billlion in local impact. Without tourism, every household in Southern Nevada would pay close to $3,000 more in taxes. That is a significant amount of money to individuals and families who are working to make ends meet. People visit not only as tourists but as business professionals who attend conferences, meetings, and trade shows, which generate another $12 billion in local economic impact. Las Vegas has 3 of the 10 largest convention centers in North America, and it has been the No. 1 trade show destination for 23 consecutive years.

This economic driver within the State is a critical component of another related industry that is vitally important to the State of Nevada; namely, the gaming industry. In Nevada, this industry alone supports more than 430,000 jobs, pays more than $18 billion in wages, and generates close to $5 billion in Federal, State, and local tax revenues. The reason I draw the Presiding Officer’s attention and our colleagues’ attention to these numbers is due to the fact that Yucca Mountain will have very real negative economic consequences for Nevadans.

I am proud to stand with the many concerned citizens, many small business operators, and casino operators in opposition to any attempt to restart the repository licensing process and continue to work tirelessly to ensure that radioactive waste is never stored anywhere near the world’s entertainment capital, also known as Las Vegas. Rather, I encourage my colleagues to partner with me on identifying the ‘stable alternative’ for the long-term storage of nuclear waste in areas that are willing to house it.

I come to the table with a solution to our Nation’s nuclear waste program and long-promised bipartisanship legislation on this issue. My legislation would allow for the construction of a nuclear waste repository only if the Secretary of Energy has secured written consent from the Governor of the host State, affected units of the local government, and affected Indian Tribes.

This is consistent with the consent-based siting initiative to site waste storage and disposal facilities that was initiated by the Department of Energy in late 2015. This open process ensures that a State has a meaningful voice in the process and that no State will be forced to accept nuclear waste against its own will. Identifying communities that will be willing hosts for long-term repositories rather than forcing it upon the States that have outright opposed such a site for decades is the only viable solution to our Nations nuclear waste problem. The failure to do so will just result in decades of more litigation and in the wasting of more taxpayer dollars without solving the problem at hand.

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

The assistant bill clerk proceeded to call the roll.

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

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

HEALTHCARE LEGISLATION

Mr. Cassidy. Mr. President, the topic before us is clearly the repeal and replacement of the Affordable Care Act, and that is what I rise to speak about today. In part I will speak as a Senator and in part I will speak as a doctor, as I am a physician. My wife is also a physician. I worked in a hospital for the uninsured for many years.

First, let’s just describe the state of play. It is so interesting, President Obama’s healthcare law, the Affordable Care Act, Obamacare.

I had two different communications yesterday, one from a sister-in-law in San Francisco. I think her husband voted for Bernie Sanders. She is, you know, she said: You have worked tirelessly to ensure that Nevada has an estimated $50 billion in local impact. Without tourism, every household in Southern Nevada would pay close to $3,000 more in taxes. That is a significant amount of money to individuals and families who are working to make ends meet. People visit not only as tourists but as business professionals who attend conferences, meetings, and trade shows, which generate another $12 billion in local economic impact. Las Vegas has 3 of the 10 largest convention centers in North America, and it has been the No. 1 trade show destination for 23 consecutive years.

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there was a high incidence of opioid addiction and speak to how he wished to address their needs.

So I think President Trump’s proposals—his contract with the voter—really give us hope. The question is, How do we achieve that? Well, first we have to acknowledge a couple of things.

Rich Lowry is a conservative author for National Review, and he wrote a column: Basically, coverage is important. No one can deny that it is important to havecoverage. And if we speak—as the Presiding Officer did at lunch—about the family whose son is addicted to narcotics and the fact that now he has coverage and he is able to get off of the opioids instead of either dying, living in a gutter, or being incarcerated—that is a sign of hope. And when President Trump spoke of the forgotten man or the forgotten woman, in my mind, I think in his mind, he was referring to something else.

So we have to acknowledge, as Rich Lowry did, that coverage is important. My own experience as a physician supports that. I am actually going to quote somebody from my wife’s experience. My wife is a retired breast cancer surgeon, and she once told me about a patient who lived in a nice section of my hometown, Baton Rouge, had a nice car and children in parochial school, paying tuition. But her husband died. He always managed the family affairs, paying tuition. But her husband died. And she ended up uninsured. She had a nice car and nice home and kids in parochial school, but she didn’t have insurance.

Going back to coverage being important, she began to develop breast cancer—something that is described in medicine as fungating, which means the cancer begins to eat through the skin on the chest—and she didn’t know where to go because she didn’t have coverage. The breast cancer was actually coming out of her skin when she came to see my wife. My wife operated on her for free. The hospital wrote off the cost. But that is not the end of it because then she needed radiation therapy, she needed breast reconstruction, and she needed chemotherapy. And her only hope for survival is if she had this coverage.

So we can acknowledge two things—that coverage is important but also that premiums under the Affordable Care Act have become unaffordable. I will go back to what President Trump said. President Trump said he wants everyone to be covered, care for those with preexisting conditions, without mandates, and lower premiums. That is something, whether Republican or Democratic or Independent, we should be able to get behind.

How do we have a path forward? Some will say, Well, President Trump’s promise cannot be kept. There was a good article recently by Jim Capretta, a conservative economist, and he says that, basically, we can achieve these goals. The way we do it is we automatically enroll folks in the insurance program so that if you are a young person, you get a credit, and that would be sufficient enough to pay for your annual premium. You don’t have to take it, but if you do, you are automatically enrolled in insurance. By automatically enrolling these young people, we expand the risk pool, which is to say that we now have a lot of healthy young folks, most of whom will not get sick, but the fact that they are in the pool means that those who are older and sicker will have lower premiums because the cost of their care is spread out over the many. That is a good thing. That would increase coverage and it would lower premiums without mandates, taking care of those with preexisting conditions.

I think Candidate Trump’s genius was to recognize that the only way you get lower premiums is if you expand coverage. The only way to care for those with preexisting conditions is to expand coverage.

I am pleased to say we have a proposal that is called the Patient Freedom Act, which I have cosponsored and introduced with SUSAN COLLINS, and four other of our Republican Senators have cosponsored it. The six of us propose this: that every State be given the right to choose their path forward. If you are a blue State, you can continue with the status quo; you just have to reimpose penalties and mandates. If you are a red State, you can go in a different direction where folks in your State get a tax credit, again, sufficient for the premiums. Not everybody will be eligible—typically, lower income folks—and this credit can only be used for health insurance or healthcare. If you do nothing, you end up with a health savings account, prefunded. You have first-dollar coverage.

If you take an infant daughter to the urgent care center—instead of an ObamaCare $6,000 deductible, when your daughter has her earache, you have first-dollar coverage to pay that $150 to get your child seen and to buy the antibiotics. If the mother instead wishes to pool her family’s health savings accounts together, their tax credits together, she could buy a richer family policy or she could assign it to her employer as the employee’s contribution on employer-sponsored insurance. The patient has the power. I should say, in my medical practice, I found that if the patient has the power, the system lines up to serve the patient.

By the way, just a rule of thumb: If you ever go to a hospital that delivers babies and you walk in, it is clear who has the power. The walls are painted mauve or powder blue or pink. There is a concierge to park your car because women don’t like to walk in parking and hug. And if you’re pregnant, they really don’t want to walk at all, so someone parks your car for you. There is a coffee shop as you walk in, and a floral shop. It is all a therapeutic experience that addresses not just the physical need but the emotional and psychological need, and that is because that system is lining up to serve her, that patient. The Patient Freedom Act incorporates that.

By the way, we also have a third option. If a State doesn’t want to have anything to do with this, the State can say: Take a hike; we don’t want you. But generally, States have three options and I really don’t like the conservative principle that States should have the right to do what they want to do and what works best for the State. But we do require the patient have the power.

Now, I will be frank. I am not sure we are going to pass meaningful reform as good as it could be with only the Republican side of the Senate. So aside from asking my Senators to join with me and my Republican Senators to promote something that fulfills President Trump’s pledge, I ask my Democratic colleagues to look beyond partisanship and to say: Wait a second; wouldn’t it be good if a blue State could do a blue thing and a red State could do a different plan for themselves? Wouldn’t it be great if the Presiding Officer, President Trump, contract with voters, said: Eliminate mandates but also lower premiums, which are so much of a problem for so many Americans now, while at the same time covering and caring for those with preexisting conditions?

I ask my Democratic colleagues to move beyond partisanship—or perhaps they are not liking the results of the election—and into a spirit of cooperation that puts patient before party. We don’t need a red plan or a blue plan, a Democratic plan or Republican plan. We need an American plan.

I will finish by saying this. There is another way to lower premiums, and that is to give lousy coverage. I coined the phrase and I didn’t realize it would become so instantaneously recognized, but we should also have the Jimmy Kimmel test. I think people understand that Mr. Kimmel’s child was born, and instead of being a celebration as a new life emerges into the world, all of a sudden it quickly became that the child was blue and would die. The whole medical staff comes in, recognizing that the child has a rare cardiac condition that, if not immediately operated on, would be fatal. The child was transferred, and after several surgeries already in its first week of life, apparently, is doing well.

I raise that because, again, we can lower premiums by having lousy coverage. But whatever we do to lower premiums, it should pass what I call the Jimmy Kimmel test, which is that someone you love has adequate coverage for the care he or she needs when they need it. In that way, I think we can be fiscally responsible, and we can serve the patient. The man I talked to yesterday, paying $20,000, $30,000, $40,000 for their insurance. We have to do something about
that and at the same time fulfill the rest of President Trump’s contract with the voters which is to care for those with preexisting conditions, to continue coverage, and to eliminate mandates.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant 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 (Mr. HOEVEN). Without objection, it is so ordered.

Mr. WYDEN. Mr. President, after some chaotic weeks of hush-hush deliberating, a lot of arm-twisting, and more than a few obvious buy-offs, the House has handed the Senate a healthcare bill that will plunge tens of millions of Americans into suffering. With it, the debate now comes to this side of the Capitol, and my Republican colleagues seem to be competing to find out who can put the most distance between themselves and the House bill.

The message is that they are starting from scratch with a partisan working group and a new bill under construction. But I want to make sure that every- everybody is realistic about where this debate stands. There is not a shred of actual hard evidence that the Senate Republican conference is objecting to nearly $1 trillion in tax breaks for the wealthy and the special interests, paid for by slashing middle-class tax benefits and cutting more than $800 billion out of Medicaid. The dates, the numbers, and the waivers might look a litttle different when Senate Republicans write a bill, but the underlying framework will be the same.

This process, in short, is leading America back to the days when healthcare worked only for the healthy and wealthy. It is clear, when we look at the particulars, that the bill passed by the Senate would invite young and healthy people to pay five times as much for insurance coverage than their heads, trying to determine how this constitutes an improvement over the system that is on the books today. Aside from the wealthy individuals and corporations lining up for these tax handouts, it is hard to see who will be helped by this approach Republicans have taken.

It is a worrying sign for anybody who believes in bipartisanship to see that Republicans in this body have decided they don’t want any Democratic input. I have been involved in writing bipartisan health bills in the past, and there are more than a few cosponsors of those bills in the Republican conference today. A number of our colleagues on the other side of the aisle have joined me in efforts, for example, to have loophole-free, air-tight protection against discrimination against those with a preexisting condition.

It is important to understand that a lot—lot—of what we are discussing on this side of the aisle and my colleague, the President of the Senate, knows it from our work on infrastructure—would very much like to work with colleagues on the other side on bipartisan issues. It can be done. In fact, just today, under the leadership of Senator SCHUMER, our whole caucus said to the Republicans: Drop reconciliation so we can all come together and
get serious about working in a bipartisan way on an issue that ought to be tackled in a bipartisan way for the American people and that I have a long history, in particular, of wanting to be part of.

For the next several weeks, I will be on the floor drawing on our past experiences andunderlining why the bipartisan approach underway right now is wrong.

People ought to know that TrumpCare is a betrayal of the promises they have heard time and time again. They heard it through hundreds of TV commercials all through the election period, and what they are now seeing is a betrayal of those promises they watched on campaign advertisements over the last year.

People ought to know that this is not a real effort at fixing our healthcare system. This is a masquerade. It is a masquerade to try to pretend that what is going on is about healthcare when in fact it is all about making taxes can be cut for the most fortunate, while healthcare benefits for the middle class are slashed. TrumpCare is the opposite of good health policy.

There is no grassroots campaign I know of for the Congress to improve the health of the middle class or the poor. There is no grassroots campaign that sent money straight back to the donors, with Narcan, be able to reduce the number of deaths—this miracle drug that reverses the overdoses—to be able to save lives.

We also passed the Cures legislation, which sent money straight back to the States that would help to provide the treatment so desperately needed. Probably 8 out of 10 people who are addicted are not receiving treatment. Sadly, there is a revolving door where people are coming under the grip of this addiction, committing crimes, going to prison, getting out, getting into the addiction again, and going back into the criminal justice system once again.

This legislation we passed is now starting to be implemented. It takes a fraction to implement the other half of the programs, and I have done that every time I have come to the floor over the last few months.

Unfortunately, I also have to come to the floor tonight to tell you that something that is going to make it harder to address this issue should it become reality. As some of you may know, recently it was reported that there was a document from the White House Office of Management and Budget saying that the White House is considering cutting funding dramatically for the Office of National Drug Control Policy, the ONDCP. This is the office that coordinates the drug issue for the White House. The administration's proposal that was leaked to the media said that it would be a cut from $388 million a year to $24 million a year. That is a cut of 95 percent. What does that mean? It means the staff would be, obviously, reduced dramatically. They have 33 people who would lose their jobs, people who are out there every day on the frontlines, trying to use a relatively small number of people to expand this effort all over the country. It would eliminate a lot of grant programs, office administrators, including what is called the High Intensity Drug Trafficking Areas Program, or HDTA, and a program called the Drug-Free Communities Support Program.

I want to touch on those two programs quickly and point out to how important they are, hoping that the administration is hearing us and hoping my colleagues on both sides of the aisle will help us ensure that this proposal does not become reality, that we don’t end up, at a time when we have an unprecedented drug crisis in this country—the worst drug epidemic we have had in our lifetime—pulling back on these important programs.

Why does this matter? Again, having a drug czar, which is what the Director of the Office of National Drug Policy is called, is very important to coordinate the efforts. In fact, it is cost-effective to have a drug czar rather than having different agencies and departments competing and sometimes in duplication with each other, to have one person in the White House, talking about the importance of this.

President Ronald Reagan and First Lady Nancy Reagan established the drug czar. The reason they did it was they wanted to be sure America and the White House were speaking with one voice on this. They had known every drug czar since then. I have known every one of them over the last—what would that be?—30 years. I think it is incredibly important to have this job filled with the right person to get the job done. I am happy to say that the States have now received some of this funding. Some of the programs—about half of those in the Comprehensive Addiction and Recovery Act are now implemented. I urge the administration to implement the other half of the programs, and I have done that every time I have come to the floor over the last few months.

Fortunately, I also have to come to the floor today to tell you that something that is going to make it harder to address this issue should it become reality. As some of you may know, recently it was reported that there was a
are going to put Federal law enforce-
m ent together with State law enforce-
ment and local law enforcement to in-
tensively focus on this issue at the local
level. As you know, that is necessary
because so much of this is interstate,
even international, and by having this
intense focus, there has been enormous
success in my State and States around
the country.

Under the program, you have to have
one full-time law enforcement officer
at the Federal level, State level, and the
local level. I have found back home is
that typically you have a sherriv
or a police chief who runs this lo-
cally and has a lot of his officers in-
volved but really is able to maximize
what he or she can do because you have
this involvement from the State high-
way patrol, you have this involvement
from the FBI, you have this coordina-
tion.

The Ohio HIDTA alone has removed
$90 million worth of illicit drugs from
our state apprehended more than 4,000
fugitives involved in drug trafficking operations. Think about the
difference that makes. It makes our
communities safer; ultimately, of
course, it is going to save a lot of lives.

So, I think this is one that is really
working. If you ask your law enforce-
ment locally about it, they will tell
you that if they don’t have a HIDTA
grant, they probably wish they did. It
is very competitive; not everyone can
get one. But if you can show that you
can use the money effectively and if
you have a really serious drug problem
in your area, having that HIDTA pro-
gram is important.

The second program I mentioned is
called the Drug-Free Communities
Support Program. What does this do?
This supports community anti-drug
coalitions all around the country.
Often, people ask me: What is the solu-
tion to this problem? Why are we in
the situation we are in? I turn to pre-
vention and education because, if you
think about it, once you get into that
funnel of addiction, it is very costly
and very difficult.

Wouldn’t it be better if we had better
programs out there? Frankly, we did
back in the 1980s and even the 1990s—
to tell young people and to tell others
why it is such a mistake to get into
this drug issue, why they must do ev-
everything they can to avoid, in the case
of heroin and prescription drugs, and
other things using these pain-killing
these prescription drugs that are ad-
dictive, to the point that you become
addicted, which is so often where the
heroin addiction and the overdoses
start.

Four out of five heroin addicts in the
country started with prescription
drugs, they say. Getting that informa-
tion out there, that awareness, is in-
credibly important. That is what this
Drug-Free Communities Program is
about.

I got involved in this program early
on through a personal experience. I was
a first-year Member of the House of
Representatives 23 years ago. A woman
whose son had died of an overdose came
to see me. She came to see me because
she wanted to talk about her experi-
ence and what were we going to do
about it.

At the time, Bill Clinton was Presi-
dent. I went to an event where both
President Clinton and I were given a
gold ID bracele t by a young man. The
young man’s name was Jeffrey Gard-
nor. I put Jeffrey Gardner’s ID bracele-

t on, and then I prepared for my meeting
with this mother, who was obviously
very upset.

She was there with her younger son.
She came to my office. I was prepared
for her. My staff had done all the re-
search, and we knew there was about
$15 billion a year being spent on drug
interdiction, interdicting drugs coming
from other countries, incarcerations
and prosecutions, and the eradication
of drugs overseas in places like Colombi-

a, where a lot of cocaine was being
grown. I told her that.

I said: Your tax dollars are being used
well to fight this battle. This is what
is happening with your dollars.

She looked at me and said: How does
that help me? She said: I went to my
neighbors and asked them to get
them to help, to mobilize people, to
provide more prevention and education
resources, to get the word out. They
were in denial. They said: This does
not happen here.

She said: How does interdicting drugs
help me? How does the work on eradi-
cation overseas help me?

I did more research and looked into
it further and talked to people around
the country who were experts on this
and found out where there was this
community-of-support network, bring-
ing in all sectors of the community. It
really made a difference to reduce drug
abuse.

So we started this program. This pro-
gram, the Drug-Free Communities Act,
has to be made up of all sectors of the
community. We are talking about the
religious community, faith leaders—

very important—but also teachers, po-
lice officers, parents, doctors, other
community leaders who come together
with this intense focus on education
and prevention.

The program we put together has
real accountability. You know, I am a
Republican. I believe in accountabil-
ity. I want to be sure tax dollars are being
used wisely. To receive funding under
this program, coalitions are required to
be in existence for 6 months before
they can even apply—get on their feet,
be sure they are working. It is the only
Federal drug abuse prevention program
that requires that, by the way.

The coalition is required to go
through a year-long training academy
workshop to make sure that it is
necessary to effectively reduce drug rates,
and they have to have data to show
that their efforts are actually working.

There have to be performance measures
in place. In these coalitions, there are
surveys done in schools to see what the
results are.

These coalitions are made up of peo-
ple who are on the front lines. They
know their communities better than
people else do; they are more effective
than anybody else. They know how to reach people in that
setting, know how to respond quickly
when problems begin.

In communities with these coal-
itions, use of alcohol, tobacco, prescrip-
tion drugs, marijuana—use by
our young people have declined: alco-
hol, 32-percent decline; tobacco, 38-per-
cent decline; other drugs, including
prescription drugs, 21-percent decline.

So these things work.

I must say, I have seen it firsthand
because, before drafting the legisla-
tion, I started my own coalition called
the Coalition for a Drug-Free Greater
Cincinnati. Twenty-three years ago, we
started this coalition, and we did it
with, again, all members of the commu-

nity.

In my case, I reached out to the first
lady, Hope Taft of our State; also to
a religious leader in our community,
Damon Lynch, Jr., one of the most re-
spected community leaders and at that
time head of the Baptist Ministers Con-
ference; and the former CEO of Procter
& Gamble, John Petter, so we brought
in the business community as well.

We established this coalition not
thinking that we were going to end up
applying for Federal grant money be-
cause there was no Federal grant pro-
gram then, but that we would focus on
how to ensure we could actually make
a difference. We set up a survey that
got to two-thirds of the schools in our
community and asked questions about
drug use, so we would know if our ef-
forts were working or not working, as
the case might be, and how to target
our efforts toward parents and teach-
ers. We spent a lot of time in the faith
community, but also with coaches and
athletic directors.

This program is still going. It is
called Prevention First. I chaired it for
9 years. I was on the board of the coal-
ition again before I ran for the Senate.
I know it works because I have seen it.
We have gotten good results. The coal-
ition tells me that since 2000, alcohol
use among young people they worked
with in Cincinnati has gone down 46
percent; tobacco use, 61 percent; mari-
jjuana use, 22 percent.

Since 2012, which is when we started
focusing on the prescription drug issue,
there has been a decline by 29 percent
in the use of prescription drugs by our
young people. So, I think, this pro-
gram, which by the way, cost about 90
million bucks last year—as someone
who was a distinguished military offi-
cier told me recently: That is about
what we spend the equivalent to in part
of the Pentagon every day, not
that I am not for more and smarter de-
fense spending; I am, but $90 million
what we are talking about for this program during the time of the worst drug crisis in the history of our country.

I just think this impact, which I have seen, really works. It makes less crime, less strain on our healthcare system, more productivity in school, more productivity in the workplace, more people who can pass a drug test and go to work. That benefits all of us, and it saves taxpayer dollars.

The success we had in this coalition, again, led me to the legislation. A Democratic Representative from Michigan, SANDY LEVIN, and I introduced the legislation, bipartisan in the House.

Here in the Senate, the leadership who were the leaders of this legislation are still here and continue to support it; that is, Senator CHUCK GRASSLEY and Senator PATRICK LEAHY—again, a bipartisan group. The bill, the Drug-Free Communities Act, is, again, based on these lead documents from the administration. The programs they have proposed defunding altogether.

I am hopeful that this legislation, the Drug-Free Communities Act, which has really worked—it has provided funding that has spawned over 2,000 community coalitions around the country. Today, it currently mobilizes 9,000 community volunteers all around the country. I am hopeful that we will not be defunding this program but, instead, focusing more on the issues of prevention and education. That is going to be the long-term solution to this drug problem. Yes, we have to get treatment to those who need it, but if we are not working on prevention and awareness and education, the issues of drug addiction and drug abuse are going to continue to get worse, in my view.

I am a former Budget Director. I understand it is a tough job to look at all the different competing priorities when you are trying to save taxpayer dollars. I get that. But I also get that we don’t want to take a program like this that is actually working, that has all of these accountability measures in place to be sure that taxpayer dollars are being spent right, and then get rid of it at a time that we have this growing crisis in our country.

When I first got involved in this issue 22 years ago, I became convinced pretty quickly that one reason the drug issue had raised its ugly head in the 1990s is that we took our eye off the ball. I think in the 1980s, under the leadership of President Reagan and First Lady Nancy Reagan and Bill Bennett, who did an awesome job as drug czar, we made real progress, particularly on the issue of cocaine.

I think this was sort of a sense that we had solved that problem, and it was time to focus on other things. So we took our eye off the ball. That is why you saw, in the 1990s when the Drug-Free Communities Act legislation was necessary, there was a big increase in drug use, particularly among our young people. So I was always worried that we might do that again, that when there was a reduction in drug use, we might say: Well, that problem is behind us; let’s move onto the next one.

The problem was never behind us, sadly. It is like the tide. It just keeps coming in, so you have to keep your focus on this. I never expected that at a time when we would have a substantial increase in drug use, in crime, in overdoses, in deaths—which is what we have experienced in this country over the past few years—that we would cut these programs. I just didn’t think that would be a fair and common-sense way to go about this problem. That is why we had solved that problem, and it was necessary, there was a big increase in drug use, particularly among our young people. So I was always worried that we might do that again, that when
your funding below 8 percent. That ensures that a maximum amount of funding goes into these programs. We specifically included strict accountability measures to ensure the highest level of support in solving the substance abuse crisis every community faces. These programs are effective. They use taxpayer dollars well, and cutting them doesn’t make sense.

One of the reasons I believe President Trump was elected was that he had the courage to talk about this issue on the campaign trail. He talked about addiction, whether he was in New Hampshire, Ohio, or other States where we have a high level of heroin, prescription drug, and fentanyl abuse and addiction. He spoke with a passion about this and the toll it has on our citizens and devastation to our communities. I think that was one reason he was elected. He focused on how we would stop this epidemic. This proposal apparently put forward by Members of Congress for $100 million is important to what he talked about during the campaign.

Earlier today, my original House co-sponsor of the Drug-Free Community Act, Congressman SANDY LEVIN, and I sent a letter to the Office of Management and Budget Director, Mick Mulvaney, encouraging him not to pursue this course of action.

More importantly, more than 219 nonpartisan public health groups—experts like the American Academy of Pediatrics, the American Public Health Association, the Northern Ohio Recovery Association, the Community Anti-Drug Coalition of America, and other groups sent a letter to the White House expressing their support for the work of the Office of National Drug Control Policy.

Mr. President, I ask unanimous consent to have this letter printed in the RECORD.

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

MAY 8, 2017.

Re: Revise OMB’s proposed budget slashing of addiction funding

Mr. REED CORDES

Senior Adviser to the President,
The White House.

DEAR MR. CORDES: We are thankful to the Trump Administration for prioritizing the reduction of drug use, drug trafficking, and its consequences. We represent former and current patients, families, and local officials; hundreds of community-based organizations; and tens of thousands of people working in drug prevention, drug treatment, drug treatment and recovery, community health, law enforcement, and millions of individuals in recovery from alcohol and drug use disorders. Like the Administration, we believe drugs are a serious issue.

In light of the Administration’s prioritization, we write in strong support of the Office of National Drug Control Policy (ONDCP)’s critically important Drug-Free Communities (DFC) program, which provides funding directly to communities to prevent drug use. DFC-funded coalitions are proving effective in reducing drug use and prescription drug misuse among middle and high school-aged children. The High Intensity Drug Trafficking Area (HIDTA) program, which coordinates federal, state, and local law enforcement, streamlines efforts to dismantle drug trafficking organizations and brings drug traffickers to justice.

As we have written before, ONDCP brings essential expertise on complex drug issues, expertise that would otherwise be missing or dispersed across multiple agencies. ONDCP holds all federal, state, and local agencies accountable to specific goals to reduce drug trafficking, use, and other consequences.

At a time when drugs now kill more people than firearms, it is more important than ever for ONDCP to remain a strong voice in the White House and a visible presence nationally. As plans are finalized for the Administration’s FY 2018 budget, we once again ask the Administration to maintain a strong commitment to ONDCP by proposing the highest level of funding possible for the agency and its programs given the importance of ONDCP’s mission and the current opioid crisis.

Sincerely,


today at our lunch as we discussed healthcare. He was a leader last year when we passed the 21st Century Cures Act to try to move these medical miracles that we know are coming through the regulatory and investment process more rapidly and into medicine cabinets and doctor’s offices.

Senator PORTMAN and Senator WHITEHOUSE and others, in a bipartisan way, worked to add at least $1 billion more funding for States to deal with opioids after they had passed the Comprehensive Addiction and Recovery Act earlier that year. So the opioid epidemic and the families who suffer from it have no more effective spokesman and advocate than the Senator from Ohio, and I am glad I had an opportunity to hear his remarks today.

Mr. President, I ask unanimous consent that the time until 4:30 be equally divided in the usual form; further, that all postcloture time on the Gottlieb nomination expire at 4:30 p.m. today; and that, if confirmed, the motion to reconsider be considered made and laid on the table, and the President be immediately notified of the Senate’s action.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. ALEXANDER. Mr. President, while the Senator from Ohio is here, one more word on opioids.

Dr. Portman, the head of the National Institutes of Health, has testified for 21⁄2 hours in compliance with applicable laws and regulations governing conflicts of interest.

Let me read from the Office of Government Ethics’ website about what that agency does. It says: “OGE provides an independent review of the financial disclosure reports of candidates for Senate-confirmed nominees. OGE makes sure that these individuals have complied with the extensive requirements for financial disclosure under the Ethics in Government Act. OGE ensures compliance with financial disclosure requirements and assists in the resolution of potential conflicts of interest. It carefully evaluates nominees’ financial disclosure reports and works with agency ethics officials to prepare individualized ethics agreements.”

The website continues: “After confirming with the agency that there are no unresolved conflicts of interest, OGE then transmits the financial disclosure report, the ethics agreement, and a cover letter directly to the Senate.”

That all arrived at our committee on March 28. So that should answer any questions they asked. For hearing, he answered 189 follow-up questions. If you count all the subquestions, it was 372 questions.

On April 27, our committee approved his nomination by a vote of 14 to 9, resolving that nominating consideration by the full Senate today.

On March 28, more than a month ago, the independent Office of Government Ethics concluded that Dr. Gottlieb “is in compliance with applicable laws and regulations governing conflicts of interest.”

Dr. Gottlieb has studied health policy as a resident fellow at the American Enterprise Institute. He is a prolific writer and speaker on vital innovations. He has testified in front of Congress 18 times on a variety of issues, including the drug approval process, drug costs, drug shortages, importation, and healthcare reform.

Dr. Gottlieb, like others who were nominated by Presidents, has been through an exhaustive vetting process. The President announced the Gottlieb nomination on March 10. We received the nomination March 27. On April 5, Dr. Gottlieb testified for 2 1/2 hours in our Senate HELP Committee. I offered Senators an opportunity to ask any questions they wished. For hearing, he answered 189 follow-up questions. If you count all the subquestions, it was 372 questions.

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single American and regulates about a quarter of all consumer spending in our country, over $4 trillion annually.

It is responsible for areas as diverse as prescription drugs for humans and animals, medical devices, biologics, dietary supplements, cosmetics, over-the-counter medications, food, and tobacco products. In addition to drugs and medical devices, the FDA is responsible for protecting our Nation’s food supply and working to reduce the number of people who get sick from foodborne illnesses.

Some of my Democratic colleagues have expressed concern about Dr. Gottlieb’s prior work with companies that are regulated by the Food and Drug Administration, but the fact is, it is not so unusual to have an FDA Commissioner who has consulted with the food and drug industry. Dr. Califf, the distinguished former FDA Commissioner under President Obama, consulted for many companies prior to his confirmation by the Senate. That didn’t disqualify Dr. Califf. I supported him. So did 89 other Senators. He was confirmed 89 to 4.

I think we should recognize the obvious fact that it is a good idea to have people from the government with some experience in the types of industries they are in charge of. The other day we confirmed a Secretary of Agriculture. I think it helps that he is a farmer and a veterinarian. We confirmed the Secretary of Commerce. I think it helps that he has some background in business. Some of the same people who are criticizing Dr. Gottlieb for having a background in working with companies that manufacture drugs criticized President Trump’s Secretary of Education because she had never been on the payroll of the people she was about to be in charge of. So you can’t have it both ways.

I believe Dr. Gottlieb’s background in underdrugs and device manufacturers, how they can be manufactured safely, how they can be moved through the regulatory and investment process more rapidly is vitally important to the opportunity we have in America—more than we have ever had before—of finding these new medical miracles and putting them in our medicine cabinets and our doctors’ offices.

Dr. Gottlieb has broad support from an array of patient, industry, and research organizations. The supporters include these former FDA Commissioners and President Obama’s Administrators of the Centers for Medicare & Medicaid Services.

On Friday, I received a letter of support for Dr. Gottlieb from 10 State attorneys general, who particularly praised the nominee as “a leader in the fight against opioid abuse.”

Mr. President, I ask unanimous consent to have printed in the RECORD a list of 93 groups that support Dr. Gottlieb’s nomination at the conclusion of my remarks.

Mr. President, here are a few examples of what some of these groups had to say.

Dr. Jeff Allen, the President and CEO of Friends of Cancer Research, said: “Through his knowledge and experience for patients, I believe Dr. Gottlieb will be the right person to ensure FDA keeps pace with science and innovation without sacrificing the safety and efficacy gold standard established by FDA law.”

The Healthcare Leadership Council said: “Dr. Gottlieb’s qualifications to lead the FDA are extensive and indisputable. . . . Dr. Gottlieb has consistently demonstrated his vision for accelerated medical innovation in this country and greater patient access to the drugs and devices that improve lives.”

Dr. Mark McClellan, FDA Commissioner from 2002 to 2004, said: “He’s a very good nomination,” adding “he is very dedicated to finding better ways to very excited about the wealth of the public, all of which are great prerequisites for FDA Commissioner.”

Andy Slavitt, who just stepped down as the Administrator of the Centers for Medicare & Medicaid Services under President Obama, said: “Dr. Gottlieb is a very good choice.”

The FDA has always been important, but there never has been a more important time for this agency. It is responsible for making sure patients benefit from the promising research driven by significant funding Congress has given to medical research in last year’s 21st Century Cures Act, which the majority leader called “the most important legislation of the year.”

I don’t want it to go unnoticed that last year Congress increased funding for the National Institutes of Health by $2 billion. Last week, Congress increased funding for the National Institutes of Health by another $2 billion. The 21st Century Cures Act, which Congress also passed last year, authorized a $4.8 billion increase in funding for the National Institutes of Health for President Obama’s Precision Medicine Initiative and for the Cancer Moonshot the Vice President worked on. Speaker Ryan and Majority Leader McConnell, President Obama, Vice President Biden, all of us want to see these medical miracles move forward, and having competent leadership in the FDA is absolutely essential to that effort.

I am very excited about the prospect of having Dr. Gottlieb and Dr. Francis Collins, who is the head of the National Institutes of Health, at the head of these two lifesaving agencies, which are important to every single American family.

The reason 21st Century Cures is such an important bill is that it will drive forward this extraordinary research, and Dr. Collins talked about some of the successes that will be possible in the next decade. It mentioned the possibility of nonaddictive pain medicine. Dr. Collins said that we will also have hearts that will be rebuit from our own stem cells. We will have a universal flu vaccine. Did you know that the flu kills between 12,000 and 56,000 Americans a year? There will be a universal flu vaccine. There will be an HIV/AIDS vaccine and an artificial pancreas for patients who have spent decades injecting themselves with insulin. These are the discoveries that are just over the horizon, not to mention medicine that will will identify Alzheimer’s before there are symptoms and slow the progression of the disease. Think of the grief it would save families and the billions it would save the country. We have invested in that.

We have competent leadership to be approved by the Senate today, in working with Dr. Collins and Dr. Price, who can make sure those dreams become a reality perhaps even more rapidly.

The FDA plays a key role in this. At the committee hearing, I asked Dr. Collins about the user fee reauthorization. Dr. Gottlieb and I just talked about. I asked him how the FDA can be forward-leaning in accelerating the finding of new nonaddictive pain medicines—the ultimate cure for the opioid epidemic. It is a byproduct issue that almost every Senator knows about. Dr. Gottlieb said that the opioid epidemic is “having staggering human consequences.”

He also said: “I think it’s the biggest crisis facing the agency. It’s going to require dramatic action by whoever steps into the agency. I think it’s going to require an all-of-the-above approach that does include reevaluating the framework for how we can develop alternatives to opioid drugs. I think it also includes looking at device alternatives to opioid drugs and looking at devices in the context of drugs.”

Dr. Gottlieb’s first order of business will be to work with us on the reauthorization of the FDA user fee agreements, which experts at the FDA told members of our HELP Committee at one of the two bipartisan hearings on these agreements, are integral to helping employees and then slowing the implementation of the 21st Century Cures Act.

Before September 30, four different agreements need to be reauthorized. They fund $8 billion to $9 billion over the next 5 years, which is about a quarter of the Food and Drug Administration’s budget. If we do not move quickly to pass these agreements in late July, the FDA will be forced, by law, to send layoff notices to more than 5,900 employees and then let them go 60 days later, that they may lose their jobs in 60 days.

A delay in reauthorizing these agreements would delay the reviews of drugs and devices that were submitted after April 1—1 month ago. For example, if FDA employees are not reauthorized on time, an FDA reviewer who gets started in reviewing, say, a cancer drug that was submitted to the agency in April would be laid off on October 1, which would be before the reviewer is able to finish his or her work.

In addition to harming patients and families who rely on medical innovation, a delay in reauthorization would
threaten America’s global leadership in biomedical innovation.

After reviewing the recommendations from industry and the FDA, I believe these are good agreements for patients. The sooner we pass the legislation, the better so as to give patients, doctors, FDA reviewers, and companies certainty.

At this moment, Washington, DC, is not a very bipartisan town on many issues, but on this issue—the issue of user fee agreements—we have had two bipartisan hearings. Tomorrow, we will have a markup at which we hope these agreements will be reported to the Senate.

The FDA has a vital and important mission, and I am confident Dr. Gottlieb is the right person to be leading the agency. We are fortunate that he is willing to look forward to the Senate’s approving Dr. Gottlieb’s confirmation this afternoon.

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

Dr. Gottlieb’s nomination has received support from 93 groups—including a broad array of patient, industry, and research organizations:

- Full list of supporters: Advanced Medical Technology Association (Advamed); Aduro Biotech; Alliance for Aging Research; Alliance for Patient Access; Alliance for Regenerative Medicine; Alliance of Specialty Medicine; American Academy of Facial & Plastic Reconstructive Surgery; American Association for Cancer Research; American Association of Neurological Surgeons; American Bakers Association; American Beverage Association; American Enterprise Institute; American Frozen Food Institute; American Society for Clinical Oncology; American Society of Cataract and Refractive Surgery; American Society for Echocardiography; American Society of Plastic Surgeons; Association for Accessible Medicines (AAM); Association of American Cancer Institutes (AICI).
- Association of Black Cardiologists; Association of Clinical Research Organizations; Calorie Control Council; Can Manufacturers Institute; CancerCare; Cancer Support Community; Center on Budget and Policy Priorities; Children’s Cause for Cancer Advocacy; Cigar Association of America; CNF Pharma LLC; Coalition of Cancer Cooperative Groups; Coalition of State Rheumatology Organizations; Community Oncology Alliance; Congress of Neurological Surgeons; Corn Refiners Association; EveryLife Foundation; FasterCures, a center for the Milken Institute; Fight Colorectal Cancer; Food Marketing Institute.
- Friedrich’s Ataxia Research Alliance (FARA); Global Dairy Products Association; Global Frozen Foods Association; Global Genes; Global Healthy Living Foundation; Grandparents in Action; Grocery Manufacturers Association (GMA); Healthcare Leadership Council; HealthcareNutrition Council; Healthy Women; Hematology/Oncology Pharmacy Association; Independent Bakers Association; Infant Nutrition Council of America; International Bottled Water Association; International Dairy Foods Association; International Food Additives Council; International Smokeless Tobacco and Pipe Retailers; Kids v. Cancer; Kidney Care Association; The Leukemia & Lymphoma Society; Lung Cancer Alliance; LungGevity; Lupus and Inc.; Lymphoma Research Foundation; Manhattan Institute; Men’s Health Network; National Association of Chemical Distributors; National Automatic Merchandising Association; National Coalition for Cancer Research (NCCR); National Coalition for Cancer Survivors Network; National Association of Nutrition Centers (NANC); National Kidney Foundation; National Pasta Association; National Patient Advocate Foundation (NPAP).
- National Restaurant Association; Natural Products Association; The Nicholas Conover Institute; North American Miller’s Association; Ovarian Cancer Research Fund Allliance; Personalized Healthcare Coalition; Pharmaceutical Manufacturers and Manufacturers Associations of America (PhRMA); Prevent Cancer Foundation; Produce Marketing Association; Physicians of America; Pharmacogenomics; Foundation of America; SNAC International; Society of Hospital Medicine; The Sugar Association; Susan G. Komen; Swiftly Foundation; The Multiple Myeloma Research Foundation; The National Coalition of Cancer Survivors; The Nicholas Conover Foundation (NPAF).

Our constituents rely on the FDA’s work every single day. They trust that the food they buy from the grocery store is safe. They trust that when they get prescribed the drugs and medical devices that are used in their care have been held to the highest standards of approval and that the FDA’s decisions are based on science, not politics or ideology. In other words, they trust in FDA’s gold standard of approval. So it is critical that the FDA continue to have strong, independent leadership, especially in light of President Trump’s radical priorities.

Like many, I am deeply concerned by this administration’s efforts to roll back the progress we have made to strengthen the FDA and to improve public health. Let me give two recent examples from last week alone. First, the FDA delayed the implementation of a rule on menu labeling requirements, which would have provided families access to critical nutritional information about the food they buy and eat. These requirements have been worked on for years by several Senate committees, at one hearing with the support of public health groups and restaurants. The rule was less than 1 year away from going into effect. On the very same day, the FDA announced that it would delay the enforcement of a rule to ensure greater oversight over tobacco products, including cigars, pipe tobacco, and e-cigarettes. Now is not the time for the FDA to be taking its foot off the gas in a bipartisan way and working with the House of Representatives to try to make sure we can present to the full Senate our FDA user fee agreements. We have had two bipartisan hearings. Tomorrow, we have a markup at which we hope these agreements will be reported to the Senate.

The families have every reason to be worried about this administration, and they are making it clear that they want leaders who are prepared to stand up for them, which brings us back to Dr. Gottlieb.

At our HELP Committee hearing, after scrutinizing his past record, asking where he stands on key policy issues, and reviewing his answers to many of my questions, it has been made clear to me that Dr. Gottlieb is not that leader. He has not convinced me that he has the necessary critical pressure from this administration or that he will be truly committed to putting our families’ health first. For these reasons, I will be voting no on Dr. Gottlieb’s nomination today.

Looking at Dr. Gottlieb’s professional history and background, I have grown increasingly concerned about whether he can lead the FDA in an unbiased way given his unprecedented industry ties. On numerous occasions, Dr. Gottlieb has advised a company and then used his public platform to promote policies that will benefit that company in the future.

I know that, if confirmed, Dr. Gottlieb has agreed to recuse himself for 1 year from decisions involving some companies in which he has invested or held positions, but Dr. Gottlieb will still be allowed to weigh in on matters that involve other companies in which he had been previously invested. His complicated relationships with a venture capital firm and an investment bank specifically raise many questions, and he will not be recused from matters that involve a number of their clients. Companies Dr. Gottlieb has invested in have more than 60 drugs in development that could come before the FDA for approval, and the companies Dr. Gottlieb will be recused from have over 120 drugs in development.

The extent of these entanglements is unprecedented, and it is particularly troubling given this administration’s clear willingness to skirt ethics rules and pressure Federal employees in order to jam their agenda through.

Yet, as troubling as these entanglements are, they are not my only problem with this nomination. I am equally concerned about where Dr. Gottlieb stands on key policy issues.

For one, I do remain unconvinced that Dr. Gottlieb will ensure independent, science-based decisionmaking at the FDA if he is confirmed. While Dr. Gottlieb was at the FDA under the Bush administration, I was working very hard to ensure that, consistent
with expert recommendations, emergency contraception known as Plan B would be sold over the counter to all age groups. Yet the Bush administration ignored the science and made a decision, based on purely ideological grounds, to task an opposition for Plan B's rollout. I followed politics to interface directly with women's access to the healthcare services that they need, and that was a position which Dr. Gottlieb defended.

I have been uneasy that the administration has not prioritized this matter with Dr. Gottlieb on several occasions now, but regrettably my concerns remain unchanged. When I asked Dr. Gottlieb about this at our hearing—whether he would allow this administration to use the FDA to further its political agenda against women's health—Dr. Gottlieb said he would "not reinitiate approved decisions" on this matter. When I made clear that I was asking about the future and how he would respond to future decisions in these past 100 days, I find this aspect of Dr. Gottlieb's professional history especially troubling.

I have also raised concerns regarding Dr. Gottlieb's published positions on a number of important issues that focus on drug safety. As I stated at the beginning of my remarks, I find the administration's recent decision to delay oversight on tobacco products to be especially concerning, which makes it all the more important that the next FDA Commissioner have a clear position on this issue. I asked Dr. Gottlieb about this at our hearing, specifically as it relates to flavored e-cigarettes that have flooded the markets in recent years. I have expressed disappointment by his response. I think it is clear that a line has been crossed when tobacco companies prey on children by coming out with e-cigarette flavors like gummy bear and cookies and cream. The FDA has been flooded with e-cigarette flavors like menthol and marshmallow flavorings. The FDA announced creation of the Office of Tobacco Products in 2009, and now the most commonly used form of tobacco among young people in the United States. Over the past 5 years, the number of middle school and high school students who have used e-cigarettes has tripled. Among young adults aged 18 to 24, the number has doubled. While some research indicates that e-cigarettes contain fewer toxic substances than cigarettes, vape from e-cigarettes is not harmless, and these products are a gateway to smoking. The popularity of e-cigarettes stems in part from aggressive marketing and products aimed at youth, including the marketing of bubble gum, tutti frutti, and marshmallow flavorings. The FDA must aggressively oversee these products and ensure that they are not being marketed to children or young adults. Any attempt to exempt these products from FDA regulation will be met with extreme resistance from me.

As I said during our HELP Committee markup, we submitted many questions to Dr. Gottlieb following his hearing, and I was encouraged by his answers to these questions, Dr. Gottlieb committed to upholding the gold standard and working with me on a number of priorities, like improving the postmarket surveillance of medical devices. Yet, in large part, I have to say we were left disappointed with the lack of specificity in his answers. Many of them were vague, and some questions were flatly ignored.

I just heard from hearing from families in my home State, and I can tell you that people are looking at what President Trump is doing. They are appalled, and they are looking for leadership. Whether it is Dr. Gottlieb's unprecedented financial entanglements, his inability to withstand political pressure from the Bush administration in order to ensure science and not ideology drives decision-making at the FDA, or whether he will truly prioritize patient and consumer safety and the public health over the interests of corporations that stand to gain financially, I continue to doubt whether Dr. Gottlieb will be able to stand up to President Trump. I believe that patients and their families, rightly, expect more. They want independent, science-based leadership at the FDA. I stand with them and will oppose this nomination.

Mr. DURBIN. Mr. President, I wish to express my concerns with President Trump's nominee to serve as next Commissioner of the Food and Drug Administration, FDA.

The FDA Commissioner is responsible for an agency tasked with protecting and promoting the public health through the regulation of food, tobacco products, dietary supplements, drugs, medical devices, cosmetics, and veterinary products. I am not convinced that Dr. Scott Gottlieb is the right person for this job, based primarily on his less than impressive record of defending women's access to healthcare, his association with an e-cigarette—or vaping—company that has produced and marketed ecigarettes. Dr. Gottlieb has expressed desire to expand "off-label" communications between drug companies and health providers, and his long-standing and vocal opposition to the Affordable Care Act, ACA. If confirmed, I hope he proves me wrong.

Of particular concern to me is protecting our Nation's food safety. I was pleased that, in 2001, then-President Obama signed into law the FDA Food Safety Modernization Act, marking the most comprehensive reform of our Nation's food safety system in decades. Every year, 48 million Americans suffer from preventable foodborne illness. More than 120,000 people are hospitalized each year because of food contamination and 3,000 die. Every 4 minutes, someone is rushed to the hospital because the food they ate made them sick, and at the end of the day, eight will die—which is why I have spent much of my career working on various bills to strengthen food safety structures. In 2007, Dr. Gottlieb was a senior adviser to the FDA Commissioner for the Department of Agriculture, to create a single food safety agency, and to support increased inspection and protection of foreign food imports. Even with passage of the FDA Food Safety Modernization Act, more work remains to be done. We must further beef up both foreign and domestic facility inspections. We must ensure the FDA has sufficient staff and resources to carry out its oversight responsibilities. We must do a better job of effectively tracking and tracing high-risk foods in the event of a foodborne illness outbreak.

In addition, the FDA can and must do more to better regulate dietary supplements. I was pleased that, in 2015, the FDA announced creation of the Office of Dietary Supplement Programs to increase focus on and regulation of the ever-growing dietary supplement industry. It is my hope that this FDA office continues to receive the funding they so desperately need to carry out their mission of regulating a $35 billion dietary supplement industry and aggressively pursue wrongdoing. Finally, ecigarettes pose a continuing threat to be a growing threat to our Nation's youth. Last year, then-Surgeon General Vivek Murthy released a report, calling the skyrocketing use of ecigarettes among youth "a major public health concern." Ecigarettes are now the most commonly used form of tobacco among young people in the United States. Over the past 5 years, the number of middle school and high school students who have used e-cigarettes has tripled. Among young adults aged 18 to 24, the number has doubled. While some research indicates that ecigarettes contain fewer toxic substances than cigarettes, vape from e-cigarettes is not harmless, and these products are a gateway to smoking. The popularity of ecigarettes stems in part from aggressive marketing and products aimed at youth, including the marketing of bubble gum, tutti frutti, and marshmallow flavorings. The FDA must aggressively oversee these products and ensure that they are not being marketed to children or young adults. Any attempt to exempt these products from FDA regulation will be met with extreme resistance from me.

Mr. LEAHY. Mr. President, as the Senate continues to consider nominees to lead our Nation's top agencies, we are once again faced with the difficult decision to confirm an individual whose interests run counter to the mission of the agency he or she will be tasked to lead. Dr. Gottlieb, the nominee for Commissioner of the U.S. Food and Drug Administration, FDA, is another such nominee.

Dr. Scott Gottlieb is a physician and current medical consultant for pharmaceutical, medical device, and other healthcare companies. From 2003 to 2007, Dr. Gottlieb was a senior adviser to the FDA Commissioner for Medical Technology. He was also the Deputy Commissioner for Medical and Scientific Affairs under different FDA administrations. In 2013, Dr. Gottlieb served on the Federal Health IT Policy Committee for the Department of Health and Human Services. He also
Mr. HOEVEN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

Mr. HOEVEN. Mr. President, now is the time to get back to basics. The Federal Government doesn’t exist for the people, then it only serves to hold back our Nation’s prosperity and growth.

With so many Americans hungry for good-paying jobs, now is the time to unleash our Nation’s economic potential. The Federal Government doesn’t exist for the people, then it only serves to hold back our Nation’s prosperity and growth.

CONGRESSIONAL REVIEW ACT RESOLUTION

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CONGRESSIONAL RECORD — SENATE

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The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. MURRAY. Mr. President, 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.

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

The PRESIDING OFFICER (Mr. CRUZ). Without objection, it is so ordered.

Dr. Gottlieb has not committed himself to in full, these conflicts are in direct contradiction to the ethics and objective work required of the Commissioner of the FDA.

The leader of the FDA has a firm responsibility to oversee drug safety and to overseeing drug development with the purpose of enhancing the health and well-being of the American people. We should put ourselves in the shoes of the American people, our constituents, in evaluating nominees to head agencies that impact on the public’s healthcare needs. Given Dr. Gottlieb’s significant conflicts of interest, combined with his ideological approaches to public health policy, which suggest that he would rather deny patients access to lifesaving resources than support ways to improve healthcare and promote prevention efforts for all, I cannot in good conscience support his nomination.

Mrs. MURRAY. Mr. President, I yield the floor.

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The PRESIDING OFFICER. The clerk will call the roll.

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The PRESIDING OFFICER (Mr. CRUZ). Without objection, it is so ordered.

Dr. Gottlieb has not committed himself to in full, these conflicts are in direct contradiction to the ethics and objective work required of the Commissioner of the FDA.

The leader of the FDA has a firm responsibility to oversee drug safety and to overseeing drug development with the purpose of enhancing the health and well-being of the American people. We should put ourselves in the shoes of the American people, our constituents, in evaluating nominees to head agencies that impact on the public’s healthcare needs. Given Dr. Gottlieb’s significant conflicts of interest, combined with his ideological approaches to public health policy, which suggest that he would rather deny patients access to lifesaving resources than support ways to improve healthcare and promote prevention efforts for all, I cannot in good conscience support his nomination.

Mrs. MURRAY. Mr. President, 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.

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

The PRESIDING OFFICER (Mr. CRUZ). Without objection, it is so ordered.

Most concerning are Dr. Gottlieb’s undeniable ties to some of the largest pharmaceutical companies in the marketplace for New England, the Family Smoking Prevention and Tobacco Control Act of 2009 can better support the industry instead of better protecting patients and their families. This is especially problematic, given that the law provided the FDA with the authority to regulate tobacco in order to further its public health.

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

The PRESIDING OFFICER (Mr. CRUZ). Without objection, it is so ordered.
That is why regulating the natural gas and methane emissions has been delegated to the States by EPA and why it should be up to the States.

So the States are fighting back. Wyoming, Montana, and North Dakota filed a legal challenge to the rule in the U.S. district court in Wyoming.

The good news is that the States and our economy will not have to wait until this lawsuit makes its way through the court system. We can provide the relief right now, and we should do so through the Congressional Review Act—the CRA—which provides Congress with a tool to rid the Nation of burdensome, duplicative regulations like this one, and that is what our schedule is for tomorrow—to take up this CRA.

I am a cosponsor of this CRA, and we need to pass it. I wish to thank the chairman of the EPW Committee, Senator Barrasso, for his work on this issue, and others. The House has already passed this CRA. This has already been passed by the House. The President has expressed his support for it. We need to pass it tomorrow. We need to get this done.

Every week I meet with North Dakotans who are working so hard to produce energy for this country, to create jobs and a better future for their families. They need and deserve a Federal Government that will not stand in their way. This is a basic but fundamental objective and a good place to reduce that regulatory burden to get our economy going. The way to create more economic growth, more jobs, and higher income levels is by reducing the regulatory burden, and this is a great example.

Again, it is just about common sense. It is about empowering the States to take a States-first approach, a State's primacy approach in terms of this kind of regulation. How we produce energy in Wyoming, North Dakota or Ohio or Pennsylvania or Washington State—it is different across the country. We can't have a Federal one-size-fits-all rule. That is why it needs to be left up to the States.

We have a chance tomorrow to pass this measure, and it is exactly the kind of measure that will help reduce that regulatory burden, help us grow our economy, and help us create good jobs.

I urge my colleagues to join with us and pass the CRA.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk called the roll.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. Johnson). The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

Mr. Nelson. 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. Nelson. Mr. President, most everybody has seen the news of another disturbance with regard to an airline in an airport terminal. Indeed, what has happened at the Fort Lauderdale-Hollywood International Airport just in the last day has been a disturbance where they had to call in the Broward County Sheriff's Office to put down the disturbance because there were some upset people.

I have just gotten off the phone with the CEO of Spirit Airlines, as well as the head of the Air Line Pilots Association, and basically have told them that they should get this thing fixed and get it right for their customers. Much of it is a labor dispute, because they are in negotiations and I think we are reaching final conclusions, but, as a result of some things with the schedule, it caused a number of flights to be canceled and, unfortunately, canceled right at the last minute on the flight, canceled at the last minute could let the passengers know ahead of time before they ever got to the airport. Even much more of an irritant, they load them on the airplane as if they are ready to go and then tell them they don't have a crew, they can't fly, the flight has to be canceled. Those problems are going to go through today and tomorrow.

I am given to believe—having talked to the head of the pilot's union, as well as the CEO of Spirit Airlines, as well as the President of the airline, the president of the union, the head of the pilot's union, as well as the CEO of Spirit Airlines, as well as the president of the airline, the president of the union, and I think that would be enough, and I think this Senator is up here to see some of the CEOs who are trying to change a culture of treating passengers with disrespect or ignorance. It is important they change that culture because when we come to see what these kinds of circumstances arise if passengers do not feel like they are getting the proper respect they deserve. After all, they are customers. They are paying customers of the airlines.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. Johnson). The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

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

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

All postcloture time has expired.

The question is, Will the Senate adjourn? The PRESIDING OFFICER. Without objection, it is so ordered.

Postcloture time has expired.

The question is, Will the Senate adjourn? The PRESIDING OFFICER. Without objection, it is so ordered.

The PRESIDING OFFICER. Is there a sufficient second? There appears to be a sufficient second.

The PRESIDING OFFICER. The roll call. The PRESIDING OFFICER. The roll call. The PRESIDING OFFICER. The roll call.
Mr. CORNYN. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

Further, if present and voting, the Senator from Georgia (Mr. ISAKSON) would have voted "yea."

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

The result was announced—yeas 57, nays 42, as follows:

[Roll Call Vote No. 124 Ex.]

YEAS—57

Alexander
Barasso
Bennet
Blunt
Boozman
Burr
Capito
Carper
Cassidy
Coehoorn
Collins
Coons
Corker
Correa
Cotton
Crapo
Cruz
Daines
Enzi
Isakson

NAYS—42

Baldwin
Blumenthal
Booker
Brown
Cantwell
Cardin
Casey
Cortez Masto
Donnelly
Durbin
Emmerich
Enzi
Feinstein
Franken
Gillibrand
Grassley
Heitkamp
Hatch
Heinrich
Harris
Hirono
Kaine
Klobuchar
Leahy
Lankford
Levy
McCain
McConnell
Merkley
Murray
Murkowski
Nelson
Paul
Perdue
Portman
Risch
Roberts
Rounde
Rubio
Sasse
Shelby
Strange
Sullivan
Thune
Toomey
Tillis
Toney
Wicker
Young

The nomination was confirmed.

The PRESIDING OFFICER. Under the previous order, the motion to reconsider is considered made and laid upon the table, and the President will be immediately notified of the Senate's action. The Senate from Florida.

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. RUBIO. 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.

The Senator from Florida.

VENEZUELA

Mr. RUBIO. Mr. President, I rise to speak briefly this afternoon on the ongoing crisis in Venezuela. There is a growing interest in the matter here among my colleagues in the Senate and the White House and other places—certainly, in the press—and thankfully so.

This has been going on now for a significant period of time. Just to put it in context, a lot of times, when we talk about these sorts of showdowns around the world—these sorts of internal strife—there is this notion that there is this government in place and there is this group that does not like the government and that they are talking about the future of the country. What is interesting in Venezuela is that both the opposition and the ruling party are in government. The government, obviously, at the Presidential level is controlled by a group that has turned himself into a dictator. He is a successor of Hugo Chavez’s—he is the President, Nicolas Maduro—and those who surround him. Then there is the National Assembly that is elected by the people of Venezuela, the majority party in their legislative branch.

What has happened over the last year and a half is that the President of Venezuela, Maduro—the now dictator—has nullified the legislative branch. He basically uses the laws that they have passed and has stopped allowing transfers. So, basically, today, those in the National Assembly in Venezuela are not getting paid. They have no funds for offices, and they have no funds for material. They will pass a law, they will pass a law, and those laws are ignored. That is the ongoing crisis.

The second part of it is that, under their Constitution, Venezuela’s Constitution, if you had collected a certain number of signatures by December of this year, by the end of the year, they had to hold a referendum on the President, a recall referendum. They refused to certify the signatures even though the people who collected them turned them in four times as many signatures as were necessary.

The third is that they are supposed to have a Governor and legislative elections this year in Venezuela. Maduro has canceled those, and there is no indication that they will allow those to happen. On the contrary, not only are they not allowing these elections to happen, but anyone who protests against them, anyone who protests against this crackdown and in this oppression, is necessarily absent.

Now is the bottom line: The strife in Venezuela that is going on today can be solved by having an election of the people of Venezuela, by basically following their existing Constitution, but that is not what they have allowed to happen. On the contrary, not only are they not allowing these elections to happen, but anyone who protests against them, anyone who protests against this crackdown and in this oppression, is necessarily absent.

The message we send here today—first of all, to those who are in the streets who are fighting for democracy and for following the law and having elections in Venezuela—is that that is not what they have allowed to happen.

The second message we have is to the people in the Venezuelan Government who do not want to be a part of what is happening. We now see examples of Attorney General, who is critical of the Maduro government, and has been largely friendly but who, lately, has begun to break away from the government, going so far as to criticize the government’s escalating repression.

You see it increasing in the rank and file in the National Guard of Venezuela, who are all armored up like G.I. Joe, facing down these unarmed protesters, but on the other side of the protests are their mothers, their fathers, their brothers, their sisters, their wives, their husbands, and their friends and neighbors. What is really troubling now is that these armed groups—irregular groups, these militias—that Maduro has armed and trained with the help of Cuban intelligence have spun completely out of control.

These groups are going around randomly beating people up, setting up roadblocks, and committing all sorts of acts of violence. They are not uniformed; these are armed groups that they call them—basically, these armed militias—outside of the government who are funded, created by Maduro and who have now begun to spin out of control, even to the point at which they, themselves, are then turned against the government, going so far as to criticize the Constitution of that country, not to cancel it out; to remind them that the men and women on the other side of these protests are their families and their fellow Venezuelans.

Now the time has come to tell the men and women in the Venezuelan Government—many who, perhaps, sympathize with Hugo Chavez and Maduro up to a point—that they do not want to go down with this ship, that they do not want to wind up on the list of people who have partaken in this crackdown and in this oppression.

I hope that my colleagues here will continue to work hard. I am encouraged by the amount of bipartisan support that we have begun to create on this issue of Venezuela, by working with my colleague, Senator CARDEN, and I have worked out bipartisan legislation that urges the Maduro regime to release all of its political prisoners and express support for a solution to the crisis. I urge all of my colleagues to join me in cosigning this bipartisan legislation.

We also support the administration’s efforts at the OAS to continue to work