

of Louisville and the University of Kentucky, legendary coaches and unforgettable players have, for decades, kept fans on the edges of their seats until the final buzzer. For over 140 years, the Kentucky Derby has been known as a mile and a quarter that makes champions and brings the eyes of the world to Louisville.

I am exceptionally proud to represent Kentucky in the U.S. Senate, and I am forever grateful to the people of my home State for giving me the opportunity to do just that. Kentucky has a distinguished history, and I am confident that trailblazers and pioneers from across the Bluegrass State will continue to make it the land of tomorrow. It is my honor to call the Commonwealth my home, and I look forward to celebrating this 225th anniversary next week.

#### RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

#### CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

#### EXECUTIVE SESSION

#### EXECUTIVE CALENDAR

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will proceed to executive session to resume consideration of the Thapar nomination, which the clerk will report.

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

The ACTING PRESIDENT pro tempore. The Democratic whip.

Mr. DURBIN. Mr. President, I rise in opposition to the nomination of Judge Amul Thapar to serve on the Sixth Circuit Court of Appeals.

Judge Thapar is President Trump's first nominee to serve on a Federal appeals court. Last week, the Senate Judiciary Committee considered this nomination and no Democrat voted for it.

Judge Thapar is on the list of 21 candidates that the Federalist Society and Heritage Foundation have selected for President Donald Trump to choose from when filling Supreme Court vacancies.

Judge Thapar is well known to the Federalist Society. He was a member of that organization prior to becoming a district court judge, and since he became a judge he has spoken at Federalist Society events 17 times.

Some of my colleagues on the Republican side are like Captain Renault in *Casablanca*, who claimed he was

“shocked, shocked” to find out there was gambling going on in Rick’s Cafe.

They are shocked that anyone could be concerned about the Federalist Society, which they claim is just a simple debate club. Far from it—consider the following background.

The organization was founded in 1982 by students at two law schools, Yale and the University of Chicago, under the faculty supervision of Robert Bork and Antonin Scalia, who just happen to be the two most prominent conservative legal scholars of their generation.

According to a recent article about the Federalist Society by Jeffrey Toobin: “within just a few years, the group was embraced and funded by a number of powerful, wealthy conservative organizations, which eventually included foundations associated with John Olin, Lynde and Harry Bradley, Richard Scaife, and the Koch Brothers.”

The Federalist Society’s website includes the group’s purpose statement. It claims that the legal profession is: “currently strongly dominated by a form of orthodox liberal ideology which advocates a centralized and uniform society.”

The statement describes the Federalist Society as a group of conservatives and libertarians calling for: “re-ordering priorities within the legal system,” to fit their principles. Does that sound like the mission statement of a nonpartisan debate society?

How has the Federalist Society gone about this reordering? It’s been largely the work of Mr. Leonard Leo, the longtime executive vice president of the Federalist Society who is currently serving as an advisor to the Trump White House.

Mr. Leo has been credited with being a driving force behind the Supreme Court nominations of Justice Neil Gorsuch, Chief Justice John Roberts and Justice Samuel Alito. That is one-third of the current Supreme Court that he has helped put in place.

Mr. Leo recently gave a speech where he said: “I’ve seen that comment about the third of the Supreme Court. I prefer controlling interests. But we haven’t quite been able to launch a hostile takeover yet.”

Mr. Leo went on to advocate for radical change, saying: “I would love to see the courts unrecognizable.” He has said of the judicial confirmation process: “it’s like war.”

In an unprecedented move, President Trump outsourced the selection of Supreme Court candidates to Mr. Leo, the Federalist Society, and the right-wing Heritage Foundation. He publicly thanked these special interest groups for putting together his list of 21 Supreme Court candidates, and Mr. Leo was the first person to call Neil Gorsuch about his nomination.

As Jeffrey Toobin wrote, Leonard Leo: “knew how to play the game—how to find a nominee who met Trump’s ideological requirements as well as his own, while observing the proprieties expected for judicial nominees.”

Mr. Leo told Mr. Toobin that it was: “easy” to find these nominees because: “when you’ve been working in this vineyard for twenty-five years you know everybody.”

That brings us back to Judge Thapar. Leonard Leo, and the big money right-wing interests that fund the Federalist Society, feel that they know Judge Thapar well enough to include him on the list of 21.

They have had plenty of opportunity to get a sense of his views, as Judge Thapar had been a member of the Federalist Society and has frequently spoken at their events.

At his hearing and in my questions to him, I sought reassurance from Judge Thapar that he would be independent from this right-wing group and President Trump.

His answers did not provide that reassurance.

For example, I asked Judge Thapar whether he agreed or disagreed with the Federalist Society’s purpose statement. He ducked the question, saying he didn’t know what the Federalist Society meant by the statement.

I asked him if he thought it was appropriate for the President to delegate his Supreme Court selection process to the Federalist Society and Heritage Foundation, since this creates incentive for judges not to contravene the views of those organizations and their big-money donors. He ducked again, saying he would not opine on this because he claimed it was a “political question.”

In the aftermath of *Citizens United*, special interest groups pour dark money into campaigns in support of Republican judicial nominees like Judge Thapar. I asked Judge Thapar if he would discourage secret donations in support of his nomination.

After all, if we don’t know who is secretly donating in support of his nomination, how will we know when Judge Thapar needs to recuse himself because one of those donors has an interest in a case he is considering?

He dodged that question too, saying he wasn’t aware of any donations about his nomination. Of course, he wouldn’t be aware of secret donations—that’s the problem.

I also asked him about the original understanding of the Constitution’s Emoluments Clause. He said he could not discuss it because there is pending litigation on the matter.

That is curious, because I thought the Federalist Society’s view was that the original meaning of constitutional provisions was immutable and unchanging. If the meaning of the Constitution doesn’t change, why do Federalist Society nominees decline to tell us this meaning when there is litigation underway affecting President Trump?

I asked Judge Thapar about his decision in *Winter v. Wolnitzek*. This was a major campaign finance decision in which he applied strict scrutiny to invalidate a ban on judges making political contributions. A unanimous Sixth Circuit panel reversed his ruling.

A group of 24 campaign finance reform organizations sent a letter saying: “Judge Thapar embraced the troubling ‘money is speech’ paradigm in a radical way that goes beyond Supreme Court doctrine.” These groups oppose his confirmation, and I ask unanimous consent to have their letter printed in the RECORD at the conclusion of my remarks.

Given Judge Thapar’s evasiveness on questions about his views, I am left to judge him on his record, such as his troubling decision in the Winter case, and the fact that the Federalist Society and Heritage Foundation hand-picked him for their judicial wish list.

I need more reassurance than that to support a nominee for a lifetime appointment on the Federal court of appeals. I will oppose his nomination.

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

MAY 17, 2017.

SENATE JUDICIARY COMMITTEE,  
Washington, DC.

DEAR SENATORS: We the undersigned organizations write to oppose the confirmation of Judge Amul Thapar to the United States Court of Appeals for the Sixth Circuit due to his troubling record on the issue of money in politics.

We are deeply concerned with the power of wealthy campaign donors in American politics, and specifically with the aggressive role the U.S. courts have played in undermining our democracy by elevating the voices of a wealthy few over the views of everyday Americans.

Much of the problem can be attributed to four decades of flawed Supreme Court rulings. These decisions have twisted the meaning of the First Amendment and prevented our elected representatives and the people from enacting reasonable protections against big money. In fact, nearly half of the money in the 2016 federal elections—more than \$3 billion—can be directly tied to a few of the Court’s most damaging rulings.

What concerns us about Judge Thapar’s record is that he has gone beyond the Supreme Court’s directives in his antagonism towards basic rules designed to ensure we have a government that is of, by and for the people.

In *Winter v. Wolnitzek*, 186 F.3d 673 (E.D. Ky. 2016), Judge Thapar struck down a prohibition on judges making political contributions by applying strict scrutiny to this contribution ban, in spite of the fact that the Supreme Court has been clear that contribution limits and bans are to be reviewed under a lower form of scrutiny. The Sixth Circuit overturned Judge Thapar’s ruling on this point and reinstated the contribution ban.

Further, Judge Thapar embraced the troubling “money is speech” paradigm in a radical way that goes beyond Supreme Court doctrine, writing “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.”

Sen. Whitehouse pointed out in Judge Thapar’s Senate Judiciary Committee hearing that “those of us who are in politics know that that is a false statement, that it is indeed a preposterous statement factually because money has a completely different effect than speech once it enters the political arena.”

The Supreme Court itself does not treat financial contributions as being equal to ac-

tual speech. Rather, the Court considers contributing to a campaign a form of association or attenuated speech since the contributor does not control the content of the communication resulting from the contribution.

If Judge Thapar had his way, wealthy donors and special interests could be able to give unlimited sums of money directly to candidates for office. Thapar would make it even harder than it is now for everyday people to be heard and affect who runs for office, who wins elections, and what issues get attention; and easier for powerful politicians to make secret wink and nod deals with their richest contributors.

Judge Thapar’s responses to questioning on the subject during his hearing and in subsequent “questions for the record” did nothing to allay our concerns. In response to Sen. Klobuchar’s questions about why he applied strict scrutiny to the contribution ban, for example, Judge Thapar struggled to explain why he assumed (without analysis) that the same standard should apply to contributions as to solicitations.

The role of big money in politics became a central issue in the debate over Justice Neil Gorsuch’s confirmation to the U.S. Supreme Court because the public cares deeply about this issue. To ensure that all voices are heard, not just those of powerful corporations and wealthy donors, it is essential that we confirm judges and justices who understand that the Constitution gives us the people the power to protect our democracy from big money.

Unfortunately, Judge Amul Thapar does not appear to see our pro-democracy Constitution as the vast majority of Americans do—and for this reason we urge you to oppose his confirmation to the U.S. Court of Appeals for the Sixth Circuit.

Sincerely,

American Federation of Teachers, Americans for Democratic Action, Center for American Progress, Center for Emergent Diplomacy, Class Action, Communications Workers of America, CODEPINK, Democracy Spring, Demos, End Citizens United, Every Voice, Free Speech for People, Friends of the Earth, Just Foreign Policy, Maplight, MAY-DAY, National Association of Social Workers, Participatory Politics Foundation, People for the American Way, PeopleNow.org, Reverb Press, Small Planet Institute, United for Democracy, Voices for Progress.

#### HEALTHCARE LEGISLATION

Mr. DURBIN. Mr. President, I would like to address the comments that were made by the Republican majority leader about the issue of healthcare. What he said today I have never heard him say before. He said it was the fault of the Democrats for refusing to work with the Republicans to change the Affordable Care Act. I had not heard that before.

I find it an interesting suggestion because what happened after the House of Representatives passed a measure 3 weeks ago to change the healthcare system in America, the issue then came to the Senate but did not go through the regular order of business.

It is my understanding—and has been reported widely in the press—that Senator MCCONNELL, the Republican leader, assembled a group of 13 Republican Senators who have been meeting in private over the last 3 weeks to discuss an alternative to the healthcare bill that passed in the House of Representatives. There are no Democrats in that room. None have been invited. Incidentally,

there are no women in that room from the Republican side—13 male Senators meeting in private.

So to hear this suggestion from the Republican leader that the real problem they are running into is that the Democrats are not helping, we were not invited to this party. They are meeting privately to come up with something, and I don’t know what it might be, but I have an idea of how we can achieve a bipartisan real effort when it comes to healthcare in America.

I would suggest we create a committee in the Senate. I have a name for it, the Health, Education, Labor, and Pensions Committee. I suggest we have 12 Republicans and 11 Democrats on that committee. I suggest they sit down, take the bill sent by the House, and improve it, make it better. Now, this suggestion is such a good one that the committee already exists.

It is under the chairmanship of LAMAR ALEXANDER—whom I respect personally very much—and the ranking member, PATTY MURRAY of the State of Washington, a Democrat. I know, having spoken to Senator MURRAY, she is ready to roll up her sleeves and go to work to write a revision to the healthcare bill, the healthcare system in America.

There have been no hearings, none, on the measure passed by the House of Representatives. So when the Republican leader says he wishes the Democrats would join in the effort, this committee is ready and willing to work. I am sure, if he picked up the phone and called Senator ALEXANDER and Senator MURRAY, they could get to work on doing a much better job than what the House of Representatives did.

Why am I so critical of the House of Representatives? Not because of the traditional rivalry between the Chambers, but because yesterday the Congressional Budget Office took a look at the bill that passed the U.S. House of Representatives 3 weeks ago by two votes. It was all Republicans voting for it. It passed by two. A number of Republicans refused to support it. It had no support from the Democratic side.

It was an unusual bill because it went out of the regular order of business. The regular order of business suggests that when you are going to do something that might have an impact—a large impact—on America, you should go to an agency that is a non-partisan, expert in the field, that will analyze your bill and tell you what impact it will have. Most of us think we have pretty good ideas for making America a better place to live and good ideas for legislation.

Luckily, we have something called the Congressional Budget Office, which sometimes brings us back down to Earth and says: It might not work exactly as you thought it would work. Traditionally, bills—significant bills that affect a lot of Americans and families and things important like healthcare—they are submitted to the

Congressional Budget Office so they can analyze them and decide the impact they will have.

Well, 3 weeks ago, Speaker PAUL RYAN and Republicans in the House said something I had not heard before in my service in Congress. They said: We are not going to wait for this analysis. We are going to vote on this bill even before the Congressional Budget Office has a chance to analyze its impact. Remember, we are talking about changing the healthcare system in America, and that literally impacts every single American. It is one-sixth of our Nation's economy. You would think, before anyone was bold enough to suggest they wanted to change the system, they would at least send their proposal to the Congressional Budget Office for an analysis. The Republicans in the House failed to do so, refused to do so, passed the measure by two votes, and sent it to the Senate.

So, yesterday, the Congressional Budget Office completed its analysis. Now that we have an analysis of what is known as TrumpCare or the Republican healthcare approach, it is pretty clear why they did not want the Congressional Budget Office to take a look at it. This is what the Congressional Budget Office reported publicly last night: Next year, under the Republican proposal for healthcare reform, 14 million Americans will lose their health insurance. Over the next 10 years, 23 million Americans will lose their health insurance.

Do you remember when we started this conversation? The goal was to make sure we changed the laws in America so more Americans would have the protection of health insurance. Just the opposite occurs if the Republican plan goes forward. The second thing we were looking for is a goal in healthcare reform to reduce the growth, the rate of growth, in health insurance premiums.

Every one of us knows what that is all about. Health insurance premiums have been going up way too high for way too long. The Republicans have been critical of the current system, saying the cost of health insurance is going up too fast. So they put in their reform proposal which passed the House of Representatives.

Here is what the Congressional Budget Office had to say about the Republican approach: Next year, premiums for health insurance will increase by 20 percent in the individual market. That is the market where we have seen this dramatic growth in costs already, and the Republican plan makes it worse.

The third thing we find is this argument by the Republicans that somehow the current healthcare system in America, the Affordable Care Act, is in a death spiral. Listen to what the Congressional Budget Office said about the health insurance market in America today. The CBO affirms that under current law, marketplaces—health insurance marketplaces—are stable.

However, under the Republican repeal bill, one out of every six Ameri-

cans will be living in parts of this country where the individual market would become unstable as a result of the Republican bill. So instead of stabilizing the market and ending the so-called death spiral, the Republican bill makes it worse.

It turns out that when you take a close look at this so-called death spiral, you find the Republicans have their hands around the throats of the healthcare system of America choking it and claiming this patient is not looking good, Doctor. If they would stop their efforts to sabotage the current system and work to improve it and make it stronger, then we could save health insurance for a lot of Americans and bring stability to the system.

The Republican bill at its heart is not about a healthcare bill, though, it is about tax cuts. The Republican proposal for healthcare reform starts with eliminating almost \$900 billion in taxes paid by the wealthiest people in America. By taking \$900 billion out of the healthcare system, they are unable to keep health insurance alive for so many Americans. The Republican approach eliminates \$834 billion in the Federal Medicaid Program. What is the Federal Medicaid Program? Let me give you three examples of what it is.

In Illinois today, half of the babies who are born are paid for—their medical care is paid for by the Medicaid system: prenatal care for mom so the baby is healthy, the delivery of the baby, and postnatal care afterward. These are lower income individuals. Half of them are paid for by Medicaid today, but that is not the most expensive part of Medicaid.

The most expensive part of Medicaid is for your mom and dad and your grandmother and grandfather who are in a nursing home and have no savings left. All they have is Social Security, Medicare, and Medicaid. That is the most expensive part of Medicaid. Those who are disabled living in my State, in Alabama, in New York, and other States—disabled people and low-income people need medical care and they rely on Medicaid.

So when the Republican healthcare reform and repeal cuts \$800 billion-plus out of Medicaid, it is at the expense of the groups I just mentioned: babies and moms, elderly people in nursing homes, and the disabled. Those are the ones who will see a cutback in medical services so we can give a \$900 billion tax cut to the wealthiest people in America.

I know the Democratic leader is here. I want to yield the floor when he arrives, but I want to close by telling a story. Yesterday, I had three moms and a dad who brought their children to a press conference. It was a great press conference, if I may say so. These kids stole the show, as they should. Each one of them—each one of them had a compelling story about having survived a terrible illness. Many of them were cancer victims.

Moms told stories. One mom said: I was changing my little girl, and I noticed a lump in her abdomen. It turned out to be a neuroblastoma cancer tumor. It was removed. My little girl spent weeks, months in the hospital, and she is still going back.

Each one of them told a story. As you looked at these kids, smiling and happy and bouncing around, you thought to yourself: Thank goodness. Thank goodness for America, with its great medical care, and thank goodness these families had health insurance—because they were there concerned about what the Republicans are doing when it comes to preexisting conditions.

Because these kids have survived cancer, they are risky from an insurance viewpoint. We decided 6 years ago to put an end to that worry for these families. You cannot discriminate against a person or a family in America based on a preexisting condition—thank goodness—because one out of three of us have a preexisting condition. The Republican approach takes away that protection and says Governors can ask for a waiver so health insurance in their State can discriminate against people with preexisting conditions.

So three moms and a dad came yesterday and said: Please stop this Republican plan. What will our families do? Our kids have preexisting conditions. We cannot afford to see our premiums go through the roof because the Republicans withdraw this protection.

That is the real-life consequence of this debate. This is not just about a lot of politicians on Capitol Hill blowing hot air. It is about families—real families with real kids and real challenges and whether they are going to have real protection when they need it.

The Congressional Budget Office yesterday came out with a report and said the measure that passed the House, the Republican measure, is a disaster for families across America. We have to stop it. We have to do everything in our power to do it. I might say to my friend from New York, the Democratic leader, that when the Republican leader came to the floor this morning and said: Why won't the Democrats join us in repairing the Affordable Care Act? I say to the Republican leader: Open the door of that room where you have 13 male Republican Senators sitting down and debating the future of healthcare. Open the door, open the windows, and let's have an honest, open, bipartisan conversation not about repealing our healthcare system but making it stronger, protecting the very families who showed up yesterday at a press conference and whom I am going to remember for a long time.

I yield the floor.

RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The minority leader is recognized.

## HEALTHCARE LEGISLATION

Mr. SCHUMER. Mr. President, first, let me thank my good friend from Illinois for, as usual, his articulate, compassionate, and outstanding work and for the great job he and others did yesterday when they invited the people here. I reiterate just what the Senator from Illinois stated; that is, once they take repeal off the table—they are having real trouble with repeal—we want to sit down and make our healthcare system better. It is not perfect. No one thought it was.

It is better than it was. Many more people are covered. Preexisting conditions, college kids—kids get out of college, and they get healthcare. All of that is better. We don't want to get rid of everything, but we want to improve it. We are working. Forty-eight Senators, as my colleague from Illinois knows—every Democrat signed a letter to Leader MCCONNELL saying we want to work with you to improve this system, not to sabotage the existing system, not to repeal the good things we have but to improve it.

And we have gotten no answer in that regard.

## TRIBUTE TO BILL DAUSTER

Mr. President, I have just a few words first about Bill Dauster, someone who has labored long and hard and well in this body. We depend on our hard-working staff. I am so blessed to have such a great, dedicated, loyal, hard-working, smart staff. One of their best traits is that they are not afraid to tell me when they think I am off base, and it helps keep things going right.

Well, Bill Dauster was one of the great staffers I have met in all the years I have been here in the Senate. He worked, of course, for Harry Reid, my dear friend. He is now working for Senator VAN HOLLEN, but he will be retiring tomorrow.

Now, Bill was Leader Reid's deputy chief of staff for policy for many years. Before that he worked for the Budget Committee, the Finance Committee, and for Senator Feingold of Wisconsin. The list of legislation that Bill has worked on is long and illustrious. He was known as a great friend and mentor to his colleagues wherever he went.

In Reid's office, he was jokingly called "the butler" because he was constantly trying to help other members of the staff. Senator Reid's staffers fondly remember Bill Dauster during the final days of the debt ceiling negotiations, running in and out of Senator Reid's office as he rushed to go meet with younger staffers on the Hill who were sent to him for advice. Even on his busiest days, Bill made time for others.

In an industry in which many rub shoulders and network after work, Bill was a different kind of guy. He was known to give the same response to any coworker who asked him to come to a social event. He would repeat: I love you, but I love my family more, and I need to be home with them. He

was so dedicated to his family, we heard. He would regale us with many stories about them.

He came up with great ideas. He was a great sounding board for me.

So on behalf of all of us in the Senate, we want to thank Bill for his long service to the Senate, for his role in crafting legislation over three decades, and for his mentorship to other Senate aides, old and young. He is retiring, but his influence in this body will last long after he has left.

We all wish him well in this next phase of life, where, hopefully, he will be able to spend more time where he enjoys it the most—at home with his family.

## TRUMP CARE

Mr. President, another matter—healthcare. Yesterday, the Congressional Budget Office, led by a Director who was handpicked by current HHS Secretary Tom Price, Donald Trump's appointee, released its analysis of the House Republican healthcare bill—TrumpCare.

The report makes clear that TrumpCare would be a cancer on the American healthcare system—causing costs to skyrocket, making coverage unaffordable for many seniors and those with preexisting conditions, all the while leaving 23 million fewer Americans with health insurance.

Now, when people hear this, they say: Why would the Republicans want to do it? That just seems mean-spirited. Well, I will tell you why: because their No. 1 goal is to give a tax break for the wealthiest of Americans. People making above \$250,000 pay an additional charge to help everyone else with healthcare on their unearned income—not on what they do when they are working, but on stocks, bonds, and investments. The No. 1 goal of our colleagues across the aisle, sadly, is to help those very rich people get even richer.

Now, to do that, they have to take away people's healthcare. To get the money for those tax breaks, they take away people's healthcare. So the bottom line is very simple: Unless you are a healthy millionaire, TrumpCare is a nightmare. I think that is why our Republican colleagues are having such trouble putting together their own bill, because, as Senator DURBIN has noted, they have excluded us from their negotiations.

Well, the CBO report ought to be a final nail in the coffin of the Republican effort to sabotage our healthcare system. Republicans in Washington and the President should read the report cover to cover, throw their bill in the trash can, and begin working with Democrats on a real plan to lower costs and improve care.

There is a lot to unpack in this report. It came out late yesterday. So I want to focus on a couple of provisions this morning.

First, on health insurance costs, the CBO report makes clear that premiums under this bill are headed up in the

next several years. Consumers would see their premiums increase by 20 percent for next year's plans. Now, Republicans will crow about premiums going down in the outer years—years away. But the decrease in premiums occurs for only one reason: The quality of the insurance will plummet. If you have a barebones plan that hardly helps you, where you have to pay huge deductibles, huge copayments, and huge premiums and it covers next to nothing, of course, the cost will eventually go down. What good is that? Why even talk about that kind of healthcare? People don't need it and don't want it. Cheaper insurance isn't going to help anyone if it doesn't actually lead to the healthcare people need.

Listen to this one. Older Americans—everyone in America 50 to 64 who doesn't have a lot of income, making say \$25,000 a year—TrumpCare is going to force you to pinch pennies just to be able to afford health insurance. The CBO report says that some seniors could see their premiums go up a whopping 800 percent under this bill.

In one of the newspaper articles I saw, I think the senior citizen was in his early sixties. They were making about \$25,000 or \$30,000 a year—not unusual for a senior of that age—and their premiums went up from \$1,700 to \$13,000. How are you going to vote for that, my friends, telling these people who have worked hard their whole lives that they have to pay a lot more and a lot of that money is going to wealthy people for a tax cut?

What about out-of-pocket expenses? By the way, out-of-pocket expenses really bother people. How many of us have heard over and over again: I have healthcare, and, when I went to the doctor, they said: You, first, have to lay out \$5,000. How many of us have heard that? Everybody. The Republican bill makes it worse.

According to the CBO report, out-of-pocket costs could balloon for vital services in States where they decline to cover essential health benefits. Americans could be paying thousands of dollars more every year if they need maternity care or programs that treat substance abuse or mental health services.

Listen to this one. According to reports, in States that elect not to include maternity care, which every State could elect to do under the Republican bill—and many will—insurers would most likely sell maternity benefits as an add-on at \$1,000 a month—\$17,000 more in total. Under TrumpCare, women may well have to pay more—much more insurance—just because they are a woman, because of pregnancy. So costs go up, up, up. If, God forbid, this bill becomes law and costs go up, any citizen of this country should go to their Senators who voted for this and say: What the heck did you do? You made it worse.

Now, uncertainty in the market is the second issue. The CBO report confirms that the Republican attempts to

repeal the Affordable Care Act and the Trump administration's refusal to guarantee to continue making cost-sharing payments is causing the instability in the market.

Here is what the report says. Now, this is the report put out by the Republican-appointed head of the CBO. So this is not some Democratic propaganda-type document. These are "just the facts, ma'am," as Mr. Friday said. Here is what the report says: "Substantial uncertainty about the enforcement of the individual mandate and about future payments of the cost-sharing subsidies" have led insurers to withdraw from the current marketplace.

AHIP—that is the biggest organization of our Nation's insurers, the insurance companies; they are non-partisan—said the same thing.

Why, if our colleagues want more people to stay in the market and are complaining that people are leaving the market, don't we come together—hopefully, with the President, who thinks that he could do this on his own—and say: We are going to make this cost-sharing permanent. We all know insurers want certainty in the future or they pull out. That is what the insurance business is all about. Yet, grudgingly, one little step at a time, they don't take away the cost-sharing because they know the damage it would do—this is President Trump—but they are afraid to make it permanent and that causes problems.

So there is only one word for what the President is doing and our Republican colleagues are doing when it comes to the present healthcare system—sabotage. If our Republican friends continue to allow the President to play coy about these cost-sharing payments—which bring premiums down, which bring costs for average citizens down—as a potential threat, if we don't make cost sharing permanent, the system will deteriorate. Again, it will be on the President's back, on our colleagues' backs. I hate to say that, but those are the facts.

We want to make it permanent. We tried to put it in the appropriations bill, to make it permanent, which would have kept costs low or kept people in the exchanges. Our colleagues said no.

Finally, as to preexisting conditions, the CBO report states:

People who are less healthy would ultimately be unable to purchase comprehensive non-group health insurance at premiums comparable to those under current law, if they could purchase it at all.

Let me repeat the last part of the CBO report written by an appointee of our Republican head of HHS: "if they could purchase it at all." Think about that for a minute.

Under TrumpCare, if you have a pre-existing condition, if you are sick, your health insurance costs could go up so high that you can't afford insurance. Before the new healthcare law passed under President Obama, how many of us heard from families: My daughter

has cancer, but the insurance company won't cover me, or I got kicked off and I have to watch her suffer because I can't afford the treatment, the payments. It is horrible, heart-wrenching. It is going back to those days under this bill, unfortunately.

This report ought to be the final nail in the coffin of the Republican effort to sabotage our healthcare system. It will make much more certain that sick people are priced out of insurance companies, that the most vulnerable are left high and dry when they need care the most, when there is an illness in the family.

Is that the sort of healthcare system our colleagues envision for this country? When you are sick, when one of your family members is sick, is that when they are not allowed to give you healthcare? What in the heck do you have it for?

I certainly hope that is not the idea on the other side of the aisle, but this bill that the House passed would do it.

In conclusion, the nonpartisan scorekeepers have spoken loudly and clearly—no ambiguity. TrumpCare means higher costs and less care for the American people, the average American. Let's not lose sight of what is at stake here. The health and well-being of the American people is on the line. There are life-and-death consequences for so many millions of people. They are relying on us to get this right.

So for the good of the country, President Trump and our Republican colleagues should abandon TrumpCare, stop sabotaging the healthcare system, and work with Democrats—we are waiting—to fix our healthcare system, not pull it from under them.

#### MEMORIAL DAY

Mr. President, finally, I have one more note. It is Memorial Day. I want to take a moment to express my deep and abiding gratitude for the men and women in our armed services who gave their last full measure of devotion in defense of our Nation and our liberty.

In big cities and small towns throughout America and in my home State of New York, we will honor our fallen veterans and pay tribute to them. We will give a hug to the Gold Star moms who have made the ultimate sacrifice. May we never forget their sacrifice so that we may enjoy the blessings of freedom.

Since the founding of this country, since the farmers on Bunker Hill put down their plows and took up muskets, Americans have been willing to make that ultimate sacrifice for our great way of life, our freedom. May we never forget them.

I yield the floor.

The PRESIDING OFFICER (Mr. SULLIVAN). The Senator from Connecticut.

#### RUSSIAN INVESTIGATION

Mr. BLUMENTHAL. Mr. President, I join my colleague from New York in expressing the special respect and passion that we all feel in honoring this great holiday that remembers the service and sacrifice of great Americans, to

make sure we sustain and preserve and enhance our democracy. Part of that democracy is indeed the rule of law, as well as protecting the institutions that make us great as a Nation, including our elections system and its integrity.

Today should also be a time to observe and commemorate the continued respect for the law that makes us great. Part of that respect was demonstrated recently when the Deputy Attorney General appointed a special counsel to investigate possible coordination between the Trump administration and the Presidential campaign with the Russians as they interfered with those democratic institutions. Make no mistake, there is consensus and unanimity in the intelligence community, and more broadly among us in this body, that the Russians purposefully and relentlessly interfered in the 2016 election through a cyber attack on this Nation. In my view, it was an act of cyber warfare.

The questions now are who and how in the Trump team may have colluded with the Russians in that illegal, outrageous activity and, indeed, whether there has been obstruction of justice since then. Mounting evidence indicates that there has been.

I have joined many of my colleagues in praising the appointment of a special prosecutor because it is vitally necessary for a fair and impartial, as well as aggressive, investigation. The special prosecutor must follow the evidence wherever it leads, and I have confidence that Bob Mueller is the right person for this assignment. He has the grit and backbone to stand up to pressure. He has the prosecutorial experience and expertise to conduct a truly professional investigation.

I called for a special prosecutor back in February. I was one of the first, if not the first, among our colleagues to do so because the conflicts of interest raised by the recusal of the Attorney General and the potential involvement of the Deputy led me to think that such an appointment was absolutely necessary.

I now call on the President to support this investigation. With the utmost respect for the Office of the President, it should be unnecessary to call for that cooperation and support. My hope was that the President would say as soon as the appointment occurred that he would indeed cooperate. But, instead, he has continued to characterize this investigation as a witch hunt and a charade. He has demeaned and disrespected it and indicated that, if anything, there will be less than full cooperation. That would be a grave disservice to our democracy and to the American people.

The integrity of our electoral system is bigger and more important than any single electoral contest or even any occupant of the White House. It is about the freedom and independence of this Nation, something we cherish and celebrate on this Memorial Day weekend.

I urge President Trump to demonstrate his adherence to the rule of

law by cooperating and articulating fully his cooperation with this investigation. I hope that not only President Trump but all of his associates will do so and that they will provide whatever testimony and documents are necessary to complete this investigation as quickly and effectively as possible.

I also believe that the Attorney General of the United States owes the American people his adherence to the rule of law by committing himself to follow the guidelines that respect the press. Indeed, we would know very little, if anything, about many of the events that prompted the appointment of a special prosecutor without the free press reporting development after event after development that have led to this day.

There are guidelines and regulations that protect the President against any kind of compulsory process or punishment. If there is punishment to be accorded to lawbreakers, the press should be recognized for the special role they have in our democracy and the special protections, the constitutional guarantee they enjoy under the First Amendment. There are guidelines under 28 CFR 50.10 that provide legal guidance and regulations that should be observed, and I hope that the Attorney General will demonstrate in deed and word his adherence to those guidelines rather than threatening to lock up reporters—as the President has unfortunately done currently in conversations with Director Comey—or punishing them.

Whatever the violations of government officials may be, there should be an articulate, clear, and explicit adherence to those regulations by the Attorney General.

Let's take a moment to go through where we are right now.

Last July, after a disturbing series of reports suggesting the attempt by a foreign power to influence an American election, the Federal Government began to investigate the Russian Government's interference in the Presidential election.

We learned just yesterday from a published report that this activity included conversations among Russian officials regarding how best to sway individual Trump officials and that the FBI's early handling of this matter may have been influenced by an unreliable document traceable to Russian intelligence—a form of interference in our justice system that is stunning.

In December of 2016, U.S. intelligence officials concluded that the Russians had orchestrated the theft of electronic materials from the Democratic National Committee and John Podesta in an attempt to undermine Hillary Clinton's Presidential campaign. The Obama administration responded by implementing sanctions on the Russian Government.

Shortly after President Trump took office, Attorney General Sally Yates warned the White House that National

Security Adviser Michael Flynn had lied to officials about discussing sanctions with the Russians and was vulnerable to Russian blackmail. The White House waited 2½ weeks to take action and did so only after a March 9 Washington Post report and, in fact, days after Sally Yates' warning, fired her.

We also know that Director Comey was warned or asked—in fact, demanded by President Trump that he pledge his loyalty and that he would be in jeopardy of losing his job if he did not. Shortly thereafter, the President clearly expressed to Director Comey his sense of that warning when he asked Director Comey to shut down, in effect, the Flynn investigation. As we all know, Director Comey resisted both of the President's requests.

In early March, following sharp criticism about his failure to disclose meetings with Russian officials under oath, Attorney General Jeff Sessions recused himself from the Department of Justice investigations.

Later that month, President Trump's son-in-law, Jared Kushner, became the third high-ranking Trump administration official caught misrepresenting potentially his ties to an admitted meeting with Russian officials from his security clearance application.

On May 9, President Trump fired FBI Director James Comey, a stunning event amidst these unprecedented revelations. After clumsy and contradicting explanations seeking to advance a false narrative that the firing was a result of Director Comey's handling of the Hillary Clinton email matter, the White House essentially abandoned that conflicting series of stories, and President Trump admitted publicly that he was thinking about the FBI's Russia investigation when he decided to fire Comey. He boasted the next day in his meeting with the Russian Foreign Minister that he felt greatly relieved of pressure resulting from that investigation.

The New York Times has reported that Comey was seeking increased funding and resources to expand the Russia probe. The Times also subsequently revealed that Director Comey had discussed with others and wrote memos detailing how President Trump asked him to pledge his loyalty and shut down the Federal investigation into Mr. Flynn.

We must wait for all the facts to emerge, but even if only some of these reports are accurate, the conclusion is almost inescapable that the President of the United States fired the FBI Director in an attempt to shut down the investigation into ties between his associates, including Michael Flynn, and the Russian Government. The names of these associates have been well documented—Paul Manafort, Roger Stone, Carter Page, as well as Michael Flynn.

There is, unfortunately, more. Just in the past few days, additional disturbing facts and press reports have surfaced, including testimony by

former CIA Director John Brennan before the House Intelligence Committee. He said that before he left office, he became deeply concerned that Russian intelligence services were attempting to manipulate Trump associates to influence the Presidential campaign. He noted that many Russian contacts of individuals linked to the Trump campaign emerged in those reports. The Washington Post reported that Comey had informed Congress about the FBI Russia investigation late in March and that Trump had asked Director of National Intelligence Daniel Coats and National Security Director Michael Rogers to push back on that investigation—in effect, to clear the President—and deny Trump campaign collusion with the Russians. According to this report, both officials, to their credit, refused to do so.

In the Armed Services Committee, I asked Director Coats whether he discussed with Director Rogers any attempts by the administration to interfere with the investigation. He refused to answer—a pause and silence that spoke volumes.

Revelation after revelation shakes our confidence in this administration's truthfulness and confidence. This investigation by the special prosecutor is vitally necessary.

We must not lose sight of the damage that has already been done. These reports paint a deeply disturbing picture of possible obstruction, a mosaic pieced together by facts that show not only events and conversations but also motives. After a series of these events and conversations, they can no longer be seen as isolated or accidental or inadvertent. The cumulative effect, like threads in a fabric, is to establish a picture of motive, intent, mens rea, and criminal activity.

Special Counsel Mueller must have the mandate and all of the funding and resources that he needs to follow the facts wherever they may lead—resources, independence—but also support.

That is why, again, I call on the administration to express its support and its intention to cooperate.

This kind of investigation can mean the difference between the upholding of our democratic institutions and placing them in jeopardy. Therefore, I urge that we as a body remain vigilant and continue the Judiciary Committee's oversight, inquiry, and investigative activity so as to assure that we know the reasons then-FBI Director Comey was fired—we have that responsibility as a matter of oversight—and continue that kind of scrutiny in order to assure the independence and resources the special prosecutor needs. Likewise, the Intelligence Committee's activities are absolutely necessary.

Almost certainly, the special prosecutor will produce no report or elaborate public explanation. He will bring criminal charges if they are warranted by the evidence. He will seek convictions in court if those prosecutions are

justified under his finding. A report with recommendations and finding as to how we can avoid this kind of interference with our democratic institutions in the future must be the work of the Intelligence Committee and of an independent commission, which I have supported. An independent, bipartisan commission can do the kind of public, transparent, vigorous, and independent work that is necessary, just in the way that we have done in the wake of other crises.

I urge that we proceed on all of these fronts. They are vital to our democracy. They are an essential, inextricable part of freedom, the rule of law, and freedom of the press.

I hope that the press will continue its unfettered use of its First Amendment freedom to give us the truth and to continue those reports that have brought us to this day, because the truth will be uncovered in the course of the criminal process. It will be uncovered by the Intelligence Committee and, hopefully, by an independent commission. The essential role of the free press in fostering government accountability is recognized by existing regulations, and the Attorney General of the United States should leave no confusion that the Department of Justice will adhere to those regulations.

Indeed, 28 CFR 50.10 recognizes the “essential role of the free press in fostering government accountability” and, therefore, sets parameters and procedures, for approval by the Attorney General of the United States, under standards that are set forth for any government action that may, in any way, inhibit or impede the press.

We will probably never know the real impact of Russia’s intervention in the outcome of the 2016 election. These investigations are not about assessing the impact. They are about determining who participated criminally with the Russians in that interference. The American people deserve a thorough and impartial investigation into the Trump team’s ties to that interference and the effort by President Trump and others to cover it up.

In the wake of Watergate, the saying arose that the coverup was worse than the crime. It was then, and it would be worse—or at least as heinous—in the crime here. Make no mistake that the crime is, actually, a theft of our democracy—an interference by the Russians in our democratic institutions—which they will repeat if we do not make them pay a price and, likewise, if we do not make the Americans who cooperated with them pay a price as well. This principle is central to our democracy and our rule of law.

In closing, I urge my colleagues to join me in calling for the cooperation of the Trump administration as well as for recognizing the importance of the investigation—its independence, its resources—for the free press and the rule of law.

I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

#### OPIOID CRISIS

Ms. KLOBUCHAR. Mr. President, I join my colleagues in speaking about the opioid crisis that has devastated families in States across the country.

I thank my colleague, Senator MANCHIN, for organizing the speeches today.

In my State, deaths from prescription drug abuse have now claimed the lives of more Minnesotans than have homicides or car crashes. We lost our beloved Prince because of an opioid overdose, which is still being investigated. Just as importantly, we lost a student in Duluth and a mom in Rochester, MN—over 400 people in just the last year. We continue to see dangerous synthetic opioids shipped across our borders in increasing amounts—a trend that the U.S. Customs and Border Protection expects to continue, as we heard in a Judiciary Committee hearing last week.

Today, I joined Senator PORTMAN in his subcommittee on Homeland Security and Governmental Affairs, and we talked about what is going on from that perspective as well.

While there is more work to do to combat this epidemic, first, I recognize that we have made some meaningful progress on a bipartisan basis. We passed the CARA Act, which is something that was led by Senators PORTMAN, WHITEHOUSE, AYOTTE, and me. We set a framework up for the Nation, and I look at it in three ways.

The first way is that we have to do everything we can to prevent addiction. That means changing some of our prescription practices across the country. Do you really need 30 pills when you get your wisdom teeth out? It is about asking those questions and changing those practices.

The second thing would be to look at prescription drug monitoring. Senator PORTMAN and I have a bill that would make it mandatory for States to share their data across State borders. I found a guy in Moorhead, MN, through his rehab counselor, who had 108 different prescriptions for opioids from something like 80 different doctors in 50 different cities. He went from North Dakota to South Dakota, to Minnesota, to Wisconsin. That is why sharing that data would greatly reduce that doctor shopping.

I see here the Senator from Texas, Mr. CORNYN. Senator CORNYN and I led a bill years ago to make it easier for people to throw away their leftover prescription drugs so they would not get in the hands of those who should not be taking them. Those are ideas for reducing that demand.

Then you go to the next area, which, of course, is that of trying to reduce the illegal drugs from coming in, like with the STOP Act, which Senator PORTMAN and I introduced, making it harder to get these drugs in through the Postal Service, and doing more with law enforcement. By passing the SALTS Act, which is a bill that Senator GRAHAM and I introduced, it will

make it easier for prosecutors—the Presiding Officer is a former prosecutor—to prove up cases with analogue drugs, which is when perpetrators basically take a substance, change it a little, and then say: Hey, it is a new drug. Then it makes it harder for the Feds to go after it, and you have to prove it up in court.

So we are making some changes to our law to make it easier, especially in rural areas, where they are not going to be able to get a medical doctor in to prove up what the substance is in order to make it easier to prove these cases.

These are all very good ideas, but what we are here to talk about today is the issue of the funding and what will happen if we do not have the funding for treatment. We did a good job with the Cures Act last December, in which we made \$1 billion available over 2 years, as well as the work that was done on a bipartisan basis with the budget for the rest of the year. I consider those good signs.

Unfortunately, the budget and the CBO score of the healthcare repeal bill that was released this week—the bill that came over from the House—shows us that we are at risk of working backwards on this issue.

According to the nonpartisan Congressional Budget Office, mental health and substance abuse benefits could be cut under the healthcare bill, which would increase out-of-pocket costs by thousands of dollars for those who need these vital services. This is on top of the \$839 billion in cuts to Medicaid under the bill and additional cuts in the President’s budget of more than \$600 billion to Medicaid and the Children’s Health Insurance Program, even though these programs cover 3 out of every 10 people who have an opioid addiction. This would be devastating for so many, if these budget cuts took effect.

I would like to do more. I would, actually, like to pass the LifeBOAT Act, which Senator MANCHIN introduced and I am a cosponsor. That would simply put an extra fee on some of these opioids so that the people who have been reaping the profits from these drugs would be helping to pay for the treatment. I think that is a great idea. Unfortunately, this budget takes us the other way.

It eliminates programs that help rural communities build hospitals and get access to vital telemedicine services. It cuts critical medical research that is happening at the NIH—just when, at the end of last year, we added that money to the NIH’s funding. It was shown just in the last month that, with the budget for the rest of the year, we have continued that positive trend. The budget also doubles down on other cuts that would hurt small towns and rural communities, which would impact jobs and opportunities. It eliminates rural business programs, which have helped to create hundreds of thousands of jobs. It cuts rural housing programs and infrastructure grants and loan programs.

Altogether, these cuts not only threaten the progress we have made in fighting against the opioid crisis, but they also threaten the prosperity of the rural communities, which have been the hardest hit. We need a budget that helps and not hurts rural America.

We have a lot of work to do. I appreciate, again, the work of our Democratic and Republican colleagues in the Senate. As we have shown with the budget—from last month through the rest of this year—we have put some common sense in there and have done a good job and have gotten a lot of bipartisan support. My hope is that we will do the same thing here and make a smart budget and reject the one that has been proposed by this administration and come up with something much better that helps and not hurts the people of our States.

I yield the floor.

The PRESIDING OFFICER. The majority whip.

#### HEALTHCARE LEGISLATION

Mr. CORNYN. Mr. President, I want to spend a little bit of time today talking about how badly ObamaCare is failing the American people and how my Republican colleagues and I are working to repeal and replace it with healthcare that works. I wish I could say that Democrats and Republicans were working together to replace it with healthcare that works. Unfortunately, our Democratic colleagues have taken a walk on this particular topic and, apparently, are not interested in participating.

Even though 30 million Americans remain uninsured under ObamaCare, the individual market—where people buy their health insurance if they do not have employer-provided coverage or government-provided coverage—is in a death spiral. This was confirmed by a study by the Department of Health and Human Services. It was also the subject of a Wall Street Journal article today that makes the point that average premiums in the individual market have increased 105 percent since 2013 in the 39 States in which the ObamaCare exchanges are federally run. This translates into \$3,000 more out-of-pocket for middle-class, hard-working families—a 105-percent increase in premiums since 2013.

I dare anybody to say ObamaCare is working as it was intended. All one has to do is look back to President Obama's very words, when he said: If you like your doctor, you can keep your doctor; if you like your health insurance policy, you can keep that. He also said: Oh, by the way, we are going to save you money too. A family of four will save \$2,500 a year. Contrast that to the \$3,000-a-year increase since 2013 in the individual market—a 105-percent increase.

As I said earlier, this week the Department of Health and Human Services released a report that underscores the negative impact ObamaCare is having on families across the country. The report highlights the incredible in-

crease in annual premium prices since ObamaCare took effect, and I mention that in the aggregate.

Let's look at places like Texas. In Texas, the average monthly premium jumped from \$222 in 2013 to \$404—about an 82-percent increase. If you are a young person buying health insurance, a young family or anybody, for that matter, spending \$222 a month and it jumps 82 percent, to \$404, that is a big bite out of your disposable income. That is pretty bad, there is no question about it, but Texas wasn't close to being the hardest hit.

For example, in Wisconsin, premiums have almost doubled. In Montana, they have gone up 133 percent. In some States, the premiums have actually tripled. As I said, the average individual premium has more than doubled in the 39 States using [healthcare.gov](http://healthcare.gov)—an increase of 105 percent since 2013.

That is not the only problem with ObamaCare. This year, one in three counties across the United States have just one insurer on the ObamaCare exchange. In other words, ObamaCare has gotten it so wrong that the risk pools are mainly people who are older and who need healthcare more, and many younger people—young, healthy people who are important in the risk pool to help bring premiums down for everybody—are simply taking a walk. This isn't the mark of a healthcare law that is working for the American people or helping our country grow healthier. It is the mark of a law that is actually hurting families by giving them fewer options at a higher cost and failing to deliver on any promises. We wonder why people are cynical about their own government. Well, it is because of promises made and promises not kept, and ObamaCare—I have said it before and I will say it again—is one of the biggest examples of consumer fraud I have ever seen in my lifetime.

We are talking about real-world consequences here. My colleagues on the other side of the aisle like to talk about how many people would be potentially hurt by repealing and replacing ObamaCare. Of course, that is purely speculative. They are making it harder because they refuse to participate in this process, but we are determined to make sure we bring premiums down and make health insurance more affordable for those who want to buy it.

Let me talk about concrete examples of people terribly affected by the ObamaCare healthcare law. One of my constituents wrote me a few weeks ago and said she and her husband got their insurance from her husband's job, but since ObamaCare came into effect, their premiums have tripled, and she estimates their deductibles have doubled. What is also frightening is that her prescriptions have skyrocketed too. As an example, an inhaler that previously cost her \$35 now costs almost 10 times that amount—well over \$300.

Given the outrageous costs, this Texan decided to see if she could get a

better deal on the exchange since her insurance costs kept going up and up and up. She said the deductible she would have gotten was \$6,000 a year. Add that to higher premiums, and she said ObamaCare was too high to even think about changing to.

ObamaCare has had so many negative ripple effects throughout our entire economy. It restricted the number of hours people can work because of the employer mandate. It raised taxes, depressing economic activity and growth—things like the medical device tax. The medical device industry is one of the most innovative, lifesaving industries in our country and literally in the world. Yet ObamaCare imposed a medical device tax and chased those jobs and the innovation that goes along with them offshore. I remember one of my constituents from Dallas, TX, said they had a location in Costa Rica, and as long as the medical device tax applied to things they did in Texas and in the United States, they were going to take their business and build it in Costa Rica for one reason and one reason alone; that is, to avoid this crushing tax.

The result has not been good for the economy, and it has not been good for healthcare. Many folks can't find any reasonable insurance that will actually pay for what they want. They can't afford what insurance they do have, and they feel hopeless and helpless as the rates keep climbing.

Because I know these stories apply not only in Alaska or in Texas, they apply all across the country, one would think we would have Senators on both sides of the aisle clamoring and working together to try to come up with some solutions, but, once again, it is stony silence from our colleagues across the aisle.

As my constituent rightly pointed out, so much of their income is now going toward premiums and other healthcare costs, she said she and her husband feel like they are actually being robbed. That is why we believe, on this side of the aisle—I wish I could say on both sides of the aisle—that we need to find a solution that works for our country.

So here is an open invitation to any of our colleagues in either House of Congress: Please come work with us, not for our benefit, not for any political gain or advantage but because it is the right thing to do. That is why we get elected. That is why we serve, not to engage in petty politics but to actually do things that help our constituents.

This isn't just a red-State problem. I pointed that out earlier when I referenced Wisconsin and Montana. This is a problem that confronts our entire country.

So we are going to continue to keep working on a bill that repeals this ObamaCare disaster and replaces it with patient-centered, accessible healthcare that make sense for the



American people. I hope our colleagues on the other side of the aisle come around to join us because we do intend to get this done.

I just want to read a couple of other excerpts from this Wall Street Journal editorial today. They talk a little bit about how to read the CBO report. The Congressional Budget Office, as the Presiding Officer knows, really has the final word on interpreting, from an official standpoint, what the impact of proposed legislation would be, but I have to say this is far from the holy writ.

Here is a good example. In this article, they point out ObamaCare coverage estimates—CBO estimates for ObamaCare coverage by year in millions of enrollees. For example, in 2013, they projected that 7 million enrollees would enroll in ObamaCare, and it was 6 million. That is not too far off, but let's look at 2015. In 2015, they said 13 million would enroll, and 11 million enrolled. Again, that is ballpark, but then we go to 2016. They predicted that 21 million people would enroll in ObamaCare. Do you know how many enrolled? Twelve million. They missed it by almost 50 percent. That is not close. Then, in 2017, they projected it would be 15 million, and it was 10 million.

I say that not to disparage the Congressional Budget Office because I know they are doing the best they can, but it is hard to predict the future, and it is also hard to predict how markets will work and how people will respond to the incentive of more choices and lower costs.

This is not a red-State or a blue-State issue because, as I mentioned, in Missouri alone HHS has said that premiums have increased 145 percent. So wouldn't we think we would have both Senators from Missouri on the floor working with us to try to solve the problem? I know Senator BLUNT is working with us to try to solve the problem, but we would benefit from having a bipartisan effort to address the problem.

They also point out that there are other things the CBO report talks about which is significant, particularly in terms of getting our economy growing again. They said, for example, that the House bill cut taxes by \$992 billion, spending by \$1.1 trillion, and reduced the deficit by \$119 billion. Now, I know that is not the primary effort here when it comes to healthcare, but if we want to get our economy growing again, if we want to make it possible for more people to buy healthcare coverage at a price they can afford, it helps if they have a job, and it helps if the economy is growing.

Here is the thing that, to me, is perhaps the most cynical argument by the critics of what we are trying to do in repealing and replacing ObamaCare. Despite the fact that there are 30 million people uninsured now—hardly a success, hardly the gold standard for providing access to healthcare cov-

erage—the Congressional Budget Office points out what I think is pretty obvious. If you take the gun away from people's heads and you don't force them to buy a product they really don't want, fewer people are actually going to buy it because it doesn't suit their needs, and it is not available at a price they can afford. As the Wall Street Journal points out, without the threat of government to buy insurance or else pay a penalty, some people will conclude that ObamaCare coverage isn't worth the price, even with the subsidies.

Sometimes I wish we would have honest and open debates about the problems that confront our country, and certainly healthcare is something near and dear to all of our hearts. Too often I feel as though we are ships passing in the night or reverting to our talking points rather than having an open and honest discussion. This is an area where we can benefit from an open and honest discussion and an acknowledgment that the status quo is unsustainable.

If Hillary Clinton were President of the United States today, we would be revisiting ObamaCare because the individual market is, as I described earlier, failing. It is failing. I am confident our colleagues across the aisle would be eager to try to step forward to address that, but because the candidate they did not choose won the Presidency, then they are in full-blown resistance, not offering to lift even a finger to try to help us solve this problem, and it is a shame, but it is not too late.

We invite them again to join us as we repeal and replace ObamaCare, providing people with more choices at a price they can afford, not because we are going to hold a gun to their head and say you are going to have to buy a product you don't want, at a price you can't afford, we are going to give people the freedom to choose. That is not a bad thing. That is a good thing. That is what America is all about—not having government force you to make decisions that you don't view are in your own economic self-interests.

I yield the floor.

The PRESIDING OFFICER (Mrs. FISCHER). The Senator from Connecticut.

Mr. MURPHY. Madam President, I rise to speak on the same subject as my friend from Texas.

Listen, Democrats are ready to talk to Republicans about improving our healthcare system, but we aren't going to engage in a debate that presupposes that the end result is going to be millions of people losing care and rates going up for everybody in order to fund a tax cut for the wealthy. That is the plan Donald Trump and the Republicans are pushing.

So my Republican friend is right: Democrats are not interested in having a discussion about how many people are going to lose coverage. We are not interested in having a discussion about how high the rate increases are going

to be. We are not interested in having a discussion about big tax breaks for millionaires, billionaires, insurance companies, and drug companies.

Let's be honest. If Republicans were serious about working with Democrats, we wouldn't be using an arcane Senate rule which allows them to push through a bill with 50 votes. If Republicans really wanted to work with Democrats on healthcare reform, they would do it through normal business. If Republicans were really serious about working with Democrats on healthcare reform, they would be going through regular order and going through the committee process.

Whatever we want to think about the Affordable Care Act, it went through the committee process. I think 160 Republican amendments were accepted in the Health, Education, Labor, and Pensions Committee in 2009. The Finance Committee held multiple meetings. The bill was on the floor of the Senate for a month. Republicans are jamming this bill through—no committee process, no committee meetings, no committee markups, no open-floor process.

Even Senator CORKER called out his own party and said that this is no way to rewrite one-sixth of the American economy—13 male Republican Senators, behind closed doors, in secret.

Democrats are desperate to work with Republicans on fixing what is wrong with our healthcare system. Not every problem has been fixed, but we are not going to start with 17 million people losing healthcare or rates going up by 20 percent. And we want to do it in a way that is transparent to the American public, where everybody can see.

On the second point my friend from Texas raised—this idea that CBO got the numbers wrong when they estimated how many people would be insured by the Affordable Care Act in 2009—as he mentioned, they weren't off by that much, but to the extent they were off, there is a simple reason for it: CBO did not take into account that Republican States would seek to undermine the Affordable Care Act in every conceivable way possible. CBO gave Republican Governors and State legislatures the benefit of the doubt that once this law was passed, once it was presenting an avenue to insurance for millions of people across the country, both parties would seek to implement it. That is not what happened. Republican States refused to set up State-based exchanges. Republicans brought lawsuit after lawsuit to try to stop the Affordable Care Act from going forward. Republicans, in control of the House and the Senate, jammed through legislation that reduced the risk insurance provided to insurance companies. CBO did not estimate that Republicans would wage a 6-year-long campaign to undermine and undo the Affordable Care Act.

In States that implemented the act, such as Connecticut, numbers met or beat expectations. In States that didn't

implement the Affordable Care Act, sought to undermine it, numbers didn't meet the expectations.

Then comes President Trump, who openly telegraphs his desire to undermine the Affordable Care Act, cuts off all of the advertising, tells the IRS to stop enforcing the law, bleeds out payments to insurance companies one month at a time, teasing that this will be the last month they get their money.

Finally, on this question of a gun to the head of consumers—I guess that is a reference to the provision of the Affordable Care Act that says: If you don't buy insurance, then you will pay a penalty. That is absolutely part of the Affordable Care Act. Why? Because if you want protection for people with preexisting conditions, then you have to have a mandate that people buy insurance, or else people just won't buy insurance until they are really sick, knowing they can't be charged more.

Actuarially, the protection for people with preexisting conditions only works with the individual mandate. I remember Senator CRUZ, during his marathon filibuster, admitting that. Republicans and Democrats know that. That is why the American Health Care Act, which just came out of the House of Representatives, includes an individual mandate. So let's not pretend like this is a partisan issue.

The rightwing American Health Care Act that came out of the House of Representatives 2 weeks ago includes an individual mandate—it is in there—because they know the same thing: If they want to preserve any modicum of protection for people with preexisting conditions, they have to require people to buy insurance. They just put the mandate in a different place. In the Affordable Care Act, the penalty kicks in if you don't buy insurance. In the House bill, the penalty kicks in after you have lost insurance and you try to sign up again. It is the same mandate, the same penalty, just a slightly different timetable for payment.

Here is what TrumpCare does: higher costs, less care, tax cuts for the rich.

I want to talk about the CBO score that came out last night—not major adjustments from the first CBO score, but there are some important amendments that they make. But the bottom line is that if you care about costs, there are going to be higher costs. That is what CBO says. There is a 20-percent increase in cost the first year, 5 percent in the next year for good measure. There is less care—I mean significantly less care—23 million people. Big improvement—24 million people lost care in the first House bill; 23 million people lose care in the second House bill. And all of this is done in order to pass along tax cuts to the wealthy. We are talking about \$662 billion of tax cuts for the wealthy.

Here is what CBO says: Premiums are projected to rise 20 percent in 2018. So our Republican friends who came down to this floor for 6 years and said we

need to repeal the Affordable Care Act because costs are too high just passed a bill in the House of Representatives that CBO guarantees will raise premiums by 20 percent in 2018.

And it got a lot worse. CBO says that if you are an individual with a preexisting condition and you live in a State that takes advantage of one of these waivers, the premiums, frankly, don't even matter to you because you won't be able to afford the catastrophic high cost associated with your illness.

If you are an older American, especially an older American living on Social Security, then you are targeted by the American Health Care Act. A 64-year-old making \$26,000—and I have a lot of 64-year-olds in Connecticut making \$26,000, and I bet a lot of my colleagues here who live in lower cost and lower income States have even more of this population—today you are paying about \$1,700 a year for healthcare. That is what your premium is after taxes. Under the American Health Care Act, your premium would go up to \$21,000 a year. You are making \$26,000, and your premium goes up to \$21,000. You would receive about \$5,000 in tax credits, but in the end, you would be paying \$16,000 in healthcare premiums.

Now, obviously you wouldn't be paying \$16,000 in insurance premiums because you couldn't afford healthcare if you still want to pay your rent and you still want to pay your gas bill and you still want a few groceries.

The reason why massive numbers of people lose insurance is because 20 percent is just the average; for some people, premiums will go up 700 to 800 percent, especially if you are older or if you are lower income.

Here is what CBO says will happen if the Affordable Care Act stays: The number of uninsured will go up a little bit. It will tick up to about 28 million. But for all my colleagues on the Republican side who have been claiming that the Affordable Care Act is in a "death spiral," CBO tells you that you are wrong. You are wrong. They state clearly that the marketplaces will remain stable. Now, again, they may not be counting on the kind of sabotage President Trump is engaged in. If President Trump continues to destabilize the markets, maybe this number will be wrong. But if you had an administration that was attempting to enforce and implement the Affordable Care Act, you would get about the same number of people who are uninsured.

Here is what happens if you pass the American Health Care Act: The number goes immediately up to over 40 million uninsured and peaks after 10 years at 51 million people.

Senator CORNYN said: Listen, we still have 30 million people who don't have insurance; let's try to solve that problem. But CBO says that the House bill doesn't solve the problem. It turns a problem of 28 million Americans without health insurance into a humanitarian catastrophe—more people unin-

sured at the end of this than were uninsured before the Affordable Care Act passed.

So I guess what Senator CORNYN is saying is that whatever product emerges from these secret meetings will insure more people and that CBO will verify that. That is something on which we can work together. Let me guarantee, that won't be the case.

To give a sense of how many people 23 million is, because I know that is kind of a hard number to get your head wrapped around, this is the number of people who lose insurance under the House bill, according to CBO. CBO's new numbers just came out last night. That is the equivalent population of Alaska, Delaware, Hawaii, Idaho, Kansas, Maine, Montana, Nebraska, Nevada, New Hampshire, New Mexico, South Dakota, Rhode Island, North Dakota, and West Virginia. When we put up this chart a couple months ago, I think there was one additional State. So by moving from 24 million losing insurance to 23 million people losing insurance, one State came off this list. But that is the equivalent population of how many folks lose healthcare in this country. That is why I call it a humanitarian catastrophe.

Then let's just think about what CBO says about who benefits. Here are 23 million people who lose insurance—and that is a pretty simple formula. The bill takes insurance from 23 million people in order to pass along a \$173 billion tax break for the pharmaceutical industry and the insurance industry and a \$230 billion tax break for very rich people. Some of it will go to people making above \$200,000 a year, but most of it will go to people making over \$1 million or \$1 billion a year. The numbers actually work out pretty squarely. The cuts to healthcare in the bill roughly work out to be about the same amount in tax cuts for the wealthy.

By the way, there is another chart here that is a great one. There is another chart that shows who benefits when we look at the tax breaks. If you make under \$200,000 a year, you get zero benefit from the American Health Care Act. Every single dime of the tax cuts for individuals or families goes to those making over \$200,000 a year. How about that—a \$230 billion tax break, and not a dime of it goes to people making under \$200,000 a year. So this bill was a nightmare before the CBO score, and it is even more of a nightmare today.

Let me point out one more important thing that CBO says about this bill. Inside this bill, in a new amendment that allowed it to pass the House of Representatives, is a provision that allows States to get waivers from the essential healthcare benefits requirement that insurance actually provide you coverage for healthcare and the community rating requirement that you spread out the costs of healthcare across the entire population of people who are insured.

What CBO says is that about one-sixth of the population—that is equivalent to about 25 States and Washington, DC—who might obtain waivers, including both the essential benefits requirement and the community rating benefit—that would result in insurance markets coming apart at the beginning of 2020.

CBO states that “less healthy people would face extremely high premiums, despite the additional funding that would be available” under the bill to reduce premiums. CBO says specifically: “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 nongroup enrollees who would use those services.”

Let me put a finer point on this. The legislative jujitsu that Republicans did in the House to get this thing passed involved eliminating the requirement that people with preexisting conditions be protected from premium increases, combined with a high-risk pool that would have a bunch of money in it to help reduce premiums for those people.

CBO tells you essentially that those high-risk pools are a fraud. CBO says there is not enough money in the high-risk pools in order to provide any meaningful benefit for people with preexisting conditions. In particular, they say, women going through pregnancy, families going through pregnancy, and individuals with mental health and substance abuse will see thousands of dollars in additional costs because the money in the risk pools cannot cover the cost of that care.

We have an opioid epidemic raging throughout this country, and the House just passed a bill that will increase costs for people suffering from substance abuse by thousands of dollars. We can do better. Republicans can emerge from these secret meetings, set aside their plan to ram through this vote with no committee process through reconciliation, and we can start talking about what to preserve in the Affordable Care Act and what we need to change. That is what Americans want us to do.

The majority of Americans do not want this bill repealed. The majority of Americans today support the Affordable Care Act. Yes, that number is different than what it was a few years ago. Maybe that is because, faced with this benefit, faced with these insurance protections being eliminated, Americans are rallying to the defense of the Affordable Care Act. That doesn't mean Democrats don't believe we can make some commonsense amendments, but it does mean we are not willing to participate in a process that presupposes that the outcome will be less people being insured, costs getting higher in order to finance tax breaks for the very wealthy and for insurance companies and drug companies.

Republicans should come out from behind closed doors, work with Democrats. CBO tells you a humanitarian catastrophe is coming if you don't.

I yield the floor.

The PRESIDING OFFICER. The Senator from Kansas.

Mr. MORAN. Madam President, I am here to visit about the topic of healthcare. I will be spending time in Kansas this week, and there probably will be no topic of conversation that will be greater than people's concerns about healthcare. I will tell you, as I have indicated to many of my colleagues, this is like no other issue I have ever dealt with as an elected official in how personal the consequences are of the decisions we make here.

While I certainly admit there is plenty of politics and partisanship and too much back and forth that revolves around this concern about healthcare, what I do know is, the people who visit with me, in so many instances, are my friends, my neighbors, our kids' teachers, they are people I go to church with, and in many instances, as they have a conversation with me about what we are going to do in regard to healthcare, tears begin to stream down their cheeks as they worry about themselves but, more importantly, they worry about their family members, their sons, daughters, husbands, wives, and parents.

This is a very personal issue. The concerns Kansans have about this and what we might do is sincere and real. I also know the Affordable Care Act—the law that is in existence today—is failing many Americans as well. In fact, just this week, yesterday, we learned the company Blue Cross and Blue Shield of Kansas City is exiting the market and will no longer provide a product in the Kansas City area of our State, which means, in most instances, individuals will no longer have an option in regard to the Affordable Care Act.

What we have in place doesn't work, but I also know what has come from the House isn't the solution to this problem either. The work we have to do—you and I, Madam President, and our colleagues—is serious and one that has real and personal consequences for every American, and we must take our responsibilities seriously.

I have indicated to my colleagues that neither the Affordable Care Act, which I voted against, nor what the House has passed, is anything I would vote for. I really wish we were doing something different than either one of those things.

As I thought about my remarks today, I was about to say that I suppose I came too late to get my ideas adopted by Congress, but really I came to this issue early, and I think it was 2004, maybe 2006, in which, at least in my own mind, I penned on paper and worked on drafting legislation on what I called a 10-point plan to address the affordability and availability of healthcare.

I can tell you that my ideas, which predate President Obama's, were nothing like the Affordable Care Act, and they really were nothing like the con-

versation we are having today. I wish we would be addressing the underlying reasons that healthcare costs so much rather than focusing so much attention on the issue of health insurance and its premiums.

If we can drive the things out of healthcare that unnecessarily raise the price, the cost of access to healthcare, we can make a tremendous difference in healthcare premiums and the affordability of healthcare for all Americans, not just trying to figure out what kind of plan we can develop, what kind of insurance program, what kind of subsidy or tax credit we can provide, but we would be treating the underlying problem, not just the symptoms.

I suppose, to give a little understanding of what I am talking about, in my view, the things we ought to consider are allowing more competition in the market, more free enterprise opportunities, allowing people to purchase insurance from coast to coast, expanding the support for community health centers. These centers are already in existence. They need to be more available in more places.

We are a very rural State, and it is hard to find those community health centers, but they provide healthcare services to people who have no ability to pay and no insurance. We ought to be more supportive of community health centers, not less, providing, particularly, primary care for people in difficult circumstances.

We also need to give small businesses and organizations the ability to organize and create larger pools so they can negotiate for better premiums. We need to utilize health savings accounts. We need to support medical research. If we can find a cure for cancer, the delay of the onset of Alzheimer's, we can save billions of dollars in our healthcare system as well as save lives and improve the quality of life of people who suffer from the diseases that are so prevalent.

We need to address the issue of prescription drug costs. How do we make certain no drug company takes advantage of cornering the market or how do we make certain they don't utilize our current laws to extend the life of their patent, eliminating the chance for competition to come into play and the introduction of generic medicine that can save, again, consumers and patients lots of money.

We need to promote preventive healthcare. Wellness, fitness, diet, and nutrition are the things that probably give us the biggest bang for our buck and don't necessarily need to be a government program, but people need to work at living healthier and healthier lives and prevent diseases from occurring in the first place.

We need additional physicians and other healthcare providers—nurses and others—and we have not put the attention into developing programs to educate and train the next generation of medical providers. We need to make sure Medicare and Medicaid actually

pay for the cost of the services they promised to pay for on behalf of low-income citizens as well as citizens who are seniors, instead of having the cost shifting that occurs as a result of the system we have today, in which Medicare doesn't pay or Medicaid doesn't pay sufficient amounts of money to actually pay for the services a patient receives under either one of those programs.

Again, those are things that I think would be beneficial to every American, and it wouldn't be spending our time trying to figure out how we modify the insurance system, how we figure out about subsidies or tax credits for people within the system. Again, I don't come late to this issue, but it doesn't seem to be the direction we are going.

Before my time expires, one of the items I wanted to particularly highlight is the value of medical research. I am proud this Congress passed an appropriations bill that includes an additional \$2 billion for use in medical research for the National Institutes of Health, and perhaps something that we can even be additionally proud of is, we did that without spending more money. We simply—I shouldn't say "simply." Nothing is easy about it. I am on the Appropriations subcommittee that is responsible for the funding of NIH. We reallocated money that was being spent someplace else in support of medical research. Again, if we find the cure for cancer, if we reduce the onset, the time in which people suffer from Alzheimer's, if we can find the cure for diabetes and other diseases, the life-saving changes that are being made through that medical research and the costs that will accrue to our healthcare delivery system are hugely important.

I particularly commend the Director of the National Institutes of Health for working so closely with Members of Congress and the American people in support of medical research. Dr. Francis Collins is a national resource. I am not a scientist. I don't understand all the concepts that are spoken about when we talk about medical research—a long shot from that. One of the things Dr. Collins, the Director of the National Institutes of Health, has been able to do is explain to me and to my colleagues and to others across the country the value of medical research without getting me lost in the details of the actual science. He is someone who can talk to a layperson about medical research and science in a way that captures me, captures my attention, but I don't get lost in the medical or technical or scientific words and jargon that so often scientists use in having the conversations.

Dr. Collins has been so bipartisan in his approach. I smiled when I read the story. He indicated that when he was being chosen to be the Director of the National Institutes of Health, he called his mother back home and indicated to her: Mom, I am going to become the Director of the National Institutes of Health.

She said: But we are Republicans. I don't want you working for government.

Here is a man who has used his time not working for government, perhaps working in government, but working for the American people and really for worldwide solutions to problems we all face in our families.

There is no American, there is no one in this Chamber whose family has not been affected by the diseases I described and the other long list of afflictions we have as human beings that NIH is not working to make a difference in their lives.

We need to continue that support for the National Institutes of Health as we pursue appropriations bills into the future, and our ability to do that together is important and a source of satisfaction that can come.

I have indicated, from time to time, that it is sometimes difficult to find the things in the jobs that we have as U.S. Senators where you get the sense of accomplishment. There are a lot of challenges in getting things done, but the idea that we have come together to support medical research and find life-saving cures gives us something to take great satisfaction in and gives us hope that what we have been able to accomplish in this regard, as Republicans and Democrats but really as Americans, can be a role model as we try to find solutions to other problems. I hope that will be the case as we try to find solutions with regard to how do we care for the American people when it comes to their affordability and availability of healthcare.

You and I, Madam President, come from States that are very rural. In any kind of healthcare solution that we find, we need to make certain we are increasing the chances that hospital doors remain open in rural communities across our States, and we need to make certain there are more physicians, not less, there are more healthcare providers, that nursing home and healthcare services are more available, and that pharmacy remains on Main Street.

In fact, in the cases of our States, you could find ways, I suppose, that reduce the cost of healthcare only to discover that you no longer have a provider, no longer have a hospital or a physician or a pharmacy in your hometown. Sometimes when you talk about the affordability, you must quickly couple that with availability. Whatever its price is, if it is not in your community, if it is not in your county, if it is not in your region of the State, it doesn't necessarily matter what it costs.

Our work is serious, and I look forward to working with you and my colleagues as we try to find solutions to make certain healthcare is something every American has access to.

I yield the floor.

Mr. LEAHY. Madam President, just 1 week after a party-line vote in the Judiciary Committee, the Senate is about

to vote on the nomination of Judge Amul Thapar to the Sixth Circuit Court of Appeals. It has been more than 16 months since the Senate confirmed a Federal appellate judge and almost 11 months since we voted on a circuit or district nomination. That is because of Leader MCCONNELL's unprecedented obstruction, blocking any votes on President Obama's qualified, consensus nominees, all in an effort to leave as many judicial vacancies as possible for President Trump and the far right special interest groups who are charged with selecting his nominees.

The 7 days Judge Thapar has waited for a vote is quite a contrast with the last circuit judge that Leader MCCONNELL permitted to be confirmed. Judge Felipe Restrepo's nomination languished for 6 months on the Senate floor last Congress before he was finally given a floor vote. Of course, there was no good reason for that. Judge Restrepo had bipartisan support at every step of the process: positive blue slips from his Democratic and Republican home State Senators, a voice vote in the Judiciary Committee, and a bipartisan 82-6 confirmation vote. Likewise, there was no good reason for Leader MCCONNELL to deny votes on other circuit nominees like Donald Schott and Jennifer Puhl. They were reported with strong bipartisan support in the Judiciary Committee and had bipartisan support from their home State Senators, but were left languishing on the Executive Calendar for months, without ever receiving floor consideration. We should not forget the 20 district nominees and the five Court of Federal Claims nominees, who were reported with bipartisan support and then fell victim to Senate Republicans' unprecedented obstruction and were denied a vote after waiting months or even years. Of course, we cannot overlook one of the most shameful inactions of the Senate—the treatment of Chief Judge Merrick Garland, who did not even receive a hearing for his nomination to the U.S. Supreme Court.

So why are we now rushing to confirm Judge Thapar? It is only fair to note that the seat to which he has been nominated has been vacant for nearly 4 years. President Obama's nominee to that seat did not receive this expedited process. She did not even receive blue slips from the Kentucky Senators. Now, that is their right. Had I still been chairman, I would have honored that decision—as I did for both circuit and district nominees—however much I might have disagreed with it. We should not pretend that we are required to vote so quickly on Judge Thapar simply because the Republican leadership held this seat vacant.

This is a nomination that requires thorough consideration by the Senate. It is no secret that Judge Thapar is a favorite of the same far right groups that handpicked Justice Gorsuch—in fact, Judge Thapar was on the same shortlist that they gave to President

Trump. Given Judge Thapar's apparent views on campaign finance regulation, it is no surprise that these groups, who are some of the biggest opponents of any efforts to bring transparency to campaign financing, want to see him elevated to a circuit court. His answers during his hearing did not allay my concerns.

I was also troubled by Judge Thapar's responses to my written questions. Like Justice Gorsuch, he dodged a very simple question about whether the First Amendment permits a religious litmus test for entry into the United States, but even that nonanswer was inaccurate. Judge Thapar responded that the constitutionality of a religious litmus test is an active question in pending litigation regarding the president's Executive order targeting Muslim-majority countries, and that he could not comment on it. That is not accurate. There is no question that such a religious litmus test is unconstitutional—even the Trump administration does not argue otherwise. Instead, they are arguing that the Executive order does not impose such a litmus test. Judge Thapar failed to get the facts right, and failed to show me that he understands one of the most fundamental principles of our Constitution. It will be very difficult for me to support any judicial nominee who fails to answer this question with adherence to both the Constitution and the facts.

The role that far right interest groups have played in this nomination and the Gorsuch nomination is troubling. A President is free to consult with whomever he wishes on potential nominees, but the "advice and consent" power belongs to the Senate, not the Federalist Society. For decades, Presidents of both parties have consulted with home State Senators, a requirement formalized through the Judiciary Committee's blue slip process. This tradition protects the role of all 100 Senators in the confirmation process and helps ensure that Presidents work with Senators of both parties to find consensus nominees.

During my nearly 20 years as either chairman or ranking member of the Judiciary Committee, I encouraged Republicans and Democrats to work with President Clinton, President Bush, and President Obama to find qualified, consensus nominees, and I protected the rights of Senators in both parties. As Ranking Member FEINSTEIN noted in a memo that was circulated yesterday, no judicial nomination made by the last three Presidents was confirmed without the support of both home State Senators. I cannot recall a nominee being confirmed over the objection of his or her home State Senator. The blue slip is not a partisan issue; it is about constitutional checks and balances and the Senate's role in protecting the independence of our Federal judiciary. I encourage President Trump to follow the example of his predecessors from both parties and work with us to find consensus nomi-

nees to ensure that our Federal courts remain the envy of the rest of the world.

The PRESIDING OFFICER. The Senator from Illinois.

#### OPIOID CRISIS

Ms. DUCKWORTH. Madam President, I would like to take this time to discuss a critical public health crisis affecting constituents in Illinois and all across the country. Each day, 46 people die from overdose of prescription painkillers in the United States. In Illinois, that number is only growing.

Overdose deaths in Illinois from opioids rose about 275 percent from 2008 to 2014. There are an estimated 460,000 nonmedical prescription opioid users in Illinois alone. A major portion of the total number of drug-poisoning deaths between 2013 and 2015 were a result of opioid and prescription drug abuse. Over 4,000 people died as a result of opioids and prescription drugs, and 2,000 people died due to heroin. Illinois also had the third fastest rising death rates from synthetic opioids in the Nation, with overdoses rising by 120 percent from 2014 to 2015. Unfortunately, Illinois is third from the bottom for treatment of substance abuse because of lack of funding and resources to healthcare providers and law enforcement partners in the State.

These numbers are alarming, but I would like to share a story behind those numbers—a face. Laura Fry is a mother whose family has experienced the worst of the opioid epidemic. Her son, Alexander, is 29 years old and in remission from heroin use disorder.

Alexander was just a normal kid growing up in Wauconda, IL. He had his entire life ahead of him. Then, when he was 17, he had a snowboarding accident and was taken to the emergency room after he lost consciousness. That is when doctors found a mass on his cerebellum and he had to undergo major brain surgery. It was after this surgery that Alexander became addicted to morphine, and his drug abuse began.

When Alexander graduated from high school, he began working at a hospital, where he was able to steal drugs to fuel his abuse. Over time, his drug abuse spiraled out of control. He was fired from his job for stealing narcotics and was arrested for possession of heroin. But because this was his first offense, he was given a very strict 2-year probation. Over the next 4 months, he tested positive for heroin several times, and then he simply disappeared. Laura did not know where her son was or whether he was even alive for 10 months. Finally, he was arrested and taken into custody.

In Lake County, IL, we thankfully have a criminal justice system that recognizes addiction is a disease. The court gave Alexander the opportunity to continue his probation, and he was allowed to perform hundreds of hours of community service and to attend an intensive outpatient program.

In the spring of last year, Laura and her son Alexander appeared in court for

the last time. Alexander is now a volunteer for Live4Lali, a substance abuse program in Illinois. He attends community outreach events, shares stories, and offers trainings in naloxone use—a lifesaving drug that reverses opioid overdoses. He has gone from being a user to someone who is transforming lives.

Alexander's story is a reminder that Congress must focus on enhancing recovery efforts, and we are beginning to take steps in the right direction. For example, I was a proud supporter of the Comprehensive Addiction and Recovery Act, also known as CARA, when I served in the House. CARA, which passed with overwhelming bipartisan support, establishes, supports, and strengthens a number of programs to fight the opioid crisis in communities. It provides opportunities for rehabilitation, like the outpatient program Alexander attended, and expands access to drugs like naloxone, which are saving lives on the frontlines of this epidemic.

I applaud these efforts, but I have serious concerns about the majority's commitment to actually funding these essential programs to rehabilitate our fellow Americans who are suffering from opioid addiction because, while we can all agree that CARA's intent was to transform our opioid crisis, the bill failed to provide any actual funds to enact these effective programs.

I, along with many of my colleagues, have asked for CARA to be fully funded and to provide additional funding to the drug courts and veteran treatment courts, which essentially reduced crime, saved taxpayer dollars, and saved the lives of more than 1.25 million civilians and veterans. In addition, we must also make sure families have access to medicine that can save lives during an overdose by calling on manufacturers to offer naloxone to rein in the costs.

I share this story because the turmoil that the Fry family faced is not unique. Millions of Americans are experiencing the impact of opioid abuse, and many of these American stories have much more tragic endings. We can and must do more for these families.

I ask that we take the time, consider the story of Alexander and his family, and step up and do the right thing. Let's fund CARA fully.

Thank you. I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. REED. Madam President, let me thank my colleague, Senator MANCHIN, for arranging the time to talk about the ongoing opioid epidemic across the country. I know his home State of West Virginia—much like my home State of Rhode Island—has been hit particularly hard by this epidemic.

This is not happening in some far off place or some distant country. It is happening in Rhode Island, West Virginia, and, indeed, every State throughout the Nation. Last year, over 330 Rhode Islanders lost their lives due to opioids.

Rhode Island is a small State, so let me talk about a national statistic that shows the extent of this crisis. Last year, drug overdoses killed 50,000 Americans. That means more people died last year because of drug overdoses than due to car crashes or gun violence. These numbers are staggering, and it is happening in all of our communities.

Since 2011, the number of overdose deaths has increased by more than 90 percent. Unfortunately, year after year, Rhode Island continues to top the Nation in terms of rates of overdose deaths. We must work to turn this around and get more people access to treatment for opioid addiction.

In 2008, almost a decade ago, Congress enacted the landmark Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Law. For the first time, the law required insurance companies to cover behavioral health services in the same way that it would cover physical health services. This was a critical step, but it ultimately did not solve the problem, as some insurance companies have continued to find ways to avoid complying with the law—or at least its spirit.

It took passage of the Affordable Care Act to improve access to behavioral health services. For the first time, critical consumer protections, like banning discrimination based on preexisting conditions, ensured that individuals with substance abuse disorders could not be denied coverage.

Further, the ACA established a set of essential health benefits that all insurance plans must cover, including mental health and substance abuse treatment. Gone are the days when consumers would pay steep prices for health insurance that in actuality did not even cover basic health services, such as mental health care or maternity care.

In addition, the ACA prohibits lifetime annual limits on care. Before the ACA, many people with chronic health conditions, such as substance use disorders, would hit their annual cap just a couple of months into the year and then would have to pay all other costs out of pocket for the rest of the year.

Lastly, the expansion of Medicaid has made a tremendous improvement in access to behavioral health services. In States like Rhode Island that have expanded Medicaid, we have seen a sharp drop in the percentage of people with substance use disorders who seek care in the emergency department because they are uninsured. Medicaid is the single largest payer of substance use disorder services and pays for one-third of all medication-assisted treatment in the country.

TrumpCare would reverse all these gains. According to the Center on Budget Policy and Priorities, repeal of the ACA would mean 2.8 million people with substance use disorders would be at risk of losing their coverage. Repeal of the Medicaid expansion would cut

\$4.5 billion from mental health and substance use disorders for those with low incomes, to say nothing of TrumpCare's broader goal of ending Medicaid as we know it. TrumpCare would all but eliminate this critical safety net.

TrumpCare goes even further to turn back the clock on consumer protections like preexisting conditions. People with substance use disorders would be disadvantaged immediately, as their disorder could be considered a preexisting condition. This has the double effect of pricing people with mental and behavioral health issues out of the market entirely and encouraging people not to seek care out of fear of being labeled by their insurance company as having a preexisting condition.

On top of that, TrumpCare would gut the essential health benefits in the ACA. This means that there would be no rules about what health insurance must cover, such as preventive health services and mental and behavioral health services. Even with coverage, people will have to pay out of pocket for the services they need. For substance use disorders, which could add up to \$20,000 a year in out-of-pocket costs alone.

Over the last couple of years, I have worked with my colleagues on the Senate Appropriations Committee to include historic funding increases for programs that help the opioid crisis. In fact, the fiscal year 2017 omnibus provided \$511 million for prevention, enforcement, treatment, and recovery across various agencies, including over \$300 million for the Department of Health and Human Services, \$50 million for the Department of Veterans Affairs, and over \$160 million for the Department of Justice. Last year, we passed the 21st Century Cures Act, which directed \$1 billion to States to combat the opioid crisis. We must continue these efforts.

However, this week, the President released his budget proposal for next year, and it does the exact opposite. First of all, the President's budget doubles down on his plan to decimate Medicaid. The President has proposed cutting hundreds of billions of dollars from Medicaid, block-granting the program with no protections for the most vulnerable. In fact, his budget offers no details on how it plans to structure Medicaid—just that he intends to cut the program beyond repair.

On top of that, the President's budget makes enormous cuts to the Substance Abuse and Mental Health Services Agency, SAMHSA, which implements many of our most effective substance use disorder prevention and treatment programs, such as the Community Mental Health Services Block Grant Program, which President Trump has proposed cutting by over 20 percent.

Further, President Trump has proposed cutting the National Institutes of Health by nearly \$6 billion, which would interrupt critical research into

new and better ways to treat substance use disorders, along with research into how we can better treat pain without the use of addicting opioid painkillers. Coupled with TrumpCare, this budget proposal would only worsen the opioid crisis.

I am committed to continuing to work with my colleagues to prevent that from happening. I am heartened to see so many of my colleagues talk about these very issues this afternoon.

It is my hope that we will be able to work together over the coming months to ensure that the gains we have made in the fiscal year 2017 omnibus and the Cures Act are not lost. We have much more work to do, and people in my State and across the country are counting on us to do that for them.

With that, I yield the floor.

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

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

SMALL BUSINESS REGULATORY FLEXIBILITY  
IMPROVEMENTS ACT

Mr. LANKFORD. Madam President, we have a lot of issues we are working on right now. Some of the big ones include the budget conversation. For the first time in a long time, the budget conversation really circles around, how are we going to get back to balance? It is an interesting dialogue. There is going to be a lot of dispute about elements of the President's budget. There will be a lot of controversy back and forth about aspects in the House and the Senate proposals. But for the first time in a long time, the beginning point of the conversation is, how do we get back to balance? That is a good place to start. I am pleased to see that is a part of the conversation again.

There are a tremendous number of things that have to be dealt with in this process. I want to bring up two quick ones and then talk about some of the small business issues we are facing.

One of them is that when we go through the budget process, I encourage my colleagues to deal with the budget gimmicks that are still in place in the budget process—areas that seem to bring down the deficit but we all know actually do not. Those don't help us as Americans. That may help with some sort of scoring issues; that doesn't really help where we are.

The second aspect to that is, let's actually put the appropriations bills on the floor. For the last several years, there have been continuing resolutions or omnibuses without any amendment process brought. We should be able to, in a bipartisan way, agree to bring these appropriations bills to the floor, actually have an amendment process, and actually deal with this in a public setting. There are straightforward ways to deal with our debt and deficit.

It begins with actually confronting debt and deficit in a way that will really matter.

It is interesting as well that when we talk about a lot of the big issues, regulations often come up as one of the prime problems. Regulations are often big, expensive, and deal with a lot of controversy.

Quite frankly, there are thousands of regulations out there that impact small businesses. For a small business, it is not typically just one regulation, it is the hundreds of little ones that they are constantly trying to live under. It is the culmination of all of these different regulations and trying to figure out where they are. Most small businesses don't have lawyers. They don't have compliance people. They don't have folks lined up to monitor all of these things. They have to try to figure it out as they go. They are small businesses. They are family-owned businesses. They are trying to take care of their own families and the neighbors around them. But all of these regulations come at them as well.

Let me read what Karen Karrigan, the president and CEO of the Small Business and Entrepreneurship Council, wrote in an op-ed just last week. She wrote:

Red tape is strangling our small businesses and undermining entrepreneurship. Indeed, according to [Small Business and Entrepreneurship] Council research, the cumulative loss of new businesses over the last decade totals 3.42 million missing businesses—

Not workers—

for America's economy. For existing small businesses, the per-employee cost of regulation is just over \$11,000. Excessive regulation in the U.S. has hurt our competitiveness in the global economy. The U.S. ranks No. 51 in the world for ease of starting a business, according to the World Bank. This same report is consistent with other global studies that have found American's friendliness and general "ease of doing business" has eroded year after year.

That is according to Karen Karrigan, president and CEO of the Small Business and Entrepreneurship Council, in her op-ed last week.

Each new regulation on small business adds another cost, another burden, another requirement that small businesses have to comply with. This cumulative burden is crushing small businesses.

Let me give some examples. Julian Lumber Company is in Antlers, OK. You ought to come and see Antlers, OK. It is a beautiful area of our State. Julian Lumber Company, a family-owned business, makes wooden fence posts, treated poles. If you have a telephone pole in that area or other posts and poles, it often came from Julian Lumber Company. It also has a small trucking company to be able to haul posts to retail stores across the Midwest and the Southwest. Julian employs about 50 people but recently had to shift a part-time employee who was doing compliance to full-time—doing nothing but compliance 40 hours a

week because of all the Federal regulations. When Robert Julian funded this business in 1974, he didn't set out to just create jobs for a compliance officer, he actually set out to do lumber work, but unfortunately, now his business also includes Federal compliance.

Small businesses are vital to our economy. Surely we can agree on that. They drive job creation and innovation. Excessive and poorly crafted government regulations disproportionately—the burden of them—fall on small businesses and on their growth. If Julian Lumber has to hire more people to just do compliance, not lumber, there is a problem.

Then there is Ander's Shoe Store in Miami, OK, which was founded in 1930 by Joe Ander after he immigrated to Oklahoma from Poland. Today, Ander's Shoe Store is owned and operated by Joe's daughter, Dena Ander, who is 102 years old. She has worked at Ander's Shoe Store for 86 years.

My favorite quote ever from a small business owner came from her when she said, at 101, that her health is better than her help, and so she just keeps working.

Dena Anders is not waking up every day and reading the Federal Register to find out what new Federal regulation came down. She is not trying to track through all the different compliance officers and attorneys that she would have to contact to try to figure out how to read a new Federal regulation that comes down. She is taking care of a shoe store in Miami, OK. She has two employees, but her shoe store has to live by the same regulations that a lot of large stores also have to live by.

Every Member of this body—when they are home, they talk about small businesses and the importance of small businesses and how to help them succeed. I am asking, are we as a body willing to do what we said we were going to do back home? Ninety-seven percent of the businesses in my State of Oklahoma are small businesses. Lots of us make promises to these small businesses. It is time to fulfill them.

Regulatory reform for even small businesses, for whatever reason, is becoming politicized. This is not a political, Republican-Democrat issue. Small business owners are not Republicans or Democrats; they are Americans. They are people, and this should not be a partisan issue. I would be willing to work with every Senator of any party to be able to get this done.

I have introduced the Small Business Regulatory Flexibility Improvements Act. It has passed its way through committee. It is S. 584. It does some simple things—things that should not be controversial.

It closes loopholes in the Regulatory Flexibility Act, which became law in 1980. That bill was designed to help small businesses, but there are some loopholes in it, and the agencies are going around it.

This is not a bill that I just came up with on my own; it is a bill that had

been drafted in direct response to small businesses and small business leaders around the country. It has been discussed for a long time, but for whatever reason, it has never been passed. I want to run through a few things that it does.

First, the agencies should account for the economic impact of regulations, especially on small business, and it should be the full economic impact. Agencies have this little caveat that they will do. They will say: Well, it is not a direct cost, it is an indirect cost on business. So they will put a new regulation on them and say: We are only going to count direct costs of the regulations, but we are not going to count anything indirect, such as electricity.

If they put a Federal regulation down and a State entity is then required to create new regulations based on it, they won't count the State regulations based on it.

If permitting from a different agency is required, they will say: Well, that is somebody else who does that.

Well, if you are a small business, cost is cost is cost. The Federal Government plays this game of what is a direct and indirect cost to a business. A small business does not get to play that game, and they have to pay the bills for it.

So it is a very simple thing for us to say: Include the costs. We try to get some clear language on it. An agency would have to consider "reasonably foreseeable impacts." So I get that you are not going to get every pencil in the process, but what is reasonably foreseeable, you should be able to anticipate that.

Second, we require the IRS to actually listen to small businesses before they release IRS rules. So many hours are spent by every small business complying with IRS regulations and requirements. We would like to have the IRS actually engage with small businesses when they put out policy and guidance and say: How is this going to affect small businesses? How can they work this out to make sure it is as easy as possible for small business owners?

Third, increase the transparency in the rulemaking process. Small businesses tell me that when they learn of new regulatory requirements, they are often blindsided. They had no idea the rule was even coming. In the rare instance when a small business owner speaks out to an agency, they are often confused when they see the final rule because it doesn't look at all like what they had recommended or had raised.

Years ago, there was something created called SBRFIA panels. Only Washington, DC, comes up with a term like that. Small businesses were supposed to be able to engage with the Federal Government on designing how regulations would come out. But, again, the loopholes were so present in the law that the agencies were just going around them. We need to close that.

As simple as it sounds, when an agency is creating a rule, don't you think

they should call small businesses and say: How will this work at your place, or will it work at all?

Fourth, let's deal with old rules. There are lots of regulations out there that are old, that become very complicated for small businesses to be able to maintain, and no one has ever gone back to look at them. Let's create a simple system so that when a rule comes out, it has to be reviewed within 10 years. That way, we have no rule that is 40, 50 years old, and no one has even touched it or looked at it to make sure that it still works, No. 1, and that it is not overcomplicating the process.

Finally, and here is something pretty straightforward, give first-time forgiveness for paperwork violations. When small businesses have a paperwork violation, they have a paperwork violation. They are not trying to break the law. They are not trying to violate regulations. They missed one. Why don't we give first-time grace to small businesses? Now, I wouldn't say that if they are violating health and safety issues. Obviously those are things they should have already taken care of. But just paperwork things—we have so many small businesses that get a fine because they missed a piece of paperwork. Again, so many small businesses don't have compliance people tracking this stuff for them all the time, and occasionally they make a mistake. This is still a government that works for them. They don't work for the government.

My simple recommendation is this: For small businesses, give them first-time paperwork forgiveness rather than a Federal compliance person showing up at their place with a fine. Let's be reasonable about this. That should be a simple, straightforward thing.

Quite frankly, these are all things small business owners have asked for. These were things even in the Obama administration. The chief counsel for the Small Business Administration's Office of Advocacy—this is what the Obama administration's small business advocate wanted. I don't understand how this could be a partisan issue. It is simple, straightforward, and clean. There is no hidden anything in the bill. It is trying to actually get regulatory relief and common sense back into the way we do regulations.

Over 200 trade associations representing millions of small businesses have already written me in support of this bill from all over the country—not from Oklahoma, from all over the country.

Many in this Chamber pride themselves on being the advocate for the little guy and standing up for small businesses. I would ask my colleagues if they are ready to actually put feet to those words. This is a straightforward way to do it. We talk about helping small businesses; let's actually do it. I ask my colleagues to be able to walk alongside of us and help us get this bill passed and get some regulatory relief.

I yield the floor.

The PRESIDING OFFICER. The Senator from West Virginia.

#### OPIOID CRISIS

Mr. MANCHIN. Madam President, I rise to speak with a lot of my colleagues coming down speaking on the opiate crisis we have in all of our States.

West Virginia has been hit the hardest in the Nation right now, and I want to speak to this because it is something we must address. This has been a silent killer for far too long.

I don't know a person who I have ever met who doesn't know somebody in their immediate family, extended family, or close friends who has not been affected by either prescription drug abuse or illicit drug use. With that, here we are.

I rise with my colleagues who have been coming down—they will be coming the rest of the day—to bring attention to this national crisis that is devastating every community. Many of the Senators you are going to hear from—and have already heard from—are from States that are dealing with an increase in this opiate abuse, just like my State of West Virginia. Just like I have, they have heard from families, community leaders who are on the front lines. They are begging for solutions, funding, and they need facilities to properly combat the scourge we have right now.

Let me say to everybody who is watching, everybody who is listening in any way, shape, or form that you are hearing this: 20 years, 30 years ago, I was as guilty as everybody in the public policy arena in government, in my State government in West Virginia. If you fooled with drugs back then, we thought, well, we will put you in prison; you committed a crime. Well, guess what. We have been putting them away for 20, 30 years, and we never cured a single soul.

Finally, we have come to the realization that addiction is an illness. Any other illness gets treatment. So we need treatment, but we don't have treatment centers. Budgets are tight.

I have a cousin who is a judge. Every day he says: JOE, I sentence people for the crimes they commit every day. He says: I have never had the first person say: Hey, Judge, we don't have a prison cell or a jail cell to put this person in. But if it happens once a day, it will happen 5 or 10 times a day, if I believe someone needs to get treatment because of their addiction, they will say: Well, Judge, I am sorry. We have no place to put them. We have no treatment centers. We will find a jail cell for you, but we will not find a treatment center because we don't have them.

The States don't have the money. Counties don't have the money. Municipalities don't have the money. The Federal Government has never dedicated enough money for this. So we keep talking about everything that happens.

Last year, over 800 West Virginians died of prescription drug abuse. They died of abuse from prescription drugs, and everyone says: Well, how do people get started? I don't know. Most of them have done heavy work in West Virginia. We do mining and manufacturing. That is heavy work, and sometimes they get hurt.

I am going to read a letter later—I do every week try to come down to put real families, real faces, for you all to understand that this is a real issue.

When I have said this is a silent killer, we never talk about it. If you have somebody addicted in your family, you are kind of ashamed of it. You don't want anybody to know because they think that something is wrong with your family if someone has an addiction. They try to take care of themselves and they can't and that person doesn't get the help they need.

So when you look back at the use and the lack of a treatment, let me just tell you about the epidemic we are dealing with. Any other epidemic of this sort—and knowing it is an illness, it can be called a pandemic. Remember the Ebola concerns we had. All of the different things we were concerned about that could turn into a pandemic, we acted immediately. Well, we haven't acted immediately on this. We have had over 200,000 West Virginians die since the turn of the century. That is unbelievable, and to not do anything about it and keep our mouths shut, we have done that for far too long.

Today, 2.1 million Americans abuse or depend on their opiates. According to the CDC, Centers for Disease Control, three out of four new heroin users abuse prescription opiates before moving to heroin. I am told they move to heroin because it is cheaper, but they have already been hooked and addicted. Most of them got hooked and addicted on legal prescription drugs. That means there was some doctor who said: Here is something that is really going to help you, and they write that prescription. They think everything in a bottle is going to heal you.

In the United States of America, less than 5 percent of the world population—7.2 billion people live on planet Earth, less than 330 million in this country—4.6 percent of the world population consumes 80 percent of all the opiates produced and consumed in the world. What in the world happened to us? How did we become so pain-intolerant? How did we become so addicted?

Between 2009 and 2013, only 22 percent of Americans suffering from opiate addiction participated in any form of addiction treatment, and more and more people go without treatment every day.

Misuse and abuse of opiates cost the country an estimated \$78.5 billion in 2013 just in lost productivity. So for those people who don't have compassion, don't think we should be doing these things, and you only look at the bottom line, if you are going to the bottom line, look at this bottom line: \$78 billion of lost productivity, medical costs, and criminal costs.



Talk to any of your law enforcement in any community you live in and ask them: Of all the calls you have gone on, how many have you gone on that are drug-related? A minimum of 80 to 90 percent of everything that they are called in, any type of assistance, any type of a crime that is committed, it is because of drugs. Some form of drugs are involved for our police. So think about what they are doing and how it takes them away from protecting the law-abiding citizens.

I have a bill called—and we will talk about treatment—it is LifeBOAT. I am still waiting for some of my friends and fellow colleagues on the Republican side to look at this bill very seriously. All I am asking for is one penny to charge the pharmaceutical manufacturers—one penny per milligram—that will go toward treatment centers throughout America, and every State needs them.

That one penny, they said: That is a new tax. We can't vote for a new tax. I said: Wait a minute. This opiate arena is pretty profitable, and we are not going to charge people whom opiates were designed for, which are people with severe illnesses, cancer patients. Basically, this is just for opiates, no other pharmaceutical products, just opiates. That is \$1.5 to \$2 billion a year. Can you believe that? That one penny.

Now, when they tell me, I am not going to vote for any new tax. I say: Well, you didn't hesitate to vote for a tobacco tax. You didn't hesitate to vote for an alcohol tax.

We have more people dying of this than anything else, and I am asking for a treatment plan. I can't get one penny, not one penny.

So I am asking for everyone to consider it. I truly believe no one would lose their election over voting to fund treatment centers for people who are desperately in need. That is the LifeBOAT Act.

I want to read you a letter, and I do this every week. It is just heart-breaking, these letters, but it shows real people's lives, and it shows what it has done to their lives.

This letter is from Shadd Baisden. He writes:

My name is Shadd Baisden, and I am from Dingess, WV. I am writing to tell you my story of opioid addiction. I am an out-of-work coal miner with 9 years' experience. I was injured in the mine in 2011. I was dragged down a belt line 200 feet and messed the disks in my back, the L5, S1 in my back. This was how my addiction got started.

I was prescribed painkillers and needed surgery but felt I was too young for that. I was out of work for a year when I decided to settle my compensation claim so I could return back to work. While I was injured, the mine I worked in shut down so I had no job to go back to. I had been on painkillers the whole time I was out of work, but I stopped being prescribed after my settlement.

So when he made his settlement, basically that went away, his healthcare

on that. So he had no other way of getting prescribed medicine.

He continues:

I was buying them off the street just to ease my pain. In 2013, I started using oxycodone and could not stop. I even got my wife hooked on them.

I have three daughters—11, 10, and 3 years of age. My youngest wasn't born at the time. Our addiction became so bad that we would steal things from our family just to get the drugs. I lost my license to drive. I lost my two oldest daughters because of my addiction. That is when I knew I had to have serious help.

I sought counseling and treatment. I took parenting classes, and my wife and I worked our tails off to get our girls back. We have now been clean and sober for 3 years and have custody back of all three of our girls.

I am currently out of work but do lots of odd jobs in my area because I can't afford to get my license back, and the vehicle I own was vandalized 3 months ago because I gave an officer info on a dealer not far from my home, and somehow the dealer found out and beat the windows out of my car while I was working.

I thank God every day for helping me and my wife stay clean.

I thank you for everything you do for the people of West Virginia and hope my story helps someone. I may be out of work right now, but good things will come as long as we stay clean and positive.

Now, the conclusion of this is Shadd and his wife are perfect examples of the people we can help if we made it easier for people dealing with substance abuse to get treatment. Shadd and his wife are the people I am fighting for every day. I will continue to fight for the people and families and children who have lost their way and need our help, and I am not going to stop fighting until they get it.

Every one of you all probably have a story. Every one of our young people—our pages and everybody else, everyone in the audience, whoever it may be, younger people—have probably been approached to try something, have probably been approached in their own schools to try something: Well, this is no problem. It is the hip thing to do in school.

They have recreational marijuana. A lot of people tell me they get started by experimenting, and then it moves into different things.

I don't know what it is. We don't know what our body chemistry is made up of. We don't know why some people are addicted and some people don't get addicted, but we know opiates are extremely addictive. We know that. It affects you. The only thing I can tell you is, it is something we are going to continue to fight. We are going to make people aware. We are starting education classes.

The United States of America should start educating in every class from preschool, kindergarten—you are not too

young to know what this can do to you—all the way up through adulthood. We have to prevent people from getting on these horrific drugs that are killing people. Then we have to treat the people who are addicted and get them back into the workforce.

I ask all of you—and the concern we have, and I know in your beautiful State you have the same challenges we do. We all do. We are willing to fight together. This is a bipartisan effort. This is not one side and the other side taking credit or one side blaming the other side. This is one that we have to rise up as Americans—forget about Democrats and Republicans—and fight this. The U.S. Congress is responsible for fighting it and helping the people all over our country.

I yield the floor to my good friend from West Virginia.

The PRESIDING OFFICER (Mr. SASSE). The Senator from West Virginia.

Mrs. CAPITO. Mr. President, I thank my colleague from West Virginia who is fighting hard on a lot of different fronts to meet the challenge of this opioid and drug abuse epidemic that is sweeping across the country, and it is really hitting us in the rural areas in West Virginia. I always say our State is just one big small town, and both Senator MANCHIN and I have personal experience with families who have been deeply affected by this. It is destroying families, lives, and futures.

Chances are we all know someone, as I said, who has been affected, but we have been especially hard-hit in the State of West Virginia, and we have seen more than our fair share of devastating consequences: babies born exposed to drugs, families torn apart, children ripped from their parents because of their parents' habits and lifestyle, grandparents raising children when they had no real intention or didn't know that is what was going to happen.

We have the unfortunate distinction as a State of leading the Nation in drug overdose deaths per capita. Ninety-one Americans die each day because of this crisis, and far too many of them are our neighbors, our coworkers, our friends, and our children. No community is immune. That is why this all-hands-on-deck, community-oriented, coordinated, community-focused effort must move forward.

Fortunately, many individuals and organizations—and I get to meet with them regularly. It is inspiring to hear how people in the community are pulling together. They are already working hard educating—as Senator MANCHIN said, you can't start too early educating—treating, and rehabilitating people who are struggling with abuse within their families, helping them and those who are at risk of becoming addicted. From healthcare to law enforcement, we are working to tackle this crisis from all angles.

Drug courts play an important role in that fight. In order to get at the root

of the problem, we must have more recovery and treatment services, and incarceration is not always the right answer. Sometimes treatment, not the criminal justice system, is the answer.

Yesterday, I had the pleasure of meeting an incredible young woman—inspirational, really—who knows all of this very well. Her name is Chelsea Carter, and she is from Logan, WV. When she met me yesterday, she said: We met. We met 10 years ago.

I said: Really? Where did we meet?

She said: I did your nails at Spa Bliss.

I said: Oh, well, thank you for that.

But along that journey, Chelsea has had a rough, rough go. At one point, Chelsea was charged with 17 felonies due to her drug habit. She told me her drug habit began when she was 12 years old. She said she was able to continue life through high school. It appeared as though she had a normal life. She was a cheerleader, participated in school, and all the time she was getting deeper and crawling deeper into a drug-addicted hole.

After she faced the criminal justice system, she became committed to getting off drugs and getting clean the very first night she spent in jail, and she has been clean ever since. She went through the drug court system, and, basically, it has saved her life. But that is not the end of the story for Chelsea. She has a bright future ahead of her, and she has moved forward.

She was in town for the annual conference of the National Association of Drug Court Professionals. She has committed her life to helping people like her who have had this situation and who have been at the bottom of the pit of hopelessness, bad health, and bad decisionmaking. She is committed to helping her fellow West Virginians crawl out of that pit, like she did, and become productive individuals. This is the world's largest conference on treatment courts and criminal justice reform.

Back home in Logan, Chelsea is the program director at Appalachian Health Services. She just got her master's degree. One of the things that struck me is that, even in a management position, she continues to counsel and treat a full load of patients, and she told me she will always do so.

Chelsea's story is an example of the progress that can be made by fully committing to fighting the drug epidemic. There are victories and programs that work. Drug court is not the only one, but it is one in the spectrum of solutions.

I am committed to the fight and to working with all of our colleagues who are speaking out today. I know many of us are committed to this. It doesn't leave a family or community untouched. I am really inspired by West Virginians like Chelsea Carter who are on the frontlines.

With that, I yield for my colleague from Nevada.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. HELLER. Thank you, Mr. President, and I thank my friend from West Virginia.

#### YUCCA MOUNTAIN

While I have an opportunity to take the floor, I want to change the subject, if I may. I want to talk about the concern I have of one of the President's priorities in the 2018 fiscal year budget. That priority is Yucca Mountain.

Specifically, the President included \$120 million in his budget for the Department of Energy to restart licensing activities for the Yucca Mountain Nuclear Waste Repository.

As a proponent and author of the legislation called No Budget, No Pay Act, which would restore regular order to the budget and appropriations process, I am pleased to see the President did submit to Congress a detailed budget proposal.

As a small government, fiscal conservative, I hoped that this new administration would focus on budget priorities that would reduce duplicative spending and streamline programs in order to save taxpayer dollars. You can imagine my disappointment that they, instead, decided to prioritize funding to restart licensing activities for a failed proposal.

Over the past few weeks, I have outlined on the Senate floor some of the issues with Yucca Mountain, whether it is the crippling effect it would have on Nevada's economy or the public safety issues associated with transportation of this nuclear waste. I will continue to come to the floor to educate my colleagues on the many issues associated with Yucca Mountain, because, plain and simple, it is not a viable option for the long-term storage of our Nation's nuclear waste. Instead of throwing more taxpayer dollars into a failed proposal, we should be working on a real long-term solution rooted in consent-based siting.

You have heard me raise the question that many Nevadans be thinking: Why should a State with no nuclear powerplants of its own be forced, against its will, to house all of the Nation's nuclear waste?

I stand by the Department of Energy's 2010 decision to terminate the Yucca Mountain program, and I stand by its 2015 recommendation for a consent-based siting.

Yucca Mountain is dead. Let me take you through what it would take to put this failed program back on life support. Prior to the suspension of the program in 2010, the Federal Government had spent close to \$15 billion on Yucca Mountain.

Now, I recognize that some of my colleagues might say: Well, the government has already spent this much on the government repository; shouldn't we complete it?

First of all, let me say that restarting the program would need \$2 billion more just to complete the licensing process—\$1.66 billion for the Department of Energy and \$330 million for the Nuclear Regulatory Commission.

After 3 to 5 years spent on licensing, there could well be another 5 years in legal challenges, and there is no certainty that Yucca Mountain would ever be built.

Second, even if Yucca Mountain were to go forward, it would be an expensive repository project. The Department of Energy's best estimate is that another \$82 billion—let me repeat that; another \$82 billion—would be needed to license, litigate, build, operate, decommission, and eventually close Yucca Mountain. On top of the money that has already been spent, that adds up to more than \$96 billion for what is called the total system life cycle cost.

That leads to my third point. We need to reevaluate the whole nuclear waste cost question. There is a business case to be made against Yucca Mountain. The Department of Energy's own estimates for Yucca Mountain say that the nuclear waste fund will only pay about 80 percent of the total life cycle costs, or about \$77 billion. The remaining \$19 billion would have to come from an annual appropriations voted by this Congress. That means more money for this project paid by taxpayers.

But it does not have to be that way. In 2012, the Department of Energy did its own cost assessment and concluded that all other costs, like transportation, being equal, walking away from Yucca Mountain and starting with a new repository site in a deep salt bed or deep shale formation would actually save between \$12 billion and \$27 billion over the life of the repository.

Before we spend any more taxpayer dollars on Yucca Mountain, we need to ask the Department of Energy experts to come before us and explain what they learned about repository costs in their previous studies. Beyond that, we need new cost studies on geologic disposal in repositories, studies that include the lessons learned from recent progress with repositories in Europe, and new studies that look at the nuclear waste program overall and incorporate the cost of safe on-site reactors, early removal of spent fuel from shutdown reactors, and consolidated interim storage facilities, as recommended by the Blue Ribbon Commission on America's Nuclear Future.

It is clear that rather than forcing the State of Nevada to accept nuclear waste at a scientifically unsound site, taxpayer dollars would be better spent identifying viable alternatives for the long-term storage of nuclear waste in areas that are willing to house it. Finding alternatives is the commonsense path forward, as well as the fiscally responsible decision.

I urge my colleagues, as we continue the budget appropriations process for this next fiscal year, to conduct oversight over the life-cycle costs of repositories and to focus on further implementing the Department of Energy's consent-based siting process, instead of wasting more taxpayer dollars on a failed proposal.

I stand ready to partner with my colleagues on both sides of the aisle on this issue, and I am confident that together we can find a solution to this problem once and for all.

I yield the floor.

The PRESIDING OFFICER. The Senator from Nevada.

UNANIMOUS CONSENT AGREEMENT—EXECUTIVE CALENDAR

Mr. HELLER. Mr. President, I ask unanimous consent that the cloture motion on the Elwood nomination be withdrawn, and that following leader remarks on Tuesday, June 6, the Senate resume consideration of the nomination, with the time equally divided until 2:15 p.m. I further ask that at 2:15 p.m., on June 6, the Senate vote on confirmation of the Elwood nomination, and that, if confirmed, the motion to reconsider be considered made and laid upon the table and the President be immediately notified of the Senate's action.

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

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

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

Mr. SASSE. Mr. President, I yield back all remaining time.

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

All time is yielded back.

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

Mr. SASSE. 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 legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Washington (Ms. CANTWELL), the Senator from Hawaii (Ms. HIRONO), the Senator from Hawaii (Mr. SCHATZ), and the Senator from New Mexico (Mr. UDALL), are necessarily absent.

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

The result was announced—yeas 52, nays 44, as follows:

[Rollcall Vote No. 137 Ex.]

YEAS—52

Alexander	Cornyn	Graham
Barrasso	Cotton	Grassley
Blunt	Crapo	Hatch
Boozman	Cruz	Heller
Burr	Daines	Hoeven
Capito	Enzi	Inhofe
Cassidy	Ernst	Isakson
Cochran	Fischer	Johnson
Collins	Flake	Kennedy
Corker	Gardner	Lankford

Lee	Risch	Sullivan
McCain	Roberts	Thune
McConnell	Rounds	Tillis
Moran	Rubio	Toomey
Murkowski	Sasse	Wicker
Paul	Scott	Young
Perdue	Shelby	
Portman	Strange	

NAYS—44

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

NOT VOTING—4

Cantwell	Schatz
Hirono	Udall

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.

The Senator from Iowa.

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. GRASSLEY. 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.

NATIONAL FOSTER CARE MONTH

Mr. GRASSLEY. Mr. President, May is National Foster Care Month. I thank my colleagues for unanimously supporting the resolution recognizing May as National Foster Care Month.

National Foster Care Month has been recognized for over 20 years as a time we all celebrate the voices of foster youth and bring awareness to the challenges these young people face. During this month, organizations in Iowa—and, for that matter, all across the country—have been working to support and to recognize the young people who are in foster care.

Nationally, there are over 425,000 children in foster care. In Iowa alone, almost 4,000 kids entered foster care in 2015, the last year for statistics. I salute all of those who work tirelessly to support these children. This includes a lot of different groups but particularly foster parents, who open their hearts and homes to children who need this vital support. The group also includes social workers, advocates, and alumni of the foster care system who, as young people, have gone through a lot. They are there to inform lawmakers and the public, and they are there to fight to secure better outcomes for kids in care.

As stated in our resolution, Congress must continue to work toward real solutions for these children, who often face trauma, abuse, and neglect, both before and after they are removed from their parents' care. We must work to ensure that all children, no matter their circumstances, have a permanent, loving home and consistent, caring adults in their lives.

With legislation such as the Fostering Connections Act, passed in 2008, and the Child and Family Services Improvement and Innovation Act, passed in 2011, we have made some progress. These laws provided new investments and new services to improve the outcomes for children in the foster care system.

Even after all that, our work is not done. Over 20,000 young people aged out of the foster care system in 2015, with no legal permanent connection to any family. This impacts their ability to pursue higher education, to find employment and stable housing, and, most importantly, to prepare for the future.

While in care, children experience an average of three different placements; 65 percent of the kids in foster care change schools seven or more times. We see a great amount of instability and resulting insecurity when this is what happens in the life of somebody in foster care. This constant uncertainty compounds the trauma of neglect and of abuse and makes it hard for these kids to make connections to their communities.

Through my work in the Senate Caucus on Foster Youth, I have had the opportunity to hear firsthand what these young people in foster care need. They need love, they need support, they need safety and permanency, and they need a family. Those last two are the first words I ever heard from kids in foster care when I first took time 25 years ago to listen to some of them. They had been shunted from one home to another home over a period of time. They said: We would like to have a mom and dad; we would like to have a home. That is what this movement is all about.

Moving forward, Congress must continue to work to find better solutions and secure better outcomes for our young people in foster care.

Once again, I thank all of my colleagues for supporting this resolution. It is important that this month—and, for that matter, all year long—we continue to support the goals of National Foster Care Month.

HEALTHCARE LEGISLATION

Mr. GRASSLEY. Mr. President, I wish to address the issue of the healthcare debate that has been going on since the first of the year. Now that it has passed the House of Representatives, it comes to the Senate. The Senate is working on its own bill, not working from the House bill. This is still evolving, and I hope it will evolve very, very quickly.