

clause and insert the part, printed in italic, as follows:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Fiscal Year 2023 Veterans Affairs Major Medical Facility Authorization Act”.

SEC. 2. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECTS OF DEPARTMENT OF VETERANS AFFAIRS FOR FISCAL YEAR 2023.

(a) *IN GENERAL.*—The Secretary of Veterans Affairs may carry out the following major medical facility projects in fiscal year 2023 at the locations specified and in an amount for each project not to exceed the amount specified for such location:

(1) Construction of a community-based outpatient clinic and national cemetery in Alameda, California, in an amount not to exceed \$395,000,000.

(2) Construction of a community living center and renovation of domiciliary and outpatient facilities in Canandaigua, New York, in an amount not to exceed \$506,400,000.

(3) Construction of a new health care center in El Paso, Texas, in an amount not to exceed \$700,000,000.

(4) Seismic upgrade and specialty care improvements in Fort Harrison, Montana, in an amount not to exceed \$88,600,000.

(5) Realignment and closure of the Livermore campus in Livermore, California, in an amount not to exceed \$490,000,000.

(6) Construction of a new medical facility in Louisville, Kentucky, in an amount not to exceed \$1,013,000,000.

(7) Seismic retrofit and renovation, roadway and site improvements, construction of a new specialty care facility, demolition, and expansion of parking facilities in Portland, Oregon, in an amount not to exceed \$523,000,000.

(b) *AUTHORIZATION OF APPROPRIATIONS.*—There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2023 or the year in which funds are appropriated for the Construction, Major Projects account, \$3,716,000,000 for the projects authorized in subsection (a).

Mr. SCHUMER. I further ask that the committee-reported substitute amendment be agreed to; that the bill, as amended, be considered read a third time and passed; and that the motion to reconsider be considered made and laid upon the table, with no intervening action or debate.

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

The committee-reported amendment, in the nature of a substitute, was agreed to.

The bill (S. 30), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

ORDERS FOR WEDNESDAY, MARCH 22, 2023

Mr. SCHUMER. Mr. President, I ask unanimous consent that when the Senate completes its business today, it stand adjourned until 11 a.m., Wednesday, March 22—Members should remember that, 11 a.m.; that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and morning business be closed; that following the conclusion of morning business, the Senate proceed to executive session to

resume consideration of the Gallagher nomination; further, that at 12 noon, the Senate vote on confirmation of the nomination and that following disposition of the Gallagher nomination, the Senate recess until 2:15 to allow for the weekly caucus meetings; further, that at 2:15 p.m., the Senate resume legislative session and resume consideration of Calendar No. 25, S. 316; finally, that if any nominations are confirmed during Wednesday's session, the motions to reconsider be considered made and laid upon the table and the President be immediately notified of the Senate's actions.

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

ORDER FOR ADJOURNMENT

Mr. SCHUMER. Mr. President, if there is no further business to come before the Senate, I ask that it stand adjourned under the previous order following the remarks of my Democratic colleagues.

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

Mr. SCHUMER. Mr. President, I will note that four of my colleagues will come to the floor tonight to discuss the success of the ACA. This is the anniversary of the ACA.

Millions and millions of Americans have gotten good, reasonably priced medical coverage because of the ACA. It is one of the hallmarks that this Congress passed in this century. It is doing more good every year. More people are covered, and costs are going down.

Medical care is so essential to the American people. And here we are. Despite all the naysayers early on, it is a hugely successful, popular program that is making Americans more healthy.

I want to thank my colleagues, led by the Senators from Pennsylvania and New Jersey. I know the Senator from Oregon is coming as well to discuss the benefits and beauty of the ACA.

I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

AFFORDABLE CARE ACT

Mr. CASEY. Mr. President, I rise to talk about the Affordable Care Act, passed some 13 years ago, and in particular to talk about the Medicaid part of that, taking the Medicaid Program and allowing States to sign up for an expansion of Medicaid.

But I thought the best place to start, as any healthcare discussion should start, is to talk about just one family. This happens to be a Pennsylvania family. I will start with two sisters. I will start with the older sister. Her name is Haley. Haley wrote me a letter just about 2½ years ago now, talking about her little sister. Here is what Haley wrote to me. She talked about where her family lives in Pennsylvania, and then she said—her sister's name is Sienna—she said:

My sister is my best friend. She has Down syndrome so sometimes things are harder for her. It took her a long time to walk and she is still learning to talk. Her therapists help her and sometimes I help her too.

Then she goes on to talk about how she, Haley, introduces her sister Sienna to her classmates. She said that she shares her sister with her friends, and I am quoting directly what Haley says:

Mommy and me read a story at my school to explain Sienna's muscles work different than ours. Our muscles are like rubber bands but hers are more like play-doh. Now my friends understand why things are harder for her and they all love her. They think she is the cutest and so do I.

So said an older sister about her younger sister.

Of course, her mom wrote a much longer letter to me about what that family is facing every day. I won't go through all of it tonight, but when this family received that diagnosis of Down syndrome, Sienna's mom said:

Sienna's diagnosis came as a surprise to us. After enduring four miscarriages, she was our miracle baby. Our miracle baby surprised us on the day of her birth with her diagnosis and a heart condition. We were completely unprepared to raise a child with a disability. After I delivered her, a kind nurse explained to me how lucky we were to have Sienna here in Pennsylvania after the passage of the Affordable Care Act.

Then her mom goes on to describe all the benefits that she received because of the Affordable Care Act and because of her residence in Pennsylvania.

That is what we are talking about here when we talk about healthcare. This isn't a budget question only. This isn't just a policy discussion. This is about real people's lives. And the further away you get from real people's lives, the easier it is to make the calculation, as some have made around here, some Members of Congress whose healthcare is made available to them because of the Federal Government—that is why they have healthcare, because of the Federal Government. Whether they are in the exchange or they have it some other way, most Members of the U.S. Senate and the House have that healthcare because of the Federal Government. So those with healthcare provided by the Federal Government seek relentlessly—too many seek relentlessly to use Federal power to cut people off of healthcare.

This is about real people's lives, not something abstract, not some remote discussion about policy and about budgets and deficits and appropriations. This is about real people's lives, like Haley's little sister.

I know there has been a lot of discussion of late about Social Security and Medicare and how we hope they are off the table, and that is good, those two earned benefit programs being off the table. But there is a third program that is not an earned benefit, but I would argue that Medicaid is—Medicaid tells us who we are as a nation. It is as if we look into a mirror when we consider the Medicaid Program, and it

tells us what kind of a nation we are or what kind of a nation we will be if we slash it the way that so many people around here have proposed in budget after budget, year after year, talking about slashing Medicaid arbitrarily and outrageously and obnoxiously. We are going to stop them from doing it once again, but I think it is important to remind people what we are talking about here.

Medicaid is a program basically about three Americans: children from low-income families—and not just in urban communities, but there are certainly a high number of children in our cities who benefit from Medicaid. Thank God we have the Medicaid Program all these decades later. The utilization rate is actually higher among rural children or children who live in rural communities. They have a higher utilization of Medicaid in the Children's Health Insurance Program than urban kids by percentage. That is a fact, and we need to remind people of that.

Medicaid is a program that also helps people with disabilities. You can't march around here every day or year after year and say that you really care about people with disabilities, that you fight for people with disabilities, and then go and cut the Medicaid Program like some have proposed. And the proposals to cut it haven't just been in the tens of billions of dollars. That is just the annual cut they want to propose. It has often been hundreds of billions of dollars over the 10 years within which we talk about budgets around here and appropriations—hundreds of billions of dollars in cuts. That is what some want to do.

We have to remind ourselves again that this is a program about children and about people with disabilities. The third group of Americans, of course, is older Americans, our seniors. A lot of middle-class families may not know it, but their mom or their dad or a loved one is in a nursing home solely because of Medicaid. You can't get into the nursing home, unless you can pay out of your own pocket, without the Medicaid Program.

We could actually call the Medicaid Program the senior long-term care program or we could call it the program that provides healthcare to kids or we could call it the program that helps children with disabilities.

Now we are told that the House Republican Study Committee fiscal year 2023 budget plans to cut Medicaid, the Children's Health Insurance Program, and the Affordable Care Act—all three. They want to cut the Affordable Care Act marketplace subsidy spending by nearly half over the next decade.

Again, when it comes to Medicaid, we are talking about a program that provides the funding for almost half of the births in America. So everyone who claims to care about children and babies and still wants to cut Medicaid has some explaining to do when you want to substantially cut a program that

provides the funding for half of the births in the United States of America. It also provides almost half of the funding and support for long-term care services—services and supports, I should say—for older adults and people with disabilities. That is what the program is.

This Republican Study Committee goes on to say their budget plan converts Medicaid to a block grant program where Federal funding would be capped and States would receive a fixed amount regardless of their actual costs.

Here is what that means in real life: A State gets a block of money, a block grant, and when the State's costs go up for children or people with disabilities or seniors, and they hit the cap of that, those Americans are on their own. They are on their own because the State is out of money. That is what that means in the real world.

But it gets worse. This plan also, thirdly, wants to cut the Federal so-called FMAP, the Federal medical assistance percentage, the percentage that the Federal Government pays for Medicaid. They want to cut that all the way down to 50 percent instead of the numbers that it has been at for years—so much higher. That is also a bad idea.

So when we get back to this on what it means for families, we also have to consider what not just Sienna's sister said in her letter to me, but what about Sienna's mom, whom I quoted just a little bit a moment ago? Here is what Sienna's mom said:

As I entered this new world—

Because she just had a daughter diagnosed with Down syndrome.

As I entered this new world of early intervention, therapies, and medical needs, I began to realize just how much of a financial toll this would take on us if it weren't for the protections of the [Affordable Care Act] and Medicaid.

She goes on to describe that. She says:

Sienna receives 7 weekly therapies. The costs of those alone are \$3,400 per week.

That is \$3,400 per week for those seven therapies.

Without the ACA, her therapies and medical care would have quickly exceeded the lifetime cap—

Which was addressed in the ACA—

and Sienna would be uninsurable for the rest of her life and left without access to life saving care.

Uninsurable. I can't tell you the number of times that has been in letters that I receive from parents worried about their child who has a disability in the United States of America, the most powerful country in the history of the world. These families are worried about their child with a disability not having access to services, not having access to those therapies, not having access to what they need to live their lives, and becoming "uninsurable." That is an abomination. We are not the greatest country in the world if we do that. We are nowhere

near the greatest country in the world if we do that. That would be a stain on America. Every one of us should be ashamed of that if that were to transpire. If that America transpired, it would diminish all of us. It doesn't matter what else we do around here if that happens.

That is not the America that I think most people believe we are and should be, but some want to go there. I know they have all this talk about, oh, well, the cost of Medicaid is getting so great, and it is "unsustainable." That is Washington gobbledygook for people who do not have the guts, the political guts, to say: You know what, when you passed a tax bill in 2017 that gave away the store and so much else to big corporations for permanent corporate tax relief—and those same people who voted for that bill that gave permanent corporate tax relief to the biggest companies in the world, the biggest companies in the history of the world, are the same people who are saying: But we have to cut back on Medicaid because it is unsustainable. That is just throwing sand in the eyes of the people—that is what it is—blinding them with falsehoods. That is what that is. So we have work to do to prevent this from happening.

Now, Mr. President, I am getting close to my time—and I am over already—but I wanted to make maybe two final points.

We have had a concern, many of us, over the last number of years about access to Medicaid not being as stable as it should be; and that stability was enhanced by a provision called continuous coverage—that is the term of art, "continuous coverage"—provisions that were enacted to ensure healthcare coverage during the COVID-19 pandemic.

Across the country, Medicaid enrollment has increased since the beginning of the pandemic. For example, Pennsylvania's number went up to about 3.6 million people currently enrolled in Medicaid to keep their healthcare coverage uninterrupted.

Over the last 3 years, States were prevented from disenrolling people with Medicaid. If not for the legislation passed in February of 2020, at the very beginning of the pandemic just before the CARES Act, people would have had to reapply for Medicaid on an annual basis.

Studies have shown that this annual enrollment process can lead to unnecessary coverage losses due to administrative and procedural issues. This can be yet another barrier to ensuring that people with Medicaid continue to receive the coverage that they need.

Now, here is the problem. Here is the challenge ahead of us. The appropriations bill passed in December set an end for the Medicaid "continuous coverage requirement" because we are not in the pandemic anymore, and that was enacted during the pandemic; and that appropriations bill provided guidance to mitigate coverage losses as this requirement ends. So this kind of

unwinding of some parts of Medicaid is set to begin April 1. States can start to disenroll people from Medicaid at the start of next month.

So here comes our responsibility. Both parties in the Senate, both parties in the House—I should say, all three parties, Democrat, Republican, Independent—we have an obligation, a legal duty, a moral obligation that is inescapable to make sure that people know what they need to do to maintain that coverage. The Centers for Medicare and Medicaid Services are working with States to provide information, to promote continuous coverage, and, thirdly, to avoid inappropriate terminations as they begin to unwind this continuous coverage requirement.

In Pennsylvania, the State I represent, the State is working diligently to clarify coverage in formats and languages accessible to enrollees to ensure that everyone understands their eligibility and can access the coverage that they are entitled to.

My constituents are fortunate because Pennsylvania expanded Medicaid years ago, yet there are still States that have chosen not to expand Medicaid. We know that the expansion of Medicaid became easier with the passage of the American Rescue Plan. So we have to continue to encourage States to expand to make sure that more and more people get coverage.

Let me end with this, Mr. President. As I outlined before, this is not just something nice to have. This is about life and death. It is about quality of life for families and for children, especially; but it is also about the risk of death if you don't have coverage. That is as true as any statement we could make, that this is about life and death.

Here is what Sienna's mom—you heard from her sister, but here is what Sienna's mom said. And I will end with this. Towards the end of her letter, she said:

I am proud to be Sienna's mom. This journey is full of wonder, joy, and unimaginable love. It changes life's most ordinary moments into the extraordinary. But with constant attacks on our healthcare, it's also agonizing work, hard decisions, and constant advocacy. It gets exhausting fighting for your child, having to prove their value to the world.

This is a mother talking about her child and having to live almost a separate life as an advocate because people in this town, year after year, are proposing cuts that would badly damage the life of her daughter Sienna.

She goes on to say:

Once again, we as parents are forced to suit up for battle and prove that our children are worthy of healthcare.

In America? Is that what we are asking parents to do? Parents who have had a reliance upon this program for years and, in some cases, decades and decades, we are asking them to suit up—again, as she said, “to suit up for battle,” to make the case to Washington as to why they shouldn't cut the Medicaid Program in America? That is an insult to all of us.

She shouldn't have to suit up for legislative or policy battles. She should have the opportunity to not worry about that and just to live her life and take care of her children and to live a life that she has been able to live with the help that we provided through Medicaid and other supports.

So we have some work to do here, to stop—not to talk about and hold hands and compromise—to stop them from cutting what they want to cut in Medicaid at all costs. So that is what I am going to be doing. We are going to stop this from happening.

We can compromise on a lot of things around here, but not on that—not on cuts of hundreds of billions of dollars over 10 years to Medicaid. Not in this America.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Jersey

Mr. BOOKER. Mr. President, I am grateful to the Presiding Officer for recognizing me.

I want to say I am excited to be standing up tonight and talking, along with Senator WYDEN, Senator HASSAN, and we just heard from Senator CASEY who is marking this 13th anniversary celebration with extraordinary determination not to see these great programs cut.

I was not in Congress when the ACA was passed into law. But in an affirmation of that old adage about politics being local, I saw in my local community of Newark, NJ, the powerful difference that the ACA made, the difference that health reform had on my community.

Folks would come up to me immediately in the months and years afterwards and talk about how they were finally able to get the healthcare that they needed, not only for themselves, but for their loved ones—how they moved from anxiety and fear to security and strength.

You had folks with preexisting conditions who were discriminated against in the United States of America before the law's passage, but now they had a pathway for quality, affordable healthcare.

Folks had to choose often between putting food on the table, paying rent, or just visiting a doctor; a choice between buying school supplies and getting their prescription drugs. Choices that, in this Nation—the richest Nation on the planet Earth—are outrageous, unacceptable, and fiscally irresponsible. What I saw as Newark's mayor is that, often, people would let their healthcare needs go until they ended up in the emergency room, which was a cost then borne by them and their family for unnecessary illness, but also to all of us. This should not be the Nation we live in, and we are celebrating the fact that 13 years ago this body made a difference.

I have seen this passion for the Affordable Care Act echoed in my 9 years as a U.S. Senator. One of my constituents told me, as a registered nurse

from New Jersey, she spent her entire professional life caring for patients. Before the ACA, she witnessed those in need delay or simply refuse healthcare until it was too late. Soon, though, she almost became one of those patients herself after she retired and confronted her own health challenges and their accompanying costs. It was only thanks to the Affordable Care Act that she didn't have to resort to emptying her retirement accounts in order to afford the healthcare. She said it best herself:

The Affordable Care Act saved my life.

Another constituent of mine, a recent widow, wrote to me a few years ago. After losing her husband, she relied on the marketplace to get insurance—the Affordable Care Act marketplace. She was diabetic, had pre-existing conditions, and told me:

I'm afraid of having no coverage. I could lose my home and everything I have saved during my 35-year marriage.

Now, despite the partisan attacks that you hear against the Affordable Care Act, despite the challenges in the courts, we know the Affordable Care Act has worked. The data is clear. From 2010 to 2021, the number of uninsured, nonelderly individuals has decreased substantially in the United States of America from 46.5 million to 27.5 million. That number has been nearly cut in half.

We also know that the ACA has been invaluable in the fight to achieve just greater healthcare justice by dramatically decreasing the uninsured rate for many ethnic minorities in our country. For example, those rates have gone from 20 percent uninsured in 2010 to just 11 percent in 2021; for Black folks, 33 percent to 19 percent; for Latino folks, 17 percent to 6 percent. We have seen a dramatic decrease for Asian Americans, Latino Americans, Black Americans, and more.

The law has saved lives, unequivocally. A 2014 study showed that the ACA prevented an estimated 50,000 preventable patient deaths in just 3 years from 2010 to 2013. And in the midst of the COVID-19 pandemic, the ACA marketplace was a lifeline to folks who were laid off and had no insurance.

One of the most important things that this law has done is to get people insured, to reduce deaths, to lower healthcare costs, and to expand access to Medicaid to people who were previously ineligible.

I live in a State that was one of the first to expand Medicaid to more of our citizens. We did it under a Republican Governor who recognized just how important it was that we expand Medicaid, how lifesaving it was, how good for the empowerment of families and children it was. It has helped so many more people in New Jersey obtain health insurance, and it has helped my State fight the opioid crisis by providing us the vital resources to do so.

New Jersey is one of 39 States, plus the District of Columbia, that has chosen to expand Medicaid. By all accounts, these 39 States with Medicaid

expansion are outperforming those who have inexplicably—you might say outrageously—chosen to reject Medicaid expansion, despite the overwhelming evidence that it helps countless Americans stay healthier and better access quality affordable care.

Perhaps that is one reason why the State of North Carolina, with a Republican-led legislature and a Democratic Governor, are in the middle of a bipartisan process to expand Medicaid in their State, right now as we speak.

States that expanded Medicaid have continuously shown to have lower uninsured rates, lower premiums on exchange policies, to have lower mortality rates. States that expanded Medicaid better live up to the ideals of this country that, fundamentally, we are about life—life—liberty, and the pursuit of happiness.

Expanding healthcare access lowers death rates. It is about life. Expanding healthcare access is about liberty, freeing people from fear and anxiety, from being chained to the worry that comes from not being able to afford even an ambulance ride. And, ultimately, it is about happiness.

People in these States are going to the doctor more often for preventive screenings, visiting the dentist for dental care, getting mental health treatment. They have seen an increase in early stage cancer diagnosis when cancer is more treatable. People in those States have lower medical debt than in States that have neglected to expand Medicaid. It has actually had a positive effect on the overall economy. And I have led the charge to make sure that those States which expand Medicaid also provide coverage for birthing people, for moms, for a year postpartum.

We live in a country that shamefully has a maternal mortality rate that is far higher than our peer nations and especially higher for marginalized communities.

New data was recently released showing a significant increase in the maternal mortality rate in 2021. This problem is getting worse, with maternal mortality rates nearly doubling in the United States since 2018. The maternal mortality rate is bad for all Americans, and it is even worse for African Americans.

Given that Medicaid coverage covers half the births in the United States, the continuing expansion of coverage and care will help address these concerning trends and address those disparities and help ensure that more women can get access to the reproductive care that they need, and we could have more healthy births with healthy moms.

The bottom line is clear: Medicaid is integral to helping Americans get the care they need and to affirm our common values.

We love our children in this Nation, and the data for their births, for the children and their mothers, should reflect that love.

What does love look like in public? It looks like justice. It looks like healthy

children being born. It looks like lowering the death rates for women giving birth.

Look, we have much work to do. We should note the progress on this 13th anniversary. We should stop the politicization of healthcare in this country when we make strides that belie all the outrageous claims that were made about what the Affordable Care Act would turn into. All of the lies that were said about this legislation, all the dire predictions have not come true.

Look, when I think about the ACA, I think back to the night I sat with my dear friend John Lewis, a hero to people on both sides of the aisle in this Chamber, a truly great American. When the Affordable Care Act was in crisis and threatened to be repealed, we sat on the Capitol steps, opened up Facebook Live, and started having a conversation.

I will never forget. Hundreds of people came to join us on the steps of the Capitol, and I will never forget that John Lewis made it clear to this large crowd of people and to a live, online audience—he said:

Affordable healthcare is the birthright of every American. At stake are not just the details of policy but the character [the character] of our country.

Think about that for a second, the character of our country.

Who are we? What do we stand for? Not just those unbelievable words on those founding documents, not just the spirit of America, but, in truth, you can judge the greatness of a country by the well-being of its people.

I believe that when we talk about healthcare, we aren't just talking about policy and legislation and politics, but we are taking about the very fabric—the moral fabric—of this Nation. We cannot be a nation that stands for life, liberty, and the pursuit of happiness if people don't have access to what is fundamental to those ideals, which is quality healthcare.

We are a nation that should be a beacon to the world. I believe we are. We are a nation of promise, a nation of hope, a nation of possibility, a nation of infinite potential. But there are still too many people in this country where that potential and that possibility are undermined by the mere fact that they cannot access a doctor, preventive care, birthing care. That is wrong.

I am endlessly grateful for the Affordable Care Act for helping us to make a stride toward our ideals, for bending the arc of the moral universe more toward justice, for making this a more perfect union.

Yes, tonight is a 13-year anniversary, but we should commit ourselves to going from doing good work, from making progress, to ultimately doing what we are called to be, which is a nation that is a light unto all nations. It sets the highest standards for healthcare and health outcomes; that we are not a nation that proclaims a nation of life, liberty, and the pursuit

of happiness but demonstrates it relative to all other nations in the true fabric of our living. That is a cause that calls this body and the House of Representatives and our Federal Government that should call us not just to celebrate a 13-year anniversary but to continue to improve upon the good work that was done.

I am concluded with my remarks. I am just a warmup act for the Senator who is coming right now, from my second favorite “new” State after New Jersey, the great State of New Hampshire.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Ms. HASSAN. Well, Mr. President, thank you to my colleague Senator BOOKER for that kind introduction and as important, if not more, for his great comments about the importance of the Affordable Care Act to our constituents, to our communities, to our State, to our country, to the cause of human dignity.

I rise today to join my colleagues in commemorating the passage of the Affordable Care Act 13 years ago. I am so grateful to be here not only with Senator BOOKER but Senator WYDEN and Senator CASEY and grateful for their advocacy and their efforts to really help people understand the difference that this law has made for the people of our country.

I want to take a moment to discuss the difference that this law has made for the people in New Hampshire. I also want to build on what Senator BOOKER just talked about by talking about the growing bipartisan support for Medicaid expansion and how that shows just how much we can accomplish when we put politics aside and we work together. It also shows the urgent need that we have for remaining States to follow New Hampshire's bipartisan example and adopt Medicaid expansion.

The Affordable Care Act, and Medicaid expansion in particular, has done more to improve the health of the people of our country than any law passed in the last 50 years. This law was based on a simple proposition that when everyone has access to quality, affordable care, our country is stronger and our people are more free.

Our people are more free because, as the adage goes, when you have your health, you have everything.

We do not fully appreciate these words until we or someone we love falls ill. Facing health challenges is never easy, but it is easy to forget how much more daunting they used to be before the Affordable Care Act.

Thanks to the Affordable Care Act, millions of Americans now have the freedom and peace of mind of knowing that they will not be denied access to affordable healthcare, even if they lose their job or have a preexisting condition. For too long, many Americans had to pay painfully high premiums or were even denied coverage altogether just because they had a preexisting

condition. These conditions range from diseases like cancer and diabetes to pregnancy or asthma. Often, people with these conditions are the very people who need care the most.

No matter your political party, all of us should be united in celebrating that the days of denying someone coverage on account of a preexisting condition have ended.

Granite Staters know the difference that the Affordable Care Act has made. As Governor, I led the effort to get Medicaid expansion done, signing it into law in March of 2014. Only a handful of months later, the plan was implemented, thanks to extraordinary work by the employees of our State's Department of Health and Human Services.

Medicaid expansion has made an incredible difference for tens of thousands of Granite Staters. Medicaid expansion has made our people healthier and our workforce stronger. Since 2014, the uninsured rate in New Hampshire fell by over 40 percent. More than 200,000 Granite Staters have participated in expanded Medicaid.

All of us in this Chamber have entered public service with the hope that we will help our communities and our country. Make no mistake, behind these statistics, and similar statistics for other States, are countless stories of people whose lives were transformed or even saved by the law.

For many, it made their families more financially secure. For others, it allowed them to address longstanding health challenges that prevented them from participating in the workforce.

I want to share one of these stories. The Affordable Care Act has made a great difference for people struggling with addiction and substance misuse. Some may not know this, but in many States, Medicaid expansion marked the first time that substance misuse treatment was covered by Medicaid. This is particularly important for a State like New Hampshire, which has been hit hard by the substance misuse crisis.

Whenever I talk about expanding Medicaid, one of the first people I think of is a woman I met in Manchester named Ashley. For nearly a decade, Ashley struggled with heroin addiction. At one point, she was arrested, and eventually her then-husband overdosed, but that was not the end of Ashley's story.

In 2016, she became one of the tens of thousands of Granite Staters who have received substance misuse or mental health treatment covered by New Hampshire's Medicaid expansion. She went into recovery, found work, and has rebuilt her life. Ashley now works for a recovery community organization, helping others get the help and support that they need. None of this would have been possible without Ashley's strength and perseverance or if we failed to expand Medicaid.

Ashley's story is a reminder of why Medicaid expansion matters for so many Americans. It has helped count-

less people get the care that they need to be healthy, have a job, and participate in their communities.

The benefits of expanded Medicaid for people like Ashley is, in part, why Medicaid expansion has gained bipartisan support over the last decade. Even when partisan politicians have been slow to act, voters from both parties have come together and pushed Medicaid expansion forward.

Just last November, voters in South Dakota voted to expand Medicaid. They were the latest in a long line of Republican-led States whose voters went to the polls and passed Medicaid expansion, including Nebraska, Oklahoma, Idaho, and Utah. These ballot initiatives only passed because voters from both parties stood together, and we can learn from their example.

This growing bipartisan consensus is an example of our capacity to solve problems when we work together. This has certainly been true in my own State.

It was not that long ago that Medicaid expansion was at the center of our most polarizing, partisan debates. I know because I was in the middle of them as Governor. The debates were long, and the negotiations tough, with a divided State legislature. But, ultimately, we adopted bipartisan Medicaid expansion in New Hampshire. By listening to each other and finding ways to work together, we were able to put people's health ahead of politics and get it done.

Just recently, the New Hampshire Republican-controlled State Senate voted unanimously to support reauthorizing the expanded Medicaid Program. What was once a political lightning rod is now an essential part of our public healthcare system.

It has also strengthened both our economy and our workforce. Workers are more secure in seeking new and better jobs, knowing that if they have to switch insurance plans, they will not be denied coverage on account of a preexisting condition.

And people who couldn't get healthcare for a medical condition and, in turn, couldn't work because of their condition, can now get health insurance, get the treatment that they need, and join the workforce.

In short, this law has become a fundamental part of our State's promise to do right by Granite Staters.

New Hampshire's bipartisan Medicaid expansion as well as the bipartisan efforts in other States are an important reminder of what we can accomplish when we work together. When we take the politics out of an issue, when we care more about whether an idea is good rather than whether it is red or blue, we can accomplish tremendous things. We can make our country a better place because, ultimately, the Affordable Care Act was nothing less than a step forward for the cause of human dignity and freedom.

To be sure, there is much more work we need to do to improve the quality

and affordability of healthcare, and I welcome my colleagues to join me in bipartisan efforts to do just that.

Having listened to my colleague Senator CASEY just a few minutes ago, I want to note my agreement with him that cutting Medicaid or repealing the Affordable Care Act are not measures that will meet that goal.

I also urge Governors and legislators in the remaining States that have not expanded Medicaid to follow the bipartisan example that New Hampshire and other States have set. Look at the difference it has made in my State and in States across the country. This is an effort that has the support of majorities in both parties and should unite all Americans.

Thank you to everyone in this body and in legislatures across the country who made the Affordable Care Act and Medicaid expansion a reality. I sincerely hope that we bring the same bipartisan commitment that Medicaid expansion enjoys now to tackle future challenges, because today is a reminder that, when we leave partisan debates in the past and find ways to work together, we can build a country that is stronger and more free.

With that, Mr. President, I am very proud and grateful to yield the floor to my colleague Senator WYDEN, who has been such an extraordinary leader in improving and expanding access to healthcare and dignity for all Americans. Thank you.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, before the Senator leaves the floor, I just want everyone to note that what the Senate just heard was Senator HASSAN—vintage Senator HASSAN—saying repeatedly: Let us find a way to move forward in a bipartisan way. And through example after example, she cited the progress. It has always been that, even before the Affordable Care Act.

I was the author of the Healthy Americans Act, the first bipartisan universal coverage bill in the history of the Senate—14 Senators, 7 Democrats and 7 Republicans—because we learned the lesson Senator HASSAN has described and took it into the Affordable Care Act. So I thank my colleague for her wonderful remarks. And for people who are paying attention, this is what we get in the Senate Finance Committee every single time Senator HASSAN is in the house.

Mr. President, the landscape of American healthcare is shifting dramatically in the 13 years since the Affordable Care Act was signed into law.

I believe many find it hard to even recall the day when an American could be denied health insurance because of preexisting medical conditions, but we ought to remember the history. Those were the days when healthcare was for the healthy and the wealthy. The insurance companies, under the law, could just clobber—clobber—somebody

with a preexisting condition. You were basically on your own.

And, apropos of the implications to the economy, I have talked to the President of the Senate often about encouraging innovation enterprise. When we discriminated against people with preexisting conditions, the big problem we saw was job loss. When somebody had the opportunity to be mobile and to move somewhere else, they weren't able to do it because they were tethered to their position because they had coverage, and they couldn't get it if they moved on. Now, tens of millions of Americans have health and financial security thanks to 39 States—39 States—that have moved beyond just ending the discrimination against those with preexisting conditions to expanding Medicaid coverage.

The Affordable Care Act was also, we should remember, passed in a moment of great need. The recession—the great recession—caused massive economic damage and layoffs across the country. Millions lost the employer-provided health insurance they had. More than 50 million Americans lacked any form of health insurance coverage, and there was no backstop for them.

At that time, you basically were literally on your own. If you were sick and you were faced with providing for your family, you could lose virtually everything in those tragic kind of days when people didn't realize the importance of the changes that needed to be made.

It is now clear, for example, how important the Medicaid safety net truly is. The number of uninsured Americans has been cut in half. In addition to Medicaid, the individual marketplace hit record enrollment with 16 million people buying plans. In Oregon, that amounts to 140,000 Oregonians getting high quality, affordable health insurance. This was particularly obvious when the pandemic hit in 2020. Not only was the individual marketplace there to help the millions who lost their jobs, but Medicaid was the lifeline to help families get healthcare.

By the way, it is clear now that Medicaid can be a leader when it comes to innovative healthcare. I was particularly proud that in the rescue plan in 2021, we were able to bring together, for the first time, mental health leaders and law enforcement leaders to develop a multidisciplinary system with mental health and law enforcement to provide crisis services when someone on the streets of this country is struggling.

At the end of last year, the Congress passed a nationwide—nationwide—guarantee of a full year of continuous health coverage for kids up to 19 years of age who were enrolled in Medicaid and a permanent option for States to provide a full year of postpartum coverage for new moms. I am proud that Oregon pioneered this continuous coverage policy for kids before it was adopted nationwide.

It is just commonsense that kids need reliable health coverage even if

their parents' income is changing from month to month, and all of the research—all of the healthcare research about brain development—makes that very clear.

We understand that there is a lot more to do. Tomorrow, we will hear from the administration in the Senate Finance Committee about some of the next steps. The Affordable Care Act moved forward significantly to resolve the crisis of health coverage, but there are still gaps.

I also mention that, for a lot of us, we now recognize that it is not just a question of expanding coverage. It is a question of controlling costs, and we are going to be focusing on that in the days ahead as well. Elected officials are often pretty good talking about expanding coverage, but not so good at controlling costs.

With respect to that, the Inflation Reduction Act made a significant down payment on cost containment by finally lifting that Holy Grail guarded zealously by Pharma—the prohibition on negotiating. Now Medicare can negotiate lower drug prices and implement what we wrote in the Senate Finance Committee in 2019—the price-gouging penalty. In 2019, with bipartisan support in the Finance Committee, we said, if Big Pharma raises prices faster than inflation, there is finally accountability for high pharmaceutical prices, and they are going to pay penalties.

Improvements to the affordable healthcare system is still in progress. Last week, the North Carolina State Senate passed a Medicaid expansion bill by an astounding 44-to-2 margin. That is a very obvious indication that, as Senator HASSAN talked about and Senator CASEY, there could be bipartisan support here. Medicaid expansion saves lives. It is a good deal for States, and it is wonderful to see States across the political spectrum following the example of North Carolina.

Finally, we took additional steps recently to help improve our coverage, particularly with the advanced premium tax credit, increasing the amount of financial help for middle-class families trying to balance health expenses against food, rent, and other costs. It also expanded eligibility for these tax credits for more middle-class Americans. The President's budget supports making these kinds of enhancements in coverage permanent and so do I.

I will close with this. One of the dividing lines in American Government is whether you think healthcare is a basic human right. My experience, having specialized in this for a lot of years, since the days when I was director of the Gray Panthers, is that there are a variety of ways you can get there. And that is what we do in the Congress. We debate ideas. But I feel right to the core of my time in public service and those days with the Gray Panthers that healthcare is a basic human right. The Affordable Care Act was a monu-

mental step toward that long sought goal, and, as long as I have the honor and the privilege to chair the Senate Finance Committee, I will do everything I possibly can to work with Senators of both political parties to make that crucial goal a reality.

I yield the floor.

ADJOURNMENT UNTIL 11 A.M. TOMORROW

The PRESIDING OFFICER. The Senate stands adjourned until 11 a.m. tomorrow.

Thereupon, the Senate, at 7:25 p.m., adjourned until Wednesday, March 22, 2023, at 11 a.m.

NOMINATIONS

Executive nominations received by the Senate:

FEDERAL COMMUNICATIONS COMMISSION

FARA DAMELIN, OF VIRGINIA, TO BE INSPECTOR GENERAL, FEDERAL COMMUNICATIONS COMMISSION. (NEW POSITION)

UNITED STATES ADVISORY COMMISSION ON PUBLIC DIPLOMACY

JAMES J. BLANCHARD, OF MICHIGAN, TO BE A MEMBER OF THE UNITED STATES ADVISORY COMMISSION ON PUBLIC DIPLOMACY FOR A TERM EXPIRING JULY 1, 2025, VICE ANNE TERMAN WEDNER, TERM EXPIRED.

DEPARTMENT OF STATE

JOEL EHRENDREICH, OF NEW YORK, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE REPUBLIC OF PALAU.

KARA C. McDONALD, OF VIRGINIA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE REPUBLIC OF LITHUANIA.

UNITED STATES INSTITUTE OF PEACE

JOHN JOSEPH SULLIVAN, OF MARYLAND, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE UNITED STATES INSTITUTE OF PEACE FOR A TERM OF FOUR YEARS, VICE STEPHEN J. HADLEY, TERM EXPIRED.

NATIONAL MEDIATION BOARD

LOREN E. SWEATT, OF VIRGINIA, TO BE A MEMBER OF THE NATIONAL MEDIATION BOARD FOR A TERM EXPIRING JULY 1, 2023, VICE GERALD W. FAUTH, TERM EXPIRED.

LOREN E. SWEATT, OF VIRGINIA, TO BE A MEMBER OF THE NATIONAL MEDIATION BOARD FOR A TERM EXPIRING JULY 1, 2026. (REAPPOINTMENT)

THE JUDICIARY

TANYA MONIQUE JONES BOSIER, OF THE DISTRICT OF COLUMBIA, TO BE AN ASSOCIATE JUDGE OF THE SUPERIOR COURT OF THE DISTRICT OF COLUMBIA FOR THE TERM OF FIFTEEN YEARS, VICE GERALD FISHER, RETIRED.

DANNY LAM HOAN NGUYEN, OF THE DISTRICT OF COLUMBIA, TO BE AN ASSOCIATE JUDGE OF THE SUPERIOR COURT OF THE DISTRICT OF COLUMBIA FOR THE TERM OF FIFTEEN YEARS, VICE FERN FLANAGAN SADDLER, RETIRED.

JEREMY C. DANIEL, OF ILLINOIS, TO BE UNITED STATES DISTRICT JUDGE FOR THE NORTHERN DISTRICT OF ILLINOIS, VICE GARY SCOTT FEINERMAN, RESIGNED.

BRENDAN ABELL HURSON, OF MARYLAND, TO BE UNITED STATES DISTRICT JUDGE FOR THE DISTRICT OF MARYLAND, VICE GEORGE JARROD HAZEL, RESIGNED.

MATTHEW JAMES MADDOX, OF MARYLAND, TO BE UNITED STATES DISTRICT JUDGE FOR THE DISTRICT OF MARYLAND, VICE PAUL WILLIAM GRIMM, RETIRED.

DEPARTMENT OF JUSTICE

TARA K. MCGRATH, OF CALIFORNIA, TO BE UNITED STATES ATTORNEY FOR THE SOUTHERN DISTRICT OF CALIFORNIA FOR THE TERM OF FOUR YEARS, VICE ROBERT S. BREWER, JR., RESIGNED.

ERIC G. OLSHAN, OF PENNSYLVANIA, TO BE UNITED STATES ATTORNEY FOR THE WESTERN DISTRICT OF PENNSYLVANIA FOR THE TERM OF FOUR YEARS, VICE CINDY K. CHUNG, RESIGNED.

THE JUDICIARY

DARREL JAMES PAPILLION, OF LOUISIANA, TO BE UNITED STATES DISTRICT JUDGE FOR THE EASTERN DISTRICT OF LOUISIANA, VICE CARL J. BARBIER, RETIRED.

IN THE AIR FORCE

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624: