

by hour, minute by minute, to manage this crisis, but, as the folks we talked about in McAllen reiterated, the underlying problem still exists. In other words, you can treat the symptoms, or you can treat the cause. But we shouldn't be confused. We have been maybe addressing some of the symptoms; we have done nothing to address the underlying cause.

These officers and agents work incredibly hard to enforce our laws and provide compassionate care for those in their custody, but without meaningful action from Congress, we are sending them into a losing battle. Without fixing the loopholes and repairing the broken system that facilitated this humanitarian crisis in the first place, we will find ourselves experiencing *deja vu* every few months. If you think \$4.5 billion was needed for this emergency just a couple of weeks ago, wait for 6 more months, when there will be another \$4.5 billion required and thereafter and thereafter and thereafter.

Well, what is the answer to the underlying root cause? What does Congress need to do in order to fix it and to staunch this flow of humanity across our border?

Well, there is only one bill out there with bipartisan support—with support both in the House of Representatives and the U.S. Senate—that would provide relief along the border, and that is the HUMANE Act. It is an honest, non-partisan attempt to fix the problem—no poison pills, no radical proposals, just reasonable policy designed to solve the problem.

This bill would close what has become known as the Flores loophole, which is often exploited by human smugglers as a way to gain entry into the United States. This is an effective way to stem the flow of those trying to game—to game—our immigration system without inhibiting legitimate trade or travel.

In addition, the HUMANE Act would improve the way we process individuals entering into our country. We got the recommendation for the legislation from the bipartisan Homeland Security Advisory Committee. It would, for example, establish regional processing centers, which would have personnel on hand from across the government to assist, including medical personnel and asylum officers right there at the border in regional processing centers.

Finally, it would improve standards of care for individuals in our custody—something we all want to see happen. It would require the Department of Homeland Security to keep families together during court proceedings and ensure that migrants have timely access to medical assistance, as well as recreational activities, educational services, and even legal counsel.

The HUMANE Act also requires additional training for Customs and Border Protection and ICE officers, otherwise known as Immigration and Customs Enforcement—in other words, everyone who deals with children.

The HUMANE Act is the only bipartisan bill currently proposed, and I would urge all of our colleagues to give it serious consideration.

I can only hope that this trip our Democratic colleagues took convinced them that it is time to quit playing games and get serious about finding a solution to the humanitarian crisis on our southern border.

I yield the floor.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to resume consideration of the following nomination, which the clerk will report.

The senior assistant legislative clerk read the nomination of Mark T. Esper, of Virginia, to be Secretary of Defense.

Mr. CORNYN. Madam President, 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. VAN HOLLEN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. VAN HOLLEN. Madam President, I ask unanimous consent to speak as in morning business.

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

TRIBUTE TO JUDY SCHNEIDER

Mr. VAN HOLLEN. Madam President, I rise to recognize and thank an extraordinary public servant, one who has contributed greatly to the U.S. Senate.

Next week, my constituent Judy Schneider will retire after a long and very distinguished career serving the U.S. Senate, the U.S. House of Representatives, and the Congressional Research Service, where she has earned a reputation as one of the Nation's top experts on the workings of the Congress. She has joined us in the Gallery today, so I hope all my colleagues will make sure we pay attention and play by the rules.

When I was a new Member of Congress, a Member of the House of Representatives, one of my very first meetings was with Judy Schneider. I was proud Judy was my constituent in Maryland's Eighth Congressional Dis-

trict, and I was glad to have the benefit of her advice. Since then, I have sought her counsel many times during my years in the House and the Senate.

Judy's service at the Congressional Research Service has been nothing short of extraordinary. Over the past four decades, she has educated hundreds of Members of Congress and their staff on congressional operations and procedures. As the author of numerous articles and the coauthor of the "Congressional Deskbook: The Practical and Comprehensive Guide to Congress," Judy's expertise on the intricacies of congressional structures and procedures is unmatched. Judy is known equally well for the positive personal impact she has had on each of her students. From giving lectures to countless conferences, to her "Direct Connect to Congress" series, Judy's impact has been far-reaching. Through her dynamic, informative, and humorous style, she has been described as having a life-changing impact on her students.

For her remarkable work, Judy Schneider has received a number of well-deserved and prestigious awards. She received the 1988 PLEN Mentor Award for her work educating and training women in public policy, a fellowship in the 108th Congress through the Stennis Center for Public Service Leadership, and the Distinguished Member Award from Women in Government Relations. In 2015, Women in Government Relations created the Judy Schneider Fellowship in recognition of her efforts to educate women about congressional procedure and policy. Judy has mentored thousands of women, and this fellowship will ensure that her legacy is felt by many more.

Last year, Judy received the Lifetime Achievement in Democracy Award from the Congressional Management Foundation in recognition of her outstanding impact and important work in Congress. This award truly exemplifies the role Judy Schneider has played for so many of us. Her mission has always been clear. Because of her deep love for this institution and for our country, she has used her unique talents to try to help make our democracy work better. She has trained generations of staff and Members, including a number of staff who later became Members of Congress themselves.

She represents the very best of public service. She exemplifies the spirit of service in a way few have, bringing the legislative process to life with humor and passion. Her presentations—packed with information and insight and delivered with wit and humor—were designed to train Members of Congress and their staff so we as a body function better and, consequently, so our democracy functions better. If some of us are finding that the Senate is not functioning particularly well at the moment, we can't say we weren't taught better. As they say, you can lead a Senator to "Riddick's Senate Procedure," but you can't make him or her read.

Some have been heard to say they have found Judy to be just a little bit intimidating. What is intimidating about Judy is the depth of her knowledge of this institution, her pursuit of excellence in her work, the exacting standards she practiced and demanded of others, and her unyielding commitment to quality. Most importantly, her deep love and concern for the U.S. Congress is reflected in all she does.

I ask my colleagues to join me in recognizing the transformative impact Judy Schneider has had on this body and in thanking her for her career at CRS, her dedication to public service, and the lifetime of work that has truly made a difference in the lives and careers of Members of Congress. I know that while we will miss her daily presence in these halls, Judy Schneider's commitment to Congress will continue to inspire us to serve this institution and the people we represent to the best of our abilities. I know that would be the highest tribute to Judy we could pay.

Since Judy Schneider is a stickler for procedure, I now suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

CLOTURE MOTION

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

The legislative 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 Mark T. Esper, of Virginia, to be Secretary of Defense.

James M. Inhofe, John Hoeven, Mike Rounds, Joni Ernst, Kevin Cramer, Ben Sasse, Pat Roberts, John Boozman, Mike Crapo, Steve Daines, John Cornyn, James E. Risch, Roger F. Wicker, Richard Burr, Thom Tillis, Roy Blunt, Mitch McConnell.

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

The question is, Is it the sense of the Senate that debate on the nomination of Mark T. Esper, of Virginia, to be Secretary of Defense, 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. THUNE. The following Senators are necessarily absent: the Senator from Georgia (Mr. ISAKSON), the Senator from Louisiana (Mr. KENNEDY), the Senator from Kansas (Mr. MORAN), the Senator from Alaska (Ms. MURKOWSKI), and the Senator from Pennsylvania (Mr. TOOMEY).

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

Mr. DURBIN. I announce that the Senator from Colorado (Mr. BENNET), the Senator from New Jersey (Mr. BOOKER), the Senator from New York (Mrs. GILLIBRAND), and the Senator from Vermont (Mr. SANDERS) are necessarily absent.

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

The yeas and nays resulted—yeas 85, nays 6, as follows:

[Rollcall Vote No. 219 Ex.]

YEAS—85

Alexander	Feinstein	Reed
Baldwin	Fischer	Risch
Barrasso	Gardner	Roberts
Blackburn	Graham	Romney
Blumenthal	Grassley	Rosen
Blunt	Hassan	Rounds
Boozman	Hawley	Rubio
Braun	Heinrich	Sasse
Brown	Hirono	Schatz
Burr	Hoeven	Schumer
Cantwell	Hyde-Smith	Scott (FL)
Capito	Inhofe	Scott (SC)
Cardin	Johnson	Shaheen
Carper	Jones	Shelby
Casey	Kaine	Sinema
Cassidy	King	Smith
Collins	Lankford	Stabenow
Coons	Leahy	Sullivan
Cornyn	Lee	Tester
Cortez Masto	Manchin	Thune
Cotton	McConnell	Tillis
Cramer	McSally	Udall
Crapo	Menendez	Van Hollen
Cruz	Murphy	Warner
Daines	Murray	Whitehouse
Duckworth	Paul	Wicker
Durbin	Perdue	Young
Enzi	Peters	
Ernst	Portman	

NAYS—6

Harris	Markey	Warren
Klobuchar	Merkley	Wyden

NOT VOTING—9

Bennet	Isakson	Murkowski
Booker	Kennedy	Sanders
Gillibrand	Moran	Toomey

The PRESIDING OFFICER. On this vote, the yeas are 85, the nays are 6.

The motion is agreed to.

The PRESIDING OFFICER. The Senator from Pennsylvania.

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

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

HEALTHCARE

Mr. CASEY. Mr. President, I rise to speak about an issue that, candidly, we don't talk enough about around here, and that is the threat to the Affordable Care Act and the lawsuit that was filed and is now in a Federal court. This time, it is in the Circuit Court of Appeals for the Fifth Circuit.

Earlier this month, there were oral arguments. This case could be decided in a short timeframe, maybe even this fall. I guess, because it is not an issue that is being debated in the Halls of Congress by way of hearings or votes or otherwise, it doesn't get the attention it warrants.

This lawsuit, which is now a direct challenge to the constitutionality of the Patient Protection and Affordable

Care Act, would be every bit as devastating and harmful as the repeal efforts that were undertaken two summers ago, in 2017, and the consequences of the success in that lawsuit would put the country in the same place it would have been had the repeal effort been successful.

If you want to simplify it, the Affordable Care Act has two parts to it. We know, for example, of the protections that were put in place in the Affordable Care Act, one was new protections, and the other was new coverage. So, roughly, 20 million people got coverage who didn't have coverage before. Most of those 20 million, at the time—or a higher number at least—were folks who had gained their healthcare coverage through Medicaid expansion. As we now know, Medicaid expansion has had a number of positive impacts on the American people.

It really came into force—came into effect—right in the middle of or in one of the early stages of our broader awareness of the opioid crisis, of the addiction crisis. Were it not for the expansion of Medicaid, a lot of people in my home State of Pennsylvania and around the country would not have had treatment for opioid misuse or for the broader category of substance use disorder conditions. Medicaid expansion has helped a lot of people with treatment, which is essential to freeing yourself from the grip of an addiction we have seen so often.

This lawsuit was successful in the district court. If it were to be affirmed, for example, in the Fifth Circuit, it would mean this court would declare the Affordable Care Act as unconstitutional. The effect of that would be that Medicaid expansion would go away—protections for a much larger number of Americans, not simply those who need opioid treatment or treatment for opioid addictions or for substance use disorder conditions and not just for those who have been newly enrolled—for the roughly 20 million who have gotten coverage.

When you are talking about the protections, you are talking about a much larger number of Americans—maybe as high as 150 million Americans or more—who have protections not only in the circumstances in which they had preexisting conditions but also protections against capping the coverage one would get or the treatment one would get over a year or over a lifetime, which is just to mention two or three new protections. For example, it would go away for all of those young people who have been able to stay on their parents' health insurance plans until the age of 26. So you are talking about a tremendous coverage loss of at least millions of people—potentially as high as 20-plus million people—and the elimination of protections for tens and tens of millions of Americans.

You would think, in that circumstance, those who have been most determined to have the Affordable Care Act struck down—because they have

had about 8 years now, give or take, to prepare something with which to replace it—would have a replacement ready to go, maybe a replacement enacted into law, but at least a replacement that is ready to go on day one that would have all of the details worked out. This would not be just any replacement—not just a replacement that has words like “preexisting conditions” in the title of the bill—but something real and substantial and credible on a complicated subject like healthcare, meaning that the replacement would cover at least 20 million people, would provide all of the protections for all of those Americans, whether it is on protections against a preexisting condition or otherwise, and would be comparable in its positive impact on Americans. You would think this bill would be ready to go and ready to be enacted into law, but that is not the case.

I shouldn't say I was surprised, but I was somewhat concerned when—I guess it was last week, about a week ago—I picked up *POLITICO* and read that a number of Republican Senators were expressing the hope that the lawsuit would be successful, the hope that the Affordable Care Act would be declared unconstitutional. Yet what I didn't see in that article and didn't see in a lot of other places is a replacement that will provide a comparable, if not identical, measure of protection. That is what they told us all along—right?—that they have another way to do it and that all of the American people are going to be better off because of it. That is the basic promise that has been made by the Republicans in the Senate and in the House over many years. So you would think it would be ready, but it apparently is not ready.

I hope that maybe in the month of August, the plan will be developed and be ready to go and not just any old plan that has a nice title on it and a surge of protections that can't be brought to fruition—or brought into effect—because, when you provide the kind of protections the Affordable Care Act provides, you have to make the math work. You have to make sure you can pay for it, and you have to make sure the policy will support what you promise in the details of the legislation.

We will see what happens. If this lawsuit were to be affirmed at the circuit court level, I am assuming there would be an appeal by one side or the other. Yet, if we reach a point at which a court says the ACA is unconstitutional, I hope there is going to be a replacement that will provide all of the protections, all of the coverage, and all of the essential elements that were in the Affordable Care Act but that they will be done in a better way because that is what they have all promised on the other side. I don't think it is likely to happen. Something is going to give. Something will be cut. Something will be taken away or a lot more than that.

By way of an example, I will use only one number for today—642,000. I think

it is 642,700. That is the estimate of the number of children who live in Pennsylvania who have preexisting conditions. So any change in law by way of a court—a Federal court or the Supreme Court or otherwise—or any change in law pursuant to congressional action has to make sure, among many things, that every one of those 642,700 children in Pennsylvania has protections in place by law for preexisting conditions in addition to covering all of the other adults across Pennsylvania.

Basically, it is almost one out of every two Americans who has a preexisting condition. That is the rough estimate. That is a lot of people across the country. Some people believe, as well as there being some credible, reliable estimates, that it is north of 130 million Americans. So those are the only two numbers I will give.

The lawsuit is problematic. If that were all, that would be bad enough, but there are two things that are problematic when it comes to healthcare. One is that of the proposed cuts by the administration. Now, I realize House Republicans and Senate Republicans may not agree with the President's proposal, but he is in the same party, and his Budget Director is in the same party, and the Congress of the United States has to react to that budget proposal.

The administration proposed a 10-year Medicaid cut of \$1.5 trillion, and that is with a “t”—trillion—not billion. The administration proposed a \$1.5 trillion cut to Medicaid. It proposed a similar cut—or, I should say, a comparable cut but actually a lower number—to Medicare over 10 years of \$845 billion. You have to be able to say: OK, if it is the case that there is a credible replacement that provides the identical protections and coverage that the Affordable Care Act provided, what would happen to healthcare if you were to cut Medicaid by \$1.5 trillion and Medicare by \$845 billion?

You have to answer those questions if you are serious about healthcare. Now, if you are just kind of moving things around and having a talking point for a campaign, maybe that is different, but if you are serious about healthcare and if you are serious about coverage and if you are serious about there being an adverse impact on kids, on people with disabilities, and on seniors, you can't cut Medicaid by \$1.5 trillion.

One way to describe Medicaid is in the nursing home program for the middle class, in many instances. Medicaid is not a program for someone distant out there who is not worthy of our support and our help. Medicaid is about us. Medicaid is who we are because we decided more than 50 years ago that we are the United States of America, and we are the strongest country in the world for lots of reasons. Thank goodness we have the strongest military, and thank goodness we have the strongest economy. Yet we are also the

greatest country in the world because folks around the world have seen they can follow our example once in a while. They saw more than 50 years ago that we said, if you are a child in a low-income family or if you have a disability or if you are a senior who is trying to get into a nursing home, Medicaid is going to help you do that. We also passed Medicare at the same time.

So if you are serious about healthcare, you have to be really concerned about these budget cut proposals by the administration.

The third and last topic on this is the efforts undertaken by the administration, when in the midst of failing to repeal the Affordable Care Act and, thereafter, the efforts to sabotage the Affordable Care Act—and not in any way an overstatement—when you have an advertising budget to let people know that they can go to the exchanges—not the Medicaid expansion but the exchanges—to get healthcare coverage and to get a subsidy to help them purchase healthcare—maybe for the first time, millions of people got that opportunity, and millions still have it—in order for folks to know about that, to know about their eligibility, to know about the benefits of that, you have to advertise. We know that. The administration cut the advertising budget by only 90 percent—not quite 100 but a 90-percent cut in the advertising budget.

There are also other ways they have undermined and sabotaged the system. If you are concerned about healthcare, you have to be concerned about that sabotage, you have to be concerned about Medicaid and Medicare cuts, and you have to be concerned about this lawsuit.

We have a lot of work to do just to protect the gains—the coverage gains and the protection gains—that have been hard won over many years that benefit tens and tens of millions of Americans. I am not sure I can put a total number on them. So I hope those who are rooting for this lawsuit to be successful will have factored in all of that when that day comes, if it were to come, to change healthcare radically and dramatically for the American people.

I yield the floor.

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

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. McCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to legislative session for 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.

TRIBUTE TO DR. JOHN LOGAN

Mr. McCONNELL. Mr. President, on this recent Father's Day, Dr. John