The Senate met at 10 a.m. and was called to order by the Honorable Ben Sasse, a Senator from the State of Nebraska.

PRAYER
The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.
Almighty God, by whose providence our steps are ordered, You are our source of hope, joy, and peace.
Guide our lawmakers on the path of integrity so that they will honor You.
Lord, inspire them to recommit to the noble principles upon which our Nation was founded. Give them wisdom to trust You with all their hearts and to passionately and humbly pursue Your will, knowing that You have promised to direct their paths. Today, may our Senators experience the constancy of Your presence. Lead them to Your higher wisdom, and bring them to the end of this day with their hearts at peace with You.
And, Lord, sustain those who are dealing with the ravages of Hurricane Maria.
We pray in Your great Name. Amen.

PLEDGE OF ALLEGIANCE
The Presiding Officer led the Pledge of Allegiance, as follows:
I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE
The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. Hatch).
The senior assistant legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
To the Senate:
Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable Ben Sasse, a Senator from the State of Nebraska, to perform the duties of the Chair.

Orrin G. Hatch,
President pro tempore.

Mr. Sasse thereupon assumed the Chair as Acting President pro tempore.

RESERVATION OF LEADER TIME
The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

CONCLUSION OF MORNING BUSINESS
The ACTING PRESIDENT pro tempore. Morning business is closed.

EXECUTIVE SESSION

EXECUTIVE CALENDAR
The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will proceed to executive session to resume consideration of the Francisco nomination, which the clerk will report.
The senior assistant legislative clerk read the nomination of Noel J. Francisco, of the District of Columbia, to be Solicitor General of the United States.
The ACTING PRESIDENT pro tempore. Under the previous order, the time until 11 a.m. will be equally divided between the two leaders or their designees.
If no one yields time, time will be charged equally to both sides.

RECOGNITION OF THE MAJORITY LEADER
The majority leader is recognized.
Mr. McConnell. Mr. President, later today, the Senate will vote on the nomination of Noel Francisco to become our Nation’s next Solicitor General.
The Office of Solicitor General is responsible for representing the United States in litigation before the Supreme Court. It is a very important office, and Mr. Francisco is very well qualified to lead it. His private sector resume is impressive, and his public sector service is remarkable.
He clerked for a towering figure on the Supreme Court, the late Justice Antonin Scalia. During the administration of President George W. Bush, he worked in the White House Counsel’s office. He is currently serving as a senior advisor in the Justice Department, after having served as Acting and Principal Deputy Solicitor General earlier this year.
Mr. Francisco has successfully argued a number of complex cases before a number of courts, including, notably, the case of the National Labor Relations Board v. Noel Canning before the
I want to thank the President and his team, as well, for their strong involvement. Comprehensive tax reform is clearly a top priority for this White House, just as it is for this Congress. So let's deliver more opportunity to the middle class. Let's continue the hard work of tax reform to help American families and small businesses get ahead.

**HEALTHCARE**

Mr. President, the men and women we represent have suffered a lot under an obsolescent Tax Code. Patients face plumeting choices, and collapsing markets. Many of us thought our constituents deserved better. That is why we did as we promised and voted to repeal this failed law so that we could replace it with something better.

The forces of the status quo went all out to defeat our every effort to improve healthcare. Thus far, they have succeeded. Thus far, they have yet to offer truly serious solutions of their own.

Last week, our colleague from Vermont rolled out healthcare legislation that would quadruple down on the failures of ObamaCare. It envisions what is basically a fully government-run, single-payer system in the kind of system that would strip so many Americans of their health plans and take away so many decisions over their own healthcare, that would require almost unimaginably high tax increases, and that already collapsed, interest-ingly enough, in the Senator's home State of Vermont when they tried to do it.

This is a massive expansion of a failed idea, not a serious solution, but Democrats are coalescing around it anyway. They apparently think this massive expansion of a failed idea is what America’s healthcare future should look like. You can be sure that they will do everything in their power to impose it.

But we don’t have to accept it as our future. That is certainly what Senators GRAHAM and CASSIDY believe. They rolled out a healthcare proposal of their own last week. It would repeal the pillars of ObamaCare and replace that failed law’s failed approach with a new one, allowing States and Governors to actually implement better healthcare ideas by taking more decision-making power out of Washington. Governors and State legislators of both parties would have both the opportu-nity and the responsibility to help make quality and affordable healthcare available to their citizens in a way that works for their own particular States.

It is an intriguing idea and one that has a great deal of support. As we continue to discuss that legislation, I want to thank Senator GRAHAM and Senator CASSIDY for all of their hard work. They know how impor-tant it is to prove beyond the fail-ures of ObamaCare. They know that our opportunity to do so may well pass us by if we don’t act soon.

The ACTING PRESIDENT pro tem. The majority whip.

Mr. CORNYN. Mr. President, as the subway attack in London last week proves all too well, when terrorism goes underground, it does not disappear. Every day there are individuals oper-ating in the world’s shadows in places like the Parsons Green station in Fulham. They mean to do our allies and us great harm, and they are not going away.

As President Trump said last week, in this era in which attacks like that in London are the new normal, we have to be proactive. We can’t take our security for granted. We can’t assume that when it comes to threats like that and others even bigger, our country is out of the woods. One way to be proactive and to keep our country safe is to reauthorize section 702 of the Foreign Intelligence Surveillance Act.

Earlier this month, Attorney General Jeff Sessions and Director of National Intelligence Dan Coats sent a letter to congressional leadership calling for reauthorization to see why. Title VII of the Foreign Intelligence Surveillance Act allows the intelligence community to collect vital information about international ter-rorists, cyber actors, and other impor-tant foreign intelligence targets. Infor-mation collected under one particular section—section 702—produces particularly important foreign intelligence that helps prevent terrorist attacks and malign state actors as well. It does so by focusing on non-U.S. persons, which is important, because, as it is called, it is foreign intelligence surveil-lance. It focuses on non-U.S. persons located outside of the United States who are foreign intelligence targets.

That is not all. Just as impor-tantly, section 702 also includes a comprehen-sive oversight regime to make sure the privacy of U.S. persons is pro-ected under the Constitution. That is done by not only oversight here in the Senate and in the major intelligence committees but also by the Foreign Intelligence Surveillance Court, which monitors compliance with the law.

There has been some criticism of this provision, but I must say that the over-whelming support for the section 702 reauthorization is quite remarkable in this polarized environment in which we live. Even the Privacy and Civil Lib-erties Oversight Board have the pro-gram a ringing endorsement.

But the criticism that has been made is actually based on very few actual facts and often reflects a misunder-standing, both of the purpose of FISA and of the controls that the Congress and the govern-ment action. Just to be clear, section 702 does not allow intelligence per-sonnel to evade the Fourth Amend-ment to the U.S. Constitution. It may not be used to intentionally target a citizen of the United States. The citi-zen could be in New York or New Delhi. It simply doesn’t matter. He or she is off limits.
Section 702 also does not allow for bulk collection or the unlimited dissemination of intelligence that is obtained. Rather, the government’s capabilities are specifically circumscribed.

Finally, section 702 does not ignore the need for intelligence personnel to inadvertantly obtain information about U.S. persons, but that statute requires intricate procedures to minimize this type of incidental collection to make sure that American citizens are not swept up in foreign intelligence surveillance targets.

Because of these safeguards, section 702 achieves a careful balance, preserving privacy and civil liberties while giving our intelligence personnel the flashlights they need to find terrorists and other adversaries operating in the dark.

This careful balance is why scholars at the U.S. Naval Academy, commenting on section 702, summarized that “there is simply no good case for not reauthorizing when it comes up for renewal.”

I say to my colleagues that the time for renewal is fast approaching. That is why today I join the Attorney General and the Director of National Intelligence in calling for the speedy enactment of legislation reauthorizing title VII before it sunsets later this year.

Section 702 is only one piece of our dense security puzzle. It complements many other pieces of legislation that were designed to handle our incredibly diverse array of threats, and I just want to mention one other.

We need to strengthen the Committee on Foreign Investment in the United States, also known as CFIUS. Yesterday we passed the National Defense Authorization Act which contains an important CFIUS provision. I would like to thank the senior Senator from Arizona, the chairman of the Banking Committee, for taking this important issue up in the Senate Banking Committee just this last Thursday. As chairman, his leadership on the committee has been indispensable, and CFIUS reform is just the latest example.

The bipartisan legislation I am spearheading is called the Foreign Investment Risk Review Modernization Act. It will modernize the CFIUS process to prepare our country to meet the 21st century threats, and I plan to introduce it soon.

This bill would ensure, first, that the government scrutinizes closely those nations that are the biggest threats to our national security; second, that CFIUS obtains more authority to look at investment deals that, as of today, don’t fall under its purview, just as certain joint ventures based overseas and minority-position investments in companies do not fall within its purview; and, third, it would give CFIUS the means to assess rapidly developing technologies our export control regime has not yet figured out how to handle.

Colleagues, I hope you will join me in supporting this important reform package, and I look forward to further debate on this topic.

I yield the floor.

RECOGNITION OF THE MINORITY LEADER

Mr. SCHUMER. Mr. President, there is a possibility that by the end of next week, the Senate will have a vote again on a Republican healthcare bill assembled in the dark of night by one party, without a full account of what the bill would do. It will be a shameful return to the same process the majority used to try to ram a bill through in July, unsuccessfully.

To term a bill like this without a full CBO score is worse than negligent; it is grossly irresponsible. We were told yesterday that CBO may be able to provide a baseline estimate of the cost of the bill but not the coverage numbers or a detailed analysis of how the bill would affect Americans’ healthcare choices.

We are talking about one-sixth of the economy. We are talking about the healthcare of the Nation; we are talking about the lives, day in and day out, of millions of Americans who need healthcare; and we are not going to really know what the legislation does. Senators will be voting blind. They say justice is blind, but the Senators on the other side of the aisle should be walking around here with a blindfold over their eyes because they don’t know what they are voting on. Maybe they don’t care. I don’t know how any Senator could go home to his or her constituents and explain why they voted for a major bill with major consequences to so many of their people without having specific answers about how it would impact their lives.

What we do know is that this new TrumpCare bill, the Graham-Cassidy legislation, is worse in many ways than the previous versions of TrumpCare. They said TrumpCare would devastate our healthcare system in five specific ways.

First, it would cause millions to lose coverage.

Second, it would radically restructure and deeply cut Medicaid, ending the program as we know it. It has been the dream of the hard right to get rid of Medicaid, which could happen, even though it is a program that affects the poorest and so many low-income—nursing homes, opioid treatment, people who have kids with serious illnesses.

Third, it brings us back to the days when insurance companies could discriminate against people with pre-existing conditions. The ban on discriminating against people with pre-existing conditions would be gone. We have had a lot of promises from the other side that they would never vote for a bill that didn’t protect people with preexisting conditions. That seems to be going by the wayside in a headlong rush to pass a bill so that they can claim a political victory.

What about that mom or dad who finds out his or her son or daughter has cancer, and the insurance company says: Yes, we will cover you; it will cost you $50,000. And they don’t have it, so they have to watch their child suffer. This was an advance that was an advance that Americans supported. It was an advance most people on the other side of the aisle believe in—gone.

Fourth, the bill gets rid of the consumer protections that guarantee Americans’ access to affordable maternity care, substance abuse treatment, and prescription drugs. All of those could be out of any plan. You can pay a lot for a plan and not get much for it in this bill.

Fifth, it would throw the individual market into chaos immediately, increasing out-of-pocket costs for individual market consumers and resulting
in 15 million people losing coverage next year—15 million people.

On the first point, the new TrumpCare would cause millions to lose health insurance in two ways: first by undoing the Affordable Care Act’s major expansion under Medicaid and premium and cost-sharing assistance, instead putting that into an inadequate and temporary block grant, and, second, by radically restructuring and cutting the traditional Medicaid Program through a per capita cap. We have no CBO scores on this and we may not get one in time. But previous CBO scores of similar schemes have shown that 30 million Americans could lose coverage under this bill—80 million Americans—10 percent, approximately, of our population.

On the second point, the new TrumpCare would end Medicaid as we know it by converting Medicaid’s current Federal-State financial partnership to a per capita cap, which cuts current funding levels over an 11-year annual basis. This is a direct blow to nursing home patients and folks in opioid treatment, and CBO has said that 15 million fewer people would receive Medicaid under similar proposals. On the third point, the new TrumpCare actually brings back the ability of insurers to discriminate against folks with preexisting conditions, as I mentioned.

Fourth, the new TrumpCare would no longer guarantee consumers affordable access to maternity care, substance abuse, and prescription drugs.

Fifth, like previous repeal and replace, it would immediately eliminate the individual mandate, which would raise the number of uninsured by 15 million, relative to current law, in 2018 and increase market premiums by 20 percent.

So vote for this bill, and right away 15 million will lose coverage, and premiums will rise by 20 percent. People who vote for this bill are not going to be happy with its results. Each one of these five things represents a major step backward for our healthcare system, bringing back discrimination against folks with preexisting conditions and ending Medicaid as we know it. These are overwhelmingly popular with Democrats, Independents, and Republicans. The hard right doesn’t like it. The big financiers of the other party don’t like it. The folks who said we are going to go backward—backward. We are going to go backward and not even know the effects.

Why is the other side rushing this through? They are ashamed of it. They need to have that political scalp: See, we abolished ObamaCare. But what they are putting in its place, even for those who don’t like ObamaCare, is worse. They don’t want to know that. The joy they will have—misplaced joy, in my opinion—of abolishing ObamaCare will evaporate quite soon when their constituents feel the effects of this bill and they hear about it from average folks who are so hurt.

The Washington Post summed up Graham-Cassidy yesterday. They said the bill “would slash health-care spending more deeply and would probably cover fewer people than the July bill—which failed because of concerns over those details.”

Republicans couldn’t garner the 50 votes for their various healthcare plans earlier this year because of how much damage those plans did to Medicaid, how they rolled back protections for preexisting conditions, and some opposed it because the process was such a sham. Well, all three conditions are here again with this bill: cuts to Medicaid, no guarantee for preexisting conditions, a sham of a bill.

There is a better approach. Right now, Chairman Alexander and Ranking Member Murray are working in a bipartisan way—holding hearings, working through committee, coming back and forth between the parties with discussions. Each side is going to give up something and it works around here—or should work—in trying to get a proposal that will improve things. That is the kind of legislating that is how the world’s greatest deliberative body.

After a rancorous and divisive healthcare debate, which took up the better part of this year, Democrats and Republicans have been working in good faith to come up with a bipartisan agreement on healthcare in the HELP Committee. The Republican majority would toss all of that away if they pursue Graham-Cassidy next week the way they are pursuing it—returning to reconciliation, not working in the committees, no CBO report, making a mockery of regular order.

I hope, for their sake and the country’s sake, my Republican friends will turn back from this new TrumpCare and join us again on the road to bipar- tisanship. The only bipartisanship I have seen lately—a sprout blooms in the last month. Gra- ham-Cassidy would snuff them out. Nobody wants that—nobody.

I yield the floor.

The ACTING PRESIDENT pro tempore. The assistant Democratic leader. Mr. DURBIN. Mr. President, what is the business of the Senate this morning?

The ACTING PRESIDENT pro tempore. The Senate is considering the Francis Graham-Cassidy amendment.

Mr. DURBIN. I ask unanimous consent to speak as in morning business.

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

Mr. DURBIN. Mr. President, I wish to say that the comments made by the Democratic leader, the Senator from New York, really touched me because they go to the heart of this institution.

It was only a few weeks ago, in a dramatic moment, when Senator MURRAY returned from Arizona to come to the floor of the Senate and cast a historic vote to move forward on the debate on healthcare. He asked for 15 minutes after that vote to say a few words about his experience as a person and his observations as a Senator, and I stayed in my chair because I wanted to hear him.

JOHN MCCAIN came to the House of Representatives the same year I was elected. Our careers have at least been close or parallel in some respects, though I couldn’t hold a candle to him in the measurement of his performance and his experience in the military, as well as being a candidate for even higher office.

I listened carefully as he reminded us of what it takes for the Senate to work, what it takes, of course, is the determination of both political parties to solve a problem. He reminded us that means sitting down in committee, with experts, working through some of these complex issues, particularly the more complex issues—the give-and-take of the legislative process.

He pointed specifically to the effort to repeal ObamaCare as a failure by those standards. He used as an example the fact that ObamaCare, during the period of Republicans’ efforts to repeal, was actually gaining popularity in this country—exactly the opposite of what the other party might have expected. It was an indication to him that we needed to do things better in Senate. Just a few days later, he cast a critical vote to stop what was a flawed process on the Republican side—to repeal ObamaCare without a good alternative, without a good substitute.

I remember that vote early in the morning, right here in the well of the Chamber, and I remember what followed when I saw Senator LAMAR ALEXANDER and Senator MURRAY beh- ing—same in front of the cloakroom in a bit of a huddle after that historic vote. I later learned that they had decided it was their turn to step up on a bipartisan basis and find a way to strength- en our healthcare system, not what we have just seen. But that is how they rolled back protections for folks with preexisting conditions and ending Medicaid, as we know it. These are overwhelmingly popular with Democrats, Independents, and Republicans. The hard right doesn’t like it. The big financiers of the other party don’t like it. The folks who said we are going to go backward—backward. We are going to go backward and not even know the effects.

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It was only a few weeks ago, in a dramatic moment, when Senator MURRAY returned from Arizona to come to the floor of the Senate and cast a historic vote to move forward on the
I went to those meetings and came away feeling very positive. It was clear that some very basic ideas were emerging from all over the United States. One of the ideas was cost-sharing reduction so that health insurance companies would not sic their older patients and had worse losses experiences would be able to be compensated so they could reduce premium cost, bring the cost of health insurance down, and make sure more people had it available.

Another proposal was reinsurance. That is the same basic idea. Let’s find a way to make the increase in health insurance premiums slow down. I remember, the commissioner from the State of South Carolina, a Republican, who said that his experience was that in the next year, health insurance premiums in the individual marketplace were going up 30 percent.

He said that, if you bring in the cost-sharing reductions, which the Federal Government can do, it would only be 10 percent. Ten percent is bad enough. Thirty percent is painful.

Here is something we can do on a bipartisan basis to reduce the cost of health insurance premiums. It stuck me as obvious that this is what we should be doing as the Senate.

I applauded Senator Alexander personally and publicly, and Senator Murray, as well, for doing what the Senate was supposed to do. Little did I know that at the same time they were making this bipartisan effort, there was another Republican effort under way to derail them, to stop them, to end the bipartisan conversation that was under way in the HELP Committee.

The Cassidy-Graham proposal, which may come to the floor as early as next week, is an effort to repeal Obamacare, and they’re almost unanimously negative. Major health provider and consumer organizations have turned thumbs down, as have analysts looking at its economic effects.

Pitkin Ratings, which keeps an eagle eye on the fiscal condition of states issuing bonds, judges Cassidy-Graham “more disruptive for most states than prior Republican efforts,” as it fitness finds “states that expanded Medicaid access to the newly eligible population under the Affordable Care Act (ACA) are particularly at risk under this latest bill.”

The bill was estimated that a fiscal tide seemed to be shifting away from the GOP campaign to roll back the gains in health care coverage achieved by Americans over the last seven years under the Affordable Care Act. Democrats are coalescing around universal health coverage—“single-payer,” as it’s typically called, upping this issue for the 2018 election. It’s notable that the rise in public support for this approach, at least in the abstract, has coincided with the GOP’s so-far unsuccessful repeal effort. The emergence of the new bill also comes as other Republicans are scheduling hearings and reaching across the partisan aisle to craft a sensible plan to shore up the Affordable Care Act marketplace.

Despite those drawbacks, Cassidy, Graham and their co-sponsors are trying to push this measure through the Senate. The bill could be passed with only 50 votes (plus a tie-breaker cast by Vice President Mike Pence) under Senate reconciliation rules. After that, it would need a supermajority of 60 votes, meaning it could—and presumably would—be blocked by Democrats. The deadline places more pressure on the Congressional Budget Office, which must analyze the bill before it can come to a vote, to move fast.

In recent days, the sponsors have claimed that the Senate count is edging toward 50. But Sen. Rand Paul (R-Ky.) has stated that he’s a “no,” since the bill isn’t conservative enough for his taste. Sen. Susan Collins (R-Maine), who scouted, has made the last repeal effort in July, isn’t expected to change her mind on this one. Sen. Lisa Murkowski (R-Alaska), who also voted it down, hasn’t made her position, but there don’t seem to be compelling reasons for her to shift to the “yes” column now. The position of Sen. John McCain (R-Ariz.), who abstained from the last vote, isn’t clear, but he’s a close friend and frequent ally of Graham’s. In any event, the backers still seem to be a vote or two short.

Those are the procedural issues. Now let’s turn to the text, and the issue of why anyone would think Cassidy-Graham would improve America’s health insurance system.

In broad terms, the measure would terminate the Affordable Care Act’s Medicaid expansion, premium and cost-sharing reduction subsidies, tax credits for small businesses, and a host of other pro-consumer provisions by 2020. It would eliminate the act’s individual employer mandates retroactive to Dec. 31, 2015.

The bill provides for no replacement of these provisions, beyond capped block grants to the states. In effect, it’s a Obamacare no-replace bill. The Congressional Budget Office, as it happens, analyzed that approach in July in connection with a different bill. It found that by 2026 the number of uninsured Americans would increase by 32 million, compared with under current law. That’s almost twice as many people. It estimated for other Republican repeal-and-replace measures, which the budget office said would cut enrollments by 20 million to 22 million.

The block grant to states, which Cassidy and Graham portray as one of their bill’s chief virtues, is in fact a poisoned chalice any governor would be a fool to accept. The proposal, Cassidy said in unveiling the bill, “gives states significant latitude over how the dollars are used to best take care of the lowest-income Americans with high and mounting aggressive support

September 19, 2017

CONGRESSIONAL RECORD—SENATE

S5829

The GOP’s Last-Ditch Obamacare Repeal

Bill May Be the Worst One Yet

(By Michael Hiltzik)

The Republican plan to repeal the Affordable Care Act is back, a zombie again on the march weeks after it was declared dead. The newest incarnation is Cassidy-Graham, named after chief sponsors Bill Cassidy of Louisiana and Lindsey Graham of South Carolina.
We have access to health insurance. How then could we turn and say to the people we represent: I just voted for a bill to take away your access to health insurance. 

That is what this Cassidy-Graham bill accomplishes. That to me is hard to imagine—that a Member can believe they were elected to the Senate for that purpose.

What does it do to the States with the capped block grant in terms of their loss of Federal funds? It is amazing. Some States would lose as much as 60 percent of what they currently receive under the current law.

According to the numbers crunched by the Center on Budget Policy Priorities, among the states that went all-in on Obamacare, including expanding Medicaid and mounting aggressive enrollment support for the marketplaces, California would get $27.8 billion less in federal funding in 2026, New York $18.9 billion less, and Massachusetts $5.1 billion less.

I looked at the list for my State of Illinois. It would lose $1.4 billion in Federal funding by 2026. Just to show the contrast, as for the State of Texas, which did not expand Medicaid and which did not cover low-income individuals with healthcare, what would the Cassidy-Graham bill do for the State of Texas? They wouldn’t lose a penny. They would add in Federal funding $8.294 billion.

They would be big winners because they turned their back on low-income individuals and didn’t expand Medicaid or increase the number of enrollees. What a perverse incentive for Governors and governments on a State basis to turn down coverage knowing that at some point they will be rewarded for that approach.

Another provision of Cassidy-Graham that is significantly worse than its predecessors is the latitude it gives states to eviscerate consumer-protection rules in the Affordable Care Act. One of the most important parts of the Affordable Care Act was a reform of the health insurance industry. If you are going to buy health insurance, it is going to be there when you need it. First, you will be able to buy it, even if you have someone in your family with a preexisting condition. That is one of the first casualties of Cassidy-Graham—going back to a failed idea in the past, which said if you have a sick baby or if you have a spouse who survived cancer, you either can’t buy health insurance or you can’t afford it. We got rid of that once and for all. At least we did.

Cassidy-Graham brings it back to life. It says: Let the insurers decide if they want to cover you or not.

Another thing we said is that the disparity in premium costs between the young and the old, that in the best case, and the least, will be 3 to 1. Cassidy-Graham tosses it out and says it is 5 to 1. What it means—and AARP knows this better than any other organization—is that senior citizens are going to end up paying more for their health insurance under Cassidy-Graham than they currently do under the Affordable Care Act.
When you look at the other protections that we built in to provide that your policy, when you bought it, would cover mental illness and substance abuse treatment, that is considered revolutionary but important. Finally, after all of these years in America, we are losing lives because of ill- ness rather than a curse. We are looking at it as something that can be success- fully treated. Yet here comes Cas- sidy-Graham tossing out that require- ment as well.

And the insurers decide what they want to offer. I was talking to one of the Republican Senators the other day, and he said: Well, you know, some peo- ple just may not want to buy certain coverage.

I can understand that, but I can also understand the reality of life. Who can predict that next year or next month you would learn that perhaps your high school daughter has been taking opioids and now is addicted to heroin? You didn’t know it before, not when you bought your health insurance policy. Now that you know it, who is going to cover the substance abuse treatment?

Under the Affordable Care Act, it is built into your health insurance policy. Under the Cassidy-Graham approach, it is an option. Try it if you like it. It doesn’t work in a lot of circumstances. We buy insurance for things we pray will never happen, but we want to be covered anyway. Cassidy-Graham walks away from that. They are for what they call “flexibility.” It is flexibility to buy insurance that isn’t there when you really need it.

When you look at the litany of all of the States that are winners and losers under Cassidy-Graham, you have to shake your head. Why would we be richly rewarding States that have not done their part to expand Medicaid coverage? Why would we devastate the Medicaid Program, which is so impor- tant for so many people?

Medicaid is a program that many people didn’t understand until we got into this debate, but it is a program that is essential if you have a disabled child.

A woman in Champaign, IL, with a young son in his twenties suffering from autism told me that without Med- icaid coverage he would have to be in- stitutionalized, and there is no way her family could afford it.

And that is the fact that two out of three people at nursing homes—nurs- ologists who are under medical care—rely on Medicaid. Without that Medicaid as- sistance, who is going to pay that bill?

The family reaching into their savings? Some can, but most will not be able to afford it.

How will the Republicans explain that away as just one of the benefits of flexi- bility—that Medicaid is not there when your parent or grandparent des- perately needs it?

So now we have this debate before us, which will come up by the end of next week, and it is one that really will af- fect a lot of people across America. I, for one, will do everything I can to stop this. Any program that is going to take health insurance away from a million people in Illinois and up to 30 million nationwide is a bad start, a bad idea, a failed idea.

I yield the floor.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tem- pore. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. DURBIN. Mr. President, I ask unanimous consent that the order for the question be cancelled.

The ACTING PRESIDENT pro tem- pore. Without objection, it is so or- dered.

CLOTURE MOTION

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

The senior assistant legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accord- ance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomi- nation of Noel J. Francisco, of the District of Columbia, to be Solicitor General of the United States:


The ACTING PRESIDENT pro tem- pore. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the nomination of Noel J. Francisco, of the District of Columbia, to be Solicitor General of the United States, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Mississippi (Mr. COCHRAN), the Senator from South Carolina (Mr. GRA- HAM), and the Senator from Kansas (Mr. MORAN).

Mr. DURBIN. I announce that the Senator from New Jersey (Mr. MENEN- DEZ) is necessarily absent.

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

The yeas and nays resulted—yeas 49, nays 47, as follows:
and contributions would eventually be recognized as being equal to those of land and sea power. In essence, the birth of the U.S. Air Force began the dawn of a new era, where the skies became the ultimate high ground.

As we celebrate this historic occasion, we must also remember and honor the courageous men and women of the U.S. Air Force, as the service would not be what it is today without these fine airmen.

I have the privilege of speaking at the Department of Defense’s National Prisoner of War/Missing In Action Recognition Day last week. It served as a poignant reminder of the many sacrifices made by our men and women in uniform.

One such airman, Brig. Gen. Kenneth Newton Walker, played an important role in building the organization that would later become an independent air service. Gen. Walker is known for his 707 contributions to crafting doctrine and policy were instrumental to the creation of the modern U.S. Air Force.

General Walker was reported missing in action on his C-17 Flying Fortress over Papua, New Guinea, in 1943, and was posthumously awarded the Medal of Honor by President Roosevelt. The actions of fearless warriors like General Walker symbolize a continuing commitment to meeting the demands of an increasingly dynamic and dangerous world with limitless strength, resolve, and determination.

These dedicated airmen and their values of integrity, service before self, and excellence that they uphold in all they do embody a proud heritage, a tradition of honor, and a legacy of valor. We owe them a tremendous amount of gratitude for the sacrifices they have made defending the greatest country on Earth, the United States of America.

I am especially proud of my home State of Arkansas and its contribution to our Air Force. The Little Rock Air Force Base and the 180th Wing in Fort Smith play an important role in our national security. I am proud to support these missions and look forward to continuing to support our airmen stationed in Arkansas and throughout the world.

I am pleased to be here speaking on behalf of a grateful nation, remembering, honoring, and commending our airmen and the world’s greatest Air Force.

I yield back.

Mr. GRASSLEY. Mr. President, I am pleased to support Noel Francisco to serve as the next Solicitor General.

Mr. Francisco comes to us with impressive credentials. He graduated from the University of Chicago Law School and clerked for Judge Luttig on the Fourth Circuit and Justice Scalia on the Supreme Court. He has spent time in both the private sector at prestigious law firms and in the public sector as counsel to the President at the White House and in leadership roles at the Department of Justice.

Mr. Francisco has impressive experience arguing before the Supreme Court. His client won in each of the three cases he argued there. He has been named one of Washington, DC’s “Super Lawyers,” as well as one of the “100 Most Influential Lawyers in America.”

It is vital for the Office of the Solicitor General to have its leader in place, so I am pleased that, after waiting for over 3 months on the Senate floor, we are finally voting on this nominee today.

Mr. DURBAN. Mr. President, I rise in opposition to the nomination of Noel Francisco to be the Solicitor General of the United States.

The Solicitor General—often called the “tenth Justice”—argues on behalf of the United States in the Supreme Court. It is a critical position in our government, and it is critical that we have a Solicitor General with the independence to tell the President when the United States to take before the Court is indefensible.

Mr. Francisco already had a troubling tenure as Acting Solicitor General earlier this year. He led the effort to defend the President’s controversial travel ban. That Executive order was blocked repeatedly in Federal courts and was then withdrawn. In defending this unconscionable order, Mr. Francisco argued that there should be no judicial review when a President makes decisions on immigration policy on the basis of his national security assessment. The Ninth Circuit stated that “there is no precedent to support this claimed unreviewability, which runs contrary to the fundamental structure of our constitutional democracy.” If he is confirmed, Mr. Francisco would likely be called upon again to defend President Trump’s latest iteration of the travel ban when it is considered by the Supreme Court in October.

When he was under consideration by the Judiciary Committee, I asked Mr. Francisco many questions to give him the opportunity to show his independence from President Trump. For example, I asked him if he agreed with President Trump’s absurd claim that 3 million people voted illegally in the 2016 election. He refused to answer the question.

I asked him if he believed it was appropriate for a President to ask an FBI Director to pledge loyalty to him. He declined to comment.

I also asked him about the Constitution’s Emoluments Clause, which prohibits government officials from accepting gifts or benefits from foreign states without Congress’s consent and which many legal scholars believe President Trump has violated. Mr. Francisco actually had written an opinion on the Emoluments Clause while serving as the Department of Justice’s Office of Legal Counsel. I asked him what he believed the Founding Fathers intended this clause to mean. His response? “I do not have any well-formed views on the scope of the Emoluments Clause.” It is puzzling that an originalist like Mr. Francisco would not comment on the original meaning of a constitutional provision, but he claimed up when it came to this particular clause which is directly relevant to President Trump’s behavior.

While Mr. Francisco has been reluctant to demonstrate independence from President Trump, billing at many points in his career to demonstrate loyalty to special interests. For example, Mr. Francisco gave a speech at the 2015 annual conference of the Community Financial Services Association, better known as the trade association for the payday lending industry. Here is what he said: “The payday lending industry is facing the challenge of a lifetime. It is essential that, as an industry, you be prepared to respond on all fronts, and it has been my privilege to assist in this work over the last few years. This includes the legislative front, the regulatory front, and—my favorite—the legal front.”

Let’s be clear. We don’t need a Solicitor General who thinks it is a privilege to assist payday lenders.

Mr. Francisco also was a prominent lawyer for the tobacco industry. His advocacy on their behalf prompted a number of national antismoking and health organizations to call for Mr. Francisco to recuse himself from tobacco-related litigation matters if he were confirmed. I asked Mr. Francisco if he would commit to recuse himself from tobacco litigation, but he would not make that commitment.

Mr. Francisco has been eager to position himself alongside rightwing groups like the Federalist Society and the Heritage Foundation. He made this particularly clear at a speech he gave to the Heritage Foundation on May 19, 2016, when he said: “We live in an era where our views, traditional views, are under constant attack. Our adversaries have not even really tried to beat us through the democratic processes, but instead go straight to the courts, where they often win not by asserting that our views are legally wrong, but that they are so fundamentally illegitimate that the Constitution prohibits them. And they now have an increasingly compliant Judiciary that agrees to do their bidding when it is unconstrained by legal principle.”

This is a troubling characterization, to claim that people who do not share the views of the Heritage Foundation are “our adversaries.” It is just as troubling to claim that the Judiciary is acting “unconstrained by legal principle” whenever it disagrees with the views of the Heritage Foundation.

Comments like this raise serious questions about the ideology Mr. Francisco would bring to the Solicitor General’s office.

Make no mistake—President Trump is likely to keep the Supreme Court
busy. It has never been more important to choose a Solicitor General who displays independent judgment and who is willing to say no if the views the President wants to execute are improper or unlawful. In my questions to him, I repeatedly gave Mr. Francisco the opportunity to advance that independent judgment, but he did not do so, and what I have seen in his speeches and his advocacy concerns me.

In short, I do not believe Mr. Francisco has demonstrated that he can be the Solicitor General that our Nation needs. I will oppose his nomination.

Mr. BOOZMAN. 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. MARKEY. 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

Mr. MARKEY. Mr. President, in July, millions of Americans awoke from a months-long nightmare, as the Senate did the right thing and voted down multiple repeal proposals to repeal the Affordable Care Act. The American people breathed a sigh of relief when the future of their healthcare and of their children's healthcare was safe for the time being.

Unfortunately, Republicans want us to go back to that nightmarish time by reigniting their proposal to threaten healthcare coverage for millions of Americans. While the bill the Republicans are supporting today may have a new name, it contains the same mean, devastating policies. It is a zombie bill that despite best efforts and against the will of the American people, will not die.

Like its TrumpCare predecessors, the Graham-Cassidy bill will result in less coverage and increased costs. It eliminates the built-in protections for Americans with preexisting conditions, causing many of them to see their premiums skyrocket just because of a diagnosis. Some experts estimated that an individual with diabetes could face a premium surcharge of $5,600 under Graham-Cassidy.

Graham-Cassidy will also allow States to decide what insurers have to cover, they don't meaning once again, your ability to have comprehensive healthcare coverage would depend upon where you live.

This is not the type of healthcare reform people in this country want or need, and it is certainly not the type of reform to help us overcome our Nation's opioid use disorder epidemic.

With 91 Americans dying every day from an opioid overdose, we are clearly in the midst of our Nation's preeminent public health crisis. Over these last few months, we have heard time and time again that access to substance use disorder care is the linchpin to stemming the continually rising tide of opioid overdoses. Unfortunately, it appears our Republican colleagues have not been listening.

To be fair, access to treatment today is still a challenge. Only 1 in 10 people with substance use disorders receive treatment from a provider. Right now, an estimated 2 million people with an opioid addiction are not receiving any treatment for their disorder.

Yet the solution is not to block-grant funds which would otherwise be used to help people get care for their substance use disorders. The answer is also not kicking people off their insurance, but that is what my Republican colleagues are yet again proposing to do.

As with the previous versions of TrumpCare, Graham-Cassidy would threaten insurance coverage for 2.8 million Americans with a substance use disorder. It would end Medicaid expansion and cap the program, slashing its funding and decapitating access to lifesaving care. This bill would simply take a machete to Medicaid—the lead-

ing payer of behavioral healthcare services, including substance abuse treatment.

Also, in the same vein as earlier pro-

posals, Graham-Cassidy would allow States to receive the essential health benefits the Patients' Bill of Rights put in place under the Affordable Care Act that ensures that every plan provides comprehensive coverage. Because covering mental health and substance use disorder treatment is expensive, this would likely be one of the first benefits to be cut. As a result, someone struggling with opioid use disorder would have to pay thousands of dollars in out-of-pocket costs, likely forcing many to forgo lifesaving substance use disorder care.

This epidemic of opioid abuse and overdose deaths will only get worse as long as we have a system that makes it easier to abuse drugs than to get help for substance use disorder. For some, the Graham-Cassidy bill would only exacerbate this already dire problem in our country.

Just last week, a leading sponsor of the bill said: "We recognize there are circumstances where states that expanded Medicaid will have to really ratchet down their coverage." "Ratchet down," that is not improving healthcare. That is ripping insurance coverage away from the one in three Americans struggling with opioid use disorder who relies on Medicaid. That is gutting billions in addiction care and treatment.

Graham-Cassidy isn't a new block grant program, it is a chopping block program—for Medicaid, for coverage, for access to critical substance use disorder services.

I believe past is prologue here. Just as Americans rejected the inhumane and immoral TrumpCare of months past, they are already seeing this new attempt is more of the same and, in some cases, worse. Many patient providers, and other healthcare groups have already come out against Graham-Cassidy, citing the bill's inability to maintain the healthcare coverage and consumer protections currently provided in the Affordable Care Act. It is deja vu.

Enough is enough. Republicans new-

est shortsighted stunt is detracting at-

tempts to harm the health of our families, our mem-

bers, our friends, and our neighbors. We need your energy, your commitment, and your passion to do what you did a few months back to help make sure our better angels once again will prevail. You have done it before, and I know you can do it again.

My Democratic colleagues and I will be fighting right here with you to fi-

tally put this zombie healthcare bill to rest.

This is the time. This Chamber will be the place where we have this debate within the next week on whether there is going to be a destruction of the Affordable Care Act, a destruction of the promise of access to healthcare for every American. The Republicans are coming back, once again, to try to destroy that promise.

The Republicans harbor an ancient animosity toward the goal of ensuring that there is, in fact, universal coverage for every single American; that it is a right and not a privilege. What they want to do is to leave these programs as debt-soaked relics of the promises that have been made to ensure that there is, in fact, coverage for every American.

So this is going to be the debate. Daniel Patrick Moynihan, the great Senator from New York, used to say that when you do not want to help a person, or to hurt a person—engage in benign neglect—benign neglect. What the Republicans are doing is engaging in a program of designed neglect—of ensuring, after this designed program is put in place, that there is a reduction in coverage, that there are fewer people who get the help they need, that older people have to pay more, that fewer people get access, and that Planned Parenthood is defunded. It is all part of a program of designed neglect of the healthcare of all Americans.

This is a historic battle. It was not completed in July. Now, in the next 10 days, we must complete this fight and make sure they are not successful.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Ms. KLOBUCHAR. 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. KLOBUCHAR. Mr. President, I rise to join my colleagues on the floor to share concerns I have been hearing from people in my State about the latest health care bill.

Minnesotans and patient groups, such as AARP, oppose this bill because eliminating the Medicaid expansion and the Affordable Care Act’s help for millions of people means they would lose coverage and it would increase their out-of-pocket costs.

People in my State are concerned about this bill’s impact on rural hospitals, especially—as are the rural hospitals—because it makes deep cuts to Medicaid, and the new block grant in the bill would end completely by 2027.

I am very concerned that this bill would reverse the progress we are making in addressing the opioid epidemic by putting a cap on Medicaid, a program that has been critical for substance abuse treatment for people struggling with this addiction.

A few months ago, I pointed out that we were on plan F in the Senate. Plans A and B were the two House versions of a repeal and replace plan, and then there were 10 Senate version of the repeal; plan E was the repeal bill without a replacement plan; and then we were presented with plan F. That, of course, went down after the Senate Democrats were joined by Republican Senators in voting it down. I actually thought we couldn’t get lower than F, but apparently we can because now we are here.

Many of the Minnesotans I have talked to don’t like A, B, C, D, E, F, or the plan we are discussing that has been proposed. I have heard from people all over my State. At the Minnesota State Fair, I heard from Democrats, Republicans, and Independents. I heard from people from our cities and people from our rural areas. There are a lot of people in Minnesota—nearly 2 million people—at the Minnesota State Fair, which is the biggest State fair in the country. A lot of people stopped by my booth. I heard from the old and the young, from men and women, cancer survivors, people with disabilities, and many more. None of them wanted us to keep going down a partisan path when it comes to healthcare.

That is why I was so happy to tell them over the recess that new work—bipartisan work—was being done by Senator ALEXANDER and Senator MURRAY, two Senators who proved that they could work across the aisle on the education bill, which they did last year. They are the leaders on the Health, Education, Labor, and Pen- sions Committee, and they have been moving forward together with truly bipartisan hearings and discussions. I have attended a number of them with Governors and with experts on this issue to figure out the best ways to strengthen individual markets to reduce costs. That is something we have done successfully in our State with an all-Republican legislature and a Democratic Governor. We worked on it in our State, so I figured we could maybe bring this out on the national level. But it isn’t enough that the work that is going on with Senator ALEX- ander and Senator MURRAY on a bipar- tisan basis could be imploded in favor of another version of a repeal bill that hasn’t even gone to a hearing before the HELP Committee in regular order, as we would expect—the regular order Senator MCCAIN spoke up for in the in- closed meetings. They came in favor of one of these plans that would basically back to the Senate. If that isn’t enough, we heard yesterday that we will not even be able to get a full Congressional Budget Office analysis of this bill this month. Why would we rush to take a vote before we have that critical information?

I have repeatedly heard my colleagues criticize moving forward with bills when we don’t know their impact. This is the entire healthcare system of America. Why would we be taking a vote on a bill when we don’t even know the full impact—when we do not have a full score on the financially or, most honestly, the impact it would have on people’s healthcare? Our constituents are owed this. It is their healthcare and their money we are messing around with.

When I talk to my constituents, none of them ask me to do what we already know this bill does. It cuts Medicaid, eliminates the Medicaid expansion, threatens protections for people with preexisting conditions, and kicks people off the exchanges. In- stead, they want us to work together on bipartisan solutions to fix what we have when it comes to healthcare: to strengthen the exchanges, support small businesses, reform delivery systems, and make prescription drugs more affordable. I don’t see anything in this bill that would lower the cost of prescription drugs—nothing.

I have heard the same message from senior groups, such as the Children’s Hospital Association, which is strongly opposed to this bill. I have heard the same message from the American Heart Association, the American Diabetes Association, the American Cancer Society, and several other patient groups that have said this “proposal just repackage the problematic provi- sions” of the bills that were voted down earlier this summer.

This bill, the Graham-Cassidy bill, is not the only one. Instead of making these kinds of cuts and moving back- ward, Senator ALEXANDER and Senator MURRAY have invited all Senators, as I noted, to participate in their process. They have had dozens of Senators show up at meeting after meeting, and Senator ALEXANDER calls them, co- ffees, with 30, 40 Senators showing up. I know because I was there. Why do they show up? Because they know we must make changes to the Affordable Care Act. They also know, based on the work we have seen in Minnesota and other places, these changes can be made across the aisle.

In these hearings and discussions on bipartisan solutions, we have talked about the State-based reinsurance program that was passed in Minnesota. While we are still waiting for the Federal waiver—I will make a pitch for this at this point—we have heard from the administration, even passing it alone helped us bring promised rates down. I know Alaska has a State-based reinsurance program and recently got approval from the ad- ministration, and New Hampshire and other States are pursuing similar plans. That is why I support Senator KAINE and Senator CARRPER’s legislation, the Individual Health Insurance Marketplace Improvement Act, to rees- tablish a Federal reinsurance program. To negotiate for better prices. I would pro- viding support for high-cost patients.

Another topic we have discussed fre- quently as part of the HELP Com- mittee process over the past few weeks is the cost-sharing reduction pay- ments. These are the payments that subsidize the individual market and reducing uncer- tainty. That is why I support Sen- ator SHAHEEN’s Marketplace Certainty Act.

It is clear that this type of legisla- tion could get support from both sides of the aisle to improve the system, but beyond these immediate fixes, it is long past time that we come together to pass legislation to address the sky-rocketing costs of prescription drugs. I have a bill that would harness the negotiating power of 41 million seniors on Medicare to bring drug prices down. Right now, Medicare is actually banned by law from using their market power to negotiate for better prices. I would bet on 41 million seniors for getting better prices, but we are not giving them that chance.

Senator MCCAIN and I have a bill to allow Americans to bring in safe, less expensive drugs from Canada. Senator LEE and I have a bill that would allow temporary importation of safe drugs that have been on the mar- ket in another country for at least 10 years to increase competition for that drug in this country. This would let patients access safe, less expensive drugs.

Senator GRASSLEY and I have a bill which would stop something called pay-for-delay, where big pharma- ceutical companies actually pay off generic companies to keep less expensive drugs off the market. That bill would save taxpayers $2.9 billion and a simi- lar amount for individual consumers.

Are those bills in the same category as the proposal from our Republican colleagues? No, they are not. Instead, what does this bill do? While it devastates the Medic- icaid Program, it repeals big parts of the Affordable Care Act that help peo- ple afford insurance and, instead, puts in place an inadequate block grant which completely goes away in 10 years. This bill does the opposite of what the people came up to me and talked to me about in my State over the August break.

So before we rush through a vote on it, before we even know the impact of
it, before it has even gone through the committee process as it is supposed to do, before we even give an opportunity for Senator LAMAR ALEXANDER and Senator PATTY MURRAY—the two leaders on the committee that matters for healthcare in rural communities—with their plan, no, the proposal would be to rush the vote on this, and that is just wrong.

What is this in real terms? It is a woman from Pine Island, MN. Her husband has struggled with mental illness for years, but she told me she felt so fortunate that he was able to get mental health treatment through their insurance coverage. She is worried that if these types of repeal efforts succeed, people like her husband will go back to being desperate for help.

This debate is about people with pre-existing conditions who would see their costs skyrocket under this bill. Teri from my State has ovarian cancer. Unfortunately, it is not the first time she has had cancer. She said that when she was diagnosed back in 2010, she ended up declaring bankruptcy due to the cost of her treatment. Teri said bankruptcy was “just a reality for a lot of people with cancer.”

Luckily, under the Affordable Care Act, Teri can afford insurance and is currently responding well to treatment, which, by the way—I see Senator DURBIN here—is based on NIH-funded research. It is treatment based on that research, which, unfortunately, we cut. It is treatment that would mean to people like those kids who came up to me in the parades with their parents and to people, like Teri, with ovarian cancer.

This debate is also about our seniors and our rural communities. Our hospitals, especially in rural communities. They don’t just provide health services; they employ thousands of doctors, nurses, pharmacists, and other healthcare workers. These rural hospitals often operate at margins of less than one percent. That is one reason Senator GRASSLEY and I introduced the Rural Emergency Acute Care Hospital Act a few months ago to help rural hospitals stay open. But cutting Medicaid by billions of dollars and repealing the Affordable Care Act would move us in the opposite direction.

In my State, Medicaid covers one out of five people living in rural areas. I know my colleagues, Senators COLLINS, CAPITO, and MURKOWSKI, have previously expressed concerns about the impact of Medicaid cuts in their States, which also have big rural populations. Cutting Medicaid and eliminating the Medicaid expansion doesn’t just threaten healthcare coverage for these populations; it threatens the local communities where these hospitals are located.

These rural hospitals are on the frontlines of one important fight: that fight against the opioid epidemic. We just found out that in our State last year, over 600 people died from opioid and other drug overdoses over 600 people. That is about two per day. It is more people than we see die from car crashes in our State. It is more people than we see die from homicide. Deaths from prescription drugs now claim more lives than either of those two issues. This epidemic affects our seniors too. One in three Medicare part D beneficiaries received a prescription opioid last year.

While there is much more work to do to combat the epidemic, I want to recognize the progress we have made with the CARA Act and the Cures Act, with all the work that has been done, but making cuts to Medicaid will move us in the other direction.

We have all heard the voices, not just of those on the frontlines of the opioid crisis but from doctors and hospitals, patients, seniors, nursing homes, and schools saying that this bill is not the way forward. Instead, let’s do what we all heard people wanted us to do in August; that is, to work across the aisle on actual solutions that help people afford healthcare. I yield the floor.

The PRESIDING OFFICER. Under the previous rule, all post cloture time has expired.

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

Mr. DURBIN. Mr. President, 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.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Mississippi (Mr. COCHRAN) and the Senator from Kansas (Mr. MORAN).

Mr. DURBIN. I announce that the Senator from New Jersey (Mr. MENENDEZ) is necessarily absent.

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

The result was announced—yeas 50, nays 47, as follows:

[Rollcall Vote No. 201 Ex.]

YEAS—50

Alexander
Barrasso
Boozman
Burr
Capito
Casidy
Collins
Corker
Corryn
Cotton
Crapo
Cruse
Daines
Enzi
Ernst
Fischer

Perdue
Portman
Risch
Roberts
Round
Rubio
Sasse
Scott
Shelby
Strange
Sullivan
Thune
Tilli
Toomey
Wicker
Young

NAYS—47

Balduin
Beck
Blumenthal
Boozman
Brown
Cassidy
Cardin
Carper
Casey
Cardy
Cortez Masto
Donnelly
Duckworth
Durbin
Feinstein
Franken

Barrasso
Brown
Collins
Corker
Fischer
Gardner
Graham
Grassley
Hatch
Inhofe
Johnson
Kennedy
Lankford
McCain
McConnell
McGovern
Murkowski
Nelson

Nebraska
Peters
Reed
Sanders
Schatz
Schumer
Shelby
Shaheen
Stabenow
Tester
Ulrich
Van Hollen
Warren
Warren
Whitehouse
Wyden

COCHRAN
Menendez
Moran

The nomination was confirmed.

The PRESIDING OFFICER. The Senator from Alaska.

Ms. MURKOWSKI. Mr. President, I ask unanimous consent that with respect to the Francisco 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.

EXECUTIVE CALENDAR

Ms. MURKOWSKI. Mr. President, I ask unanimous consent that the Senate resume consideration of the Emanuel nomination. The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will report the nomination.

The bill clerk read the nomination of William J. Emanuel, of California, to be a Member of the National Labor Relations Board for the term of five years expiring August 27, 2021.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.