

Bill is a leader of what the Washington Post once called “the whisper brigade,” the people, the staff who stand with their Senators, from committee hearings to floor speeches, to answer questions and offer suggestions and help make us better and more prepared.

In that capacity, Bill Dauster has mentored countless staff and always stayed accessible to answer the most basic questions. With a quote or a quip, he has brought levity to serious policy discussions. He has built a reputation as an honest broker, a brilliant dealmaker, and an incredibly generous soul.

Bill’s character is shaped by his Jewish faith, which he has studied and sought to illuminate to others. He has devoted free time to analysis of the Torah on Wikipedia and many other places, crafting interpretations that are as detailed, carefully explained, and straightforward as the analysis he has provided on countless Senate bills.

Bill Dauster is a devoted family man with his equally accomplished and brilliant wife Ellen and his three children who are his pride and joy. I am very pleased that his wife Ellen and daughter Emma are with us today.

He is a science fiction fan, particularly of Star Trek, perhaps seeking stories that are more believable than modern politics.

I wish Bill a restful retirement, but given his active mind, I suspect he would sympathize with Justice Oliver Wendell Holmes’ maxim that leisure is “a chance to do other jobs that demand attention.”

Instead, I will thank him for his service to the Senate and his country and wish him a joyful and fulfilling next frontier. I ask my colleagues to join me in saying: Farewell, but don’t wander far.

HONORING SECOND LIEUTENANT RICHARD WILBUR COLLINS III

Mr. VAN HOLLEN. Mr. President, I stand to pay tribute to a distinguished young man from the State of Maryland: 2LT Richard Wilbur Collins III, a brave, brilliant, passionate, selfless, and kind American hero.

Second Lieutenant Collins, a resident of Calvert County, MD, was a 23-year-old student at Bowie State University, where he was a member of the Bowie ROTC Program and was airborne-certified. On May 18, just last week, he was commissioned as a second lieutenant in the U.S. Army’s intelligence branch. Second Lieutenant Collins was scheduled to graduate with a bachelor’s of arts in business administration from Bowie State University earlier this week. His future could not have been brighter.

Tragically, Second Lieutenant Collins’ life was cut short by a horrific act of violence that the FBI is investigating as a hate crime. We must bring the perpetrator of this evil act to justice and directly confront the racism behind it.

Second Lieutenant Collins’ selfless and courageous contributions to our State and Nation will continue to have a lasting impact on those who knew and loved him and on the broader community who learned of his tragic and senseless death. At the young age of 23, Second Lieutenant Collins raised his right hand to protect and defend the Constitution of the United States. He was a young man of extraordinary courage and ability and will be deeply missed by all who knew him.

Second Lieutenant Collins leaves behind his grieving family: his father, U.S. veteran Richard W. Collins II; his mother Dawn Collins, his sister Robin Collins, and countless friends.

Mr. President, I ask my colleagues to join me in remembering Second Lieutenant Richard Wilbur Collins III and in expressing our deepest condolences to his family and friends.

TRUMP CARE

Mr. VAN HOLLEN. Mr. President, as our colleagues know, just yesterday we received the Congressional Budget Office’s analysis of the most recent version of the Republican health care bill, the bill that passed out of the House of Representatives, also known as TrumpCare 2.0.

I encourage all of us, every one of our colleagues, to read the CBO report and to read it carefully. For those who are interested, it can be found online at www.cbo.gov. On the front page you can link to the report, which I have here in my hand.

I think it is worth reminding our colleagues that the Congressional Budget Office is composed of professionals, budget experts, and the current Director of the Congressional Budget Office was selected by the Republican chairman of the House Budget Committee and the Republican chairman of the Senate Budget Committee. Without an umpire on budget issues, this Senate would be in absolute chaos when it comes to determining the impact of many of our major decisions, so it is very dangerous when people start attacking the umpire when it comes to these important issues that can have literally life or death implications for our constituents.

What you will find in this most recent Congressional Budget Office report is that the most recent House Republican plan is even worse than the original plan, which also was the subject of a Congressional Budget Office report. What this CBO report tells us is that, like the earlier version, this so-called health bill is really a massive transfer of wealth from working-class and middle-income Americans to the top 1 percent of the wealthiest in our country and some very powerful special interests. Its title would much more fittingly be “wealthcare,” not healthcare.

Let’s take a look at some of the findings that are in this report that can be found online. I turn to page 4 of the re-

port, where the Congressional Budget Office reaches the conclusion that if we adopt this House proposal, if the Senate votes for the House Republican bill, there will be 23 million fewer of our fellow Americans who will have access to affordable healthcare when it is phased in than today. So if we were to adopt this, if this becomes law, we are saying to 23 million of our fellow Americans: Sorry, we are going to take away your access to affordable healthcare. It is right there on page 4. That is because what this so-called healthcare bill does is take away some of the supports that provide access to affordable healthcare. It reduces for millions of Americans the tax credits they use for their premiums in the Affordable Care Act exchanges.

As you will find on page 3 of this report, it also cuts Medicaid by \$834 billion. Now some people will say: Hey, no problem; that is just going to be sent to the States, and States are going to have more flexibility.

The Congressional Budget Office is very clear that when you are talking about Medicaid cuts of this impact, one of two things happen: Either a lot fewer people get access to affordable healthcare or States have to raise taxes on the people in their States to ensure continued access. But this notion that somehow there are all these extra funds floating around and that greater flexibility will allow fewer dollars to go further with no negative impact is a fairytale.

In fact, Medicaid already has lots of provisions for flexibility. They have a whole suite of waiver provisions. Our State of Maryland exercised lots of waivers under the Medicaid program to allow it to be creative and flexible.

This \$834 billion cut we found out about yesterday with the President’s budget is just the first round of cuts. They are proposing another almost \$610 billion cut to Medicaid. Total cuts are \$1.4 trillion to Medicaid.

I would remind my colleagues that in addition to helping working-class Americans get access to healthcare, two-thirds of Medicaid money goes to help seniors in nursing homes, and 60 percent of seniors in nursing homes use Medicaid to help pay the bills. Two-thirds of it goes to those seniors and people with disabilities.

The Congressional Budget Office is telling us that this TrumpCare 2.0, this latest version of the Republican healthcare bill, is going to result in 23 million fewer of our fellow Americans having access to healthcare. It is going to cut Medicaid, and this is just the first round, by \$834 billion.

Why do this? Who is benefiting from this? Well, let’s look at the very first page of the Congressional Budget Office report. It reduces revenues by \$992 billion. There are cuts to Medicaid by \$834 billion, and it reduces revenues coming in by \$992 billion, essentially transferring revenues that are going to help tens of millions of our fellow Americans get access to healthcare and

transferring that to tax breaks. Those tax breaks go overwhelmingly to the very wealthiest Americans—to the top 1 percent, in fact.

One of the things we did when we put together the Affordable Care Act to help pay for it was—we said: You know what, we think wealthier households should have to pay a small fee on their unearned income to be devoted to the Medicare trust fund.

Everyone in the country knows when they get that pay stub, it tells them how much is taken out for Medicare—3.4 percent. We said: Look, that should not just apply to earned income from hard-working people. If you're in the top 1 percent, if you are a higher income earner, you should also be contributing some of your capital gains revenue to help strengthen Medicare. That is what we did.

Yet this bill provides all those households with a tax cut. In fact, for millionaires, the average annual tax cut as a result of this bill will be \$50,000—a \$50,000 tax cut to millionaires while cutting access to affordable care for 23 million of our fellow Americans.

Why all these tax cuts are in something masquerading as a healthcare bill, I don't know, but we now know certainly who benefits the most from this legislation. Beyond those top 1 percent income earners, you also have insurance companies and the pharmaceutical industry. They get some tax breaks, as well, under this legislation.

Finally, I said at the outset that this TrumpCare 2.0, the most recent Republican healthcare bill, is worse than the original one. The original one was rotten to the core. The original one had most of the provisions I am talking about. So what got added that makes this one even worse? To find that, people should look at page 5 of this report and see what happens to people in States that decide to get rid of the patient protection provisions in the Affordable Care Act.

We have heard a lot of talk about how that House bill isn't really going to hurt people with preexisting conditions like diabetes and asthma. We have heard all that, but here's what the Congressional Budget Office report says. This is what the referee, the umpire, has to say about that with respect to those States. It says: "Community rated premiums would rise over time, and people who are less healthy," and then they state "including those with preexisting conditions or newly acquired medical conditions," right? So people who have had any kind of preexisting condition or prior health condition that an insurance company will argue makes them a much greater risk—people who are less healthy and those with preexisting conditions "would ultimately be unable to purchase comprehensive nongroup health insurance at premiums comparable to those under current law, if they could purchase it at all." They go on to say "despite the additional funding that would be available under H.R. 1628."

That is the House bill. Despite that additional funding to help reduce premiums, they go on, and I hope our colleagues will pay attention to this conclusion: "As a result, the nongroup markets in those states would become unstable for people with higher-than-average expected health care costs." Translation: People with preexisting conditions, people who, because they had diabetes or asthma as a child or they have a congenital disease—any preexisting condition will make it much harder for them to afford any kind of coverage at all, and ultimately the nongroup markets in those States will become unstable for those people. That is why this TrumpCare 2.0, this House healthcare bill, this Republican bill, took a really rotten bill and actually made it worse.

It is not enough, colleagues, for people to make a few cosmetic changes to this, to put couple of bandaids on it in the Senate, and say "Hey, we made this thing better" because this is rotten to its core.

If people really want to address healthcare reform, let's work together to improve the exchanges. There are commonsense things we can do to improve the exchanges, but you don't improve the exchanges by cutting Medicaid by \$834 billion. That has nothing to do with the exchanges. You don't improve the exchanges by giving a windfall tax credit to the wealthiest Americans. That has nothing to do with healthcare.

TrumpCare 2.0, this Republican healthcare bill, is rotten to the core. Let's throw it out, and let's focus on the question of fixing the exchanges. If people want to do that, we can actually get something done. But let's not pretend we are doing healthcare when really what the goal so far has been is "wealthcare."

Thank you.

The PRESIDING OFFICER. The majority leader.

UNANIMOUS CONSENT AGREEMENT—S. RES. 176

Mr. McCONNELL. Mr. President, I ask unanimous consent that following leader remarks on Monday, June 5, the Senate proceed to the consideration of Calendar No. 107, S. Res. 176, with the time until 5:30 p.m. equally divided in the usual form; further, that at 5:30 p.m., the Senate vote on the resolution with no amendments or motions in order to the resolution or the preamble; finally, that if the resolution is agreed to, the preamble be agreed to and the motions to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. McCONNELL. Mr. President, I ask unanimous consent that the Sen-

ate proceed to executive session for the consideration of Executive Calendar Nos. 66 through 93 and all nominations placed on the Secretary's desk in the Air Force, Army, Marine Corps, and Navy; that the nominations be confirmed; that the motions to reconsider be considered made and laid upon the table with no intervening action or debate; that no further motions be in order; that any statements related to the nominations be printed in the RECORD; and that the President be immediately notified of the Senate's action.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The nominations considered and confirmed are as follows:

IN THE AIR FORCE

The following named officer for appointment in the United States Air Force to the grade indicated under title 10, U.S.C., section 624:

To be major general

Brig. Gen. Sean L. Murphy

IN THE NAVY

The following named officers for appointment in the United States Navy to the grade indicated under title 10, U.S.C., section 624:

To be rear admiral (lower half)

Capt. John A. Okon

Capt. Michael W. Studeman

The following named officers for appointment in the United States Navy to the grade indicated under title 10, U.S.C., section 624:

To be rear admiral (lower half)

Capt. Edward L. Anderson

Capt. Stuart P. Baker

Capt. Michael D. Bernacchi, Jr.

Capt. Frank M. Bradley

Capt. Daniel L. Cheever

Capt. Yvette M. Davids

Capt. Brian P. Fort

Capt. Peter A. Garvin

Capt. William J. Houston

Capt. Sara A. Joyner

Capt. Frederick W. Kacher

Capt. Timothy C. Kuehhas

Capt. Carl A. Lahti

Capt. Andrew J. Loiselle

Capt. Douglas G. Perry

Capt. Fred I. Pyle

Capt. Erik M. Ross

Capt. Paul J. Schlise

Capt. James P. Waters, III

IN THE AIR FORCE

The following named officer for appointment in the United States Air Force to the grade indicated while assigned to a position of importance and responsibility under title 10, U.S.C., section 601:

To be lieutenant general

Maj. Gen. Bradford J. Shwedo

The following named officer for appointment in the United States Air Force to the grade indicated while assigned to a position of importance and responsibility under title 10, U.S.C., section 601:

To be lieutenant general

Maj. Gen. Giovanni K. Tuck

IN THE ARMY

The following named officer for appointment as the Vice Chief of Staff of the Army and appointment in the United States Army to the grade indicated while assigned to a position of importance and responsibility under title 10, U.S.C., sections 601 and 3034:

To be general

Lt. Gen. James C. McConville