In a broader sense, TrumpCare violates what this President promised to working Americans. He promised to be a champion for working Americans. He promised to be their voice. That is how he presented himself in his inaugural address. But TrumpCare would hurt working Americans the most, making them pay more for less care.

It seems the only people who really benefit, the only group who benefits financially—if you are in the top 0.1 percent of earners, TrumpCare gives you a nearly $200,000 tax break, on average. This is the group who benefits. They may not be the only group, but they are the group who benefits the most, far and away. If you are in the middle class, if you are struggling to make it into the working class, if you are older or from a rural area, your costs are going to go up by thousands of dollars a year. So many of these people voted for Trump for President, but the only people who get that huge tax break of an average of $200,000 a year are the top 0.1 percent. In a very real sense, Donald Trump is giving a huge tax break to the wealthy and then making working Americans, average Americans, pay for it. To some, it might seem that the whole purpose of TrumpCare is to give that huge tax break to the wealthy.

In his inaugural address, President Trump spoke of an America where for far too long a small group has reaped the rewards of government, while the people have borne the cost. TrumpCare seems designed to fulfill that vision, not alter it. It makes it even easier on that small group, shifting even more costs onto the people.

So the first few months of the Trump administration have been broken promise after broken promise to working families. Trump's words: We are going to help working America, middle-class America. Trump's action: Take the burden off the shoulders of the top 1 percent and put them on the shoulders of all other Americans.

TrumpCare might constitute the greatest broken promise of them all. That is why I expect our Republican leadership in the House is rushing this bill through the Chamber. They don't want the American people to see it and learn what is in it. I don't think they want their own Members to have much time to consider it. That is why it was released on a Monday and a vote in committee was scheduled just a few days later. Already the bill has gone through one committee markup in the House without a score from CBO.

After years of criticizing Democrats for rushing through healthcare, after chanting ''read the bill'' over and over again, Republicans are trying to pass their healthcare plan in 2 months, when Democrats took almost a full year to debate and pass the Affordable Care Act.

Even Republican Senators like my friend from Arkansas, Mr. COTTON, are telling their colleagues in the House to pause and start over. The Republicans in the House ought to listen because this mess of a bill will badly hurt millions of Americans. Even though we disagree on the substance, I would echo my friend from Arkansas, Senator COTTON, in saying to House Republicans: Stop and think about this. You can drop ''repeal'' and come talk to us Democrats about reasonable fixes to the Affordable Care Act instead of blindly moving forward with this sham of a bill. That would be a much better way for your party and for our country.

BUDGET RIDER

Mr. SCHUMER. Mr. President, one final point on another matter. Today, the Democratic leadership of the Senate sent a letter to Leader MCCONNELL and Chairman COCHRAN. We, of course, laid out our concerns about the budget and reiterated the guiding rules that helped us pass a budget for the first time in a while last year. We believe that we should stick to the spending levels that were agreed to in December, that we should maintain a parity between defense and nondefense, and that there should be no poison pill riders.

It is rumored that one of those poison pill riders might be a supplemental added to the CR that would call for paying for President Trump's wall. That will not stand.

The President wants a wall but has not answered so many questions about it. What about eminent domain and the procedures to acquire land from private landowners? What is the design of the wall? Where is it going to be located? How is it going to be paid for, and how much will it cost? Don't you think we ought to give the President some time to have Mexico pay for the wall? That is what he said throughout his campaign, that Mexico will pay for it.

That is why both Democratic and Republican Members of Congress who represent the border States object to this wall. It will be inappropriate, in our judgment, to insist on the inclusion of such funding in a must-pass appropriations bill that is needed for the Republican majority in the control of Congress to avert a government shutdown. It is truly a poison pill. We would urge our colleagues not to allow the President to include this in a must-pass bill that avoids a shutdown of the government.

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 Seema Verma, of Indiana, to be Administrator of the Centers for Medicare and Medicaid Services.

The PRESIDING OFFICER. The Senator from Utah.

Mr. HATCH. Mr. President, I rise today to speak in favor of the nomination of Seema Verma to serve as the Administrator of the Centers for Medicare and Medicaid Services.

I think we can all agree that this is a critical time for healthcare in America. Health costs continue to rise, and patients face growing uncertainty over coverage. At the same time, the health of too many Americans continues to decline, healthcare costs continue to grow, and millions of new baby boomers are becoming eligible for Medicare each and every year.

I might add, you heard the minority leader talk today as if Democrats have had nothing to do with all of this mess. Much to the contrary. Congress and our new President face intense pressure to address these challenges, and the stakes are very high. I am confident that Ms. Verma is up for that challenge. She has over two decades of experience working with State healthcare and industry leaders to reform and improve services for the most vulnerable members of our community. Ms. Verma's experience as an entrepreneur and industry leader allowed her to work extensively on a wide variety of policy and strategic projects involving Medicaid, insurance, and public health in conjunction with the Indiana Governor's office, State Medicaid agencies, State health departments, State departments of insurance, the Federal Government, and private companies and foundations. She has had a tremendous amount of experience in those areas, and I have every confidence that she will be a great leader. There are few professionals in the country who have her level of close relationships with State leaders that will be critical as Congress and the administration work to repeal and replace the Affordable Care Act—the so-called Affordable Care Act; it is anything but affordable.

Medicaid represents an enormous burden on State budgets, and we now have an unprecedented opportunity to reform a Federal entitlement program long in need of structural changes. Ms. Verma is the ideal candidate to oversee the reform of the Medicaid Program and take steps administratively to give States the flexibility they have been clamoring for.

In Indiana, Ms. Verma worked with Governors Daniels and Pence to design a Medicaid expansion program that extended health coverage to nearly

400,000 low-income working Americans. She did so in a way that empowered people to take greater responsibility for their own health by providing incentives to use healthcare resources efficiently. The program ensured that many people got health care coverage for the first time. Now this innovative program has become a national model for other States.

Ms. Verma's experience will be invaluable as we work together to improve healthcare across the country and bring down the costs thereof. In addition to her work in Indiana, Ms. Verma has developed several other Medicaid reform programs, including 1,115 Medicaid waivers for Iowa, Ohio, and Kentucky. Her firm helped design Tennessee's coverage expansion proposal and also provided technical assistance to Michigan when the State implemented its Medicaid waiver. She also helped guide the transition of Iowa's Medicaid Program to a managed care program and supported strategy efforts for Maine's Medicaid plan.

Having dealt with CMS in her capacity as a consultant working on these myriad projects, she knows firsthand what is needed to make the programs work effectively. Her job as CMS Administrator will not be easy, and that is a heck of an understatement.

CMS is the world's largest health insurer. It has a budget of over $1 trillion and processes over 1.2 billion claims a year for services provided to some of our Nation's most vulnerable citizens receiving Medicare and Medicaid. As such, this is a critical agency, and we need a qualified, dedicated leader at the helm. She is certainly that.

In addition to ensuring that Medicare and Medicaid work effectively, Ms. Verma will also be charged with helping to ensure the longevity and solvency of the Medicare trust fund, which is projected to go bankrupt in the year 2028. Maintaining the solvency of the Medicare Program while continuing to provide care for an ever-increasing beneficiary base is going to require creative solutions, skillful administration, and a lot of knowledge and experience.

All told, between now and 2030, 76 million baby boomers will become eligible for Medicare. Even factoring in deaths over that period, the program will grow from approximately 47 million beneficiaries today to roughly 80 million beneficiaries in 2030. This will also create challenges that will require steady leadership and, at times, decisive action.

I believe Ms. Verma is especially qualified to lead CMS and modernize its programs to increase its effectiveness of healthcare delivery. She brings the experience and, importantly, bipartisan solutions that can and should unite people across the political spectrum in addressing some of the greatest challenges in our healthcare system.

Ms. Verma has a keen understanding of patients' needs. She certainly has the expertise to create a healthcare law that this country needs and improve the lives of the 100 million Americans covered by Medicare and Medicaid.

At a time when the healthcare challenges we face are very real and extremely complex, our Nation needs leaders, like Ms. Verma, who have demonstrated their ability to deliver results.

I know that many people have different ideas about the best direction for the Medicare and Medicaid Programs and how we should meet the complex challenges facing CMS. While we can disagree on policy, we should all agree that the agency needs smart, experienced leadership at its helm.

That being the case, I urge all of my colleagues to join me in supporting Ms. Verma's nomination to this important position. I personally am very grateful that she is willing to dive into this very difficult process and these problems right in the middle of politics being played and that she is willing to do the job America needs at this particular time, especially for those who need healthcare.

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

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

WIRETAPPING ALLEGATION

Mr. LEAHY. Mr. President, there are a couple of issues that I will speak on, but I was asked earlier this morning about what President Trump has tweeted, basically charging former President Obama with having spied on him in a way that would be plainly illegal. Of course, President Obama's advisers have denied any such thing happened. If it did happen, of course, it would be a grave constitutional issue, and if such a thing did happen, it would be criminal conduct. Now, many people are saying: Well, is it true or not? Was Mr. Trump telling the truth in the tweet or not? There is a very simple response on this. There is one person who knows whether it is true or not, and he has been totally silent on this.

They asked Attorney General Sessions. Attorney General Sessions made it very clear in his confirmation hearing—well, he said a number of things in his confirmation hearing, but one was, of course, that he would be independent. President Trump has leveled very serious charges against former President Obama. I happen to feel the charges are false, but let's have a definitive voice. The Attorney General should have the courage and independence to simply say whether Mr. Trump is telling the truth or not. It is a very simple matter. I would hope that the press and everybody else would keep asking because eventually somebody has to answer that question, and the Attorney General can.

NOMINATION OF DAVID FRIEDMAN

Mr. President, the Senate will soon consider the nomination of David Friedman to be U.S. Ambassador to Israel. Unlike several of President Trump's other nominees, we know a great deal about Mr. Friedman's views on the challenges he would confront if he were confirmed. Unfortunately, this is because he has made a career of disparaging and inflammatory statements about U.S. policy in the Middle East, about former U.S. officials, about the Palestinians, even about American Jews who have views that differ from his own.

We have all had the opportunity to read articles Mr. Friedman has written. We have heard the outrageous, unfounded verbal attacks he has launched against those who disagree with him. He has written falsely that President Obama and Secretary Kerry engaged in ''blatant anti-Semitism,'' that the liberal American Jews are ''far worse than kapos,'' and that they ''suffer a cognitive disconnect in identifying good and evil,'' that the State Department has a ''hundred-year history of anti-Semitism,'' because diplomats appointed by both Republican Presidents and Democratic Presidents have not always seen eye-to-eye on every issue with Israel's leaders. He has said that Israel's policy of ''criticizing disloyal Arab citizens while simultaneously bestowing upon them the benefits of citizenship simply isn't working.''

Well, those comments alone should disqualify him for this sensitive position, and it is no surprise that tens of thousands of Americans have signed petitions circulated by pro-Israel groups opposing his nomination.

Mr. Friedman has also raised millions of dollars for Israeli settlers, and he has bragged about the effort to remove the two-state solution from the Republican Party's platform, even though Democratic and Republican Presidents have supported it. Regarding the two-state solution, he wrote: ''It is more of an illusion that serves the worst intentions of both the United States and the Palestinian Arabs,'' in one of the many articles he has written for a rightwing Israeli media outlet. That unequivocal renunciation of longstanding U.S. policy should also by itself disqualify him from the job of Ambassador to Israel.

These statements and actions not only indicate his rejection of decades of Republican and Democratic policy. They are the words of someone who makes a mockery of the term ''diplomat'' and who has demonstrated no ability to be objective and constructive on sensitive issues of immense importance to U.S. security.

Our diplomats are supposed to be representing the American people and the policies of the United States first and foremost. They are not sent to a foreign country to represent the government or people of that country in a

manner that is inconsistent with U.S. policies and U.S. interests. They are there to represent us.

Mr. Friedman is certainly entitled to his own views as a private citizen, even if they are offensive and counter to U.S. interests and values. But can anyone honestly say that this nominee is qualified or suited to represent the American people in Israel?

Five former U.S. Ambassadors to Israel who served under Republican and Democratic Presidents—from Ronald Reagan to Barack Obama—are among the thousands of Americans who say that the answer to that questions is no.

We are being asked to reconcile Mr. Friedman's record, his personal views, and his deep ties to extreme factions in Israel with his responsibility to objectively advance and defend U.S. interests. Unless one believes, as he has repeatedly made clear he does, that the interests of the United States are always identical to Israel's, there is no way Mr. Friedman should be confirmed.

For as long as I have been in the Senate—and I note that is longer than anybody who is serving here now—I cannot recall a time when we were not at a critical point in our relations with Israel, not because of doubts about the enduring value of the relationship but as a reflection of the importance of the deep partnership between our governments and our people—a deep partnership that we have all supported and that Republican and Democratic Presidents have supported. Most importantly, it is a result of our conviction that security, stability, and prosperity in Israel and the wider region are important to our own national security.

That is why President Obama signed a memorandum of understanding with Israel that included the single largest pledge of U.S. military aid to any country—to any country anywhere in the world, ever—and why both Democratic and Republican administrations have put so much effort into pursuing peace between Israelis and Palestinians.

An alliance as longstanding as ours with Israel, which has far-reaching consequences for the entire Middle East and beyond, requires effective daily management by an experienced diplomat who has not only knowledge of the region but the necessary temperament and appreciation of our country's short- and long-term interests.

I was here when President Sadat and Prime Minister Begin negotiated what was a very difficult peace agreement between the two of them, with both of them putting the interests of the region first. That agreement has lasted. I also remember when Prime Minister Rabin and King Hussein of Jordan—who had fought against each other—personally negotiated a peace agreement, and the United States strongly supported that. In fact, I was privileged to be there when they signed the agreement at Aqaba, as I was present when Prime Minister Begin and President Sadat signed their agreement.

I do not see how anyone could conclude that Mr. Friedman possesses the requisite temperament, nor am I convinced that he appreciates the critical distinction between the interests of our country, the United States, and the parochial interests of an extreme constituency in Israel who he has fiercely advocated for over the course of his long career.

Indeed, it is telling that the spokesman for Beit El, the Israeli settlement that Mr. Friedman has supported financially for years, said its inhabitants would regard him as their representative in the United States. These are Israelis. Their representative in the United States is the Israeli Ambassador. It is not the role of a U.S. Ambassador to represent another country, but that is how Mr. Friedman is perceived in Israel because that is the way he has behaved.

Every U.S. President has understood the importance and the heightened sensitivity of this post, and they chose their nominees accordingly—both Republican and Democratic Presidents—until now. That is why every previous nominee to be Ambassador to Israel has been confirmed by a voice vote or by unanimous consent, while Mr. Friedman was voted out by a narrow 12 to 9—largely party line vote—in the Foreign Relations Committee.

Mr. Friedman's confirmation hearing provided him the opportunity to assuage concerns about his divisiveness, including the many disparaging remarks he has made and his close identification with and support for the Israeli settler movement.

During the hearing he renounced his undiplomatic language, suggesting it was delivered in the heat of the election cycle and in his capacity as a private citizen. In fact, he recanted so much of what he had said—which far predates the election cycle—that Foreign Relations Committee Chairman CORKER asked why he was willing to disavow so much of his past record in order to earn the committee's support.

In response, Mr. Friedman described the role of the U.S. Ambassador to Israel as ''the fulfillment of a life's dream, of a life's work, of a life of study of the people, the culture, the politics of Israeli society.''

I would say two things about that. One, I recall a nominee for another position who, when asked questions about extreme positions he had taken for years, started disavowing them all, and I finally asked him: Are you having a confirmation conversion? That nominee—the nominee of a Republican President—when he came before the Senate, was defeated because of Republican votes, as well as Democratic votes.

I always worry about a confirmation conversion. When a nominee rejects years and years of deeply held beliefs during those 2 or 3 days of the confirmation hearing, I wonder how long it will last.

There is an important distinction between knowing and respecting a country's history and people and believing that one's own personal ambition and that country's interests are inextricably linked. Mr. Friedman's remarkable confirmation conversion falls far short of convincing evidence that changing his title to ''Ambassador'' will cause him to divorce his life's work and objectively serve the national interests of the United States.

If Mr. Friedman is confirmed, he should immediately untangle his business and personal interests in Israel and commit to being the representative of all Americans—conservative and liberal Jews, conservative and liberal non-Jews—and being a genuine partner in efforts to promote security and stability for Israelis and Palestinians alike, not just because it is in their interests, but because it is in the interest of the United States.

We all want what is best for the American people. We also share a desire to find a viable solution to the Israeli-Palestinian conflict that protects the rights and security of both peoples. Neither goal can be achieved by pursuing policies that further inflame tensions in the region and erode the role of the United States as an honest broker for peace. There are a large number of qualified Americans from both parties who could capably support that role. Mr. Friedman is not among them.

NOMINATION OF NEIL GORSUCH

Mr. President, on another matter, this week is Sunshine Week. It is a time when we rededicate ourselves to transparency in government. It is important to all of us. We celebrate one of our Nation's most defining characteristics: that a government of, for, and by the people does not operate in secret. Our democracy depends on an informed public, and it is critical that public officials be truthful with the American people; yet we are not even 2 months into this Presidency, and it is clear that the administration is not meeting that standard.

The Attorney General has yet to come forward and tell us whether the President was telling the truth when he accused President Obama of breaking the law and spying on him, and the President's nominees have shown a real and stunning indifference to the truth. His nominees to lead the Treasury Department, the EPA, HHS, and the Justice Department have all misled Congress while testifying under oath.

I am disturbed that Senate Republicans continue to look the other way. At some point, they must put country over party. But as these new officials take control of their agencies, I remind them that our laws demand an open and transparent government. Last year, Congress took a strong step to reaffirm our commitment to an open government. We passed the FOIA Improvement Act, which is a bipartisan bill. I coauthored it with the deputy Republican leader, Senator CORNYN of Texas. It was the most significant reform to the Freedom of Information Act in

over 50 years. It codified the ''presumption of openness.'' It put the force of law behind the notion that sunshine, not secrecy, is the default setting of our government. Given what we have seen thus far from this administration's nominees, transparency, accountability, and open government are more important than ever.

I hope next week, when the President's Supreme Court nominee will appear before the Senate Judiciary Committee, he provides transparent, truthful answers to Senators' questions.

I will insist on real answers from Judge Neil Gorsuch because there are real concerns about his record and his judicial philosophy. Judge Gorsuch went to some of the world's best universities—Columbia, Harvard, Oxford—so it is not surprising that he knows how to make a good impression, but that cannot be the standard for a Supreme Court nominee. The U.S. Senate cannot simply rubberstamp a nominee because he went to the right schools and looks good on TV.

Neil Gorsuch has been a judge for over 10 years, and it is clear from his writings on and off the bench that he has a well-developed judicial philosophy. He appears to strongly identify as an originalist, in the mold of Justice Scalia or Justice Thomas. It has been more than 25 years since an originalist was nominated to the Supreme Court, so I expect that Senators will want to understand how Judge Gorsuch would apply his philosophy to the cases that would come before him, if he is confirmed to the Supreme Court. Would he rule in the same way as originalists like Justice Scalia, Justice Thomas, and Judge Bork, who have been deeply hostile to the individual rights and liberties protected by our Constitution? I want to hear directly from him on this important question.

It is one thing for legal academics to debate their preferred theories, including originalism. But the Supreme Court is not a debating society that deals in abstractions—its decisions affect every one of us. Our Federal courts are where Americans go to have their rights vindicated, whether against big corporations or the government itself. Our Federal courts do not exist so that judges have a place to propound their particular philosophies.

I want to make sure that Judge Gorsuch understands that distinction, and I want to understand just how his philosophy would have been applied to important cases. For example, how would someone with his philosophy have ruled in cases upholding fundamental rights, such as Miranda rights, a woman's right to make her own medical decisions, and marriage equality?

We also cannot ignore the fact that Judge Gorsuch was nominated by President Trump only after being vetted by extreme interest groups who did all of that in secret. They are certainly not transparent. It is alarming and unprecedented for a President to outsource the nomination process in this way. The President's top adviser then assured attendees at a conservative conference that they knew Judge Gorsuch has ''the vision of Donald Trump.'' That is the same Donald Trump, of course, who called the media the ''enemy of the American people.'' The President could not be more wrong.

As we note during Sunshine Week, our Constitution provides for the freedom of the press because a democracy cannot survive without it. Citing James Madison, the Supreme Court in New York Times v. Sullivan described the ''public discussion of the stewardship of public officials'' as ''a fundamental principle of the American form of government.''

It was Supreme Court Justice Louis Brandeis, a staunch believer in open government, who famously said that sunlight is the best disinfectant. It is often the press that shines the sunlight in dark corners where we need it most. It serves as a critical check on our government. It shines a light on corruption, exploitation, and excess. My parents owned a weekly newspaper before they started their printing business. I was brought up to believe in the importance of the First Amendment. I question whether a Justice with ''the vision of Donald Trump'' would uphold the freedom of the press.

Sunshine Week's emphasis on transparency will not be just this week; it should continue into the hearings next week. The Supreme Court has been the least transparent part of our government, and these hearings will be one of the only opportunities for the American people to get a glimpse into the institution that protects their most essential rights. There are real questions about the kind of Justice Neil Gorsuch would be. He needs to answer them openly and honestly, not with the kinds of dodges and misrepresentations we have heard from other Trump nominees.

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

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

REPUBLICAN HEALTHCARE BILL

Mr. DURBIN. Mr. President, last Friday, I went to Rockford, IL, and had a roundtable discussion about healthcare. There is a lot of debate about healthcare in the Congress and certainly in Washington. What I have tried to do is to take this issue home and ask the people who actually are responsible for providing healthcare, and the people I represent, what they think about the new Republican alternative to the Affordable Care Act. What I found is that with virtually no exceptions, they are all gravely concerned that the changes that are going to be made to the healthcare system in America, which represents a dramatic portion of our economy, could have a very negative impact on the real lives of people across my State and across the Nation.

Hospital administrators were there to talk about this issue. Swedish Covenant is one of the hospitals well known and respected in the area; OSF as well, and the administrators of both of these hospitals talked about the negative impacts of cutting back Medicaid coverage.

What the Republicans are suggesting in their proposal is that the expansion of Medicaid to provide health insurance for low-income Americans would continue until 2020 and then be cut off, and, they would argue, we will make it more cost efficient. We will let the Governors come up with alternatives. Well, the Governors aren't very happy with this because they know the cost of healthcare continues to go up and they are fearful that when you try to put this all together, the net result is fewer people covered by Medicaid.

Over 600,000 people, because of ObamaCare—the Affordable Care Act—in Illinois now have health insurance. Who are they? Well, I met Ray Romanowski. Ray, a big Polish American fellow from Chicago, is a musician, and he has made most of his income during his life doing work as a musician. Ray Romanowski, in his 60s today, has never had health insurance until now. Because of the Affordable Care Act, he qualifies for Medicaid, and because he has Medicaid—he patted his wallet and said: I finally have that card in my wallet where I can walk into a hospital or a clinic and get good treatment.

It is the first time in his life, and he is in his sixties.

Judy is a friend of mine in Southern Illinois, and she works at local motels there—in hospitality—at places where they serve breakfast to you. She gets up early in the morning. She is a hardworking lady. It is the kind of job she has had her entire life, and she never, ever had health insurance—not once. She worked 20, 30, 40 hours a week, sometimes two different jobs, but never with health insurance. Now she has it because of the Affordable Care Act, and thank goodness she does because she has been diagnosed with diabetes and she needs that kind of care.

So what happened before, when people like Ray and Judy got sick? Before the Affordable Care Act, they would show up in the hospital, go to the emergency room, and they would get treatment, but they wouldn't be able to pay for it. What happens to those expenses at hospitals, under the old way of doing things? They are passed along. The rest of us pay. Anyone who has health insurance and goes in for treatment, part of it is going to be what your treatment is or for your family; the other part is to make up the difference for charity care, uncompensated care.

Now the Republicans believe they have a new idea: Let's restrict access to Medicaid. Let's restrict the health insurance that is available to people like Ray and Judy. Well, they are still going to get sick, and they are still going to come to the hospital, and their costs are going to be passed along to others.

The Speaker of the House, PAUL RYAN, a neighbor from the State of Wisconsin, said that it is all about competition and choice. Well, when it came to competition and choice, Ray and Judy didn't have a chance. They just didn't make enough money. But they did get coverage under the Affordable Care Act, and they stand to see that coverage endangered, if not lost, under this new approach.

We also had representatives of the nursing association in Illinois. These are women and men who are the most respected medical providers. Just take a look and ask whether people have higher respect for doctors or whomever; it is always the nurses, No. 1, because the nurses are the ones who are there day in and day out, hour after hour, in the hospital rooms with the people we love who desperately need medical care. The nurses are opposed to this Republican replacement plan as well.

The doctors—the American Medical Association and the Illinois State Medical Society—are also opposed to it because they looked at the Republican competition and choice alternative and said that at the end of the day, fewer people will have health insurance and the costs will go up dramatically for some. We had a representative of the American Association of Retired Persons there, and they are especially opposed to it. Why? We had a provision in the Affordable Care Act which said that the disparity in premiums can never be more than 3 to 1. Well, the Republicans decided as part of their replacement to make that 5 to 1. Who is going to pay five times instead of three times the base premium? Seniors, those over the age of 55. The Republicans built this into their proposal, and AARP has come out against it.

The second thing to go is—the Affordable Care Act has really brought some savings to healthcare; we wish there were more. But that savings in healthcare is translated into 10 more years of solvency for Medicare. Medicare is a lifeline for 40 million or 50 million Americans. So we gave it 10 more years of solvency with the changes in the Affordable Care Act. Now we are waiting for a score from the Congressional Budget Office, but the early indications are we are going to lose 4 years of solvency in Medicare because the Republicans want to bring in ''competition and choice.'' It turns out that phrase is not going to be good for the future of Medicare—one of the other reasons the American Association of Retired Persons opposes the Republican proposal to replace the Affordable Care Act.

This bill will be scored this week by the Congressional Budget Office. It was interesting to watch the Sunday shows and watch the procession of Republicans calling themselves fiscal conservatives who came in and discounted any conclusions from the Congressional Budget Office. Interesting.

When we wrote the Affordable Care Act, we waited sometimes for weeks for the Congressional Budget Office to give us a score: Is this bill going to add to the deficit or reduce the deficit? We had to wait to find out. Is this bill going to cover more people with health insurance or not? We had to wait to find out. But the Republicans went ahead with their proposal without a Congressional Budget Office score, and what they have done over the weekend is downplay the credibility of an office which Democrats and Republicans have relied on for decades. It shows that they are very concerned. I think they know what they are going to find. They are afraid it is going to add to the deficit and it is going to dramatically reduce health insurance for Americans.

There are some who estimate that 10 million to 15 million Americans could lose their health insurance. That is half of all of those in the past 6 years who have gained health insurance. It would also increase out-of-pocket healthcare costs for the average person—the Republican plan would—by $1,500 a year, seniors paying approximately $5,000 more a year because of that 5-to-1 premium change that I mentioned earlier. It would basically end Medicaid as we know it.

The Governors are telling us that this is a bad idea because it would shift the cost onto the families and to the Governors to find ways to save money.

It would shorten the solvency of the Medicare trust fund by 4 years.

It would allow insurers to once again charge older people significantly more than younger people for health insurance.

And—Republicans added a little grace note there—they defund Planned Parenthood and cut 12 percent of the funding for the Centers for Disease Control and Prevention.

Here is something my colleagues may not know. Because of family planning efforts in America, in the last 30 years, we are now at the lowest point in teenage pregnancies and the lowest point in unplanned pregnancies. So information and education are paying off to reduce unwanted pregnancies, unplanned pregnancies, and, I might add, the likelihood of abortions. So now, as the Republicans say we are going to defund Planned Parenthood for hundreds of thousands of women, that means stopping their access to the healthcare they trust across America. So in the name of choice, the Republican plan reduces choices for women when it comes to healthcare by defunding Planned Parenthood.

To top it off, the bill cuts taxes for the very wealthy. Those making over $1 million a year in income get a $50,000 tax cut because of the Republican proposal for this new health insurance approach. If you happen to be in the wealthiest 0.1 percent of Americans, the average tax cut is nearly $200,000. They just can't help themselves.

We put together a revenue source so that we could dramatically expand health insurance coverage in this Nation. We now have the lowest percentage of uninsured Americans in our history, and the Republicans—because they are opposed to it—have said: We are going to cut the taxes that help people pay for their health insurance, and we are going to reduce the options that are available to them. So for Americans, it means less coverage, higher costs.

We will see when it goes to the House of Representatives on the floor. The most conservative Republicans don't like it; certainly the Democrats don't like it. The question is whether Speaker PAUL RYAN has enough votes. It has united America. The Republican approach has united America, in opposition. I don't know of a major health-providing group that supports it—not one; not doctors, not hospitals, not clinics, not AARP. Patients' groups all say the same thing about TrumpCare.

The American Medical Association said:

> We cannot support the [bill] as drafted because of the expected decline in health insurance coverage and the potential harm it would cause to vulnerable patient populations.

The American Medical Association goes on to say:

> We are concerned with the proposed rollback of the Medicaid expansion. . . . Medicaid expansion has proven highly successful in providing coverage for lower income individuals.
>
> The AMA cannot support provisions that repeal the Prevention and Public Health Trust Fund . . . and we cannot support provisions that prevent Americans from choosing to receive care from physicians and qualified providers . . . [including] those associated with Planned Parenthood affiliates.

The American Medical Association is saying to the Republicans that they reject their proposal for healthcare and is warning them not to cut off funding for Planned Parenthood.

What does the American Hospital Association say?

> We cannot support the [bill]—
>
> the Republican bill—
>
> in its current form.
>
> In addition to the lack of a CBO score, we have some additional policy concerns with the proposal.
>
> For example, it appears that the effort to restructure the Medicaid program will have the effect of making significant reductions in a program that provides services to our most vulnerable populations.

That is from the American Hospital Association. They estimate that in our State of Illinois, we could lose up to 90,000 jobs by repealing the Affordable Care Act without a suitable substitute—90,000 jobs in my State. President Trump made a lot of news when he went to visit one of the manufacturing companies after he was first

sworn in and saved a couple hundred jobs. Well, I am glad he saved those jobs. I hope he saves a lot more. But if he is going to eliminate 90,000 jobs in my State—people who work at hospitals, some of the best-paying jobs in downstate communities—for goodness sake, that isn't hiring American. It isn't really focusing on creating jobs in this country. It is just the opposite.

Here is what the American Nurses Association says about the Republican bill:

> [The bill] threatens health care affordability, access, and delivery for individuals across the nation. . . . [T]he bill changes Medicaid to a per capita cap funding model, eliminates the Prevention . . . Fund, restricts millions of women from access to critical health services, repeals income based subsidies that millions of people rely on. These changes in no way will improve care for the American people.

What about the U.S. Conference of Mayors? Here is what they said:

> States will be forced to end coverage and eliminate health care for low-income seniors, people with disabilities, children, and working families.
>
> The GOP plan is bad for cities, bad for people who live in cities and bad for people who provide healthcare in cities.

It is interesting. We had a representative at a Rockford meeting of the disabled community. They are scared to death of this Republican alternative because these folks many times are in serious need of very expensive healthcare. If they are pushed off into these so-called money-saving insurance plans that really are empty inside and don't provide coverage, it could be devastating to these families. They have been through it over and over.

The American Association of Retired Persons said:

> This Republican bill would weaken Medicare's fiscal sustainability, dramatically increase health care costs for Americans aged 50–64 and put at risk the health care of millions of children and adults with disabilities, and poor seniors who depend on the Medicaid program for long-term services and supports.
>
> It could hasten the insolvency of Medicare by up to 4 years and diminish Medicare's ability to pay for services in the future.

I remember when Candidate Donald Trump was telling us he would do nothing to hurt Medicare. Now the first major piece of legislation that comes up threatens the solvency of Medicare.

Here is what the National Committee to Preserve Social Security and Medicare said:

> [We] oppose the . . . bill to repeal the Affordable Care Act because it would weaken Medicare's solvency . . . threaten access to Medicaid long-term care benefits, and require ''near seniors'' to pay more for less health care coverage. The . . . bill puts seniors and people with disabilities at significant risk of ending up uninsured or losing access to needed care.

In my own State, the Illinois Health and Hospital Association says:

> [This organization] has serious concerns with the direction of the [bill]. It would cut coverage for hundreds of thousands of Illinoisans and impose a cap on . . . federal Medicaid funding—our state is unable to absorb funding cuts without impacting healthcare for all patients.

I was surprised last week when the Republican Governor of Illinois, Bruce Rauner, said of the Republican plan: ''My first blush read is Illinois won't do very well under the changes that they're recommending.''

He is very careful not to say things about Federal legislation. This he understands: Cutting back on Medicaid is going to impose a new debt on our State and reduce coverage for hundreds of thousands of people in our State.

So we said to the Republicans: You want to repeal the Affordable Care Act; you have been dead set on doing this for 6 years. Please come up with an alternative that at least expands the coverage of health insurance and makes it more affordable. They tried, and they failed. But now they are going to push it through as a matter of showing political purity. They don't care that there is not a single group of medical providers in this country who support their plan. They obviously don't care that the American Association of Retired Persons believes this is not good for seniors across the board.

I heard the Director of OMB say: Oh, that group—they are going to end up opposing this and then they are going to ask people to donate. Well, it is true that they live on donations. But they are taking a bold position in saying that the Republican approach is going to hurt seniors across America. Talk to the disability community, and you will hear exactly the same thing. Talk to the advocates for children.

I am really looking for the first group to stand up and say that this new Republican approach is good for this country or good for people when it comes to the cost or availability of health insurance, and I haven't found it yet. I don't know what they are waiting on, but they can't produce it.

What we are looking for is just the opposite. If you will take repeal of the Affordable Care Act off the table, I will pull up a chair. It is not perfect, it can be improved, and I am ready to sit down and do it on a bipartisan basis. But it is ''our way or the highway'' when it comes to the Republican majority on this bill. I hope we can do better. I think the American people expect us to do better.

At the end of the day, they want a better healthcare system, not one that is worse—not one that supposedly gives them ''competition and choice,'' yet they have less coverage in their insurance policies and end up paying more for it.

CALLING FOR AN INDEPENDENT, BIPARTISAN COMMISSION

Mr. President, I have been coming to the floor recently to discuss the Russian involvement in our last Presidential election. Remember that 2 months ago, some 14 different intelligence agencies all came to the same conclusion—that Vladimir Putin and the Russians were trying to impact the outcome of the Presidential election.

The intelligence reports, which were unclassified and available to the public, said expressly that the Russian intent was to defeat Hillary Clinton and to elect Donald Trump. I quickly add, this was not a report from the Democratic National Committee; it was a report from our intelligence agencies. They went through all the efforts taken by the Republicans when they were hacking into computers and releasing information during the course of the campaign.

I think this is serious business. It is the first time I know of that a foreign power has tried to influence the outcome of an American Presidential election. People in Eastern Europe and people in many parts of this world are used to the Russians getting involved in their campaigns, trying to run their favorite candidates and elect them. We shouldn't have to put up with that in the United States of America, so many of us have called for a real investigation of what the Russians were up to.

I think we ought to have a bipartisan commission—an independent, transparent commission to look into the involvement of the Russians; otherwise, we are sitting ducks for them to try it again 2 years from now, in the next election. We know—and this is public information—there were at least 1,000 people sitting at computers in Moscow, trying to hack into America to try to find enough information that they could release to influence the outcome of the election. They are not going to quit. They are going to continue to do this. The question is, What will we do about it?

We have already seen the National Security Advisor to the President, General Flynn, resign when he misled the American people and Vice President PENCE about conversations he had with the Russians. Just 2 weeks ago, we saw that the Attorney General of the United States, Jeff Sessions, recused himself from investigations involving Russia in the campaign because of conversations he had had, which he didn't disclose before the Senate Judiciary Committee.

Almost every week there are more disturbing revelations emerging—not by any honest or open disclosure, mind you, but about the curious alliance among President Trump and the inner circle and Vladimir Putin, if there were one. Key figures, such as the National Security Advisor I mentioned and the current Attorney General, were caught not disclosing communications with the Russians. Allied intelligence reportedly confirms that members of the Trump campaign had repeated communications with those thought to be in Russian intelligence. Close Trump associate Roger Stone appeared to have advance knowledge of when Russian-hacked information of Hillary Clinton was going to be released by WikiLeaks, something he presumably could have known only if he was at least discussing it with the Russian hackers.

All the while, the administration has been saying nothing about Putin's actions, about this attack on the United

States, or about Russia's ongoing cyber and military aggression in Europe. In fact, instead of addressing and responding to this Russian attack head-on, the President has incredibly been parroting Russian strategic interests instead.

Let me repeat that from my largely silent Republican colleagues—and there have been a few exceptions, but most of them will not come to the floor to even discuss this matter. The American President, the same party of Ronald Reagan, has failed to acknowledge this major attack on our Nation and has refused to take action in response. How is this possible? Why is the majority party so silent in the face of these major national security issues?

There is a simple way to resolve these questions:

First, President Trump should do what every Presidential candidate has done in modern history and disclose his tax returns. Why won't he do that? What is in there that is so worrisome to him that he has defied all requests from media and from others across this Nation for him to do exactly what every other Presidential candidate has done?

The President should also be totally cooperative with any investigation about campaign contacts, including by his former campaign manager Paul Manafort; Michael Flynn, his former National Security Advisor; and his former foreign policy adviser, Carter Page. How do we explain repeated reports of these contacts between that campaign and Russian intelligence?

The administration also needs to answer questions about Roger Stone's comments that suggest he had knowledge of WikiLeaks having and using, in strategically timed releases around periods when the campaign was struggling, the information that had been hacked by the Russians.

Tell us why the administration has criticized hundreds by Twitter when there is any perceived slight—from entire States to Major League Baseball to United Steelworkers—but not the Communist KGB agent who conducted an attack on our Nation and democracy.

We need to know why they not only repeatedly denied intelligence information about Russian attacks but, in fact, in July of last year encouraged Russia to hack into their opponent's campaign.

All of these things are being watched closely by nations around the world. Several weeks ago, I went over to Poland, Lithuania, and Ukraine. One of the Polish leaders said to me: We're watching. If you don't take the Russian invasion of your Presidential election seriously, how will you take the Russian invasion of our country seriously? It is a legitimate question because the Russians are up to a strategy that we have seen over and over again. This time, the Americans were the victims.

We need full cooperation by the White House. We need an independent commission. I have suggested we pick people who are beyond reproach, people we can trust. I mentioned General Colin Powell, a man who served our country so honorably in the military, then served in the Republican White House, and then served as a Republican Secretary of State. I would accept Colin Powell as the head of a commission to get to the bottom of this because it is a national security issue, which he has undoubtedly had some background in dealing with in years gone by.

There are many good people to turn to, but until we get the straight answers, we can expect the Russians to continue to try to find ways to invade our political process.

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.

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

The PRESIDING OFFICER (Mrs. ERNST). Without objection, it is so ordered.

KANSAS WILDFIRES

Mr. ROBERTS. Madam President, I rise today to speak about the historical and unprecedented wildfires that burned through southwest Kansas last week. We had fires in 21 of our Kansas counties, roughly one-fifth of our State. High winds and dry conditions caused fires of the highest classification that blazed across central and western Kansas some 30 to 40 feet high, burning more than 700,000 acres of land, making this the largest wildfire in our State's history. The Kansas Division of Emergency Management has said it could take weeks to determine the full extent of devastation from the fires. Clark County, KS, officials—that is the county that was the hardest hit—estimate a devastating loss of anywhere from 3,000 to 9,000 head of cattle. That is just in one county. As I indicated, Clark County was the hardest hit by the windblown fires, with over 85 percent of the land in the county consumed by these prairie fires. This is hundreds of thousands of acres in one county and over 700,000 in regard to our State.

On Friday, I drove south from Dodge City, KS, through range and ranchland I didn't even recognize. What used to be gently rolling prairie, dotted with herds of cattle and crisscrossed by fencing, is now reduced to blackened dust. Friends of mine lost their ranch when a 40-foot wall of fire roared out of the valley over the bluff and burned out their operation. We have unimaginable damage to land and property, but also heart-wrenching scenes of cattle and wildlife burned, wounded, and wandering.

Many Kansans lost everything. According to Sheriff John Ketron of Clark County, 31 houses and over 440,000 acres were burned there. We have longtime friends there, John and Carol Swayze. We have known them for years. John said with tears in his eyes: ''Pat, it took me 43 years to build up this operation, and it took about an hour to take it all down.'' Riding with Sheriff Ketron, we were assessing the town of Ashland, where a volunteer firefighting force managed to save the town when it became surrounded in flames. Some volunteers were fighting fires elsewhere in the area and learned their own homes had been engulfed and lost.

I met with brave people in the towns of Englewood and Ashland, KS, in the heart of Clark County, who had just come through frightening experiences fighting the unpredictable and unstoppable fires. Some were out driving cattle away from the fires and had become separated from loved ones. When the flames turned, they were left to pray for their safety.

Kylene Scott, with the High Plains Journal, calls it ''the worst day of her life.'' She wrote a courageous and honest account of the day. I will read her words now:

> I think I had them going the right way, then the wind switched. Now I just don't know. When I heard the crack in my husband's voice yesterday afternoon, I knew it was bad. He is normally the calm, cool, collected one.
>
> A family friend alerted him to the fire in Clark County very near the Scott farm after we'd returned home from burying my Dad yesterday.
>
> Coming back from a funeral.
>
> When they said the closest neighbor was being evacuated he went as quickly as he could fearing for the cattle herd he'd worked the last five years to build following the death of his own Dad. I stayed behind with the boys at our house 40 miles away.
>
> When the wind switched at my house from south/southwest to the north, I began to worry even more and called him. At this point he was waiting out the fire and smoke in the wheat field, helplessly watching the house and barn burn. I wanted to be at the farm so bad, but there wasn't much that could be done. When he made it home unscathed I was pretty happy, but sad at the same time. Knowing there was nothing we could do to fix what it took for Mother Nature mere minutes to destroy.
>
> Fifty-two cows are on the farm, with about half or ¾ of them with young calves. Most are accounted for. All the grass is gone, as is the hay stockpile. He went and hauled water to the cows this morning and some are scorched and others have udders with burns. One cow was bawling for her missing calf. ''Those poor mommas,'' was my text reply to him this morning.
>
> I made my way early this afternoon to see the farm or what's left of it with my own eyes. As bad as I wanted to be down there, a piece of me dreaded the drive. The closer I got to the farm, the worse it got. Blowing dirt, darkening skies because of the dust and awful winds. I pulled in the drive, like I had done a hundred times in the nearly 20 years I have been part of the family, and I had to stop my vehicle. The tears came and the heartbreak overwhelmed me.
>
> I thought of the old white farm house with the wonderful front porch, where my husband spent a large majority of his childhood in and around. My fondest memory is when we'd stop and see my husband's Grandma Pauline. She'd always have something sweet to eat and a cold drink at the kitchen table. The home had been around for 100 years and still had a large portion of the family momentos in it. It was reduced to ashes and rubble. All that's standing is the chimney.

I couldn't see the barn around the trees, but I again had to stop and sit when I pulled around the corner. The barn. The old barn with its red siding. I remember when my father-in-law had it painted and how proud he was because it looked so good. I remember when he laid the brick in front of the tack room and built a new door for it. My boys explored every inch of it when we worked calves last fall. You could ''almost'' hear the horses munching in the stalls decades ago when you stood in the center alley. Now it's just a charred pile of tin.

I realize the house and barn are just buildings. Things can be replaced. But dang, it's so hard to see it all reduced to ashes and rubble. To see part of the Scott family history, more than a hundred years, just be gone. Just like that. It's hard.

We've had incredible friends and family offering help, hay and feed, and it's heartwarming to know how much people care. Like I heard an Ashland, Kansas resident on the news this morning being interviewed, it's just what southwest Kansas people do. Help and survive.

Here is a picture that was taken on Kylene and Spencer Scott's wedding day in 2009 up here. It is a beautiful sight. Off in the distance is the Clark County Lake. It is rolling hills, cattle country, cattle, and grass. Looking at this picture now, it is not hard to wonder how this land will come back to provide for so many, as it has for generations of Kansas farm and ranch families whose sweat and blood have produced for Kansas, our Nation, and, yes, the world, as well.

There is the other picture. They got married here. It was the happiest day of their life. They saw this, and that became just about the worst day of their life. And yet, having seen this devastation firsthand, I don't wonder about Kansas and our ability to rebuild. It is in our State motto: Ad astra per aspera—to the stars through difficulties.

In one of the emergency management centers I met Joyce Edinger. When I asked her what I could do to help, she just said: ''The Lord will provide.'' She had lost virtually everything. I think that pretty well sums it up. The faith of Kansans gives us courage to rebuild—the courage to come through fire. Ashland banker Kendall Kay emotionally said:

Senator, we are going to need help. We really don't want it, but we are going to need it.

I am so proud of the people of my State who have come in with that help before they were even asked. I had been in contact with all of our producer groups in Kansas—the Kansas Livestock Association, the Kansas Farm Bureau—who along with our State agencies had been leading the voluntary relief effort. I commend them for their efforts in collecting hay for cattle, as well as monetary donations, coming in from all parts of the United States, and volunteer coordination for repairs to property and fencing.

With Congressman ROGER MARSHALL of the First Congressional District, and my colleague here and friend in the Senate, JERRY MORAN, we have been in touch with the Department of Agriculture with regard to assistance that should be available to farmers and ranchers in counties that have suffered losses.

Here is what we are trying to fix. This fellow is walking across here to that bluff that overlooks that valley that Spencer and Kylene looked over, and this fellow here is Chad Tenpenny, my top guy in Kansas. That is me with my hands in my pockets. It is pretty rough to see ground like this that was grass and to look at the utter devastation. Folks, when that wind blows and when that dust starts up again, we could be in for even more trouble. So cleanup is under way, but we are trying to get help to cut through the redtape and get a disaster declaration.

I talked to the Governor this afternoon. Primarily, it is the Emergency Conservation Program, the Livestock Indemnity Program, and Environmental Quality Incentives Program, or EQIP, that are the key programs. It won't make people whole by any means, but it will give them hope. So cleanup is under way.

Kansas is a bootstrap State. It is not just about building new fencing. We have families who have lost the farmhouse and all the equipment they need to rebuild. Many livestock producers have had the gruesome task of euthanizing cattle that have been badly burned. We have to remove the carcasses. We have to find land for the survivors to graze. And we have a lot of uncertainty. How long will it take for the grasses to come back? When can we get rain to avoid a dust bowl? It is really too soon to tell. But we have been through disasters before. Almost 1 year ago, we had the Anderson Creek fire, and we have come through tornadoes and ice storms. Recovery from disasters of this magnitude, however, requires us to cut through the redtape. It requires getting the right information to producers so they know how to apply for aid and then to expedite it. Yes, it requires us to look at our programs to see where we can improve them.

Now, this fire has not received much attention in the national media. You see, we are a flyover State. All we do is produce food and fiber for Kansas and our Nation and for a troubled and hungry world. But I do want to commend members of the press in Kansas, especially photographer Bo Rader of the Wichita Eagle, who took this photo of my State Director Chad Tenpenny and me walking through rangeland outside of Ashland.

The Wichita Eagle has gone out of their way to show the world what this fire looks like to real people. The Hutchison News, the High Plains Journal, and the Dodge City Daily Globe have all told and are telling this story. The same is true for the TV and the radio crews who have helped get the news of town evacuations safety notices to our people. This is what they do.

Rest assured that, as chairman of the Senate Agriculture Committee, I am committed to the Kansans I serve. They know me. I know them.

I know that Clark County and the other 20 counties will come back. We will ensure they get the help they need. Ad astra per aspera—to the stars through difficulty. It is not just a motto; it is who we are.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

AMERICAN HEALTH CARE ACT

Mr. CORNYN. Madam President, last week our colleagues in the House of Representatives introduced the American Health Care Act—legislation that will deliver on a promise we made to repeal ObamaCare and to replace it with healthcare options that won't force people to buy an insurance product just because the government tells them to do so or penalize them if they don't but will replace it with one that actually fits the needs of their families at a price they can afford.

It is no secret that ObamaCare was oversold back in 2010 when the President said: If you like your policy, you can keep your policy. If you like your doctor, you can keep your doctor. And by the way, an average family of four, he said, would save $2,500. That has not proven to be true.

ObamaCare, to boot, has wreaked havoc on our economy and on American families just trying to stay healthy. In my State of Texas, it has led to fewer healthcare options, skyrocketing premiums, and deductibles so high that insurance plans are rendered almost useless. By one estimate, about one-third of Texas counties have only one insurance option, and that is the case throughout the Nation. Nearly one-third of all counties in the country have only one insurance company offering plans on their States' exchanges.

The truth is, ObamaCare has never added up to better coverage at a more affordable price; it has never delivered more options—just the opposite; and it never kept its promises when it was being sold to the American people.

Now is the time for us to do right by the American people by delivering more access to quality healthcare at a price Americans can afford.

The American Health Care Act doesn't just tinker around the edges of ObamaCare; it is a complete do-over.

This bill, for example, repeals ObamaCare's individual mandate, the requirement that you buy government-approved insurance, and if you don't, we are going to fine you. That is repealed.

It repeals the employer mandate. I still remember being in Tyler, TX, and talking to a gentleman who owned a restaurant and who said he had to lay

off some of his full-time staff, putting them on part time, just to avoid the penalties that go along with the employer mandate. And by the way, he introduced me to the single mom who now, instead of working one full-time job, had to work two part-time jobs just to keep food on the table for her family.

This bill also repeals the medical device tax. This was an incredible tax on medical innovation which wasn't on income but literally on gross receipts, forcing jobs to move from the United States to places like Costa Rica and Central America.

This bill repeals ObamaCare's Medicare payroll tax increase, the net investment tax increase, the ObamaCare tax on prescription drugs, and the ObamaCare health insurance tax.

This is the full repeal of ObamaCare that we have been promising for years now.

I want to point out that this bill also provides unprecedented entitlement reform. Some of the main cost drivers for the Federal Government are not the 30 percent of Federal funds that we appropriate each year that are largely divided between defense and nondefense spending. Entitlements are driven by the fact that they are not capped or pegged to an inflation rate for Medicare, Social Security, and Medicaid.

This legislation actually begins to put Medicaid—the healthcare plan for the most vulnerable in our country—on a reasonable path to sustainment. This bill also makes sure that the States that share in the cost of Medicaid can manage their own State budgets in a much more responsible way.

This bill is the first real Medicaid reform since the program was created which, perhaps most importantly, gives more authority, more flexibility to the States to manage the dollars they spend, to manage not only the dollars they come up with through their own tax rolls but the Federal portion as well. And as I said, it puts the Medicaid Program on a path toward fiscal responsibility.

I believe this legislation is critically important across the country and for my State of Texas, too. In Texas, every other year, when the legislature meets and tries to determine how to allocate its budget, they work very hard to try to make sure that Medicaid isn't the single largest expenditure in the State budget. Right now, about a third of that total budget is spent on Medicaid alone, and the Federal Government essentially ties the hands of the State in terms of managing the healthcare delivery system to help those most vulnerable low-income folks in our State.

With this legislation, not only do States like Texas have the ability to manage the expenditure of the money to focus on chronic diseases—people who are using our healthcare system a lot because of the nature of the illnesses they have—but also to help encourage medical homes so that people have ways of managing their healthcare to stay healthy longer and to reduce healthcare expenditures.

This legislation will help Texas and the rest of the country have a way to rein in spending while serving those who need Medicaid the most. You will hear some of our friends across the aisle saying that this is about kicking people off of Medicaid. Well, that is not true. For those people currently on Medicaid, Medicaid expenditures will not change at all as long as they remain on the rolls. That includes those who live in States that expanded the Medicaid coverage from 100 percent of Federal poverty to 138 percent. Those people will stay on Medicaid as long as they are eligible. Under this new legislation, Medicaid is put on a sound fiscal footing so the program is still around for our children and grandchildren.

Another important feature of the American Health Care Act is that it establishes a patient and State stability fund to equip Texas and other States to meet the specific healthcare needs of their patients, particularly those, as I have said, with low incomes and those suffering from chronic illnesses.

It will provide more money to community health centers that do a lot of heavy lifting to make sure that families are healthy and that people get access to the treatment they need regardless of whether they actually have health insurance. In Texas, we have hundreds of community health centers serving more than 1 million Texans each year. Under the American Health Care Act, they will be able to do their job more effectively and keep more Texans healthy.

Responsible entitlement reform is something we should be all about. It serves the American people not just for tomorrow but for decades down the road. Most importantly, I believe what this legislation does is it finally delivers on the promise we made back during the debate over the Affordable Care Act.

Now that the Affordable Care Act has proven itself to be unsustainable and does not deliver on the basic promises, the fundamental promises upon which it was sold to the American people, I believe it is important that we keep our promise to repeal it and replace it with more choices of affordable healthcare at a price people can afford. It is the conservative answer to healthcare that will empower individuals, provide more options and competition, and responsibly help those who need care have more access to it.

Madam President, I yield the floor.

Mr. LEAHY. Madam President, as the Senate continues to consider nominees to lead Federal agencies, I am concerned that once again there is a nominee before us with a stunning lack of expertise to run an agency that affects so many American lives. Seema Verma is another such nominee.

The Administrator of the Centers for Medicare and Medicaid Services, CMS, has an incredible responsibility to ensure some of America's most important programs run smoothly. For decades, Medicare and Medicaid have offered coverage to some of our Nation's most vulnerable populations. Medicare and Medicaid currently cover more than 100 million Americans—nearly one in three patients. The Administrator is responsible for overseeing more than $1 trillion in annual spending and a staff of about 4,000 people. This is a position of vital importance where a new Administrator should hit the ground running, instead of learning on the fly.

And learning on the fly is what she will have to do, as evidenced by her testimony before the Finance Committee. When asked to name a specific program she would commit to improving as Administrator, she could not identify even one. She also demonstrated a lack of commitment to protect healthcare for women, saying that coverage for prenatal and maternity care should be optional and paid for separately. Does Ms. Verma really want to return us to a time when women are discriminated against in healthcare solely because of their gender? It appears so. When asked about provider payment systems, she stumbled to answer, showing little knowledge about a system that directly impacts millions of providers across the Nation. Furthermore, the only fact she could name about Medicare Part D, a benefit that supports more than 40 million seniors, was about an online plan finder tool.

Supporters of her nomination point to her involvement and design of Indiana's Medicaid program as her qualification to run CMS. Directed by then-Governor Mike Pence, Indiana's plan requires even the poorest patients to pay a monthly fee in order to access health insurance. The plan also restricts those who miss a payment to be locked out of care for 6 months. Instead of working to find ways to help Indianans gain insurance coverage, she contributed to a system that bars access to vulnerable patients. Conversely, Vermont also has a Medicaid waiver that, combined with Vermont's All Payer Waiver, has a goal of insuring all Vermonters. Vermont's is the standard that we should all be trying to meet. I am not confident that Ms. Verma is up to the task.

What is more concerning is how Ms. Verma fits into a world where Republicans are engaged in an effort to not only rip apart the Affordable Care Act, but also to end the Medicaid Program as we know it. The current proposals before the House of Representatives would cut hundreds of billions of dollars from Medicaid, leaving States in the lurch and causing millions to go uninsured or to have substandard care. As Republicans continue these efforts, it will be critical for the Administrator of CMS to understand and care about the impacts of such efforts on the millions of Americans who rely on these health protections day to day.

Confirming someone with such a lack of experience to run a trillion-dollar

agency would be unfair to the American people. And as a core player in the effort to unravel the Affordable Care Act, she demonstrates values that are counter to the very agency which has been supported and improved by key provisions in the law. I do not believe Seema Verma is qualified or fit to serve as the Administrator of CMS, and I encourage all Members to join me in opposing her nomination.

Mr. VAN HOLLEN. Madam President, the Centers for Medicare and Medicaid Services, or CMS, is a major part of the Department of Health and Human Services. A third of the Nation—more than 100 million Americans—get access to quality healthcare through CMS's programs—Medicare, Medicaid, the Children's Health Insurance Program, and the Affordable Care Act Marketplace. CMS also includes the Center for Medicare and Medicare Innovation and several other activities to improve access and affordability in our Nation's health system for all Americans—regardless of income, gender, or health status.

President Trump, Secretary Price, and congressional Republicans seek to drastically restructure our Nation's healthcare, threatening to leave millions without coverage. In the face of that threat, we need a CMS Administrator who knows how to lead CMS and is willing to do whatever she can to protect Americans' healthcare. After hearing from several organizations that deal directly with CMS and familiarizing myself with President Trump's nominee, I cannot support the nomination of Seema Verma for this important role.

Ms. Verma does not have the experience or appropriate knowledge needed to head this vital agency. Her limited scope of experience with just Medicaid, lack of familiarity with Medicare, and willingness to restructure CMS's rules that protect millions are cause for deep concern.

If confirmed, Ms. Verma would manage 85 percent of the HHS's $1 trillion budget, which in turn is more than a quarter of the Federal Government's, and Ms. Verma would oversee 4,000 employees. Running CMS requires significant experience with healthcare and is best done by a person who has held significant positions in private industry and government.

But nothing in Ms. Verma's career shows her to have the skills to operate a budget or team of this magnitude. She has never managed a large organization and has little experience with Medicare. Ms. Verma has operated a small, 10-person company, SVC, Inc., and consulted on various State Medicaid programs. Her experience is inadequate for the important role for which President Trump nominated her.

The next CMS Administrator will have an important voice forming healthcare policy. HHS Secretary Price has been on the forefront of efforts to slash Medicaid and turn Medicare into a voucher program. President Trump, Secretary Price, and congressional Republicans have made it a priority to repeal the Affordable Care Act. We need a CMS Administrator who will provide a reality check in the face of these reckless proposals. We need a CMS Administrator who will work to uphold President Trump's promise that ''there will be no cuts to Social Security, Medicare, and Medicaid.''

Ms. Verma, however, could not make that commitment during her Senate Finance Committee confirmation hearing. To the contrary, during her hearing, Ms. Verma expressed openness to block-granting Medicaid or instilling per-capita caps—putting the coverage of nearly 70 million vulnerable Americans at stake. These policies would end the Federal guarantee of matching funds to States and would dramatically cut Federal funding to States. Analyzing a 2012 congressional Republican block grant proposal, the nonpartisan Congressional Budget Office found that, for States to manage their Medicaid programs at reduced funding levels, they would have to limit Medicaid eligibility, reduce benefits, cut payment rates, or increase out-of-pocket costs for beneficiaries. These proposals would result in the denial of healthcare and long-term care to millions of vulnerable Americans.

We need a leader at CMS who will defend the historic gains of the Affordable Care Act The Affordable Care Act set standards for consumer protection and significantly expanded coverage. Repeal could cause 22 million Americans—and 400,000 Marylanders—to lose quality, affordable health coverage. Repeal would imperil new access to life saving substance-use-disorder and mental health treatment Repeal would endanger coverage for children who now have access to comprehensive health services. Repeal could significantly raise premiums and erode consumer protections for Americans who have coverage outside of the Marketplace.

Under the Affordable Care Act, insurance plans must provide maternity care as an essential health benefit. But during her nomination hearing, Mrs. Verma said that, while some women want maternity coverage, ''some women might not choose that,'' signaling her view that the law should not require insurance companies to provide this critical coverage. This is unacceptable. Ms. Verma's position would put the health of mothers and families at risk and drive up costs for plans that did provide the coverage. We will not turn back the clock to when maternity coverage was optional. We need an Administrator who will stand with mothers and families on this issue.

Because of Ms. Verma's lack of adequate healthcare experience and her willingness to consider rash policies that are far out of the mainstream, I do not believe that she is equipped to appropriately advise the President and Secretary on these policies that affect millions of Americans. I will not support her nomination to head CMS.

The PRESIDING OFFICER. The Senator from Arkansas.

TRIBUTE TO DR. JIM ROLLINS

Mr. BOOZMAN. Madam President, I rise today to honor Dr. Jim Rollins, an Arkansan who has dedicated his life to public education. Dr. Rollins is the superintendent of the Springdale, AR, public schools, where he has served since 1980.

Dr. Rollins started his career in the classroom as a science teacher in North Little Rock. Since that time, he has consistently sought to provide students with a quality education. The work he has done leading Springdale's public schools speaks for itself.

Dr. Rollins' motto when it comes to education is ''Teach them all.'' This worthy goal has been especially important in Springdale, where enrollment has grown from 5,000 students when Dr. Rollins arrived in 1980 to nearly 23,000 students today. Many of these students are part of immigrant families where English is not their first language. More than 55 percent of the district's students are not proficient in English, and around 75 percent qualify for free and reduced lunches. As you might imagine, this has presented unique challenges to educators in Springdale.

In order to meet these challenges and ensure that the school system is doing everything it can to provide these students with a great education, Dr. Rollins has introduced innovative programs that cater to immigrant families, including the unique Marshallese population in Springdale.

As superintendent, Dr. Rollins has fostered an atmosphere where families feel welcome and understood so that parents, students, teachers, and administrators are working together to create a supportive environment that leads to growth in the classroom. In the spirit of engaging the entire family in the education of every child, Dr. Rollins has helped lead an effort in Springdale's schools to promote English as a second language instruction for students and parents.

This year, Dr. Rollins is once again being recognized for his outstanding efforts in the achievements Springdale public schools have enjoyed under his leadership. Dr. Rollins is being recognized as one of Education Week's 2017 Leaders to Learn From, which highlights forward-thinking district leaders who are working to enact and inspire change in our Nation's public schools. Dr. Rollins is certainly very deserving of this honor. You only need to look at the work he has done over several decades to understand that he has dedicated his professional life to improving public education outcomes for every child in the Springdale education district. The teachers and parents in his district have also had wonderful things to say about Dr. Rollins and his leadership in their community. I am so pleased that his trailblazing work in Springdale public schools is being noticed by national education organizations.

Dr. Rollins has made Arkansas very proud, and we are so grateful for his leadership and commitment to educating children no matter where they come from or their station in life. I am honored to know Dr. Rollins, appreciate his friendship, and look forward to his continued stewardship of the public school system in Springdale and the positive influence he has on education throughout Arkansas.

Congratulations, Dr. Rollins, on a job well done.

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. WYDEN. 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. WYDEN. Madam President, the hard numbers are now in on TrumpCare, and there is no sugarcoating them for the American people, as 24 million Americans get kicked off their insurance plans, as $880 billion is slashed from Medicaid in the first decade, and as a payday worth hundreds of billions of dollars goes out to the wealthiest and the special interests. That is what is going to be dropped on Ms. Verma's plate if she is confirmed and if the bill passes. It is her nomination that is up for debate right now, and we should make no mistake that she is going to be in charge of the specifics.

If TrumpCare passes, under section 132, the new Administrator would be able to give States a green light to push sick patients into high-risk pools when the historical record shows that these high-risk pools are a failure when it comes to offering good coverage that is affordable.

The new Administrator would be in charge of section 134 and could decide exactly how skimpy TrumpCare plans would be and how many more Americans would be forced to pay out-of-pocket for the care they need.

The new Administrator would handle section 135, which paves the way for health insurers to make coverage more expensive for those who are approaching retirement age. That is just the start.

The fact is that TrumpCare is about enormous tax breaks for the fortunate few, financed by raiding Medicare, gutting Medicaid, and hurting older people and the sick and those who are of modest income. Ms. Verma would have the job of implementing all of this at the Centers for Medicare and Medicaid Services.

My view is that the Senate cannot debate this nomination without debating the matter of the TrumpCare program itself because it will be a very huge part of the job. Today, I am going to walk through some of the specifics with regard to TrumpCare, beginning with the scheme that I call ''Robin Hood in reverse.''

If you look at the funds, it is clear that this is an eye-popping transfer of wealth away from older people, from women and kids—from the most vulnerable—directly into the wallets of the fortunate few. No part of the TrumpCare bill shows this more clearly than the fact that it steals from the Medicare trust fund to pay for a tax cut that goes only to the most fortunate—only to those who make a quarter million dollars or more per year.

Everybody in America who brings home a paycheck has a little bit taken out each and every time for Medicare. It is right there on the pay stub. It is automatic. Under TrumpCare, the only people who are going to see a Medicare tax cut are the people who need it the least. I want to repeat that. Everybody in America, when one gets a paycheck, sees a Medicare tax, and everybody pays it, and we understand why it is so important. There are going to be 10,000 people turning 65 every day for years and years to come. The only people who are going to get that Medicare tax cut are the people who need it the least, and that tax cut that is going to go to the fortunate few will take 3 years off of the life of the Medicare Program, depleting the program in 2025 instead of in 2028.

That particular cut breaks a clear Trump promise not to harm Medicare. All through the campaign, then-Candidate Trump was very, very firm in his saying that he would do no harm to Medicare.

He said:

> You can't get rid of Medicare. Medicare's a program that works . . . I'm going to fix it and make it better, but I'm not going to cut it.

The promise not to cut Medicare lasted about 6½ weeks into the Trump administration before it was broken. The bottom line is that TrumpCare raids Medicare. It raids Medicare and causes harm to Medicare in violation of an explicit Trump promise during the campaign, and it brings Medicare 3 years closer to a crisis to pay for a tax cut for the wealthiest in America.

So you have this enormous, eye-popping transfer of wealth from working people, seniors, and people of modest means to the most fortunate. Yet, somehow, people have the chutzpah to say it is a healthcare bill? I do not think so. It is a huge, huge tax windfall for the fortunate.

There is also the tax break on investment income. Once again, this is a break that is going to only go to the most fortunate among us, and, with the investment tax break, the overwhelming majority of the benefit—nearly two-thirds of it—will go to the top one-tenth of one percent of earners in America. That looks like an awful lot of money that is going to be going to the fortunate few, but we are not even done there.

On top of all of this, there is yet another juicy tax—this time for health insurance executives' salaries. It is another juicy tax cut for executives who are making over $500,000 per year.

It is not just Medicare that is getting raided under this proposal. Some of those who are hit the hardest by TrumpCare are those who are approaching retirement age. If you are an older American and are of modest income—55 or 60—and you have to get insurance in the private market, TrumpCare is going to cause your prices to go through the stratosphere. In parts of my home State, especially in rural areas, a 60-year-old who brings home $30,000 a year could see his insurance costs go up by $8,000 or more.

Much of this is due to what we call an age tax. It is a key part of TrumpCare. It is another key part of what Ms. Verma will be in charge of implementing. The bill would give health insurance companies the green light to charge older people five times as much as they charge younger people. If you are a person of modest means, are a few years away from qualifying for Medicare, and your insurance premiums jump by $8,000, that means you are just out of luck. You are going to be locked out of the system. You are, basically, going to have to hope that you just do not get sick before you are eligible for Medicare.

Those tax credits that you hear so much about from TrumpCare advocates are not going to be of much consolation to you. That is because TrumpCare puts a hard cap on your tax credit as an older person—just $4,000—and the odds are good that it would not come close to covering the expense of a decent insurance plan.

Now, I am going to turn to Medicaid because TrumpCare does not just make little changes around the margins. It does not strengthen or preserve this program that covers 74 million Americans. TrumpCare hits Medicaid like a wrecking ball, and it has particular implications for seniors. I am going to walk through those.

The Medicaid nursing home benefit is very much at risk now because of the TrumpCare cuts as it relates to Medicaid. Medicaid picks up the bill for two out of three nursing home patients. These are the people who have worked a lifetime, raised kids, put them through school, and scrimped and saved all they could. These are the people who, in Kansas and in Oregon and across the country, never went on the special vacation, who never bought a boat. All they did was to try to scrimp and save and educate their kids. The fact is that growing old in America is pricey, and after a few years of balancing the rent bill against the food bill and the food bill against the medical costs, what happens is that a lot of seniors just exhaust their savings.

When I was director of the Oregon Gray Panthers, what I saw in my State—and it is duplicated everywhere—was older people walking every single week on an economic tightrope. They were balancing the food bills against the medical bills and the medical bills against the rent bills, and they just couldn't keep up. They burn

through all of their funds and they burn through their modest savings, so when it is time to pay for nursing home care, they have to turn to Medicaid.

Today in America, the Medicaid nursing home benefit is a guarantee that those vulnerable older people—the people who are walking on that economic tightrope—are going to be taken care of. TrumpCare breaks the Medicaid nursing home guarantee, and it goes even further than that. A lot of States—mine is one—worked hard to give more care choices to seniors as well as those with disabilities. Maybe instead of living in a nursing home or an institution, they would rather be in the community. Maybe they would rather live at home where they are most comfortable. TrumpCare could mean that those home- and community-based choices could disappear as well.

So what we are talking about is that with these cuts in Medicaid, at a time when, in Kansas and in Oregon and across the country—what we have tried to build for older people is a continuum of services. There would be help at home. There would be help in terms of long-term care facilities. There would be a wide array of choices. And because of Medicaid, there was enough money to fund these choices, to fund this continuum of care for vulnerable older people. Now, as a result of the Medicaid cutbacks, my concern is that there is not going to be enough money for any of these choices—not going to be enough money for the nursing home benefit, not going to be enough money for home- and community-based services. Suffice it to say that my own home State has indicated to me that they are very concerned about the cutback in home- and community-based services.

Nobody wants to see older people get nickled and dimed for the basics in home care they rely on and good nursing home benefits. Yet, when it comes to Medicaid, TrumpCare would effectively end the program as it exists today, shredding the healthcare safety net for older people and millions of others in our country.

It puts an expiration date on the Medicaid coverage that millions of Americans got through the Affordable Care Act. For many, it was the first time they had health insurance. It brought an end to an era where those individuals could turn only to emergency rooms for care. And now TrumpCare is going to cap the Medicaid budget and just squeeze it and squeeze it and squeeze it some more until vulnerable people will not be able to get care.

The program is particularly important for seniors and the disabled, and I want to make sure that people understand what it means for children as well, for those in the dawn of life as well as those in the twilight of life.

Medicaid pays for half of all births, and kids make up half of Medicaid's enrollees. It is important to remember that in many cases, these are kids who already have the odds stacked against them. They are from low-income families. They are foster kids. They are kids with disabilities. We know they are already facing an uphill climb. Medicaid, though, has been there now with the Affordable Care Act to make sure they could see family practitioners and even pediatric specialists. That was just unheard of for these youngsters before the Affordable Care Act. And when a kid needs emergency care, Medicaid is what makes it affordable. TrumpCare puts that in danger.

I have talked about what it means for older people and what it means for the disabled and what it means for kids, and I am just going to keep on going because now that we have the hard numbers in—the hard numbers have arrived here in real time from the budget office that is charged with giving us this analysis—it is important to talk about what it means, because budgets are not just facts and figures and cold sheets of paper; they are about people's hopes and aspirations. And the hopes and aspirations that I have had since those days when I was director of the Oregon Gray Panthers were to make sure that people had affordable, quality, decent healthcare choices because in America, if you don't have your health, you really are missing much of what makes life so special in our country.

The bill also takes an enormous toll in other areas, and I want to mention next opioid abuse. By slashing Medicaid, TrumpCare is going to make America's epidemic of prescription drug abuse-related deaths even worse.

The papers this morning had accounts about how families were losing most of their children to opioid addiction—most of their children lost to opioid addiction—on the front pages of the papers. Medicaid is a key source of coverage for mental health and substance abuse disorder treatment, particularly after the Affordable Care Act, but this bill takes away the coverage for millions who need it.

Republican State lawmakers, to their credit, have spoken out about this issue. Frankly, it just ought to be a head-scratcher for anybody who remembers the last Presidential race when, in the primary race, a parade of candidates rolled through State after State that had been hit hard by the opioid crisis, and all of those candidates were trying to outpromise the one who had spoken previously in terms of how they would help solve the opioid crisis. Then-Candidate Trump was one of the most outspoken on saying that he would fix the opioid crisis. He said he was the guy who could end the scourge of drug addiction and get Americans the help they need. Instead, what we have is TrumpCare, which makes the opioid crisis worse, and there is no getting around it.

TrumpCare puts States in the unimaginable position of having to decide whose Medicaid to slash. Are they going to tell seniors that the nursing home benefit is no longer a guarantee and they are going to have to get in a long waiting line for an opportunity to get a place in the local nursing home? Should they tell pregnant women that births are no longer covered? What about telling mothers and fathers that their kids are cut off and they will have to hope for the best or make their way back to the emergency room?

I also want to touch on a final point that really deserves some discussion and hasn't gotten much, and the finance staff has been looking at it; that is, how TrumpCare really creates a disincentive to work, because I think TrumpCare and Ms. Verma's role implementing it are going to have a substantial effect on American workers and entrepreneurs.

It is my view that TrumpCare creates a substantial, significant disincentive to work. Today, if you are on Medicaid, you are able to pick up a few extra hours at work or go out and accept a higher paying job without the fear that you will lose access to care. That is because under the Affordable Care Act, low-income Americans get the most help when it comes to paying insurance premiums. A lot of persons can get health insurance for less than $100 a month.

Let's compare that with the TrumpCare approach. Under the TrumpCare plan, those who are walking an economic tightrope, bringing home barely more than the minimum wage, don't get the most help. They don't get the most help, and they could see their insurance costs go up by thousands and thousands of dollars each year, which would effectively mean they would be locked out of the healthcare system. So for millions of persons, staying on Medicaid would suddenly look a lot more attractive. Making a little more money and losing your Medicaid coverage could mean losing your access to high-quality healthcare altogether. So my view is nobody has been able to counter this. TrumpCare, in effect, would keep Americans trapped in poverty.

Entrepreneurs and Americans who want to go back to school to pursue a degree would face the same dilemma. Somebody who wants to quit their job and pursue their dream of starting their own business ought to be able to do it without a fear that they won't be able to any longer afford healthcare. The same goes for those who want to go back to school full time to pursue a degree or certification. TrumpCare makes insurance unaffordable for those persons.

TrumpCare is going to be the big issue on Ms. Verma's plate if she is confirmed this afternoon in the Senate to administer this office. We all understand that this bill has been taking a pounding from all sides. Moderate Republicans and those who consider themselves conservative Republicans are against it. Governors from both

parties are against it. Democrats are united. The AARP, the American Hospital Association, the American Medical Association, and the American Nurses Association have all come out against the bill—not any surprise to me. I don't think these groups think that healthcare and healthcare legislation is primarily about ladling out big tax breaks for the fortunate few, but that is what this so-called healthcare bill does. And it is financed by raiding Medicare, by gutting Medicaid, and by hurting older and sicker and lower income Americans.

There has been a lot of happy talk about why we ought to support this bill, but what I have tried to do this afternoon is lay out the broken promises. This weekend, for example, the new Secretary of Health and Human Services said: ''I firmly believe that nobody will be worse off financially in the process that we're going through, understanding that they'll have choices, that they can select the kind of coverage they want for themselves and for their family.'' That statement from the Secretary of Health and Human Services is disconnected from the facts. The simple math shows that TrumpCare forces millions of people—particularly older people and less affluent people—to pay thousands of dollars more for their health insurance.

The OMB Director, Mick Mulvaney, was pressed on why TrumpCare breaks the President's promise of ''insurance for everybody.'' His response was that TrumpCare is about access, and the bill ''helps people get healthcare instead of just coverage.'' But we all understand that access doesn't mean a lot if people can't afford to get coverage. That is the future that TrumpCare is going to bring for millions of Americans.

I asked Ms. Verma the most basic questions during her confirmation hearing so we could get even a little bit of an insight into how she would approach these issues. I asked for one example—these are not ''gotcha'' questions; these are the questions you ask if you want to know about running a program involving $1 trillion. I asked Ms. Verma for one example of what to do to bring down the cost of prescription medicine. I gave her three or four to choose from. I particularly would like to see more transparency by lifting this cloud of darkness surrounding how medicines are priced. She didn't have any answers to any of these questions.

So here is where this nomination stands. Ms. Verma gave the Finance Committee and the public virtually nothing to go by in terms of how she would approach this job, but the fact is that, if confirmed, she would be one of the top officials to implement TrumpCare—a bill that raids Medicare, slashes Medicaid, and kicks millions of Americans off their health plan to pay for a tax cut for the wealthy.

I am unable to support this nomination, and I urge my colleagues to oppose it.

Mr. President, over the past decade, the Trump administration's nominee to be CMS Administrator, Seema Verma, has demonstrated a conflicting pattern of working directly for the State of Indiana on its health programs while also contracting with a handful of companies that provided hundreds of millions of dollars in services and products to the very same programs she was helping the state manage.

Those companies are Hewlett Packard, Health Management Associates, Milliman, Inc., Maximus, and Roche Diagnostics. All were vendors to the State's Healthy Indiana Program agencies, while Ms. Verma helped design and direct that Program—first for Governor Daniels and then for Governor Pence. As she describes her role on her company's website, ''Ms. Verma is the architect the Healthy Indiana Plan (HIP), the Nation's first consumer directed Medicaid program under Governor Mitch Daniels of Indiana and Governor Pence's HIP 2.0 waiver proposal. Ms. Verma has supported Indiana through development of the historic program since its inception in 2007, from development of the enabling legislation, negotiating the financing plan with the state's hospital association, developing the federal waiver, supporting federal negotiations and leading the implementation of the program, including the operational design.''

Ms. Verma collected more than $6 million from Indiana taxpayers while overseeing the State's Medicaid reform and ACA implementation. At the same time, while under contract with the State as a consultant, Ms. Verma also collected more than $1.6 million from Milliman Actuaries, more than $1 million from Hewlett Packard, $300,000 from Health Management Associates, and tens of thousands of dollars from Roche Diagnostics and Maximus. All while these companies held important contracts with the State.

In addition to being on ''both sides of the table,'' in at least two cases involving her contracts with Hewlett Packard and Health Management Associates—her duties for the State of Indiana overlapped directly with the tasks those firms were also billing the state to complete.

While there are questions about Ms. Verma's work for the several companies above, I want to focus for the moment on what I believe to be the clearest conflict: her work on behalf of Hewlett Packard.

Hewlett Packard Conflicts. In 2014, the Indianapolis Star newspaper reported:

> ''Verma's work has included the design of the Healthy Indiana Plan, a consumer-driven insurance program for low-income Hoosiers now being touted nationally as an alternative to Obamacare. In all, Verma and her small consulting firm, SVC Inc., have received more than $3.5 million in state contracts. At the same time, Verma has worked for one of the state's largest Medicaid vendors—a division of Silicon Valley tech giant Hewlett-Packard. That company agreed to pay Verma more than $1 million and has landed more than $500 million in state contracts during her tenure as Indiana's go-to health-care consultant.''

While this in and of itself is deeply concerning, Indiana state contract records show that Ms. Verma was instrumental in helping the state determine this contract was even necessary in the first place.

Let me say that again: Ms. Verma, in her role of advising Indiana, helped the state determine there was a need for the services of a vendor like Hewlett Packard. She then joined the company on a bid to provide those services, received a contract, and was ultimately paid more than $1 million. Hewlett Packard bought the company that originally contracted with the state, Electronic Data Systems in 2008. That company, in a January 2008 press release characterized the Indiana contract in this way:

> '' 'The EDS solution will provide Indiana with enhanced transparency as it implements Gov. Mitch Daniels' package of Medicaid reforms such as the Healthy Indiana Plan . . .' 'At the conclusion of the procurement process, it was evident that EDS was able to bring great value and experience to the taxpayers of Indiana,' said Mitch Roob, Family and Social Services Administration Secretary. 'The technology and insight that EDS has to offer will be a tremendous asset as we continue to make great strides in new, innovative programs, such as the Healthy Indiana Plan.' ''

Ms. Verma helped Indiana outline Medicaid reform policy goals as State contractor before joining a vendor in its bid to fulfill those duties—and then remained a paid participant on both sides. Furthermore, it appears that Ms. Verma was billing Hewlett Packard and Indiana, in some cases, for the same work she was already performing under her own contracts with the State. In written responses for the record to the Finance Committee, Ms. Verma provided a 2013 presentation from Hewlett Packard and herself to Indiana health program executives.

The presentation identified several functions that Ms. Verma would provide to the State through the Hewlett Packard contract. Many of those duties are exceptionally similar to duties the State had already contracted with her directly to provide in 2012 and 2013.

For example, that 2013 presentation outlined specific duties HP was paying her to perform that included: monitoring the Federal regulatory environment, providing Medicaid policy expertise, and supporting Indiana's State Plan Amendment waivers and process. These were things Verma was already under contract to provide the state directly.

On February 21, 2012, Verma's firm was contracted by the State to review Federal regulations that would impact Indiana's Healthy Indiana Plan.

On May 13, 2013, she was contracted to provide the State with advice on the impact of new ACA regulations related to Medicaid.

To me, that sounds a lot like monitoring the federal regulatory environment in the HP presentation.

Under the February 21, 2012 contract, Verma's firm was contracted by the State to provide general policy expertise to the Healthy Indiana Program—also known as Indiana's Medicaid program.

To me, that sounds a lot like providing Medicaid policy expertise in the HP presentation.

Under this same February 21, 2012 contract, Verma's firm was contracted by the State to develop State Plan Amendments and waivers—these are the agreement between the State and Federal Governments that ensures the State adheres to Federal rules for Medicaid and CHIP.

To me, that sounds a lot like supporting Indiana's State Plan Amendment waivers and process in the HP presentation.

Ms. Verma has not addressed how being paid twice for what appears to be largely similar work was ethical. She has, however, consistently denied that any conflicts of interest existed while she worked both sides of these deals in Indiana. During her confirmation hearing before the Senate Finance Committee on February 16, 2017, Ms. Verma claimed she had her staff recused themselves when potential conflicts arose:

''When there was the potential or when we were working on programs, we would recuse ourselves. So we were never in a position where we were negotiating on behalf of HP or any other contractor with the state that we had a relationship with.''

That all sounds well and good but that claim has been disputed by the former head of Indiana's Family and Social Services Agency. As first reported in 2014 by the Indianapolis Star,

''Verma's arrangement with HP also came as a surprise to former FSSA Secretary Debra Minott, who said she learned about it sometime in 2013. 'We had delayed paying an HP invoice because of an issue we were trying to resolve, and HP sent Seema to our CFO to resolve the issue on their behalf,' Minott said. 'I was troubled because I thought Seema was our consultant.' ''

Ms. Minott made this allegation again just last month in a February 14, 2017 story by the Associated Press about Ms. Verma's conflicts,

''There was at least one instance where Verma crossed the line in Indiana when she was dispatched by HP to help smooth over a billing dispute, said Minot. 'It was never clear to me until that moment that she, in essence, was representing both the agency and one of our very key contractors,' said Minot, who was removed as head of the agency by Pence over her disagreements with Verma. 'It was just shocking to me that she could play both sides.' ''

Additionally, in response to questions for the record that I submitted to Ms. Verma, she said that her firm worked directly with HP for the state, and that representatives from SVC participated in meetings between the state and HP,

''SVC worked with the State of Indiana and its vendors, including HP, to design systems for implementation of the Healthy Indiana Plan. We helped vendors translate the policy and waiver language into system operations. We did not oversee HP or any other vendor in this regard, and did not negotiate or participate in change orders or contract amendments. To the best of my recollection, State officials participated in all meetings with HP regarding the Healthy Indiana Plan work at which SVC representatives were also present.''

That sounds to me like Ms. Verma and her team were in meetings with both HP and the State discussing issues where her duties clearly overlapped and when she was being paid by both parties. In fact it sounds like the only safeguard in place was that State officials sat in on these meetings between her firm and HP.

Finally, with regard to her claim that she always recused herself, I specifically asked her to provide for the record any documentation that she had of the process for determining when she needed to recuse herself and documentation of the recusals actually taking place. She replied that there were none.

Consequently, it's hard to believe Ms. Verma was truly able to avoid very real conflicts of interest while she and/or her firm were guiding HP's work on behalf of the State and sitting in on meetings with both the state and HP while being paid by both.

In the case of Health Management Associates, Verma also had contracts with the state that covered the exact same work HMA was separately being paid by Indiana to fulfill and while she was also being paid by HMA. For example, in 2007, the State awarded Verma's firm a non-competitive contract to develop the Request for Proposal for a company to implement the Governor's Healthy Indiana Program. On the same day, Indiana gave HMA its own non-competitive contract to develop the very same proposal. This occurred while HMA was also paying Verma's firm on a separate but related contract. Again, as in the case of HP, she was helping the State manage key programs while being paid by contractors performing work for those programs. In this case, what she was doing for the State was essentially the same thing that the contractor was being paid to do—develop a Request for Proposal to implement the Healthy Indiana Plan.

Ms. Verma claims there was no conflict because she did not directly oversee these two contractors—HP and HMA—in her role with State. She also points to the fact that in 2012 she received an opinion from the Indiana Ethics Commission that stated her work for HP was not in violation of state conflict of interest laws because she was a consultant, not a State employee.

I do not believe that her work for the State and her work for these contractors was a true arms-length relationship. As the Associated Press recently highlighted, Ms. Verma maintained an office in the State government center and that the AP characterized her work as ''usually reserved for state administrators.'' The existence of this opinion, in my view, does not absolve Ms. Verma from what look to be very clear and obvious conflicts of interest.

I am not alone in this opinion, as President George W. Bush's ethics lawyer Richard Painter—hardly a liberal partisan—said Ms. Verma's consulting arrangement in Indiana, ''clearly should not happen and is definitely improper.'' Ms. Verma helped the State decide it needed a vendor like HP, and then went to work for HP on the resulting contract. She was also under contract with yet a third company—Health Management Associates—which was being paid to develop the Request for Proposal for the same contract. That certainly seems like a conflict of interest to me.

When I asked her in writing whether she had obtained similar ethics opinions with regard to her work for any of the other state contractors who had hired her—Milliman, Roche Diagnostics, Maximus, or Health Management Associates, she said she hadn't.

All of these companies continue to do business with the State of Indiana and with other State and Federal health programs that will be under Ms. Verma's purview at CMS. Maximus, for example, is the largest provider of enrollment services for these programs in the U.S.

Just because Indiana chose to play fast and loose with conflicts of interest doesn't mean that these practices were right.

I have no confidence that Ms. Verma will take her responsibilities to avoid such conflicts at CMS any more seriously than she did in Indiana.

Mr. President, I ask unanimous consent to have the following documents printed in the RECORD.

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

[from INDYSTAR, Nov. 29, 2016]

SEEMA VERMA, POWERFUL STATE HEALTH-CARE CONSULTANT, SERVES TWO BOSSES

(By Tony Cook)

President-elect Donald Trump has tapped Seema Verma, a consultant who helped craft the state's Healthy Indiana Plan, to serve as head of the Centers for Medicare and Medicaid Services. Verma worked closely to shape the health care policy of both former Gov. Mitch Daniels and Gov. Mike Pence.

The health policy consulting company she heads, SVC Inc., also has provided its services to Iowa, Ohio, Kentucky, Tennessee and Michigan. A 2016 recipient of the Sagamore of the Wabash award, Verma also served as vice president of planning for the Health and Hospital Corporation of Marion County. She also holds a master's of public health from Johns Hopkins University.

Meet the architect of Gov. Mike Pence's signature health-care plan, Seema Verma.

For more than a decade, the little-known private consultant has quietly shaped much of Indiana's public health-care policy. The state has paid her millions of dollars for her work—amid a potential conflict of interest that ethics experts say should concern taxpayers.

Largely invisible to the public, Verma's work has included the design of the Healthy Indiana Plan, a consumer-driven insurance program for low-income Hoosiers now being

touted nationally as an alternative to Obamacare. In all, Verma and her small consulting firm, SVC Inc., have received more than $3.5 million in state contracts.

At the same time, Verma has worked for one of the state's largest Medicaid vendors—a division of Silicon Valley tech giant Hewlett-Packard. That company agreed to pay Verma more than $1 million and has landed more than $500 million in state contracts during her tenure as Indiana's go-to health-care consultant, according to documents obtained by The Indianapolis Star.

Verma's dual roles raise an important question: Who is she working for when she advises the state on how to spend billions of dollars in Medicaid funds—Hoosier taxpayers or one of the state's largest contractors?

In a written statement, Verma said unequivocally that she played no role in HP's contracts with the state. ''SVC has disclosed to both HP and the state the relationship with the other to be transparent,'' Verma said. ''If any issue between HP and the state presented a conflict between the two, I recused myself from the process.''

But the recently ousted head of the state agency administering Verma's contract told The Star that Verma once attempted to negotiate with state officials on behalf of Hewlett-Packard, while also being paid by the state.

HP said it can find no one in its company with any recollection of such a meeting. Verma declined to answer further questions about her work with the state or HP.

Verma's dual roles have surprised some leading Republican lawmakers and expose one of many loopholes in Indiana's government ethics laws.

Ethics experts consulted by The Star called the arrangement a conflict of interest that potentially puts Indiana taxpayers at risk. If Verma were working for the federal government, they point out, she would have to show how the government was protected, or step aside.

''If I were a taxpayer in Indiana, I would be concerned about whether the advice the government was receiving from her was tainted by her own financial interest and the financial interest of her other clients,'' said Kathleen Clark, a professor at Washington University School of Law in St. Louis who specializes in government ethics.

But in Indiana, government consultants aren't required to disclose such potential conflicts, even when they have offices in state government, as Verma does.

So the nature of Verma's work—and the extent to which it benefited HP—remains unclear.

HP referred any other questions on the matter to the state. Verma's spokesman, Lou Gerig, noted in a statement that ''all contracts between the state and SVC Inc., or between the state and SVC Inc. as a subcontractor, have been reviewed and approved in accordance with all requirements of state law.''

Pence's office issued a written statement in response to The Star's questions.

''Seema has played a valuable role in the state's health-care policy since the O'Bannon administration, and we appreciate her advice and counsel, especially on the continuation of the Healthy Indiana Plan and HIP 2.0,'' said Christy Denault, a spokeswoman for Pence.

State officials didn't directly address questions about Verma's work for HP. But James Gavin, spokesman for the Indiana Family and Social Services Administration, said the state does take steps to prevent conflicts in the bidding process.

He said the state's procurement guidelines ''clearly require that all decision-making authority lie with state employees and agency executives. These guidelines are designed to eliminate conflicts of interest.''

POWERFUL CONTRACTOR

Verma enjoys a tremendous amount of sway for a private contractor. She has her own office at the state government center. Earlier this year, Pence turned to her to broker a deal with the state's hospital industry to help finance his plan to expand the Healthy Indiana Plan. And when Verma and one of Pence's Cabinet members—Family and Social Services Administration Secretary Debra Minott—butted heads over how soon to roll out the program, it was Minott who lost her job.

Verma's influence reaches back at least a decade and across the administrations of four governors, two from each party. During his first term, Gov. Mitch Daniels tapped Verma to help create a new health-care plan to address the state's uninsured population. Her solution: the Healthy Indiana Plan, a new low-income health insurance program that features high deductibles and requires participants to contribute a portion of their income to a health savings account.

''This structure melds two themes of American society that typically collide in our health-care system, rugged individualism and the Judeo-Christian ethic,'' Verma wrote in a 2008 Health Affairs blog article co-authored with former FSSA Secretary Mitch Roob. ''HIP combines these diametrically opposed themes by promoting personal responsibility while providing subsidized health protection to those who can least afford it.''

The plan won the support of both Republicans and Democrats in the Indiana legislature and was implemented in January 2008. Today, 52,000 Hoosiers are enrolled in the program.

Now, Pence wants to expand the plan to an additional 350,000 low-income Hoosiers through what he's calling HIP 2.0. And like Daniels, he turned to Verma for help in developing the plan and negotiating a financing agreement with the state's hospital industry. If approved by the federal government, billions of new Medicaid funds would flow to the state.

And because HIP 2.0 would generate significantly more claims, some of that money would likely go to Hewlett-Packard, Verma's other client.

The extent to which Verma's advice has benefited HP is difficult to determine, given that none of the parties involved will talk much about the subject. Further obscuring the issue: Several of her most recent contracts weren't publicly available on the state's online transparency portal until The Star began making inquiries. Denault said that was because ''some of them were mistakenly coded as not for publication.'' The contracts have since been added to the online list.

What they show is that her duties involve crafting requirements for contractors. negotiating with contractors and supervising vendors. Her company's website also says she provided ''requirements for the state's three technology vendors to support HIP.'' That would include Hewlett-Packard. One contract gives her the authority to ''initiate and/or track'' a contract or contract amendments with the state's fiscal intermediary, which is HP. Another puts her in charge of technical changes to the state's medical management information system, which is operated by HP.

Those responsibilities put Verma in the position of making decisions about a state contractor that is also paying her hundreds of thousands of dollars. HP's claims management and information system contracts show it has agreed since 2007 to pay Verma's company $1.2 million as a subcontractor for ''health consulting services.''

During that time, HP received more than $500 million in state contracts, including millions of dollars in contract changes to accommodate the Healthy Indiana Plan that Verma helped create and other new programs.

''Certainly on the face of it, there is the appearance of a conflict,'' said Trevor Brown, an expert on government purchasing and director of Ohio State University's John Glenn School of Public Affairs.

If Verma was a federal contractor, her dual roles ''would certainly raise tremendous concern for regulators and purchasing officials,'' he said. ''This is exactly the kind of thing that would land an agency in a hearing before a legislative oversight committee.''

Lawmakers in Indiana, however, were unaware of Verma's work for HP.

''I was only aware she was working for the state,'' said Sen. Patricia Miller, R-Indianapolis, chairwoman of the Senate Health Committee.

''There certainly appears to be the potential for conflict, and appearances matter,'' said Ed Clere, R-New Albany, chairman of the House Health Committee.

Verma's arrangement with HP also came as a surprise to former FSSA Secretary Debra Minott, who said she learned about it sometime in 2013.

''We had delayed paying an HP invoice because of an issue we were trying to resolve, and HP sent Seema to our CFO to resolve the issue on their behalf,'' Minott said. ''I was troubled because I thought Seema was our consultant.''

HP spokesman Bill Ritz said the company ''checked with a number of its employees and can find no one with any recollection of such a meeting.''

Gerig, Verma's spokesman, said Verma's work for HP was a matter of public record because she is listed as a subcontractor in HP's contracts with the state.

A LACK OF RULES

Ethics experts say that kind of scenario would be unlikely at the federal level, where government purchasing officers are required to identify and avoid ''organizational conflicts of interest,'' which occur when a person is unable or potentially unable to render impartial assistance or advice to the government because of other business relationships.

Many states, including Maryland, Virginia, Minnesota and Illinois, have adopted similar rules at the state level, according to Dan Forman, a Washington, D.C.-based government procurement attorney. Other states, such as Tennessee and Washington, have implemented rules at the agency level. Still others, such as California and Maine, have introduced rules via standard state contract provisions.

But in Indiana, that's not the case.

Minott said when she brought her concerns to FSSA's ethics officer, she was told Indiana's ethics rules didn't apply to conflicts of interests among state contractors.

The lack of any such rule is just the latest in a litany of loopholes that good government advocates say Indiana needs to address.

In recent months, The Star has reported on several high-profile cases—including those of state Rep. Eric Turner, former highway official Troy Woodruff and former state schools chief Tony Bennett—where ethics officials criticized the behavior of public officials but took little or no action due to exemptions in state ethics rules.

The issues raised in Verma's case are not unique to Indiana, said Brown, the Ohio State professor. State governments across the country are increasingly grappling with potential conflicts of interest as more private contractors perform what has traditionally been government work.

''Historically, the practice was these decisions would be made by the leadership of the agency, and in many states they are,'' he said. ''But Indiana is not alone in having to rely on advice and services of a private actor to perform what is at the boundary of, if not a clear instance of, a government function.''

State reliance on private contractors is especially common in the health-care arena, where rapid changes in federal health-care law have put a premium on speed. And indeed, several executive summaries of Verma's contracts emphasize the need to quickly utilize her services amid the threat of losing federal grant money.

''Over the short run, it sounds like you're going to get speed,'' Brown said. ''And you may get some cost savings over the short run.''

But in the long run, states can become dependent on private contractors, who can then jack up their prices.

''They essentially become a monopoly, and there's a risk that they can raise costs over time,'' he said. Verma's arrangement with the state demonstrates how difficult it can be to control such costs.

An amendment to her contract in January added $300,000 without increasing her workload or extending the term of the contract. The reason listed: ''to cover claims.'' State officials declined to elaborate.

The hourly rates listed in her contracts also have increased over time, from $110 in 2007 to $135-$165 this year.

Lawmakers expressed surprise when told by The Star that the state paid Verma's company $1.15 million in the past year alone.

''I had no idea her firm received that much money. I think it would come as a surprise to most legislators,'' Clere said. ''I think there's a larger issue of transparency and accountability as the state increasingly relies on contractors, including consultants. I'm all for harnessing the power of the private sector, and the key word is 'harness,' which suggests the state is in control. The question here is, 'Whose hands are on the reins?' ''

[From the Associated Press, Feb. 15, 2017]

PICK FOR MEDICARE POST FACES QUESTIONS ON INDIANA CONTRACTS

(By Brian Slodysko and Carla K. Johnson)

INDIANAPOLIS.—President Donald Trump's pick to oversee Medicare and Medicaid advised Vice President Mike Pence on health care issues while he was Indiana's governor, a post she maintained amid a web of business arrangements—including one that ethics experts say conflicted with her public duties.

A review by The Associated Press found Seema Verma and her small Indianapolis-based firm made millions through consulting agreements with at least nine states while also working under contract for Hewlett Packard. The company holds a financial stake in the health care policies Verma's consulting work helped shape in Indiana and elsewhere.

Her firm, SVC Inc., collected more than $6.6 million in consulting fees from the state of Indiana since 2011, records show. At the same time, records indicate she also received more than $1 million through a contract with Hewlett, the nation's largest operator of state Medicaid claims processing systems.

Last year, her firm collected an additional $316,000 for work done for the state of Kentucky as a subcontractor for HP Enterprises, according to documents obtained by AP through public records requests.

In financial disclosures posted this week, Verma reported she has an agreement to sell SVC Inc. to Health Management Associates of Lansing, Michigan, within 90 days of her confirmation.

In a statement, a spokesman for Verma said there was no conflict of interest and added that she has the support of former officials who served with her under Pence.

Her firm was ''completely transparent in regards to its relationship with HP and that there was never a conflict of interest,'' spokesman Marcus Barlow said in a statement.

A spokesman for Pence did not respond to a request for comment.

Verma faces a Senate Finance Committee hearing on Thursday. Democrats in Washington are aware of many of her consulting arrangements, and have broader concerns about her philosophy about government entitlement programs, lack of background in Medicare and inexperience leading a large organization.

As a trusted adviser to Pence, she had an office in the state government center and took on duties usually reserved for state administrators. Verma was also widely respected for her grasp on policy and designed a federal Medicaid waiver that allowed Pence to undertake his own conservative expansion of the program while still accepting money made available through the Affordable Care Act.

Verma did not specifically address how she would handle decisions related to HP in a letter to the Department of Health and Human Services that was released this week. The letter outlined her plan for managing potential conflicts of interest should she be confirmed by the Senate to lead the Centers for Medicare & Medicaid Services. Her relationship with HP was first reported by the Indianapolis Star in 2014.

Legal and ethics experts contacted by AP say Verma's work for Hewlett, and offshoot HP Enterprises, raised questions about where her loyalties lay—to the company, or to state taxpayers.

Richard Painter, former President George W. Bush's chief ethics lawyer, called Verma's arrangement a ''conflict of interest'' that ''clearly should not happen and is definitely improper.''

Such arrangements are typically prohibited for rank-and-file state employees under Indiana's ethics rules and laws, but they're murkier when it comes to consulting work. Contractors have often replaced state employees in a GOP bid to drive down the number of public employees, distinctions between the two can be hard to discern.

''She was cloaked with so much responsibility and so much authority, people thought she was a state employee,'' said Debra Minot, a former head of Indiana's Family and Social Services Agency under Pence who worked with Verma.

Indiana University law professor David Orentlicher compared Verma's dual employment to an attorney who represents both the plaintiff and the defense in a lawsuit. It's also similar to federal contract negotiator with a side job for a company they regularly negotiate with, he said.

''If you have one person on both sides of the negotiating, they can't negotiate hard for both sides,'' said Orentlicher, a former Indiana Democratic state lawmaker.

There was at least one instance where Verma crossed the line in Indiana when she was dispatched by HP to help smooth over a billing dispute, said Minot.

''It was never clear to me until that moment that she, in essence, was representing both the agency and one of our very key contractors,'' said Minot, who was removed as head of the agency by Pence over her disagreements with Verma. ''It was just shocking to me that she could play both sides.''

State contracts show Verma's duties to Indiana and Hewlett have overlapped at times. One agreement she held with the state's social services agency required her to ''provide technical assistance'' to state contractors, as well as the governor's office. Another duty was ''contract development and negotiation'' with vendors, which included HP and HP Enterprises

Verma reported her salary with SVC is $480,000 and her business income from the company as nearly $2.2 million.

[From Electronic Data Systems Corporation, Jan. 7, 2008]

INDIANA AWARDS EDS NEW $209 MILLION MEDICAID CONTRACT

AGREEMENT EXTENDS 16-YEAR RELATIONSHIP WITH HOOSIER STATE

INDIANAPOLIS.—EDS, Indiana's Medicaid partner since 1991, has been awarded a $209.9 million, six-and-a-half-year contract to upgrade and continue to maintain the state's Medicaid Management Information System.

The new contract will leverage EDS' leading-edge interchange Health System, which serves as an industry model and is in operation or being implemented in more than a dozen states, including Kansas, Oklahoma, Pennsylvania and Kentucky. Among the upgrades are a Web-based tool that will enable health care providers to electronically enroll in the Medicaid program as well as a number of internal processes.

EDS will continue as fiscal agent to the state and its 27,000 health care providers, who care for more than 800,000 recipients and comprise the nation's 17th-largest Medicaid program.

The agreement includes a seven-month phase to design, develop, test and implement the additional features followed by a six-year management term.

The contract, which was signed in late December, extends a 16-year relationship between EDS and Indiana.

The EDS solution will provide Indiana with enhanced transparency as it implements Gov. Mitch Daniels package of Medicaid reforms such as the Healthy Indiana Plan, which provides health coverage to previously uninsured Indiana residents, and the movement of aged, blind and disabled residents to a care management model. It also will continue claims processing coverage for other Indiana health programs.

''At the conclusion of the procurement process, it was evident that EDS was able to bring great value and experience to the taxpayers of Indiana,'' said Mitch Roob, Family and Social Services Administration Secretary. ''The technology and insight that EDS has to offer will be a tremendous asset as we continue to make great strides in new, innovative programs, such as the Healthy Indiana Plan.''

''As Indiana's technology partner for more than a decade and a half, EDS understands the Healthy Indiana Plan and the state's goal to cover its uninsured residents,'' said Sean Kenny, vice president, EDS Global Health Care. ''Our continued relationship will provide stability not only for the current Medicaid program, but also for future reforms.''

''Long relationships are reflections of earned trust and understanding of cultures and goals,'' said Barbara Anderson, vice president, EDS U.S. Government Health Care. ''Over the years, Indiana and EDS together have delivered program efficiencies to enable reforms and help push forward vital, new programs to improve health outcomes for Hoosiers.''

EDS is the nation's largest provider of Medicaid and Medicare process management services, administering more than $100 billion in benefits a year. EDS processes about 1 billion Medicaid claims annually, more than any other company, and provides fiscal

agent services/Medicaid information technology support for 21 states. Through its global healthcare services and solutions, EDS touches more than 200 million patient lives each day.

ABOUT EDS

EDS (NYSE: EDS) is a leading global technology services company delivering business solutions to its clients. EDS founded the information technology outsourcing industry 45 years ago. Today, EDS delivers a broad portfolio of information technology and business process outsourcing services to clients in the manufacturing, financial services, healthcare, communications, energy, transportation, and consumer and retail industries and to governments around the world. Learn more at eds.com.

The statements in this news release that are not historical statements, including statements regarding the amount of new contract values, are forward-looking statements within the meaning of the federal securities laws. These statements are subject to numerous risks and uncertainties, many of which are beyond EDS' control, which could cause actual results to differ materially from such statements. For information concerning these risks and uncertainties, see EDS' most recent Form 10–R. EDS disclaims any intention or obligation to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise.

[From Hewlett-Packard Development Company, Nov. 21, 2013]

FSSA EXECUTIVE TOUR

(By John Wanchick)

PRESENTERS

John Wanchick, Account Executive; Scott Mack, HPES Regional Manager, State Health and Human Services; Jason Schenk, HPES Sales; Heather Lee, Claims Director; Doug Weinberg, CFO and Third Party Liability Director; Sandra Lowe, Provider and Member Services Director; Rebecca Siewert, Managed Care Director; Beth Steele, Long Term Care Director; Lisa Pierce, Audit and Compliance Director; Maureen Hoffmeyer, Publications Director; Patrick Hogan, System Director; Darren Overfelt, ITO Director; Bev Goodgame, PMO and Business Analysis Director; Julie Sloma, DDI Project Manager; Pat Steele, Operations Manager; Seema Verma, Executive Healthcare Policy Consultant.

INDIANA CORE MMIS HP-SVC PARTNERSHIP

Provides innovative services to support Medicaid Policy; External Scan: Monitoring federal regulatory environment, Financial, demographic, utilization, public health data, Best practices; Support Goal & Objective Setting Process; Develop and Maintain Program Policy; State Plan Maintenance: Support with State plan and waivers.

MARCH 30, 2012.

Ethics Opinion

DEAR MS. VERMA: Thank you for contacting our office. I understand you are requesting ethics advice to determine whether a conflict of interest would arise under the Indiana Code of Ethics set forth in 41 I.A.C. 1–5 (''Code of Ethics'') if SVC, Inc. d/b/a Seema Verma Consulting (''SVC'') entered into a consulting agreement with Hewlett-Packard Company (''HP'') to assist HP on a contract HP has and/or would have with the Indiana Family and Social Services Administration (''FSSA''). In your inquiry, you explain that SVC is an Indiana Corporation that provides a range of consulting services on health policy, including policy and legislative analysis, grant and proposal development, project and grants management, managing community and stakeholder relationships, survey and evaluation design and data analysis. You further explain that SVC is currently a contractor to the State of Indiana (''State''), specifically FSSA. Pursuant to this contractual relationship, I understand that SVC provides overall management, project leadership and support for the Indiana State-Operated Health Insurance Exchange Level One Grant Activities. You also state that SVC has been a long-standing contractor to HP and its predecessors-in-interest, Electronic Data Systems Corporation and EDS Information Services L.L.C. You indicate that SVC and HP have entered into discussions about a new contractual arrangement between the parties. Generally, the draft proposal you've submitted along with your request for an informal advisory opinion indicates that SVC would assist HP in their efforts relating to work on State's Medicaid Management Information System (MMIS).

The threshold question in this case is whether the Code of Ethics applies to SVC. The Code of Ethics applies to a current or former state officer, employee, and special state appointee and a person who has a business relationship with an agency. SVC is neither a state officer nor a special state appointee. The term ''employee'' is defined in 1.C. 4–2–6–1(a)(8) to include an individual who contracts with an agency for personal services. In this case, the contract between SVC and FSSA appears to be a personal services contract. However, SVC is not an individual, it is a corporation. Because SVC is not an individual, SVC would not be considered to be an ''employee'' as the term is defined.

It would appear that SVC would be a ''person who has a business relationship with an agency.'' Specifically, the term ''person'' is defined to include a corporation. I.C. 4–2–6–1(a)(12). SVC is a corporation. Furthermore, a business relationship includes the dealings of a person with an agency seeking, obtaining, establishing, maintaining, or implementing a pecuniary interest in a contract with an agency. I.C. 4–2–6–1(a)(5)(A)(i). SVC has a contract with FSSA, a state agency. Accordingly, the Code of Ethics would apply to SVC as it applies to a ''person who has a business relationship with an agency.''

While the Code of Ethics contains fifteen rules, including two that specifically address conflicts of interest, the only rule in the Code of Ethics that applies to a person who has a business relationship with an agency is the Donor Restrictions rule set forth in 42 IAC 1–5–2. The Donor Restrictions rule prohibits a person who has a business relationship with an employee's agency from providing any gifts, favors, services, entertainment, food, drink, travel expenses or registration fees to the employee if the employee would not be permitted to accept the item under 42 IAC 1–5–1, the Gifts rule.

As a person who has business relationship with an agency, SVC is not subject to the conflict of interest rules set forth in the Code of Ethics. Accordingly, a conflict of interest under the Code of Ethics would not arise for SVC if it entered into a consulting agreement with Hewlett-Packard Company (''HP'') to assist HP on a contract HP has and/or would have with FSSA.

Thank you again for contacting our office. I hope this information is helpful. Please note that this response does not constitute an official advisory opinion. Only the State Ethics Commission may issue an official advisory opinion. This informal advisory opinion allows us to give you quick, written advice. The Commission will consider that an employee or former employee acted in good faith if it is determined that the individual committed a violation after receiving advice and the alleged violation was directly related to the advice rendered. Also, remember that the advice given is based on the facts as I understand them. If this e-mail misstates facts in a material way, or omits important information, please bring those inaccuracies to my attention.

Sincerely,

CYNDI CARRASCO,
Executive Director, Indiana State Ethics Commission.

Mr. WYDEN. Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. MORAN). Under the previous order, the question is, Will the Senate advise and consent to the Verma nomination?

Mr. WYDEN. 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.

The assistant bill clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: The Senator from Georgia (Mr. ISAKSON).

Mr. DURBIN. I announce that the Senator from Michigan (Mr. PETERS) is necessarily absent.

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

The result was announced—-yeas 55, nays 43, as follows:

[Rollcall Vote No. 86 Ex.]

YEAS—-55

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

NAYS—-43

Baldwin	Gillibrand	Reed
Bennet	Harris	Sanders
Blumenthal	Hassan	Schatz
Booker	Heinrich	Schumer
Brown	Hirono	Shaheen
Cantwell	Kaine	Stabenow
Cardin	Klobuchar	Tester
Carper	Leahy	Udall
Casey	Markey	Van Hollen
Coons	McCaskill	Warner
Cortez Masto	Menendez	Warren
Duckworth	Merkley	Whitehouse
Durbin	Murphy	Wyden
Feinstein	Murray	
Franken	Nelson	

NOT VOTING—-2

Isakson	Peters

The nomination was confirmed.

The PRESIDING OFFICER. The majority leader.

Mr. MCCONNELL. Mr. President, I move to reconsider the vote, and I move to table the motion to reconsider.

The PRESIDING OFFICER. The question is on agreeing to the motion to table.

The motion was agreed to.

LEGISLATIVE SESSION

Mr. McCONNELL. Mr. President, I move to proceed to legislative session.

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

The motion was agreed to.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. McCONNELL. Mr. President, I move that the Senate proceed to executive session to consider Calendar No. 23, Daniel Coats to be Director of National Intelligence.

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

The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The legislative clerk read the nomination of Daniel Coats, of Indiana, to be Director of National Intelligence.

CLOTURE MOTION

Mr. McCONNELL. Mr. President, I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The 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 Daniel Coats, of Indiana, to be Director of National Intelligence.

Mitch McConnell, Michael B. Enzi, David Perdue, Bob Corker, John Hoeven, Lamar Alexander, Bill Cassidy, John Barrasso, Dan Sullivan, Tim Scott, James Lankford, Tom Cotton, Mike Rounds, James M. Inhofe, Chuck Grassley, Roy Blunt, Richard Burr.

LEGISLATIVE SESSION

Mr. McCONNELL. Mr. President, I move to proceed to legislative session.

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

The motion was agreed to.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. McCONNELL. Mr. President, I move that the Senate proceed to executive session to consider Calendar No. 19, Herbert R. McMaster, Jr., to be Lieutenant General.

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

The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The legislative clerk read the nomination of Lt. Gen. Herbert R. McMaster, Jr., to be Lieutenant General.

CLOTURE MOTION

Mr. McCONNELL. Mr. President, I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The 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 Lt. Gen. Herbert R. McMaster, Jr., to be Lieutenant General.

John McCain, Roger F. Wicker, John Hoeven, David Perdue, Pat Roberts, Mike Crapo, Ben Sasse, Tom Cotton, Mike Rounds, Mitch McConnell, Thom Tillis, James Lankford, Richard Burr, Marco Rubio, Jerry Moran, Richard C. Shelby, James E. Risch.

Mr. McCONNELL. Mr. President, I ask unanimous consent that the mandatory quorum calls be waived.

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

LEGISLATIVE SESSION

Mr. McCONNELL. Mr. President, I move to proceed to legislative session.

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

The motion was agreed to.

DISAPPROVING A RULE SUBMITTED BY THE DEPARTMENT OF LABOR

Mr. McCONNELL. Mr. President, I move to proceed to H.J. Res. 42.

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

The motion was agreed to.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

A joint resolution (H.J. Res. 42) disapproving the rule submitted by the Department of Labor relating to drug testing of unemployment compensation applicants.

MORNING BUSINESS

REMEMBERING MILTON METZ

Mr. McCONNELL. Mr. President, today I wish to pay tribute to a legend in broadcasting. For decades, radio listeners in Kentucky and across the eastern United States tuned in to hear Milton Metz. El Metzo, as he was affectionately known, passed away in January of this year at the age of 95.

Known for his show, ''Metz Here,'' Milton provided fair and well-informed news for thousands of listeners. In his time at WHAS radio in Louisville, KY, Milton almost became part of listeners' families. During his years on the air, he covered a wide variety of topics and helped his listeners sort out the issues of the day.

Like so many other Kentuckians, I grew up tuning into Milton's shows. When I first ran for Jefferson County judge/executive, I appeared on his show. We talked about the issues in my campaign, and although he asked tough questions, he was always fair. Milton welcomed differing opinions and treated his guests and callers with civility. He became a staple of political campaigns, and I appeared on his show multiple times in my campaigns for the U.S. Senate.

Milton represented a different age of diplomatic and gracious programming that listeners of all opinions and interests listened to and trusted. He also made a name for himself covering the Kentucky Derby. Frequently appearing in ''Millionaires Row,'' Milton interviewed celebrities and guests who came to Louisville for the ''Fastest Two Minutes in Sports.'' In 1989, he was inducted into the Kentucky Journalism Hall of Fame, an honor he surely deserved.

I ask my colleagues to join me in recognizing the life and career of Milton Metz, a true radio pioneer. He earned great acclaim in Kentucky and across the Nation, and his legacy will not soon be forgotten.

The Courier-Journal published an article on Milton Metz's career. I ask unanimous consent that a copy of the article be printed in the RECORD.

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

[From the Courier-Journal, Jan. 12, 2017]

LOCAL RADIO LEGEND MILTON METZ DEAD AT 95

(By Andrew Wolfson)

Milton Metz, a pioneer in broadcasting in Louisville and the longtime host of the talk show ''Metz Here'' on WHAS Radio, died Thursday, according to former colleagues Wayne Perkey and Terry Meiners.

He was 95 and died at Magnolia Springs, a senior living facility, Perkey said.

''El Metzo,'' as he was affectionately known, began at the station in 1946. ''Metz Here'' debuted July 30, 1959, with the title ''Juniper 5–2385,'' after its phone number, and ended on June 10, 1993.

''Every time Milton Metz clicked on the mic, people across middle America were guaranteed wit, wisdom, and balance,'' Meiners said.

''On or off the air, Milton was first and foremost a gentleman, bringing grace and intellect into a sometimes inelegant media landscape,'' Meiners said. ''Rest easy, brother. You blazed a beautiful trail and we shall follow.''

Perkey said Metz was a role model and father figure for a younger generation of broadcasters that included Meiners, Perkey and Jack Fox.

''He was not afraid to ask difficult questions, but he tried to be fair,'' Perkey said. ''He had a great wit and he showed it. I loved him because he was Milton.''

Bob Johnson, a retired political reporter on WHAS Radio and TV, said that unlike contemporary talk radio, his show never featured ''talking heads shouting at each other.''

''He had a sweet, gentle nature and his graciousness carried over into his work on the air,'' said Johnson, later a Courier-Journal reporter. ''I was very fond of him.''

Perry Metz said his father enjoyed ''a good joke, a long conversation and listening to different points of view.

''If civility is old-fashioned, you could say he was old-fashioned,'' said the younger