

so they have more flexibility to provide more Americans with the kind of affordable insurance options they actually want.

We agree on the need to stabilize the insurance markets that are collapsing under ObamaCare as well, and policies contained in the discussion draft will implement stabilization policies, so we can bring financial certainty to insurance markets and hope to Americans who face the possibility of limited or zero options next year under ObamaCare and ultimately transition away from ObamaCare's collapsing system entirely, so more Americans will not be hurt.

We also agree on the need to strengthen Medicaid, preserve access to care for patients with preexisting conditions, and allow children to stay on their parents' health insurance through the age of 26.

I am pleased we were able to arrive at a draft that incorporates input from so many different Members, who represent so many different constituents who are facing so many different challenges.

The draft containing the solutions I mentioned, along with many others, is posted online, and I encourage everyone to carefully review it. There will be ample time to analyze, discuss, and provide thoughts before legislation comes to the floor. I hope every Senator takes that opportunity.

Next week we expect the Congressional Budget Office to release a score. After that, we will proceed with a robust debate and an open amendment process on the Senate floor—a process I would encourage each of our 100 Senators to participate in.

When legislation does come to the floor, it will present Senate Democrats with another opportunity to do what is right for the American people. They can choose to keep standing by as their failing law continues to collapse and hurt more Americans, but I hope they will join us, instead, to bring relief to the families who have struggled under ObamaCare for far too long. Either way—either way, it is time to act because ObamaCare is a direct attack on the middle class, and American families deserve better than its failing status quo. They deserve better care, and that is just what we are going to continue to work to bring.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will proceed to executive session to resume consideration of the Billingslea nomination, which the clerk will report.

The legislative clerk read the nomination of Marshall Billingslea, of Virginia, to be Assistant Secretary for Terrorist Financing, Department of the Treasury.

RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The Democratic leader is recognized.

HEALTHCARE LEGISLATION

Mr. SCHUMER. Mr. President, we are beginning to receive the first bits of information about the Senate Republican healthcare bill, which has until now been shrouded in absolute secrecy.

I can see why. Even as we continue to get more details, the broad outlines are clear. This is a bill designed to strip away healthcare benefits and protections from Americans who need it most in order to give a tax break to the folks who need it least.

This is a bill that would end Medicaid as we know it, rolling back Medicaid expansion, cutting Federal support for the program even more than the House bill, which cut Medicaid by \$800 billion.

Let me remind everyone in this Chamber, Medicaid is not just a health insurance program for Americans struggling in poverty, though that is an important and necessary part of it. Medicaid is increasingly a middle-class program. Medicaid is how many Americans are able to access opioid abuse treatment, Medicaid foots the bill for two-thirds of all Americans living in nursing homes, and Medicaid provides the cushion, particularly in rural areas, so hospitals can survive and give topnotch healthcare to all of us.

From what is reported, in just 3 short years under the Senate bill, Republicans will take millions off their Medicaid coverage, and then, starting in 2025, the plan will institute even more Medicaid cuts, and each year those cuts get deeper than the year before. Within 10 years of this new funding system, the cuts to Medicaid could total hundreds of billions of dollars above the more than \$800 billion the House bill already cuts from the program.

Every senior in America should read the fine print of this bill. It looks as if American seniors could be paying way more. Why do this? Looking at the bill, the answer is, because the Republicans want to give a tax break to the wealthiest Americans—those making over \$200,000 a year—and set themselves up to give these folks another, even larger tax cut in their tax bill.

Even though much of the early reporting says that the bill will keep certain protections for Americans with

preexisting conditions, the truth is, it may well not guarantee them the coverage they need by allowing States to waive essential health benefits. What the bill is saying to those Americans is that insurance still has to cover you, but it doesn't have to cover what you may actually need. It doesn't have to cover all or even most of your costs.

If you need treatment for opioid addiction, your plan may no longer cover it. If you are pregnant and need maternity care, your plan may have decided that is too expensive. The coverage that Americans with preexisting conditions actually need may well become either unaffordable or even nonexistent under this bill.

Simply put, this bill will result—

Mr. CORNYN. Mr. President, will the Democratic leader yield for a question?

Mr. SCHUMER. Not right now—at the end of my remarks.

Simply put, this bill will result in higher costs, less care, and millions of Americans will lose their health insurance, particularly through Medicaid. It is every bit as bad as the House bill. In some ways, it is even worse.

The President said the Senate bill needed heart. The way this bill cuts healthcare is heartless. The President said the House bill was mean. The Senate bill may be meaner.

The Senate Republican healthcare bill is a wolf in sheep's clothing, but this wolf has even sharper teeth than the House bill.

It is clear that Republicans know that cutting Medicaid will hurt so many people in the middle class, so many in my home State of New York. Republicans know that people want essential health benefits, so they have created a disguise by saying that these changes will not occur for a year. But, in reality, the Senate Republican bill is a wolf in sheep's clothing, only this wolf has even sharper teeth than the House bill.

We are potentially voting on it in a week—with no committee hearings, no amendments in committee, no debate on the floor, save for 10 measly hours, on one of the most important bills we are dealing with in decades. That brings shame on this body. We won't even know the full cost or consequence of the bill until CBO scores it, and that could take a few days more.

How can my friend the majority leader expect this body to fairly consider this legislation, prepare amendments, and debate it in 1 week with only 10 hours of debate? How can he expect his own Members to do the same? Many of them on the Republican side are learning the details of the bill the same way we Democrats are: They are reading it today.

Now, listen to what the majority leader had to say in 2009 when we were debating healthcare—his words:

This is a very important issue. . . . We shouldn't try to do it in the dark. And whatever final bill is produced should be available to the American public and to Members of the Senate, certainly, for enough time to

come to grips with it. . . . And we are going to insist—and the American people are going to insist—that it be done in a transparent, fair, and open way.

Is 5 or 6 days enough time for the American people and the Members of the Senate to come to grips with a bill that affects one-sixth of the economy and the lives of every American in this country? I don't think so, neither do the American people and neither do a whole bunch of Republican Senators.

Senator CASSIDY: Would I have preferred a more open process? The answer is yes.

Senator COLLINS: I don't think it gives enough time to thoroughly analyze the bill, but we will see when it comes out.

Member after Member—RAND PAUL, LINDSEY GRAHAM, JERRY MORAN, MARCO RUBIO, BOB CORKER—has repeatedly said that this process—in their words and now in mine—is unfair, it is truncated, and it is rushed.

For my dear friend the majority leader to say we are going to have an open amendment process is turning truth upside down. I would ask our leader, rhetorically, because I know the answer: Can we allow at least 1 hour on each amendment, not 2 minutes? Will we have more time than 10 hours to debate the bill? I hope so. But, if not, please don't call this an open and fair process. If you want to rush it through, admit the consequences.

The debate over healthcare has been fierce. We know that Republicans and Democrats had differences when we debated the Affordable Care Act. At least we had a debate. At least we had committee hearings and a process. More broadly than that, at least we Democrats were trying to pass a healthcare bill that helped more Americans afford insurance and tried to bring costs down and end some of the most egregious practices of the healthcare industry.

What is this bill—TrumpCare—trying to achieve? It seems designed to slash support for healthcare programs in order to give tax breaks to the very wealthy.

When the CBO score comes out, I believe it will verify that millions of Americans in this great country will be unable to afford insurance or the insurance they can afford won't cover the services they need.

Somewhere in America there is a family who takes a trip each Friday to visit grandma or grandpa at a nursing home, who sacrificed all of their savings to pay for their healthcare until they had no more savings and now rely on Medicaid to help pay the cost of long-term care in a nursing home.

Somewhere in America there is a father who is eaten up inside watching his son struggle with opioid addiction, who knows in his heart that his son will be able to go on and live a healthy and fulfilling life if he could only afford treatment to get him out from under this devastating addiction.

Somewhere in America there is a parent whose child has cancer, a mother

and father who stay up late at night worried that their insurance will either not be available or run out when the family needs it most.

In the America that my Republican friends envision with this healthcare bill, those Americans, and many more besides, might not get the coverage and care they need.

We live in the wealthiest country on Earth. Surely, surely, we can do better than what the Republican healthcare bill promises.

UNANIMOUS CONSENT REQUESTS—H.R. 1628

Now I have a unanimous consent request. I am going to have to delay my friend from asking questions until we finish our unanimous consent requests.

I ask unanimous consent that any substitute or perfecting amendment offered to Calendar No. 120, H.R. 1628, not be in order if the text of the amendment has not been filed at the desk and made available on a public website for at least 72 hours, along with an analysis by the Congressional Budget Office of the bill's budgetary, coverage, and cost implications.

The ACTING PRESIDENT pro tempore. Is there objection?

Mr. McCONNELL. Mr. President, reserving the right to object, my colleague Senator CORNYN was going to ask a question, which I will answer, which was that the minority leader is referring to a bill that he hasn't seen a copy of because it hasn't yet been released. So the speech we just heard was about a bill that he hasn't seen.

With regard to his unanimous consent request, I object.

The ACTING PRESIDENT pro tempore. Objection is heard.

Mr. SCHUMER. Mr. President, leader time.

The ACTING PRESIDENT pro tempore. The Senator has the floor.

Mr. SCHUMER. Mr. President, 142 pages thus far of this supposed bill have been printed online, and that is what I have used.

The ACTING PRESIDENT pro tempore. The minority whip.

Mr. DURBIN. Mr. President, several weeks ago the House of Representatives passed a bill to repeal the Affordable Care Act and to replace it. It was passed without hearings. It was passed without an amendment process, and it was passed before the Congressional Budget Office provided the traditional analysis that we count on before we take up a measure of such magnitude.

The measure passed with a party-line vote—all Republicans. Had two Republicans voted the other way, it would not have moved forward.

After it passed, the President of the United States decided to have a celebration at the White House. We saw him on television, gathering the Republican Members of the House of Representatives and celebrating the fact that this measure had passed and that, finally, they were going to repeal the Affordable Care Act.

But then the American people took a close look and the Congressional Budg-

et Office issued its analysis, and it turns out that 23 million Americans would lose their health insurance because of this Republican measure that passed the House of Representatives.

It turns out as well that there would be a dramatic increase in health insurance premiums for people between the ages of 50 and 64.

It turns out that in my State and many other States hospitals were in danger. The Illinois Health and Hospital Association says they would lose 60,000 jobs in Illinois with the dramatic cutbacks in Medicaid, endangering hospitals in rural areas and inner-city areas.

The facts started coming out about this repeal bill passed by the House of Representatives, and the President of the United States had a change of heart and announced to the American people that it was a mean bill—a mean bill. The President was right. It was mean legislation—mean to the millions who lost their healthcare, mean to seniors who would find their premiums going up dramatically, and mean to the people living in rural areas and small towns who count on those hospitals.

The President was right. It was mean.

Then, the responsibility shifts to the Senate. The majority leader, Senator McCONNELL, and his Republican followers had a chance to do a bill that was not mean. They had a chance to sit down on a bipartisan basis and to have the same process we used to create the Affordable Care Act.

That would have involved public hearings. We had 50 public hearings on the Affordable Care Act. It would have involved a real amendment process. The Affordable Care Act had 300 amendments. How many were offered by the Republicans? There were over 150 offered and adopted in a bipartisan process when we passed the Affordable Care Act. The American people got a good look at the bill. The Congressional Budget Office issued their analysis before we voted on it. We passed it, and I am glad we did, and I am proud of that vote.

But what happened in the Senate when it came to the Republicans? They went into secrecy. Thirteen chosen Republican Senators all sat in a room and wrote the alternative, or so we are told. They met in secret and never once had a public hearing, never once disclosed to the American people what was being debated, never once gave an opportunity for real bipartisan cooperation to strengthen our existing healthcare system—not at all.

So all we have at this moment is truly press accounts of what has been announced to the Republican Senate caucus, what they are going to get a chance to read and see. But it is enough to see that when it comes down to the basics, there is not much of a change between the House of Representatives' effort and the Senate effort.

You can put a lace collar on a pit bull, and it is still a mean dog.

What we have here with the Republicans in the Senate is an attempt to dust off the edges of the House bill and say: This is not as mean. I will tell you, at the end of the day, from the reports we have, this is still a mean dog, and one the people of the United States don't want to see happen.

There isn't a single medical advocacy group—not one in my State, and I don't know of any nationwide—that endorses what the Republicans in the House have accomplished with the passage of their bill, and this bill mirrors it, as well, and we can expect the same result.

So the only thing we can offer the American people is a chance to be part of the conversation on a bill that will literally change healthcare for millions of Americans. If they are going to be part of the conversation, there has to be a chance for amendment and debate, at least, and a chance for the American people to see what is in the Senate Republican measure.

So I ask unanimous consent that any substitute or perfecting amendment offered to Calendar No. 120, H.R. 1628, be subject to a point of order if the text of the amendment has not been filed at the desk and made available on a public website for at least 72 hours, along with an analysis by the Congressional Budget Office of the bill's budgetary, coverage, and cost implications; and that a motion to waive the point of order be in order, and if a motion to waive is made, an affirmative three-fifths vote of those duly chosen and sworn is required to waive the point of order.

The ACTING PRESIDENT pro tempore. Is there objection?

Mr. MCCONNELL. Mr. President, reserving the right to object, I want to thank my friend the assistant Democratic leader for confirming that the majority leader's remarks obviously were made on the basis of news accounts. The bill has only been posted online for the last 20 minutes.

Mr. SCHUMER. Would the majority leader yield?

I am the minority leader, at this point.

Mr. MCCONNELL. I will yield for a question.

Mr. SCHUMER. The question is, Does the majority leader know that a half hour before we came to the floor were 142 pages of the bill listed online? That is what we used in our report.

I would ask the majority leader a further question: If there is anything I said—anything I said—that is not going to be in the bill, could he clarify?

Mr. MCCONNELL. I object.

The ACTING PRESIDENT pro tempore. Objection is heard.

The Senator from Washington.

Mrs. MURRAY. Mr. President, what we are seeing here today is just the latest broken promise from President Trump and his Republican Party. After weeks of secret negotiations, backroom deals, shutting out patients, families, and Democrats and even many

Republicans from this process, Senate Republican leaders are now just days away from putting a bill on the floor that could not be more impactful or more devastating to families' bank accounts and their health. As even Republicans are pointing out, there has not been a single hearing, no robust debate, no opportunity for the people who will really suffer under this bill to see exactly how bad it would be.

This disastrous TrumpCare bill deserves full scrutiny under an open process, like the process that Democrats conducted when we passed the Affordable Care Act. We held hearings, we took amendments from both sides, and we certainly didn't leave the fate of women's healthcare up to a few Republican men.

Senate Republicans are right to be ashamed of this mean and heartless legislation. Just like the House TrumpCare bill, it will increase premiums, it will undermine protections for people with preexisting conditions, it will defund Planned Parenthood, and it will allow insurance companies—insurance companies—to charge women more. It is going to gut Medicaid. It will take away care for our seniors, pregnant women, people with disabilities, and it will take health insurance coverage away from millions of people across the country—and for what? To give another massive tax cut to the wealthy and well-connected.

I would be ashamed, too, if I had to defend a bill that is cruel. I can certainly understand why Republican leaders do not want to give people time to see what is in this bill and why they don't even want to give their own Members time to see how much their constituents hate it, but that is the bed Senate Republicans have now made. If they are going to try to pass this disastrous version of TrumpCare, at the very least they shouldn't get to jam it through without the public knowing good and well what they are up to.

Mr. President, I ask a parliamentary inquiry: Is the Chair able to confirm that the Committee on Health, Education, Labor, and Pensions considered S. 1679, the Affordable Health Choices Act, which was ultimately incorporated into the Patient Protection and Affordable Care Act, in executive session on 13 calendar days prior to reporting the bill favorably?

The ACTING PRESIDENT pro tempore. The Secretary of the Senate's Office through the Senate Library can confirm that.

Mrs. MURRAY. That is confirmed.

So I ask unanimous consent today that any substitute or perfecting amendment offered to Calendar No. 120, H.R. 1628, not be in order if the text of the amendment has not been the subject of a hearing, subject of executive session, during which amendments from both the majority and minority were considered and reported favorably by the Committee on Finance and the Committee on Health, Education, Labor, and Pensions.

The ACTING PRESIDENT pro tempore. Is there objection?

The majority whip.

Mr. CORNYN. Mr. President, reserving the right to object.

None of these Senators have read the bill.

I have the floor.

The bill is 142 pages long compared to the 2,700-page ObamaCare bill. They can read the bill; if they have objections to the provisions, we can debate them, but what they are talking about is a bill that does not exist, which they have not read.

I object.

The ACTING PRESIDENT pro tempore. Objection is heard.

The minority leader.

Mr. SCHUMER. Mr. President, would my dear colleague from Texas yield for a question?

The ACTING PRESIDENT pro tempore. The Senator from Texas does not have the floor. You have the floor.

Mr. SCHUMER. I would like to just then tell my friend from Texas: This is the bill. It was posted online a half hour before we came in. I would ask a page to come over and bring it to my dear friend and ask him if this is the bill which we have read.

Mr. CORNYN. Mr. President, all Senators have a copy of the discussion draft bill. It is a discussion draft which will be open to an amendment process, with unlimited amendments which can be offered by both sides, before which we will have a fulsome debate.

Our colleagues here are complaining about secrecy that doesn't exist. This bill is online. The American people can read it. You can read it. I would suggest that they do read it before they start criticizing it.

Mr. SCHUMER. I would ask my friend from Texas to yield for another question.

Mr. CORNYN. I will.

Mr. SCHUMER. Will we get more than 2 minutes to debate each amendment we ask for or will we be under the reconciliation process, where we have 10 hours of debate and then every amendment only gets 2 minutes? Does he consider that—2 minutes, if that is the case—a full and fair debate on each amendment?

Mr. CORNYN. Mr. President, I would say, in response to my friend from New York, the fact that we are having to conduct this under the reconciliation rules is a result of their refusal to participate in the process, thus necessitating Republicans doing this under budget reconciliation rules.

If they would do this in a true bipartisan way, where we can get 60 votes to get on the bill and open to an amendment process, we could have a better bill, but given the refusal of our Democratic colleagues to participate in the process, this is the only way we can come to the rescue of the people who are being hurt by the meltdown of ObamaCare today.

The ACTING PRESIDENT pro tempore. Just to clarify, did the Senator

from Texas object to the request of the Senator from Washington?

Mr. CORNYN. I do object.

The ACTING PRESIDENT pro tempore. Objection is heard.

The Senator from Washington.

Mrs. MURRAY. Mr. President, I heard the objection.

I just have to say, the exchange we just heard is exactly what we have been objecting to. We were told the bill would be online at 9:30 this morning. It was online at 11. I have a copy of it, but we are hearing from the other side now that this isn't the bill. This is a discussion draft. We aren't going to see the bill. We will not see the real bill, apparently, until next week, even though we were told we would see it this morning.

This has been the problem we have had since this discussion started. We started in January with a process which cut us out of this under reconciliation. Thirteen men in a private room wrote this "discussion draft," which is not a bill, that we are supposed to now look at and decide whether we like it—and the American public—a discussion draft, a bill even the other side doesn't know what we have. That is what we are objecting to.

We are asking that the American people—who have a right to know what is going to impact every one of their lives, every one of their families, every one of their communities, every one of their businesses—have more than a discussion draft, more than 10 hours of debate, time to look at it, and know how we are going to do an amendment process next week.

Mr. CORNYN. Mr. President, would the Senator yield for a question?

Mrs. MURRAY. I would be happy to.

Mr. CORNYN. Mr. President, I would ask the Senator from Washington if she is aware of the fact that under the budget reconciliation process, there will be an unlimited number of amendments that could be offered by either side to the bill which is ultimately filed?

Mrs. MURRAY. Oh, Mr. President, I am well aware of that; and I will remind our colleagues and everybody in this country what will happen: There will be 10 hours of debate, where we hopefully have more than a discussion draft that we will be allowed to offer amendments on, and there will be no debate on those amendments. No one will know what it is. It will be a chaotic process on this floor. The American public will not know. We will be able to tell them days later, after this gets undone.

That is not an amendment process. That is not what we went through when we passed the Affordable Care Act. The American public deserves better.

The ACTING PRESIDENT pro tempore. The minority leader.

Mr. SCHUMER. Mr. President, I would ask my colleague a question.

What would be wrong with 1 hour of debate on every amendment to this

bill? What is the objection to that, since the majority is proposing no debate on amendments, and then saying it is an open process? What is wrong with 1 hour of debate on every amendment offered to this bill?

The ACTING PRESIDENT pro tempore. The majority whip.

Mr. CORNYN. Mr. President, I would say, in response to my friend the minority leader, that it is as a result of their refusal to participate in the usual process of passing legislation through the regular order—

The ACTING PRESIDENT pro tempore. The Senate will be in order.

Mr. CORNYN.—that we have to resort to the budget reconciliation process which has a set of statutory provisions and rules.

There will be a fulsome debate. There has already been a debate on a bill you haven't read. I suggest you take the time to read it, and then we can talk about the details.

This bill—142 pages compared to 2,700 pages of ObamaCare—doesn't take that long to read. This is a start. This is not the finish. This is called the normal legislative process. I suggest colleagues, rather than criticize a bill they haven't read, they read it, and then let's have a credible debate.

The ACTING PRESIDENT pro tempore. The Democratic leader.

Mr. SCHUMER. Mr. President, I would ask my friend, the majority whip from Texas, a series of questions.

The ACTING PRESIDENT pro tempore. Is there objection?

Without objection, it is so ordered.

Mr. SCHUMER. What was the date that reconciliation was added to the budget resolution which said we don't need any Democratic votes? Was it May, was it April, was it March, or was it the very beginning of this session?

I would ask him another question. Where were the meetings held to discuss this bill, and were any Democrats invited?

I would ask him another question. Why did the majority leader not accept our offer to go into the Old Senate Chamber—100 Senators, no press, no anything else—and debate the bill?

How can my good friend—and he is a good friend; we are on the bikes in the morning together—my good friend from Texas say there was a bipartisan process when, at the outset—at the outset—our Republican colleagues said the only thing we will debate is repeal and then replace? There was no discussion of whether repeal was the right thing to do or the wrong thing to do. Now, overwhelmingly the American people prefer fixing ObamaCare—which we offered to do—than repeal and replace.

It is no wonder, I would say to my colleague as he answers these questions, that this bill is being brought in the dark of night. It is because my colleagues on the other side of the aisle are ashamed of the bill—because, believe you me, if they liked this bill, they would have brass bands down

every Main Street in America talking about it, but they are trying to sneak it through because mainly their goal is a tax cut for the rich.

I would ask my colleague to answer those three questions, and then he can respond to my rhetoric.

The ACTING PRESIDENT pro tempore. The majority whip.

Mr. CORNYN. Mr. President, I am really taken aback by the characterization of the minority leader here.

The minority has made it clear they don't want to participate in the process of rescuing the American people from the failures of ObamaCare.

The ACTING PRESIDENT pro tempore. The Senate will be in order.

Mr. CORNYN. It has been made clear to us that you don't want to participate in the process, and you are turning a blind eye to the millions of people being hurt today by outrageous premiums, deductibles they can't afford, and a loss of choices because insurance companies have pulled out of the individual market. Your response to them is: We don't care.

We care, and we are doing our best to deal with this.

This is like going by a car accident with somebody seriously injured, and rather than stopping and rendering aid, just driving on by. That is what our colleagues on the other side are doing. They are turning a blind eye, driving right on by a seriously injured person in a car accident. We are coming to the rescue of the millions of people who are being hurt by ObamaCare today.

We would love to have our Democratic friends join us and do something truly sustainable, but you have to remember, my friends, how this started: Democrats jammed ObamaCare through on a party-line vote and Republicans weren't able to participate in that process.

What we are trying to do is we are trying to save the people who are currently being hurt and whose healthcare has become unaffordable. If you would like to join us in this process, we would love to have you, but failing that, we are going to get it done, and you can just drive by the car wreck.

The ACTING PRESIDENT pro tempore. The minority leader.

Mr. SCHUMER. Mr. President, here is the correct analogy: Yes, there has been an accident. Yes, someone needs help. Someone who is not a doctor, not a physician, doesn't know how to help the patient—our Republicans friends go by the side of the road, but they don't know what to do.

So the Democrats come by. We are doctors. We say: We know how to fix this system. We know how to fix this patient, and the Republicans say: No, don't help with us. We will drive right by. Now the patient is ailing.

I would ask my colleagues, let's forget the past for the moment because we have a much better argument than you. We had hundreds of amendments offered by Republicans that became part of our bill. I doubt there will be a

single Democratic amendment that will be—we had hours of hearings, hours of debate. You didn't. So you may not have thought the process was perfect, but it was a lot more open than yours.

I have a proposal to my friend. Let us forget this draft bill. Let us right now, Democrats and Republicans, sit down and try to come up with a bipartisan bill. We are willing to do it today, now, this minute. Will you accept that offer?

The ACTING PRESIDENT pro tempore. The Senate will be in order.

Mr. CORNYN. Mr. President, if I thought that was a sincere offer, I would take it in a minute—in a New York minute, but it is not.

The ACTING PRESIDENT pro tempore. The Senate will be in order.

Mr. CORNYN. The fact is, insurance companies are having to go to the State regulators as we speak to get insurance rates approved for 2018. That is the urgency we are experiencing here.

Unless we act—and act in an expedited fashion—here, very soon, we will see millions of people have their insurance rates raised by another double digits. It has been 105 percent since 2013—105 percent. ObamaCare was sold under the premise that families of four would see a reduction of \$2,500. If you like your policy, you can keep your policy. If you like your doctor, you can keep your doctor. All of that is false. False. This is a failed experiment.

They may not be willing to help, but we will, and we will get it done and help the American people who are being hurt by the failure of ObamaCare today.

The ACTING PRESIDENT pro tempore. The Senator from Oregon.

Mr. WYDEN. Mr. President, I am struck by this conversation as the ranking Democrat on the Senate Finance Committee. My colleague and distinguished Senator from Texas is on the Finance Committee. He knows I know something about writing bipartisan healthcare reform bills. I have written them. They have become law. I could tell my colleague, I have not once—not once—been asked to be part of any bipartisan effort with respect to this legislation.

I think, colleagues, it is real clear what is going on here. Senate Republicans are going to keep telling Americans they are fixing their healthcare right up until the second it gets taken away.

Now, as the ranking member of the Finance Committee, I find it bizarre that a health bill of this importance was hidden for so long behind closed doors, denying the American people the opportunity to see it in an open debate.

There have been no hearings on this dangerous, destructive proposal, not one hearing on whether Medicaid should be slashed to pay for tax cuts for the fortunate few, not one hearing on whether the bedrock protections for those with preexisting conditions ought to be shattered, not one hearing on whether Americans should face

higher costs, along with annual and lifetime limits, on insurance coverage.

This secretive process of concealing and rushing this bill, which until today had been seen by nobody—nobody outside of the Republican leadership and their lobbyist allies who dwell on K Street—the secretive process stands in sharp contrast to the process that led to the Affordable Care Act.

I now put forward a parliamentary inquiry. Is the Chair able to confirm that the Committee on Finance considered S. 1796, the America's Healthy Future Act, which was ultimately incorporated into H.R. 3590, the Patient Protection and Affordable Care Act, in executive session on 8 separate calendar days prior to reporting the bill favorably?

The ACTING PRESIDENT pro tempore. The Secretary of the Senate's office, through the Senate Library, confirms that.

Mr. WYDEN. I have information that indicates that 135 amendments were considered in the committee and that of those, 14 amendments offered by Republican members of the committee or offered in a bipartisan manner were adopted during the consideration of S. 1796. Is the Chair able to confirm that?

The ACTING PRESIDENT pro tempore. The Secretary of the Senate's office, through the Senate Library, confirms that.

Mr. WYDEN. Therefore, Mr. President, I ask unanimous consent that no motion to proceed to Calendar No. 120, H.R. 1628, be in order until the bill has been the subject of executive session meetings in the Committee on Finance and the Committee on Health, Education, Labor, and Pensions, during which amendments from the majority and the minority received votes and the bill has been favorably reported from those committees.

The ACTING PRESIDENT pro tempore. Is there objection?

The majority whip.

Mr. CORNYN. Mr. President, reserving the right to object, our colleagues are coming here today and saying they want to participate in the process to fix what is broken in the Affordable Care Act. Yet I have in my hand a newspaper article about a letter that the Democratic leader and his colleagues sent saying they refused to participate in the process unless we drop all of our plans to repeal and replace ObamaCare. They refused to participate in the process.

I would point out that the failures of ObamaCare didn't just start today; it has been failing over 7 years. They did nothing—nothing—nothing to help the millions of people who are being hurt, who had to move from full-time work to part-time work because their employer didn't want to pay the employer penalty for not providing ObamaCare coverage. We know that many people have been hurt by it and not the least of whom are the people who are finding their premiums skyrocketing. They will do so again next year unless we

come to their rescue. They have seen their deductibles so high, they effectively have been denied the value of their insurance.

I had a conversation a couple of days ago—I won't name the Democratic Senator because it was done in confidence. The Senator confided to me that his own son had effectively seen his premiums go up so high that he had—it cost roughly \$12,500 out-of-pocket to deal with his deductible and to pay his premiums—\$12,500. That is not affordable to anybody, certainly in the middle class.

I object.

The ACTING PRESIDENT pro tempore. Objection is heard.

The Senator from Michigan.

Ms. STABENOW. Mr. President, I want to indicate before the distinguished majority whip leaves that what is being talked about here is like having a hole in the roof of your house. Instead of patching it, they want to burn down the house. What we are not willing to participate in is burning down the house. We are more than happy and, in fact, have proposals and are anxious to work with the majority to improve healthcare—not rip it apart, not take tens of millions of people's healthcare away, but improve it.

Before asking a question of the majority whip, I also want to indicate for all those listening that we have the bill. We can actually read pretty quickly, and it has been out. Even though it is considered a discussion draft—we don't know what it is at this point—we have it. We are analyzing it.

What our leader, the Democratic leader, indicated is what we have been able to read in this discussion draft, which is not only more of the same but is worse for seniors, those in nursing homes, and children in Michigan and across the country. That is what is in this, which we now have, whatever it is called.

I would ask the majority whip, instead of burning down the house at this point in terms of ripping apart the healthcare system, would you join with us in putting forward a bill that would allow Medicare to negotiate prescription drug prices for seniors, which my hospitals and insurance companies tell me are one of the driving forces that are raising the costs of healthcare? Would you be willing to work with us on a bill to lower prescription drug prices and allow Medicare to negotiate drug prices on behalf of America's seniors?

The ACTING PRESIDENT pro tempore. The majority whip.

Mr. CORNYN. Mr. President, I would say to the Senator from Michigan that we would be happy to work with you on high drug prices. That is a serious problem and one of the primary cost drivers of healthcare costs today. But this bill doesn't touch Medicare at all. We leave intact the healthcare for seniors, and it is not touched by this at all. When the time comes for us to deal with Medicare, I think that is a debate we should have and we would welcome.

The ACTING PRESIDENT pro tempore. The Senator from Michigan.

Ms. STABENOW. Mr. President, to the distinguished leader, I simply would say I am proposing that instead of this, which is essentially burning down the house in America in terms of healthcare, that you instead join with us in what you have admitted is one of the top drivers of healthcare costs in this country, which is what we want to tackle. We want to bring down the costs. We want to bring down the cost of prescription drugs, the out-of-pocket costs for everyone whose copays and premiums are too high. That is what we want to do. Taking away nursing home care, taking away the ability for a parent to take their child to the doctor or someone with cancer to get the treatment they need or a small business owner being blocked from getting healthcare because of a preexisting condition—we consider that burning down the house. We are opposed to that.

Frankly, we would love to have a ceremony and light this on fire and come back together and work together on the No. 1 driver, which is the cost of prescription drugs.

The ACTING PRESIDENT pro tempore. The majority whip.

Mr. CORNYN. Mr. President, maybe I misunderstood the question initially. I would suggest to the Senator from Michigan that it is the Democrats, under ObamaCare, who burned down the house because the individual market for healthcare has been decimated—decimated. And we are coming to the rescue of those millions of people who don't have employer-provided insurance. They don't get their coverage under Medicare or any other government program. They get it from the individual market. We are talking about individuals and small businesses. Right now people have almost no choices in many parts of the country, and for those who have choices, it is simply unaffordable.

It is an important conversation to have on drug prices and Medicare, and I am happy to do that. That would do nothing—zip, zero, nada—to help the people who are hurting now as a result of the failures of ObamaCare, and that is whom we are determined to help by passing this legislation after an open amendment process and fulsome debate.

The ACTING PRESIDENT pro tempore. The Senator from Michigan.

Ms. STABENOW. Mr. President, in conclusion, I wish to make one other comment, and that is, the people in Michigan who are purchasing on the private exchange—over half of whom are able to get a policy today for their families for less than \$100—I would say they would have a different perspective.

We need to fix those things that are not working, but for the 97 percent of the children in Michigan who can now see a doctor because of what has been done; for the hospitals that now see 50

percent fewer people walking into the emergency room without insurance, raising the costs for all policies; for the savings the State of Michigan is going to have in its budget next year of \$432 million in savings to taxpayers because they did the right thing by allowing children to go to a doctor instead of getting sick and going to the emergency room, I would suggest this is the wrong direction.

Mr. SCHUMER. Mr. President, I suggest the absence of a quorum.

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

The bill clerk proceeded to call the roll.

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

HEALTHCARE LEGISLATION

Mr. MARKEY. Mr. President, last week, President Trump reportedly told several of our Republican colleagues that the House-passed version of TrumpCare's healthcare repeal of the Affordable Care Act was mean. This week, White House Press Secretary Sean Spicer said that the President would like to see a healthcare bill from the Senate that "has heart in it." What did we get? We got a bill from my Senate Republican colleagues that is identical to and in some cases even worse than the disastrous House-passed American Health Care Act that would rip coverage away from 23 million Americans and gut Medicaid by more than \$800 billion.

Nothing changes the fact that this undemocratic, secretive process has resulted in legislation that is so mean-spirited, it would make the Wicked Witch of the West cringe. The Senate Republican bill will rip away economic security from young families, make grandma and grandpa pay more for health insurance simply because they are old, tear away coverage for opioid addiction patients desperate for treatment, and punish Americans with pre-existing conditions such as cancer, diabetes, and Alzheimer's. For once, I agree with President Trump. This bill is mean.

Let's take a closer look about what is really inside of the Senate GOP's proposal on healthcare. Let's start by looking at the lower quality coverage. First, this bill will roll back the clock to the days before the Affordable Care Act, when an insurance card did not guarantee comprehensive coverage.

Because of the Affordable Care Act, there are certain things an insurance plan just has to cover—things like emergency services, maternity care, prescription drugs, mental health services. There is security in knowing that if you pay your premiums, this sort of basic minimum coverage is in place when you need it. But Republicans want to rip that away. They want to give States and insurance companies the option to not cover these things.

This would make it so that a consumer could easily be faced with an unexpected medical bill for services they had assumed were covered with their healthcare plan.

Independent analysis from the Congressional Budget Office estimates that out-of-pocket costs for maternity care or mental health or substance abuse disorder services could increase by thousands of dollars in a given year under TrumpCare. That is not increasing quality, as President Trump promised; that is lower quality. And that just increases inequality between the healthy wealthy, who can pay out of pocket for their care, and providing lower quality coverage for everyone else. That is mean.

Second, an age tax. Since the Affordable Care Act became law, the uninsured rate for Americans ages 50 to 64 decreased by one-half. Those are the baby boomers, and it is estimated that more than 28 million of these baby boomers will develop Alzheimer's disease between now and the year 2050. This reduction in the uninsured rates came about because the Affordable Care Act expanded Medicaid and put protections in place to prevent insurers from charging exorbitant prices just because of age. But instead of caring for our family and friends as they age and ensuring they can afford quality coverage on what may be a dwindling income, TrumpCare punishes you for achieving your milestone 50th birthday.

Under the Republican healthcare proposal, insurance companies can charge older Americans five times more than younger Americans for the same coverage. That is unconscionable. It doesn't matter if you are a 50-year-old marathoner in the best shape of your life; you will still be paying at least five times more for your insurance than your 40-year-old neighbor who smokes. As a result, Americans over the age of 60 could see their premiums increase by an average of \$3,200 or 22 percent. That might not sound like a lot to some people, but for those with decreasing incomes and fewer job opportunities, it is the difference between being able to eat and being kicked out on the street.

To add insult to injury, the subsidies in TrumpCare to help individuals purchase insurance are far less generous than what is currently available under the Affordable Care Act. Because that will result in premiums that are higher, the tax credits will not keep pace to help pay for more expensive insurance, and, as a result, this age tax is going to be mean to those who are older in our country.

No. 3, Medicaid cuts. Medicaid is a lifeline for families across our country. More than 70 million Americans—nearly half of whom are children—depend upon it. But it is clear that with TrumpCare's cuts to the program, Republicans want Medicaid to flatline. For a program that covers more than one-fifth of the Nation's population, including the sickest, the oldest, and the

poorest amongst us, Medicaid is especially irreplaceable.

But Republicans harbor an ancient animosity toward Medicaid. Republicans say that we need to restructure Medicaid's financing to help control the program spending and make it more efficient. That is just another way of saying to America's most vulnerable that you are just not as important as those who donate to our campaigns.

Raiding the Medicaid coffers achieves two goals. First, it tears holes in a critical social safety net for more than 70 million low-income and working-class Americans. Second, it provides the GOP with an open checkbook to pay back their donors with huge tax breaks.

Republicans might want to refer to these changes as capping the Medicaid program, but don't be fooled. What capping really means is decapitating access to primary care, decapitating the ability of grandma and grandpa to secure a nursing home bed, and decapitating access to treatment for substance abuse and mental health conditions. Gutting the Medicaid program—that is mean.

Next, they are going to reduce access to care. This one is simple. Less insurance coverage equals less access to care. While it is possible to get a doctor's appointment and treatment without health insurance, it is usually at prices that are impossible to afford for a typical uninsured person. Most working Americans can't conceive of paying more than \$150 every time they want to visit a primary care doctor or footing the bill for a couple of thousand dollars in the event they need more specialized care. The best medicines and the most effective treatments are only as good as the insurance coverage people have to help them to access to it.

How will these 23 million Americans who lose insurance under TrumpCare get the care which they need? They will not get the care. Unfortunately, when patients do try to access care, it will be because their illness has progressed to the point where it can no longer be ignored. Instead of seeking care with a primary care doctor in a less expensive healthcare setting, most uninsured patients will end up going straight to the emergency room—the most expensive site for care. And the cost of that uninsured patient—well, that is just going to get absorbed by everyone else in our country, as our rates for treatment and insurance coverage increase to make up for this uncompensated care. So reduced access to care—that is mean.

Then we move on to higher premiums. Higher premiums are going to be the new rule in our country because that is going to be what happens if the Republicans are successful in repealing the Affordable Care Act. According to the nonpartisan Congressional Budget Office, TrumpCare would increase premiums by an average of 20 percent in 2018. In Massachusetts alone, premiums

for next year could increase by \$600, threatening coverage for more than 180,000 of my constituents with private insurance. Because of everything else in TrumpCare, even though you are paying more, you will be getting less. It is like paying for a Cadillac, but only getting a tricycle. This will only prevent Americans from securing access to the care and the treatment they need and they deserve. Less care for more cost—that is going to be mean. Premiums are going to go up for everyone.

Finally, it threatens all of those in America who have preexisting conditions. For so many Americans, allowing insurance companies to refuse coverage or charge more because of a preexisting condition is inhumane, and it is immoral. Anyone who tried to buy individual health insurance before the Affordable Care Act remembers this problem. Before the healthcare act passed, in most States, if you had a preexisting condition, you could either be denied coverage, charged a much higher premium, or forced to wait potentially for years before receiving treatment for the condition to be covered. For many people, this meant they either had to go without needed care or spend their entire savings. For those with the most serious conditions, it was the difference between life and death.

The anxiety of suffering from an illness was only exacerbated by financial insecurity. It was a cruel and unusual form of punishment. Sadly, the Republicans want to take us back to this era. Threatening preexisting conditions—that might be the meanest of them all because protections for families who have preexisting conditions is something that goes right to the heart of what the Affordable Care Act provided as a protection.

Why would millions of Americans have to suffer these cruelties, these indignities, these punishments? That is the most outrageous part of all of this. President Trump and the congressional Republicans are proposing this healthcare heartlessness, all so they can give tax breaks to the wealthiest in our country.

We heard it from President Trump himself last night when he talked about the people he hired for his Cabinet. "I just don't want a poor person," he said. But who does he want running the government and our economy? He wants the wealthiest people in America. He wants people who are billionaires to be making the decisions as to how we run our economy. President Trump has in place a goal of turning over to the richest people in our country the responsibility for putting together the plan to cut the programs for the poor and the working families in our country.

The Republicans and their wealthy planners have put together a very simple one-step program: The rich get richer, and the rest get sicker in the United States. Make no mistake, this

healthcare plan is of the rich, by the rich, and for the rich. It is giving billions in tax breaks to people who don't need or deserve them, paid for by people who can't handle or afford it. That is cruel, that is inhumane, that is immoral, that is just plain wrong, and my Democratic colleagues and I will not stand for it.

We are standing up to say no to ripping away coverage for millions of Americans. We are raising our voices to say no to increasing costs for middle-class families. We are saying here today that we are going to say no to this legislative malpractice. The health of the American public is too important for us to be so mean, so callous to the people we were elected to serve.

This Republican proposal has never been about policy. It has always been about politics, and it is time to stop playing political games with people's lives, with people's healthcare.

Healthcare is a right and not a privilege. That is the promise we made to the American people with the Affordable Care Act, and it is a promise we must keep.

The President is keeping his promise to the rich in our country. They have now written a healthcare plan for one-sixth of our economy that slashes \$800 billion that would be used for the poor, for the sick, for the working class, for senior citizens in nursing homes by \$800 billion in order to give an \$800 billion tax break to the wealthiest people in our country. That is wrong.

This is a critical moment in our country's history, and we, as Democrats, are going to battle every single day here on the Senate floor and across this country to make sure that every person understands what the consequences of this incredibly callous, mean bill will mean—lower quality coverage, an age tax on the elderly, Medicaid cuts that hurt families across our country, reduced access to care, threatening of the protections for preexisting conditions, and resulting in higher premiums for everyone. It will be a disgrace.

I yield the floor.

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

Mr. CARDIN. Madam President, first I want to thank Senator MARKEY for his comments. I share his concerns. I agree with what he has said about the risk factors of the bill that was announced this morning by the Republican leader and what it could do to millions of people around this country and what it will do to coverage for hundreds of thousands of people in my State of Maryland who will lose coverage and just about every Marylander whose healthcare will be impacted if this bill were to become law.

I want to start by saying that I think this is a shameful moment for the Senate—the Senate, whose traditions have made it be known as the most deliberative body in the world; the Senate, which has been known as a body that

allows for robust debate and benefits from the views of all 100 Members, where each of us has opportunities to get our voices heard. That tradition has been badly damaged by what the majority leader has done in bringing a bill that affects one-sixth of the economy of our country to the floor of the Senate without the deliberation by our committees and without transparency to the American people.

When I got to the Senate, I worked hard to get on the Senate Finance Committee. I did that because the jurisdiction of the Senate Finance Committee contains areas that I have devoted a good part of my public career to, including issues of taxation and issues concerning social programs in our State. But it also included healthcare, an area that I worked on when I was first in the Maryland State legislature. I wanted to be on the committee that had a role in developing the health policy of this Nation. I thought I could add to that debate with my experience, and I wanted to make sure that the people of Maryland had a voice as we developed healthcare policy in America.

That role is being denied by what the Republican leader is doing in bringing this bill to the floor without the benefit of hearings. Let me just repeat that. There has not been one hearing held on the legislation being brought forward by the majority leader. There hasn't been one committee markup of the bill.

Now, let me explain to the general public what a markup is. It is when the committees that have expertise on a bill—in this case, it would be the Senate Health, Education, Labor, and Pensions Committee and the Senate Finance Committee—have had a chance to bring the public in to get their views on the legislation, have had the committee staff go through it and explain all of the aspects to the members of the committee, with an opportunity for us to offer amendments to improve the bill, and then, ultimately, taking a vote on the recommendation to the full Senate. That is the regular order, but it is particularly the regular order on complex pieces of legislation.

I don't think there is a Member of this body who would say that this is not a complex field when we are dealing with healthcare—one-sixth of our economy. But the process that was used denied the people of Maryland and the people of this Nation the opportunity to have their voices heard through their elected representatives. It is a shameful moment.

Now, I know this has been done before on the floor, but I will just repeat it one more time. Compare this to how the Affordable Care Act was passed by the Senate. We had transparency, opportunities for the public to have input. We had hearings—many, many hearings that took place. My staff tells me there were 50 hearings or roundtable discussions or walk-throughs. We had 26 consecutive days of Senate de-

bate. There were hundreds of amendments offered by both Democrats and Republicans that were adopted on the bill before the bill reached the floor of the Senate. That all took place before we started the debate on the bill.

You cannot justify this process. This is an abuse by the majority, and it will affect the functioning of the Senate.

There are concerns about what this bill will do. The process is terrible. The impact on the Senate is terrible. But the real tragedy here is the impact, if this bill were to become law, it would have on healthcare in America.

So let me talk a little bit about my State of Maryland. It has been projected under this bill that those who will not have insurance coverage will go back basically to what it was prior to the passage of the Affordable Care Act; that is, a little over 400,000 Marylanders are at risk of losing basic health coverage. Now, it is going to affect everyone with insurance in Maryland, and I will get to that in a moment. But as many as 400,000 people are in jeopardy of losing their insurance because of what is done with regard to the alliances and the Medicaid Program itself. Many more will lose quality coverage.

Senator MARKEY talked about pre-existing conditions. You claim that there is protection for preexisting conditions, but it does not guarantee that the services will be provided because the States are given tremendous discretion as to what would be required as essential benefits within the healthcare plans. So if someone has a mental illness or someone has a drug addiction, is there a guaranteed coverage that that person would be able to get services? If that person has a pre-existing condition, it may very well not be covered because of the absence of essential health benefits.

Let me just give you another example of what could happen under this bill, and this is a real example on gender discrimination. Obstetrics coverage is critical for a childbearing woman. Now, if that becomes an optional coverage because of the State plans and discretion that it is given, obviously only those women who are planning to have children will take that coverage. Why would someone who doesn't need that coverage take the coverage? What are the consequences of allowing that type of choice? It is very clear.

Younger women are going to pay a lot more for their health insurance than they otherwise would. Is that fair? I think not. I think not. That is the consequence of the type of changes that are being made in the Affordable Care Act.

I was very instrumental in making sure that we had full coverage for pediatric dental. Why? Well, unfortunately, in my State in 2007—the year I first started in the Senate—we had a youngster, Deamonte Driver, who lived not far from here, who died because of an untreated tooth decay. It became abscessed and went into his brain. He had

to go through a couple of surgeries, and he lost his life. What was needed was \$80 of dental care. He couldn't get access to it because there was no coverage for it. He had no access to that care. He lost his life and, of course, the healthcare system had to pay a lot of money when it only needed to spend \$80 to keep him healthy.

Well, we took care of that and fixed that with the essential benefits now, including pediatric dental. Is that protected under the Republican bill? The answer is unclear—probably not. It is up to the States. It may be different in one State versus another. We don't have the protection.

Then we get to the affordability issue for Marylanders to be able to afford to have health insurance. Under this bill, there will be discrimination on those that are older. They are going to have to pay more for their health insurance. Is that right? No, it is not right. I heard the majority leader this morning give examples of how the Affordable Care Act is in danger, and he cited high premium increases. One of the States he quoted was the State of Maryland, and it was very misleading the way he did that. He was talking about the individual marketplace, and he was talking about one segment of that. What he didn't tell you is that CareFirst, the insurance company that is proposing that rate increase, indicated that at least half of that increase is the result of action taken by the Trump administration, because the Trump administration has not made it clear whether they will fund the cost-sharing provisions, which keep the costs down and affordable in the individual marketplace. That is a self-inflicted increase in premiums by the Trump administration.

There is a second issue that CareFirst mentioned, and that is the President's insistence on not enforcing the individual mandate, and, by the way, that is in the Republican bill. It means that younger, healthier people will choose not to have health insurance. Now, if they happen to ride a motorcycle and wrap themselves around a tree and get flown to the Shock Trauma Center in Baltimore and we are going to treat him, guess who is going to pay the bill? All of us are going to pay the bill through uncompensated care. It is going to raise my insurance policy and everybody's insurance policy. That person should have had insurance, but that person thought he or she didn't need that insurance. So they didn't take out the policy.

You find that those who will take out the insurance policies are the higher risks because they know they need the insurance. So those with high-risk issues will be in the pool raising the costs and that is why CareFirst has a higher ask, because they know it is less likely that healthier people will be in the pool than projected under the original Affordable Care Act. Why? Because of President Trump.

So when the leader says that the Affordable Care Act is falling apart, the

Affordable Care Act is strong, but it has been made vulnerable by the actions of the Trump administration, and the provisions in this bill will make it even weaker.

Now, 1.2 million Marylanders are in our Maryland Medical Assistance Program, or Medicaid Program. Many of these people are working families. Many of these people are our seniors who need long-term care and are in the Medicaid Program because it pays for their long-term care expenses. Many of these people are veterans or returning warriors who are under the Medicaid Program.

Under the Republican-released bill, they may make it a gentler slope before we get to the full impact of the Medicaid reductions, but the Medicaid reductions, if I understand correctly, are even more severe than under the House-passed bill.

Now, I could speak for Maryland. I know our legislature. Our legislature is going to try to do what is right, but they have limited resources in order to try to meet the needs that are out there. It is just not right to say that we are passing these problems on to the States when the States don't have the fiscal capacity to deal with them. Who gets hurt? The 1.2 million Marylanders who rely upon the Medicaid Program and all Marylanders who don't want to see what we call cost shifting, when someone who doesn't have health insurance ends up in our emergency room and doesn't pay the bill and everyone else pays those bills.

So why are we doing this? What is the reason we have gone through this pain? I have heard my colleagues talk about it, and it is absolutely true. The Republicans need to make room for the tax cut. They are pretty clear about it. Close to \$1 trillion in tax cuts is what they need to do. Who benefits from tax cuts? The wealthy, those who have access to healthcare. Who pays for the tax cuts? Those who are the most vulnerable in our community. That is just wrong.

My staff has put together a lot of individual letters that have been sent to us. I don't even need to go through them. I can tell the Presiding Officer just the experiences I have had walking on the streets to Baltimore or, quite frankly, walking anywhere, including here in Washington.

When people come up to me and say: Senator CARDIN, keep up the fight. Do you know what is going to happen if that healthcare bill becomes law? We have done some tests and we have certain genes, we are in a high-risk pool for cancer. We are not going to be able to get coverage if you let insurance companies go back to the practices they had before the passage of the Affordable Care Act.

People say that if they didn't have the insurance they now think they are going to lose, they would have to go through personal bankruptcy. That is not a hypothetical. Before the passage of the Affordable Care Act, unpaid

medical bills was the leading cause of bankruptcy. Are we going to go back to those days?

I talked to a parent who has a child with a disability—and to think what the cost of that child is going to be in the healthcare system. They don't possibly have the means to be able to afford that if they didn't have access to healthcare coverage without discrimination. You leave these discretions to how the insurance companies will respond with their businesses, they are going to figure out a way so a family who has a disabled child will not have adequate coverage. That is what is at risk. Senator MARKEY is right—healthcare should be a right, not a privilege, and we are moving in the wrong direction.

In Maryland, we have hospitals that are located throughout our State to meet the needs of the people of Maryland. We have hospitals that are located in areas where they have a lot of elderly and a lot of poor people, but because of the way we deal with our hospital reimbursements, we don't have cost shifting. We can have what is known as an all-payer rate, where whoever goes into the hospital, they pay the same rate so a hospital can locate in an inner city or poorer neighborhood. If you increase the cost sharing for people who don't have insurance, hospital facilities will not locate in those communities, adding to the costs of everyone's healthcare.

One of the great benefits, one of the great achievements of the Affordable Care Act, is that we now have facilities that are more conveniently located to people in this country, whether they live in a rural area or urban setting. Some are healthcare centers and some are health clinics, but they are more conveniently located because more people have third-party coverage and have insurance in order to pay those bills.

So I read with interest that certain segments of the advocacy community are going to be given certain concessions in this bill, and they think they are going to be OK. One is, I understand—and I am not sure what this term means, and maybe someone can explain it to me—medically complex children. These are children, I assume, who have special needs.

If I understand the bill correctly, there is going to be a carve-out in the Medicaid system so that these complex cases will be, at least for a period of time, reimbursed. Where are they going to get care?

Right now they are getting care, in many cases, in a school-based health clinic that is going to be closed under the Republican bill that is out here because it is not qualified to receive reimbursement. The expansion of our qualified health centers under the Affordable Care Act is going to be in deep jeopardy. I met with the CEOs of our qualified health centers where we have expanded to deal with pediatric care, dental care, and mental health. That is

in jeopardy of being contracted if you don't have the reimbursements from the people who live in that community that we have under the Medicaid expansion. That is in jeopardy. So don't believe you are protecting any vulnerable population when you don't provide the structure in which you can have reasonable reimbursements so that doctors, hospitals, and clinics can locate in communities and be treated fairly under our reimbursement structure.

I am deeply disappointed. I am deeply disappointed with what we have done to this great institution on this, such an important subject. I am deeply concerned, about the impact this is going to have on the people of Maryland and our Nation, and I will join my colleagues in doing everything I possibly can, during the limited opportunities we have only on the floor of the Senate, not in our committees—to do everything I can to protect the interests of the people of Maryland and our Nation so healthcare can be a right and not a privilege.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Ms. CANTWELL. Madam President, I thank my colleague from Maryland for articulating the issues in this discussion draft that has been released this morning.

As I hear him talk about these complex kids, how the cap is going to work, and when people are going to be affected, it reminds me of the book, "The Smartest Guys in the Room." Right? Basically, people cook up schemes they think other people can't understand or the broader public will not catch on to in the hopes they can pass something. That is exactly what is going on here, a hoax and a scheme that is not cost-effective for the American taxpayer and will literally cut people off of access to healthcare, and literally, if the House bill was mean, this is doubling down on mean.

So I thank my colleague from Maryland for articulating the complex kids issue because these are concepts. If this is a discussion draft, I would hope my colleagues would come to the floor and discuss it—discuss the concepts that are in this bill and debate them, but that is not what is happening. In fact, we know very little detail at this point in time because people are assessing the information and trying to read and assess in between the lines.

I can state what I know and have gleaned so far by the accounts, and that that is a continuation on the war on Medicaid. I say that because with regard to this war on Medicaid, we didn't know where the Senate would go in their proposal. We know what the House decided to do. The premise and structure of the House bill is to cut Medicaid by capping it and continually driving down the amount of Federal obligation to this program.

I will tell you, it is not even a smart idea. If you want to reform and deliver

better healthcare at a lower cost, there are many ways to do that and save dollars and give better patient care, but that is not what the House proposal is. It was a budget mechanism. I am not just saying that. I am talking to my healthcare providers at home, I am talking to university professors, people who know and understand healthcare and have studied it for a long time. What the House did and now the Senate is doubling down on is nothing but a budget mechanism to cut people off of healthcare—as my colleague said, the most vulnerable of our population.

It is a wrong-headed idea. It is not going to help us control costs. Medicaid reduces bankruptcy rates, helps people stay employed, and boosts our GDP. Why would we want a draconian idea like cutting Medicaid as the centerpiece of a budget proposal by our colleagues on the other side of the aisle? As people have said, because they want to take that revenue and give it away in tax breaks for the wealthy. I guarantee you that is not what we should be doing.

The access to Medicaid is so important. Our veterans access the healthcare system through Medicaid. Many of them receive care through the VA, but also they receive services through Medicaid. Veterans would be impacted and would lose care. Our children who are seen at hospitals, such as the Children's Hospital in Seattle, are Medicaid populations, and they would not have the resources to get access to care. Our institutions that are covering individuals at Medicaid rates would take a hit.

All the Senate proposal does is basically move that cap, but it is a steeper cap at a point in time that makes and exacerbates this problem of cutting people off of access to care. So if the House bill is mean, this is just doubling down on mean.

There is nothing about destructing this safety net that is so important to Americans that goes hand-in-hand with the philosophy about how to drive down costs to healthcare. If you think about it, if we came out here and had a discussion with 100 U.S. Senators and said a great way to drive down the cost of healthcare would be to cut people off of healthcare, most people would say that is not a smart idea because when people are cut off of healthcare, we know that uncompensated care exacerbates healthcare needs, challenges other parts of our system, and delivering care to them makes it more expensive. When we have had discussions and roundtables about the proposal that the House had put out, providers in my State told me point-blank, covering the Medicaid population has helped drive down and control the rate of insurance in the private markets. By saying we are going to cut Medicaid at a more drastic rate, we are going to just send a signal to the market that rates for the private insurers should go up.

I don't think that is what my constituents want. They want us to inno-

vate. They want us to drive quality care and managed care into parts of the United States where it doesn't exist. They want us to take care of our most vulnerable population, and they want to make sure we are not delivering that off people who are going into the emergency room 50 times in a year because they don't have insurance.

We know the Medicaid rate is critically important. Medicaid costs up to one-quarter less than private insurance. It is a way to deliver care. We know measures we put into the Affordable Care Act, such as moving people off of nursing home care to community-based care, has saved Medicaid dollars. More States should do it.

We know plans such as bundling up the individual market into larger programs so they can have clout like others who work for a larger employer has also driven down costs. So those are the things we should be accelerating, not this notion that we move forward as a country by cutting the most vulnerable off of healthcare.

I ask my colleagues to come out and discuss this concept, discuss this idea, how it will affect the healthcare providers in their States. I plan to do that with my State. I hope they will come out here and tell us why it is a smart strategy to cut people off from Medicaid. I know no State that has the money to make up for the Federal share of Medicaid that is going to be doubled down in this bill.

I do not want to see a war on Medicaid. What I want to see is innovation. What I want to see is that covering people with some level of insurance basically helps save everybody on their insurance bills as well. I hope my colleagues will take this discussion draft and be proud to come out here and discuss it, but we have heard very little of that thus far.

Let's look at the real numbers, and I guarantee that we will hear from Governors, we will hear from States, we will hear from providers, we will hear from businesses, and we will hear from people who do not think this is a good idea.

Already there are comments from the National Association of Area Agencies on Aging: "This strategy will also put . . . Medicaid [and] states [and consumers] on a fiscally precarious path."

We have heard from other people that the Medicaid cap is up to twice as bad for States, will cause problems, and also from children's healthcare groups: "Converting Medicaid into a per capita cap . . . would dismantle critical protections . . . to care for all enrollees."

These aren't just partisan comments. These are the facts. What my colleagues don't realize is that by taking a huge chunk out of Medicaid, you are taking a huge chunk out of the safety net so many Americans depend on. It will not help us lower costs. It will exacerbate an escalation of rates for everyone in the market.

I thank the Presiding Officer, and I yield the floor.

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

ORDER OF PROCEDURE

Mr. MCCONNELL. Mr. President, I ask unanimous consent that notwithstanding rule XXII, all postcloture time on the Billingslea nomination expire at 2 p.m. today and that if cloture is invoked on the Svinicki nomination, the postcloture time not expire until 5:30 p.m. on Monday, June 26.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from Iowa.

RUSSIA INVESTIGATION

Mr. GRASSLEY. Mr. President, in March, Mr. Comey briefed Ranking Member FEINSTEIN and this Senator on the Russia investigation. This included telling us who was and who was not under investigation.

After that meeting, I publicly called for Mr. Comey to tell the public what he had told us about whether President Trump was under investigation. I did this because the public had a right to know. Mr. Comey told me and other congressional leaders that the President was not under investigation. He even told the President himself, and I understand that he repeatedly told this to the President. But Mr. Comey didn't listen to my request for transparency. I think transparency in government is very important because transparency brings accountability, and government needs to be accountable. Mr. Comey didn't listen to the President's request. Only months later has the truth finally come out.

Well, it ought to raise the question with anybody: What happened in the meantime? What happened because Mr. Comey refused to tell the American people that the President wasn't under investigation? The short answer is something you see almost hourly, particularly in this city: media hysteria. Countless media articles falsely claimed the President was under investigation for colluding with Russia. Unfortunately, a number of our Democrat colleagues in the House and Senate played right along. Over and over again, the media published selective leaks. They published classified half-truths. All this was used to make false allegations of sinister conduct by the President. And, of course, there were a lot of people who believed it.

The intelligence community conducted an assessment of Russia's efforts to interfere in the election. That assessment said one of Russia's goals was to undermine public confidence in our democratic system.

Because Mr. Comey refused to tell the public that the FBI was not investigating the President, conspiracy theories and, of course, wild speculation have run rampant about the election, the President, and Russia. These conspiracy theories and wild speculation have played right into Russia's aim of undermining faith in our democratic system.

That doesn't come out very often in these stories, but we have to understand that Russia makes a career of not only undermining democratic systems in the United States, look at what they have done in Ukraine militarily, and look at what they have done in France with the elections and in the Netherlands with the elections. They are talking about upcoming elections in Germany, where the Russians will try to do the same thing because autocrats don't like democratic systems that work and whatever they can do to undermine those democratic systems is going to obviously make them look better in comparison.

Those national security concerns should have taken precedence. Mr. Comey said he was worried about a duty to correct the record if evidence of collusion involving the President came to light later on. But that concern was merely hypothetical—in other words, pure speculation. In the unlikely event that it came to pass, the public should know if the FBI is pursuing a criminal investigation against the President, just as the public should know if the FBI is pursuing a criminal investigation against a major party's nominee for President. But Mr. Comey agreed with Attorney General Lynch to shade the truth in favor of the Clinton campaign's rhetoric and call what was an investigation a "matter" instead of using the word "investigation." This came about because of an order by Attorney General Lynch.

After a year of the entire might of the U.S. intelligence community and the FBI looking for evidence of collusion with the Russians, where is that evidence? But after all of this chaos and mountains of innuendo about the President and collusion with Russia, the truth finally came out: The FBI was not investigating President Trump in the Russia probe. The media was wrong. The Democrats were wrong. The wild speculation and conspiracy theories ended up harming our country. They played right into Russia's hands.

How did we all learn the truth? In President Trump's letter removing Mr. Comey from office. At first, most didn't believe it. The media scoffed when they read what the President said in that letter. They insisted that Mr. Comey would never tell the President that he was not under investigation. We learned earlier this month from Mr. Comey himself that he had done exactly that. It wasn't a surprise to me because Mr. Comey had told me the same thing.

I have to note something else here. Mr. Comey didn't just tell the President, Senator FEINSTEIN, and me that the President was not under investigation. He had also told the Gang of 8. Of course, the Gang of 8 includes the Senate minority leader, Mr. SCHUMER. But even after Mr. Comey told the Gang of 8 that the President was not under investigation, the minority leader told the media that the President was under investigation, and, of course, that fur-

ther helped feed media hysteria. The minority leader even tried to say that the Senate shouldn't vote on the Supreme Court nomination because the President was under investigation, and the whole time, he knew it wasn't true.

Media hysteria and baseless political attacks filled the vacuum left by Mr. Comey's failure to inform the public—to be transparent, to be accountable.

The odd thing about it is none of this fiasco had to happen. If Mr. Comey had just been transparent with the public, as I urged him to be, it could have been avoided.

Unfortunately, now it looks as if Mr. Comey and the media might be doing the same thing to Attorney General Sessions.

Two weeks ago, Mr. Comey said he didn't tell the Attorney General about the conversation he supposedly had with the President about General Flynn. Mr. Comey said this was because he believed the Attorney General was going to recuse himself from the Russia investigation.

Mr. Comey said the FBI was aware of the facts that he couldn't discuss in an open setting that could have made the Attorney General's continued engagement problematic. Well, that vague statement sounds very mysterious to people who don't know the whole truth. They will wonder: What were those secret facts? What did the FBI conclude about those secret facts? Was the Attorney General under investigation? Did the Attorney General collude with Russia?

Once again, Mr. Comey is not being as transparent about senior government officials and the Russia investigation as he could or should be. Now the speculation is running rampant again, this time about the Attorney General instead of the President.

CNN reported that Mr. Comey told the Intelligence Committee behind closed doors that the issue was a possible additional meeting between Sessions and the Russian Ambassador. The media has begun to speculate all sorts of nefarious things. So here we go again. The rumor mill is back in business. It is insinuating improper ties with Russians and undermining people's faith in another senior government official, with the follow-up that it also undermines people's confidence in our institutions of government, and maybe even in our Constitution.

This is the same destructive pattern, and it plays right into the Russians' hands again. Well, this time around, we shouldn't put up with it. We ought to say enough is enough. There is no reason Mr. Comey couldn't have told the public the whole truth.

Once again, 3 months ago, Mr. Comey specifically told Members who was and who was not under investigation in the Russia probe. He should also tell the public whether the FBI ever had an open investigation on Attorney General Sessions. He should tell the public whether the FBI checked out the times Sessions met the Russian Ambassador.

He should tell the public whether the FBI looked into the Mayflower Hotel event that went on. He should tell the public if the FBI found nothing improper about these meetings. If there was nothing to it, he should say so publicly. He should not be telling Senators one thing behind closed doors and then making public insinuations that are different. He is the person who can nip this ridiculous speculation in the bud.

Mr. Comey should have told the public earlier what he told Members about the President, and now he should tell the public what he told Members about the Attorney General. Enough of this nonsense.

The investigations of Russian interference and of circumstances surrounding Mr. Comey's firing will continue. I am confident that we will eventually get all the facts, one way or another, and we are going to go where the facts take us. In the meantime, it is time to stop the rumor-mongering. It is time to stop the innuendoes and half-truths. It is time to stop leaking national security information to score political points. And it is time to stop playing into Russia's hands by intentionally sowing false doubt about your political opponents. Instead, it is quite obvious that it is time to get back to doing the people's business.

Mr. President, I ask unanimous consent to have printed in the RECORD a relevant supplemental article from the Washington Post.

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

[From the Washington Post, June 14, 2017]
THE SESSIONS HEARING SHOWS WHO'S REALLY COLLUDING WITH RUSSIA
(By Marc A. Thiessen)

According to the U.S. intelligence community, Russia's objectives in meddling in the 2016 election included not only hurting Hillary Clinton's chances but also undermining "public faith in the U.S. democratic process," "impugning the fairness of the election" and calling into question "the U.S.-led liberal democratic order." If the spectacle of the past few months is any indication, Russian leader Vladimir Putin is certainly succeeding in these latter goals.

And here is the great irony: Those who are falsely claiming that Trump was under FBI investigation for collusion with Moscow are, in fact, the ones inadvertently colluding with Putin to undermine American democracy.

Case in point is the campaign of McCarthyite character assassination on display in the Senate Intelligence Committee hearing Tuesday. No doubt Putin was smiling as Attorney General Jeff Sessions was forced to rebut what he correctly called "appalling and detestable" accusations that he colluded with the Russians and lied to the Senate. Sessions testified that the much-vaunted "third meeting" between Sessions and the Russian ambassador at the Mayflower Hotel—which Sessions reportedly failed to disclose—did not happen, at least not beyond possible incidental contact that he doesn't even recall.

There was a time when airing unproven allegations of coordinating with the Kremlin was seen as bad form. Now it is common practice in Washington. These kinds of false charges and innuendo directly assist Russia

in its efforts to undermine public confidence in our democratic institutions. Those raising such accusations without proof are, wittingly or unwittingly, doing the Kremlin's bidding.

For months, Democrats (a.k.a. "The Resistance") have been spinning the false narrative that President Trump was under FBI investigation to call into question the validity of his presidency. In March, Democrats used it as a pretext to argue that Trump did not have the legitimacy to fill a Supreme Court vacancy. Senate Democratic leader Charles E. Schumer (N.Y.) declared in a floor speech that the Senate should not vote on Neil Gorsuch's nomination because Republicans "stopped a president who wasn't under investigation" from filling the seat. Two days later, Sen. Elizabeth Warren (D-Mass.) said the same thing, declaring, "The FBI has revealed that the sitting president of the United States is under investigation. And it raises a really, I think, important question and that is whether or not a president who is under investigation by the FBI ought to be ramming through a Supreme Court nominee that would have a lifetime appointment."

The media gleefully echoed these false claims. The day before Comey testified, CNN blared: "In testimony, Comey will dispute President Trump's blanket claim that he was told he wasn't under investigation." In fact, Comey said precisely the opposite. When Sen. James Risch (R-Idaho) asked, "While you were director, the president of the United States was not under investigation. Is that a fair statement?" Comey replied: "That's correct." Even then, CNN was not willing to concede its error, declaring in a so-called "correction" that "Comey does not directly dispute that Trump was told multiple times he was not under investigation" (emphasis added).

No, Comey did not fail to "directly dispute" it, he directly confirmed it. The CNN story—and its non-correction correction—was "fake news."

Not only that, Comey also testified that Trump never tried to get him to stop the probe into Russia's election meddling, which Comey explained was a separate matter from the FBI's investigation of disgraced former national security adviser Michael Flynn. Not only did Trump not ask Comey to stop the probe, the former FBI director told Sen. Marco Rubio (R-Fla.), "He went farther than that. He said, and if some of my satellites did something wrong, it'd be good to find that out." Rubio pressed Comey, asking whether he was testifying that Trump effectively said, "Do the Russia investigation. I hope it all comes out. I have nothing to do with anything Russia. It'd be great if it all came out, people around me were doing things that were wrong." Comey replied, "That was the sentiment he was expressing. Yes, sir."

Given these facts, Trump has legitimate reason to be frustrated. If you knew you were not under investigation by the FBI, but everyone was saying you were, you'd want the truth to get out. And you might be upset with an FBI director who refused to lift the "cloud" hanging over your administration by confirming that he was not investigating you.

That said, Trump has been fueling the liberal feeding frenzy with his tweetstorms taking his critics to task. If Trump knows he did nothing wrong—and if he really wants to find out whether any of his "satellites" did—he should stop talking and tweeting about the investigation, let special counsel Robert S. Mueller III do his work and focus on his job: governing. His daughter Ivanka Trump was recently asked how she dealt with the media frenzy over Russia. She replied, "I'm trying to keep my head down, not listen to

the noise and just work really hard to make a positive impact in the lives of many people."

That's a good strategy—and one her father ought to emulate.

Mr. GRASSLEY. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

The Senator from Massachusetts.

HEALTHCARE LEGISLATION

Ms. WARREN. Mr. President, today we finally got a look at the monstrosity of a bill that the Republicans have been hiding behind closed doors for weeks. Yes, it is finally clear how the Republicans were spending their time, locked in those back rooms.

Now we know the truth. Senate Republicans weren't making the House bill better—no, not one bit. Instead, they were sitting around a conference room table, dreaming up even meaner ways to kick dirt in the face of American people and take away their health insurance.

Remember, the Senate Republicans worked for weeks on this new bill. They worked really, really hard on it. It is pretty clear now exactly who they were working for. This bill has one flashing neon sign after another telling us who the Republican Party cares about, and it is not American families.

The Senate bill is crammed full with just as many tax cuts as the House bill—tax cuts for millionaires and billionaires, tax cuts for wealthy investors, and tax cuts for giant companies. All those tax cuts don't come cheap. They start to add up after a while.

Senate Republicans had to make a choice—how to pay for all those juicy tax cuts for their rich buddies. I will tell you how: blood money.

Senate Republicans wrung some extra dollars out of kicking people off the tax credits that help them afford health insurance. They raked in extra cash by letting States drop even more protections and benefits, like maternity care or prescription drug coverage or mental health treatment.

Then they got to the real piggy bank, Medicaid, and here they just went wild. Senate Republicans went after Medicaid with even deeper cuts than the House version—the Medicaid expansion gone, ripped up, and flushed down the toilet. The rest of the Medicaid Program? For Senate Republicans, it wasn't enough that the House bill was going to toss grandparents out of nursing homes or slash funding for people with disabilities or pull the plug on healthcare for babies born too soon. Senate Republicans wanted to go bigger.

The Republican bill claims to protect kids with disabilities by leaving them out of the calculations that decide how

big the Medicaid cuts will be in each State. I don't know if the Republicans were expecting a round of applause for pitting kids with breathing tubes against vulnerable seniors or someone needing treatment for addiction, but I do know this so-called exemption will not do a thing to help these kids. The Republican cuts still slash hundreds of billions of dollars for Medicaid, leaving States with no choice—no choice but to cut services that kids with disabilities desperately need.

Medicaid is the program in this country that provides health insurance to 1 in 5 Americans, to 30 million kids, to nearly 2 out of every 3 people in a nursing home. These cuts are blood money. People will die. Let's be very clear: Senate Republicans are paying for tax cuts for the wealthy with American lives.

Think about what would happen if the Republican bill becomes law next week. Picture a woman in her eighties who lives at home. She is shaky on her feet. She needs help preparing her meals or taking a bath, but her only income is her Social Security check. Right now, Medicaid helps pay for home and community-based services so she can stay in her home, someone who comes by to help for a few hours a week. Because of that help, she gets to stay home, to live independently. The Republicans are determined to cut taxes for millionaires and billionaires, so their healthcare plan cuts Medicaid money that helps millions of seniors stay in their homes.

Without these services, this elderly woman can't live alone. Where does she turn? The usual answer would be a nursing home. Wait. Medicaid pays for most nursing home care in this country. The Republicans are determined to cut taxes for millionaires and billionaires, so they have cut Medicaid funding so much that there is no help for this woman at home and no nursing home bed for her either.

What does she do? She stays home without help. She can't climb the stairs anymore. Her world shrinks. Eventually, most likely, she falls and ends up in the hospital. The care is expensive, and she is miserable.

Finally, let's say the hospital gets her back on her feet, but there is nowhere for her to go when she is discharged. She heads back home to wait for the next fall, maybe the one that will be fatal.

In their determination to cut taxes for the rich, is this what Republicans have planned for frail seniors in our country? Wait until they are all used up and then leave them out at the curb for the next trash pickup?

It isn't just seniors who will be hit hard. How about a premature baby born with lung defects? His parents both have full-time jobs, but no matter how hard they work, no matter how many hours they put in, they will never be able to pay for the millions of dollars in surgeries, equipment, medicine, and therapy that their child

needs. Right now, Medicaid makes sure that kids with complex medical needs have coverage for feeding tubes and medication and surgery and physical therapy.

Senate Republicans were so determined to offer tax breaks for the rich that they have taken away this baby's Medicaid. What happens next? Maybe the parents try their best, but they can't pay. Maybe they try a Kickstarter campaign, but it is not going to bring in enough to cover the medical bills. They take out a second mortgage, and then they go bankrupt and lose their home.

Is that the Republican plan for this family—go live in a homeless shelter with your little baby, whose only crime was to be born 14 weeks early?

Senate Republicans can wave their hands and say that everyone will be fine, but it is time for the rest of us to take a long, hard look at exactly what would happen to the people who have to live with the Republicans' reckless cuts.

Senate Republicans know exactly what they are doing with this healthcare bill. Their values are on full display. If they want to trade the health insurance of millions of Americans for tax cuts for the rich, they better be ready for a fight because now that this shameful bill is out in the open, that is exactly what they are going to get.

I yield my time.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I ask unanimous consent to speak as in morning business.

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

Mr. CASEY. Mr. President, I rise to discuss, for just a couple of minutes this afternoon, the issue of healthcare and, in particular, the legislation that was unveiled today, what is referred to as a "discussion draft." It is legislative text, but it is not the final word on this issue. So we have to begin in earnest to engage in debate because we are going to be very limited in the time that we have.

I think the best way to describe this legislation can be very simple, actually, in terms of the impact on a lot of Americans. Unfortunately, I don't think this is really an effort to improve the healthcare system. I think it is a scheme. It is a scheme that sells out the middle class. It hurts seniors and children and devastates the protections and healthcare for individuals with disabilities over time, and all of that is done to finance tax breaks for the very rich. There are other ways, of course, to describe it, but I will focus mostly on Medicaid.

As it relates to Medicaid, this isn't a repeal and replace, or repeal and improve, or repeal and reform. This is repeal and decimate when it comes to Medicaid. The cuts may be stretched out, but they are, in fact, deeper over time.

So if you are one of the 1.1 million children in Pennsylvania who receives Medicaid or one of over 720,000 Pennsylvanians with a disability who benefits from Medicaid, your healthcare could be at risk. My test would be that if any of those individuals lose their Medicaid benefits, it is a bad bill. I would hope that would be the test for every Member of the Senate.

The other adverse consequence of this legislation is that it will cripple efforts to battle the opioid addiction in our country. We just had a great consensus at the end of last year where both parties came together on two pieces of legislation—one that dealt directly with the opioid epidemic, the so-called CARA bill, or the Comprehensive Addiction and Recovery Act. Then later in the year, there was another bill that provided some additional funding. All of that would be compromised, undermined, or degraded, at least, if this legislation went through because the biggest payer—certainly, in the top two, in terms of our paying for opioid treatment and services—is, of course, the Medicaid Program.

So what we have here before us is a bill that is a tax giveaway to the wealthiest. The top one-tenth of 1 percent would receive thousands and thousands, if not tens of thousands, of dollars. One estimate of the earlier version of the House bill said, if you were in the top one-tenth of 1 percent, you would get \$197,000 each. Those people don't need \$197,000 from a tax break from a so-called healthcare bill. They would, I think, expect that we would take care of the people that need healthcare: Vulnerable children. Some 40 percent of the children in America get Medicaid. Almost half the births in the country are paid for by Medicaid. People with disabilities are disproportionately dependent upon Medicaid, and they should have a right to expect—and their families should have a right to expect—that, if you have a disability, you should get Medicaid today, tomorrow, years from now, decades from now, and as long as you need it. You should have that guarantee. This bill takes away that guarantee for those families with a loved one with a disability.

One of the many stories that we get from back home are from parents. Many of them are writing because their child has a disability or multiple disabilities, and they are dependent upon Medicaid. Here is just one:

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

Most recently, Anthony was diagnosed with Autism spectrum disorder, Tourette's syndrome, severe obsessive compulsive disorder and Dyspraxia. He has suffered the most physically and mentally because of his Tourette's. It's severe and he is frequently unable to attend school due to his "tics." They are painful and debilitating. They make him unable to eat, breathe and see at

their worst. Far from what is commonly depicted in the movies and on TV.

Then, this father goes on to say:

Two years ago I was forced to quit my job of twenty years as a therapist to stay at home and care for Anthony because of the amount of doctors' appointments he has and the number of days of school he misses every year. Luckily with medical assistance—

That is the Pennsylvania version of Medicaid—

covering his services I am still able to do so. If we lost coverage, we would not be able to provide the support he needs. We are sure of that.

I truly realize that unless you are actually living this kind of life, it's easy to turn a blind eye. I can assure you that my story is much like thousands of others that DEPEND—

And he has that word "depend" in all capital letters—

on funds from medical assistance to cover doctors, medications, therapies and durable medical equipment that children with disabilities require. Families of children with disabilities are desperate to not lose those benefits.

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

That is otherwise known as Medicaid.

So that is the reality for a lot of families. Now, I can hear some folks in the Senate saying: Well, maybe Anthony will not be affected because the Medicaid provisions are going to be up to the States, and the States can handle that. We are just going to put a cap on the dollars, and we are going to wind down the Medicaid expansion that covered 11 million Americans at last count, and the States will handle it.

So we are sending back these challenges and the disproportionate burden that States will have to bear to make sure that Anthony—who has all those challenges in his life—has the coverage of Medicaid. The Federal Government will just wash its hands of that responsibility.

No, Medicaid is a guarantee now, based upon your eligibility. That guarantee should remain. We are a great country. We have the strongest economy and the strongest military in the world, and we have the Medicaid Program. We don't have to sacrifice those kids or sacrifice the healthcare for one child who depends on Medicaid. We don't have to sacrifice that child in order to have another part of our budget funded appropriately. That is an insult, and anyone who is going to choose to support legislation that would fund tax cuts for the wealthiest, while at the very same time and in the very same bill would result in others losing coverage—and I am not only talking about children with disabilities. I am talking about adults who have coverage—20 million people in the last couple of years. Any Member of the Senate who chooses tax cuts for the wealthy over those children and over those individuals, I think, should examine their conscience, to use an old expression, because this kind of policy

that results in the most vulnerable among us losing their healthcare coverage is obscene. There are a lot of other words we could use—words we can't use here—because that is the definition of an insult to our values and to our country.

We are a better country than what we will become if this Chamber votes in favor of a bill that will decimate Medicaid, the way this bill will. I realize it might take a long time. I realize it might be another Presidency or many Congresses from now, but the deed will be done here that will lead to that kind of misery. We have no sense of the misery that will be imposed upon those families because we have never had this before.

We had a program in place for 50 years, and it has helped a lot of kids with disabilities. It has helped a lot of families to be able to hold down a job while their child gets the benefit of Medicaid because of a disability. It has helped a lot of poor children rise up from poverty and overcome terrible poverty because when they were kids—when they were very, very young—they got early periodic screening diagnosis and testing—the kind of early intervention and good healthcare that children get on Medicaid.

A lot of seniors get into nursing homes. A lot of middle-class seniors from middle-class families get into nursing homes solely because they get the benefit of Medicaid, in addition to Medicare.

The last thing I would say is that I think Senators in this Chamber should think about the basic inequity when they have healthcare. Everyone here has healthcare. All the families here have healthcare. All of our loved ones who are dependent upon us have healthcare. Yet some will vote to take away healthcare from some, and, in the very same bill, vote for gross, obscene tax cuts for the wealthiest among us—most of whom, I would bet, don't want those tax cuts. They would rather see us take care of the vulnerable.

So it is a basic choice. This isn't complicated. This is a very simple choice. I hope that in the course of this debate, some will come forward with some courage, some guts, and some compassion and do the right thing and vote this bill down.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, last month, Republicans in the House of Representatives passed a healthcare bill. They call it the American Health Care Act. It has been widely described as cruel and poorly crafted. Last week, President Trump described it as "mean."

The House bill, by design, would take health coverage away from tens of millions of Americans. It ends the guarantee of affordable coverage for people with preexisting conditions. It cuts Medicaid, which is the principal program for ensuring children, people with

disabilities, and seniors in nursing homes. It cuts Medicaid by more than \$800 billion, and to compound that cruelty, the same legislation gives an enormous tax cut—over \$30 billion—to those at the top of the income scale.

We just heard this morning some of what is in the Senate bill, the Senate version of the American Health Care Act. In fact, not only does it not do what President Trump claims the Senate was working on—it doesn't address the mean aspect of it—but it actually makes it worse. In a State like New Hampshire, it provides for even deeper cuts to our expanded Medicaid Program, a bipartisan program that provides for treatment for substance use disorders for people dealing with the heroin and opioid epidemic. It would tax older Americans more than younger Americans for their health insurance and defund Planned Parenthood. There are all kinds of reasons. It would eliminate the requirement that people with preexisting conditions are able to have healthcare coverage. And all of this was done in secret behind closed doors.

My office has been deluged with messages from constituents who oppose the Republican leader's bill. This shows whom we have heard from in recent weeks. I have received more than 5,400 messages opposing the bill and 108 in support, so 5,461 are in opposition, and 108 are in support.

I am sure my colleagues on the other side of the aisle must be receiving similar volumes of mail and phone calls from their constituents, and they are hearing what I am hearing from my constituents: that if we go forward with this legislation that the House passed and that the Senate is considering, we are going to have people lose their access to healthcare and many people will have to pay more.

So I appeal to Republican leaders. I urge you to stop and reconsider what you are doing. I want you to listen to some of the people we have heard from in New Hampshire, everyday Americans whose lives would be devastated by this legislation.

Several months ago, I asked people across the State of New Hampshire to tell me their stories about the Affordable Care Act, to tell me their concerns, to let me know how it has made a difference for them.

Here we see one of the people I heard from. This is Deodonne Bhattarai and her son Bodhi. They live in Concord, NH. As you see, Bodhi is in a special chair. Deodonne writes:

Our three-year-old son is a bright, curious, funny little boy who also has Spinal Muscular Atrophy.

That is a degenerative neuromuscular disease that causes his muscles to be very weak.

Our insurance initially denied coverage for his wheelchair, but because of the Affordable Care Act—

The ban on discrimination against those with preexisting conditions—my son is now able to explore his world independently.

She goes on to say:

I have [read news reports about the Republican legislation], and I fear for our ability to maintain not just insurance coverage but the type of quality coverage my son's life depends upon.

Next we have a picture of the McCabe family. They are from Kingston, NH, and this is their story:

Our daughter, Ellie, was born with a rare and serious heart defect called Hypoplastic Left Heart Syndrome.

You can see Ellie there. She looks like a healthy, inquisitive little girl, and she is looking healthy because she underwent her first surgery when she was just 3 days old.

The McCabes go on to say:

It terrifies us to think about what would have happened to our family if Ellie hadn't been protected by the pre-existing conditions protections in place thanks to the Affordable Care Act. Without those protections, either we would be in serious debt for the rest of our lives or Ellie would not have had her life-saving surgeries.

Next, this is Dr. Marie Ramas. She serves at the Lamprey Health Care Center in Nashua, NH. That is a clinic I recently visited. She wrote to me:

I have a 24-year-old patient who was born with a congenital condition that did not allow his leg bones to grow completely. This patient was unable to afford proper care and had been walking with an old prosthetic for the last 3 years.

Imagine not being able to get your prosthetic replaced for 3 years.

Thanks to expanded Medicaid and to the ACA protections for those with pre-existing conditions, he's now getting quality care and can afford a new prosthetic.

So his life has been changed by the Affordable Care Act.

I have also heard stories from scores of entrepreneurs and small business owners who have benefited from the Affordable Care Act.

This is Steve Roll of Keene, NH, and he wrote:

In late 2015, I left my job to start my own business. I've built a profitable business and expect to hire employees within a year or two. Before the ACA, I wouldn't have taken the risk to start a business because I have a pre-existing condition and I wouldn't have been able to get an individual health insurance policy. If the ACA is repealed, I'm concerned that I'll need to put my business on hold in order to go back to a corporate job just to get the healthcare benefits.

Well, the healthcare legislation that has been produced by the Republican leadership in the Senate would take away the requirement that people with preexisting conditions have to have access to healthcare.

We have another businessperson here, Dave Lucier. He is the owner of Claremont Spice & Dry Goods in western New Hampshire. Dave wrote this:

Before the Affordable Care Act, insurance costs were more than a third of my business expenses. Now they're less than an eighth. The ACA made it possible for me to go out on my own and realize my dream of starting a small business here in Claremont.

And his business is doing well.

Many women have written to me about how the Affordable Care Act has

ended discrimination against them by the health insurance industry—discrimination because of their gender. In particular, they are grateful that the Affordable Care Act includes maternity care and contraception among the law's essential health benefits.

This is Maura Fay of Exeter, NH. I talked about her last night when I was talking about the impact of this Republican bill on women's health. Maura wrote:

My husband and I are self-employed. Before the ACA, we were paying rates that were simply unsustainable for a middle-class family like ours. When I was pregnant in 2013, we were forced to pay a maternity rider of an additional \$822 a month. I'm worried about the rollbacks in regulations around essential health benefits, especially since so many of them impact women. Maternity coverage shouldn't come with an additional \$800 a month price tag.

Here in Washington, some folks seem to think that repealing the Affordable Care Act is all about politics, that it is about winning this debate. But for ordinary people in New Hampshire—people like Maura, like the McCabe family, like all the people I have shown pictures of this afternoon—for ordinary people in New Hampshire and across America, repealing the Affordable Care Act isn't about politics. For so many of them, it is about life-and-death. It is about the kind of lives they are going to lead. It is about whether they are going to be able to continue to afford healthcare, whether they are going to continue to pay their mortgage and buy prescription drugs. We need to listen to these ordinary people in each of our States whose lives and financial situations will be turned upside down if the Affordable Care Act is repealed.

This process has really not been in keeping with our democratic process in America. For the Republican leadership here in the Senate and before that in the House to pursue a partisan approach to healthcare, to deny Democrats and even deny many of my Republican colleagues the ability to engage in the writing of this bill—it is deeply misguided to deny the public access, to deny a hearing on this bill, legislation that we know is going to hurt tens of millions of Americans.

There really is a better way forward for both the Senate and for our country. If we put ideology and partisanship aside, if we work together, we can strengthen the parts of the Affordable Care Act that aren't working. We can continue Medicaid expansion so it can help people with substance use disorders, so it can help kids with disabilities, so it can help elderly people in nursing homes. We can fix what is not working, and we can improve on this law and make it better, but we can't do that if we continue to be divided up on our partisan sides, if we are not willing to talk about the issue, not willing to work together.

The American people want us to work together here in Washington to address their concerns. Well, it is time to respect their wishes. Let's strength-

en the Affordable Care Act so that it works even better for all Americans.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

REQUESTS FOR AUTHORITY FOR COMMITTEES TO MEET

Mr. BARRASSO. Mr. President, I have six requests for committees to meet during today's session of the Senate. They do not have the approval of the Democratic leader; therefore, they will not be permitted to meet, but I ask unanimous consent that a list of committees requesting authority to meet be printed in the RECORD.

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

Committee on Agriculture, Nutrition, and Forestry

Committee on Banking, Housing, and Urban Affairs

Committee on Energy and Natural Resources

Committee on the Judiciary
Committee on Intelligence
Subcommittee on Oceans, Atmosphere, Fisheries, and Coast Guard

NOMINATION OF KRISTINE SVINICKI

Mr. BARRASSO. Mr. President, I come to the floor today to speak in support of President Trump's nomination of Kristine Svinicki to continue serving as a nuclear safety regulator.

Ms. Svinicki has served as a member of the Nuclear Regulatory Commission for more than 9 years. In January, President Trump designated Ms. Svinicki as the Chair of the Nuclear Regulatory Commission. She is well qualified. In her time in office, she has proven to be knowledgeable, dedicated, and an outstanding public servant.

She also has been very responsive to Congress. Since becoming a Commissioner, she has testified 18 times before the Senate Environment and Public Works Committee. Before becoming a member of the NRC, she served as staff in the U.S. Senate, as a nuclear engineer at the Department of Energy, and as an energy engineer for the Wisconsin Public Service Commission.

She has already been confirmed twice to serve on the NRC. In both 2008 and 2012, her nomination was approved by the Environment and Public Works Committee and by the full Senate, each time by voice vote. Earlier this month, the Environment and Public Works Committee approved her nomination for a third time, again by voice vote.

Her nomination has garnered support from groups like Third Way, which is a think tank once labeled as "radical centrists" by the New York Times. Josh Freed, who is the vice president of the Clean Energy Program at Third Way, said this: "Svinicki's work at the NRC has resulted in improved readiness to regulate small modular and advanced reactors that could provide enormous benefits for climate, American leadership, and domestic job creation." He went on to say that Chairman Svinicki's continued leadership at the NRC is needed now more than ever.

The Senate must act quickly to confirm Ms. Svinicki. Unless she is confirmed by June 30, the Nuclear Regulatory Commission will no longer have a quorum of its members. We can't let that happen. The NRC has an important mission of regulating America's nuclear industry. The Commission serves to protect public health and the environment. The Nuclear Regulatory Commission needs a quorum of its members in office to meet its mission.

We need to confirm Kristine Svinicki, and I urge all Senators to vote yes on her nomination.

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. BARRASSO. 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. BARRASSO. Mr. President, I yield back all time.

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

Under the previous order, all postcloture time is expired and the question occurs on the Billingslea nomination.

The question is, Will the Senate advise and consent to the Billingslea nomination?

Mr. BARRASSO. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The bill clerk called the roll.

The result was announced—yeas 65, nays 35, as follows:

[Rollcall Vote No. 152 Ex.]

YEAS—65

Alexander	Fischer	Murkowski
Baldwin	Flake	Nelson
Barrasso	Gardner	Paul
Bennet	Graham	Perdue
Blunt	Grassley	Portman
Boozman	Hatch	Risch
Burr	Heitkamp	Roberts
Capito	Heller	Rounds
Cassidy	Hoeven	Rubio
Cochran	Inhofe	Sasse
Collins	Isakson	Scott
Coons	Johnson	Shelby
Corker	Kaine	Strange
Cornyn	Kennedy	Sullivan
Cotton	King	Tester
Crapo	Lankford	Thune
Cruz	Lee	Tillis
Daines	Manchin	Toomey
Donnelly	McCain	Warner
Duckworth	McCaskill	Wicker
Enzi	McConnell	Young
Ernst	Moran	

NAYS—35

Blumenthal	Franken	Merkley
Booker	Gillibrand	Murphy
Brown	Harris	Murray
Cantwell	Hassan	Peters
Cardin	Heinrich	Reed
Carper	Hirono	Sanders
Casey	Klobuchar	Schatz
Cortez Masto	Leahy	Schumer
Durbin	Markey	Shaheen
Feinstein	Menendez	

Stabenow Van Hollen Whitehouse
Udall Warren Wyden

Dall Warner Wicker
Van Hollen Whitehouse Young

The nomination was confirmed.

NAYS—10

Booker Heller Warren
Cortez Masto Markey Wyden
Gillibrand Merkley
Harris Sanders

NOT VOTING—1

Alexander

The PRESIDING OFFICER. On this vote, the yeas are 89, the nays are 10. The motion is agreed to.

lies in South Korea and Japan. These threats are not just hollow words any longer. North Korea's capabilities are rapidly improving to meet their long-stated intent.

We thought that Kim Jong Il was bad, but in 6 years, his son Kim Jong Un has conducted as many as 75 ballistic missile tests. In comparison, over a 17-year period, his father conducted about 30. In other words, he has done over twice as many in a fraction of the time.

Additionally, Kim Jong Un has sped up North Korea's nuclear program since taking power in 2011. North Korea's nuclear technology is advancing at an alarming rate. For example, the bomb North Korea tested in its most recent test last September was 10 times more powerful than what the regime could have produced in 2006—10 times more.

At the same time, North Korea has actively worked on miniaturizing nuclear weapons so that they can deliver by way of a ballistic missile. Earlier this year, analysts detected activity at a North Korean nuclear test site, indicating another nuclear test may be imminent.

Intelligence and military experts have repeatedly argued that it is prudent to assume that North Korea has successfully miniaturized their nuclear weapons. That means the only technology they need to conduct a nuclear strike on the U.S. mainland—that is us; that is right here—would be a functional intercontinental ballistic missile, or ICBM.

In January, Kim Jong Un said North Korea is in the "final stage in preparations."

Let's make sure we understand what we are talking about. We know that their capability is getting very close to it, and they have already said that they would send something over to the mainland United States.

Unfortunately, when you talk to people in the real world, they can't believe this could be true—that one guy who is mentally deranged could be heading up a country that has the capability of blowing up an American city. Yet we know this is going on right now.

Recently, in the Armed Services Committee—and I was in attendance at that time—the Defense Intelligence Agency Director, Lt. Gen. Vincent Stewart, told the Armed Services Committee: "If left on its current trajectory the [North Korean] regime will ultimately succeed in fielding a nuclear-armed missile capable of threatening the United States homeland."

That is a direct quote by the guy who knows more about this than anybody else. Lieutenant General Stewart added that "the North Korean regime is committed and is on a pathway where this capability is inevitable."

I will say that again. Our intelligence experts assessed that, unchecked, North Korea will inevitably achieve the capability to strike the U.S. homeland with a nuclear missile.

CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The assistant bill clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Kristine L. Svinicki, of Virginia, to be a Member of the Nuclear Regulatory Commission for the term of five years expiring June 30, 2022.

Mitch McConnell, Orrin G. Hatch, John Hoeven, John Cornyn, John Barrasso, John Boozman, Mike Rounds, Thom Tillis, Chuck Grassley, John Thune, Mike Crapo, Bill Cassidy, James M. Inhofe, Thad Cochran, Steve Daines, Tom Cotton, Roger F. Wicker.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the nomination of Kristine L. Svinicki, of Virginia, to be a Member of the Nuclear Regulatory Commission, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The assistant bill clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from Tennessee (Mr. ALEXANDER).

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

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

The yeas and nays resulted—yeas 89, nays 10, as follows:

[Rollcall Vote No. 153 Ex.]

YEAS—89

Baldwin	Feinstein	Moran
Barrasso	Fischer	Murkowski
Bennet	Flake	Murphy
Blumenthal	Franken	Murray
Blunt	Gardner	Nelson
Boozman	Graham	Paul
Brown	Grassley	Perdue
Burr	Hassan	Peters
Cantwell	Hatch	Portman
Capito	Heinrich	Reed
Cardin	Heitkamp	Risch
Carper	Hirono	Roberts
Casey	Hoeven	Rounds
Cassidy	Inhofe	Rubio
Cochran	Isakson	Sasse
Collins	Johnson	Schatz
Coons	Kaine	Schumer
Corker	Kennedy	Scott
Cornyn	King	Shaheen
Cotton	Klobuchar	Shelby
Crapo	Lankford	Stabenow
Cruz	Leahy	Strange
Daines	Lee	Sullivan
Dannely	Manchin	Tester
Duckworth	McCain	Thune
Durbin	McCaskill	Tillis
Enzi	McConnell	Toomey
Ernst	Menendez	

EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report the nomination.

The senior assistant legislative clerk read the nomination of Kristine L. Svinicki, of Virginia, to be a Member of the Nuclear Regulatory Commission for the term of five years expiring June 30, 2022.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. INHOFE. Mr. President, I ask unanimous consent to speak as in morning business for as much time as I may consume.

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

NORTH KOREA

Mr. INHOFE. Mr. President, as we begin the markup—that is what we are going to be starting on right away. We have already had an initial meeting with the Senate Armed Services Committee on the National Defense Authorization Act. I want to express my deep concern over the continued malign behavior by the overtly hostile nation of North Korea.

I often talk to people, and they shake their heads in disbelief about a country that is run by a mentally deranged individual who is rapidly developing the capability of hitting the mainland United States with a missile. I think it is important that we immediately get to our Defense authorization bill, so we can start addressing this and many other problems that we have.

It is important to us in the Senate to communicate to the American people the incredibly grave situation we are facing right now in North Korea. The Kim Jong Un regime has expressed a desire to destroy the United States of America. Normally that wouldn't be a concern because he wouldn't have the credibility, but right now we are seeing progress being made in their technology and their ability to actually hit major areas.

In April, North Korea's official newspaper relayed the threat of a preemptive strike to "completely and immediately wipe out not only U.S. imperialists' invasion forces in South Korea and its surrounding areas but the U.S. mainland and reduce them to ashes."

That is a threat—a threat that has come directly from the leader of North Korea. This is the most recent in a long line of threats by that individual.

In addition, North Korean leaders constantly threaten our friends and al-