

the provisions ensuring affordable health coverage for those with pre-existing conditions.

AUTHORITY FOR COMMITTEES TO MEET

Mr. CORNYN. Mr. President, I have 2 requests for committees to meet during today's session of the Senate. They have the approval of the Majority and Minority leaders.

Pursuant to rule XXVI, paragraph 5(a), of the Standing Rules of the Senate, the following committees are authorized to meet during today's session of the Senate:

COMMITTEE ON THE JUDICIARY

The Committee on the Judiciary is authorized to meet during the session of the Senate on Tuesday, January 15, 2019, at 9:30 a.m., to conduct a hearing on the nomination of William Pelham Barr, of Virginia, to be Attorney General, Department of Justice.

SELECT COMMITTEE ON INTELLIGENCE

The Select Committee on Intelligence is authorized to meet during the session of the Senate on Tuesday, January 15, 2019, at 2:30 p.m., to conduct a closed hearing.

PRIVILEGES OF THE FLOOR

Mr. CASEY. I ask unanimous consent that Rahmon Ross of my staff be granted floor privileges for today's proceedings.

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

ORDERS FOR WEDNESDAY, JANUARY 16, 2019

Mr. McCONNELL. Madam President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 10 a.m., Wednesday, January 16; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and morning business be closed; further, that following leader remarks, the Senate resume consideration of S.J. Res. 2, with the time until 12:30 p.m. equally divided between the two leaders or their designees; finally, notwithstanding the provisions of rule XXII, the cloture vote with respect to S.J. Res. 2 occur at 12:30 p.m., tomorrow, and if cloture is not invoked, S.J. Res. 2 be returned to the calendar.

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

ORDER FOR ADJOURNMENT

Mr. McCONNELL. If there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks of our Democratic colleagues.

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

The PRESIDING OFFICER. The Senator from Pennsylvania.

MEDICARE

Mr. CASEY. Madam President, I rise to talk about the Medicare Program and in particular a news story that came to our attention this past week-end.

This is the headline from a story dated January 11, late in the day, and it is by The Hill newspaper. You will not be able to see it from a distance, but the headline reads: "Trump officials consider allowing Medicaid block grants for states."

Here is what just the first two short paragraphs outline. The story begins as follows:

The Trump administration is considering moving forward with a major conservative change to Medicaid by allowing States to get block grants for the program, sources say.

Capping the amount of money that the federal government spends on the health insurance program for the poor through a block grant has long been a conservative goal. It was a controversial part of the ObamaCare repeal debate in 2017, with much of the public rallying against cuts to Medicaid.

After the failure of that repeal effort, the Trump administration is now considering issuing guidance to states encouraging them to apply for caps on federal Medicaid spending in exchange for additional flexibility on how they run the program, according to people familiar with the discussions.

I will not read the rest of the story, and I will not enter the whole story into the RECORD because folks can look it up, and there are other stories as well that cover this same news. So, in a sense, it is a big new development, but it is an old story.

It is an old story of Members of Congress and the administration coming together to try to make changes to the Medicaid Program. In this case, it differs only slightly in that, so far at least, this seems to be an initiative that is an administration-led initiative. We are not aware of any—as far as I know—congressional involvement, but it is not all that much different, right? It is the same thing.

We had a long debate in 2017 about whether we should not only repeal the Affordable Care Act but thereby do two things to Medicaid—one is to end over time Medicaid expansion, and second would be to have cuts to Medicaid that would result from this same idea, the so-called block granting of Medicaid.

I believe we litigated—if we can use that word in a legislative sense—that in 2017. The repeal bill did not pass the Senate in the summer of 2017. There were other attempts that didn't come to a vote on full repeal. Then we had an election in 2018. Healthcare was a major part of that debate, most of it centering on protections for pre-existing conditions and other consumer protections in the law.

If you look at the last 2 years, we had one-party rule in Washington—Republican President, House, and Senate. There were major efforts by the admin-

istration and by both majorities in the Houses of Congress to make substantial changes to Medicaid, and it did not happen. So failing all those attempts, now the administration, I would assume, is trying to do it secretly but, now exposed, wants to make changes to Medicaid by way of granting waivers and inviting States to, in essence, change Medicaid at the State level.

This initiative will not affect Pennsylvania—or it is highly unlikely to affect Pennsylvania in the near term. So this is about major parts of the country but not every State. It is a bad idea, in short order, because what this block granting means is benefits get cut.

It is very simple. When you cut a program that is focused on healthcare for low-income children, healthcare coverage for those with disabilities, children and adults, and helping seniors have the benefit of skilled care in a nursing home—that is another benefit of Medicaid—you are talking about benefits being cut over time. Maybe there will be more cuts in one State versus the other, depending upon the nature of the waiver and the particulars of the program in that State, but it is going to be cutting Medicaid. It is a bad idea, and I think the American people understand that, especially after the debate in 2017. It is a bad idea, and I think the American people understand that.

Maybe there are some folks who didn't really appreciate Medicaid; probably a lot of them in Washington didn't appreciate Medicaid before the 2017 and 2018 debates. Maybe there are folks who weren't paying attention for a lot of years and didn't realize the scope of Medicaid, didn't realize it covers 70 million Americans. I know that is why some Republican-elected officials in the Congress are very hostile to it; they think it covers too many people. But after 2017, those who were misinformed or had forgotten or just were never aware of the benefits of Medicaid got a real good reminder because of the debate we had. That was one positive outgrowth of that long and difficult debate on healthcare generally—the Affordable Care Act specifically—but also, by extension, Medicaid.

A proposal like this to block-grant Medicaid, which was proposed numerous times here in the Congress over the last couple of years, hurts basically those three groups of Americans. It hurts kids, hurts people with disabilities, and hurts our seniors.

I think the part of it that people tend to forget is that this program helps middle-class families as well. If you have a disability, your income might be higher than low income, but you get the benefit of Medicaid. A lot of middle-class families have a loved one in a nursing home who would not be able to afford that kind of long-term care without the benefit of Medicaid. A lot of those families are middle class.

When it comes to children, of course, it is for children from low-income families, but those children are getting