

least economically. There is even an argument that ammunitions and other things are going their way.

Does anybody really believe that North Korea would send people to the battlefield—they have lost a few thousand since they have been there—unless China was OK with it?

And then we have Iran. Iran is sending drones to Russia to kill innocent civilians and military personnel in Ukraine.

They are the “axis of evil,” and now they have regenerated themselves. We can’t let Putin have a win in Ukraine, ladies and gentlemen. We have to step up and make sure that the American people know that it is in our national interest to support Ukraine.

And we also have to let Vladimir Putin know that we do owe him thanks in one way: Thanks for waking up Europe in understanding the grave, existential threat that he represents. Thanks for actually getting Finland and Sweden into NATO and adding 800 miles of border on the Russian border. Thank you for that.

And now I want to thank him for receding back into the cave that he should live the rest of his life in and let democratic nations be free—and free from his threats. And until we are sure of that, we should not relent.

The PRESIDING OFFICER. The Senator from Vermont.

UNANIMOUS CONSENT REQUEST—S. 939

Mr. SANDERS. Mr. President, my office and I suspect all Senate offices are getting a whole lot of calls from senior citizens who are experiencing a great deal of fear and anxiety with all of the confusion and chaos that is currently going on here in Washington.

When we have the President and my Republican colleagues talking about cutting Medicaid by some \$880 billion—let us be clear—they are not just talking about throwing millions of children and others off of the health insurance they have; they are also talking about cuts to community health centers, which receive about 43 percent of their funding from Medicaid and where millions of seniors go to get their primary care. So cutting Medicaid impacts primary care.

At a time when we have a major crisis in nursing home availability—I know that is true in Vermont; I expect it is true in almost every State in the country—let us understand that Medicaid provides approximately two out of three seniors with the funding they need to live in nursing homes. Make drastic cuts in Medicaid, and it is going to be harder for your mom, your dad to get into a nursing home or to stay in a nursing home. Cuts in Medicaid would be a disaster for seniors in nursing homes.

But it is not just Medicaid cuts that worry seniors. At a time when the Social Security Administration is already understaffed—and again, for years, I have been hearing in my office—I expect other Senators have been hearing in their offices—from seniors who tell

us they are calling up Social Security, they have got a problem, and they are not getting a response. And the result of that is that some 30,000 people a year die—die—waiting for their Social Security disability benefits.

And in the midst of all of that, in the midst of a crisis where Social Security is understaffed, when our response should be to significantly increase staffing so that Social Security can better respond to the needs of our constituents, we have Elon Musk and his minions at DOGE cutting some 2,500 of Social Security staff. And, incredibly, they are now threatening to cut up to half of Social Security Administration staffing.

And then, on top of all that, you have Mr. Musk claiming that Social Security, which has paid out every benefit owed to every eligible American for over 80 years, claiming that it is a Ponzi scheme. Social Security is not a Ponzi scheme. It has paid out every benefit owed to every eligible American for over 80 years.

And then you have the President of the United States—State of the Union—lying about millions of people: Oh, millions of people, 200 years of age, 300 years of age, imagine that, getting Social Security benefits.

Seniors understand what all of that is about. They know that Musk and Trump want us to lose faith in Social Security and that, over a period of time, they want to give that indispensable program over to Wall Street.

So let us be clear: In America today, 22 percent of Americans living who are 65 years of age are trying to survive on an income of less than \$15,000 a year. Think about that: 22 percent of seniors in America trying to survive on \$15,000 a year or less. Half of seniors are trying to get by on \$30,000 a year or less. Frankly, I don’t know how any senior living on \$15,000, \$20,000 survives. I don’t know. The high cost of prescription drugs, food, housing, keeping warm in the winter, I don’t know how they can do that.

According to the Organization for Economic Cooperation and Development, we now have the dubious distinction of having one of the highest rates of senior poverty compared to other wealthy nations. In America today, according to the latest OECD estimates, 23 percent of seniors are living in poverty compared to just 4 percent in Norway, 6 percent in France, and 11.5 percent in Canada.

Yes, we have more nuclear weapons than any other country; we have more billionaires than any other country, but we also have one of the highest rates of senior poverty of any country on Earth. We might want to get our priorities right.

Now, while my Republican colleagues would like to make massive cuts to Medicaid in order to provide more tax breaks to billionaires, some of us have a better idea. We think that it makes more sense to substantially improve the lives of our Nation’s seniors by ex-

panding Medicare to cover dental, vision, and hearing benefits.

In 1965, President Lyndon Johnson signed Medicare, one of the most popular and successful government programs in our Nation’s history, into law. Before the enactment—this is really quite interesting. Before the enactment of Medicare, about half of our seniors were uninsured. Today, everyone in America age 65 or older is guaranteed healthcare benefits through Medicare regardless of their income or medical condition. That is the good news.

The bad news is that, since its inception 60 years ago, Medicare has failed to cover such basic healthcare needs as hearing, dental care, and vision. The result: Millions of senior citizens have teeth that are rotting in their mouths. They are unable to hear what their children say or they are unable to read a newspaper because of failing eyesight.

This is the United States of America. We are the wealthiest country in the history of the world. Senior citizens should not be walking around with no teeth in their mouth. They should not be unable to hear conversations. They should not be unable to afford glasses so that they can read a newspaper.

The need to expand Medicare to cover dental, hearing, and eyeglasses is absolutely critical. Nobody—nobody—denies that oral health, hearing, and vision are essential parts of healthcare. We cannot continue to deny seniors these basic healthcare benefits. We can no longer tolerate the fact that 26 million seniors and people with disabilities in America have no dental insurance and no idea how they will be able to pay for the very expensive dental procedures that they need.

The results have been tragic. Nearly one out of five seniors in America have lost all of their natural teeth. Twenty percent of seniors in America have no natural teeth in their mouths. Disgracefully, 60 percent of our Nation’s seniors have untreated gum disease, which can increase the risk of cardiovascular disease, diabetes, and rheumatoid arthritis.

Further, it is not acceptable that while nearly two-thirds of seniors over the age of 70 experience hearing loss, less than 30 percent of seniors above this age have ever used a hearing aid, primarily because hearing aids are too expensive. In my view, no senior in America should face isolation from their families and friends simply because they cannot afford the extremely high price of a hearing aid.

In addition, we cannot continue to allow seniors with poor vision to go without routine eye exams or properly prescribed glasses. Poor vision can lead to injury, cognitive impairment, and depression.

Adding dental, vision, and hearing benefits to Medicare is not just good public policy; it will not only ease human suffering and improve the health of our Nation’s seniors; it is precisely what the overwhelming majority

of the American people want. Poll after poll tells us exactly that.

According to a poll conducted by Data for Progress last year, it found that 92 percent of the American people support expanding Medicare to provide dental, vision, and hearing benefits, and that is why I have introduced legislation today with Senators WARREN, BOOKER, WELCH, MARKEY, DUCKWORTH, MERKLEY, and BLUMENTHAL to do just that. Congressman LLOYD DOGGETT, in the House, has introduced similar legislation, which has more than 110 cosponsors.

Now, I am sure that some of my Republican colleagues may say: Well, you know, it is an interesting idea. It is a good idea, but how are you going to pay for it?

So let me tell you how we are going to pay for it. We are going to pay for it by requiring Medicare to pay no more for prescription drugs than the VA. Right now, we pay the highest prices in the world for prescription drugs, and that means significantly increased expenses for Medicare. By making sure that Medicare pays no more than the VA, which has for years—for decades—negotiated prices with the pharmaceutical industry, we could not only cut the price of prescription drugs for our seniors in half, we will save over \$800 billion over the next decade, which would more—more—than pay for this legislation. Lower the costs of prescription drugs, and get the revenue we need to cover dental, vision, and hearing for seniors.

Now, some of my Republican friends may also argue that this bill is not needed. Some Medicare Advantage plans already offer dental, vision, and hearing benefits, yes, but what my Republican friends may not tell you is, one, seniors still pay thousands of dollars out of pocket because these private Medicare Advantage benefits are totally inadequate. Further, the non-partisan Medicare Payment Advisory Commission has estimated that Medicare Advantage plans overcharge the Federal Government by \$83 billion a year.

In other words, if we are serious about waste, fraud, and abuse—hear a lot about that—we may want to take a look at the massive waste and fraud that is taking place with private Medicare Advantage plans. Those savings would also more than fully pay for this legislation.

Therefore, as if in legislative session, I ask unanimous consent that the Senate proceed to the immediate consideration of S. 939, which was introduced earlier today, that the bill be considered read three times and passed, and that the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Is there an objection?

Mr. CRAPO. Mr. President, reserving the right to object, I share my colleague's frustration with the Medicare system that far too often fails our seniors. Medicare's coverage and reim-

bursement paradigms routinely prioritize treating the symptoms instead of the underlying causes of chronic stress and disease. Research shows that patients with diminished vision, hearing, or oral health are more likely to suffer chronic conditions like kidney, Alzheimer's, and heart disease.

We should modernize Medicare to focus on prevention and maintenance interventions. Patients should have access to a full spectrum of specialized providers working together as a team, from nutritionists, to dentists, to psychologists and surgeons. However, we must tackle these reforms without increasing the costs for patients or taxpayers. My colleague's proposal would increase the deficit by tens of billions of dollars and risk spiking seniors' premiums.

After years of record inflation, we cannot rush to enact a policy that has not been carefully considered and appropriately integrated into Medicare. This bill was just introduced today. It hasn't even been looked at by the Finance Committee. No hearing has been held, and no evaluation of how to effectively integrate these types of policies has been made.

I welcome the opportunity to work with my colleague to enact meaningful improvements to Medicare that deliver better outcomes for Americans. However, simply introducing a bill and then moving to have it passed on the floor of the Senate before there has been any consideration is not the way to proceed. We must proceed within the committee and floor process, within the regular order that this Senate requires.

Therefore, for these reasons, Mr. President, I object to the request.

The PRESIDING OFFICER. The objection is heard.

Mr. SANDERS. I ask my colleague, my friend, the chairman of the Finance Committee a question. I hear what you are saying. Do I hear you correctly that you are prepared to discuss this legislation in committee?

Mr. CRAPO. I am prepared to discuss the issue. I am not telling you that I will limit the discussion to this piece of legislation. But, yes, we are prepared to discuss significant approaches to how we improve and expand proper healthcare treatment in America.

Mr. SANDERS. Look, I understand that this bill would bring forth serious debate and discussion, but I would appreciate if we could have a starting point. This bill is pretty simple. It says—and I hear you saying that you need—am I hearing you correctly to say that the idea of covering dental, vision, and hearing is something that you entertain, you think is a good idea, or am I not hearing that?

Mr. CRAPO. I do think that idea—that outcome is a good outcome to seek to achieve. I can't say that I want to have your legislation or even my legislation—

Mr. SANDERS. Right. OK. Fair enough. That is fair enough. But what

I would like to do—and I appreciate—you know, I think you and I can agree that we don't use the committee structure here in the Senate as effectively as we might. That is the place to have serious debate and discussion, correct?

Mr. CRAPO. Correct.

Mr. SANDERS. OK. I would hope in one way or another—I would appreciate if we could start off with my bill. You could come in and tell me what you don't like about it, and we can go from there. But this is a crisis situation—I think you and I agree—that too many of our seniors are suffering because of lack of dental, hearing, and vision. I look forward to hearing what you have to say. Let's debate it. But can we get this into the committee and have a serious discussion on it?

Mr. CRAPO. I assume that this bill will be referred to the Finance Committee.

Mr. SANDERS. It will.

Mr. CRAPO. If this bill is referred to the Finance Committee, then it, like all other legislation in this area that is referred to the Finance Committee, will be reviewed by us. I can't tell you that it will have a specific hearing. I can't tell you exactly how that will work.

We will look at developing a very significant and I hope broad and successful approach to reducing the cost of our healthcare system and increasing the focus and successes in our healthcare system, and I look forward to working with you on that.

Mr. SANDERS. Thank you. Thank you, Mr. Chairman, and thank you, Mr. President.

I yield the floor.

VOTE ON SLATER NOMINATION

The PRESIDING OFFICER. The question is, Will the Senate advise and consent to the Slater nomination?

Mr. BARRASSO. 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. BARRASSO. The following Senator is necessarily absent: the Senator from West Virginia (Mr. JUSTICE).

Mr. DURBIN. I announce that the Senator from Illinois (Ms. DUCKWORTH) and the Senator from Pennsylvania (Mr. FETTERMAN) are necessarily absent.

The result was announced—yeas 78, nays 19, as follows:

[Rollcall Vote No. 115 Ex.]

YEAS—78

Baldwin	Collins	Fischer
Banks	Coons	Gallego
Barrasso	Cornyn	Graham
Bennet	Cortez Masto	Grassley
Blackburn	Cotton	Hagerty
Booker	Cramer	Hassan
Boozman	Crapo	Hawley
Britt	Cruz	Hickenlooper
Budd	Curtis	Hoehen
Cantwell	Daines	Husted
Capito	Durbin	Hyde-Smith
Cassidy	Ernst	Johnson