the Senate for 4 years. I have been frustrated by being a Member of the Senate. I came here to work on behalf of Americans, on behalf of Kansans. My plea is—my plea is to the Democratic leaders, to Republican leaders, to individual Senators, whatever party they are: Let's not follow the path we have followed so many times in the short period of time I have been here in which there is a Republican plan to fix a problem and there is a Democratic plan to fix a problem. Surely our veterans deserve something more than each of us being able to say we cast a vote for their benefit. Surely they deserve the opportunity to actually have legislation that will address the challenges and problems the Department of Veterans Affairs has. My plea and my request of all in this body is, for these veterans, to make certain we conduct ourselves in a different way than unfortunately I have seen in most instances as a Senator.

We have this phrase around here, ''Well, we will get a side-by-side,'' meaning there is a Democratic plan and a Republican plan; and when you talk about that. What that means is we never expect either one of those plans to pass. So to the chairman and ranking member of the Senate Veterans' Affairs Committee, to Senator REID, the majority leader of the Senate: Please take us down a path that demonstrates once again the Senate can rise to the occasion and do something worthy of the veterans who have served our country.

Every once in a while in this frustration about the way this place doesn't work, I will put on my running shoes and I will walk down to the Lincoln Memorial. It certainly is an inspiring visit to the Lincoln Memorial, but perhaps more importantly on that walk you now go by the World War II Memorial that memorializes those the Senator from Texas was talking about. You then walk by the Vietnam Wall, the war that was ongoing in my teenage years. On your way back you come by the Korean War Memorial, the forgotten war. What I am reminded of and what I would call to the attention of my colleagues is not a person recognized in any of those memorials volunteered or was drafted for purposes of advancing the cause of the Republican Party or the Democratic Party. There was no interest in partisan politics by those who served our country. They served their country because they believed in a higher calling. They believed they could make a difference. They believed it mattered to their kids and grandkids. It was about freedom and liberty. It wasn't about who scores points in the next election.

Please, leaders of the Senate, all of my colleagues, make certain we rise to the occasion, that we have the same standard, the same motivation, the same reason that we come here every day to be the same as theirs: to make America a better place, to make sure our kids and grandkids live with freedom and liberty, to make sure the American dream is alive and well. If there is an issue that we ought to be able to do that, an issue perhaps different than anything else we deal with, surely we have the ability as a Senate to deal with the issues necessary legislatively to resolve and address the problems of the Department of Veterans Affairs and to make certain that every veteran who has served our country has the ability to access quality health care provided in a timely fashion, and that once again the Senate doesn't do what it has done too many times, and that is we all cast a vote and we can claim we have done something, we supported something, but the end result is that nothing happened. Let's avoid nothing happening.

Finally, let me conclude by saying that World War II Memorial is special to me. I have a 98-year-old father home in Plainville, KS, a World War II veteran. I walked up to the World War II Memorial 10 years ago, just a few days before it was being dedicated, and I wanted to see what it was going to look like. It was an inspiring moment. I happened to have my cell phone with me and I walked over to the Kansas pillar and thought about those who served our country in that war, including my dad back home. I walked away from the memorial and used my cell phone to call my dad at home. The message I delivered to my dad that day was: ''Dad, I am at the World War II Memorial. It is a memorial built for you. Dad, I want you to know that I thank you for your service. I respect you and I love you.''

That conversation, fortunately, took place on an answering machine and not in person, and was easier to deliver, although a few minutes later my cell phone rang and it was my dad, who said, ''Gerald, you left me a message, but I couldn't understand it. Could you tell me again?''

The point I want to make is, we are called upon as American citizens and certainly as members of the Senate to do all that is possible to demonstrate that we thank our veterans for their service, we respect them, and we love them. The Senate needs to rise to the occasion and not let the partisan politics of this place and this country divide us in a way in which we only symbolically respond but the end result is that we fail those who served, and we fail our veterans who depend upon us just as we have depended upon them for their service to our country.

Mr. President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Florida.

BURWELL NOMINATION

Mr. NELSON. Mr. President, I want to speak on behalf of Sylvia Mathews Burwell. We have had a lot of commentary out here that she has shown her capability in her time as the head of the Office of Management and Budget, OMB, and she is going to have a similar success now in the Department of Health and Human Services. We are going to be voting on her just before 2:00 this afternoon, and I am certainly looking forward to what is going to be a resounding vote. I think it is because most people feel she has done an excellent job at OMB.

In this Senator's experience with her, discussing with her one of the smaller agencies of government, where this Senator felt as though OMB had targeted that little agency, instead of allowing the experts who were driving that agency—and specifically I am talking about NASA—purely from a finance and budgetary standpoint, instead of what we wanted to accomplish in the Nation's space program, Ms. Burwell understood that, and she tried to help out from an agency that is more concerned just with budgetary aspects of government, and she understood you have got to get into what you want the agency to accomplish instead of just looking at the budgetary aspects. I appreciated that very much. I think we are going to have a similar kind of experience at HHS with Ms. Burwell.

Now, goodness gracious, she takes over an agency that certainly has its hands full, as we are, for example, just trying to continue to expand Medicaid and expand it to all of the people in the States that have denied the expansion of Medicaid. So what we asked during the confirmation hearings is that she consider working with the States to find some types of compromises on a way to do that—to expand Medicaid—when the States are balking. Twenty-four States have not taken the Federal Government up on the offer to pay the full cost of expansion for the first 3 years, and then after the year 2020 the Federal Government will pay 90 percent of the cost of expansion.

I offer an example in my own State of Florida. The State of Florida, ostensibly because they did not want to incur the 10-percent cost of Medicaid expansion after the year 2020—that was the reason they gave, but it really wasn't the real reason they didn't want to expand; they just didn't want to have anything to do with the Affordable Care Act. Many of them labeled it ''ObamaCare.'' As a result, what they have done in Florida is denied a population of over 1 million people—specifically 1.2 million people in Florida—the availability of health care by expanding the eligibility for all Medicaid up to the level of 138 percent of poverty. That level is for a family of four—$32,500 a year.

A person thinks of a million people—over a million who otherwise could get health care—and they are making $32,000 or less, we can't expect them to buy health insurance if they are only bringing in $32,000 for a family of four. That is not reasonable. That is why we expanded Medicaid in the Affordable Care Act. But politics has a way of getting in the way, and there are 24 States that did not expand.

In Florida's case, this means over this period of time there is $51 billion of Floridians' Federal taxpayer money that would be brought to Florida to pay for those additional 1.2 million people who would get health care. Well, first of all, it is an issue of quality of life. Why don't we want people to have health care who can't afford it? That is the whole idea of increasing the percentage of the poverty level in order to make people eligible for Medicaid.

But aside from that, if the Federal money is available for providing that health care—in this case, $51 billion—why wouldn't we want to take the Federal money to pay for the health care of the people—and ''the people'' being a substantial number of people—over 1 million.

In addition, if we care about the creation of jobs, we are talking about 125,000 jobs additionally created because of this expansion of providing health care.

So all the way around, it is a win-win-win. It provides jobs, it certainly provides quality of life by providing health care, and the Federal money is already dedicated.

Again, politics gets in the way, and politics got in the way in the State of Florida and 23 other States.

Now, what to do about it. OK. The stated reason was that we don't want our State to have the obligation of additional spending—10 percent—after the year 2020. What we have shown is a program that is already in place in State law to provide for poor people's health care through the low-income pool and other assistance to hospitals that serve that poor population, a tax base that already pays for that, taxes at the local level.

We suggested this: We don't have to raise any new taxes to pay the State's share of the 10 percent. Those taxes are already being paid. We shift the money that is there because we are going to expand Medicaid and take care of all the poor people—some of whom are being taken care of now—and just use that tax base in place of the State of Florida share of 10 percent.

The Legislature of Florida would not buy it in the closing days and weeks of the session. It is my hope they will in the future. But that is the kind of example that the new Secretary of HHS will be dealing with, as the previous Secretary of HHS has already dealt with in iterations of how to cover additional Medicaid populations. States such as Arkansas and Michigan have worked with HHS to find ways, some of them using the private marketplace to expand coverage.

So it is my hope that with the new Secretary, with the obvious need of additional health care for people who cannot afford it in the private insurance market, we will see this turned around in the next session of the legislature; otherwise, every day the State of Florida loses $7 million that would be coming to the State for health care for people of low income.

I want to say I am very proud of our State. During the open enrollment period, nearly 1 million people in Florida signed up for health insurance coverage in the State exchange that is run under the Federal rules. Of the 8 million people nationwide who signed up on the State exchanges, almost 1 million of that 8 million were in our State of Florida. So it shows us the hunger of folks there, knowing that if they can get health insurance or health care through Medicaid, they certainly want that very much. I hope that under the leadership of Ms. Burwell, we are going to be able to make that a reality in the coming year. I know she is going to do a great job as Secretary of HHS.

Mr. President, I yield the floor, and I note the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Ms. HIRONO). Without objection, it is so ordered.

Mr. HATCH. Madam President, today the Senate is expected to vote on the nomination of Sylvia Mathews Burwell to be the next Secretary of the Department of Health and Human Services. I expect her to be confirmed, and I expect she will receive a fair number of votes from both sides of the aisle. I, for one, plan to vote in favor of confirming Ms. Burwell. I believe she is well qualified and well suited for this position.

But let's be clear. If Ms. Burwell is confirmed, she will have a difficult job ahead of her, particularly when it comes to implementation of the so-called Affordable Care Act.

While I support Ms. Burwell's nomination, no one should mistake that to mean that I have somehow softened in my resolve against ObamaCare. Indeed, I am as committed as ever to repealing and replacing this horribly misguided law.

I hold this position not due to politics or partisanship but due to the real—very real—problems this law is causing for our citizens, for our government, and for our Nation's health care system.

I would like to take a few minutes today to talk about some of the specific problems we are seeing with ObamaCare and what some of my colleagues and I are doing to address them.

As we all know, under the Affordable Care Act, States are required to have an online exchange where citizens can go to purchase health insurance. The law gives the States the option of creating their own exchange, using the exchange provided by the Federal Government or using a hybrid of the two.

The Department of Health and Human Services gave every State $1 million to fund research and analysis to determine what type of an exchange they would use. Additional grants were given in two stages—two stages—for those States that chose to build all or part of their own exchanges.

On top of that, HHS awarded seven early innovator grants to States that decided early on to build their own exchanges in order to help support the development and early implementation of the necessary information technology systems.

All told, States received $4.7 billion from HHS to assist them in building their exchanges.

The problem we are seeing now is that, apparently, this money was just handed out with little or no accountability.

At least seven States—seven States—have failed to build a successful Web site and exchange, even though they received and accepted Federal taxpayer dollars specifically for that purpose. Now these States are scrambling to either rebuild their entire systems or to transition to the Federal exchange.

These seven States received roughly $1.3 billion from HHS to build their exchanges. That is $1.3 billion—with a ''B''—to just seven States in the Union. That is more than one-quarter of the total amount HHS provided to States for the purpose of building their own State health care exchanges. And apparently these States have little or nothing to show for it. In fact, at least three of them are looking to drop their own exchanges entirely and use the Federal exchange instead now.

You heard that right, three States—that between them received hundreds of millions of dollars from the Federal Government to build their exchanges—now want to abandon the prospect entirely and join the Federal exchange.

Let's keep in mind that adding them to the Federal exchange will not be simple, nor will it be cheap. More millions will be spent to transition these States—along with any other States that may choose the same course in the future—into the Federal exchange.

This is simply preposterous. Where is the accountability? Where is the outrage from HHS over those lost and misspent funds? There does not seem to be any.

For her part, the President's nominee to run HHS, Ms. Burwell has at least acknowledged that there is a problem here.

During her confirmation hearing in the Finance Committee, I asked her whether States that have negligently mismanaged their exchange funds should be required to reimburse the taxpayers for those losses and for their failures? Her answer was somewhat encouraging. She said that if she was confirmed she would want to get to the bottom of this problem and ''use the full extent of the law to get those funds back for the taxpayers.''

Unfortunately, in answer to my followup question—whether she would commit to withholding additional exchange-related funds from those failing States—she was not quite so definitive. Still, I was glad to hear her at least acknowledge the problem and make a

commitment to recouping taxpayer funds lost in these debacles. If she is confirmed, I hope with all my heart she will live up to this commitment, and I expect her to do so.

That said, it is clear that, if we are going to make the taxpayers whole on this matter, we are going to need to do something besides waiting around for HHS to address the problem. Indeed, if our experience has taught us anything, it is that commitments made in the context of a confirmation hearing often fall by the wayside. I do not intend to have this one fall by the wayside.

That has been particularly true, though, with this administration, especially when the commitments deal with ObamaCare. That is why I have joined with the ranking member of the Senate Judiciary Committee, Senator GRASSLEY, in an investigation into this matter. Congress needs to exercise proper oversight on this issue. We need to get answers. We need to get them now. One way or another we are going to get them.

Last month Senator GRASSLEY and I sent a letter to CMS Administrator Tavenner asking for information about CMS's communications with the States with regard to the difficulties they have had setting up exchanges and their use of Federal funds. As I said, all told, these failures amount to over $1 billion in lost funds. The American people deserve to know where the money went and why it was so horribly misused.

That is not all the American people deserve. They also deserve to be paid back for these losses. That is why I have joined with Senator BARRASSO in introducing the State Exchange Accountability Act, a bill to require the States to pay back these wasted funds. Every Senator here, Democrat or Republican, ought to be willing to back that bill.

Specifically, if enacted, our bill would require those States that operated a State exchange in 2014 and subsequently chose to use the Federal exchange to repay all of their establishment and early innovator exchange grants. The bill would give them a 10-year timeframe to do so. States would have to enter into an agreement with HHS to repay at a minimum 10 percent of the total grant money they received every year. States that fall under these requirements but fail to enter into such an agreement would see their Federal assistance medical percentages, or FMAP, reduced by HHS. The FMAP reduction would be uniform and take place over a 10-year period and would be equal to the amount of exchange grant money the State received.

Under the bill, HHS would be explicitly prohibited from reducing the amount of reimbursement that States owe to the Federal Government. I expect some would deem this approach to be too punitive, but they should not. I do not think anyone can reasonably dispute there is a problem that needs to be dealt with. Our solution is reasonable and achievable. All we ask is the States that have wasted taxpayer funds repay them within a reasonable period of time. We give these States 10 years to pay the money back. This is not punitive; it is necessary. More than anything, the failures we are seeing with the State health care exchanges demonstrate that the Affordable Care Act has been flawed from the beginning. Indeed, it was the law itself that included an open-ended appropriation to help States build their exchanges without any mechanism to make States accountable for wasting those funds. Given these fundamental problems, I expect we will see more States take this route, especially if there are no steps taken to make them accountable.

Congressional oversight into these failings is vital. I hope the administration will cooperate in our effort to resolve these problems. Our legislation is no less important. It is the only way to guarantee the American taxpayers get their money back. But that is not all we need to do. Make no mistake, ObamaCare is doing serious damage to our Nation's health care system and our Nation's fiscal future.

When it comes to his health law, the President's favorite argument is that Republicans have not produced an alternative of their own. However, this is simply untrue. I suspect the President knows that. Earlier this year two of my colleagues and I unveiled a legislative proposal that would undo the damage ObamaCare has inflicted on the American people. Unlike the Affordable Care Act, our proposal would actually reduce costs and shore up our entitlements. It would do so without all of the harmful distortive mandates and regulations we see under ObamaCare. Once again, in the immediate future, we need to solve this problem with the failed State exchanges. But we also need to keep our eyes focused on the long-term goal of repealing ObamaCare once and for all and replacing it with something that will actually work for the American people.

I hope that as time wears on, more of my colleagues, particularly those on the other side of the aisle, will recognize this is what we really need to do.

As I said, I intend to vote today in favor of Ms. Burwell's nomination to lead HHS. I have helped that process to go smoothly. I want it to go smoothly. I believe she is a good choice for this job. I am hoping with all my heart that she will be that good choice she has indicated she is, and I have deduced she is. But I still have a number of concerns about the direction the agency is headed. During the course of her confirmation hearing, Ms. Burwell made two very important commitments to me. The first commitment she made was to respond promptly, within 30 days, to questions and inquiries submitted to HHS from Members of Congress.

This is an important commitment, one I hope she lives up to. Under this administration HHS has been one of the least transparent of all Federal agencies. Letters and inquiries oftentimes have been ignored entirely. When we do receive letters in return from HHS, they are almost in every case unresponsive. Ms. Burwell is committed to changing that practice. I respect her for it. It is part of the reason I led the charge to have her confirmed. Once again, I surely hope she does help change that practice.

I mentioned the other major commitment she made to me earlier in dealing with the failed State exchanges. Ms. Burwell committed to doing everything in her power to retrieve the wasted taxpayer funds. This commitment is also important, because thus far HHS has refused to acknowledge many of the problems they faced in implementing the Affordable Care Act. The fact that she made this commitment to me demonstrates she is at least willing to admit there are some major problems with the program.

I support Ms. Burwell's nomination in large part because of these commitments she has made. I hope she lives up to them. I think she has the ability to live up to them. I have high hopes of that. No one should misread my vote today as an acknowledgement that all is now right in the world of ObamaCare and at HHS, because nothing can be further from the truth. But Ms. Burwell has, for her part, acknowledged that problems exist and has committed to doing what she can to fix those problems. Under this administration, that is probably the best we can hope for.

This is an important nomination. She is a very qualified woman, in my opinion. She has had some significant experience in the Federal Government. I have high hopes that she will turn out to be a wonderful Administrator at HHS. It is almost an uncontrollable, unadministratable agency. I am going to give her all the help I possibly can to help get that agency under control and get it right again.

This is important. I feel deeply about it. People in the bureaucracy know if they work with me I will move heaven and Earth to try to help them. It is time our government is more responsive to its citizens, more responsive to what people believed when they were confirmed, and more responsive in solving those problems that are so significant, so costly, and so important to the American people.

Ms. MIKULSKI. Madam President, I wish to speak in strong support of Sylvia Mathews Burwell, who has been nominated to serve as Secretary of the Department of Health and Human Services, HHS.

HHS is a $1 trillion agency responsible for, among other things, managing Medicare, Medicaid, and implementation of the Affordable Care Act, ACA. HHS needs a strong leader. I believe Sylvia Burwell is up to the job.

President Obama could not have selected a better person to lead HHS into

future. I first got to know Sylvia during the Clinton administration, but I also worked with her when she was at Bill and Melinda Gates Foundation and the Walmart Foundation. I really got to know Sylvia more recently as she ran the Office of Management and Budget, OMB. She played a pivotal role in helping Congress come to agreement on a budget deal last December.

Her work at OMB has prepared her to step up to challenge of leading HHS. She is a problem solver who knows how to work with Congress. She is also a mom with kids. I am confident that Sylvia will be an outstanding HHS Secretary.

It is my hope that she is confirmed quickly. It is important that HHS has a leader in place. It is important that Congress has a point person in place as we work to pass the fiscal year 2015 Labor-HHS appropriations bill. And it is important for the country to have a Secretary of HHS confirmed so we can move forward with implementation of healthcare reform.

I would like to take a moment to express my deep appreciation to Ms. Kathleen Sebelius—our current HHS Secretary. Whether it was as Secretary of HHS or Governor of Kansas, Ms. Sebelius has always been a bright, hard-working, and devoted public servant. Despite constant and relentless opposition, she fought every day in every way to make health insurance a reality for millions of Americans. She was a phenomenal partner and tireless advocate in efforts to improve women's health, expand mental health benefits and services, fight childhood obesity, and protect people from dangerous influenza strains. She was a fierce advocate for those most in need and she will be missed. I wish her and her family well in all future endeavors.

As I mentioned earlier, HHS is a $1 trillion agency. Every single person worldwide benefits from work done at HHS. For instance, HHS oversees the National Institutes of Health, NIH—our Federal agency responsible for finding cures and treatments for the illnesses and diseases that impact our families. HHS also oversees the Centers for Disease Control and Prevention, CDC—our Federal agency responsible for protecting the public health by preventing, tracking, and managing the spread of disease. HHS also oversees the Food and Drug Administration, FDA—our Federal agency responsible for protecting our Nation's food and drug supply. HHS oversees the Administration on Children and Families, ACF—our Federal agency responsible for running the Head Start Program and helping lower income families afford childcare. In addition, HHS is responsible for overseeing the Centers for Medicare and Medicaid Services, CMS—our Federal agency responsible for managing Medicare for our Nation's seniors and Medicaid for those in need. These are only a few examples of how we rely on HHS agencies.

We also rely on HHS for implementation of Affordable Care Act. Unfortunately, healthcare reform remains a divisive issue, despite passing the House and Senate, being signed into law by the President, and being upheld by the Supreme Court of the United States. It also remains divisive despite all the benefits we have seen so far: More than 8 million Americans have obtained health insurance thanks to healthcare reform. More than 3 million young adults have been able to stay on their parents' health insurance plans. More than 3 million people have been newly enrolled in Medicaid and the Children's Health Insurance Program, CHIP. Thanks to healthcare reform, being a woman is no longer a preexisting condition and people can no longer be denied coverage or charged more for preexisting conditions. And thanks to healthcare reform's provisions to close the dreaded doughnut hole, more than 7 million seniors have saved $9 billion in prescription drug costs.

Despite the many successes of healthcare reform, there is still much to be done, and we need a Secretary in place to get that job done. We need a Secretary focused on ensuring smooth open enrollment periods that are glitch-free. We need a Secretary who is willing and able to work with States who are not yet where they need to be. We need a Secretary focused on protecting people's privation information in an ever-dangerous cyber climate, and we need a Secretary focused on getting young people enrolled in health insurance plans and focused on keeping premiums low for individuals and small businesses.

Running HHS is a big job. Ms. Burwell is the right woman for the job. I urge my colleagues to join me in support of her confirmation to serve as Secretary of HHS.

Mr. HARKIN. Madam President, today we consider the nomination of Sylvia Mathews Burwell to be the next Secretary of the Department of Health and Human Services. Ms. Burwell currently serves as Director of the Office of Management and Budget, a position to which she was confirmed by a vote of 96–0 in April 2013. Through a dynamic career in both public service and private sector leadership, she has proven herself as an effective manager with experience and skill in leading a wide range of organizations. During her confirmation hearing in the HELP Committee last month, she garnered strong support from Members on both sides of the aisle. Clearly, I am not alone in concluding that she is a deeply impressive nominee and is eminently qualified to serve as the next Secretary of Health and Human Services.

The United States faces serious public health challenges, many of which require urgent answers. Very often, the entire world looks to HHS for leadership. Just last month, this country confronted the first ever incident of MERS, Middle East Respiratory Syndrome, within our borders. HHS responded quickly to educate the public, investigate the situation, and develop a path forward.

We will count on our next Secretary for exactly that kind of informed, decisive action in the face of future challenges and crises, and to provide a steady hand overseeing an incredible range of activities across the Department.

For example, she will be responsible for research efforts at the National Institutes of Health, among other agencies. This federally sponsored research has made the United States the world leader in biomedical innovation, and has resulted in countless discoveries and breakthroughs, from the extraordinary application of genomics to cutting-edge pharmaceuticals to an unprecedented understanding of the human brain.

As Secretary, Ms. Burwell will also be in charge of another long-time priority of mine, disease prevention. She will lead our Nation's efforts to transform our health care system from a ''sick care system'' into one that focuses on wellness and prevention, not just at the doctor's office but also in our schools, workplaces, and communities.

Ms. Burwell will oversee the Food and Drug Administration—a critically important agency that protects and promotes public health by helping to keep our Nation's food and medical product supplies safe, among other things. In fact, FDA now oversees items that account for 25 cents out of every dollar spent by Americans.

The Department also ensures that we can meet the health care and education needs of our most vulnerable citizens through programs like the community health centers, Ryan White HIV programs, and the Head Start program.

The Secretary is also charged with oversight of programs that support millions of Americans with disabilities. Medicaid makes it possible for many with chronic disabilities to remain in their homes, to go to work or school, and to be active members of society. In tandem, the Administration for Community Living implements policies that help people with disabilities to stay in their homes, neighborhoods and places of work, with the result that people are healthier, happier, and have better quality of life.

And of course Ms. Burwell will have the critical role of overseeing implementation of the Affordable Care Act. We can be proud that thanks to the Affordable Care Act we have seen over 6 million new Medicaid enrollees, and more than 8 million more Americans have signed up for health insurance in the marketplaces. But there is more work to be done to continue successfully implementing the law and reforming our health care system.

The list goes on and on, but I have made my point that as Secretary, Ms. Burwell will shoulder incredibly important responsibilities that matter deeply to the health and wellness of the American people. I have no doubt that Ms. Burwell is up for the challenge.

Since her nomination Ms. Burwell has met with numerous members of

this body to discuss their individual priorities and her personal vision for the Department. I urge my colleagues to vote in support of Ms. Burwell and confirm her as our next HHS Secretary so she can begin the important work of advancing our Nation's health.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. WYDEN. I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. WYDEN. To close for our side, I would like to strongly urge my colleagues in a few minutes to support the nomination of Sylvia Mathews Burwell to be the next Secretary of the Department of Health and Human Services.

I want to start with a simple fact. Sylvia Mathews Burwell's nomination has a breadth of bipartisan support because she is really that good, she is really that capable, and she is really that qualified.

I am going to say to colleagues, nobody has to take my word for it. We all know that our colleague on the other side of the aisle, Senator COBURN, is a man of strong views. He says what he means, and he means what he says. As a ranking member of the Homeland Security and Governmental Affairs Committee, Senator COBURN has had many opportunities to work closely with Ms. Burwell during her service as the OMB Director.

For example, he emphasized the nominee's competence, saying: The fact is when you have somebody who is confident, competent, and also has strong character, you find a way to get past your differences to try to solve problems.

He emphasized she is a good listener and that she is communicative.

He said:

> Responsiveness is key for the Congress, and I have to tell you I found her remarkably responsive. The fact is she is going to be committed to do the right thing and to keep Congress involved.

Finally, in a quote that I thought was particularly striking, Senator COBURN said:

> Even when she has made up her mind, which sometimes happens, she will listen to another point of view to get information she might not have.

Senator COBURN also said:

> That is a characteristic too often that we don't see, as Members of Congress, and in members of the administration, whether they are Republican or a Democrat.

Senator COBURN is not the only one who is part of this we could call it choir of bipartisan support for Sylvia Mathews Burwell.

When she went before the HELP Committee, our Republican colleague from North Carolina, Senator BURR, said:

> I support her nomination. I will vote for her in the Finance Committee, and it is for one primary reason, it is because she doesn't come with a single experience that would make her a good Secretary. She comes with a portfolio of experience that would make her a tremendous asset at addressing some of the challenges the agency specifically and uniquely has.

Senator BURR continued:

> I look forward to her confirmation being quick and our ability to then work together to be every bit as quick.

These are statements that reflect a nominee who is going to be, in my view, an active agent of bipartisanship. She is somebody who has already shown she can bring Democrats and Republicans together to solve big challenges, and I think she is going to show it at the Department of Health and Human Services.

Suffice it to say, we know Health and Human Services will need to have strong leadership in the days ahead. We know the debate about the Affordable Care Act is going to continue. It is going to continue in Hawaii, Oregon, and across the country.

My hope, as chair of the Finance Committee, is that Sylvia Mathews Burwell can help bring together Democrats and Republicans to build on the Affordable Care Act, just as many of us did to work with former President George W. Bush, to strengthen the Part D Program, the Medicare prescription drug program. Many of the first stories about Medicare Part D were much like the first stories about the Affordable Care Act. Yet Democrats and Republicans came together, were able to strengthen Part D to the point where now—enormous support among seniors—it has come in at more than 30 percent below the cost projected by the Congressional Budget Office.

So let's all work together with Sylvia Mathews Burwell to do for the Affordable Care Act what we did with George W. Bush's program on prescription drugs, and that has worked in a bipartisan way.

One of the reasons I am so enthused about Sylvia Mathews Burwell is we have big challenges that both sides, Democrats and Republicans, are going to have to team up on to tackle in the days ahead. For example, Medicare in 2014 is dramatically different than Medicare when it began in 1965. In 1965, for example, if a senior broke their ankle, if he or she needed to see a doctor, they went perhaps to an outpatient program, Part B of the Medicare Program. If they needed more attention—perhaps the ankle needed to be reset—they had to go to the hospital, they would get assistance in the hospital under Part A.

Today that is not primarily what Medicare is all about. Today, well over 80 percent of Medicare is tackling chronic disease. We are talking about diabetes, we are talking about cancer, we are talking about strokes and heart disease. Certainly if you add Alzheimer's on top of it, that is 90 percent of the Medicare Program. That broken ankle, when the senior has one, of course, has to be taken care of. But most of Medicare is about chronic disease.

What we are going to need is Democrats and Republicans coming together to tackle an issue that, frankly, has gotten short shrift in Washington, DC. It didn't come up a whole lot in the debate about the Affordable Care Act on any side, and yet it is going to be the issue that dominates the future of the flagship health care program in this country, Medicare; and much of what is done for chronic disease for the Medicare population will also be copied for the under-65 population, since the trend historically, when Medicare takes bold action, is often replicated in the private sector.

Some of this work has begun, but the fact is we need a strong leader with bipartisan support, as I have tried to highlight with Dr. COBURN's comments, Senator BURR's comments, and others. I think it was all summed up when Dr. COBURN and Senator ROCKEFELLER—the senior Democratic Senator from her home State—teamed up that first day and set the mood about how this would be a nominee with exceptional ability to reach out and tackle the big challenges of our time.

Medicare, of course, in my view, is the biggest. But the issue of family support, the child welfare programs the Department manages, these are programs that are critical lifelines for struggling Americans across the country. So many of our people are now falling between the cracks—falling between the cracks into poverty since the recession. The Department of Health and Human Services plays a powerful role ensuring that we have a strong safety net.

I have talked about her credentials before, but her education includes a stellar background, a graduate of Harvard and Oxford, where she was a Rhodes scholar. She was a staff director of the National Economic Council. This is someone who is very savvy on the big economic challenges, and she has superb experience. In 1977 she became Deputy Chief of Staff to the President and moving the following year to become the Deputy Director of the Office of Management and Budget.

She also has extensive experience in the nonprofit world. At the Gates Foundation she led efforts to tackle some of the most pressing global health challenges of our time.

At the Walmart Foundation, where she served in 2011, she offered outstanding leadership in the fight against hunger and to improve economic opportunity for women.

As Senators consider this nomination in the last couple of minutes before the vote, I only want to remind—perhaps not subtly—the Senate confirmed Sylvia Mathews Burwell for the position of Director of Office of Management and Budget 96 to 0. I think that is a very rare statement of bipartisanship for an extremely important position that not

only has Sylvia Mathews Burwell discharged very well, she has won additional plaudits for her bipartisan work, as I have indicated today.

She is going to respond to the biggest and the big challenges in a way that I believe brings Americans together. That is what Senators have said throughout the process, and they have said it whether you have a D or an R next to your name. What the country needs, in short, is somebody who is a true agent of bipartisanship.

I conclude my remarks by saying I have gotten to know Sylvia Mathews Burwell well in the past few years. She is the right choice for the right time, and I strongly urge my colleagues on both sides of the aisle to join me this afternoon in supporting her nomination.

I yield the floor.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

EXECUTIVE SESSION

NOMINATION OF SYLVIA MATHEWS BURWELL TO BE SECRETARY OF HEALTH AND HUMAN SERVICES

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will proceed to executive session to consider the following nomination, which the clerk will report.

The assistant legislative clerk read the nomination of Sylvia Mathews Burwell, of West Virginia, to be Secretary of Health and Human Services.

The PRESIDING OFFICER. The question is, Will the Senate advise and consent to the nomination of Sylvia Mathews Burwell, of West Virginia, to be Secretary of Health and Human Services?

Mr. MORAN. 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 assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Missouri (Mrs. MCCASKILL) is necessarily absent.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Arkansas (Mr. BOOZMAN), the Senator from Mississippi (Mr. COCHRAN), the Senator from Utah (Mr. LEE), and the Senator from South Carolina (Mr. SCOTT).

Further, if present and voting, the Senator from Arkansas (Mr. BOOZMAN) would have voted ''yea'' and the Senator from Utah (Mr. LEE) would have voted ''nay.''

The PRESIDING OFFICER (Mr. COONS). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 78, nays 17, as follows:

[Rollcall Vote No. 175 Ex.]

YEAS—78

Alexander	Flake	Merkley
Baldwin	Franken	Mikulski
Barrasso	Gillibrand	Murkowski
Begich	Graham	Murphy
Bennet	Grassley	Murray
Blumenthal	Hagan	Nelson
Booker	Harkin	Portman
Boxer	Hatch	Pryor
Brown	Heinrich	Reed
Burr	Heitkamp	Reid
Cantwell	Hirono	Rockefeller
Cardin	Hoeven	Sanders
Carper	Isakson	Schatz
Casey	Johanns	Schumer
Chambliss	Johnson (SD)	Shaheen
Coats	Johnson (WI)	Stabenow
Coburn	Kaine	Tester
Collins	King	Toomey
Coons	Klobuchar	Udall (CO)
Corker	Landrieu	Udall (NM)
Crapo	Leahy	Walsh
Donnelly	Levin	Warner
Durbin	Manchin	Warren
Enzi	Markey	Whitehouse
Feinstein	McCain	Wicker
Fischer	Menendez	Wyden

NAYS—17

Ayotte	Kirk	Rubio
Blunt	McConnell	Sessions
Cornyn	Moran	Shelby
Cruz	Paul	Thune
Heller	Risch	Vitter
Inhofe	Roberts	

NOT VOTING—5

Boozman	Lee	Scott
Cochran	McCaskill	

The nomination was confirmed.

NOMINATION OF CAROLYN HESSLER-RADELET TO BE DIRECTOR OF THE PEACE CORPS

The PRESIDING OFFICER (Mr. KAINE). Under the previous order, the Senate will proceed to the consideration of the following nomination, which the clerk will report.

The legislative clerk read the nomination of Carolyn Hessler-Radelet, of Virginia, to be Director of the Peace Corps.

Mr. GRASSLEY. Mr. President, I will vote to confirm the President's nominee for Director of the Peace Corps. However, I want explain why I objected to any unanimous consent request relating to this nomination in March and why I have withdrawn my objection. I objected because I was informed by the Peace Corps inspector general that she was having difficulty accessing records from the agency. The nominee is the acting director of the agency. The records relate to sexual assaults reported by Peace Corps volunteers.

The inspector general is entitled to access these records under the Inspector General Act and the Kate Puzey Act. Both acts reinforce the principle that agency operations should be monitored by an independent and objective inspector general. The Kate Puzey Act requires the agency to better respond to volunteers who report sexual assault and implement certain protections for victims of sexual assault. To ensure that these protections are actually implemented, it also requires the inspector general to conduct ''a case review of a statistically significant number of cases'' of sexual assaults reported by volunteers.

However, the agency has gone out of its way to interpret the Kate Puzey Act as conflicting with the Inspector General Act. In fact, the agency repeatedly stated that certain provisions of the Kate Puzey Act override the Inspector General Act. That was never the intent of Congress. But the Peace Corps withheld most of the information that the inspector general requested from the agency.

Fortunately, the Peace Corps and the inspector general recently agreed on a memorandum of understanding, MOU. This MOU was agreed to only after I placed a hold on the Acting Director's nomination, and only after I sent three letters to the agency about the dispute, along with several other Members. Under the MOU, the Peace Corps has agreed to provide the inspector general with more information than before. For the time being, the inspector general believes that the MOU will allow her to carry out her oversight duties.

However, the inspector general has made it clear to me that the MOU has many shortcomings. Most importantly, the Peace Corps still refuses to acknowledge the inspector general's legal right to access the records in question. In addition, the MOU can be terminated by either party at any time. So the inspector general believes that she would be back at square one if the parties ever disagree in the future on the amount of information she needs to independently evaluate how the agency handled a specific case of sexual assault.

Still, the MOU represents progress. So I am voting in favor of this nomination. The law says that the inspector general is entitled to full and timely access to the records in question. So I will monitor this situation closely. And I will count on the nominee to guide the agency into full compliance with the law.

The PRESIDING OFFICER. The question is, Will the Senate advise and consent to the nomination of Carolyn Hessler-Radelet, of Virginia, to be Director of the Peace Corps?

The nomination was confirmed.

The PRESIDING OFFICER. Under the previous order, the motions to reconsider are considered made and laid upon the table, and the President will be immediately notified of the Senate's actions.

The PRESIDING OFFICER. The Senator from Wyoming.

THE ENVIRONMENT

Mr. ENZI. I rise to talk about the new regulations President Obama proposed this week that are obviously aimed at the coal industry, but let's be frank, these regulations go far beyond the President's campaign to put coal out of business. These regulations target energy to make it less affordable and less abundant. Once again we are seeing how consumers, students, and low-income families are getting priced