

took the time and made the effort to vote and decided to vote for change and to vote for the reformist—the more moderate form of government—and wanted to be more westward looking than would otherwise be the case: Good for you. My hope in doing that is that you will join us in basically turning down the idea of continuing support for Hezbollah and for terrorism that the other part of Iran and some of the others in leadership are determined to sustain.

I suggest the absence of a quorum.

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

The bill clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Under the previous order, all postcloture time has expired.

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

Mr. ISAKSON. 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 bill clerk called the roll.

The result was announced—yeas 94, nays 6, as follows:

[Rollcall Vote No. 135 Ex.]

YEAS—94

Alexander	Franken	Nelson
Baldwin	Gardner	Paul
Barrasso	Graham	Perdue
Bennet	Grassley	Peters
Blumenthal	Hassan	Portman
Blunt	Hatch	Reed
Boozman	Heinrich	Risch
Brown	Heitkamp	Roberts
Burr	Heller	Rounds
Cantwell	Hirono	Rubio
Capito	Hoeven	Sasse
Cardin	Inhofe	Schatz
Carper	Isakson	Schumer
Casey	Johnson	Scott
Cassidy	Kaine	Shaheen
Cochran	Kennedy	Shelby
Collins	King	Stabenow
Coons	Klobuchar	Strange
Corker	Lankford	Sullivan
Cornyn	Leahy	Tester
Cortez Masto	Lee	Thune
Cotton	Manchin	Tillis
Crapo	Markey	Toomey
Cruz	McCain	Udall
Daines	McCaskill	Van Hollen
Donnelly	McConnell	Warner
Durbin	Menendez	Whitehouse
Enzi	Merkley	Wicker
Ernst	Moran	Wyden
Feinstein	Murkowski	Young
Fischer	Murphy	
Flake	Murray	

NAYS—6

Booker	Gillibrand	Sanders
Duckworth	Harris	Warren

The nomination was confirmed.

The PRESIDING OFFICER. Under the previous order, the motion to reconsider is considered made and laid upon the table, and the President will be immediately notified of the Senate's action.

CLOTURE MOTION

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

The bill clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the standing rules of the Senate, do hereby move to bring to a close debate on the nomination of Amul R. Thapar, of Kentucky, to be United States Circuit Judge for the Sixth Circuit.

Mitch McConnell, Orrin G. Hatch, Roger F. Wicker, Jeff Flake, John Cornyn, Chuck Grassley, John Hoeven, James E. Risch, Mike Rounds, Deb Fischer, Mike Crapo, Jerry Moran, Pat Roberts, Lindsey Graham, John Kennedy, Steve Daines, David Perdue.

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

The question is, Is it the sense of the Senate that debate on the nomination of Amul R. Thapar, of Kentucky, to be United States Circuit Judge for the Sixth Circuit shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The bill clerk called the roll.

The yeas and nays resulted—yeas 52, nays 48, as follows:

[Rollcall Vote No. 136 Ex.]

YEAS—52

Alexander	Flake	Perdue
Barrasso	Gardner	Portman
Blunt	Graham	Risch
Boozman	Grassley	Roberts
Burr	Hatch	Rounds
Capito	Heller	Rubio
Cassidy	Hoeven	Sasse
Cochran	Inhofe	Scott
Collins	Isakson	Shelby
Bennet	Corker	Johnson
Blumenthal	Cornyn	Kennedy
Blunt	Cotton	Lankford
Boozman	Heinrich	Lee
Brown	Heitkamp	McCain
Burr	Heller	McConnell
Cantwell	Hirono	Moran
Capito	Hoeven	Ernst
Cardin	Inhofe	Murkowski
Carper	Isakson	Paul
Casey	Johnson	
Cassidy	Kaine	
Cochran	Kennedy	
Collins	King	
Coons	Klobuchar	
Corker	Lankford	
Cornyn	Leahy	
Cortez Masto	Lee	
Cotton	Manchin	
Crapo	Markey	
Cruz	McCain	
Daines	McCaskill	
Donnelly	McConnell	
Durbin	Menendez	
Enzi	Merkley	
Ernst	Moran	
Feinstein	Murkowski	
Fischer	Murphy	
Flake	Murray	

NAYS—48

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

The PRESIDING OFFICER. On this vote, the yeas are 52, the nays are 48.

The motion is agreed to.

EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report the nomination.

The bill clerk read the nomination of Amul R. Thapar, of Kentucky, to be United States Circuit Judge for the Sixth Circuit.

The PRESIDING OFFICER (Mr. GARDNER). The Senator from New Hampshire.

HEALTHCARE LEGISLATION

Mrs. SHAHEEN. Mr. President, I am deeply concerned by warnings from leading health insurance companies and State insurance commissioners that the Trump administration is now deliberately undermining the Affordable Care Act, leaving insurance plans no choice but to sharply raise premiums or exit the marketplaces.

I understand—I think we all do—that the Affordable Care Act continues to experience stresses and that it needs to be strengthened. There is no doubt about that. I have been saying from the beginning that we need to correct what is not working, that we need to keep what is working, and that we need to work together to change it. Yet, in 2016, there were abundant signs that the law was working and that insurance markets were stabilizing.

For instance, in my State of New Hampshire, health insurance premium increases last year averaged just 2 percent. That is the lowest annual increase in history. Today, it is a very different picture. Because of the efforts of the Trump administration to undermine the Affordable Care Act, insurance companies in New Hampshire and across the country face widespread uncertainty. Many of them are deciding that they have no choice but to protect themselves by drastically increasing premiums.

This week, there was a report in the New Hampshire Union Leader, which is our State's largest newspaper, that premiums in New Hampshire could increase by as much as 44 percent. Now, President Trump says that the Affordable Care Act is "exploding," but let's be clear. If ObamaCare is exploding, as President Trump says, it is because this administration lit the fuse and has been working aggressively to undermine the law.

We can see on this poster what is being reported in other parts of the country. In the LA Times, we see that health insurers and State officials say that Trump is undermining ObamaCare and pushing up rates and that health insurers plan big ObamaCare rate hikes, and they blame Trump.

Perhaps the greatest damage has been done by the administration's refusal to commit to funding cost-sharing subsidies, which are the Federal subsidies that help millions of people pay for coverage. To protect themselves, many insurance companies are preparing two sets of premiums for next year—one premium level if the administration agrees to fund the cost-sharing subsidies and a second, dramatically higher premium level if the administration says no to cost-sharing subsidies.

More broadly, the administration's mixed signals and erratic management of the Affordable Care Act are causing uncertainty in the marketplace. Paul Markovich, the CEO of Blue Shield of

California, has said that health plans are being forced to raise premiums to compensate for all of the turmoil.

It gets worse.

Last week, the Los Angeles Times reported that Seema Verma, the Administrator of the Centers for Medicare and Medicaid Services, shocked a meeting of insurance industry executives by threatening to cut off funding for cost-sharing reductions unless insurers agreed to support the House Republicans' bill to repeal the Affordable Care Act—the bill that was passed several weeks ago.

Washington State Insurance Commissioner Mike Kreidler criticized the administration's actions as playing Russian roulette with Americans' health insurance coverage. He said: "This has real impact on people's lives."

One insurance company executive said this about the administration's actions: "There's a sense that there are no hands on the wheel, and they are just letting the bus careen down the road."

Physicians and other healthcare professionals live by a time-honored pledge to do no harm, but the Trump administration is pursuing a course that will do tremendous harm to millions of Americans who have gained health coverage for the first time because of the Affordable Care Act. Unless and until Congress repeals the Affordable Care Act, it is the law of the land, and this administration has a responsibility to administer this law with fairness, with rigor, and with competence. The administration certainly does not have the right to take active steps to undermine or even sabotage the law or to threaten insurance companies with such steps if they do not support the repeal of ObamaCare.

It is time for the administration to reconsider its approach to healthcare reform. To date, regrettably, the administration's approach has been highly partisan, with no outreach to Democrats. Instead of a "do no harm" approach, instead of taking steps to fill President Trump's pledge that we are going to have insurance for everybody—and he came through New Hampshire on multiple occasions during his primary campaign and during the general election campaign. What he said about health insurance was that we were going to make sure that everybody has it; we are going to make sure that they pay less and that they get quality coverage. The administration now seems determined to take health coverage away from tens of millions of Americans.

The Congressional Budget Office estimated that the House Republicans' bill—the first one—to repeal the Affordable Care Act would take coverage away from 24 million Americans. Yesterday, the administration proposed a budget that would cut Medicaid by as much as \$1.3 trillion over the next decade. That would end coverage for millions of low-income Americans, people with disabilities, and so many of our

elderly in nursing homes. In New Hampshire, where we are really on the frontlines of the heroin and opioid epidemic, it would end treatment for many people who are getting treatment for their substance use disorders because of the expansion of Medicaid.

When we think about the people who would be hurt by this, it is unconscionable to hear Office of Management and Budget Director Mick Mulvaney say: "There is a certain philosophy wrapped up in the budget, and that is that we are no longer going to measure compassion by the number of programs or the number of people on those programs." I disagree with that view. By deliberately taking healthcare coverage from 24 million Americans, it shows the lack of compassion of this administration.

This is not about numbers. He is right about that. This should not be about numbers. This should be about people, about their families, and about what these proposals will do to everyday Americans who will no longer have access to affordable health coverage. Whether they have preexisting conditions or whether they need to get treatment for cancer, for substance use disorders, or for whatever their healthcare needs are, under this proposal, they are not going to be able to afford it. Millions of Americans will not be able to afford it.

I think there is a better way forward. Instead of tearing down the Affordable Care Act and taking health coverage away from people, we should be building on the gains and on the achievements of healthcare reform.

On that score, I want to share an extraordinary letter to the editor that was written by Carol Gulla, of Newmarket, NH.

I am reading her letter:

I was in good health; why bother with a physical?

That was my mentality for years before the Affordable Care Act (aka Obamacare). I work for a small nonprofit business, so we don't qualify for group health insurance plans. An annual physical wasn't included in the high premium, high deductible plans that were available to me on the individual health insurance market so they were often a luxury. But it was OK; I felt great! Why bother with doctors?

Because of the Affordable Care Act, last June I went for a routine physical. During [the exam] a lump was discovered in my breast. Ten days later, breast cancer was diagnosed. . . . Fast forward to today. I've just completed my final chemotherapy treatment and my prognosis is very positive. That physical saved my life.

Let me restate that—Obamacare saved my life.

That crucial physical in June would not have happened had it not been an essential preventive service included in all health plans under the ACA. While not perfect, my insurance through the ACA is far better than anything available to me as an individual in the past.

Ms. Gulla's letter continues:

Up until this point I have been pretty quiet about my diagnosis simply because I didn't want cancer to be the main topic of every conversation I had. But, with the Republican

majority in Washington, including Secretary of Health & Human Services Tom Price, promising to repeal the ACA, being quiet is no longer an option. I am being asked to entrust my health and well-being to hollow promises of it will "be replaced by something better; it will be great." Forgive me if I'm skeptical!

This is my life we're talking about! Do not tell me to be patient. Do not tell me to "wait and see." Either outline a . . . plan for improving the Affordable Care Act, or leave my health insurance alone!

She signs it with her name, Carol Gulla, of Newmarket, NH.

I think we need to listen to Carol and to so many other people like her all across America.

Instead of allowing this administration to undermine and even sabotage the Affordable Care Act, we in the Senate need to work together, Democrats and Republicans, to strengthen the parts of the Affordable Care Act that are working in the real world, including Medicaid expansion, and to fix what is not working. According to multiple recent polls that I have seen on this issue, this is what the great majority of Americans want us to do. It is time for us to listen to the American people.

The Affordable Care Act has had a profoundly positive impact all across America, but it needs commonsense repairs and it needs strengthening. Mend it, don't end it, and certainly don't sabotage it. This should be a bipartisan focus in the Senate. I intend to do everything I can to encourage such a bipartisan effort. I know my colleagues on both sides of the aisle would be willing to do this important work if they understood how much the American people want to see us do this.

We know that the Affordable Care Act has had positive impacts in each of our States, including giving people peace of mind, knowing they can't be denied coverage based on preexisting conditions. So let's work together. Let's ensure that the Affordable Care Act works even better in the future for all Americans.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Mr. President, I want to thank my colleague from New Hampshire before she leaves the floor for her statement on the Affordable Care Act. I know she made reference to the recent report from the Congressional Budget Office that we just received, and it tells the whole story. It tells us all we need to know about TrumpCare 2—the second attempt by the Republicans to replace the Affordable Care Act. What it tells us in the starkest terms is exactly the reason why the Republicans didn't want to wait around for this analysis.

For the record, the Congressional Budget Office is a nonpartisan agency of the Federal Government that analyzes our great ideas and tells us what is going to happen if they become law. I know this agency pretty well because

when we wrote the Affordable Care Act, we waited and waited and waited, sometimes weeks at a time, until some bright idea that we thought we had was analyzed in the cold reality of healthcare in America. Sometimes they came back and said good idea, and many times they came back and said bad idea.

The Republicans passed TrumpCare 2 in the House about 3 weeks ago and wouldn't wait for the Congressional Budget Office analysis. We thought to ourselves, that is unusual. That is the standard everybody uses in Congress. They wouldn't wait because they knew what was coming, and today it was announced.

This afternoon, here is what the Congressional Budget Office said about the Republican attempt to repeal the Affordable Care Act. Next year, under the Republican plan, 14 million Americans would lose their health insurance. How about that for a starter. That is the starting point of their analysis. Over the next 10 years, 23 million Americans would lose their health insurance. Next year, premiums—the cost of health insurance—would increase 20 percent in the individual market. The CBO affirms that under current law—the Affordable Care Act—the marketplaces are stable. However, under the Republican repeal bill, one-sixth of the population resides in parts of America where the individual market would become unstable beginning in the year 2020.

There will be \$834 billion in cuts in Federal Medicaid Programs over the next decade. Do we know what those cuts mean? In my State, half the children born are covered by Medicaid. The mothers get prenatal care so the babies are healthy—paid for by Medicaid. The delivery is paid for by Medicaid. The postnatal care of that little infant is paid for by Medicaid.

That is not the most expensive part of Medicaid in my State and in most States. The most expensive part is for your mom and your grandmother in the nursing home. That is where most of Medicaid money goes. Two-thirds of it goes to those folks in nursing homes who have no other source of income, not to mention the disabled who count on Medicaid.

What the Congressional Budget Office tells us is that the Republican plan is going to devastate Medicaid across the United States. Which of the groups I just mentioned do we think we can toss overboard—babies born to low-income mothers, or the elderly who have no place to turn and have exhausted their savings and are living in nursing homes, or the disabled who need the help of Medicaid on a regular basis? Those are the casualties of this Republican repeal plan, not to mention the fact that the real driving force behind these terrible healthcare decisions is a tax cut for the wealthiest people in America.

This is from the Congressional Budget Office again: \$88 billion in tax cuts

for the superwealthy and big businesses, including drug companies.

Mrs. SHAHEEN. Mr. President, will my colleague yield for a question?

Mr. DURBIN. I am happy to yield.

Mrs. SHAHEEN. Those numbers came out while I was speaking on the floor, because I was talking about the first House-passed bill to repeal the Affordable Care Act. What the Senator from Illinois is telling me is that the numbers for the bill they passed to fix the first bill they couldn't pass are just as bad and in some ways even worse than the original bill.

Mr. DURBIN. Mr. President, through the Chair, in response to the Senator from New Hampshire, they are equally disastrous.

Listen to these quotes from the Congressional Budget Office this afternoon about the Republican repeal plan: "People who are less healthy, including those with preexisting conditions, would ultimately be unable to purchase comprehensive individual market insurance at premiums comparable to those under current law if they could purchase it at all."

Listen to this. It goes on to say: "In particular, out-of-pocket spending on maternity care and mental health and substance abuse services could increase by thousands of dollars in a given year for the individual market enrollees who use those services."

Let me bring this home to your State. Your State has been devastated—our State has been hurt badly—your State has been devastated by the opioid crisis. I would like the Senator from New Hampshire, if she would, to respond to that by giving us some detail. What they are saying is that the Republican repeal of the Affordable Care Act is going to deny coverage in health insurance for substance abuse treatment for families whose kids are discovered to be on opioids.

I yield through the Chair without yielding the floor to the Senator from New Hampshire to describe her challenge in New Hampshire.

Mrs. SHAHEEN. Well, that was going to be my followup question. In New Hampshire, we have the second highest percentage of overdose deaths in the country. We lose more people in New Hampshire to deaths from overdoses of opioids and fentanyl and heroin than we do to car accidents. And an overwhelming percentage of people—over 90 percent—are getting treatment for their substance abuse disorders through the expansion of Medicaid, which has been a bipartisan program in New Hampshire that has covered about 60,000 people, many of whom are getting treatment for substance abuse disorders.

So what the Senator from Illinois is telling me, from the CBO, is that based on the plan that passed the House that Republicans have supported, those people who are getting their treatment—lifesaving treatment for mental health issues and substance abuse disorders—they are going to be kicked off of their

plan, and they are not going to have any other option for getting that care.

Mr. DURBIN. That is what the Congressional Budget Office reports.

So we have these discussions on the floor—and the Senator from New Hampshire has been in the middle of them because of her State's experience with opioids—and both parties come together and wring their hands and say: What are we going to do about the opioid-heroin crisis in America? And we have come up with some good ideas. But here we have the Republican effort repealing the Affordable Care Act, which cuts the legs out from under all of our efforts because it takes away from families' Medicaid coverage that they are using for drug treatment, as well as coverage in their health insurance plans.

Mrs. SHAHEEN. Mr. President, if my colleague will yield once more, last year we passed the 21st Century Cures Act, which appropriated \$1 billion—\$500 million this year and \$500 million next year—to address the heroin and opioid epidemic we are having, and in the recent passage of the omnibus bill, we got \$700-plus million to help us fight this epidemic. So on the one hand, we are putting money in to address it, and on the other hand, we are taking away the treatment people need by passing a healthcare bill that is going to throw people off their treatment and give them no other option to address their substance use disorders.

Mr. DURBIN. That is exactly what the Congressional Budget Office reports to us.

This afternoon we had a press conference and we invited four or five families to come in with their kids. The theme of the press conference was, what is going to happen if your child has a preexisting condition?

Well, there were some amazing little kids there and some heroic moms and dads telling the story about what happens when you discover that your little infant has a cantaloupe-sized tumor from neuroblastoma and what happens for that family, what happens to that infant. Thank goodness those kids were all standing there smiling. They fought the good fight, and they have to continue to fight it, and each and every one of them is branded as having a preexisting condition. Back in the old days, before the Affordable Care Act, that meant those families were unable to buy health insurance, or if they could buy it, they couldn't afford it because the premiums were too high. So we passed the Affordable Care Act and said: Enough. We are not going to allow you to discriminate against anyone for a preexisting condition.

If you have a spouse with diabetes, if you have somebody in your family who is a cancer survivor, they can't use it against you. They can't discriminate. Now the Congressional Budget Office tells us what is going to happen to those people. We are going back to the bad old days when those families will not only have to stay awake at night

worrying about whether that baby of theirs is going to survive, they are going to stay awake at night also worrying about how in the world they are going to pay for their health insurance.

Is that the Republican answer? Is that Trumpism at work when it comes to healthcare in America? I can't believe the American people voted for that. I can't believe they are saying to our Republican colleagues: We really don't care if our health insurance covers preexisting conditions. Of course they care.

They come back with something called high-risk pools. I am sure the Senator from New Hampshire can remember those. Let me tell you about some of those warnings around swimming pools that say: No diving, the pool is too shallow. Well, the high-risk pools for preexisting conditions are way too shallow. No family with preexisting conditions should dive into those pools because the amount of money provided for by the Republicans in their affordable care repeal would only cover about one out of four families with preexisting conditions. Three out of four families: You are on your own.

Think about that. If you have ever been in a position in life where you are a parent with a sick child and have no health insurance, you will never forget it as long as you live. I know because I have been there. When I was a law student with a little baby who was sick, I had no health insurance. I will never forget it as long as I live.

Why don't the Republicans hear the same message we hear? Why aren't they listening to these families and the struggles they are going through to keep their kids alive? And they come up with a repeal plan that is going to make it exceedingly difficult—in some cases impossible—to provide quality care to these kids and to people with preexisting conditions. That, to me, is not our responsibility.

I go to the conclusion of the Senator from New Hampshire, which I think is the right one. Is the Affordable Care Act perfect? No. It is one of the most important and I think the most giving bills I have ever voted for, but it is far from perfect. We should be sitting down with the other side of the aisle—Republicans and Democrats—not to repeal the Affordable Care Act but to make sure we make the repairs that make a difference.

Each one of us has a list of things we would like to see addressed. The cost of premiums are too high in the individual market. Let's address that directly, and we should. The fact that pharmaceutical drugs don't have any regulation or control in terms of pricing is just plain wrong. And third—I will just put on my agenda—I think every American should have the option of a public option plan like Medicare. You can decide if that is right for you or your family, but a not-for-profit plan based on Medicare should be available to every American no matter

where you live. Those are the three things I would put on the table right away. To walk away from coverage for 23 million Americans and to endanger the coverage for those who remain with premiums they can't afford is hardly humane and hardly consistent with American values.

So I thank the Senator from New Hampshire for her contribution in this. We have to get the message out.

Mrs. SHAHEEN. If I could just add one more group of folks who are going to be affected by this bill that passed the House several weeks ago. That is our veterans. We have millions of veterans in this country who get their healthcare through Medicaid. We have asked these folks to put their lives on the line for this country, and now we are talking about taking away the healthcare they depend on.

I was at one of our community mental health centers in New Hampshire last week and met with a number of veterans who get their care through the expansion of Medicaid. They talked about what it means to be able to get care, to be able to go into that community mental health center and work with the veterans outreach coordinator who works with veterans, trying to make sure they get the help they need. If this bill goes forward, PTSD, which affects so many veterans, would be considered a preexisting condition and they wouldn't be able to get health insurance going forward.

This is bill is nothing but mean-spirited. As the Senator said, all of the efforts to save money in the bill are so money can be used to give huge tax breaks to the wealthiest among us. I don't think that is what Americans want. As the Senator says, we need to work with our colleagues. We need to get a good bill that improves the Affordable Care Act, fixes what is not working, and makes it better.

Mr. DURBIN. If I may also say, I agree completely that discriminating against veterans should hardly be the starting point for the reform of our healthcare system.

I want to make this point because I know exactly what the first speech will be from the Republican side of the aisle. This point in the Congressional Budget Office affirms that under current law insurance marketplaces are stable. They are stable. That isn't what you will hear from the other side of the aisle. The other side of the aisle loves to use the phrase "death spiral," that the current healthcare system in America is in a death spiral.

The only death spiral in the current healthcare system is brought on because the Republicans have their hands around the throat of that system and they are choking it. Their sabotage of our current healthcare system is the reason there is uncertainty in the insurance markets. The insurance companies told us that this week: We don't know where you are going in Washington. We don't know what the future will hold. We have an obligation to our

shareholders and people who work for us to make sure we protect ourselves. So we are going to hold back in terms of commitment.

So to the Republicans I would say: This is no death spiral. This is a self-fulfilling prophecy to bring down our healthcare system, and shame on those who would do it at the expense of vulnerable populations across America.

I will mention one other group while the Senator from New Hampshire is on the floor. The Illinois Hospital Association roundly opposes this Republican TrumpCare bill. The reason they do is they say it endangers smalltown hospitals—and we have a lot of them in our State—and inner-city hospitals as well. I am sure that is the case in New Hampshire.

Mrs. SHAHEEN. Actually, the New Hampshire Hospital Association also opposes the bill for the very same reason. We have hospitals at risk if this bill is passed.

Mr. DURBIN. I am sure, in the Senator's State, like in our State of Illinois, there are larger cities with big hospitals that treat all kinds of cases, but were it not for that safety net of hospitals in small towns, these people living there would drive an extra 50 or 100 miles to get to a hospital and would see the loss of critical services for trauma and emergencies that currently exist with these smalltown hospitals.

According to the Illinois Hospital Association and others, the first casualties of the Republican repeal bill—the first casualties of TrumpCare—it is estimated in Illinois that we will lose 60,000 healthcare jobs at our hospitals because of the Republican approach. How important are these jobs? I will go out on a limb: In most communities, they are the best paying jobs in the community. The men and women who are the doctors and the nurses and the specialists who provide that basic care in these towns, sure, they get compensated better than most, but we want to compensate them and keep them there because without them, people don't have the basic health services they count on.

So from every perspective, whether it is the doctors, the nurses, the pediatricians, substance abuse treatment, hospitals and clinics, the Republican approach to repealing ObamaCare—is repealing the Affordable Care Act—is devastating, and the Congressional Budget Office put it in writing today.

I might say, we should close by saying what is happening in the Senate after the House passed this terrible bill, which the Congressional Budget Office told us about. Well, we don't know. It is a mystery. We would have expected that someone in the Senate would have decided: Let's put a bill on the table, let's have an open public hearing, let's have a debate about where we go, and let's make a good, sound decision that is in the best interests of the American families. That is not the case at all.

Instead, the Republican leader in the Senate has chosen 12 or 13 men to sit in

a room outside of the view of the public and to craft an alternative to the terrible bill that passed the House. Nobody has seen it, nobody wants to talk about it. It has not been scored. It has not been debated. That is their idea of reforming healthcare in America. That is not going to work—at least not going to work for the best interests of the families I represent.

If we are going to come together on a bipartisan basis to repair and strengthen the Affordable Care Act, let's do it, but let's do it in the light of day, instead of hiding behind the doors of some room with 13 Senators who have been given this blessing, anointed, to try to come up with a new healthcare system for America. That, to me, is inconsistent with our responsibility—our public responsibility—when it comes to this critical issue.

So I thank the Senator from New Hampshire for her input on this. There will be more to be said.

Mrs. SHAHEEN. There will be. If I could ask one final question because not only is this effort in the Senate happening behind closed doors, but initially it excluded women.

Women are more than 50 percent of this country. We have particular needs when it comes to healthcare. Fortunately, the essential health benefits part of the Affordable Care Act provide requirements for preventive health for women, for mammograms. They cover maternity benefits when you have a baby. They are talking about writing this legislation without taking into consideration the women in the Senate, the women in the country, and what we need to do to make sure we have access to healthcare. That is just unconscionable, added to the fact that it is all being done behind closed doors.

Mr. DURBIN. I agree with that. Also, as the Senator from New Hampshire knows better than anybody, originally being a woman was a preexisting condition.

Mrs. SHAHEEN. Absolutely. They want to take us back to that.

Mr. DURBIN. It would disqualify you or raise your premiums because you are a woman. We got rid of that gross discrimination against women when we did the Affordable Care Act. We shouldn't have a similar level of discrimination when it comes to writing any improvement in this Affordable Care Act.

This is a big enough Senate and a big enough place for us to all gather around the table and make sure we do this in the best interests of all Americans, regardless of gender, regardless of background, regardless of where you live. That is the way we should approach something as serious as an item that accounts for \$1 of every \$6 in the American economy—an item that is literally life and death for families all across Illinois, New Hampshire, and all across the United States.

The Congressional Budget Office said it all today. It is time for us to put Trump 2.0 to rest and try to come up

with something which really is befitting this great Nation.

I yield the floor.

I suggest the absence of a quorum.

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

The legislative clerk proceeded to call the roll.

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

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

Ms. WARREN. Mr. President, I rise to oppose the nomination of Judge Amul Thapar to serve as a judge on the Sixth Circuit Court of Appeals.

It should surprise absolutely no one that Judge Thapar is the second nominee to a Federal court to come up for a vote in this Congress. His nomination comes on the heels of the nomination of now-Justice Neil Gorsuch, an ultra-conservative who could not earn enough support to be confirmed under Senate's normal rules, a judge so radical, so controversial that Senate Republicans had to change the Senate rules and lower the vote threshold to force his nomination through the Senate.

Now the Senate is poised to vote on a judge cut from the same cloth. Like Justice Gorsuch, Judge Thapar made the list of 21 acceptable judges that far-right groups drew up and handed to President Trump—judges who would tilt the scales of justice in favor of the rich and the powerful. As in Justice Gorsuch's case, those radical groups are committed to doing whatever it takes to make sure Judge Thapar sits on the Nation's highest courts.

For those groups, the goal is not just to get a few ultraconservative judges on our Federal courts; it is to capture the entire judicial branch. For years, billionaire-funded, rightwing groups have worked hand in hand with Republicans to ensure that our courts advance the interests of the wealthy and powerful over the rights of everyone else. They abused the filibuster to stop fair, mainstream judges from filling vacancies on Federal courts, they slowed the judicial nominations process to a crawl, and they threw the Constitution and Senate precedent out the window by refusing to consider President Obama's Supreme Court nominee. Under their watch, judicial vacancies stacked up and courts became overloaded with cases. Now Republicans and their extremist friends have a President who shares their concern about the interests of the 1 percent, and they are ready to stack our Federal courts with judges who will advance their radical agenda. Judge Thapar is much more than up to the task.

There are many reasons to oppose Judge Thapar's nomination to the Sixth Circuit, from his decisions making it harder for working Americans to get access to the judicial system to his support for sentencing policies that don't make us safer but that exacer-

bate the problem of mass incarceration. There is a lot to object to, but I want to highlight one area that should concern every person who thinks government should work for all of us; that is, Judge Thapar's stance on money in politics.

For decades, our laws restricted the amount of money that individuals and corporations could pour into the political process. In recent years, Federal courts chipped away at those laws, and then Supreme Court decisions in cases like *McCutcheon* and *Citizens United* took a sledgehammer to campaign finance laws, unleashing a flood of dark money into the political system.

There are now dozens of perfectly legal ways for the 1 percent to buy influence and favor: corporate campaign contributions and super pacs, the revolving door between government and the private sector, bought-and-paid-for experts to push alternative facts, armies of lobbyists swarming the Halls of Congress. Their investments have paid off in the form of special breaks, exemptions, deals, riders, subsidies, loopholes, and every other handout industry can imagine. That money—that unaccountable, dark, unlimited money—has fundamentally distorted our democracy.

Judge Thapar would make the problem worse. Judge Thapar believes that actual speech and monetary contributions are basically the same thing. When he had to decide on the constitutionality of a Kentucky rule preventing State judges and judicial candidates from donating to political groups or campaigns, he concluded that the rule was unconstitutional. In his decision, Judge Thapar said: "There is simply no difference between 'saying' that one supports an organization by using words and 'saying' that one supports an organization by donating money." No difference between talking about a candidate and dumping a bucket of money into the candidate's campaign. Wow.

In Judge Thapar's view, the Constitution should protect a billionaire's right to dump unlimited sums of money into the political process to influence the outcome of elections. That is even further than the Supreme Court has gone. As the Sixth Circuit reminded Judge Thapar when it reversed his decision on donations, even the Supreme Court has refused to treat monetary donations as equivalent to direct speech.

The issue of concentrated money in our political system is one that doesn't split down party lines. Americans of all political views cringe at the massive amounts of secret money that slither through our political process. They have seen politicians beholden to the handful of deep-pocketed individuals and giant corporations, and they have seen those politicians turn their backs on the constituents they were elected to represent. That is at the heart of what is wrong in our Nation. Our government should work for everyone, not just for the millionaires and billionaires.

Fighting for a government that is accountable to the people means fighting to reduce the influence of concentrated money and concentrated power in our political system. It is time to take down the sign that says "government for sale" that hangs above Washington, DC, and we can start today by rejecting Judge Thapar's nomination to serve on the Sixth Circuit Court of Appeals.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

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

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

LEGISLATIVE SESSION

MORNING BUSINESS

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

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

AMENDED U.S. SENATE TRAVEL REGULATIONS

Mr. SHELBY. Mr. President, I wish to inform all Senators that on Friday, May 19, 2017, the Committee on Rules and Administration adopted amendments to the U.S. Senate Travel Regulations and corresponding changes to the committee and administrative office staff regulations, which are published as part of the travel regulations. All amendments are effective immediately.

I ask unanimous consent that a summary of these modifications and the text of the amended regulations be printed in the RECORD.

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

SUMMARY OF AMENDED REGULATIONS

U.S. SENATE TRAVEL REGULATIONS

The Committee has modified its travel regulations to provide that any mode of transportation hired for a fee while on official travel or for purposes of interdepartmental transportation, including but not limited to public transportation, is eligible for reimbursement.

The Committee also has modified its travel regulations to align the rules governing rental car reimbursements. The amended regulations provide that staff members may be reimbursed for rental car expenses incurred for purposes of interdepartmental transportation regardless of their duty station.

The amended regulations do not affect or alter the longstanding prohibition on the reimbursement of commuting expenses, and offices continue to be prohibited from obtaining reimbursement of "no show" charges as-

sociated with official travel and interdepartmental transportation.

COMMITTEE AND ADMINISTRATIVE OFFICE STAFF REGULATIONS

The Committee has also amended the Committee and Administrative Office Staff Regulations that are published as part of the Travel Regulations. The reference to "interdepartmental transportation" in the section governing the use of petty cash funds has been revised to be consistent with the amended Travel Regulations.

REGULATIONS AND STATUTORY AUTHORITY

The travel regulations herein have been promulgated by the Committee on Rules and Administration pursuant to the authority vested in it by paragraph 1(n)(1)8 of Rule XXV of the Standing Rules of the Senate and by section 6503 of Title 2 of the United States Code, the pertinent portions of which provisions are as follows:

Standing Rules of the Senate

Rule XXV

Paragraph 1(n)(1)8

(n)(1) Committee on Rules and Administration, to which committee shall be referred * * * matters relating to the following subjects: * * *

8. Payment of money out of the contingent fund of the Senate or creating a charge upon the same * * *

United States Code

Title 2 Section 6503

Sec. 6503. Payments from contingent fund of Senate

No payment shall be made from the contingent fund of the Senate unless sanctioned by the Committee on Rules and Administration of the Senate * * *.

UNITED STATES SENATE TRAVEL REGULATIONS

Revised by the Committee on Rules and Administration

Effective October 1, 1991 as amended January 1, 1999, as further amended December 7, 2006, October 26, 2007, December 20, 2007, March 27, 2009, and May 19, 2017.

GENERAL REGULATIONS

I. Travel Authorization

A. Only those individuals having an official connection with the function involved may obligate the funds of said function.

B. Funds disbursed by the Secretary of Senate may be obligated by:

1. Members of standing, select, special, joint, policy or conference committees

2. Staff of such committees

3. Employees properly detailed to such committees from other agencies

4. Employees of Members of such committees whose salaries are disbursed by the Secretary of the Senate and employees appointed under authority of section 111 of Public Law 95-94, approved August 5, 1977, when designated as "ex officio employees" by the Chairman of such committee. Approval of the reimbursement voucher will be considered sufficient designation.

5. Senators, including staff and nominating board members. (Also individuals properly detailed to a Senator's office under authority of Section 503(b)(3) of P.L. 96-465, approved October 17, 1980.)

6. All other administrative offices, including Officers and staff.

C. An employee who transfers from one office to another on the same day he/she concludes official travel shall be considered an employee of the former office until the conclusion of that official travel.

D. All travel shall be either authorized or approved by the chairman of the committee, Senator, or Officer of the Senate to whom such authority has been properly delegated. The administrative approval authority re-

quired will be issued prior to the expenses being incurred and will specify the travel to be undertaken unless circumstances in a particular case prevent such prior approval.

E. Official Travel Authorizations: The General Services Administration, on behalf of the Committee on Rules and Administration, has contracted with several air carriers to provide discount air fares for Members, Officers, and employees of the Senate only when traveling on official business. This status is identifiable to the contracting air carriers by one of the following ways:

1. The use of a government issued travel charge card

2. The use of an "Official Travel Authorization" form which must be submitted to the air carrier prior to purchasing a ticket. These forms must be personally approved by the Senator, Committee chairman, or Officer of the Senate under whose authority the travel for official business is taking place. Payment must be made in advance by cash, credit card, check, or money order. The Official Travel Authorization forms are available in the Senate Disbursing Office.

II. Funds for Traveling Expenses

A. Individuals traveling on official business for the Senate will provide themselves with sufficient funds for all current expenses, and are expected to exercise the same care in incurring expenses that a prudent person would exercise if traveling on personal business.

1. Travel Advances

a) Advances to Committees (P.L. 81-118)

(1) Chairmen of joint committees operating from the contingent fund of the Senate, and chairmen of standing, special, select, policy, or conference committees of the Senate, may requisition an advance of the funds authorized for their respective committees.

(a) When any duty is imposed upon a committee involving expenses that are ordered to be paid out of the contingent fund of the Senate, upon vouchers to be approved by the chairman of the committee charged with such duty, the receipt of such chairman for any sum advanced to him[her] or his[her] order out of said contingent fund by the Secretary of the Senate for committee expenses not involving personal services shall be taken and passed by the accounting officers of the Government as a full and sufficient voucher; but it shall be the duty of such chairman, as soon as practicable, to furnish to the Secretary of the Senate vouchers in detail for the expenses so incurred.

(2) Upon presentation of the properly signed statutory advance voucher, the Disbursing Office will make the original advance to the chairman or his/her representative. This advance may be in the form of a check, or in cash, receipted for on the voucher by the person receiving the advance. Under no circumstances are advances to be used for the payment of salaries or obligations, other than petty cash transactions of the committee.

(3) In no case shall a cash advance be paid more than seven (7) calendar days prior to the commencement of official travel. In no case shall an advance in the form of a check be paid more than fourteen (14) calendar days prior to the commencement of official travel. Requests for advances in the form of a check should be received by the Senate Disbursing Office no less than five (5) calendar days prior to the commencement of official travel. The amount of the advance then becomes the responsibility of the individual receiving the advance, in that he/she must return the unexpended amount advanced before or shortly after the expiration of the authority under which these funds were obtained.