

Tokyo used to call our Embassy there the “Bar None Ranch.”

If you will permit a little parochialism, Mr. Hagerty comes from a state, Tennessee, which has the most important relationship with Japan of any State, bar none.

That began about 40 years ago. I remember President Carter saying to me as a new Governor and to other Governors: “Go to Japan. Persuade them to make in the United States what they sell in the United States.”

Off we all went. During my first 24 months as Governor, I spent 3 weeks in Japan and 8 weeks on Japanese-American relations. I explained to Tennesseans that I thought I could do more good for our State in Japan than I could in Washington, DC. It turned out to be true. Nissan, Bridgestone, Komatsu, and other companies came, and so did the jobs.

By the mid-eighties, Tennessee had 10 percent of all the Japanese capital investment in the United States, and this has continued. Nissan and Bridgestone have North America’s largest auto plants and tire plants in Tennessee. With Mr. Hagerty’s help, Bridgestone, as well as Nissan, have decided to locate their North American headquarters in our State.

Bill Hagerty, if approved by the Senate, would go to Japan not only able to speak the language but, having lived and worked there, understanding how close ties between Japan and the United States can create bigger paychecks for Americans, as well as for the Japanese.

I join my colleague, the chairman of the Foreign Relations Committee, Senator CORKER, in enthusiastically saying it is my hope that the Senate will approve today his nomination and that he will soon be on the job, and his children will be in their respective Scout troops in Japan.

I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. CORKER. Mr. President, I thank my friend, the senior Senator from Tennessee, Mr. ALEXANDER, for his eloquent comments about this great nomination. I also thank him again, as I have many times, for the outstanding relationship he developed with Japan that has borne so much fruit for the citizens in our State and so many States across the Southeast. I thank him very much for that.

I rise today also to offer my strong support for the nomination of Bill Hagerty to serve as the U.S. Ambassador to Japan. Bill is one of the most outstanding appointments that President Trump has made, and his confirmation is long overdue.

The relationship between the United States and Japan speaks for itself, and hosting Prime Minister Abe as one of the first visitors speaks to how the Trump administration and our country feel about Japan.

As a fellow Tennessean, I have had the privilege of knowing Bill Hagerty

and his family on a personal level. I have seen him in business and the outstanding things he has done there. I have seen him represent our State as commissioner of economic development, and he caused it to be one of the most heralded States in the country relative to job creation. Much of that had to do with his ability to deal with other governments around the world and cause them to be attracted to our State.

I also know that he and his wife Chrissy actually met in Japan, so this is an exciting time and sort of a homecoming for their family.

There is no one more well-suited to fill this important role, and I know our Nation will benefit from Bill’s leadership and experience as he carries on the tremendous legacy of U.S. Ambassadors to Japan, including the late Howard Baker, another fellow Tennessean.

I am really, really proud of this nomination and know that Bill will represent the very best of our country during his service in Japan.

I strongly urge my colleagues to support this confirmation. This is long overdue, and I know he will be going to Japan at a time when we truly need an ambassador with his capacity.

I yield the floor.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

The PRESIDING OFFICER. All time has expired.

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

Mr. ALEXANDER. 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.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from Kansas (Mr. MORAN).

Further, if present and voting, the Senator from Kansas (Mr. MORAN) would have voted “yea.”

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

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

The result was announced—yeas 86, nays 12, as follows:

[Rollcall Vote No. 160 Ex.]

YEAS—86

Alexander	Bennet	Boozman
Baldwin	Blumenthal	Burr
Barrasso	Blunt	Canwell

Capito	Grassley	Perdue
Cardin	Hassan	Portman
Carper	Hatch	Reed
Casey	Heitkamp	Risch
Cassidy	Heller	Roberts
Cochran	Hoeben	Rounds
Collins	Inhofe	Rubio
Coons	Isakson	Sasse
Corker	Johnson	Schatz
Cornyn	Kaine	Schumer
Cortez Masto	Kennedy	Scott
Cotton	King	Shaheen
Crapo	Klobuchar	Shelby
Cruz	Lankford	Strange
Daines	Leahy	Sullivan
Donnelly	Lee	Tester
Duckworth	Manchin	Thune
Durbin	Markey	Tillis
Enzi	McCain	Toomey
Ernst	McConnell	Van Hollen
Feinstein	Menendez	Warner
Fischer	Murkowski	Whitehouse
Flake	Murphy	Wicker
Franken	Murray	Wyden
Gardner	Nelson	Young
Graham	Paul	

NAYS—12

Booker	Heinrich	Sanders
Brown	Hirono	Stabenow
Gillibrand	Merkley	Udall
Harris	Peters	Warren

NOT VOTING—2

McCaskill Moran

The nomination was confirmed. The PRESIDING OFFICER. The majority leader.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that with respect to the Hagerty nomination, the motion to reconsider be considered made and laid upon the table and the President be immediately notified of the Senate’s action.

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

LEGISLATIVE SESSION

Mr. MCCONNELL. Mr. President, I move to proceed to legislative session. The PRESIDING OFFICER. The question is on agreeing to the motion. The motion was agreed to.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. MCCONNELL. Mr. President, I move to proceed to executive session to consider Calendar No. 157.

The PRESIDING OFFICER. The question is on agreeing to the motion. The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination. The bill clerk read the nomination of Patrick M. Shanahan, of Washington, to be Deputy Secretary of Defense.

CLOTURE MOTION

Mr. MCCONNELL. Mr. President, I send a cloture motion to the desk. The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The 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 Patrick M. Shanahan, of Washington, to be Deputy Secretary of Defense.

Mitch McConnell, Joni Ernst, Tom Cotton, Thom Tillis, Lindsey Graham, Mike Crapo, John Boozman, Roger F. Wicker, Dan Sullivan, John Cornyn, John Thune, Steve Daines, John Barrasso, David Perdue, Mike Rounds, Orrin G. Hatch, John McCain.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the mandatory quorum call be waived.

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

The PRESIDING OFFICER. The Senator from Arizona.

Mr. FLAKE. Thank you, Mr. President.

(The remarks of Mr. FLAKE pertaining to the introduction of S. 1552 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. FLAKE. I yield the floor.

The PRESIDING OFFICER. The Senator from Utah.

#### HEALTHCARE LEGISLATION

Mr. HATCH. Mr. President, today I wish to make some remarks paying tribute to a former staff member of mine for whom I have the highest opinion. However, before I begin those remarks, I should take a moment to address the elephant in the room.

Mr. President, today the majority leader revealed a revised discussion draft for legislation to repeal and replace ObamaCare. Let me say at the outset that this bill isn't perfect. There are some things in the bill that, given my preferences, I would do very differently. But one thing I have learned in my 40 years in this Senate is that people who demand purity and perfection when it comes to legislation usually end up disappointed and rarely accomplish anything productive. That is particularly true when we are talking about complex policy matters.

The next vote on this legislation will presumably be whether to let the Senate proceed to the bill. Regardless of any of the positions of my colleagues on this particular draft, if they support the larger effort to repeal and replace ObamaCare, they should at the very least want to have a debate on this bill. Under the rules, we will have an open amendment process. Members will get a chance to make their preferences known and to have the Senate vote on them. Taking that opportunity is the very least we can do.

Keep in mind, virtually every Republican in this body has supported the effort to repeal and replace ObamaCare more or less since the day it was signed into law. We have all made promises to our constituents along those lines. This legislation, while far from perfect, would fulfill the vast majority of those promises.

If we pass up this opportunity, we are looking at further collapse of our health insurance markets, which means dramatically higher premiums and even fewer healthcare options for our constituents. Make no mistake, while some are talking about a bipartisan solution to prop up markets in

the event this bill fails, there is no magic elixir or silver bullet that will make that an easy proposition.

I have to think that at the end of the day, if we fail to take action to fulfill the promises we have all made, we will have to answer to the American people for the missed opportunity and the chaos that will almost certainly follow. I hope all of my colleagues will keep that in mind.

#### TRIBUTE TO EVERETT EISSENSTAT

Mr. President, I wish to take this time to pay tribute to a very dear and noble colleague of mine, Everett Eissenstat. For the past 6 years, Everett has served as my chief international trade counsel on the Senate Finance Committee—a very important position. He has had a long and distinguished career in public service, obtaining and utilizing what is really an unparalleled level of knowledge and expertise about our Nation's trade policy. In fact, I think it is safe to say that very few, if any, individuals have had as great an impact on the current state of U.S. trade law as Everett Eissenstat. His public service will continue, as he has recently gone on to serve as the Deputy Director of the National Economic Council.

Everett received his juris doctorate at the University of Oklahoma, where he graduated cum laude and served as research editor of the Oklahoma Law Review. He also holds a master's degree in Latin American studies from the University of Texas at Austin and a bachelor's degree in political science and Spanish from Oklahoma State University. With diverse alma maters like that, some might wonder how Everett decides what colors to wear on college football Saturdays. But those of my colleagues who know Everett will correctly guess that he has, since his undergraduate days, remained a devoted fan of his beloved Cowboys.

After obtaining his law degree, Everett went to work for Dixon and Dixon in Dallas, TX. Later, he worked as Congressman Jim Kolbe's legislative director and, shortly thereafter, he became the international trade counsel for the Senate Finance Committee for Senator GRASSLEY, who was then the lead Republican on the committee.

Everett was a key staffer in the effort to draft and pass the Trade Act of 2002, which renewed trade promotion authority for the first time in 8 years. This was a major update to our Nation's trade laws and made possible the completion and passage of trade agreements with Chile, Singapore, Australia, Morocco, Bahrain, Oman, Peru, Colombia, South Korea, Panama, as well as the countries of the CAFTA-DR agreement; namely, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and the Dominican Republic.

Everett then helped implement a number of these agreements when he served as Assistant U.S. Trade Representative for the Western Hemisphere, a position he held from 2006 through 2010.

After recognizing his fine work, I asked Everett to return to the Finance Committee in January of 2011 to once again serve as chief international trade counsel, and he continued to distinguish himself as one of the most knowledgeable and dedicated trade lawyers in the country.

Very early in his second tenure at the Finance Committee, he helped shepherd our free trade agreements with Colombia, Panama, and South Korea through the Senate. In 2015, he was the key staffer in the effort to draft, introduce, and pass the bipartisan Congressional Trade Priorities and Accountability Act, which, among other things, once again renewed trade promotion authority after another 8-year gap, and updated our Nation's trade negotiating objectives for the 21st century.

At about the same time, Congress also passed legislation to update our customs enforcement and facilitation laws, as well as a bill to reauthorize some important trade preferences.

All of these successes were the culmination of years of hard work and represent the most ambitious legislative agenda on trade in recent history, and Everett was an indispensable part of it all.

With his work on passage of those laws in 2015, his work on the prior TPA statute in 2002, and his efforts at USTR, Everett has been a key player in the development and facilitation of a generation of U.S. trade law. That is no small feat. More than anyone I have known, Everett is committed both to improving opportunities for Americans abroad and to ensuring an increasingly free-trade economy around the world. He is a true believer in free trade and the benefits free trade brings to our economy.

I am not the only Senator who will miss Everett's knowledge and expertise. Indeed, during his time here, he was an asset to the entire Senate. But, more than that, I will miss him personally: his tireless work ethic, his calm and thoughtful demeanor, and his cheerful disposition, even when he is breaking bad news or telling Senators things they may not want to hear.

While I am sad to see him go, it is comforting to know that Everett is continuing to serve our country and will keep advancing pro-growth economic policies at the National Economic Council. His expertise and wisdom are more important now than ever before, with numerous trade possibilities on the immediate horizon.

As I have said before, and I imagine I will say many times again, Everett is very, very good at what he does. The administration and the country are lucky to have such an important asset. I look forward to seeing his successes in this new chapter of his career, though it goes without saying that he leaves behind some very big shoes to fill. I count myself lucky to have been the beneficiary of Everett's knowledge and advice for several years.

I want to wish Everett, his wonderful wife Janet, and their sons Jacob and Alex the very best in this and any other future endeavors. Everett has a dedicated family, and I understand that they are here today; that Everett's wife and his one son were outside here just a short time ago. I am quite certain they are just as proud of Everett as I am.

I have worked with a lot of people in the U.S. Senate. I have had a lot of staff people, and all of them have been, almost to a person, very, very good. I have appreciated all of them, and I know that we wouldn't be nearly as good without our staffs whispering in our ears, preparing the documents that we put into the RECORD, working with us to help us improve our abilities to put forth our agendas.

I want my colleagues to know that Everett Eissenstat has been one of the all-time great staff people on Capitol Hill. I hesitate to even call him a staff person because he has the kind of reputation that goes far beyond being a staffer on Capitol Hill. He is one of the great leaders in this country, and I just want him to know how much I personally appreciate him. I want his wife to know how much I appreciate her and him; and his children—I want them to know what a great father they have.

Everett is a great, great man, and I am really happy to have said a few nice words about him on the floor. No matter what I say, it is not enough to explain what a truly great individual Everett Eissenstat really is.

I hope we can get other good staff people like Everett to help us on both sides. We are willing to work with both sides, willing to bring us together to do the things we know are important for this country and its future. Everett is one of those. I am going to miss him terribly. On the other hand, I know that where he is now is very important, and he will do the job as well as anybody alive.

I just want to pay tribute to him and his wife and his son who is here today, and tell him how much we all love and appreciate him.

With that, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

#### HEALTHCARE LEGISLATION

Mrs. SHAHEEN. Mr. President, I am pleased to be here with my colleagues—Senator KLOBUCHAR, from Minnesota, and Senator HEITKAMP, from North Dakota—to talk about the most prominent issue facing us right now; that is, what happens to healthcare for millions of Americans.

At a town hall in Kentucky last week, Majority Leader McCONNELL said that if he can't secure the votes to re-

peal the Affordable Care Act, he will have no choice but to work in a bipartisan way with Democrats on legislation to repair and strengthen the law. Well, I was encouraged to hear the majority leader say that because I don't think bipartisanship should be a last resort. I think it should be the starting point. It should be the beginning of the work we do in this Chamber because that is what the American people want and that is the best way to make lasting public policy.

This is especially true with healthcare legislation, which impacts families all across America. As we have been hearing—and I have had a chance to hear it directly from my constituents in New Hampshire—the American people have wanted all along for to take a bipartisan approach. It is unfortunate that our colleagues on the other side of the aisle have spent months trying to pass a partisan, deeply unpopular bill.

Now, I think we would all agree that there are changes we need to make in the Affordable Care Act, something for which I have advocated since we passed the law. I have had the opportunity to work with our colleague TIM SCOTT from South Carolina. In 2015, we worked together to make modest changes to the law to protect small businesses from excessive premium increases. I think that bipartisan approach is something with which, if we started today, we could make changes in the Affordable Care Act to improve it and to make sure that Americans could get better access to healthcare.

We all understand that there are problems currently in the market in terms of premium increases, and we know why these premium increases are happening. In their 2018 rate request filings, insurers justified the increases because of the uncertainty surrounding the repeal of the ACA and because this administration refuses to commit to making what are called cost-sharing reduction payments.

These payments were included as part of the Affordable Care Act to address premiums, deductibles, and copayments and to make them more affordable for working families, basically, to be able to help people afford insurance. The payments have been built into the rates that insurers are charging for 2017. But as we look ahead to 2018, there is a big problem because, if there is uncertainty around those payments, it means premiums will skyrocket, insurers will leave marketplaces, and people will lose their health coverage. Now, we could fix this today if we were willing to work together, because we know what we need to do.

I think New Hampshire offers a vivid example of what we are seeing across the country. Last year, insurance markets were stable, health insurance premiums increased an average of just 2 percent in New Hampshire—the lowest annual increase in the country and in our State's history. Unfortunately, today, because of the uncertainty in the market, it is a very different story.

Insurers in New Hampshire are raising premiums for 2018. The same thing is happening across the country. In some cases, insurers are filing two different sets of rates—one premised on the administration's continuing to make those cost-sharing payments that I talked about earlier, and the second set with higher premiums to account for continuing uncertainty and the possibility that the Trump administration, which is legally charged with implementing the Affordable Care Act, is going to renege on making the payments that have been promised to insurers and, ultimately, to families so that they can get healthcare.

This uncertainty is completely unnecessary. The instability in the ACA marketplaces is a manufactured crisis, and we could put a stop to it today. That is why I have introduced the Marketplace Certainty Act, a bill to permanently appropriate funds that would expand the cost-sharing reduction payments and ensure that we can count on those payments being made.

I am pleased to be joined by 25 other Senators who have already cosponsored this bill, and we can pass this right now if we had agreement with our colleagues on the other side of the aisle.

The Marketplace Certainty Act is also supported by a broad spectrum of provider and patient advocate groups—including the American Cancer Society, the American Heart Association, the American Diabetes Association, and the National Association of Community Health Centers, just to name a few.

We can end the artificial crisis. We could immediately restore certainty and stability to the health insurance markets. In turn, this would give us the space we need to come together on a bipartisan basis to improve the Affordable Care Act, to strengthen what is working, and to fix what is not working. That is what we were sent to Washington to do.

Bipartisanship should be our first choice, not a last resort. The American people want us to stop bickering over healthcare, to work together, and to make the commonsense improvements to the law that we should be making.

I yield the floor.

The PRESIDING OFFICER. The Senator from South Dakota—North Dakota.

Ms. HEITKAMP. That is OK. I am from the better Dakota. I just have to tell you.

Mr. President, I am always perplexed when the opposition party, the Republican Party, says: We are the party of business. We are the party that believes that government should function more like a business. We are the party that believes that we have to make the tough decisions, we have to do the work that needs to get done, and we have to do it in a timely fashion.

OK, I get that. There is not a corporate board in America confronted with the challenge that we have in healthcare that would not shore up the

cost-saving payments. When you look at those of us who have served on corporate boards, those of us who have spent some time in the private sector, and, certainly, those of us who have been county officials or State officials, where we have actually had to make decisions, we look at how you make those decisions. The first thing you do is to try to make sure that while you are deliberating and while you are making decisions, you don't create market disruption. You don't do the things that create more uncertainty. You stabilize what you can, triage what you can, and then take a look at what the advantages are and what the experience you can bring to bear is to resolve bigger, broader, and more systemic issues.

If we look today at where we are right now with our constituents or our customers, if we can put it in a business sense, our customers are Americans and American families. Guess what. As for those of us who have been in our States and who have spent time looking at healthcare, talking to people about healthcare, talking to providers about healthcare, I will tell you that there are two emotions they have. They are mad, and they are scared. They are probably more scared than mad because under the bills that are being deliberated here, the Republican healthcare bills, they don't know if they can continue to keep their disabled children at home with them. They don't know if they can continue to provide for their parents in a nursing home. They don't know if their rural hospital is going to be able to survive the kinds of reductions in payments that are anticipated under this bill.

Today in North Dakota, \$250 million is the value of Medicaid expansion. I have institutions in North Dakota, providers in North Dakota that are operating on razor-thin margins. They can't make ends meet without making sure that they keep that amount of uncompensated care greatly reduced. They need the cash flow.

If we raise uncompensated care, two things will happen. The first thing that will happen under this bill is that they will have a hit to their bottom line. The second and obvious consequence of that is that, when they negotiate with the private insurance market on what those next payments are going to be, they are going to ask for more money to put back on the private insurance market the cost of uncompensated care.

Let's also take a look at the growing issue in this country of opioids. I have a facility in southwestern North Dakota. Their new hospital anticipates that Medicaid is going to be about 14 to 17 percent of the billings they have. As they are trying to respond—as responsible healthcare providers would—to the opioid crisis, they are looking at converting the old hospital into a long-term facility, a facility where people can go and get healthcare when they are addicted.

They anticipate that the facility will have to rely on about 60 to 70 percent Medicaid reimbursement. When people tell you that these issues aren't intertwined, that the population that is going to need assistance in recovery from addiction is not our Medicaid population, they are wrong. Every person who has looked at this has come to the same conclusion.

The other thing I am going to tell you about the people whom I talked to is that most of them have never been involved in politics. They are not partisans. They don't really even care about politics, but they wonder why they are caught up in this tidal wave of political rhetoric when people are scaring them about whether they are going to have health insurance. They are wondering: What kind of responsible leaders would ever do that? What kind of responsible leaders would not do what they could today to provide some assurances in the near term that the health insurance is going to be available, that their Medicaid is going to be available, and that they are going to be able to take care of their kids?

I am telling you that, instead of continuing to release bad bill after bad bill, I hope the Republicans will come and honestly take us at our word. We stand ready to work with Republicans on a truly bipartisan bill that is going to deliver quality healthcare to North Dakotans and quality healthcare to the people of this country.

People think bipartisanship can't happen. That is not true. Yesterday I held a press conference on a completely separate issue that involves clean coal. Standing side by side when we announced that bill, we had Senator SHELDON WHITEHOUSE, one of the most vocal advocates for aggressive action on climate, and Senators BARRASSO, CAPITO, and me, the most vocal advocates in support of coal. We all stood together introducing this bill because we wanted to offer a real solution on 45Q. We wanted to find out where that lane is where we can all coexist and solve the problems of the American people.

It is not impossible to do this. It is not impossible if we park the partisanship, if we park the ideology, and if we start examining what the true problems and the true issues with our healthcare system are.

The answer is usually in the middle. Has Medicaid worked to get more people with chronic conditions, to manage care, and to lower costs? The answer is yes. Are there too many people on Medicaid? The answer is yes.

We need to grow our economy. We need to help people move them into a workplace where they have workplace insurance. Instead of talking about how we are going to grow the economy, instead of talking about how we are going to raise wages, instead of talking about how we are going to help people get set, we are talking about shifting the responsibility of the sickest among us, shifting that responsibility to the States and back to the patients.

Just 2 weeks ago, I joined 15 of my colleagues trying to bring some commonsense bills forward. I thought we made a great case. We have been challenged: You really don't want to work with us.

That is all facade. That is not true. We are back here again, saying: Please, please, work with us. Let's just for a moment do what Senator MCCONNELL suggested we do. Let's take care of what is happening with the 2018 plan year. Let's remove the uncertainty as we are looking at premiums going up and skyrocketing because of that uncertainty. Let's remove that uncertainty and solve this problem.

That is why I am supporting my colleague Senator SHAHEEN's legislation that makes cost-sharing payments permanent and increases the eligibility and generosity for that benefit.

I also cosponsored Senator CARPER and Senator KAINE's bill to make the reinsurance program for the individual marketplace permanent and to devote resources to outreach and enrollment efforts. As a result, it would encourage insurance companies to offer more plans in a greater number of markets, improving competition, and driving down costs.

Isn't that what we all want? Everyone can agree that is the consequence of this legislation.

Also, earlier this week I introduced another commonsense bill—the Addressing Affordability for More Americans Act. That helps make healthcare more affordable for middle-class families. What does that mean? We know that right now on the exchanges—when we look at subsidization of families on the exchange—we have what we call a cliff event. You are either in or you are out, and there is no stepdown. Many of our middle-class families could experience a joyous event called a pay raise, only to find out that the pay raise evaporates because they lose some of the tax advantages that they received because they bought health insurance on a private exchange.

Why don't we glide that out? The same is true, actually, for Medicaid. Is there an opportunity to take that slide out, or that glide out, and moving more people into the workplace who are on Medicaid?

I share concerns that people have that the subsidization on both Medicaid and on the individual marketplace may result in people not taking economic opportunities that are available to them because, in the long run, it doesn't pencil out, given where they will be with healthcare. Let's take that incentive out. Let's work together. Let's solve that problem.

I think our bill is the starting point. If people have a better idea on how to address that concern, I stand willing and ready to make that work. I want to say that we are here saying: Let's work together. We are here saying: We do not believe that, on this side of the aisle, we have all the answers.

Guess what. I don't believe that, on that side of the aisle, they have all the

answers. I believe we could learn an incredible amount from a hearing with a bipartisan group of Governors who are going to be responsible. They are going to get this heaped into their lap if this passes. That is why you see a bipartisan group of Governors saying: You know what, keep it, because that is not a path forward.

If you want to hear some good ideas, I think we could hear some great ideas from the corporate America that has become self-insured—as they look at wellness programs, as they look at using big data metrics to help keep their population healthier and drive down costs, and as they negotiate for better deals with providers.

There are hundreds of ideas out there. There are hundreds of opportunities to learn more before we take this step, but what is the process we are in? The process we are in is this: Don't confuse me with the facts. Don't confuse me with a new idea. Don't confuse me because, politically, we have to do this.

Do you know what? No one, politically, has to do this. What we have been sent here to do is not to fulfill political promises. We have been sent here to legislate in the best interest of the American people and the people of our States. That is our job—not to represent a partisan political idea. Let's do it.

Let's bring in a whole lot of ideas, and let's park the ideology at the door. Everybody, park the ideology at the door. As so many people on the other side of the aisle would say, let's start acting in a business, yeoman-like manner and start working through these problems.

We have to do what Senator SHAHEEN has suggested, and that is to buy some time by making sure that we don't disrupt the marketplace today.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Ms. KLOBUCHAR. Mr. President, I am honored to be here today with Senator HEITKAMP, from North Dakota—my friend from across the border, the prairies—and also Senator SHAHEEN, from the Granite State. I don't think it is a coincidence that the three of us are here today. We have worked on a number of bipartisan issues over the years.

As I was sitting here, I was remembering when Senator COLLINS stood during the government shutdown and asked for people who would be interested in working with her on a bipartisan plan to get ourselves out of that mess. And all three of us were involved in that effort, which was, I note, half women in the group. I think it is time to do that again when it comes to healthcare.

I appreciated it when last week Senator MCCONNELL said it may be time to work to strengthen the exchanges and to work across the aisle. Like Senator SHAHEEN, I didn't see it as a last option, I saw it as a first option.

I certainly appreciate the work my colleagues have done to propose some

smart ideas that could help us improve the Affordable Care Act, including the Marketplace Certainty Act. When I talked with our small businesses and our citizens in Minnesota, they want that kind of certainty to help with cost sharing.

The idea of doing something more with reinsurance, which we just passed on a State basis in Minnesota with a Republican legislature and a Democratic Governor—we are awaiting a waiver from Health and Human Services here in Washington. We think we should do it in a bigger way on a national level, so I also support the Kaine-Carper bill.

The work that I have been doing on prescription drugs—much of it across the aisle with Senator GRASSLEY—to stop this unprecedented practice of big pharmaceutical companies paying off generics to keep their products off the market—it would save billions of dollars for our taxpayers if they stopped that practice.

Unleash the power of 41 million seniors who are currently barred from negotiating for less expensive drug prices. Bring in less expensive drugs from Canada—a bill that I have with Senator MCCAIN. There is nothing in this new proposal we have seen today that would help in any way with prescription drug prices, and that is just wrong.

That is why we are here to welcome our colleagues to work with us on some improvements in a bipartisan way to this bill, because the bill we saw this morning would again not do anything—minor tweaks but nothing about these major Medicaid cuts that have brought so many people together against this bill.

Minnesota seniors organizations have said that these proposals we are seeing that are not bipartisan—it feels like we are pulling the rug out from underneath families and seniors. That is why we have seen AARP so strongly opposed to a number of the proposals that have been circulating around with no Democratic input.

Many, many people have come up to us across our States. I was in northern Minnesota over the Fourth of July and was there among the Lawn Chair Brigade in one of my favorite units in the Ely parade and the clowns and the Shriners and everything else in the five parades that I did. I was so surprised, as I know my colleagues were, at the number of people who came up—especially parents of kids with disabilities—in front of a whole crowd on the side of the road and said: This is my child. He needs Medicaid. He needs help. We need you to stand with us.

So it is about people like that mom with that child with Down syndrome who needs Medicaid. It is about the senior who knows they are going to need nursing home help. Thirty-two percent of our seniors use Medicaid funding for their nursing home help. A woman told me about her mom, who died 2 years ago at 95 after suffering

from dementia for more than 20 years. She had worked her whole life, but she couldn't afford that nursing home and needed that help. It is about our seniors, who don't want to see the age tax. It is about our rural hospitals that know how important it is to have healthcare not an hour away but 15 minutes away. That is what we are talking about.

So we would welcome any efforts to work on these commonsense bills we have out there, many of which have had Republican support in the past.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, I thank my colleagues who are here this afternoon for their eloquence, their remarks, their passion for making sure the people in this country can get healthcare when they need it, and for their hard work and legislation to try and make that happen.

UNANIMOUS CONSENT REQUEST—S. 1462

Mr. President, in the interest of trying to immediately help to stabilize the insurance markets, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions be discharged from further consideration of S. 1462; that the Senate proceed to its immediate consideration; that the bill be considered read a third time and passed and the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

Mr. CORNYN. Mr. President, I reserve the right to object.

I wonder if the Senator from New Hampshire would allow me to pose a question about her request?

Mrs. SHAHEEN. Absolutely.

Mr. CORNYN. Is it true that under the so-called Marketplace Certainty Act, this would appropriate billions of additional dollars to insurance companies?

Mrs. SHAHEEN. What is true about the Marketplace Certainty Act is that it would guarantee the payments that were promised under the Affordable Care Act—not to insurance companies but to families who need help affording health insurance. That is one of the goals as we think about what our challenge is to address the healthcare needs of the people of this country, and that, in fact, is what the Marketplace Certainty Act would do.

Mr. CORNYN. Mr. President, I appreciate the response from the Senator from New Hampshire. I think I want to explore that a little more. I don't think the cost-sharing subsidies go directly to beneficiaries but, rather, to insurance companies.

Nevertheless, this is exactly the kind of proposal that the Senate can vote on next week when we proceed to the healthcare bill. As we know, unlike traditional legislation, there is an open and unlimited amendment process, and

Members on both sides will have a chance to offer amendments and have the Senate vote on them. So I would encourage all of our colleagues who have ideas about how to shape the healthcare policy to vote to get on the bill and then to offer amendments.

It has been 7 years since ObamaCare was passed. It is in meltdown mode. We are glad to have our colleagues across the aisle offer suggestions on how to improve the current terrible situation for so many millions of people, but I must object.

The PRESIDING OFFICER. Objection is heard.

Mrs. SHAHEEN. I want to be clear that what we need to do is to provide certainty in the marketplace right now. What is happening because of the effort by our Republican colleagues to repeal the Affordable Care Act—which is providing coverage for literally tens of millions of people—what is happening because of this administration's refusal to guarantee those payments that would help people with the cost of their health insurance is that we are seeing instability in the marketplace. But the answer is not the proposal that was released this morning, the second or maybe it is the third draft of healthcare legislation that was done behind closed doors by our colleagues.

Earlier today, I had the opportunity to meet with two children from New Hampshire: Parker, who is 8, and Sadie, who is 10. These kids were here advocating for the children's hospitals that have meant that they can continue to live. They are kids who were born with serious health challenges. They continue to have those serious health challenges, but thanks to Children's Hospital at Dartmouth and Boston Children's Hospital, Parker and Sadie are alive today. They are smart, they are beautiful, and they are the delight of their families. They have been able to get the healthcare they need through CHaD and through Boston Children's because they are able to get covered for their healthcare under Medicaid. What our colleagues' healthcare legislation would do is dramatically cut the Medicaid funding that Parker and Sadie and so many children and old people and disabled in this country depend on in order to stay alive.

That is a mean-spirited bill. That is not the answer to the serious healthcare challenges we have in this country, and that is not what we should be doing to fix what needs to be fixed in the Affordable Care Act. What we need to do is work together.

I am disappointed that my colleagues on the other side of the aisle continue to work behind closed doors instead of having an open process. If this legislation that was introduced this morning is such a great piece of legislation, then let's go through regular order. Let's have a hearing. Let's let the people of this country weigh in and then see whether this is a healthcare bill we should pass.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from North Dakota.

Ms. HEITKAMP. Mr. President, I would like to associate myself with the comments from the former Governor and now Senator from the great State of New Hampshire.

It is not enough to say the system is failing. It is not enough to come here and say: We can fix it if you just agree to vote the way we are voting. If you just agree, you can present any amendments you want. You can do whatever you want.

We don't even have a CBO score on this legislation. We don't know what is in this legislation. There have been no hearings so that people on both sides of the aisle can ask questions and say: What does this mean for a family on traditional Medicaid who has to rely on this to keep custody of their kids? And by the way, what does it mean if, as a result of losing their Medicaid coverage, those children are no longer able to stay at home and they become foster children because it is the only way they can get healthcare? What does it mean for those families about whom we all think we ought to have a real discussion, young people, young families who have excellent health, how they might have been disadvantaged on the exchange? What do we need to do for them? Maybe they were doing better economically than a lot of folks until they hit the cliff.

That is why I want to see my bill debated, because it can, in fact, offer opportunity. Every time we talk about this, what we hear about is how much it would cost. Well, the bottom line is that if all you do is shift the burden of these costs without any discussions with Governors, with private payers, with corporate America that is self-insured—if all we are doing is shifting costs and saying "It is now your problem," we are not doing our job.

If you look at the Rand Corporation study, 12 percent of the population of this country has five or more chronic diseases. As a result of those unmanaged—typically unmanaged chronic diseases, what you will see is they incur 40 percent of the cost. Is that a problem? The answer is yes, that is a problem. We need to figure out how we can better manage chronic disease.

A great friend of mine, a guy named Richie Carmona, who once was the Surgeon General of this country, used to say—and I think it is true—70 percent of all healthcare costs are related to chronic disease, most of which is preventable. Where in any of these bills are we talking about prevention? Where are we talking about wellness? Where are we talking about bending the healthcare curve? We are only dumping and running with these bills. We are not doing our job, and as a result, we are frightening people in this country. We are frightening the elderly. We are frightening people who say: Right now, I can afford my health in-

surance; I am on an exchange. But when we change the ratio from 1-to-3 to 1-to-5 and reduce the amount of subsidies, then 30, 40, 50 percent of their disposable income will be used to pay for health insurance. That is the thing you are not hearing here.

So we have to come together. We have to come together with the fundamental questions of what is wrong with not just the Affordable Care Act but what is wrong with healthcare and how we fix it and how we change outcomes. We can't do that if we don't work together. This is a body that is divided 48 to 52. How do you come together if you don't come to the middle, if you don't come to the middle to compromise? You don't.

At the end of the day, we have not met our deepest obligation, which is to speak for those who are the least fortunate among us. We have not met our obligation to govern this country in a way that would make our Founding Fathers proud, to make our citizens proud, and that can advance this idea that the U.S. Congress can get something done in the United States of America—instead of partisan rancor.

We hold out the hope that we will at one point be able to debate these ideas that we presented. We hold out the hope that we will, in fact, meet somewhere to arrive at a better plan for the delivery of healthcare in this country.

I just want to close with one thought. There is not one organized healthcare group or advocacy group in my State that supports the Republican healthcare plan, so as we are looking at judgment on that plan, don't take my word for it. Take the medical associations' word for it, take the hospital associations' word for it, take AARP's word for it, take the consortium of large hospitals in my State, which urged a "no" vote on this legislation, take the disabled children's advocacy groups' word for it. This is not a path forward, but we are big enough people and good enough leaders that we can forge a path forward if we just find the will to do it.

I yield the floor.

I suggest the absence of a quorum.

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

The senior assistant legislative clerk proceeded to call the roll.

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

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

#### SEX TRAFFICKING

Mr. PORTMAN. Mr. President, I rise today to speak about an issue that Members on both sides of this aisle have a deep concern about, and that is human sex trafficking and, specifically, the work we have done to try to stop one website called backpage.com from selling people online.

This morning, I—along with my colleagues TOM CARPER and CLAIRE MCCASKILL—announced that we have asked the Department of Justice to investigate backpage.com for criminal

violations of the law. This is a criminal referral, and it is a new development in this case. We believe there is sufficient evidence to warrant this criminal review by the Justice Department, based on the work that we have done in the Permanent Subcommittee on Investigations.

With estimated revenues of more than \$150 million a year, backpage.com is a market leader in commercial sex trafficking and has been linked to hundreds of reported cases of sex trafficking, including trafficking vulnerable women and children. Backpage has claimed that it “leads the industry” in its screening of advertisements for illegal activity, including sex ads for children. That is simply not true. In fact, we now know that this website has long facilitated sex trafficking on its site so that it can increase its profits—profits that come at the expense of those being trafficked, including children.

When victims or State authorities try to bring actions against this company, backpage has evaded responsibility by saying that it doesn’t write the ads for sex; it just publishes. Frankly, as a rule, courts have sided with the company, citing the immunity granted by a Federal law that is called the Communications Decency Act. The law, in essence, says that if a company like backpage publishes an ad someone else gives them, they are not liable, even though, again in this case, we know that this website has long facilitated sex trafficking and they know what they are doing.

We also now know that backpage has actively edited words and images, which makes them cocreators of these ads. We also know from a new report in the Washington Post just this week that, despite claims, backpage has aggressively solicited and created sex-related ads designed to lure customers. It further demonstrates that backpage is not merely a passive publisher of third-party content. They are involved. The article found that backpage workers were active cocreators of many of these sex advertisements, including those that seek to traffic women and young, underage girls.

I believe the legal consequences should be that they should lose their immunity under the Communications Decency Act, and that is why we have asked the Justice Department today to review this matter.

Let me be clear about the Communications Decency Act. It has an important purpose. It is a well-intentioned law. It was enacted back in 1996 to protect online publishers, and I support the broader legislation, the Communications Decency Act. But the law was not intended to protect those who knowingly violate the law and facilitate illegal conduct, and it was never intended to protect those who knowingly facilitate the sex trafficking of vulnerable women and girls.

We are actively exploring legislation to fix this issue once and for all. I have

been working with a bipartisan group of Senators on potential legislation, and I am hopeful that will soon be introduced in the U.S. Senate. We must protect women and underage girls and hold accountable websites that knowingly facilitate these types of criminal exploitations.

A couple of weeks ago, I was at a place in Ohio called the Ranch of Opportunity in Washington Court House. The Ranch of Opportunity opened its doors in the latter part of 2013. It is on a 22-acre site, a tranquil setting, a peaceful, spacious, and healthy environment for girls between 13 and 18 to help find healing and recovery during a residential program.

The ranch is a place of hope. As it says in its name, it is a ranch of opportunity, and a lot of the girls who spend time at the ranch have been victims of human trafficking and child abuse. In fact, I am told that the majority—roughly 60 to 80 percent—of the young girls who come through this program have been trafficked.

As I have talked to some of the girls and the staff there, of course, backpage.com comes up again and again, as it always does when I talk to survivors and victims of human trafficking. These types of crimes—sexual abuse and trafficking—are horrific, but they are happening. They are happening all over the country, and they are happening more and more. So in your community, wherever you live, sadly I will tell you that this is a problem. Part of it is because of these online traffickers. In other words, as many of the survivors of human trafficking have told me: ROB, this has moved from the street corner to the smartphone, and the smartphone is where backpage.com dominates.

In touring the State, I have heard over and over again about this specific link between drugs and human trafficking. I have talked to trafficking survivors who have told me that their trafficker first got them hooked on heroin and other drugs. I saw this firsthand in May, when I toured the Salvation Army of Greater Cleveland Harbor Light Complex. They have been operating in Cleveland for 65 years, providing incredibly important services to some of the most vulnerable members of society, including women who have been trafficked. It is important to know that link is there.

Both of those issues are so important to address—trafficking and what is happening in terms of the increasing heroin and prescription drug and fentanyl crisis in this country, which is now at epidemic levels. That is why the STOP Act is so important—the Synthetic Trafficking and Overdose Prevention Act, which we are trying to get passed here, as well as the Prescription Drug Monitoring Act, which is so important. There is a connection.

Human trafficking requires urgent action, and so does the opioid epidemic. On human trafficking, including sex trafficking, we are now told it is a

\$150 billion a year industry. Think about that. It is the second biggest criminal enterprise in the world behind the drug trade. Unfortunately, again, it is happening in all of our States.

Just last month, a 26-year-old man was indicted on human trafficking charges. He used backpage.com to advertise the availability of two girls, ages 15 and 17. He advertised them for sex and trafficked them out to several hotels in the area. Thankfully, in this case, members of the Central Ohio Human Trafficking Task Force rescued both of the victims, one in Columbus and one in Toledo.

Cases like this are alarming, but they are happening all over the place. At the National Center for Missing & Exploited Children, experts on this issue report an 846-percent increase in reports of suspected child sex trafficking from 2010 to 2015. That is an increase of more than 800 percent in 5 years. The organization found this spike to be “directly correlated to the increased use of the internet to sell children for sex.” Again, it is the dark side of the internet, and trafficking has now moved from the street corner to the cell phone.

To confront this problem, as chairman of the Permanent Subcommittee on Investigations, along with my colleague and ranking member, Senator CLAIRE McCASKILL, now Senator TOM CARPER, I opened a bipartisan investigation into sex traffickers and their use of the internet. The investigation began over 2 years ago. The National Center for Missing & Exploited Children now says that nearly three-fourths—73 percent—of all suspected child sex trafficking reports it receives from the general public are linked to one website, backpage.com.

According to leading anti-trafficking organizations, including Shared Hope International, service providers working with child sex trafficking victims have reported that between 80 percent and 100 percent of their clients have been bought and sold on backpage.com. Backpage now operates in 97 countries—934 cities worldwide—and is valued at well over one-half billion dollars. According to an industry analysis, in 2013, \$8 of every \$10 spent on online commercial sex trafficking advertising in the United States goes to this one website, backpage.com.

As I said earlier, they say that they lead the industry in screening; in fact, their top lawyer described their screening process as a key tool for disrupting and eventually ending human trafficking. That is not true. Despite these boasts, the website and its owners have consistently refused to cooperate with our investigations on the Permanent Subcommittee on Investigations. With regard to our inquiries, despite subpoenas for company documents on how they screen advertisements, they have also refused to provide us documents after a subpoena. As a result, this body, the U.S. Senate, last year, for the first time in more than 20 years, voted to

pass a civil contempt citation—in other words, holding backpage.com in contempt and requiring them to supply these documents and come forward with this information or else face a lawsuit and potential criminal violations. Finally, last August, after going through the district court, the Circuit Court, all the way to the Supreme Court, we were able to get their request to appeal it rejected, and we were able to get the documents.

Over 1 million documents were eventually turned over, including emails and internal documents. We went through them all, and what we found was very troubling, to say the least. After reviewing the documents, the subcommittee published a staff report in January that conclusively showed that backpage is more deeply complicit in online, underage sex trafficking than anyone ever imagined. The report shows that backpage has knowingly covered up evidence by systematically deleting words and images suggestive of the illegal conduct, including child sex trafficking. The editing process sanitized the content of millions of advertisements in order to hide important evidence from law enforcement. I encourage people to take a look at this report. They can look at it on our website and other websites here from myself or Senator MCCASKILL.

Backpage CEO Carl Ferrer personally directed his employees to create an electronic filter to delete hundreds of words indicative of sex trafficking or prostitution from ads before they were published. In other words, they knew these ads were about selling girls, selling women online; yet they published them.

Again, this filter they used did not reject ads because of the obvious illegal activity. They edited the ads only to try to cover up the illegal activity. It didn't change what was advertised; it changed the way it was advertised. Backpage did nothing to stop this criminal activity. They facilitated it, knowingly.

What did they do? Well, afraid to erode their profits—they were afraid because, as Mr. Ferrer said, in his words, it would “piss off a lot” of customers. They began deleting words. Beginning in 2010, backpage automatically deleted words including “lolita,” referencing a 12-year-old girl in a book sold for sex, “teenage,” “rape,” “young,” “little girl,” “teen,” “fresh,” “innocent,” “school girl,” even “amber alert”—and then they published the edited versions of those ads on their website. They also systematically deleted dozens of words related to prostitution. This filter made these deletions before anyone at backpage even looked at the ad.

When law enforcement officials asked for more information about the suspicious ads, backpage had destroyed the original ad posted by the trafficker, so the evidence was gone. This notion that they were trying to help law enforcement flies in the face of the

fact that they actually destroyed the evidence that would have helped law enforcement.

We will never know for sure how many girls and women were victimized as a result of this activity. By backpage's own estimate, the company was editing 70 to 80 percent of the ads in their adult section by late 2010. Based on our best estimate, this means that backpage was editing more than one-half million ads a year—more than one-half million ads a year.

At a hearing on the report, the backpage CEO and other company officials pled the Fifth Amendment, invoking their right against self-incrimination rather than responding to questions we had about the report and its findings.

We also heard powerful testimony from parents whose children had been trafficked on backpage. One mother talked about seeing her missing daughter's photograph on backpage. She frantically called the company to tell them that it was her daughter—they finally found her—and to please take down the ad. Their response: Did you post the ad?

Her response: Of course I didn't post the ad. That's my daughter. Please take down the ad.

Their response: We can take it down only if you pay for the ad.

Talk about heartless.

Based on our report, it is clear that backpage actively facilitated sex trafficking taking place on its website in order to increase profits at the expense of vulnerable women and children. Then, after the fact, they covered up the evidence of these crimes.

What is happening to these kids is terrible. It is not just tragic. To me, it is evil.

No one is interested in shutting down legitimate commercial activity and speech. As I said earlier, the Communication Decency Act plays an important role, but we want to stop this criminal activity.

I see some of my colleagues are here to speak. I appreciate their allowing me to finish, but I urge all of my colleagues on both sides of the aisle to join me in reforming these laws to be able to protect these innocent victims, these children.

I yield back my time.

The PRESIDING OFFICER. The Senator from North Dakota.

Ms. HEITKAMP. Mr. President, before the chair of the Permanent Subcommittee on Investigations leaves, I also would like to put into the RECORD that, recently, in a raid that was performed in the Philippines, some very interesting documentation was seized about backpage, according to news reports, and the FBI was immediately called.

I think there is an opportunity to use that information to advance the investigation and to continue to expose the participation of backpage, not just as a billboard or as a want ad but as a knowing participant in the trafficking

of children—not just in our country but globally.

I thank the chairman.

FUTURE ACT

Mr. President, today I am joined by my colleagues from West Virginia and Rhode Island. We are kind of a motley group. We are talking about something that has brought us together with a level of excitement and bipartisanship. I would like to say that it is not just bipartisanship but really coming across the ideological barriers we frequently experience here to try and talk about an issue that is near and dear to our hearts, which is maintaining an opportunity for our coal miners and our coal industry to continue to do what they have done for generations—and that is to produce electricity that fuels this economy in the United States of America—but also recognizing that regulatory certainty is one of the key values we need to establish. In order to provide that certainty, we need to address concerns of other Members of our caucus who have in no small measure a lot of concern about what is happening with CO<sub>2</sub> emissions and what those emissions are doing environmentally.

I want to just kind of introduce this concept. Back in 2008, we passed something called 45Q, which was a provision that would allow for tax credits similar to what we have for wind and solar. Wind credits are production tax credits, and solar credits are investment tax credits. To provide for tax credits, \$10 and \$20—\$10 if you are injecting into a formation or you are enhancing oil recovery, \$20 if you are injecting into a geographic formation to store the carbons as CO<sub>2</sub>—those credits have proved to be, albeit used, but somewhat anemic to jump-start the technology, to jump-start the opportunity to see wholesale carbon sequestration.

We also know that since 2008, we have seen new technologies coming. I know my colleague from Rhode Island will talk about carbon utilization. We are expanding beyond just carbon sequestration—carbon capture and sequestration—to carbon utilization. It is a hugely important part of this puzzle. We believe that if we provide these tax incentives to our industries, if we provide these tax incentives to our innovators, it will drive technology that will have the benefit of guaranteeing that we will see a diverse fuel source in America that includes coal and includes natural gas. We always want to point that out, wherever we represent coal States. I know West Virginia is in proximity to huge natural gas fields. We know that we may be faced with a carbon challenge in natural gas, and the ability to capture CO<sub>2</sub> behind natural gas-fired power may be an essential ingredient for regulatory certainty into the future.

We are excited about this bill. We have 25 cosponsors who will advance and continue to talk about it and continue to grow colleague support. We hope this show of bipartisanship, this ability to work across the aisle, this



ability to come together—maybe not with the same motivations but certainly with the same goal—will prove that on one of the most contentious issues here, which is climate and coal, we can come together and actually get something done that we can all agree on.

With that, I yield the floor, and I defer to my colleague from West Virginia.

The PRESIDING OFFICER. The Senator from West Virginia.

Mrs. CAPITO. Mr. President, I thank the Senator from North Dakota. She has been a champion of building this bipartisan coalition. When we announced this yesterday, we had a very large board that showed quite a broad array of groups from around the country that are very much in support of this concept. So, I thank Senator HEITKAMP for her great leadership.

It is terrific to be on the floor with Senator WHITEHOUSE. We both serve on the EPW Committee together, and many times we are totally opposite. Sometimes we feel as if we are on opposite planets, I think, but definitely on different sides of this issue. It is great to be on the same side of an issue such as this, which really helps fortify not just our country but our regions and our beliefs as well.

As Senator HEITKAMP said, we have 25 cosponsors. Some of them are utilities, environmental groups, oil and gas companies, Governors, labor unions, so it is a great array of the country interested in carbon capture utilization and storage. We have done a lot of research in this area, but we haven't been able to scale it up to a point where it is economically viable, and that is where I think the tax credits will be not just welcomed and used, but it will be very important to see that scalability—which we have seen coming in small bits and pieces—maybe come in much greater amounts.

We obviously have a very robust coal industry in the State of West Virginia. We have lost thousands of jobs. Senator WHITEHOUSE and I have talked about his stay in West Virginia. He has great empathy for the coal miner and for those families that have lost jobs, but he is very concerned, as I think we all are, about what it is doing to our environment and how can we improve this.

That is what this legislation, I think, will help do. It will spur domestic investment in the technologies. It will also help us, I think, bring energy security because it goes to the baseload fuels, whether it is coal or natural gas, that we have to have.

I mean, in Washington, DC, today, it is hot out there, and I can guarantee you there are a lot of air-conditioners that are running at maximum speed. If we do not have this baseload power, which is coal and natural gas in areas—and I see my fellow Senator from West Virginia. We know, in coal country, how important that is and also what smiles on people's faces these air-con-

ditioners can bring, as these hot days go, because we are running at full capacity.

We want to make sure that by capturing the carbon stream, we prevent any waste emissions and we provide a possible valuable resource for industry. I remarked yesterday for industry to extract oil, which is very important, obviously, to the Senator from North Dakota and also in our Marcellus shale region.

I believe that with this research and with the spurring of this technology, CO<sub>2</sub> is going to have another use out there. There are all kinds of utilization possibilities, but if we just turn our backs on it or try to shut it down and make it unviable financially to invest in these technologies, we are never going to find that next best use of CO<sub>2</sub>.

So we tweaked the bill a little bit. The Senators have had this bill out for at least a couple of years. There is a companion bill in the House with a lot of cosponsors as well. I think it has, with 25 cosponsors on the Senate floor, bipartisan but very different philosophical beliefs, maybe. Maybe that is not the best way to put it. There are very different regional approaches to this, I guess would be a better way to state that.

We have our universities, such as West Virginia University and Marshall University, that are working on this. We have the National Energy Technology Lab in Morgantown, where Secretary Perry joined both Senator MANCHIN and me to talk about the technologies that are in front of us and the challenge for researchers.

I feel like financing and the economic model is where we are trying to go, in order to spur investment, to provide the regulatory certainty but also the investment certainty in that this is a keeper; that this is something that is here to stay, that it is doable, that it is economically feasible, that it is scalable, and it provides us with a lot of energy security at the same time. I think its greatest benefit of all is to keep our air clean and get it cleaner and meet the challenges of the next several decades.

With that, I turn it over to the Senator from Rhode Island.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, it is a great pleasure for me to be here with Senator HEITKAMP. We knew each other as attorneys general so I have admired the Senator from North Dakota for a long time. From my time in West Virginia, I remember Senator CAPITO's father who is a very formidable and renowned political personality in West Virginia. To be here with the two of them is a personal pleasure. Senator MANCHIN is also joining us, so I am very happy to be here.

I thank Senator HEITKAMP, Senator CAPITO, Chairman BARRASSO, and my friend Senator GRAHAM for leading this bipartisan effort, and I thank Senator MANCHIN for joining us on the floor.

We have more than 20 other cosponsors so this is a bill that has broad bipartisan support and has a great coalition behind it. It has everything from my great friends at the Natural Resources Defense Council, many of our friends in the AFL-CIO, to nonprofits like the Clean Air Task Force, to moderating groups like Third Way and the Center for Climate and Energy Solutions, which are trying to pick their way through the divide, industry groups like Wyoming's Cloud Peak Energy coal company and West Virginia's Peabody, a coal company, and the ethanol industry. So we have really good, broad support. It is an unusual coalition, and I am excited by it.

There are ways to remove carbon dioxide from the air and from emissions, and we are seeing a lot of it. I went with LINDSEY GRAHAM up to Saskatchewan to see the Boundary Dam facility, where they basically put the output of the coal-burning powerplant through a cloud of amino droplets that strip out the carbon dioxide and pump it to a nearby oilfield where they can use the carbon dioxide to pressurize the oilfield and facilitate the extraction of oil. That is made possible because they have an oilfield nearby that will pay for that carbon dioxide to use in order to extract the oil. If I remember correctly, they were getting close to \$30 per ton. That is a pretty real revenue stream, but a lot of our American coal facilities do not have the luxury of being next to an oilfield that will pay for the carbon so you have to look elsewhere for revenues to make it worth your while. What we have in America is a market failure in which there is nobody who will pay you for removing carbon pollution. The way our market is structured it just does not work.

The simplest approach, of course, would be to put a proper price on carbon and let the whole economy go to work in solving the problem of carbon pollution. Short of that, this bill takes an important step by putting a value on reducing carbon emissions by paying facilities with a tax credit for every ton of carbon emissions they can keep out of the atmosphere. If we can get this passed and if we can get this into the Tax Code so it is lasting, then investors can look at it and say: Hey, we can finally put some money behind these technologies, and we can get them going, not just in the power sector.

This reaches into industrial carbon capture, into technologies like carbon utilization, and into really exciting new technologies like direct air capture. Now, most of these are happening elsewhere. To look for the models, you have to go to Saskatchewan, like I did and like Senator HEITKAMP has done, or you have to go to Iceland, where they are pumping carbon dioxide down into geological structures where it reacts and becomes stone, or you have to go to Switzerland, where they are taking direct air carbon capture technologies, because, there, their market

is not broken so there actually is a return on this.

We are seeing good work at our National Labs, I will say, which is funded by Congress and people like Dr. Julio Friedmann, whom Senator HEITKAMP and I know and work with. We are doing exciting stuff. Yet to take it to a marketable level, there has to be a business strategy. You have to be able to make a business case to investors if you are going to put money behind building what could be a multi-hundred-million-dollar carbon capture plant. This will begin to do that, and it makes me very excited.

In particular, I thank my cosponsors for making sure we are not talking about CCS any longer and that we are talking about CCUS. It is not carbon capture and storage. It is carbon capture, utilization, and sequestration.

I have also been to Shenandoah, IA. Shenandoah, IA, has a big ethanol plant, and there is a company, called bioprocessH<sub>2</sub>O, that is in the exhaust stream of that ethanol plant. They pipe out their waste heat, their waste energy, their waste CO<sub>2</sub>, their wastewater all into a plant that grows algae, and the algae eats up the CO<sub>2</sub>. They take about 15 percent of it out of the stream, and it turns it into a product. They use it for feed, for cattle, for fish. They use it for makeup and other products. They use it for a whole variety of purposes. It is a new form of agriculture that is going to be very valuable, and the fact that you can make it efficient to strip carbon dioxide out of a plant's exhaust is a great thing.

This is a good way we can work together. It may be the first time I can think of that Senator McCONNELL and I have ever been on a bill together. He is not on it now in this particular iteration because neither he nor the Speaker want to get onto a bill that is a tax bill while they are looking at tax reform. Yet, clearly, we know where their hearts are from the fact that they were on it the last time. So there is a lot of welcomed political news around this, and I think it has the chance of really revving up American industry so it is not the Canadians and the Icelanders and the Swiss who are cleaning our clocks because we have not bothered to get our economic structure in order to make this a profitable undertaking. It is a great first step, and I am proud to be a part of it.

I yield to my friend, the Senator from West Virginia, JOE MANCHIN.

The PRESIDING OFFICER. The Senator from West Virginia.

Mr. MANCHIN. Mr. President, I thank my good friend from Rhode Island. I have been to his State, and we have gone to the algae farms. It has a lot of potential. I agree with the Senator 100 percent.

I applaud Senator HEITKAMP and Senator CAPITO for leading the effort to update and improve this tax credit for carbon capture, utilization, and sequestration. We have the support of 25 Democrats and Republicans—totally

bipartisan—and when you have Senator WHITEHOUSE and Senator BARRASSO on a bill, you know you have a real bill. It can happen. So that is very encouraging.

Senator CAPITO and I come from West Virginia, and Senator HEITKAMP comes from the energy-producing State of North Dakota. Coal was one of the most abundant energy sources in the world. It is lying on most continents, and most countries have it, and they are going to use it. It is a very efficient way of producing energy because it is plentiful.

Mr. WHITEHOUSE. Will the Senator yield for a question?

Mr. MANCHIN. Yes, sir.

Mr. WHITEHOUSE. Does the Senator know that, in Cumberland, RI, there used to be coal mining? In fact, there are still coal mines underground in New Cumberland, WV. Every once in a while, one collapses, so we have been there.

Mr. MANCHIN. I am so encouraged that you remember the history of your great State in not forgetting those coal mines.

We have to face the facts and the realization that there are 8 billion tons of coal being burned in the world on an annual basis. We burn less than 1 billion in the United States of America, and we are the country that has done more to clean up the environment than any other country. They all talk about doing different things, but we have taken the SO<sub>x</sub> and the NO<sub>x</sub> and the mercury out and the particulates. We have done more in the last two decades than has ever been done, and there is more that can be done.

I have to be very honest with you. The last 8 years was very challenging and difficult for us. No one wanted to make the effort. They talked a good game, but no one would put the investment into the technology that was needed. Now we have this bill—it is bipartisan that everybody is working hard on—that has a chance to really put us in the forefront of how we utilize this carbon capture and sequestration.

West Virginia has one of the first powerplants, the Mountaineer Power Plant, that shows it can be done commercially. We did a commercial test there. We know it can be done. We know it is expensive. At the time, President Obama said to go ahead and build a coal plant, and we will break you. He knew it was not financially feasible, and that is where that statement came from.

First of all, coal was a baseload fuel. There are only two baseload fuels in the world today. Baseload is 24/7 uninterrupted power. That is coal and nuclear. Gas has now replaced coal in the United States of America in its being more plentiful for the production of energy, which we depend on, but it still can be interruptible because the gas pipelines could be sabotaged. They could break, and weather conditions could change that.

So you have to make sure everything is working for the people of the United States of America who have always been used to and been dependent upon turning the switch on or their heat and their power or opening their fridge, and everything is working. It comes because you have baseload that is dependable, reliable, and affordable. You are going to have that.

I think, maybe in my grandchildren's lifetimes, they are going to see, maybe, commercial hydrogen, which will be water vapor. I think that is coming. It is just not here yet. So we are going to use what we have and what we need and make sure we do it in the cleanest fashion. The United States should be and will be the leader of this. This is what helps us do it, and it gives us incentive to move forward on it.

When we were doing scrubbers back in the eighties, the Clean Air Act, I will never forget, at the time, to do scrubbers that take sulfur out, you have to inject, basically, limestone. This crushed limestone, basically, clings to the sulfur, and the sulfur drops out in the form of the ash. What are you going to do with all of this by-product of this ash? Can it be detrimental? Is it hazardous? Guess what. A lot of the drywall you are using today is made out of the ash that came out of the new scrubbers from which we did not know we were going to have a by-product.

So there is value. I still believe in my heart, with this piece of legislation, that we are going to find a valuable use of this waste. Can it be solidified? We know we can take clear stream CO<sub>2</sub> off. Can we solidify this CO<sub>2</sub>? It would not just be sequestering it. We are doing it in liquid form now and pressuring it into the ground. If you have oil or some other energy that is valuable to return back, then you can offset the cost, but in a lot of parts of the country, we do not have that oil so we are not able to have a value returned. It is pure cost, and the cost is about one-third of the production. A perfect example: If you have a 900-megawatt powerplant and you have carbon capture sequestration, but you have no value in return, you lose 300 megawatts by pushing it into the ground. It makes it nonfeasible financially, and that is when the statement came, "You build it, and we will break it." That is how they break it. You cannot do it. So if we don't have to sequester it and pressure it in the ground when we solidify this clear stream carbon from liquids to solids, can we use the spent fuel of a solid carbon, CO<sub>2</sub>?

This is what we should be working on. These are the things we should be doing. We missed 8 years. We had a hiatus for 8 years. Let's catch up. This piece of legislation puts us on the path to make something happen, to truly make us unique in the world of what we do and how we do it. The rest of the world counts on us. All the other countries are talking about all the things they are doing in climate; trust me,

they are not. They are talking about it; they are not doing it. Even our NATO allies aren't using what we have already developed and perfected. They are not using scrubbers, and they are not using baghouses for mercury.

It is not CO<sub>2</sub> killing people in Beijing; it is basically particulates. It is particulates that we have taken out of the air. We can do this, but we need to work together. We can't be fighting each other. There is not a West Virginian I know who wants to breathe dirty air or drink dirty water—or an American—and they are not going to. We have improved and will continue to improve. But we can't be pitting one environmental group against another manufacturing or production group, and that is what we have done. We are just tearing each other apart because we are picking sides: Are you for the environment or are you for the economy? I am for both. I am for the environment, and I am for the economy, and I think there is a balance between the two.

If we do the technology and the manufacturers or the producers of electricity refuse to use the technology that is proven, then they should be shut down. They get a certain period of time to retrofit. If they will not do it, then shut them down.

We haven't gotten there yet on this, and that is why this piece of legislation is so important. All of the working groups and environmental groups—everybody should be behind this. We have an array of Senators who have come together, unlike most bills. We don't often have this happen. I am proud of what the Presiding Officer has done. I am proud of my good friend from North Dakota. I am proud of my friend from Rhode Island. I am proud of my friend from Wyoming. I am proud of everyone coming together and saying: If we are going to use it, let's do it better.

With that I say thank you—thank you to all of us for working together on this and for continuing to move the United States of America forward. West Virginia will do its part, I can assure my colleagues of that.

With that, I yield the floor.

THE PRESIDING OFFICER (Mrs. CAPITO). The Senator from North Dakota.

Ms. HEITKAMP. Madam President, one thing I want to talk about, as we are talking about carbon utilization—and Joe did a great job of talking about new technologies. Frequently when I talk about this topic people say: There is no such thing as clean coal. Coal cannot be a clean energy source. And I say: That is not true. I tell them about my personal experience with the largest carbon sequestration storage program in the country, up until some of the new developments, and that was Dakota Gas. I served on the board of directors of Dakota Gas, and, ironically, the carbon capture and transmission into an oil field was not done to respond to concerns globally about carbon; it was done to produce a sal-

able and lucrative byproduct—CO<sub>2</sub>—which can be used in the oil fields.

The one point I want to make is that a lot of the new development in exploration and in production of oil is done in tight formations, shale formations. This is not a technology, CO<sub>2</sub> flooding isn't a technology that has been widely used in tight formations because we haven't figured out how to do it.

I want to acknowledge one of those great American corporations, Occidental Petroleum, for doing something they call huff and puff, where they inject the CO<sub>2</sub>. They basically let that sit in the well and then eventually recharge the well. They are seeing excellent results in using this as an enhanced oil recovery method.

We are very excited about the bipartisan group. We are very excited that we can take one of the most contentious issues—one of the most contentious issues here on the floor—an issue for which, time after time, no one could find a path forward, and we have met with great success in getting good people to come together.

Finally, I want to say that it has been a joy to work with the junior Senator from West Virginia. I spend a lot of time with the senior Senator from West Virginia. The junior Senator from West Virginia, from my experience, is always looking for solutions to problems—not adding to the rancor, but looking for solutions to real problems. We have had a great partnership, and I look forward to our continued partnership in promoting and moving this issue forward.

With that, I yield the floor.

THE PRESIDING OFFICER. The Senator from Vermont.

#### HEALTHCARE LEGISLATION

Mr. SANDERS. Madam President, I wanted to say a few words about the new Republican healthcare plan that was just announced a few hours ago. While there are some modest changes in it, the truth of the matter is that this plan remains a disaster. It remains an embarrassment. I think the indication that it is an embarrassment is that with legislation that would impact about one-sixth of the American economy of over \$3 trillion a year—legislation that, because it is healthcare, impacts virtually everybody—there has not been one public hearing on this legislation. It has all been done behind closed doors. Honestly, no matter what one's view may be on where we as a Nation should go with healthcare, whether you like this bill or you don't like this bill, I just don't know how someone can seriously say that we don't have to hear from physicians about the impact of this legislation on their ability to treat their patients. I just don't know how you do that—or that we don't have to hear from hospitals.

I come from a rural State. What will the impact of this legislation and the massive \$800 billion cuts on Medicaid do to rural hospitals all over the United States? There is some belief that many rural hospitals in areas

where they are desperately needed will be forced to shut down. Is that the truth? That is what I hear, but I can't tell you definitively because there hasn't been a hearing on that issue. So I don't know how we go forward with legislation without having administrators from rural hospitals coming before the committee—I am on the Health, Education, Labor, and Pensions Committee—or the Finance Committee to answer that question.

The Presiding Officer comes from a State and I come from a State where we have a major opioid crisis. It is devastating the entire country. What will this bill do to our ability to prevent and treat the opioid crisis, which is decimating this country from one end of America to the other? What happens if you cut \$800 billion in Medicaid? How will people get the treatment they need today—which is inadequate? In my State, it is inadequate. I don't think there is a State in the country that today is providing the necessary treatment or prevention capabilities to deal with this opioid and heroin crisis, which is ravaging America. What impact will an \$800 billion cut have on that? I understand there is some additional money going into opioid treatment, but how do you do that without the framework of allowing people the access to get healthcare? If you get thrown off of healthcare, what will the additional opioid money mean? I think not a whole lot.

In this bill, there are still hundreds of billions of dollars—several hundred billion dollars—in tax breaks to large health insurance companies, to drug companies, to medical device companies, and to tanning salons. As a nation, are we really interested in giving significant tax breaks to large insurance companies and then throwing children who have disabilities off of the Medicaid they currently receive? Is that what the American people want? I don't think they do.

I have to tell my colleagues that this Republican legislation, as the Presiding Officer knows, has been opposed by almost every major national healthcare organization in the country, including the American Medical Association, the American Hospital Association, the AARP, which is the largest senior group in America, the American Psychiatric Association, the American Pediatrics Association. Virtually all of the major healthcare groups are saying that this legislation would be a disaster for the people they serve.

Just last night we had a teleconference townhall in Vermont and we had some 15,000, 16,000 people on the phone. The calls that were coming in were very painful calls. I almost didn't want to be honest in answering the calls. A woman calls up and she says: My son has a very serious medical illness, and we spend a fortune on prescription drugs. What is going to happen if this bill passes? What was I going to tell her, that perhaps her son would die? It is just not something I feel comfortable even talking about.

The truth is—and this is not BERNIE SANDERS talking, this is study after study after study that says that if you do as they did in the House, which is throw 23 million people off of health insurance, including people who are struggling with cancer, people who are struggling with heart disease, people who are struggling with diabetes, what does common sense tell us? If you are struggling with cancer and you lose your health insurance, what do you think is going to happen to you?

What study after study has shown is that thousands of people will die. It is not that any Republican here wants to see anyone die, but that is the consequence of what happens when you throw, as the House bill did, 23 million people off of health insurance. We should not be giving tax breaks to insurance companies and then throwing disabled children, or people with terrible illnesses who are fighting for their lives, off of health insurance.

The AARP is very strongly opposed to this legislation. The reason is pretty clear. What every person in America should understand, and I am not sure that many do, is that Medicaid now pays for over two-thirds of all nursing home care—two-thirds. What happens to the seniors and persons with disabilities who have their nursing home coverage paid for by Medicaid today? What is going to happen to those people?

What happens if your mom is in a nursing home? You don't have a lot of money, and your mom is in a nursing home paid for by Medicaid. What happens if Medicaid is slashed? What is going to happen to your mom? Is she going to be thrown out on the street or end up in the basement of your house? Are you going to have to make the choice about whether you take care of her or put away a few bucks to send your kid to college? If suddenly a daughter or a son is going to have to care for a mom or a dad thrown out of a nursing home, how do they go to work to earn the money their families need?

These are legitimate questions, and it would have been nice to have a hearing or two in order to answer those questions.

The bottom line is that we have legislation before us that is widely rejected by the American people. The last poll that I saw, which was done by USA Today, suggested that 12 percent of the American people supported this legislation—12 percent. Virtually every major healthcare organization in America opposes this legislation. There is nothing I have seen today—none of the tweaks that have been put into this make this legislation in any way, shape, or form acceptable.

It is no great secret that the Affordable Care Act is far from perfect. I don't think you hear anybody here say: Hey, the ACA is great; it doesn't need any changes. It does need changes. Deductibles are far too high in Vermont. Premiums are too high. Copayments are too high. And the cost of

prescription drugs in Vermont and all over this country is off the charts.

I was in West Virginia, and I talked to a woman for a moment after I spoke, and she said that she is taking care of her older brother. Her brother has seizures. The medicine her brother was using went up by 900 percent over the last few years. Why? Because that is what the drug companies can get away with. Tomorrow it may be 1,000 percent. Does anybody in America think that makes sense? Is anybody happy in America? Are people in Missouri happy, are people in West Virginia and people in Vermont happy that we are paying by far the highest prices in the world for prescription drugs? I don't think so. There are ideas out there about how we can significantly lower the costs of prescription drugs in this country, how we can lower deductibles, how we can lower copayments.

Now, as I have said many, many times, I happen to believe that while it is important that we improve the Affordable Care Act, at the end of the day, this country must do what every other major country on Earth does, and that is to understand that healthcare is a right, not a privilege.

Right now, we have 28 million people who have zero health insurance. If this bill in the House were to go through, there would be another 23 million on top of the 28—over 50 million people—without any health insurance. Does that make any sense to anybody?

Our job is to join the rest of the industrialized world and make sure that every man, woman, and child has healthcare as a right, no matter what your income is. When you get sick, you go to the doctor. When you have to go to the hospital, you don't go bankrupt. That is what a civilized democracy is about. That is what they do in Canada. That is what they do in the UK, France, Germany, Scandinavia, and Holland. Every major country on Earth guarantees healthcare to all people. That is where I want to see our country go, and I will be introducing legislation to make sure that happens.

More and more people all over this country want to move us in that direction. But right now, our job is to make sure that millions of people do not lose their health insurance in order to give tax breaks to insurance companies. Our job is to make sure that disabled children continue to get the care they need and older folks aren't thrown out of nursing homes. That is what we have to do.

So I urge in the strongest possible way the defeat of this legislation. Then, let's go forward to improve the Affordable Care Act, not destroy it.

I yield the floor.

The PRESIDING OFFICER. The Senator from Missouri.

#### NOMINATIONS

Mr. BLUNT. Madam President, it has been nearly 7 months since President Trump took office. He was sworn in on the steps of the Capitol on January 20.

Our colleagues across the aisle have had, frankly, more than enough time

to come to terms with the election results. Unfortunately, they seem to be channeling their disappointment through the confirmation process by engaging in an unprecedented level of obstruction.

We spent all this week when the Senate could do no other business on the executive calendar than to confirm three nominees—three nominees of about 500 that need to be appointed by the President. They are there only because the President would want them there. They come and go as Presidents come and go. Many of them have gone. The problem is that their replacements haven't been there.

If there is any doubt as to just how unprecedented this drawn-out confirmation process has been, let's look at how it stacks up against the previous administration. We are only a couple of weeks away from August, and Senate Democrats have only allowed us to confirm 52 of President Trump's 216 nominees. That is 24 percent. By the August recess of President Obama's first term, the Senate had confirmed 313 of his 454 nominations, or 69 percent.

So we start out with an incredibly slow start, where previous administrations—both the Bush administration and the Obama administration—by the end of the first week, or often by the end of the first day, had most of their Cabinet confirmed.

Getting a Cabinet confirmed is a process that took every minute of time that the Senate rules could possibly be stretched to allow.

Then, we look at nominations. The President, as I said, has nominated 216 people. Less than one out of four of them have been confirmed. In President Obama's term, even though he had more nominees by this time, he had a lot more confirmations. The Senate confirmed 69 percent of the Obama nominees.

There are currently more than 150 nominations waiting for confirmation, many of them are already out of committee. They are ready to come to the floor, but Senate Democrats have caused this backlog by using every procedural tactic to needlessly delay nominees. But, when they delay the nominees, they also delay our ability to get to the other work.

So there are two questions here. Are you going to let the President take over the government, which the Constitution and the Senate have been an active part of? Are you going to get the other work done? If you don't let the President take over the government, how do you effectively get the other work done? It is really a plan that works really well if what you want to do is slow down any changes of where the government was on January 20.

A Wall Street Journal editorial earlier this week said:

Democratic obstruction against nominees is nearly total, most notably including a demand for cloture filings for every nominee—no matter how minor the position. This

means a two-day waiting period, and then another 30 hours of debate. The 30-hour rule means Mr. Trump might not be able to fill all of those 400 positions in four years.

In fact, at the rate we are going, it will take more than 11 years to fill all the jobs that the President is supposed to be able to fill. I guess that would put us in the third term of the Trump Presidency before he ever got every job filled the first time, which the President is expected to fill under the laws that have been there, most of them for a long time.

The Wall Street Journal editorial talks about these difficult terms, like cloture. What does that mean? That means that you have to get a vote to move forward with the nomination—normally, not done where nominations are concerned.

There is a rule that allows you to have vigorous debate on any nominee who really is a problem, but that rule has clearly been abused. Now the cloture vote only takes 51 votes. This is no odd Senate majority or anything like that. A majority of the Senators can vote to move forward with the nominee. But then, if you will not consent to waive any of the other rules, you have to wait 2 days before you can get to that. You can't do anything else during those 2 days. Then you have to have 30 hours of debate.

That has happened over and over. As a matter of fact, this happened 30 times. That sounded like about 5 days to me, certainly 3½ days. That whole process has happened 30 times, only to have many of these nominees get 90 or more votes, to have no debate on the floor about the nominee for whom you are supposed to be insisting on 30 hours of debate and to come to the floor and talk about whatever else you want to talk about. But if you go back and view the tape on whatever has happened during these confirmations, you will find very little discussion of the 30 times that 30 hours of debate was supposedly required before we could get to a final vote. Then, often, in the final vote, in a bipartisan effort to find nominees who are willing to serve, they get more than 90 votes. That just has never happened before.

By the first August recess in his administration, President Obama only had eight cloture votes. So what has happened here 30 times under President Trump happened 8 times under President Obama. Three percent of the nominees confirmed under President Obama had a cloture vote between swearing in and August, but 60 percent of the nominees from President Trump have had a cloture vote, but about the same amount of real debate. If we look back at what happened in 2009, the hours of actual debate on nominees were about the same, but the use of the maximum abuse of the rules is different.

Let me say this. The rules of the Senate were designed to protect the minority, and that is a good thing. This is a unique body in a democratic country,

where the minority has been traditionally protected, and that protection lasts until the minority begins to abuse it. There will be a point here pretty quickly where I think Senators are going to have to wonder if this rule is any longer a rule that should be sustained.

We cannot continue to do what we are doing. We don't have 11 years and 4 months to confirm the Trump nominees. Nobody would want the President to have—well, maybe not anybody—an 11-year and 4-month term. But our friends on the other side are acting like that is how long he has to get just this rudimentary part of this job done that largely should have been done in the first 6 months.

Only 10 percent of the President's nominees' confirmations have been done by a voice vote. That is another alternative—just bring the nominee, nobody objects to waiving the rules, and you have a voice vote.

Ten percent of President Trump's confirmations have been done by voice vote while more than 90 percent of President Obama's confirmations were done by a voice vote. So we have the same percentages there, just totally turned around—10 percent for Trump and 90 percent for President Obama. The contrast is striking. It is not just simply math. It is, again, about the key positions of government that aren't filled.

As a member of the Intelligence Committee, I hear all the time that our country faces more threats from more directions than at any time in our history. But we have only been allowed by this strung-out process, insisted on by Senate Democrats, to confirm 6 of the President's 22 nominees for the Department of Defense. The Department of Defense has 22 nominees already made, and only 6 of them are over there doing the jobs, of which the President says: Here are the 22 people I would like to have, and there will be more names to follow.

The positions that haven't been confirmed are the Deputy Secretary of Defense, the next job in the Defense Department and the principal deputy under the Secretary of Defense; and the Assistant Secretary of Defense.

I don't know about everybody else. I was a little confused by how long these titles are. But if you look at what each of these people do, these are critical to the mission of defending the country and they haven't been filled. These are positions that need to be filled.

The President continues to work to improve the safety of our communities and enforce our Nation's laws. We have seen obstruction when it comes to the Justice Department and the 19 people who have been willing to serve—all of whom I think are out of committee or about to be out of committee.

If one of them is out of committee, that would be enough. But the President has nominated 19 people to fill these vacancies, and only 3 nominees have been confirmed. Two of the nomi-

nees who have been reported out of the committee received votes of 20 to 0 and 19 to 1. We would think that is somebody who could come to the floor with a likely voice vote.

My bet is that when they do get voted on, 98 Senators will vote for them. But if we continue to do what we are doing now, only 2 days after a cloture vote, 2 days after the vote, and then almost a day and a half of debate after that, it is a disservice to the people that elected us to do these jobs and even a greater disservice to the people who elected the President to do his job.

Once again, these are key positions in Justice—the Solicitor General of the United States, the principal person who argues in court for the United States of America—and it is the middle of July.

My colleagues from across the aisle have clearly decided that it is in their best political interests to stand in the way of the President's nominees, but, maybe, more importantly, to stand in the way of the Senate's ability to get its job done.

When I talked to Missourians, they want to know what we are doing and why we can't get the work done that they sent us here to do. They also want to know why we can't let the President do the job he was sent here to do.

We need to be working on the failures of the current healthcare system, how we make college more affordable, and what we can do to improve our infrastructure. Those are things we need to get to, and we need to allow the President to put his government in place for that to happen.

He was sworn in 7 months ago. He has every right to put the government in place. It is time for our friends across the aisle to stop grandstanding, to stop standing in the way. It is time to stop debating the Presidential election, and it is time to start debating the issues of how to run the government and to let the President put his people in those jobs so that process can begin.

Mr. President, I see my friend from Wisconsin is here. I will conclude my remarks.

The PRESIDING OFFICER. The Senator from Wisconsin.

(The remarks of Mr. JOHNSON pertaining to the introduction of S. 1553 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. JOHNSON. Madam President, I yield the floor.

I suggest the absence of a quorum. The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

REMEMBERING GENE ZERKEL

Mr. SULLIVAN. Mr. President, as you know, for months now, I have been

coming to the floor to recognize a special Alaskan, somebody who makes my great State a better place for all of us to live, someone we call the Alaskan of the Week, usually an unsung hero who has done great things but doesn't want anyone to tell you about it because they are humble people. Some of these people have been very well known throughout the State, and others, as I mentioned, are doing their jobs in different communities throughout the State, but they are all considered our Alaskans of the Week. Unsung, well known—they all share a love for Alaska for good reason: There is so much to love about our great State.

I know most of the people in this room and watching on TV and in the Gallery think of Alaska as a majestic place, majestic landscape. It is true. It is majestic, but it is truly the people of Alaska who make it such a special place, kind and generous people, patriots and pioneers who pave the way for the rest of us and leave a very indelible and important mark on my State and, in many cases, our country.

Today, I would like to recognize one of these very special Alaskans, a trailblazer, someone whose work has touched nearly every corner of the State, someone whom we recently lost, unfortunately, just this week, but his memory will last forever. I am talking about Gene Zerkel, who was a member of the "greatest generation" and an aviation legend in the great State of Alaska.

I don't have to remind you, but many others throughout our country don't know just how important aviation is to Alaska. In my State, our skies are the highways and the roads. We have about 8,000 general aviation pilots in Alaska, which is more than any other State per capita by far, and with good reason: There are no roads and ferry services to over 100 communities in Alaska, including regional centers like Bethel, Nome, Barrow, and Kotzebue. That means everything from mail services to baby diapers has to be flown in by plane, and if someone gets sick and needs to go to a hospital, the only way they get to see a doctor is by a plane.

Our pilots and our airline industry are essential to serving the people of Alaska, and Gene Zerkel has been a part of that service, a legendary part of Alaska aviation, for decades.

Let me tell you a little bit about Gene. He lived life on his own terms and defined it through love of God, family, country, and aviation. The latter—his passion for aviation—took hold when he was just 3 years old, then living in Indiana when he took his first airplane ride with a barnstormer. He was so taken with it, when he grew up, he continued to do some of those kinds of flights, traveling in airshows.

Like so many in the "greatest generation" in our Nation, he enlisted in the Army Air Corps during World War II and later joined the U.S. Air Force. He continued his passion for aviation after he left the military. Some of his

favorite adventures were flying during the construction of the DEWLine throughout Alaska and Canada in the 1950s.

In 1973, he fulfilled a lifelong dream so many people in America have, which was to come to Alaska and start a family. He started to fly in the great skies above Alaska. We are a better State and a safer State for it.

In Alaska, he owned and operated Great Northern Airlines and became senior VP of operations and maintenance for the legendary MarkAir. He also started Alaska Aircraft Sales and Maintenance, which still operates to this day on Lake Hood in Anchorage, AK.

He was an innovator. He transformed the de Havilland DHC-2 Beaver into what was known as the Alaska Magnum Beaver, and he was known for always putting safety first.

In 2007, Gene was awarded the Wright Brothers Master Pilot Award from the U.S. Department of Transportation and the FAA in recognition of his more than 50 years—half a century—of promoting aviation safety within the aviation industry, particularly in Alaska.

Gene lived for 90 years. He saw so much and did so much for many of us. His name is written above the skies of Alaska. But most importantly, he was a devoted husband of 48 years to his wife Joyce and the faithful father of nine children.

I had the good fortune of calling Gene a friend and was able to visit with him a few weeks ago. At 90 years old, he was still full of life and spark and energy and passion and optimism. I have also been in touch recently with one of his sons, a young Alaskan hero, Keenan, who has his father's passion for serving our country, with many deployments to Afghanistan as part of the 210th Rescue Squadron of the Alaska Air National Guard. He is literally a true hero in my State. Keenan carries on his father's passion for aviation, Alaska, and serving in the military.

Gene's love of country, family, and aviation will always be with us. My wife Julie and I pray for his family and his friends during this time.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

#### HEALTHCARE LEGISLATION

Mr. CASSIDY. Mr. President, I rise to speak to the repeal and replace effort that is before us, and the challenge has been how to do so. Senator MCCONNELL has recently introduced a bill, and as we pore over it, there is much to like, but quite likely, there will be some Senators who will still express reservations as to whether this amendment adequately fulfills President

Trump's campaign pledges—those pledges specifically to continue coverage, care for those with preexisting conditions, eliminate mandates, and lower premiums.

If more is required, Senator LINDSEY GRAHAM and I have actually come up with an amendment that we will add to the bill being offered. It doesn't replace it but, rather, it adds to it. In it, we return to conservative solutions that devolve power back to States and rely upon the States to, in turn, devolve power to the patient.

So what does this bill do? What we do basically is take the dollars that the Federal Government would give to a State under ObamaCare and we give those same dollars in the form of a block grant. We allow the State to then administer the money in its best way to, one, give patients the power, and two, fulfill President Trump's pledges.

We think this works. It is a 10th Amendment solution in which that which is not specifically given to the Federal Government is, in turn, given to the State. Let the States decide what they want to do. Some object. They say: Oh my gosh. A conservative State may do something that we don't think—whoever is speaking—it should be allowed to do. Another might say: Well, I don't think a liberal State should be allowed to do that. Under our bill, we devolve to the State, so a blue State can do a blue thing and a red State can do a red thing. Let's let our States be the laboratories of democracy that teach each other the best way in which to insure others. But we say it will be the State that has the power and not the Federal Government.

If you oppose this approach, it means you would trust a Washington bureaucrat more to address the needs of your State than you would trust the people of your own State.

We would still have those protections which would allow folks to get the adequate coverage they need. There would still be—for example, preexisting conditions will be covered, fulfilling President Trump's pledge to that end. We would fulfill what I call the Jimmy Kimmel test—that everybody who is ill or has a loved one who is ill would have adequate resources to have that person's illness addressed.

We have a precedent as to how this is done. Congress, I am told, when it addressed the Temporary Assistance for Needy Families Program, gave the dollars necessary, with flexibility to the States. Although at the time the solution was criticized as giving too much money to the States, since the Federal Government has not had to put in more money. Because of the flexibility, the States have been able to use the dollars allocated in such a way as to meet the needs of the population.

So what could a State do with these dollars?

It could help those patients who are at higher risk or higher cost purchase

the coverage they need, perhaps in a reinsurance or in an invisible high-risk pool that would allow premiums to be lowered for those individuals and for all.

It could maintain status quo. Those folks getting tax credits instead could have these dollars fund their purchase of insurance. It could be used together with Senator CRUZ's amendment, which would allow a health savings account to be used to purchase health insurance. The individual could set up such an account, the State could fund it, and then these dollars could then be used to purchase insurance. I like that, personally. That particular provision was in the Cassidy-Collins bill, the Patient Freedom Act, and it dovetails very nicely with block-granting these dollars back to the States to care for someone.

It could directly contract with providers to provide assistance to a specific population. So imagine you have an Indian reservation—or if not an Indian reservation, which might be covered under another source of funding, another fairly isolated population that does not have access to healthcare, the State could say: OK, we are going to come in and provide providers specifically for that population.

Alaska may adopt this because they have 700,000 people stretched over a land mass almost as big as the lower 48, and that might be a solution Alaska comes up with, but the point being, the solution would be specific for that State. Unlike ObamaCare, in which, out of Washington, DC, Washington bureaucrats dictate that the same approach be taken across the Nation no matter how different the States are, in this, the money is given to the State, and the State is asked to provide for their citizens in a way specific for the needs of that State.

We think the Graham-Cassidy amendment returning power to States and to patients is a conservative solution which ultimately gives the patient more power. I will repeat. This does not replace that bill which is being offered by Senator MCCONNELL. It would be an amendment to that. And if it turns out that some Senators feel as if that particular bill is not adequate to fulfill President Trump's campaign promises, we think this amendment could take the bill the rest of the way.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

Ms. CANTWELL. Thank you, Mr. President.

I know my Republican colleagues are working on versions of the healthcare bill they have been talking about today, and I know my colleagues are

going to try to say they are protecting the sickest of Americans, and they are saying they do want to ensure that people with preexisting conditions don't have to pay through the nose when they need care. I think the President called the House version of this attempt a mean bill, and I think the original Senate bill was just as mean, if not meaner, with the number of people who would be cut off of Medicaid over a period of time and left without access to care.

Today's bill also includes an amendment or a package of ideas by my colleagues from Texas and Utah—a provision that allows insurers to sell junk insurance on the individual health insurance market. As long as they offer at least one plan that is real insurance, insurers could offer a bunch of plans that, as CBO has said, are not really insurance; that is, they just cover one or two things. Yes, they would be cheaper, but if CBO doesn't consider these types of plans insurance, how are they insurance?

I think the whole notion of junk insurance being invested into this bill is very problematic. Under junk insurance plans, they can limit or deny coverage of essential benefits, including hospitalization, maternity care, preventive care, prescription drugs, laboratory care, and substance abuse treatment. That is what they can limit. We wouldn't want those limited. This is why CBO says that if you can't go to the hospital and get care, then it is not really insurance. I have to agree with them on that.

These plans could charge people more or simply deny them based on pre-existing conditions, and these plans could pay out less than 60 percent of the healthcare expenses, leaving the beneficiary with unbelievable, insurmountable deductibles that would be hard to pay. These plans could also impose an annual or lifetime cap on insurance.

I had a young woman come to my office today who was treated at Seattle Children's Hospital in our State. This family actually lives in a neighboring State, but Seattle Children's Hospital is such a regional entity in the State of Washington, in Seattle, and we are so proud of that. They told me about the debilitating disease this young child was born with and how many surgeries she has had. Literally, with the brain treatments she has had to receive, she and her mother told me that if there had ever been any lifetime caps, they would have exhausted them in the first few years. I am so proud that she came to see us today and is continuing to talk about why capping healthcare plans would be so devastating to somebody like her.

We don't want to create two markets of insurance. We don't want the one that is the real plan, real insurance, and the one where everybody goes and buys insurance that even CBO says is not real insurance.

I know that probably in the last few days of discussion, people have said:

Ok, we will put a bunch of money in to help the real, or regulated market. I talked to my insurance commissioner in the State of Washington, and he said: Listen, when you don't spread out risk, you are not going to have a market and you are going to create problems.

So the notion that you think that catastrophic out-of-pocket costs won't be borne by these individual patients, I think, is wrong or that these higher premiums and deductibles could be paid by these individuals. It turns out that these junk plans, as I said, do not even count as insurance, and everybody who is in the real insurance market would then end up having to pay more.

The bill explicitly states that non-compliant plans will not count as creditable coverage for the purpose of individuals demonstrating that they have insurance.

I am checking with my staff.

Is that right? Is that what is in the proposal?

Yes. The bill explicitly states that noncompliance plans will not count as credible coverage for the purpose of individuals demonstrating that they have insurance.

Under this bill, if someone gets one of those junk plans—if somehow you see that marketed and you buy into it because you think it is cheap and you think it is the greatest thing ever—and then you try to enroll in a comprehensive plan, there is a good chance that you will get a lockout period of 6 months before you can get coverage.

Why am I here talking about this? Because the State of Washington tried this. We tried this approach in the 1990s. After our State had passed a major healthcare reform bill in the 1990s, a group of State legislators allowed these junk plans to be sold along with compliant plans. Guess what happened? Nearly all of the insurers in our State pulled out of the individual insurance market, and a death spiral ensued. Why? Because the cost then of that individual market was so high and so great that they could not service it.

They said: Oh my gosh, if I have to offer a compliant plan along with this junk insurance, I cannot make the compliant plan work because it costs so much. We are not staying.

This very important experience taught us that that is not the way for us to spread risk.

I am concerned—and I have heard from a number of patient advocacy groups, not just the young woman from Seattle Children's Hospital who came to see me today but consumer groups and health insurers themselves, like America's Health Insurance Plans, Blue Cross Blue Shield Association, AARP, American Cancer Society's Cancer Action Network, American Diabetes Association, American Heart and Lung Association, Cystic Fibrosis Foundation, March of Dimes, National MS Society, National Health Council, and the National Coalition for Women

with Heart Disease. All of these organizations do not like this idea of junk insurance, of saying you can have a compliant plan that is real insurance and a marketplace in which there are things that are not really insurance, because then people are going to go buy a bunch of things that are not really insurance and then not have the ability to get cost and care and run up uncompensated care. Then you are going to make the real market unsustainable and unresponsive, and the rates are going to go so high that people are just going to pull out.

A group of 10 of those leading patient advocacy groups wrote:

Under the amendment, insurance companies would be allowed to charge higher premiums to people based on their health status—in addition to opting out of other patient protections in current law, such as the guarantee of essential health benefits—

Those are the things I was going over a few minutes ago—

and the prohibition on annual and lifetime coverage caps.

They go on to write:

Separating healthy enrollees from those with preexisting conditions will also lead to severe instability of the insurance market. This is unacceptable for our patients.

Yesterday, America's Health Insurance Plans wrote:

Allowing health insurance products governed by different rules and standards would further destabilize the individual market and increase costs for those with preexisting conditions.

That is the largest health insurance group in the country, and they are writing this.

If they are telling us in advance that this is going to really destabilize the market and cause problems, we should listen because right now what we have had is an expansion of Medicaid and covering more people, raising the GDP and helping areas of our States and country and creating more stability.

We have had some challenges in the individual market. We should fix that. We should definitely drive down the cost of the delivery system by continuing to improve it. But the notion that this is the fix for the individual market when the providers are telling us it is going to destabilize the market and drive us out—we should understand what the result of that is going to be.

Yesterday, the Blue Cross Blue Shield Association wrote:

The result (of Cruz/Lee) would be higher premiums, increased Federal tax credit costs for coverage available on the exchanges, and insurers exiting the market or pricing coverage out of reach of consumers.

I believe our goals should be trying to drive down the cost of insurance. We have lots of ideas about that, and I want to work with our colleagues on that, but I am very concerned that this approach to try to get people supporting a Senate proposal is the wrong approach and will drive people out of the market.

I think the bill is still a war on Medicaid. The bill still permanently cuts

and caps the Medicaid Program. I have said numerous times that we saved \$2 billion in the State of Washington by rebalancing people off of nursing home care and on to community-based care. It is a great concept. Look, we have a lot of people who are going to live longer. We have baby boomers who are reaching retirement. The number of people who are going to demand services, whether from Medicaid or Medicare, is going to be increased just because of the population bubble. We should be doing things to drive down the costs of care.

There are great ideas, and I was able to get some of those in the bill. We ended up passing those things, and some States are actually working on that. More than 15 States are actually working on that concept of rebalancing to community-based care and making long-term care more affordable under this provision. I guarantee you that we have to do that, but if you permanently cap or cut Medicaid, you are going to have veterans who use access to Medicaid for care who are not going to get care. You are going to get people who need opioid treatment.

I find it interesting that we would have this program over here. I see that my colleague from Michigan is on the floor. We call it the Saginaw Health Clinic.

One would say: OK, Saginaw Health Clinic, there is a bunch of money in this bill. Apply for opioid help.

They would say: OK. We are going to get \$10 million.

When you walk in the door of the opioid Saginaw Health Clinic, the first thing they will ask is if you are on Medicaid. If you are not on Medicaid, you are not going to get any opioid help.

So the notion that we would cut people off of Medicaid but put more money in the opioid problem is not what we need to do to solve our challenge. What we need to do is make sure we are delivering the most cost-effective care as possible and make sure people are getting access to care.

That is why I have been all over the State of Washington. I have met so many people. I have met people at healthcare facilities who have told me that some of their highest costs were from a patient who continually came to see them in the emergency room, maybe 30 times a year, because he did not have coverage, so he drove up the cost for everybody. They said they finally got this person on the Medicaid expansion. Guess what. They do not have those costs anymore in their hospitals and facilities. It has driven down the costs.

I do not want to see people kicked off of Medicaid. I do not want to see it cut in a declining budget. I want us to improve Medicaid and make it more cost-effective and more utilized and supported.

Estimates by the CBO of the original Senate bill are that the Medicaid cut would be \$772 billion over the next dec-

ade and that the Federal investment would be cut by 35 percent within the next two decades, relative to current law projections. That is a lot of consequence for the Medicaid population. I think that is why we have so many groups and organizations here that are anxious about this proposal and where we go. We definitely want to talk to our colleagues.

One former CBO Director said, the junk insurance idea is "a recipe for a meltdown." This is someone who served in past Republican administrations, and I take his word seriously.

I think what we need to do is work together to make sure we get a program that addresses our most fundamental issues—the challenges in the individual market, keep addressing how we keep and stabilize a population on the most affordable rates there are, and keep the things we know have worked very well, like the Medicaid expansion. It has worked. It has supported people, and it has helped us stabilize the market.

I will remind my colleagues, too, that the State of New York took one provision of the Affordable Care Act and has 650,000 people in New York on a very, very affordable insurance plan. We think that if you are an individual in the individual market, you should be able to get the same clout as somebody who works for a large employer. You should be able to go in and buy in bulk as a class, as a group of people, and when you buy in bulk, you should get a discount. That is what we think will help us in the individual market to drive down these costs for what is about 7 percent of the marketplace.

I urge my colleagues to reject this latest proposal. Let's get serious about fixing the things that we know we can fix and improve upon, but for the over 22 million Americans who are very nervous about this proposal because they know they are going to get cut off of care, let's not do that to them. Let's improve where we need to go in affordability in the healthcare arena and not think that a junk insurance program or cutting people off is the solution for the future.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan.

Ms. STABENOW. Mr. President, first, I want to thank my friend from Washington State, who has been such a leader on healthcare.

In looking at her chart, at the junk insurance amendment and all of the groups opposing it, it reminds me of the calls I used to get prior to the Affordable Care Act from someone who was healthy and young and had a policy for years that was only \$50 a month. He thought it was great. Then, all of a sudden, he got sick or his child got sick.

He called me up and said: I paid into insurance all of these years, and they only covered 1 day in the hospital.



I remember having that conversation with somebody—or no days in the hospital. That is what you call a junk insurance plan.

This latest version of the healthcare bill would allow that to come back so that somebody will have the false confidence in paying \$30, \$40, \$50 a month and thinking he has insurance. Then, if something happens, he will find out it is just a bunch of junk and that it does not cover anything. That is going to be legal again. Right now, it is not legal to do that. With health reform, we stopped that. But that would be legal again under this proposal, and I am deeply concerned about that.

I am obviously rising to talk about the Republican healthcare bill. I do not believe it is a healthcare bill, but that is what we are debating, is healthcare or whether healthcare will be taken away. What I would rather be doing is working with my friend who is in the chair on lowering the cost of prescription drugs. We have worked on many things together—mental health and addiction services. I would rather be doing that than debating what we are debating. I would rather be focused on how we lower the cost of prescription drugs, which is the cost I hear about the most from my constituents, or about other out-of-pocket costs for people who are in the private insurance system, the individual insurance market.

We do have situations in which copays and deductibles are too high in the private insurance market. Gutting Medicaid will do nothing about that—nothing. It will just take away healthcare from tens of millions of people. It will not change the private insurance market at all, which is where I believe we need to focus, and I am anxious to do that and work across the aisle in order to do that.

I want to make sure we are talking about building on healthcare coverage, lowering costs, and tackling prescription drug costs. Instead, this bill would take away healthcare from millions of Americans. We know that from the nonpartisan Congressional Budget Office. We don't know yet how many millions under the current version, but we know that at some point, we will get a score on that from the Budget Office. We know it will be a lot of people who are going to lose their insurance, and they don't need to lose their insurance in order to tackle bringing down the cost of insurance.

So what do we know about this proposal? The versions keep changing, but it is the same old song over and over again—a little bit of change, a little bit of different refrain, but it is the same old song in the end. What we know is that doctors don't like it and nurses don't like it, hospitals don't like it, insurance companies don't like it.

People in Michigan don't like it. They have called and written and told me in person, people approaching me in Fourth of July parades. People are scared. They are concerned. A woman's

mom is in a nursing home who has Alzheimer's disease, and she is panicked. Three out of five seniors in nursing homes in Michigan are there with the help of Medicaid health insurance. Others are deeply concerned about their family members, their children, themselves.

This is called the Better Care Act, but there is nothing better about it. Democrats have ideas to actually make our healthcare system better, by stabilizing our insurance markets and making premiums more affordable. My friend Senator SHAHEEN of New Hampshire introduced the Marketplace Certainty Act. It would ensure cost-sharing payments that were part of healthcare reform, that they would actually remain in a stabilizing way so they could be counted on. This would offer peace of mind to families and stability to the market.

Senators CARPER, KAINE, NELSON, and SHAHEEN introduced the Individual Health Insurance Marketplace Improvement Act, which would create a permanent reinsurance program, which we had before—before it was changed 2 years ago—to stabilize the market and bring down premiums.

There have been things that would happen to destabilize the markets. Two years ago, there was an action, and now with a new administration we need to stop that and reverse it and stabilize the markets.

Senator HEITKAMP has a proposal that helps more families afford health insurance by smoothing out the individual market tax credit cliff that is there—the tax credits that help low-income, moderate-income people be able to afford insurance—to fix that in a way that is more beneficial to families.

Senator MCCASKILL's Health Care Options for All Act would allow people who live in a county without an insurer on the exchange—they don't have anybody in the private individual marketplace exchange, no insurance company—to sign up for the same exchange plans we have. There are people being covered. We hear a lot about Iowa, for instance. Even though there may be no private insurance companies doing a private marketplace option, Senators, Representatives, our staffs who are required to be in, as they say, ObamaCare or the Affordable Care Act, have an exchange. So to help people immediately, we could allow the people of Iowa to get the same option that their Members of Congress in Iowa have and that their staffs have. That would be possible, as a way to address this issue in the short run and to help people. I don't know why somebody who is in Iowa or Michigan or anyplace else shouldn't be able to get the exact same coverage a Member of Congress can get.

Here is what we do know in terms of the ideas in the bill. Our Republican colleagues know how unpopular the bill is. A new poll found that only 12 percent—12 percent—of Americans support this bill. It is so unpopular they have

been trying to rewrite it and get enough votes to pass it. We keep hearing about changes, but unfortunately none of these amendments make it better. In some cases, like the junk insurance policies that will be allowed, they actually make it worse.

Now, the proposal that would provide \$45 million to tackle the opioid epidemic, even Republican Ohio Gov. John Kasich said it would be like spitting in the ocean. It is not enough, he said. I appreciate the focus on that. It is a horrible epidemic. It is an epidemic in Michigan and across the country, but it is certainly not enough to make up for the huge cuts to Medicaid insurance—healthcare insurance, as the Senator from Washington State indicated.

The other proposal that we understand is in the new bill, as I mentioned before, would give insurers the freedom to once again refuse to cover basic health services like maternity care or addiction treatment, as long as one plan they offer, among many, would include essential health benefits. So everything else could be junk, and there would be one high-cost plan that would actually cover things families need.

Insurance companies themselves know this is a terrible idea. In a letter to Senator CRUZ and Senator LEE, Scott Serota, president and CEO of Blue Cross Blue Shield Association, wrote that their plan “is unworkable as it would undermine pre-existing condition protections, increase premiums and destabilize the market.” That is what is viewed as this great new provision in the bill.

He added: “The result would be higher premiums, increased federal tax credit costs for coverage available on exchanges, and insurers exiting the market or pricing coverage out of reach of consumers.”

In other words, premiums would skyrocket for older people, people who take prescription drug medications, people with chronic conditions. Everyone else would be left with the junk insurance policy that doesn't cover really anything, and they feel OK unless they get sick. We would all be stuck with a fragmented, destabilized insurance market.

Remember preexisting conditions? This would bring them right back.

This bill is wrong for many, many people, but let me mention Felicia. In 2011, she was an AmeriCorps member serving in Lansing who didn't have health insurance. When she started feeling tired all the time and losing weight, she went to the Center for Family Health in Jackson.

Felicia was diagnosed with stage IV Hodgkin's lymphoma. The Center for Family Health helped her get coverage through Medicaid and care at the University of Michigan, including chemotherapy and later a stem cell transplant.

Felicia writes:

Now I am feeling awesome. I am cancer-free, and I am working part time while I am

finishing up college. I feel that I owe my life to the Center for Family Health.

Felicia knows the importance of comprehensive health coverage. It saved her life.

Nick and Chelsey know it too. They and their three young children are covered by Healthy Michigan, our State's Medicaid expansion. Nick and Chelsey are both employed full time. Chelsey also attends college full time.

During a routine visit, doctors discovered that her oldest son was born with an obstructed kidney, which had lost one-third of its function by the time he was 5 years old. Thanks to the Medicaid expansion, he was able to have surgery before his kidney lost all function. Without the Medicaid expansion, which ends under the Republican bill, these working parents and their three children couldn't afford healthcare coverage, let alone surgery.

Margo knows this because she sees it every day. She manages a clinic in Kent County on the west side of the State. She said the lives of patients are much different today than they were a few years ago. Margo wrote:

Seeing working people who have struggled all of their adult lives to manage their chronic health conditions finally have access to regular doctor visits, health education, and prescription medications has been a tremendous relief. You cannot imagine the sense of dignity our patients feel.

She added:

Please see it in your heart to care about the people of Michigan who work but do not get insurance through their employer.

So, finally, let me just say, doctors know this is a bad bill. Nurses know this is a bad bill. Hospitals know this is a bad bill. Insurance companies know this is a bad bill. I know that even many of my Republican friends know this is a bad bill. Their amendments haven't changed that. Costs go up and care goes down. Preexisting conditions come back. Millions lose their coverage.

What we should be doing is working together to stabilize the marketplace, reduce out-of-pocket costs, and lower the outrageous costs of prescription drugs—by the way, not giving a tax cut to prescription drug companies, as is in this bill, and other companies as well.

Felicia, Nick, Chelsey, and millions more like them in Michigan and across this country deserve that much.

I sincerely hope that when it comes time to vote on whether to proceed to this bill, that the majority of the Members in the Senate will say no.

Thank you, Mr. President.

The PRESIDING OFFICER. The majority leader.

## LEGISLATIVE SESSION

### MORNING BUSINESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

(At the request of Mr. SCHUMER, the following statement was ordered to be printed in the RECORD.)

### VOTE EXPLANATION

• Mrs. MCCASKILL. Mr. President, I was necessarily absent for today's vote on confirmation of Executive Calendar No. 104, William Francis Hagerty IV to be Ambassador to Japan. Had I been present, I would have voted yea.●

### HELP FOR WILDLIFE ACT

Mr. CARDIN. Mr. President, a few weeks ago, I joined Senators BARRASSO, CAPITO, KLOBUCHAR, BOOZMAN, and BALDWIN in introducing S. 1514, the Hunting Heritage and Environmental Legacy Preservation—HELP—for Wildlife Act.

This bill represents a more than \$100 million annual Federal investment in the protecting the bay. The bill has several provisions, one of which reauthorizes the programs at the heart of restoring and maintaining the health of the Chesapeake Bay watershed. S. 1514 reauthorizes the U.S. Environmental Protection Agency's, EPA, Chesapeake Bay Program through 2022 at \$90 million per year, which is more than the program has ever been funded in its history. This unique regional partnership, managed by EPA through the Chesapeake Bay Program office in Annapolis, helps program partners collaborate to achieve the goals of the voluntary, bipartisan Chesapeake Bay agreement. Because this program expired in 2005, reauthorizing the program is critical to secure necessary appropriations and reject the Trump administration's proposal to eliminate the program.

S. 1514 also reauthorizes the Chesapeake Bay gateways and water trails network and the Chesapeake Bay Gateways Grants Assistance Program, which provides \$6 million per year throughout the watershed in technical and financial assistance to State, community, and nongovernmental partners to increase access to the Chesapeake Bay and its tributaries. The bill also reauthorizes the National Fish and Wildlife Foundation, NFWF, until 2023. As the Nation's largest conservation grant-maker, NFWF has been instrumental in completing conservation projects in Maryland and around the Chesapeake Bay. In 2016, the State received nearly \$5 million in funding for projects protecting and restoring habitat for fish and wildlife.

S. 1514 also reauthorizes the North American Wetlands Conservation Act, NAWCA, which provides grants to increase and protect wetlands which not only provide habitat for wildlife, but also reduce the severity of flooding and coastal erosion, and improve water quality. In the 2014 to 2015 grant period alone, Maryland received \$1 million from the NAWCA program, which was

leveraged with nearly \$3 million in additional contributions by outside partners to protect 1,600 acres of wetlands in the State.

The bill reauthorizes the Neotropical Migratory Bird Conservation Act for another 5 years and authorizes \$6.5 million to be spent each year on conservation projects that protect more than 350 different species of birds which summer in the United States and winter in the tropical regions. Twenty-one different State birds are neotropical migrants, including Maryland's famous and beloved Baltimore Oriole.

S. 1514 codifies the National Fish Habitat Partnership, a collaboration between public agencies, private citizens, and nonprofits for promoting fish conservation. America is home to more than 3,000 species of fish, and 22 percent of the stream miles in this country are at high or very high risk of current habitat degradation. Over the past few years, \$175,000 in funds from this program were used in Maryland to rehabilitate three different streams, funding which was 27 matched by \$843,000 from private investors. The partnership estimates that the improved habitat in the three streams for brook trout provided a total socio/economic impact of \$9.2 million.

I am proud that S. 1514 contains so many provisions to help the Chesapeake Bay and the State of Maryland.

I would like to speak for a minute about the importance of reauthorizing these programs and the "power of the purse." As my colleagues in the Senate well know, the "power of the purse" is the two-step process of authorizing and appropriating. Authorizing legislation can establish, continue, or change programs and activities, and it signals to the appropriators that they should fund these programs. The budget process is not complete until the appropriations process provides the actual funding for the activities and programs established through the authorization process.

Office of Management and Budget Director Mick Mulvaney has said that President Donald Trump is sending a deliberate message to Congress about spending money on unauthorized programs. With the President putting an emphasis on boosting defense spending without adding to the deficit, administration officials are looking closely at expired authorizations. By reauthorizing these programs, we are sending our own clear message back: these programs matter to our constituents and to us.

Mr. Mulvaney said lawmakers too often ignore the "regular order" process of approving a budget, authorizing specific programs, and then appropriating the money for those programs. "We actually spend a lot of money in the federal government on programs that aren't authorized at all," he said. "Either they used to be authorized and they lapsed, or they were never authorized in the first place. They simply were appropriated without any authorization. It's the wrong way to do it."