4–0–1 to refer the case to the House Ethics Committee, which, after conducting a second investigation, ultimately found no wrongdoing in 2011.

In written questions submitted to Dr. Price on January 6, 2017, Committee staff requested an explanation for the omission of the ethics investigation. Dr. Price stated it was an inadvertent omission and that the majority of activities investigated related to his authorized campaign committee, rather than him personally. The information pertaining to this investigation has been and continues to be available on the webpage of the House Ethics Committee.

Part F. Financial Data, Question 10, asks nominees: ''Have you paid all Federal, State, local, and other taxes when due for each of the past 10 years?'' Dr. Price responded, ''Yes.'' However, upon examining Washington, D.C. and Nashville, Tennessee real estate tax records, Committee staff determined late tax payments had been made in relation to rental properties owned by Dr. Price, totaling $1,583.45 for late payments made over the past seven years.

In written questions submitted to Dr. Price on January 6, 2017, Committee staff requested an explanation for the omission of the late tax payments. Dr. Price stated that, regarding the DC property, he believed that ''late fees and penalties derived from not receiving timely property tax notices.'' Regarding the Tennessee property, the nominee noted that ''notices regarding property taxes for this rental property . . . were either not being received or being wrongly mailed to the tenant at the property and not reaching the nominee and his spouse.''

DEPRECIATION OF LAND VALUE AND MISCELLANEOUS EMPLOYMENT DEDUCTIONS

Committee staff received 2013, 2014, and 2015 tax returns from Dr. Price on December 21, 2016. In addition to the written questions submitted on December 28, 2016 and January 6, 2017, Committee staff spoke with Dr. Price's accountant on January 9, 2017. Following the due diligence meeting with Dr. Price, Committee staff then submitted an additional round of written questions to the nominee on January 16, 2017.

Improper Inclusion of Land Value in Depreciation Calculations

Taxpayers who own rental property are generally allowed to deduct depreciation expenses associated with the wear and tear of those buildings. Taxpayers are not, however, allowed to include the value of land in the depreciable amount.

Dr. Price owns rental condominiums in Washington, D.C. and Nashville, Tennessee, and claimed depreciation expenses associated with those properties for years 2013, 2014, and 2015. It appears these values included depreciation for the value of the land. According to property tax records, the land value of Washington, D.C. condominium was listed as $95,640, and the land value of his Nashville condominium was listed as $30,000.

Under current tax rules, these values are not allowable for depreciation expenses. Committee staff asked for clarification on this issue in the due diligence meeting with Dr. Price and sent written follow-up questions on January 16, 2017.

In his response to the Committee, received on January 23, 2017, Dr. Price's accountant

stated he had taken the position that the land had a fair market value of zero. However, given the lack of another valuation besides the property tax assessments, Dr. Price has committed to address the discrepancy by filing a Form 3115 to adjust the depreciation and account for the improper deductions on his 2016 tax returns, though adjustments may be spread out over four years.

Absence of Documentation of Employment Deductions

In 2013, 2014, and 2015, Dr. Price claimed miscellaneous employment deductions, totaling $19,034. Dr. Price, and his wife, also a medical doctor, both list their occupations as ''PHYSICIAN'' on the second page of their Form 1040s. Neither Dr. Price nor his wife actively works as a physician, though Dr. Price has noted he has maintained his medical license. Committee staff requested substantiation and further explanation of the deductions in written questions submitted December 28, 2016.

Committee staff spoke with Dr. Price's accountant on this matter on January 9, 2017, and again during the due diligence meeting on January 16, 2017. In those discussions, Dr. Price's accountant noted that Dr. Price and his wife, Elizabeth, would compile a variety of expenses, including vehicle expenses, and discuss with the accountant what portion of those expenses would be appropriate to deduct as employment expenses, frequently settling on an amount equal to roughly 60 percent. Though the Prices no longer actively work as physicians, their accountant believed that the deductions were appropriate, and were reflective of expenses incurred by Mrs. Price. After the January 16, 2017, due diligence meeting, staff suggested that in the absence of full documentation of the deductions, that the returns be amended.

In a response, received January 23, 2017, Dr. Price's accountant noted that proper documentation could not be located. Dr. Price's 2013, 2014, and 2015 tax returns will be amended to remove the $19,034 of deductions. Since Dr. Price was subject to the Alternative Minimum Tax (AMT) in each of those years, the changes will not result in any change to tax liability.

ASSET VALUES

In separate financial disclosure filings to the House of Representatives, to the Committee, and to the public through the Office of Government Ethics (OGE) Form 278, the nominee reported ownership of stock in an Australian pharmaceutical company—Innate Immunotherapeutics Ltd. The nominee purchased these shares in two tranches: one in 2015 valued at $10,000 at the time of purchase, but was valued at between $15,000 and $50,000 on December 20, 2016, the date of filing. A second tranche was purchased in August 2016 of 400,613 shares, through a private placement offering, and was listed on the Committee questionnaire as being valued between $50,000 to $100,000, which was based upon the purchase price. An analysis done by multiplying the number of shares by the market price on December 20, 2016 demonstrates a value higher than that reported by the nominee. The nominee noted that the amounts reported to the Committee were a good faith valuation. The nominee agreed to recalculate the value of the shares based on the market value at the time the Committee Questionnaire was completed. The revised value of the second tranche was between $100,000 and $250,000 when filed.

The nominee and Committee staff also agreed that the tranche of shares acquired in August 2016 was not accounted for on the OGE Form 278, and the nominee told staff that income attributable to his holding in the company reported on OGE Form 278 was incorrect. The nominee noted that it is unclear how information related to his holding in this stock was misstated on the published form. The nominee agreed to contact OGE to correct the form.

FEBRUARY 7, 2017.

MS. ELIZABETH J. FISCHMANN,
Associate General Counsel for Ethics, Designated Agency Ethics Official,
Washington, DC.

DEAR MS. FISCHMANN: The purposes of this letter are to amend the financial disclosure report that I signed on December 15, 2016, and to supplement the ethics agreement that I signed on January 11, 2017.

A—FINANCIAL DISCLOSURE REPORT

To correct inadvertent errors in my December 15, 2016, financial disclosure report, the items identified below are amended, as follows:

Part I

#	Organization Name	City/State	Organization Type	Position Held	From	To
2	Chattahoochee Associates	Atlanta, Georgia	General Partnership	Managing and General Partner	11/1993	Present

Part 2

#	Description	EIF	Value	Income Type	Income Amount
1	Chattahoochee Associates	no	$100,001–$250,000		None (or less than $201)

Part 6

#	Description	EIF	Value	Income Type	Income Amount
14.55	Amazon Com Inc	n/a	None (or less than $1,001)	Capital Gains	$2,501–$5,000
15.1	Innate Immunotherapeutics Ltd. (INNMF)	n/a	$15,001–$50,000		None (or less than $201)

To correct an inadvertent error in my December 15, 2016, financial disclosure report, the following item is added to that financial disclosure report:

Part 6

#	Description	EIF	Value	Income Type	Income Amount
28	Innate Immunotherapeutics Ltd. (INNMF)	n/a	$100,001–$250,000		None (or less than $201)

With regard to the assets disclosed in my December 15, 2016, financial disclosure report other than those listed above, the U.S. Office of Government Ethics has asked me to confirm that I disclosed the current value at the time of reporting. By this letter, I am confirming that I used current value with regard to those assets. This letter makes no changes to the value categories disclosed in that financial disclosure report other than those indicated above.

B—SUPPLEMENT TO JANUARY 11, 2017, ETHICS AGREEMENT

The new item listed above (Innate Immunotherapeutics Ltd./$100,001–$250,000) is covered by the commitment I made in my January 11, 2017, ethics agreement to divest all interests in Innate Immunotherapeutics Ltd. within 90 days of confirmation. In addition, the following commitments supplement my ethics agreement dated January 11, 2017.

In February 2017, I resigned from my position as Managing and General Partner of Chattahoochee Associates and transferred my ownership interest to my spouse. I will not participate personally and substantially in any particular matter that to my knowledge has a direct and predictable effect on the financial interests of Chattahoochee Associates, unless I first obtain a written waiver, pursuant to 18 U.S.C. §208(b)(1).

If I have a managed account or otherwise use the services of an investment professional during my appointment, I will ensure that the account manager or investment professional obtains my prior approval on a case-by-case basis for the purchase of any assets other than cash, cash equivalents, investment funds that qualify for the exemption at 5 C.F.R. §2640.201(a), obligations of the United States, or municipal bonds.

I understand that as an appointee I will be required to sign the Ethics Pledge (Exec. Order no. 13770) and that I will be bound by the requirements and restrictions therein in addition to the commitments I made in the ethics agreement I signed on January 11, 2017.

I have been advised that this supplement to my ethics agreement will be posted publicly, consistent with 5 U.S.C. §552, on the website of the U.S. Office of Government Ethics with ethics agreements of other Presidential nominees who file public financial disclosure reports. I understand that this letter will also be released as an attachment to my public financial disclosure report.

Sincerely,

THOMAS E. PRICE, M.D.

Mr. WYDEN. I also refer my colleagues to the following documents: an announcement by Innate on June 10, 2016, entitled ''Private Placements and

Rights Issue to Raise Additional Working Capital,'' and the Public Financial Disclosure Report signed by Congressman PRICE on December 15, 2016, that was filed with the Office of Government Ethics.

I want to take a minute to return to the Innate company itself. I noted earlier that the company has put on a full court press to defend Congressman PRICE in recent weeks, as details of his special deal have come to light.

I am going to describe why that might be. Innate's executives have sought to portray the company as being a small firm from Down Under that has been inadvertently caught in political crossfire on the other side of the world. But the fact is that Innate has longstanding connections to Congressman COLLINS and his inner circle, a circle that includes Congressman PRICE. As the Australian City Newspaper wrote this week, ''Mr. COLLINS, his children and his 'intimate political allies' and donors controlled at least 27.25 percent'' of Innate's voting shares.

Then there is the baffling assertion mailed by Mr. Wilkinson, the CEO, that he only recently learned of Congressman PRICE's existence through news articles. This is a stretch to believe and flies in the face of Congressman PRICE's own testimony.

On January 13, the New York Times reported:

> Mr. Wilkinson and Michael Quinn, Innate's chairman, said they had never heard of many of the company's more prominent investors, and said they first learned that Mr. Price had invested in the company from an article in the Wall Street Journal, which first reported his investment.

On February 5, Mr. Wilkinson, the CEO of Innate, told the Buffalo News, ''I think the first time I heard that a gentleman named TOM PRICE had invested was after the U.S. media started reporting it.''

But Congressman PRICE was quite clear that he had communicated with Wilkinson. In written testimony, responding to questions for the record, he said: I also communicated with Simon Wilkinson of Innate regarding my interest in participating in the 2016 private placement of company stock. According to Innate's Web site, Mr. Wilkinson is currently the managing director and CEO of the company.

Congressman PRICE's name was also listed twice in the documents of the company, which reported the private stock sale participants to the Australian stock exchange last summer. Congressman PRICE also appeared to have bought nearly 5 percent of the discounted shares made available in the private stock sale. Given all that, it seems difficult to believe Mr. Wilkinson's story that he had no idea who Congressman PRICE was.

Finally, The Australian, the Sydney paper I just mentioned, reported on Monday that Innate and Congressman COLLINS are facing questions about possible violations of Australia corporation law with regard to his holdings in the company. So why does this matter? It matters because a nominee to be a Cabinet Secretary, Congressman PRICE, was brought into this web of questionable stock transactions and obfuscations about just how special the special deal he really got was by a company insider, his friend, Congressman COLLINS.

As I get ready to close, I refer my colleagues to the following articles and documents: ''Congressman Collins under fire for 'suspicious' stock trades,'' published in the Buffalo News on January 17 of this year; ''Collins shared biotech stock news with big Buffalo names,'' again from the Buffalo News on January 19; ''Collins' controversial stock venture could be boom or bust,'' from the Buffalo News on February 5 of this year; the Notice of Innate's 2016 Annual Meeting and Explanatory Statement filed on July 29 of 2016; documents filed by Innate on September 12, 2016, and September 26, 2016, reporting results of the 2016 private stock placement.

As we close, I want to return to section 3 of the STOCK Act. It says:

> Members of Congress . . . may not use nonpublic information derived from such person's position . . . or gained from the performance of such person's official responsibilities as a means for making a private profit.

So did Congressman PRICE have access to nonpublic information about Innate or its private stock sale because of his position as a Member of Congress? I believe the answer is yes.

Did he get special access to the discounted private sale because of his position? I believe the answer is yes.

Does he stand to profit because of the information or access he may have received? I believe the answer is yes.

Finally, did Congressman PRICE tell the Finance Committee and the HELP Committee the truth about how he learned about the private stock sale and the ability of average investors to participate? Congressman PRICE told the Finance Committee and the HELP Committee that the special stock deal he got in on was open to everyone.

According to the Wall Street Journal and company documents, that is not true. The deal he got was clearly different than what was offered to everyday investors. According to the Journal, his previous purchase of Innate stock did not qualify him to participate in the private placement without being a specially invited friends and family guest. This arrangement allowed Congressman PRICE to buy more shares than other investors were allowed to buy.

Congressman PRICE told the Finance Committee that his conversations with Congressman COLLINS, again, a director of the company, its largest shareholder, had no influence on his investment decisions. According to the Journal, this is not true. The Journal report made clear that Congressman COLLINS told him about the upcoming drug trial, alerted him to the private stock sale, and arranged to ensure he could participate.

Now the majority party has shut down the vetting process, allowing Congressman PRICE's nomination to reach the floor before all the facts have come into view. I believe the Senate can do better. It needs to do better. The American people are owed better.

I thank my colleagues, particularly Senator REED, for his patience and his courtesy.

I yield the floor.

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

Mr. REED. Mr. President, I rise today in opposition to President Trump's nomination of Congressman TOM PRICE for the Department of Health and Human Services. The Department he has been picked to lead is charged with protecting the health of all Americans, from safeguarding Medicare and nursing home care for seniors to investing in medical research and supporting public health programs, such as lead poisoning prevention and youth suicide prevention.

Unfortunately, Congressman PRICE has demonstrated over the last decade in Congress that he is unwilling or unfit or both to protect these critical health programs. In his role as chairman of the House Budget Committee, Congressman PRICE has offered plans to repeal the Affordable Care Act and turn Medicare into a privatized voucher program. This is the opposite of protecting the safety net programs for our most vulnerable citizens.

Time and again, Congressman PRICE has proved that he favors corporate interests over patients, which has raised ethics concerns. For these reasons, I will oppose his nomination.

First, I would like to talk about the Affordable Care Act. About a month ago, I was here talking to my colleagues on the floor about the impact of the ACA in my home State of Rhode Island and the consequences of repeal. In short, repeal of the ACA would be catastrophic in Rhode Island and across the country. Yet Congressman PRICE has led the efforts in the House of Representatives to repeal the ACA without any replacement. In fact, he is the architect of legislation to do just that.

The uninsured rate today is at its lowest point in recent history. That holds true in my State of Rhode Island. The uninsured rate there has fallen from nearly 12 percent to under 4.5 percent. That translates to over 100,000 Rhode Islanders who have gained coverage because of the ACA.

While it is not the case in every State, in Rhode Island insurance rates have dropped. In fact, consumers in Rhode Island have saved $220 million since 2012.

We cannot go back to a system that allows private insurers to deny coverage for preexisting conditions or

charge more to those who need insurance the most. By contrast, Congressman PRICE opposes the preexisting conditions ban, one of the most popular provisions of the ACA.

His plan would allow insurance companies to deny coverage or to charge more to those with preexisting conditions, older Americans, and women. He has also proposed getting rid of the essential benefits package in the ACA. These protections require insurance companies to cover things like prescriptions drugs, maternity care, pediatric services, and mental health care. These are really things that any basic health coverage should include, yet Congressman PRICE has advocated taking away these consumer protections.

Stop and think about that. Congressman PRICE does not think that health insurance should cover pregnancy, for example. I mean, we are not really talking about extravagant services. These are the services that a reasonable person would expect their health insurance to cover. In fact, Congressman PRICE's plan, the Republican plan to repeal the ACA, would mean that nearly half a million Rhode Islanders with preexisting conditions—that is nearly half the population of my State—could be denied coverage or charged more. Those who might still be able to get coverage would quickly find that it does not cover that much.

These consumer protections that are embedded in the ACA affect everyone, not just those who have coverage because of the ACA. Before the ACA, the Affordable Care Act, insurance plans, including coverage through your employer, could impose annual or lifetime limits on coverage, meaning coverage could end just when you need it most. With Congressman PRICE in charge, if he has his way, we will see a return of these limits, even for employer-sponsored health plans.

The nominee's stance on the Affordable Care Act is not my only worry because when it comes to Medicare and Medicaid, benefits that Americans have worked hard to earn and to fund, Congressman PRICE's views are far outside the mainstream.

Medicare is one of the great success stories in expanding access to care and keeping seniors out of poverty. Since the passage of Medicare in 1965, we have seen significant decreases in the numbers of seniors living in poverty, and this is largely because of Medicare and, of course, Social Security, another critical safety net program for seniors. I believe that Medicare is essential for the quality of life of Rhode Island's seniors and for seniors across the country.

In fact, I supported the ACA because it made key improvements to Medicare that strengthened its long-time solvency and increased benefits, such as closing the prescription doughnut hole and eliminating cost sharing for preventive services, such as cancer screenings.

Over 15,000 Rhode Islanders saved $14 million on prescriptions drugs in 2015, an average of $912 per beneficiary. In the same year, over 92,000 Rhode Islanders took advantage of free preventive services, representing over 76 percent of beneficiaries. We see these benefits because of the Affordable Care Act.

Repealing the Affordable Care Act, as advocated by the Congressman, means repealing these benefits for seniors and shortening the life of the Medicare trust fund by over a decade. What is worse is that Congressman PRICE not only wants to repeal the ACA and the Medicare benefits that come with it, but he has also advocated for privatizing Medicare, turning it into a voucher-based program, as well as raising the eligibility age.

Simply put, this would end Medicare as we know it. Millions of Americans, including over 200,000 Rhode Islanders, have paid into the system, counting on the benefits that they have earned and worked their entire life for. Under Congressman PRICE's plan, Republicans would shift more costs to seniors who have played by the rules and planned for retirement with quality Medicare coverage.

Congressman PRICE and Congressional Republicans will tell you that they are trying to cut costs under the banner of trying to save Medicare. If that is the Republican standard, then why do they oppose the ACA which actually improved Medicare services, cut costs, and extended Medicare solvency? That seems to be a pattern with many on the other side: Act very serious and concerned about Medicare's finances, but then make every effort to demonize and roll back these improvements.

In fact, Medicare spent $453 billion less from 2009 to 2014 than it expected under growth trends prior to the ACA, all while increasing benefits like free preventive care and better prescription drug coverage and adding over a decade of solvency to the Medicare trust fund. The projected cost—the best projections were actually lowered by the ACA while benefits were increased. This talk of supposedly saving Medicare is really, in my view, a ruse to make draconian cuts to free up more Federal funding for things like tax breaks for the wealthy. We cannot allow Republicans under Congressman PRICE's leadership to go back on the Medicare guarantee we have made to seniors that we represent all across this country.

Congressman PRICE has also made a number of troubling statements about Medicaid and the Children's Health Insurance Program, CHIP. First, repeal of the ACA would have a disastrous effect on State Medicaid programs, kicking 11 million Americans off their health insurance, including 70,000 Rhode Islanders.

However, this is not enough for Congressman PRICE. He has offered legislation to cut Medicaid even further, to the tune of $1 trillion, by turning Medicaid into a Block Grant Program.

I think my colleagues should really consider how this would impact their States. Including those newly insured by the ACA, Medicaid covers 74 million Americans. Who makes up this population? Well, half of the Medicaid enrollees are children.

Medicaid also pays for half the births in this country.

These are staggering numbers. In Rhode Island, one in four children is covered by Medicaid or CHIP, and one in two people with disabilities is covered by Medicaid.

While Medicaid was initially designed to help low-income families, seniors now account for approximately half of Medicaid's spending nationwide. Nearly 60 percent of nursing home residents are covered by Medicaid across the country, and that holds true in my State of Rhode Island.

Many of these people are our neighbors, our friends. They have been working all their lives, and they have qualified for this coverage because they have been able to move some of their assets out of their ownership because our rules don't recognize retirement accounts. So these are our neighbors.

When Congressman PRICE talks about turning Medicaid into a block grant program, every Member of this Chamber has to stop to realize that there is no way to cut Medicaid by trillions of dollars without harming children and seniors and placing each of our States in a very difficult position because they, too, contribute to Medicaid; because they have a responsibility to children and seniors for health care; because they do also help support nursing home, nursing facilities for seniors and the disabled. And they would be in a disastrous situation.

Now, all of these are, I believe, reason enough to oppose Congressman PRICE's nomination. However—and I alluded to this earlier, and Senator WYDEN went into great detail—Congressman PRICE has a history of conflicts of interest, such as investments in the very issues and companies he worked on, as a Member of Congress.

Congressman PRICE traded hundreds of thousands of dollars in health care pharmaceutical stocks, all the while advocating for regulation legislation that would financially benefit these very companies. Again, Senator WYDEN has made a very detailed and very persuasive case in this regard.

In fact, as Senator WYDEN has pointed out, after receiving information from a fellow Congressman and now a member of President Trump's transition team, Congressman PRICE was one of a small group who was offered the chance to purchase stock in a biomedical group at a discounted price.

Now, Democrats are not going to have the opportunity to fully examine these issues. I find the examples we do have to be deeply concerning. The very articulate, eloquent, and detailed—exhaustively detailed—statement by Senator WYDEN adds further credence to this presumption.

This is a very disconcerting pattern of behavior. Indeed, I believe this pattern of behavior warrants further investigation, but those requests have been denied by the Republican majority. These allegations are now even more concerning because of the need for further investigation, but those requests have been denied by the Republican majority. These allegations are even now more concerning because Congressman PRICE is being considered for the top role in this administration in charge of protecting the health of all Americans and, indeed, affecting the corporate situation of thousands of companies throughout this land that he may or may not have a financial interest in.

Now I have heard from hundreds of Rhode Islanders who have expressed these concerns to me, from his support for the efforts to repeal the ACA and cut Medicaid and Medicare to his questionable investments. I agree with them.

As such, I am unable to support Congressman PRICE's nomination for Secretary of the Department of Health and Human Services, and I would urge others to look very carefully at the record, carefully at the advocacy for the elimination, basically, of Medicare as we know it, of block-granting Medicaid, which would harm children and seniors and put excruciating financial pressure on every State in this country, and his own behavior with respect to personal investments.

With that, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

Ms. HASSAN. Mr. President, I rise today to join my colleagues in opposing Congressman TOM PRICE's nomination to be the Secretary of the Department of Health and Human Services.

Every American deserves the opportunity to have quality, affordable health insurance coverage to help them live healthy and productive lives. Having health care is not just critical to the freedom, dignity, and well-being of our citizens but also to the strength of our economy.

As Governor, I worked with Democrats and Republicans in New Hampshire to expand health insurance coverage—including coverage for substance use disorder and behavioral health services—to tens of thousands of Granite Staters.

We need to bring this same bipartisan approach to the Senate. We know that there are serious challenges in our health care system that must be fixed, and we need to work across party lines to support commonsense improvements to move our Nation's health care system forward, not rip health insurance coverage away from millions of Americans.

This is why I cannot support Congressman PRICE's nomination. Throughout his time in office, Congressman PRICE has promoted policies that would undermine the health care that so many in my State and across our Nation depend on. Congressman PRICE wants to repeal the Affordable Care Act, which would strip coverage away from millions of Americans. Those who seek to repeal the ACA, including Congressman PRICE, have not come up with a plan to replace it.

Repealing the ACA without a replacement would send insurance markets reeling. It would be devastating for millions of people who have coverage because of the law.

Repealing the ACA would eliminate New Hampshire's bipartisan Medicaid expansion plan, harming our State's efforts to combat the heroin, fentanyl, and opioid crisis. This crisis is the most pressing public health and public safety challenge facing our State, and thousands of Granite Staters have accessed substance misuse treatment because of Medicaid expansion.

Just a couple of weeks ago, I met a young man named Noah at Harbor Homes in Nashua. Noah is an active participant in the Nashua drug court and a former enrollee in our Medicaid expansion program.

Last month, after 14 years of struggling with addiction, Noah was celebrating 1 year sober. Because of legislation that expanded Medicaid, passed under bipartisan leadership, Noah received health insurance through Medicaid expansion, and he was able to quickly begin treatment.

Noah's recovery process required medication-assisted treatment which he would not have been able to afford had it not been covered under Medicaid. He is now 5 months off that treatment and hasn't had an instance of relapse.

Noah said the ACA and Medicaid expansion are ''working miracles every single day in this recovery community.'' For Noah and so many others, we cannot afford to set back our efforts, but that is what the repeal of the ACA would do.

I also oppose Congressman PRICE because he is determined to turn back the clock on women's access to reproductive health care. He has fought against the woman's constitutionally protected right to make her own health care decisions and control her own destiny. He has voted 10 times to defund Planned Parenthood, and he has voted against a resolution to protect employees from being punished or fired by their employers for their reproductive health decisions.

And I oppose Congressman PRICE because he has pushed to turn Medicare into a voucher program, which will increase costs for seniors. Congressman PRICE's views and priorities are simply at odds and out of touch with the views and priorities of many, many Granite Staters.

Additionally, Mr. President, serious issues have been raised throughout this nomination process regarding Congressman PRICE's conflicts of interest and his potential violation of the STOCK Act, including recent reports suggesting that he received a private discount to purchase a health company stock while engaged in legislative efforts that would directly affect the company's financial interests. Congressman PRICE's insufficient responses concerning his stock purchases raise the question of whether, if confirmed, he will put corporate interests ahead of the American people. That is unacceptable. I believe we need a health care system that works for every American, and that is why I will vote against Congressman PRICE's confirmation.

I want to talk a little bit more about what Congressman PRICE's confirmation would do with respect to Medicaid expansion and particularly how it would affect the opioid crisis in New Hampshire. In New Hampshire, we proved that Democrats and Republicans can come together to move our health care system forward when we passed our Bipartisan Medicaid Expansion Program. Passing and reauthorizing this program included healthy debate, and at times some argument, but what matters of course is what we do after our argument, after those debates. We were able in New Hampshire to put our differences aside and take a critical step forward to continue strengthening our families, our businesses, and our economy. This is the approach we need to be taking in the United States Senate.

The benefits of Medicaid expansion are clear, over 50,000 Granite Staters are now covered in a population of 1.3 million people. We included in Medicaid expansion coverage of substance use disorder and behavioral health services. I have heard story after story of Granite Staters who are in recovery, thanks to Medicaid expansion. I told Noah's story just a few minutes ago.

At another round table I met a young woman named Ashley at the Farnum Center in Manchester, CT. Ashley told of suffering from addiction for over 10 years. One day she woke up to discover that her husband had died of an overdose. She lost custody of her young daughter, but because of Medicaid expansion, Ashley was able to get treatment. She has been in recovery now for a little bit over a year—recovery through medical treatment made possible by Medicaid expansion. Because she is in recovery, she was able to get a job. Because she began working again, she actually has now moved off Medicaid expansion onto private health insurance. So Medicaid expansion was there when she needed it to get healthy. Now she doesn't need it anymore, and she is participating in the private health insurance market. By the way, she is beginning to reestablish her relationship with her young son. That is the power of the Affordable Care Act. That is the power of Medicaid expansion.

Representative PRICE, on the other hand, has advocated for repeal of these very programs. Such a repeal would have such harmful impacts, pulling the rug out from those who have coverage right now for critical medical conditions. At his confirmation hearing, Representative PRICE declined to guarantee that Americans with substance use disorders who got on insurance through Medicaid expansion would still be covered for these services if the Affordable Care Act is repealed under Representative PRICE's leadership.

He also would not commit to continuing the requirement under the Affordable Care Act that health insurance companies must cover essential health benefits, including treatment for substance abuse.

Representative PRICE's support for the repeal of the Affordable Care Act also requires more discussion. The Affordable Care Act has helped families across our Nation access quality, affordable health insurance coverage. We need to come together now and find bipartisan areas in which we can agree to improve the law, but we should not be repealing it. We should not be taking coverage away from millions of people. I have joined a number of my colleagues in expressing our willingness to work across the aisle with our colleagues to improve the law, but unfortunately it seems our colleagues in the Senate are headed down a path to repeal the law without a plan to replace it. Repealing the ACA without any replacement is a recipe for upheaval and instability, a recipe for hurting our families, small businesses, and our economic progress. Representative PRICE and those who seek to repeal this law have not agreed on any path forward other than repealing and stripping coverage away from millions of Americans. Repealing would have major consequences for many Granite State families and small businesses.

My office has heard from constituents about the impact the Affordable Care Act has had on their lives. One resident from Keene, NH, wrote to say this law has helped fulfill his goal of starting a small business. He wrote:

> I have had health insurance through the exchange under the ACA since late 2015, when I quit my job to start up a business. Before the ACA, I wouldn't have taken the risk to start a business, because I have a preexisting condition and I wouldn't have been able to get an individual health insurance policy.

He continued:

> Under the ACA, I am able to get good health insurance at an affordable premium. Since I left my job I built up a profitable business and expect to be in a position to hire employees within a year or two. None of this would have been possible without the ACA.

And he added:

> If the ACA is repealed, I am concerned that I will need to put my business on hold in order to go back to a corporate job that I don't need, only to get the health care benefits. The ACA has flaws, but overall it has allowed me to take an entrepreneurial risk and start a small successful business.

It is clear that this law has truly made a difference not just for the health of our citizens but also for our economy, and we cannot undermine the progress we have made.

I am also deeply concerned about Representative PRICE's record and his statements concerning women's health care. Representative PRICE has consistently opposed women's reproductive freedom. I have always fought to protect a woman's right to make her own health care decisions and to chart her own course, and I always will. This is not just a matter of individual freedom, which of course is a good enough reason in its own right to support women's reproductive choice, but it is also a matter of economics. When women have to pay more for their health care than men do, it puts them at a financial disadvantage.

As Governor, I restored family planning funds and pushed to restore State funding to Planned Parenthood because I know how critical these services are for the women and families of my State. It is unacceptable that Washington Republicans continue to play games with women's health, and Representative PRICE has been at the forefront of that effort. Representative PRICE does not support a woman's constitutionally protected right to a safe and legal abortion. He has cosponsored and repeatedly voted for measures that would ban all medically appropriate abortions, without exceptions for rape, incest, or to protect a woman's health. He has voted to penalize small businesses that choose private health plans that include abortion coverage. Additionally, he has voted to allow employers to discriminate against employees based on their reproductive health decisions. He voted to eliminate the Title X Family Planning Program. He voted 10 times to defund Planned Parenthood.

Defunding Planned Parenthood, a critical health provider, would have devastating effects. A recent article in the Washington Post highlighted the impact of what can happen when legislatures attempt to defund Planned Parenthood.

This report in the post found:

> In 2011, the Texas legislature cut the two-year budget for funding family planning from $111 million to $38 million in an effort to defund Planned Parenthood. After these cuts, 82 Texas family planning clinics, one out of every four in the state—closed or stopped providing family planning services. An unintended consequence of the law was that two-thirds of the clinics that closed were not even Planned Parenthood clinics. Organizations that remained open, many with reduced hours, were often unable to offer the most effective methods of contraception, such as IUDs and contraceptive implants, to women who wanted them. The closings and reduced hours also limited or cut back access to primary care providers for a significant number of women.

Women and their families deserve better than an HHS Secretary who would disregard their constitutional right and roll back their access to reproductive health care. They deserve better than an HHS Secretary who appears to believe that women are neither capable nor trusted to make their own health care decisions. I believe women should be full and free citizens in the United States of America and can be trusted to make their own health care decisions.

Representative PRICE's nomination and his confirmation would be harmful to our seniors as well. Seniors deserve a high quality of life, high-quality care, and access to the benefits that they have earned throughout their life. I believe we must continue to strengthen and protect Medicare for years to come, not undermine it. Unfortunately, Representative PRICE has long sought to undermine Medicare and the important benefits it provides to seniors. His budget proposals have included extreme cuts to the program. He supports turning Medicare into a voucher program. In fact, he even said he wants to voucherize Medicare within the first 6 to 8 months of the Trump administration. This would increase costs for seniors.

He has also repeatedly opposed allowing Medicare to negotiate drug prices for seniors. He has argued that seniors have no drug cost problem. Imagine that, a Health and Human Services Secretary who believes that drug costs are not an issue for our seniors. He even said allowing Medicare to negotiate prices for prescription drugs would be ''a solution in search of a problem.''

I can tell Representative PRICE that there are certainly seniors in New Hampshire who have found that the cost of their prescription drugs are truly a problem, and as we talk about the need to shore up and strengthen the Medicare Program, one of the best ways to stabilize its finances would be to allow Medicare to negotiate for prescription drug prices to lower those prices, lower the cost of the program, while making the program even more affordable for our seniors.

That is not something that Representative PRICE has even expressed a willingness to consider because he doesn't even acknowledge there is a problem. Representative PRICE has also supported raising the Medicare age from 65 to 67. This amounts to a devastating benefit cut for seniors, shifting costs onto them, which is unacceptable.

Whenever I hear people suggesting raising the retirement age for Social Security or the age for Medicare eligibility, I am reminded of my father-in-law. My father-in-law was one of the hardest working people I ever knew. He worked as a wholesale meat cutter, and for anybody who has never seen what that means, it means standing on your feet for hours at a time in a cold meat locker as large carcasses come through, and with time pressures, the way any production facility has, cutting those carcasses into salable product.

My father-in-law left the house before dark. He often came home, having

been assigned overtime, after dark, having been standing on his feet in the cold, doing incredibly hard, physical labor.

When it came time for him to retire, when he became eligible for Medicare, he really couldn't have worked at that job much longer. And the fact that he had a dignified retirement after those years of hard work was in large part due to Medicare. Before the physical impacts of that job slowed him down, it was our great pleasure to watch a man who had provided for his family with such hard work know the dignity of playing with his grandchildren, sleeping in until 7:30 or 8 in the morning, and watching his family grow and strengthen and thrive.

That is the dignity of Medicare. It is the dignity of Social Security. And to have a Health and Human Services Secretary who believes we should just be raising that age, as Representative PRICE does, contradicts the very notion of what it means to earn a benefit and to know a dignified retirement.

I am proud of the progress we have made to help ensure that more Granite Staters and Americans have the quality health care they need at an affordable cost. There is much more work to do to move our health care system forward and to combat the heroin opioid and fentanyl crisis that has devastated far too many families in New Hampshire and across our Nation. I am ready and willing to work with anyone who is serious about making improvements to our health care system to improve affordability and access to care, but that does not start with pulling the rug out for millions of Americans. It does not start with rolling back women's access to critical health care services.

Congressman PRICE's record demonstrates that he puts a partisan agenda and corporate interests before the health and economic well-being of our families. The American people deserve a Secretary of Health and Human Services who will help more Americans receive quality, affordable health insurance coverage, not one who supports stripping it away by repealing the Affordable Care Act without a replacement.

For these reasons, I will be voting no on Congressman PRICE's nomination, and I urge my colleagues to do the same.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. TILLIS). The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. WYDEN. 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. WYDEN. Mr. President, the debate on Congressman PRICE's nomination, in my view, is a referendum on the future of health care in America.

On this side of the aisle, we think it is worth spending 30 hours talking about a subject this important to our people. My view is that this is about whether the United States is going to go back to the dark days when health care worked only for the healthy and the wealthy.

Based on the public record, Medicare is a program Congressman PRICE does not believe in, and it offers a guarantee of services he doesn't believe seniors should have.

On the Affordable Care Act, he is the architect of repeal and run. He wrote the bill himself. He proposed weakening protections for Americans with preexisting conditions. He would shred the health care safety net—Medicaid—for the least fortunate among us. He would take away health care choices for women, particularly the opportunity to go to the physician that they trust.

As we wrap up and get ready to vote, think about the common thread among these proposals: They take away coverage from our people, make health care coverage more expensive for millions of people, or both. That is what Congressman PRICE stands for when it comes to health care. Every Senator who casts a vote for Congressman PRICE has to stand by that agenda.

Beyond what this means for the future of American health care policy, there is the lingering spectre, as I have discussed tonight in detail, of serious legal and ethical issues. Congressman PRICE got special access to a special deal on stock in an Australian biomedical company. He claimed multiple times before Senate committees that the deal he got on discounted company stock was open to all shareholders. All the evidence—all the evidence—says that this is untrue.

First, he had to go through the back door to get access to the discounted price. He got a special friends-and-family invite from his colleague in the House, Congressman CHRIS COLLINS, the company's top shareholder and a member of its board.

Second, rules that apply to other investors didn't apply to Congressman PRICE. Other shareholders were bound by a limit. They were able to buy one discounted share for every nine they already owned. That would have allowed Congressman PRICE to buy just 7,000 discounted shares. He bought 400,000 discounted shares. In my view, he can't get around that. That is the definition of a special stock deal.

The Congressman introduced legislation that would have lowered the tax bills of three major pharmaceutical companies in which he owns stock. He invested $15,000 in a medical equipment company and then introduced legislation to increase the amount Medicare pays for that type of equipment. Parts of his bill went on to become law. He bought thousands of dollars' worth of stock in a company called Zimmer Biomet less than a week before introducing legislation that had the potential to drive up the value of those shares. Now he has argued that he didn't purchase the stocks; his broker did. But at the very least, he would have known about those deals within days of the purchase when he filed the periodic transaction reports in the House. Under his brokerage agreement, he could have quickly resold the stock, but he did not. Furthermore, he didn't consult with the Ethics Committee regarding any of the trades I have spoken about as directed by the House Ethics Manual.

As I wrap up, I want to put a human face on why so many Senators on this side of the aisle have come to the Senate floor to speak so passionately about their grave concerns with this nomination. Nothing sums up our concerns more clearly than a line from an op-ed Congressman PRICE wrote in 2009 that discusses Medicare. His quote speaks volumes about his perspective on this program.

It is a lifeline. I first became acquainted with it back in the days when I was codirector of the Oregon Gray Panthers, ran the legal aid program for older people. I saw then that seniors were walking on an economic tightrope, balancing their food bill against their fuel bill, their fuel bill against the rent bill. They saw Medicare as one of the great achievements in American policymaking.

Here is what the Congressman wrote—his words, not mine: ''Nothing has had a greater negative effect on the delivery of health care than the federal government's intrusion into medicine through Medicare.'' When I read that, I was reflecting on my Gray Panther days, and I think a lot of other Senators go back working with community organizations. We just heard a wonderful presentation from Senator KING, who was also a legal services advocate.

Before Medicare, before this program that Congressman PRICE thinks is such a negative intrusion into medicine, a lot of older people were warehoused in poor farms. I am absolutely certain that Congressman PRICE doesn't want to go back to those days, but when he speaks about the involvement of Medicare in American health care as though a plague has descended on the land, we just have to question his commitment to a program that has become a lifeline to millions of older people.

The fact is, Medicare has always been a promise. That is what we said back in the early days with the senior citizens. Medicare was a promise. It was a promise of guaranteed benefits. Again, based on the public record, Medicare is a program Congressman PRICE doesn't believe in, and it offers a guarantee of services he doesn't think seniors ought to have.

He has said he wants to voucherize the program within the first 6 to 8 months of the administration. What we are talking about when you want to do that is you are breaking the promise of Medicare. You are breaking the promise of guaranteed benefits, and you are going to sort of hand people a piece of paper and say here is your voucher, I

hope it works for you. If your medical expenses are greater than your vouchers, that is the way it goes, tough luck.

The price budget cut Medicare by nearly $1 million. By the way, that is exactly the opposite of the Trump pledge, not to cut Medicare that the American people heard on the campaign trail. There is a big gap between what President Trump said about Medicare and the bills and legislative efforts of Congressman PRICE in the other body—big gap. That is why it sure looks to me like the promise of Medicare is one that Congressman PRICE would break.

By the way, we all ought to understand that if confirmed, Congressman PRICE would be the captain of the Trump health care team. What he says matters, and what he offered—legislatively, his positions and his votes. He voted again and again to repeal the Affordable Care Act.

It really matters what his past record is. If past is prologue, it is certainly relevant. It really matters. He was the architect of what amounted to repeal and run. He wrote legislation creating loopholes in the protection for those with preexisting conditions, and the big beneficiary there was clearly the major insurance companies.

Women would find it much harder to make the health care choices they want and see the doctors they trust if the price proposals were lost. Medicaid pays 65 percent of the nursing home bill in America. And on this side of the aisle, we are going to fight Congressman PRICE's block grant proposals that are going to put seniors at risk.

I am going to close with this. I always hope I am wrong when I raise the prospects of real threats to the welfare of the American people because the reason public service was important to me was because of those first days with the Gray Panthers. I never thought I would have that kind of wonderful opportunity; that I would have had this opportunity for public service. For me and so many on this side of the aisle—I see my colleagues who have been active in their communities—this has always been about the welfare of the American people. That is what it is about—all those faces we see when we are home, having community meetings and getting out with our people.

The public record in this case indicates that as Secretary of Health and Human Services, Congressman PRICE would, in fact, be an extraordinary threat to seniors on Medicare, vulnerable older people who need Medicaid for access to nursing homes, millions of kids for whom Medicaid is the key to a healthy future, and women across the country who have a right to see the doctors they trust.

I am going to oppose this nomination. I urge my colleagues to join me in opposition.

Mr. President, I wish to take a few minutes to address Congressman PRICE's stock purchases. At best, this is behavior that cuts ethical corners. At worst it is dangerously close to outright insider trading. Congressman PRICE has a lot of questionable trading activity. He introduced legislation that would lower the tax bills of three major pharmaceutical companies he owned significant amounts of stock in. He invested $15,000 dollars in a medical equipment company then introduced legislation to increase the amount Medicare pays for that type of equipment. Parts of his bill went on to become law.

But let's look at one investment in particular, Congressman PRICE's investment in Zimmer Biomet. Zimmer is a medical device company that specializes in joint replacements, including knee, hip, shoulder, and foot and ankle replacements.

Hip and knee replacements are high cost procedures, and they are two of the most common procedures performed on Medicare patients. According to CMS, more than 400,000 hip and knee replacement procedures were performed in 2014, costing more than $7 billion for the hospitalizations alone. Despite the high frequency of these surgeries, costs vary widely across geographic areas, and complications like infections or implant failures after surgery can be three times higher at some facilities.

In November 2015, in an attempt to incentivize higher quality procedures for Medicare recipients and control the cost of these replacements, CMS finalized a new pricing model slated to be implemented in April 2016. This new pricing model was a cost-bundling payment model; instead of Medicare paying for each individual service, Medicare reimburses hospitals with a single lump-sum payment, allowing hospitals to coordinate overall care for the patient.

These changes were designed to incentivize improved care for patients, lowering costs and improving quality. However, according to independent analysts, medical device companies, especially those who specialize in orthopedic implants, could face ''material headwinds'' from the new pricing model since hospitals facing reimbursement pressures are likely to pass some of that burden onto those device companies.

In September 2015, Congressman PRICE led an effort to send a letter from members of the House of Representatives to CMS challenging many of the features of the CMS proposal. A copy of the letter, dated September 21, 2015, is available on the Congressman's website.

This is where Zimmer Biomet comes in. Zimmer is a medical device manufactrurer with significant exposure to the new pricing model. According to analysts, over 60 percent of Zimmer's revenues come from hip and knee devices, and the CMS guidelines had the potential to significantly affect the company's profits.

On March 17, 2016, a few weeks before the CMS model was set to go into effect, Congressman PRICE bought thousands of dollars worth of Zimmer Biomet stock through his brokerage account. On March 23, 2016, less than a week later, Congressman PRICE introduced H.R. 4848, the ''HIP Act,'' which would have delayed the implementation of CMS regulations for Medicare coverage of joint replacements.

Let's pause right here. In 2016, Congressman PRICE had a financial stake in one of the companies that stood to benefit most from the legislation he was promoting. Those basic facts are not in dispute. Congressman PRICE introduced legislation that had the potential to add to his personal fortune.

Now, various arguments have been made, by Congressman PRICE and others, to defend this activity. First is the argument that there wasn't much money at stake, just a few thousand dollars. But the truth is a few thousand dollars is a lot of money to a lot of Americans. An unexpected medical bill that size could have a serious effect on many Americans and the person in charge of our health care system should take that amount of money just as seriously.

Second, there is the argument that he didn't purchase the stock; his stockbroker purchased it. I am going to return to that issue in more detail in a moment, but one thing is clear. That is the fact that Congressman PRICE knew this stock had been purchased in his name, in his account, within a matter of days.

On April 15, 2016, Congressman PRICE filed what is called a Periodic Transaction Report which Members of Congress are required to do within 30 days of reportable stock purchase. Not only did Congressman PRICE file a report that he had purchased Zimmer Biomet along with dozens of other stocks, he initialed the entry for Zimmer Biomet in order to correct a mistake on the document; a correction making it clear that the Zimmer Biomet transaction was a stock purchase.

There is also the question of whether this activity violated House Ethics rules. Congressman PRICE also said, in answer to written questions, that ''no conflict existed and no consultation was necessary.'' He also said, ''Throughout my time as a Member of the [House], I have abided by and adhered to all ethics and conflict of interest rules applicable to me.''

He gave the same answer regarding three other bills that appear to conflict with investments he held: H.R. 4185, the Protecting Access through Competitive-pricing Transition Act of 2015, the PACT Act; H.R. 5400, a bill pertaining to tax rates in Puerto Rico, which would have likely impacted drug manufacturers he owned Eli Lilly, Bristol Myers Squibb, and Amgen; H.R. 5210, the Patient Access to Durable Medical Equipment (PADME) Act of 2016.

Let's go through that in some detail.

It is true that the House Ethics rules, like the Senate Ethics rules, allow a

member to cast a vote on a matter relating to a company in which he or she owns stock. However, that standard only applies to casting votes. If you do more, and become an active advocate of a bill that could benefit a company that you own stock in, a different standard applies.

On page 237 of the House Ethics Manual, it says that before undertaking active advocacy of legislation that will benefit a company in which a member owns stock, such as before introducing a bill, ''the Member should first contact the [Ethics] Committee for guidance.''

The Ethics Manual is crystal clear. If you go beyond voting, and you are actively pushing a bill that would benefit a company in which you own stock, you should consult with the Ethics Committee.

Congressman PRICE did not consult with the Ethics Committee regarding any of these trades.

In a written question, I asked Congressman PRICE about this. I asked whether, in light of the House Ethics Manual's recommendation, he had consulted with the Ethics Committee regarding his purchase of Zimmer Biomet and other stocks. He did not answer the question. Instead, he resorted to the same talking point—that the Zimmer Biomet stock was purchased by his broker and that there was not need to consult because there was no conflict.

By my reading, this interpretation is flat wrong. Under the House Manual, he should have consulted with the Ethics Committee.

To be clear, the Ethics Committee might have concluded that it was a relatively small purchase, and that Congressman PRICE's advocacy was consistent with his longstanding position, and therefore that it was fine for him to go ahead and purchase the stock and then introduce the bill. On the other hand, the Ethics Committee might have reached a very different conclusion. It might have advised him to refrain from purchasing the stock.

The public will never know, because he didn't ask. Despite the clear guidance in the House Ethics Manual, he didn't even ask. And now the majority party is carrying his nomination toward the finish line.

Apart from conforming with House Ethics rules, there is also the question of whether Congressman PRICE's activity violated insider trading laws. Lawmakers in both the House and the Senate have a duty of public trust. The STOCK Act, which Congressman PRICE and I both voted for in 2012, and longstanding SEC rules denote that Members of Congress have a fiduciary duty to the American people. What that means is that we will use the public power we've been granted to benefit the interests of all Americans. The SEC's Rule 10b5, in particular, prohibits the purchase or sale of stock on the basis of material nonpublic information.

As a threshold matter, Congressman PRICE claims that insider trading laws don't apply to him because the Zimmer Biomet stock was purchased by his broker without his knowledge. But as I've discussed at length, this argument is a red herring because Congressman PRICE did have knowledge of these trades. He submitted signed records of the trades shortly after they were made. Furthermore, the laws related to insider trading give clear guidance on how to trade through a broker without violating insider trading laws. And just as with the House Ethics rules, when faced with clear guidance on how to manage conflicts of interest, Congressman PRICE chose not to follow it.

Whether those stocks were purchased directly or through a broker is not, by itself, a defense to insider trading. According to SEC rules, Congressman PRICE and his broker needed to agree to a ''written plan for trading securities'' that does not ''permit the person to exercise subsequent influence over when, how, or whether to effect purchases or sales of securities.'' So, if Congressman PRICE had, in writing, given his broker complete control over his portfolio we wouldn't be discussing this issue today. But he did not do so.

Congressman PRICE returned to the ''my broker did it'' defense for weeks before finally providing the Finance Committee with an excerpt of his brokerage agreement.

Here's what it says:

> In the Portfolio Management (''PM'') program, a Financial Advisor(s) who meets the program certification requirements manages your assets on a discretionary basis. In other words, your Financial Advisor, and not you, has the discretion to decide what securities to buy and sell in your account. This discretion is subject to the parameters described below and your ability to direct a sale of any security for tax or other reasons.

In the course of our investigation, committee staff spoke with experts, and they confirmed what seems obvious from the plain language of the text. This agreement does not hand over complete control of Congressman PRICE's portfolio to his broker. His agreement with his broker simply does not shield him from insider trading laws, no matter how many times he tries to say it does.

This isn't a question of whether Congressman PRICE followed the technical letter of the law, he didn't follow it in spirit either. Congressman PRICE could direct his broker to make trades when he wanted to, and he did. Case in point, when Congressman PRICE wanted to act on a stock tip from Congressman COLLINS, he called up his broker and had her buy shares of an Australian biomedical firm called Innate Immunotherapeutics.

Another question raised by Congressman PRICE's conflicts of interest is whether they go beyond a violation of the public's trust and constitute an outright violation of insider trading laws. That question cannot be answered today. We have seen that time and time again that Congressman PRICE purchased stocks then turned around and promoted legislation that would help those companies, and his investments in them. What is not clear is whether the introduction of this legislation meets the legal standards of being ''material'' and ''nonpublic.'' Neither case history, nor the legislative history of the STOCK Act provide clear guidance on when pending legislation is material and nonpublic.

The bottom line is that Congressman PRICE's activities are in uncharted waters. That is why the public and members of this body ought to be outraged that the majority party has cut off the vetting process and rushed this nomination toward completion.

In my view, because of how this nomination was handled, the Senate Finance Committee has set a double standard. If you look to the recent past at the nominations of Senator Tom Daschle, Secretary Tim Geithner and Ambassador Ron Kirk at the outset of the Obama administration, the vetting process was extremely thorough and bipartisan. The committee turned over every stone, peered around every corner and followed every lead to its conclusion. Now, when a glaring issue comes up that undeniably deserves investigation, the party in power has shut down the vetting process. The Finance Committee and the Senate ought to do better.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

The PRESIDING OFFICER. The question is, Will the Senate advise and consent to the Price nomination?

Mr. COTTON. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Missouri (Mrs. MCCASKILL) is necessarily absent.

The PRESIDING OFFICER (Mr. CASSIDY). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 52, nays 47, as follows:

[Rollcall Vote No. 61 Ex.]

YEAS—52

Alexander	Cornyn	Graham
Barrasso	Cotton	Grassley
Blunt	Crapo	Hatch
Boozman	Cruz	Heller
Burr	Daines	Hoeven
Capito	Enzi	Inhofe
Cassidy	Ernst	Isakson
Cochran	Fischer	Johnson
Collins	Flake	Kennedy
Corker	Gardner	Lankford

Lee
McCain
McConnell
Moran
Murkowski
Paul
Perdue
Portman
Risch
Roberts
Rounds
Rubio
Sasse
Scott
Shelby
Strange
Sullivan
Thune
Tillis
Toomey
Wicker
Young

NAYS—47

Baldwin
Bennet
Blumenthal
Booker
Brown
Cantwell
Cardin
Carper
Casey
Coons
Cortez Masto
Donnelly
Duckworth
Durbin
Feinstein
Franken
Gillibrand
Harris
Hassan
Heinrich
Heitkamp
Hirono
Kaine
King
Klobuchar
Leahy
Manchin
Markey
Menendez
Merkley
Murphy
Murray
Nelson
Peters
Reed
Sanders
Schatz
Schumer
Shaheen
Stabenow
Tester
Udall
Van Hollen
Warner
Warren
Whitehouse
Wyden

NOT VOTING—1

McCaskill

The nomination was confirmed.

Mr. MCCONNELL. Mr. President, I move to reconsider the vote on the nomination.

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

Mr. MCCONNELL. I move to table the motion to reconsider.

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

The motion was agreed to.

ORDER OF PROCEDURE

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the mandatory quorum call be waived.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

ORDER OF BUSINESS

Mr. MCCONNELL. Mr. President, for the information of all Senators, the Senate will debate the Mnuchin nomination tomorrow. The next series of votes will occur on Monday at around 7 p.m.

UNANIMOUS CONSENT AGREEMENT—EXECUTIVE CALENDAR

Mr. MCCONNELL. Mr. President, I ask unanimous consent that notwithstanding rule XXII, following leader remarks on Monday February 13, there be up to 7 hours of debate remaining on the Mnuchin nomination; and that following the disposition of the Mnuchin nomination, the Senate proceed to the consideration of the following nomination: Executive Calendar No. 17, David Shulkin to be Secretary of Veterans Affairs. I further ask unanimous consent that there be 10 minutes of debate on the nomination, equally divided in the usual form, and that following the use or yielding back of time, the Senate vote on the nomination with no intervening action or debate; that if confirmed, the motion to reconsider be considered made and laid upon the table; the President be immediately notified of the Senate's action; that no further motions be in order; and that any statements relating to the nomination be printed in the RECORD; finally, that following leader remarks on Tuesday, February 14, the Senate proceed to the consideration of the following nomination: Executive Calendar No. 10, Linda McMahon to be Administrator of the Small Business Administration. I further ask unanimous consent that the time until 11 a.m. be equally divided in the usual form; and that following the use or yielding back of time, the Senate vote on the nomination with no intervening action or debate; that if confirmed, the motion to reconsider be considered made and laid upon the table; that the President be immediately notified of the Senate's action; that no further motions be in order; and that any statements relating to the nomination be printed in the RECORD.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The majority leader.

Mr. MCCONNELL. Mr. President, the next vote will be the last vote of the evening, and we will be back voting Monday night.

CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The senior assistant legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Steven T. Mnuchin, of California, to be Secretary of the Treasury.

Mitch McConnell, Roger F. Wicker, John Boozman, Orrin G. Hatch, Roy Blunt, John Cornyn, Steve Daines, Tim Scott, John Hoeven, Michael B. Enzi, John Barrasso, John Thune, Mike Rounds, Mike Crapo, James M. Inhofe, Joni Ernst, Chuck Grassley.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the nomination of Steven T. Mnuchin, of California, to be Secretary of the Treasury shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from Missouri (Mrs. MCCASKILL) is necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

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

[Rollcall Vote No. 62 Ex.]

YEAS—53

Alexander
Barrasso
Blunt
Boozman
Burr
Capito
Cassidy
Cochran
Collins
Corker
Cornyn
Cotton
Crapo
Cruz
Daines
Enzi
Ernst
Fischer
Flake
Gardner
Graham
Grassley
Hatch
Heller
Hoeven
Inhofe
Isakson
Johnson
Kennedy
Lankford
Lee
Manchin
McCain
McConnell
Moran
Murkowski
Paul
Perdue
Portman
Risch
Roberts
Rounds
Rubio
Sasse
Scott
Shelby
Strange
Sullivan
Thune
Tillis
Toomey
Wicker
Young

NAYS—46

Baldwin
Bennet
Blumenthal
Booker
Brown
Cantwell
Cardin
Carper
Casey
Coons
Cortez Masto
Donnelly
Duckworth
Durbin
Feinstein
Franken
Gillibrand
Harris
Hassan
Heinrich
Heitkamp
Hirono
Kaine
King
Klobuchar
Leahy
Markey
Menendez
Merkley
Murphy
Murray
Nelson
Peters
Reed
Sanders
Schatz
Schumer
Shaheen
Stabenow
Tester
Udall
Van Hollen
Warner
Warren
Whitehouse
Wyden

NOT VOTING—1

McCaskill

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

The motion is agreed to.

EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report the nomination.

The senior assistant legislative clerk read the nomination of Steven T. Mnuchin, of California, to be Secretary of the Treasury.

The PRESIDING OFFICER. The Senator from Ohio.

MORNING BUSINESS

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

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

(At the request of Mr. DURBIN, the following statement was ordered to be printed in the RECORD.)

VOTE EXPLANATION

• Mrs. MCCASKILL. Mr. President, I was necessarily absent for today's vote on the confirmation of THOMAS PRICE to be Secretary of Health and Human Services. Had I been present, I would have voted nay.•

(At the request of Mr. DURBIN, the following statement was ordered to be printed in the RECORD.

VOTE EXPLANATION

• Mrs. MCCASKILL. Mr. President, I was necessarily absent for today's vote

on the confirmation of Steven Mnuchin to be Secretary of the Treasury. Had I been present, I would have voted nay.●

ADDITIONAL STATEMENTS

TRIBUTE TO JESS LOCKWOOD

● Mr. DAINES. Mr. President, this week, I have the distinct honor of recognizing Jess Lockwood, a tough-as-nails cowboy from Volberg, MT. Earlier this week, Jess moved into the top spot of the professional bullriders world rankings. In the early stages of this bullriding season, Jess has shared his talent with rodeo fans across the Nation. From Sacramento to New York City, Jess has tackled the challenge of competing at the highest level and made Big Sky Country proud while doing it. Bullriding is a young person's sport, and that maxim is brought to life by this 19-year-old cowboy from the rolling hills of southeastern Montana.

When asked about his success in the sport, Jess replied with graceful Montana simplicity: ''I just have to keep staying on my bulls and doing my job.'' In the world of bullriding and in life itself, Jess Lockwood's Montana wisdom rings true. Jess focuses on what needs to be accomplished and gets the job done. And he didn't arrive at his level of success by circumstance, coincidence, good fortune, or luck. His accomplishments are the fruit of efforts sown many years in advance and watered by a steady stream of hard work. In high school, these successful habits led Jess to three Montana High School rodeo State championships.

Back home in Montana, we all hope that his string of success continues, and are confident he has what it takes to maintain his performance. Jess has confidence in his ability, too, and you need confidence if you are going to ride a nearly 2,000-pound bull. His clarity of purpose to rise to the top in his chosen field should be refreshing and rejuvenating to us all. Reflecting on his accomplishments, Jess expressed his approach this way, ''You just have to show up each weekend and expect yourself to win,'' and added ''If you are showing up each weekend, if you are not planning on winning, what is the point really?'' Prepare, show up, and do your best: that sounds like a Montana recipe for success.●

REMEMBERING DAVID CULP

● Mrs. FEINSTEIN. Mr. President, today I wish to discuss the recent passing of David Culp. He was an unassuming American hero, a man who spent much of his life working quietly but tirelessly to reduce the threat of nuclear weapons and eliminate them from the face of the Earth. For more than 15 years, David led efforts at the Friends Committee on National Legislation and in the arms control community to reach that goal, working with Members of Congress on both sides of the aisle.

Over the years, as I fought to oppose new nuclear weapons and to support vital arms control agreements, I always knew that David would be there with me, fighting for what was right. His persistence, his focus on concrete goals, and his constant, good-natured advocacy helped make the United States and the world a safer place.

It was President Harry Truman who said: ''It's amazing what you can accomplish if you don't care who gets the credit.'' David, who lived by those words, deserves enormous credit. He will be sorely missed.●

TRIBUTE TO ALEXANDER SCOTT

● Ms. HASSAN. Mr. President, today I wish to ask my colleagues to join me in recognizing and congratulating Chief Alexander Scott on his many years of remarkable service to the city of Claremont and the State of New Hampshire. As the Claremont Police Department's chief of police, Chief Scott has worked tirelessly to ensure the safety and security of the Claremont community. The State of New Hampshire owes him a debt of gratitude for his service.

Chief Scott's history with the Claremont Police Department dates back to a summer internship in 1989 when he was a member of the corps of cadets at Norwich University, the military college of Vermont. Shortly after finishing his internship, Chief Scott was hired part-time as a special officer. He finished his degree requirements early and enrolled in the New Hampshire full time police academy during his final semester at Norwich. Upon graduating magna cum laude from Norwich and completing the police academy, Chief Scott started in the Claremont Police Department's patrol division. Two years later, he transferred to the criminal division and rose to the level of assistant department prosecutor, igniting his passion for law.

Chief Scott left the department to attend the Franklin Pierce Law Center. In his first year, he married his wife Kathryn, with whom he has two daughters, Hannah and Elyse. As a lawyer, Chief Scott continued to support his community as the assistant county attorney for Sullivan County. He remained in that position until 2003 when he returned to the Claremont Police Department as the chief of police, a role in which he has served for over a decade. As chief, he has not only worked to preserve the peace and protect the law, but he has also inspired future generations of public servants through his professorship at River Valley Community College and at his own alma mater, Norwich University. Chief Scott will now retire from the police department and return to practicing law as he joins the criminal division of the New Hampshire Attorney General's office.

Claremont and all of New Hampshire have benefitted greatly from Chief Scott's devotion and leadership. On behalf of my colleagues and the U.S. Congress, I thank Chief Alexander Scott for his unceasing commitment to protecting his community and for his continued service to our State as he moves into his new position with the New Hampshire Attorney General's office.●

TRIBUTE TO KEVIN CONCANNON

● Mr. KING. Mr. President, that Kevin Concannon retired is not news—he has done that several times before—and each time he moved on to more exciting and challenging positions.

In 2016, Kevin Concannon retired from the USDA as the Undersecretary of Food, Nutrition, and Consumer Services after 8 years of service.

Kevin is a tireless advocate of people—all people. His work to assure that every effort was made to address hunger in this country is an indicator of his compassion, understanding of both the issues and solutions, and his unwavering faith in the ability of this great country to care for those who are struggling—whether it is food insecurity or earlier in his career on mental health issues, long-term care, and child welfare.

At USDA, Kevin worked tirelessly to increase options for SNAP beneficiaries to access fresh local foods at farmers markets; he was determined that children should have more access to nutritious foods in WIC, schools and child care—while Kevin and I agree on that goal—I must add—that as a native Mainer, Kevin may have missed the mark on where white potatoes fit into those meal plans.

Kevin Concannon came to USDA with an amazingly broad spectrum of experience. From 1987–1995, he served as the director of the Oregon Department of Human Resources, after having served as Commissioner of the Maine Department of Mental Health and Corrections. In 1995, I was fortunate to be able to bring him back to his home State of Maine to serve as the commissioner of Maine's Department of Human Services. At the time, I commented that he was the Dan Marino of commissioners and welcomed him back. I would point out that Dan Marino is now serving as the vice president of the Dolphins, and I expect that, in the same way, Kevin Concannon will find ways to continue his public service—and that will benefit us all.

Kevin led efforts throughout his career to improve child welfare, expand Medicaid and child health insurance, integrating programs of public health and medical care, improving systems for long-term care for elders and people with disabilities. Many of those efforts were national in scope, and he was selected by his peers to serve as the president of the American Public Welfare Association from 1994–1995.

In every role, in every effort, Kevin Concannon has been an exemplary public servant and leader.

Margaret Chase Smith said it best: ''Public service must be more than

doing a job efficiently and honestly. It must be a complete dedication to the people and to the nation.''

Kevin Concannon is the personification of total dedication, honesty, and determination to make the world a better place; that has been the hallmark of his work each and every day.

Congratulations and best wishes to Kevin Concannon and welcome home.●

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. COONS (for himself and Mr. GARDNER):

S. 347. A bill to amend the Small Business Act and the Small Business Investment Act of 1958 to increase the percentage of loans guaranteed for small business concerns that are manufacturers; to the Committee on Small Business and Entrepreneurship.

By Mr. FRANKEN (for himself, Mr. REED, and Mr. BROWN):

S. 348. A bill to amend title XVIII of the Social Security Act to require the Secretary of Health and Human Services to negotiate lower covered part D drug prices on behalf of Medicare beneficiaries; to the Committee on Finance.

By Ms. HARRIS (for herself, Mr. BLUMENTHAL, Mr. BOOKER, Mr. CARPER, Mrs. GILLIBRAND, Mr. MARKEY, and Ms. WARREN):

S. 349. A bill to clarify the rights of all persons who are held or detained at a port of entry or at any detention facility overseen by U.S. Customs and Border Protection or U.S. Immigration and Customs Enforcement; to the Committee on the Judiciary.

By Mr. FRANKEN (for himself, Mr. SANDERS, and Mr. WYDEN):

S. 350. A bill to amend the Securities Exchange Act of 1934 to prohibit Members of Congress from receiving a discounted price in certain private offerings of securities; to the Committee on Banking, Housing, and Urban Affairs.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. MCCONNELL:

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

ADDITIONAL COSPONSORS

S. 27

At the request of Mr. CARDIN, the name of the Senator from North Dakota (Ms. HEITKAMP) was added as a cosponsor of S. 27, a bill to establish an independent commission to examine and report on the facts regarding the extent of Russian official and unofficial cyber operations and other attempts to interfere in the 2016 United States national election, and for other purposes.

S. 41

At the request of Ms. KLOBUCHAR, the name of the Senator from Connecticut (Mr. MURPHY) was added as a cosponsor of S. 41, a bill to amend part D of title XVIII of the Social Security Act to require the Secretary of Health and Human Services to negotiate covered part D drug prices on behalf of Medicare beneficiaries.

S. 107

At the request of Mr. CRUZ, the name of the Senator from North Carolina (Mr. BURR) was added as a cosponsor of S. 107, a bill to prohibit voluntary or assessed contributions to the United Nations until the President certifies to Congress that United Nations Security Council Resolution 2334 has been repealed.

S. 108

At the request of Mr. HATCH, the names of the Senator from Florida (Mr. RUBIO) and the Senator from North Carolina (Mr. TILLIS) were added as cosponsors of S. 108, a bill to amend the Internal Revenue Code of 1986 to repeal the excise tax on medical devices.

S. 168

At the request of Mr. WICKER, the names of the Senator from West Virginia (Mrs. CAPITO), the Senator from Louisiana (Mr. CASSIDY), the Senator from Texas (Mr. CORNYN), the Senator from Oklahoma (Mr. INHOFE), the Senator from Arkansas (Mr. BOOZMAN), the Senator from Missouri (Mr. BLUNT), the Senator from Maine (Ms. COLLINS), the Senator from Indiana (Mr. YOUNG), the Senator from Louisiana (Mr. KENNEDY) and the Senator from Alabama (Mr. SHELBY) were added as cosponsors of S. 168, a bill to amend and enhance certain maritime programs of the Department of Transportation.

S. 203

At the request of Mr. BURR, the names of the Senator from South Dakota (Mr. THUNE) and the Senator from South Carolina (Mr. SCOTT) were added as cosponsors of S. 203, a bill to reaffirm that the Environmental Protection Agency may not regulate vehicles used solely for competition, and for other purposes.

S. 245

At the request of Mr. HOEVEN, the name of the Senator from Wyoming (Mr. ENZI) was added as a cosponsor of S. 245, a bill to amend the Indian Tribal Energy Development and Self Determination Act of 2005, and for other purposes.

S. 255

At the request of Mr. SCHATZ, the name of the Senator from Virginia (Mr. WARNER) was added as a cosponsor of S. 255, a bill to increase the rates of pay under the General Schedule and other statutory pay systems and for prevailing rate employees by 3.2 percent, and for other purposes.

S. 306

At the request of Mr. ISAKSON, the name of the Senator from West Virginia (Mr. MANCHIN) was added as a cosponsor of S. 306, a bill to provide for a biennial budget process and a biennial appropriations process and to enhance oversight and the performance of the Federal Government.

S. 324

At the request of Mr. HATCH, the name of the Senator from Nevada (Mr. HELLER) was added as a cosponsor of S. 324, a bill to amend title 38, United States Code, to improve the provision of adult day health care services for veterans.

S. 334

At the request of Mr. INHOFE, the names of the Senator from Utah (Mr. HATCH) and the Senator from Utah (Mr. LEE) were added as cosponsors of S. 334, a bill to clarify that a State has the sole authority to regulate hydraulic fracturing on Federal land within the boundaries of the State.

S. 335

At the request of Mr. INHOFE, the names of the Senator from Utah (Mr. HATCH) and the Senator from Utah (Mr. LEE) were added as cosponsors of S. 335, a bill to achieve domestic energy independence by empowering States to control the development and production of all forms of energy on all available Federal land.

S.J. RES. 19

At the request of Mr. PERDUE, the name of the Senator from Arizona (Mr. FLAKE) was added as a cosponsor of S.J. Res. 19, a joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Bureau of Consumer Financial Protection relating to prepaid accounts under the Electronic Fund Transfer Act and the Truth in Lending Act.

S. RES. 50

At the request of Mr. CARDIN, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. Res. 50, a resolution reaffirming a strong commitment to the United States-Australia alliance relationship.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 57—TO CONSTITUTE THE MAJORITY PARTY'S MEMBERSHIP ON CERTAIN COMMITTEES FOR THE ONE HUNDRED FIFTEENTH CONGRESS, OR UNTIL THEIR SUCCESSORS ARE CHOSEN

Mr. MCCONNELL submitted the following resolution; which was considered and agreed to:

S. RES. 57

Resolved, That the following shall constitute the majority party's membership on the following committees for the One Hundred Fifteenth Congress, or until their successors are chosen:

COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY: Mr. Roberts (Chairman), Mr. Cochran, Mr. McConnell, Mr. Boozman, Mr. Hoeven, Mrs. Ernst, Mr. Grassley, Mr. Thune, Mr. Daines, Mr. Perdue, Mr. Strange.

COMMITTEE ON ARMED SERVICES: Mr. McCain (Chairman), Mr. Inhofe, Mr. Wicker, Mrs. Fischer, Mr. Cotton, Mr. Rounds, Mrs.

Ernst, Mr. Tillis, Mr. Sullivan, Mr. Perdue, Mr. Cruz, Mr. Graham, Mr. Sasse, Mr. Strange.

COMMITTEE ON ENERGY AND NATURAL RESOURCES: Ms. Murkowski (Chairman), Mr. Barrasso, Mr. Risch, Mr. Lee, Mr. Flake, Mr. Daines, Mr. Gardner, Mr. Alexander, Mr. Hoeven, Mr. Cassidy, Mr. Portman, Mr. Strange.

COMMITTEE ON ENVIRONMENT AND PUBLIC WORKS: Mr. Barrasso (Chairman), Mr. Inhofe, Mrs. Capito, Mr. Boozman, Mr. Wicker, Mrs. Fischer, Mr. Moran, Mr. Rounds, Mrs. Ernst, Mr. Sullivan, Mr. Shelby.

COMMITTEE ON THE BUDGET: Mr. Enzi (Chairman), Mr. Grassley, Mr. Crapo, Mr. Graham, Mr. Toomey, Mr. Johnson, Mr. Corker, Mr. Perdue, Mr. Gardner, Mr. Kennedy, Mr. Boozman, Mr. Strange.

AUTHORITY FOR COMMITTEES TO MEET

Mr. COTTON. Mr. President, I have five requests for committees to meet during today's session of the Senate. They have the approval of the Majority and Minority leaders.

Pursuant to Rule XXVI, paragraph 5(a), of the Standing Rules of the Senate, the following committees are authorized to meet during today's session of the Senate:

COMMITTEE ON ARMED SERVICES

The Committee on Armed Services is authorized to meet during the session of the Senate on Thursday, February 9, 2017, at 9:30 a.m.

COMMITTEE ON FOREIGN RELATIONS

The Committee on Foreign Relations is authorized to meet during the session of the Senate on Thursday, February 9, 2017, at 10 a.m., to hold a hearing entitled ''The United States, The Russian Federation and the Challenges Ahead.''

COMMITTEE ON THE JUDICIARY

The Committee on the Judiciary is authorized to meet during the session of the Senate on February 9, 2017, at 10 a.m., in SD–226 of the Dirksen Senate Office Building.

SELECT COMMITTEE ON INTELLIGENCE

The Senate Select Committee on Intelligence is authorized to meet during the session of the 115th Congress of the U.S. Senate on Thursday, February 9, 2017, from 2 p.m. to 3:30 p.m., in room SH–219 of the Senate Hart Office Building.

SUBCOMMITTEE ON REGULATORY AFFAIRS AND FEDERAL MANAGEMENT

The Subcommittee on Regulatory Affairs and Federal Management of the Committee on Homeland Security and Governmental Affairs is authorized to meet during the session of the Senate on Thursday, February 9, 2017, at 10 a.m. in order to conduct a hearing entitled ''Empowering Managers: Ideas for a More Effective Federal Workforce.''

PRIVILEGES OF THE FLOOR

Mr. BROWN. Mr. President, I ask unanimous consent that my health fellow, Christa Wagner, be granted floor privileges for the remainder of the calendar year.

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

Mr. HATCH. Mr. President, I ask consent that floor privileges be granted until June 30 to Christopher Walker, an academic fellow on my staff.

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

Mr. CASEY. Mr. President, I ask unanimous consent that the following fellows on the Health, Education, Labor, and Pensions Committee, be granted floor privileges for the remainder of the first session of the 115th Congress: Luis Arzaluz, Sherronda Sheppard, Brenda Ayon Verduzco, Anne Ordaway, and Aliza Auces.

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

Mr. BOOKER. Mr. President, I ask unanimous consent that privileges of the floor be granted to the following member of my staff: Juan Gomez.

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

ORDERS FOR FRIDAY, FEBRUARY 10, 2017

Mr. PORTMAN. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 9:30 a.m., Friday, February 10; that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, and the time for the two leaders be reserved for their use later in the day; further, that following leader remarks, the Senate proceed to executive session to resume consideration of the Mnuchin nomination postcloture; finally, that all time during morning business, recess, or adjournment of the Senate count postcloture on the Mnuchin nomination.

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

ADJOURNMENT UNTIL 9:30 A.M. TODAY

Mr. PORTMAN. If there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order.

There being no objection, the Senate, at 2:31 a.m., adjourned until Friday, February 10, 2017, at 9:30 a.m.

CONFIRMATION

Executive nomination confirmed by the Senate February 9, 2017:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

THOMAS PRICE, OF GEORGIA, TO BE SECRETARY OF HEALTH AND HUMAN SERVICES.

EXTENSIONS OF REMARKS

THANK YOU AND FAREWELL

HON. TOM PRICE

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 9, 2017

Mr. TOM PRICE of Georgia. Mr. Speaker, it is expected that the United States Senate will vote on my nomination to serve our nation as the Secretary of the Department of Health and Human Services shortly after midnight tonight. Due to the schedule, if I am confirmed, this is the last opportunity for me to address the House.

The opportunity to serve as a Member of the U.S. House of Representatives has truly been one of the greatest honors of my life. Respectfully, allow me to take this opportunity to reflect on my time in Congress over the past 12 years.

Mr. Speaker, first and foremost, I wish to thank my wife of 33 years, Betty. Her love, support, encouragement, and advice means more than I could ever say. In addition, as all here know, these jobs are family affairs—and our son, Robert, allowed his dad to be absent more than either of us desired. We're so very proud of the adult he has become.

Furthermore, this job and my passion for serving would not have been possible without the support and friendship of my colleagues, community, family, constituents, and staff throughout the years. It has been a blessing to work with such talented and bright minds to advance positive solutions to some of our nation's toughest issues and challenges.

As Members of Congress, our first priority is to be accessible and accountable to those we serve, and to help support those living and working in our communities. That is why I am proud to say that since 2005, 164 of Georgia 6th's most bright and dedicated young people received an appointment to one of our nation's military academies.

In addition, we have responded to nearly 600,000 letters, calls, and emails. Our caseworkers and team have had the privilege of helping over 11,000 constituents with federal agencies. Throughout the years, as just one part of our outreach efforts, we've made contact with over a million constituents via telephone town halls.

To all the hardworking, decent citizens of Georgia's 6th District who have given me the privilege of representing them in Congress—I will be forever grateful.

Mr. Speaker, as you know, constituents are the reason that we're given this honor to serve and I know that my Georgia colleagues understand and appreciate this immense responsibility.

Over the years, my Georgia colleagues in the U.S. House of Representatives and Georgia's Senators, including Senators ISAKSON, PERDUE, and Chambliss, and I have worked together to secure wins for our great state.

We've worked in a bipartisan fashion to help advance the necessary expansion of the Savannah Harbor, key to promoting our state's commerce and a critical component to helping grow our economy and create jobs.

We've also worked together to preserve and safeguard Georgia and the Atlanta area's access to a reliable water source, so that our local communities and state can continue to grow and prosper.

More recently, we succeeded in enacting a law to rename a Marietta Post Office in honor of a true hero, Marietta's Marine Lance Corporal Skip Wells, a proud Marine who made the ultimate sacrifice and selflessly gave his life to protect his fellow servicemembers and to protect our nation.

Mr. Speaker, I am honored to have served and to have experienced firsthand our representative democracy in action, and alongside such honorable, dedicated public servants who have offered me both their friendship and counsel during my time in Congress.

Over the past twelve years, I have had the honor to be chosen by my colleagues to serve as Chairman of the Republican Study Committee in the 111th Congress and in the 112th Congress as a member of the House Republican Leadership as Chairman of the Republican Policy Committee. In these leadership roles, my House colleagues and I have helped advance conservative Republican principles and solutions aimed at tackling the challenges facing America.

Additionally, during the 114th Congress, it was an honor to be chosen to serve as the Chairman of the House Budget Committee where we succeeded in passing the first joint ten-year balanced budget agreement in over a decade. That success was due in large part to the tremendous staff on the committee as well as my colleagues who served on this committee in both the House and Senate.

Together, we have much to be proud of, especially the work done to advance a real reform of the Congressional Budget Process. We must fix our broken budget process in order to enhance constitutional authority, strengthen budget enforcement, reverse the higher spending bias in Congress, control automatic spending, increase transparency, and ensure fiscal sustainability.

Our budget resolutions have provided blueprints for how we can put our nation's fiscal house in order while saving and strengthening vital health and retirement programs as well as ensuring needed resources for those who protect and defend our great nation; solutions that will ensure taxpayer dollars from American families and businesses are spent in an accountable and effective way.

It is through the budget process that Congress has begun an important effort to put in place positive, patient-centered solutions to fix our nation's broken health care system. The status quo is harming Americans and their families.

Mr. Speaker, as my colleagues know, helping achieve access to quality, affordable health care for all Americans has long been a driving force behind my legislative efforts in Congress. My first professional calling was to care for patients, following in the footsteps of both my father and grandfather who were also physicians.

That's why we authored and introduced the Empowering Patients First Act, an alternative to Obamacare with real, patient-centered reforms to build a more innovative and responsive health care system—one that empowers patients and ensures they and their doctor have the freedom to make health care decisions without bureaucratic interference or influence.

Mr. Speaker, it is my goal and commitment to the American people that I will work as Secretary of HHS to ensure that our health care system adheres to what I call the six principles of health care: affordability, accessibility, quality, choices, innovation, and responsiveness.

The new administration and HHS will work together with the Congress to get Washington out of the way, to protect and strengthen our country's health care system to help improve the lives of the American people, to help heal individuals and whole communities across our beloved nation.

It is truly an honor to accept President Trump's nomination to serve our nation as the Secretary of the Department of Health and Human Services. My obligation will be to carry to the Department both an appreciation for bipartisan, team-driven policymaking and what has been a lifetime commitment to improving the health and well-being of the American people.

I am humbled by the incredible challenges that lay ahead and enthusiastic for the opportunity to be a part of solving them on behalf of all Americans. There is much work to be done to ensure we have a health care system that works for patients, families, and doctors; that leads the world in the cure and prevention of illness; and that is based on sensible rules to protect the well-being of the country while embracing its innovative spirit.

With a healthy dose of humility and appreciation for the scope of the challenges before us, with the assistance of my fellow Americans and with God's will, we can make it happen.

Mr. Speaker, thank you for the opportunity to appear before you today and once again, thank you to the constellation of individuals who have given me this great honor to serve as the Congressman for Georgia's 6th District. May God continue to bless you and our beloved United States of America.

HONORING MAYOR MICHAEL ''MICKEY'' STRAUB

HON. PETER J. ROSKAM

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 9, 2017

Mr. ROSKAM. Mr. Speaker, I rise today to recognize a dedicated public servant from the Sixth Congressional District of Illinois, Mayor Michael ''Mickey'' Straub of Burr Ridge. Almost five years ago, Mayor Straub embarked on a historic and patriotic pilgrimage in honor

of Lincoln and our veterans when he visited 50 capitols in 50 days.

In 2012, between September 4 and October 17, Mayor Straub drove nearly 15,000 miles to 48 state capitols and flew to two others—Hawaii and Alaska. His momentous journey began in Pennsylvania, and after a small ceremony in Gettysburg outside the home where Lincoln finished writing the Address, he traveled to the state capitol in Harrisburg. Forty-three days later, he concluded his capitol journey in Springfield, Illinois in front of the Lincoln Tomb.

The historic and record breaking trip was no easy task. The trip cost over $20,000 and added a great many miles to his Lincoln Town Car, homage to the 16th President. Nevertheless, Mayor Straub remained steadfast in his belief that the journey was a great success due to God and the American people saying, "I launched the trip on behalf of God and country, but it was actually God and country that pulled me through. It started more about principles and patriotism, but it was the people who kept me going."

Mayor Straub has represented his community well and has been a strong voice for the Village of Burr Ridge throughout his time in office. His service to the people of Burr Ridge and to Illinois is truly commendable. It is our hope that the public will continue to benefit from his involvement as a valued member of the community and Mayor of Burr Ridge.

Mr. Speaker, please join me in congratulating Mayor Mickey Straub on his historic journey across the United States, and also taking his lead in remembering the spirit of the Gettysburg Address and President Lincoln.

THE PASSING OF VAINO HASSAN SPENCER

HON. KAREN BASS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 9, 2017

Ms. BASS. Mr. Speaker, I would like to honor the life and memory of California Appeals Court Justice Vaino Hassan Spencer.

A month after Vaino was born in 1920, women gained the right to vote. She grew up during the Great Depression, started her professional career as a real estate broker, and married fellow broker Lorenzo Spencer in the late 1940s. She embarked on a legal career after graduating from Southwestern Law School in 1952, and practiced for nine years before then-governor Pat Brown appointed her to the Municipal Court bench in 1961, the first African American woman to hold a judgeship in California. She was elevated to the Superior Court in 1976 by then-Governor Jerry Brown, who went on to name her as presiding justice of Division One of the Second Appellate District Court of Appeal in 1980, making her the first Black woman to sit on a California appeals court.

Justice Spencer believed in the concept of "lift as you climb" and worked to create opportunities for women and people of color, especially in the legal profession. She founded the Black Women Lawyers Association of Los Angeles in 1974 to provide support to those already in the profession, and to assist others with scholarships, mentoring and guidance. The very next year, she joined with another Appeals Court Justice to coordinate efforts in support of women nominated to federal and state supreme courts. That collaboration grew into the National Association of Women Judges, which aimed to increase the number of women in the judiciary and to address the gender bias problems experienced by the few women who were on the bench. President Jimmy Carter met with NAWJ in 1980, having appointed nearly four times the women to the federal bench (38) than had ever been appointed by all of his predecessors.

In remarks later, she said: "We have been warmly greeted [everywhere], and we've gotten tremendous support, even from local judges who were openly resentful of our organizing initially. They have come around to be quite supportive. . . ."

She served one of the longest tenures on the bench in California history, retiring in 2007. I salute the life and legacy of Justice Spencer, a legacy of service to the legal profession, to the state of California and to the nation.

RECOGNIZING THE EXPANSION OF CYPRESS BAPTIST CHURCH

HON. MIKE JOHNSON

OF LOUISIANA

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 9, 2017

Mr. JOHNSON of Louisiana. Mr. Speaker, it is an honor for me to rise and recognize the Cypress Baptist Church of Benton, Louisiana. For over thirty years, Cypress Baptist has blessed the lives of many in our region. Most recently, God has blessed Cypress Baptist Church with the means to expand their sanctuary to grow their ministry.

Their mission, "to help people come to know Christ and to grow in Christ," has been modeled by the church's faithful congregation and their commitment to the Lord is unwavering. Because of their continued stewardship, more and more people are answering the call of God by being baptized and carrying out critical mission work.

Over the past two years the communities of Benton and Bossier City and surrounding areas have come together to help Cypress Baptist in its mission. This church has touched the lives of so many, and is growing exponentially, and it is only fitting that God rewards them with the blessing of more space to carry out their service.

Mr. Speaker, on behalf of the United States Congress, I am privileged to recognize Cypress Baptist Church and congratulate this pillar of our community on its continued dedication to the Kingdom. Their new sanctuary will be a true blessing to the people of our community. My wife, Kelly and I pray that the Spirit of the Lord continue to bless the congregation of Cypress Baptist Church.

URGING SENATE TO REJECT NOMINATION OF SEN. JEFF SESSIONS FOR ATTORNEY GENERAL

HON. SHEILA JACKSON LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 9, 2017

Ms. JACKSON LEE. Mr. Speaker, I include in the RECORD the text of an op-ed that was published yesterday in The Hill, entitled "When It Comes to Leading the Justice Department, the Senate Should Just Say No To Sen. Sessions," whose headquarters building is named after Robert F. Kennedy, by Congresswoman SHEILA JACKSON LEE.

[From The Hill, Feb. 8, 2017]

WHEN IT COMES TO LEADING THE JUSTICE DEPARTMENT, THE SENATE SHOULD JUST SAY NO TO SESSIONS

(By Sheila Jackson Lee)

Many people think the role of the U.S. Attorney General is simply to be the nation's chief prosecutor. This seriously understates the responsibility, power, and moral authority of the office. The attorney general is the lawyer for the American people. He is not the president's lawyer. The Attorney General leads the Department of Justice and justice is his client and his mission. As a member of the President's Cabinet, it is important that the Attorney General have the trust of the President, but as the "People's Lawyer," it is essential that he or she have the trust and confidence of the American people.

The nomination of U.S. Sen. Jefferson Beauregard "Jeff" Sessions III of Alabama to be the next Attorney General of the United States does not inspire the required trust and confidence.

Many of the senator's supporters, ranging from his Republican colleagues in the Senate to current and former staffers to home state friends and constituents, praise the senator for his modesty and courtesy and manners. The four-term senator and former state and federal prosecutor is, we are told, learned in the law, a person of deep faith, a good man who loves his family, his state, and his country.

We can, as the lawyers say, stipulate that these assertions are true. But that does not make him an appropriate and deserving candidate to be Attorney General of the United States. And that is because the office of Attorney General and the Department of Justice he or she leads is different in a very fundamental way from every other Cabinet department.

Unlike, say, the secretary of Transportation or Commerce or Education, or even the secretary of Defense or State, the Attorney General leads a department that is charged with administering the laws and enforcing the Constitutional guarantees and protections that directly affect every American, all 320 million of us.

Sen. Sessions may be a courtly and courteous Southern gentleman but those qualities, charming and desirable as they may be in a senator, simply are not nearly enough to make one fit to serve as Attorney General of the United States of America.

The position of Attorney General is unique because he or she is the only Cabinet officer who owes a stronger allegiance to the American people than to the president who nominated him or her. This is not true even for the secretaries of State, of Defense, or of the Treasury because while they are all charged with upholding the Constitution, their views regarding the fundamental rights and civil liberties of the American people are not essential to the execution of their governmental duties.

One of the major reasons why the nomination of a sitting four-term senator to be Attorney General is unprecedented is that the role of a senator is to be a partisan advocate for specific legislative outcomes while the role of the Attorney General is to enforce the law. It is dangerous to combine this partisan zeal with the power and discretion vested in the Attorney General to shape legal policy in the federal judiciary. As Attorney General, Sen. Sessions will have an

outsized role in determining which cases will be brought and what position the United States will take in cases decided by the Supreme Court.

An alarming case in point is the Executive Order issued by the president banning Muslims from predominately Muslim countries from entering the United States, which has been denounced by leading national security and foreign policy experts, deemed unconstitutional by scores of law professors and other scholars, sparked peaceful mass demonstrations across the nation, and is opposed by a majority of the American public. The president's ban on Muslims entering the United States was deemed such a clear and egregious violation of the Constitution that then Acting Attorney General Sally Yates announced that she could not, consistent with her oath, defend the order in court.

Sen. Sessions, however, appears not be troubled in the slightest by the cavalier rejection of the principle of religious liberty implicit in the executive order. This is hardly surprising since Sen. Sessions was one of the earliest, most influential, and enthusiastic backers of the Trump presidential campaign and its unconscionable and unconstitutional immigration policies, including the ''total and complete shutdown of Muslims entering the United States'' announced by candidate Trump in December 2015. As Sen. Sessions told ABC News in May 2016: ''I don't think Trump has gone too far, . . . we should have a temporary ban on entry of people into the country from the Muslim world, but that's because we have an ineffective screening process . . . so I think we're moving in the right direction.''

As noted by the more than 1,000 State Department employees who have registered their dissent to the executive order, because there has been a virtual absence of terror attacks committed in recent years by Syrian, Iraqi, Irani, Libyan, Somalia, Sudanese, and Yemeni nationals living in the United States, the president's Muslim ban will have little practical effect in improving public safety.

What it will do, however, is despoil our relations with these countries, and much of the Muslim world, which sees the ban, rightly, as religiously-motivated. So instead of strengthening relations with countries that should be our allies and partners in the fight against terrorism, we alienate them, inflame sentiment against the United States among their citizens, and deprive ourselves of vital intelligence and resources needed to fight the root causes of terror.

Adoption of this wrong-headed policy appears to mean to Sen. Sessions that ''we're moving in the right direction.'' That any member of the President's Cabinet could hold these views is very troubling. That such views are held by the person who could be the Attorney General is frightening and disqualifying.

After all, the U.S. Attorney General and Justice Department is not only the instrument of justice but also the living symbol of the Constitution's promise of equal justice under law. The nation's greatest Attorney Generals conveyed this commitment to equal justice by their prior experience, their words and deeds, and their character.

Think Herbert Brownell, Attorney General for Republican President Eisenhower, who oversaw the integration of Little Rock's Central High School. Think Robert Jackson, Attorney General for Democratic President Franklin Roosevelt, who led the prosecution team at the Nazi War Crimes trial in Nuremburg, Germany. Think Robert F. Kennedy, for whom the Main Justice Building is named, bringing to bear the instruments of federal power to protect Mississippi Freedom Riders and to stare down Gov. George Wallace in the successful effort to integrate the University of Alabama. Think Elliot Richardson, Attorney General under Republican President Richard Nixon, who stood for fidelity to the U.S. Constitution and the rule of law in the infamous 'Saturday Night Massacre' during the Watergate scandal.

Those who argue the Sessions' nomination is no different than those of Eric Holder and Loretta Lynch are simply wrong. The difference is stark—Eric Holder and Loretta Lynch came to the office of Attorney General as career professionals with no history or record of partisan political advocacy. Unlike Sen. Sessions, neither of them ever served in a legislative body or voted to pass or defeat the legislation the Department of Justice is charged with administering.

Nothing in Sen. Sessions' 70 years inspires any confidence that he possesses the qualities of any of our distinguished former Attorneys General and there is less reason for optimism that he will grow in office.

As a U.S. senator from Alabama, the state from which the infamous Supreme Court decision in Shelby County v. Holder originated, Sen. Sessions has failed to play a constructive role in repairing the damage to the Voting Rights Act caused by that decision. He was one of the leading opponents of the reauthorization of the Violence Against Women Act. Sen. Sessions's record in support of efforts to bring needed reform to the nation's criminal justice system is virtually non-existent. And his Senate voting record and rhetoric has endeared him to white nationalist websites and organizations like Breitbart and Stormfront.

Sen. Sessions was the first federal prosecutor in the country to bring charges against civil rights activists for voter fraud and has called the landmark Voting Rights Act ''a piece of intrusive legislation.'' He is one of the Senate's most hostile opponents of comprehensive immigration reform and was a principal architect of the draconian and incendiary immigration policy advocated by the current president during the 2016 campaign. When it comes to the effort to diversify the federal judiciary in his home state of Alabama and the Eleventh Circuit Court of Appeals, Sen. Sessions has at best been missing in action.

As Attorney General of the state of Alabama, Sen. Sessions fought to continue practices that harmed schools predominantly attended by African-American students, including leading the fight to uphold the state of Alabama's inequitable school funding mechanism after it had been deemed unconstitutional by the Alabama circuit court. Although Sen. Sessions has publicly taken credit for desegregation efforts in the state of Alabama, there is no evidence of his participation in the desegregation of Alabama schools or any school desegregation lawsuits filed by then-Attorney General Sessions.

Sen. Session's lengthy public record makes it difficult to place much faith in his testimony before the Senate Judiciary Committee. After staunchly opposing the Violence Against Women Act, the repeal of ''Don't Ask, Don't Tell,'' the expansion of anti-hate legislation to include sexual orientation, and fighting the removal of the Confederate flag from public buildings, the long-time opponent of voluntary desegregation in Alabama now claims to be committed to the cause of equal opportunity for all Americans. The proponent of overruling Roe v. Wade now presents himself as a defender and protector of a woman's right to choose. The outspoken advocate of unfettered Second Amendment rights now says he can be trusted to enforce the nation's gun violence prevention laws.

Actions speak louder than words, and in the case of Sen. Sessions his 30-year record of intense opposition on so many critical issues involving civil rights, women's rights, voting rights, criminal justice and immigration reform, and equal educational opportunity is the most compelling and powerful evidence that he should not be confirmed by the Senate to be the nation's 84th Attorney General.

RECOGNIZING THE POLISH LEGION MOTORCYCLE RIDING CLUB

HON. BRIAN K. FITZPATRICK

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 9, 2017

Mr. FITZPATRICK. Mr. Speaker, I rise today to recognize the Polish Legion Motorcycle Riding Club. Since 2011 this organization has brought together members of our community of all ages who share a passion for riding motorcycles. I would like to give special recognition to the group's President, Szymon Moskal. Millions of citizens in the United States own and ride motorcycles, making ridership an American tradition. The Polish Legion Motorcycle Riding Club continues the proud tradition of motorcycle ridership and enthusiasm found in my district, and across our great nation. It is my privilege to assist them during their trip to our nation's capital.

PERSONAL EXPLANATION

HON. LUIS V. GUTIÉRREZ

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 9, 2017

Mr. GUTIÉRREZ. Mr. Speaker, I was unavoidably absent in the House chamber for roll call vote 85 Tuesday, February 7, 2017. Had I been present, I would have voted "Nay" on roll call vote 85.

PROVIDING FOR CONGRESSIONAL DISAPPROVAL OF RULE SUBMITTED BY DEPARTMENT OF EDUCATION RELATING TO ACCOUNTABILITY AND STATE PLANS

SPEECH OF

HON. SHEILA JACKSON LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 7, 2017

Ms. JACKSON LEE. Mr. Speaker, I rise in strong opposition to H.J. Res. 57, the CRA Resolution for Disapproval of the Rule Submitted by the Department of Education Relating to Accountability and State Plans under the Elementary and Secondary Education Act of 1965 (ESEA).

I oppose this legislation because the regulation Republicans seek to rescind is intended to reduce educational opportunities in student achievement, quality of instruction, college readiness and other important outcomes.

ESEA, the national education law, represents a longstanding commitment to equal opportunity for all students.

ESEA authorizes state-run programs for eligible schools and districts eager to raise the

academic achievement of struggling learners and address the complex challenges that arise for students who live with disability, mobility problems, learning difficulties, poverty, or transience, or who need to learn English.

The original goal of the law, which remains today, was to improve educational equity for students from lower-income families by providing federal funds to school districts serving poor students.

Typically, these school districts receive less state and local funding than those serving more affluent children.

Local property taxes are typically the primary funding source for schools, and property values are much lower in poorer areas, making the funds critical to children demonstrating greater educational need.

ESEA is the single largest source of federal spending on elementary and secondary education.

ESEA demands accountability in state plans addressing deficiencies in high needs educational policy in return for the taxpayer dollars.

Because of this regulation states and districts must now show that they are working to meet the needs and providing a quality education to all of their students.

When education policy folks talk about accountability, this is what they mean.

Recognizing the continuing vital need for this landmark legislation, the 50-year-old Elementary and Secondary Education Act of 1965 was reauthorized as the Every Student Succeeds Act, with strong bipartisan majorities and it was signed by President Obama on December 10, 2015.

The joint resolution before us today, would nullify the rule finalized by the Department of Education on November 29, 2016, relating to accountability and state plans under the Elementary and Secondary Education Act of 1965.

H.J. Res. 57 is the latest Republican attempt to dismantle the oversight and enforcement authority of the Department of Education and undermine public education.

Thus far:

The Trump Administration nominated Betsy DeVos, a candidate for Secretary of Education with no practical education experience who pledges to redirect $20 billion in federal funding to private school voucher programs;

Administration sources leaked plans to eliminate the Under Secretary position and outsource higher education policy to a task force headed by the controversial Jerry Falwell, Jr., the President of Liberty University;

The Department removed all Every Student Succeeds Act technical assistance resources to the states from the public domain; and

Republicans have filed two joint resolutions of disapproval to block and prevent re-regulation of key equity protections for students and educators—this bill and H.J. Res. 58, the Congressional Review Act (CRA) Resolution for Disapproval of the Rule Submitted by the Department of Education Relating to Teacher Preparation Issues.

Mr. Speaker, current education law and policy builds on key areas of progress in recent years, made possible by the efforts of educators, communities, parents, and students across the country.

Today, high school graduation rates are at all-time highs:

Graduation rate of U.S. public high schools: 83.2 percent for the 2014–15 school year, an all-time high; pre-Obama: 75 percent

By race and ethnicity:

African Americans: 73 percent; pre-Obama: 61 percent

Hispanics: 76 percent; pre-Obama: 64 percent

Whites: 87 percent; pre-Obama: 81 percent

American Indian/Alaska Native: 70 percent: pre-Obama: 64 percent

Asian/Pacific Islander: 89 percent; pre-Obama: 91 percent

Dropout rates are at historic lows.

And more students are going to college than ever before.

These achievements provide a firm foundation for further work to expand educational opportunity and improve student outcomes under ESSA.

ESSA includes provisions that will help to ensure success for students and schools. Below are just a few benefits provided by the ESSA:

1) Advances equity by upholding critical protections for America's disadvantaged and high-need students.

2) Require—for the first time, that all students in America be taught to high academic standards that will prepare them to succeed in college and careers.

3) Ensures that vital information is provided to educators, families, students, and communities through annual statewide assessments that measure students' progress toward those high standards.

4) Helps to support and grow local innovation including evidence-based and place-based interventions developed by local leaders and educator, consistent with our Investing in Innovation and Promise Neighborhoods.

5) Sustains and expands this administration's historic investments in increasing access to high-quality preschool.

6) Maintains an expectation that there will be accountability, and action to effect positive change in our lowest-performing schools, where groups of students are not making progress, and where graduation rates are low over extended periods of time.

The Elementary and Secondary Education Act (ESEA) passed as a cornerstone of President Lyndon. B. Johnson's War on Poverty was signed into law on April 9, 1965.

This law brought education into the forefront of the national assault on poverty and represented a landmark commitment to equal access to quality education.

The ESEA is a comprehensive statute that funds primary and secondary education, emphasizing high standards and accountability.

As mandated in the Act, funds are authorized for professional development, instructional materials, resources to support educational programs, and the promotion of parental involvement.

The government has reauthorized the Act every five years since its enactment.

President Johnson believed that full educational opportunity should be our first national goal.

From its inception, ESEA was a civil rights law.

ESEA offered new grants to districts serving low-income students, federal grants for textbooks and library books, funding for special education centers, and scholarships for low-income college students.

Additionally, the law provided federal grants to state educational agencies to improve the quality of elementary and secondary education.

The previous version of the law, the No Child Left Behind (NCLB) Act, was enacted in 2002.

NCLB represented a significant step forward for our nation's children in many respects, particularly as it shined a light on where students were making progress and where they needed additional support, regardless of race, income, zip code, disability, home language, or background.

NCLB put in place measures that exposed achievement gaps among traditionally underserved students and their peers and spurred an important national dialogue on education improvement.

This focus on accountability has been critical in ensuring a quality education for all children, yet also revealed challenges in the effective implementation of this goal.

The law was scheduled for revision in 2007, and, over time, NCLB's prescriptive requirements became increasingly unworkable for schools and educators.

Parents, educators, and elected officials across the country recognized that a strong, updated law was necessary to expand opportunity to all students; support schools, teachers, and principals; and to strengthen our education system and economy.

Recognizing this fact, in 2010, the Obama Administration joined a call from educators and families to create a better law that focused on the clear goal of fully preparing all students for success in college and careers.

Congress has responded to that call allowing the Every Student Succeeds Act to reflect many of the priorities previously debated.

Additionally, in 2012, the Obama Administration began granting flexibility to states regarding specific requirements of NCLB in exchange for rigorous and comprehensive state-developed plans designed to close achievement gaps, increase equity, improve the quality of instruction, and increase outcomes for all students.

The law today, offers flexibility to states from some of the previously more cumbersome provisions.

In order to qualify for this flexibility, states have to demonstrate that they have adopted college and career-ready standards and assessments, implemented school accountability systems that focused on the lowest-performing schools and those with the largest achievement gaps, and ensured that districts were implementing teacher and principal evaluation and support systems.

These efforts should not be compromised.

H.J. Res. 57 however, puts politics before America's 50 million public school students.

It takes an axe to a consensus-driven ESSA rule that was developed with, and supported by, the broader education community, including states, districts, civil rights groups, parents, and teachers.

Republicans want blanket deregulation of federal education programs in an attempt to stall implementation of equity-focused provisions and allow states and districts the ultimate flexibility to ignore laws and federal requirements intended to protect disadvantaged students.

The CRA has been used only once in Congress' history.

Using it to block regulatory action to support and improve public education is extreme and a gross abuse of power.

Resolutions introduced by Republicans in the last week, including H.J. Res. 57, set a

dangerous precedent by permanently undermining the Department of Education and all federal agencies.

ESSA was passed in December of 2015 with overwhelming bipartisan and bicameral support, and H.J. Res. 57 is a political power play that would undo enforcement of key equity protections in this bipartisan civil rights law.

States are currently drafting plans to implement this very regulation.

ESSA affords states and districts unprecedented flexibility.

H.J. Res. 57 would pull the rug out from under states and districts that are working hard to ensure the civil rights legacy of the law, leaving them without the clarity and direction needed to fully use new flexibilities and meet federal requirements.

H.J. Res. 57 strikes at the heart of ESSA. Blocking implementation and reregulation of ESSA's core requirements in accountability, state plans, and data and reporting will leave States in limbo and jeopardize protections for vulnerable students that Democrats championed in reauthorization.

If unhappy with the final rule, the Trump Administration should use administrative tools at its disposal to amend and revise the regulation.

Use of CRA is a political gimmick that harms students, teachers, and taxpayers.

I urge you to oppose this Republican scare tactic of a bill.

CONGRATULATING THE HON. MP VIAN DAKHIL ON RECEIVING THE 2016 LANTOS HUMAN RIGHTS PRIZE

HON. ALCEE L. HASTINGS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 9, 2017

Mr. HASTINGS. Mr. Speaker, I rise to congratulate the Honorable MP Vian Dakhil on receiving the 2016 Lantos Human Rights Prize. I was very appreciative of the Lantos Foundation for inviting me to participate in today's ceremony conferring the award. For decades, Congressman Tom Lantos championed human rights in the U.S. House of Representatives, and I was very privileged to have served alongside him. Today, the Commission and the Foundation that bear his name continue his vital work, fighting for human dignity for all people.

MP Dakhil first captured the world's attention in August 2014 as she pleaded with the Iraqi parliament to help her people, the Yazidi, besieged on Mount Sinjar. Since then, she has spent the last two and a half years rescuing girls and young women enslaved by the Islamic State, coordinating rescue missions into ISIS territory to bring girls and women out of bondage. Even as she continues to represent her people in the Iraqi parliament, she works tirelessly to support survivors and children orphaned by the genocide. In taking a stand for the Yazidi people, MP Dakhil has embodied the very definition of heroism. Her bravery and moral clarity make her as fitting a recipient of the 2016 Lantos Human Rights Prize as any I can think of.

The Yazidi people have suffered a grave injustice at the hands of the Islamic State. ISIS has kidnapped and indoctrinated young boys into child soldiers. Thousands of men and women have been killed. Among the most savage of their crimes, the Islamic State has kidnapped thousands of Yazidi girls and women to sell on the market, creating a structured system of organized kidnapping, rape, and sexual slavery. The horrific nature of these crimes is beyond condemnation. Today, between 3,000–4,000 Yazidi women and girls are still held captive by ISIS, the ''bleeding wound of Iraq,'' as MP Dakhil describes.

As we gather here, we must recognize that the international community, the United States included, has in large part failed to act. We continue to fail to exercise our moral leadership to bring aid to those in need, even as crimes against humanity occur on a daily basis.

Just two weeks ago, the world observed International Holocaust Remembrance Day. Many of us have heard the affirmation of ''never again'' in relation to the Holocaust. When I think of the Yazidi people, and the Shabak, the Turkmen, Shias, Sunnis, Christians, the Rohinga, and the Darfuri, I ask myself if the true meaning of this proclamation is, in fact, losing its meaning. Each of us has a responsibility to fight against injustice no matter where we find it in the world.

In Congress, I have introduced H.R. 379, the Justice for Yazidis Act, a proposal that would establish and fund vital programming for the Yazidi people and other religious minorities. My bill establishes a healthcare and psychosocial support program that places an emphasis on providing trauma therapy for children and survivors of sexual slavery, as well as a psychologist, physical therapist, and social worker training program to provide training to psychologists and social workers who speak Kurmanji or the Shengali dialect of Kurmanji. MP Dakhil already works tirelessly to support these types of programs. The United States can, and should, do more to assist in these noble and just efforts.

Congressman Lantos used to say that; ''the veneer of civilization is paper thin. We are its guardians. We can never rest.'' I am proud to honor MP Dakhil as one of the world's guardians.

PROVIDING FOR CONGRESSIONAL DISAPPROVAL OF RULE SUBMITTED BY DEPARTMENT OF EDUCATION RELATING TO TEACHER PREPARATION ISSUES

SPEECH OF

HON. SHEILA JACKSON LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 7, 2017

Ms. JACKSON LEE. Mr. Speaker, I rise in strong opposition to H.J. Res. 58, the Congressional Review Act (CRA) Resolution for Disapproval of the Rule submitted by the Department of Education relating to Teacher Preparation Issues, because the regulation Republicans seek to rescind will have the effect of reducing educational opportunities in student achievement, quality of instruction, college readiness and other important outcomes.

Teaching is a very noble profession that shapes the character, caliber, and future of an individual and for many of our nation's children, a teacher affects eternity; he or she can never tell where his influence stops.

Teachers cannot however succeed in shaping the lives of our children if we as a society fail to equip them with the tools necessary to master and hone the craft they pass along to our youth.

This joint resolution would nullify the Teacher Preparation Issues rule finalized by the Department of Education on October 31, 2016, tying the hands of any and all future administrations in improving the transparency and quality of teacher preparation programs until the Higher Education Act (HEA) is successfully reauthorized.

The Teacher Preparation Issues rule established indicators that States must use to report on teacher preparation program performance, to help ensure that the quality of teacher preparation programs is judged on reliable and valid indicators of program performance.

Section 205 of the HEA requires States and institutions of higher education (IHEs) annually to report on various characteristics of their teacher preparation programs, including an assessment of program performance.

Under the rule that this menacing legislation would obliterate requirements in the collection and dissemination of more meaningful data on teacher preparation program quality.

These reporting requirements exist in part to ensure that members of the public, prospective teachers and employers (districts and schools), and the States, IHEs, and programs themselves have accurate information on the quality of these teacher preparation programs.

These requirements also provide an impetus to States and IHEs to make improvements where they are needed.

The Department's existing title II reporting system framework has not, however, ensured sufficient quality feedback to various stakeholders on program performance.

A U.S. Government Accountability Office (GAO) report found that some States are not assessing whether teacher preparation programs are low-performing, as required by law, and so prospective teachers may have difficulty identifying low-performing teacher preparation programs, possibly resulting in teachers who are not fully prepared to educate children.

In addition, struggling teacher preparation programs may not receive the technical assistance they need and, like the teaching candidates themselves, school districts, and other stakeholders, will not be able to make informed decisions.

The final regulations also link assessments of program performance under HEA title II to eligibility for the Federal TEACH Grant program.

The TEACH Grant program, authorized by the HEA, provides grants to eligible IHEs, which, in turn, use the funds to provide grants of up to $4,000 annually to eligible teacher preparation candidates who agree to serve as full-time teachers in high-need fields at low-income schools for not less than four academic years within eight years after completing their courses of study.

Thousands of novice teachers enter the profession every year and their students deserve to have well-prepared teachers.

Current educational policy is committed to ensuring that the measures by which States judge the quality of teacher preparation programs reflect the true quality of the programs

and provide information that facilitates program improvement and, by extension, improvement in student achievement.

H.J. Res. 58 is just another step in Republicans' plan to dismantle the oversight and enforcement authority of the Department of Education and undermine public education.

H.J. Res. 58 flies in the face of Congressional intent, removing any sense of transparency related to teacher preparation program quality, and leaving these important equity provisions without checks and balances indefinitely.

H.J. Res 58 would ensure that there are no serious attempts to improve the quality of teacher preparation programs, since the CRA prevents future Departments of Education from regulating on a similar issue.

If unhappy with the final rule, the Trump Administration should use administrative tools at its disposal to amend and revise the regulation. Use of CRA is a political gimmick that harms students, teachers, and taxpayers.

Republicans want blanket deregulation of federal education programs in an attempt to stall implementation of equity-focused provisions and allow states and districts the ultimate flexibility to ignore laws and federal requirements intended to protect disadvantaged students.

The CRA has been used only once in Congressional history.

Using it to block regulatory action to improve teacher preparation program quality is extreme and a gross abuse of power.

When we fail our teachers, we rob our children of long fought for opportunities to expand their horizons in classrooms and achieve in life the hope we have vested in them for the future.

I urge you to oppose this bill.

Daily Digest

HIGHLIGHTS

Senator-Designate Luther Strange, of Alabama, was administered the oath of office by the President pro tempore.

Senate confirmed the nomination of Thomas Price, of Georgia, to be Secretary of Health and Human Services.

Senate

Chamber Action

Routine Proceedings, pages S975–S1071

Measures Introduced: Four bills and one resolution were introduced, as follows: S. 347–350, and S. Res. 57. **Page S1070**

Measures Passed:

Majority Party's Membership on Certain Committees: Senate agreed to 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. **Page S1071**

Swearing-in of Senator Strange: The Chair laid before the Senate the certificate of appointment of Senator-Designate Luther Strange, of the State of Alabama, and the oath of office was then administered as required by the U.S. Constitution and prescribed by law. **Page S999**

Mnuchin Nomination—Agreement: Senate resumed consideration of the nomination of Steven T. Mnuchin, of California, to be Secretary of the Treasury. **Page S1068**

During consideration of this nomination today, Senate also took the following action:

By 53 yeas to 46 nays (Vote No. 62), Senate agreed to the motion to close further debate on the nomination. **Page S1068**

A unanimous-consent agreement was reached providing for further consideration of the nomination at approximately 9:30 a.m., on Friday, February 10, 2017, post-cloture; and that all time during Morning Business, recess, or adjournment of the Senate count post-cloture on the nomination. **Page S1071**

Shulkin and McMahon Nominations—Agreement: A unanimous-consent-time agreement was reached providing that notwithstanding rule XXII, following Leader remarks on Monday, February 13, 2017, there be up to 7 hours of debate remaining on nomination of Steven T. Mnuchin, of California, to be Secretary of the Treasury, and that following the disposition of the nomination, Senate begin consideration of the nomination of David J. Shulkin, of Pennsylvania, to be Secretary of Veterans Affairs, and that there be 10 mins of debate on the nomination, equally divided in the usual form, and that following the use or yielding back of time, Senate vote on confirmation of the nomination, with no intervening action or debate; and that no further motions be in order; that following Leader remarks on Tuesday, February 14, 2017, Senate begin consideration of the nomination of Linda E. McMahon, of Connecticut, to be Administrator of the Small Business Administration; and that the time until 11 a.m. be equally divided in the usual form, and that following the use or yielding back of time, Senate vote on confirmation of the nomination, with no intervening action or debate; and that no further motions be in order. **Page S1068**

Nomination Confirmed: Senate confirmed the following nomination:

By 52 yeas to 47 nays (Vote No. EX. 61), Thomas Price, of Georgia, to be Secretary of Health and Human Services. **Pages S976–99, S999–S1068**

Additional Cosponsors: **Page S1070**

Statements on Introduced Bills/Resolutions: **Pages S1070–71**

Additional Statements: **Page S1069–70**

Authorities for Committees to Meet: **Page S1071**

Privileges of the Floor: **Page S1071**

Record Votes: Two record votes were taken today. (Total—62) **Page S1067–68**

Adjournment: Senate convened at 10 a.m. on Thursday, February 9, 2017 and adjourned at 2:31 a.m. on Friday, February 10, 2017, until 9:30 a.m. on the same day. (For Senate's program, see the remarks of the Acting Majority Leader in today's Record on page S1071.)

Committee Meetings

(Committees not listed did not meet)

AFGHANISTAN

Committee on Armed Services: Committee concluded a hearing to examine the situation in Afghanistan, after receiving testimony from General John W. Nicholson, Jr., USA, Commander, Resolute Support, Commander, United States Forces—Afghanistan, Department of Defense.

UNITED STATES AND RUSSIA

Committee on Foreign Relations: Committee concluded a hearing to examine the United States, the Russian Federation, and the challenges ahead, after receiving testimony from General Philip M. Breedlove, USAF (Ret.), Atlantic Council, and Julianne Smith, Center for a New American Security Strategy and Statecraft Program, both of Washington, D.C.

EMPOWERING MANAGERS

Committee on Homeland Security and Governmental Affairs: Subcommittee on Regulatory Affairs and Federal Management concluded a hearing to examine empowering managers, focusing on ideas for a more effective Federal workforce, after receiving testimony from Robert E. Corsi, Jr., USAF (Ret.), former Assistant Deputy Chief of Staff of the Air Force for Manpower, Personnel and Services, Burke, Virginia; Renee M. Johnson, Federal Managers Association, Alexandria, Virginia; and Bill Valdez, Senior Executives Association, and J. David Cox, Sr., American Federation of Government Employees, AFL–CIO, both of Washington, D.C.

BUSINESS MEETING

Committee on the Judiciary: Committee ordered favorably reported S. 178, to prevent elder abuse and exploitation and improve the justice system's response to victims in elder abuse and exploitation cases.

INTELLIGENCE

Select Committee on Intelligence: Committee held closed hearings on intelligence matters, receiving testimony from officials of the intelligence community.

Committee recessed subject to the call.

House of Representatives

Chamber Action

Public Bills and Resolutions Introduced: 16 public bills, H.R. 985–1000; and 4 resolutions, H.J. Res. 70; and H. Res. 111–113, were introduced. **Page H1099**

Additional Cosponsors: **Page H1100**

Reports Filed: There were no reports filed today.

Speaker: Read a letter from the Speaker wherein he appointed Representative Thomas J. Rooney (FL) to act as Speaker pro tempore for today. **Page H1089**

Guest Chaplain: The prayer was offered by the Guest Chaplain, Rev. William Gurnee, St. Joseph's Catholic Church, Washington, DC. **Page H1089**

Congressional-Executive Commission on the People's Republic of China—Appointment: The Chair announced the Speaker's appointment of the following Members on the part of the House to the Congressional-Executive Commission on the People's Republic of China: Representative Smith (NJ), Co-Chairman; Representatives Pittenger, Franks (AZ), and Hultgren. **Page H1089**

British-American Interparliamentary Group—Appointment: The Chair announced the Speaker's appointment of the following Member on the part of the House to the British-American Interparliamentary Group: Representative Cole. **Page H1089**

Virgin Islands of the United States Centennial Commission—Appointment: The Chair announced the Speaker's appointment of the following Members on the part of the House to the Virgin Islands of the United States Centennial Commission: Representatives MacArthur and Love. **Page H1089**

House Democracy Partnership—Appointment: The Chair announced the Speaker's appointment of the following Members to the House Democracy Partnership: Representatives Buchanan, Fortenberry, Conaway, Walorski, Smith (NE), Knight, Rice (SC), Womack, Woodall, and Flores. **Page H1089**

Canada-United States Interparliamentary Group—Appointment: The Chair announced the

Speaker's appointment of the following Members on the part of the House to the Canada-United States Interparliamentary Group: Representative Huizenga, Chairman; Representatives Young (AK), Poliquin, and Cramer. **Page H1089**

Mexico-United States Interparliamentary Group—Appointment: The Chair announced the Speaker's appointment of the following Members on the part of the House to the Mexico-United States Interparliamentary Group: Representative McCaul, Chairman; Representative Duffy, Vice-Chairman; Representatives Hurd and Pearce. **Page H1090**

John F. Kennedy Center for the Performing Arts—Appointment: The Chair announced the Speaker's appointment of the following Member on the part of the House to the Board of Trustees of the John F. Kennedy Center for the Performing Arts: Representative Comstock. **Page H1090**

National Historical Publications and Records Commission—Appointment: The Chair announced the Speaker's appointment of the following Member on the part of the House to the National Historical Publications and Records Commission: Representative Meadows. **Page H1090**

Western Hemisphere Drug Policy Commission—Appointment: The Chair announced the Speaker's appointment of the following individual on the part of the House to the Western Hemisphere Drug Policy Commission: Ms. Mary Bono, Washington, DC. **Page H1090**

Board of Visitors to the United States Naval Academy—Appointment: The Chair announced the Speaker's appointment of the following Members on the part of the House to the Board of Visitors to the United States Naval Academy: Representatives Murphy (PA) and DeSantis. **Page H1090**

United States Holocaust Memorial Council—Appointment: The Chair announced the Speaker's appointment of the following Members on the part of the House to the United States Holocaust Memorial Council: Representatives Ros-Lehtinen, Zeldin, and Kustoff (TN). **Page H1090**

President's Export Council—Appointment: The Chair announced the Speaker's appointment of the following Members on the part of the House to the President's Export Council: Representatives Tiberi, Kelly (PA), and Reichert. **Page H1090**

Senate Messages: Messages received from the Senate by the Clerk and subsequently presented to the House today appear on page H1090.

Quorum Calls—Votes: There were no yea-and-nay votes, and there were no recorded votes. There were no quorum calls.

Adjournment: The House met at 2:30 p.m. and adjourned at 2:37 p.m.

Committee Meetings

No hearings were held.

Joint Meetings

No joint committee meetings were held.

COMMITTEE MEETINGS FOR FRIDAY, FEBRUARY 10, 2017

(Committee meetings are open unless otherwise indicated)

Senate

No meetings/hearings scheduled.

House

No hearings are scheduled.

Next Meeting of the SENATE

9:30 a.m., Friday, February 10

Senate Chamber

Program for Friday: Senate will continue consideration of the nomination of Steven T. Mnuchin, of California, to be Secretary of the Treasury, post-cloture.

Next Meeting of the HOUSE OF REPRESENTATIVES

12 noon, Monday, February 13

House Chamber

Program for Monday: To be announced.

Extensions of Remarks, as inserted in this issue

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