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Senate

The Senate met at 2:15 p.m. and was called to order by the Honorable ROB PORTMAN, a Senator from the State of Ohio.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Lord God, source of righteousness and the center of our joy, forgive us when we assume we know what is right without seeking Your wisdom. Inspire our lawmakers to think Your thoughts, to listen for Your directions, and to follow Your guidance. Lord, lead them to seek what is best for our Nation and world, depending always on Your sovereignty and might. May they constantly remember that You possess all power and can accomplish the seemingly impossible if they would only believe. Continue to sustain them with Your might, showering them with Your bountiful blessings.

We pray in Your mighty Name. Amen.

PLEDGE OF ALLEGIANCE

The Presiding Officer led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. HATCH).

The senior assistant legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, July 11, 2017.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby

appoint the Honorable ROB PORTMAN, a Senator from the State of Ohio, to perform the duties of the Chair.

ORRIN G. HATCH,
President pro tempore.

Mr. PORTMAN thereupon assumed the Chair as Acting President pro tempore.

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 consider the Nye nomination, which the clerk will report.

The senior assistant legislative clerk read the nomination of David C. Nye, of Idaho, to be United States District Judge for the District of Idaho.

The ACTING PRESIDENT pro tempore. The Senator from Iowa.

HEALTHCARE LEGISLATION

Mr. GRASSLEY. Mr. President, I am going to speak for about 5 minutes. Before I begin, I will reference an item that I ask unanimous consent be printed in the RECORD following my speech.

I rise to share real stories of real hardships from hard-working families in my home State of Iowa. Seven years ago, Americans were promised that the Affordable Care Act would make health insurance cheaper and healthcare more accessible. Well, I will not pretend to break any news here. The facts speak for themselves: ObamaCare is not liv-

ing up to its promises. When passing the law, the other side made promises they knew could not be kept.

The irony is, the so-called Affordable Care Act is anything but affordable. I have heard from many Iowans who tell me, in no uncertain terms, that they cannot afford to buy health insurance because ObamaCare is unaffordable. In fact, 72,000 Iowans can't even get help from the exchange because there isn't an insurance company to service them.

One Iowan wrote to me:

I am forced to pay \$230 a month for a healthcare plan that covers nothing until I reach \$11,000 in deductible. So on top of paying 100 percent of my medical bills anyway, now I also have to pay for insurance I can't use.

How did we get to this point?

Seven years ago, I spoke right here on the Senate floor and predicted what would happen to the cost of insurance if ObamaCare passed. So let's go back to that period of time when I spoke in October of 2009. This is my own quote from that speech:

And while some of the supporters of these partisan bills may not want to tell their constituents, we all know that as national spending on health care insurance increases, American families will bear the burden in the form of higher premiums. So let me be very clear, as a result of the current pending health care proposals, most Americans will pay higher premiums for health insurance.

That is the end of my quote from a speech in the Senate in October of 2009.

Now, I don't have a magic crystal ball, but it was easy to read the writing on the wall. I knew that layers of new taxes and burdensome new mandates in ObamaCare would lead us to where we find ourselves today: a broken healthcare system that is not better off than it was 7 years ago, and for millions of Americans—including those 72,000 Iowans—it is much worse.

So where do we go from here? After 7 years of rising premiums, soaring deductibles, and climbing copays, Republicans are committed to fixing the damage caused by the Affordable Care

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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Act. Not only is it unaffordable for too many people, it is unsustainable. ObamaCare is unable to fulfill its promises to the American people.

Here is what every lawmaker in Congress ought to agree on: Insurance isn't worth having if patients can't afford to use that insurance. The facts are clear. A one-size-fits-all, government-run plan from Washington, DC, is driving insurers out of the exchanges, driving up premiums, driving away customers, and driving up the tab to the tax-paying public.

ObamaCare has overregulated, overtaxed, and oversold its promises to the American people. ObamaCare has not healed what ails the U.S. healthcare system. It is time to move forward.

Mr. President, I also want to speak about Medicaid for a moment.

Medicaid, as we know it, is not sustainable. The Federal Government and States spent \$553 billion on Medicaid in 2016. That amount is very close to \$593 billion spent on the No. 1 responsibility of the Federal Government—our Nation's defense.

Every decade since Medicaid started, it has grown faster than the economy. Medicaid is now unmatched as a driver of the deficit of our country. We cannot sit by and leave this kind of debt to our children and our grandchildren.

Dollars are not the only metric by which we measure Medicaid. Medicaid is a program that should supply healthcare to diverse populations and should have quality measured, but it does not.

Medicaid dollars should be spent efficiently, but they are not. Activists in Washington, DC, are fighting to preserve the status quo and, of course, in the process, scaring the daylight out of the American people.

Yet Iowans tell me that there are waiting lists for Medicaid waivers to obtain services for children with disabilities. Others tell me that medicines that will cure diseases are rationed to be used only with those with the most advanced disease. In other words, you have to get really sick for Medicaid to cover medical expenses.

It is a fact that Medicaid is not working the way it should for everyone. The time to act to preserve and improve Medicaid as the safety net for the most vulnerable citizens is right now.

I am holding up a letter here because, under a Democratic President, proposing to do what we are doing, 46 Democrat Senators wrote to President Clinton and expressed their "strong support" for Medicaid per capita caps. The letter went on to say that it would give States the flexibility to achieve savings without cuts to essential services. That is what the current proposal aims to do as well.

We are proposing per capita caps as a way to make sure tax dollars are spent wisely on the most vulnerable people in our Nation. Medicaid dollars should be spent on a child with cystic fibrosis who needs a blockbuster drug. A person with severe mental illness should be able to rely on Medicaid for care.

Medicaid cannot continue to be a limitless credit card for the States to spend money without any accountability to the people who need it. I urge my colleagues to put aside partisan dogma and work to solve this problem for the American people.

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

WASHINGTON, DC,
December 13, 1995.

President WILLIAM J. CLINTON,
The White House,
Washington, DC.

DEAR MR. PRESIDENT: We are writing to express our strong support for the Medicaid per-capita cap structure in your seven-year budget. We have fought against Medicaid block grants and cuts in the Senate, and we are glad you acknowledge the importance of our position.

We support a balanced budget. We are glad you agree with us that we can balance the budget without undermining the health of children, pregnant women, the disabled, and the elderly.

The savings level of \$54 billion over seven years included in your budget will require rigorous efficiencies and economies in the program. However, after consulting with many Medicaid Directors and service providers across the country, we believe a reduction of this level is possible to achieve without dramatic limits on eligibility or cuts to essential services. States will need flexibility to achieve these savings, and you have taken steps toward granting it in your bill.

We were encouraged that your Medicaid proposal does not pit Medicaid populations against one another in a fight over a limited pot of federal resources.

We were further encouraged to hear Chief of Staff Panetta relay your commitment to veto any budget not containing a fundamental guarantee to Medicaid for eligible Americans.

We commend you on the courage you have exercised in making these commitments to Americans eligible for Medicaid. There is a bottom line when it comes to people's health; do not allow the current Congressional leadership to further reduce our commitment to Medicaid beneficiaries.

Your current proposal is fair and reasonable, and is consistent with what we have advocated on the Senate floor. We urge you in the strongest possible terms to hold fast to these commitments in further negotiations. We are prepared to offer any assistance you may need in this regard.

Sincerely,

Bob Graham; John Breaux; Jay Rockefeller; Herb Kohl; Patrick Leahy; Frank R. Lautenberg; Ted Kennedy; Tom Daschle; Patty Murray; Barbara Boxer; David Pryor; Barbara A. Mikulski; Max Baucus; Paul Simon; Kent Conrad; Wendell Ford; Harry Reid; Paul Wellstone; Richard H. Bryan; Ernest Hollings; Dianne Feinstein; Tom Harkin; Byron L. Dorgan; Chris Dodd; J. Bennett Johnston; Joe Lieberman; Paul Sarbanes; Carol Mosely-Braun; John Glenn; Jeff Bingaman; Carl Levin; Bill Bradley; John F. Kerry; Bob Kerrey; Joe Biden; Daniel K. Akaka; Dale Bumpers; Daniel Inouye; Chuck Robb; J. James Exon; Howell Heflin; Claiborne Pell; Russ Feingold; Daniel P. Moynihan; Sam Nunn; Robert C. Byrd.

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

RECOGNITION OF THE MAJORITY LEADER

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

MISSISSIPPI PLANE CRASH

Mr. MCCONNELL. Mr. President, I want to start this afternoon by offering deepest condolences to the Marine Corps and to all those who lost loved ones in the tragic plane crash yesterday in Mississippi. We are still learning details about the incident, but we know that at least 16 on board the plane perished as a result of the crash. Our hearts break for all those impacted and the many lives cut short in this tragedy. We are reminded of the bravery that our voluntary servicemembers exhibit, putting their lives on the line, both at home and abroad, in order to defend our communities and our freedom. We are indebted to them for their courageous, courageous sacrifice.

HEALTHCARE LEGISLATION

Mr. President, on a totally different matter, ObamaCare is a direct attack on the middle class. Seven years ago, Democrats imposed it on our country. In the years since, Americans have found themselves at the mercy of its failures repeatedly. Choice was supposed to go up, but it plummeted. Costs were supposed to go down, but they skyrocketed.

ObamaCare's defenders spent years trying to deny these clear realities. When the weight of the evidence became too clear to ignore, some appeared to bemoan ObamaCare's harmful impact on our country.

The Democratic Governor of Minnesota declared that it was "no longer affordable." President Clinton branded it "the craziest thing in the world." Other Democrats said similar things.

Such acknowledgements of the obvious seemed to many of us like progress, but they turned out to be just rhetoric. In the last election, voters delivered Congress the opportunity to finally address the ObamaCare status quo. Yet Democrats made clear early on that they did not want to work with us in a serious, bipartisan way to actually do so.

I wish they had made a different choice. I wish their sudden calls for bipartisanship now were even somewhat serious, but this is the reality before us. We must accept it because that is where we are.

As my Republican colleagues know, this is the charge we must accept as well. The American people are looking to us for a better way. That is why, despite the headwinds, I chose to keep working toward a better solution than ObamaCare. I have seen the pain in the eyes of too many of my constituents because of this law. I think they deserve better than what ObamaCare has given them. I hope, in the end, that a majority of the Senate will agree.

We have been continuing with ongoing conversations across the conference about how to get there. Members shared significant input over the State work period. We are going to keep working very hard on this. We will continue to focus on the fundamentals that have guided the process from the start, like improving the affordability

of health insurance and stabilizing collapsing insurance markets before they leave even more Americans without any options at all.

We also want to strengthen Medicaid for those who need it most by giving States more flexibility while ensuring that those who rely on the program don't have the rug pulled out from under them.

Many States want the ability to reform their Medicaid programs so they can actually deliver better care at a lower cost. Under current law, States have some ability to do so. Indiana, for example, has launched a particularly notable effort, thanks to the leadership of now-CMS Director Seema Verma.

Ms. Verma has also helped States like Kentucky develop their own plans, but the process is still too restrictive. It hinders broader innovation, and it is very slow. Kentucky's plan, for instance, still has not been approved by the Federal Government.

The Senate's healthcare legislation contains a provision to dramatically expand the State's authority to improve its Medicaid system. It is an idea that could significantly improve healthcare in States across the country. The Wall Street Journal wrote in a recent editorial:

This booster shot of federalism could become the greatest devolution of federal power to the states in the modern era. [It could] launch a burst of state innovation.

The Journal went on further:

Introducing many competing health-care models across the country would be healthy. California and South Carolina don't—and shouldn't—have to follow one uniform prototype designed in Washington, and even a state as large as California doesn't have the same needs from region to region [within the State]. If nothing else the repeal and replace debate has shown that liberals, conservatives and centrists have different health-care priorities, and allowing different approaches and experimentation would be politically therapeutic. The more innovative can become examples to those that stay heavily regulated.

It is clear that we have an important opportunity to achieve positive things for our country. It is also clear that, if we let this opportunity pass by, the options left are not good ones.

The Senate Democratic leader acknowledges that ObamaCare isn't working the way they promised, but his solution, as he noted in a statement last week, is simply more money for insurance companies. The solution would be an insurance company bailout—no reforms, no changes, just more money to paper over the problems under the current law. It is a multibillion-dollar bandaid, not a real solution.

Senator SANDERS acknowledges that ObamaCare isn't working, too, but his solution, as he stated in my State over the weekend, is to move to the kind of fully government-run single-payer system that was already abandoned in his home State of Vermont, that 80 percent of the voters recently rejected in Colorado, and that even the California State Legislature and its huge Demo-

cratic majority is finding rather hard to swallow.

Is it any wonder? The so-called single-payer plan Senator SANDERS proposed in his Presidential campaign would strip Americans of so many facets of decisionmaking over their own healthcare and literally hand it over to the government. It would require almost unimaginably high tax increases—unimaginably high.

The cost, according to a recent analysis by the Urban Institute, stands at an astonishing—listen to this—\$32 trillion. That is trillion with a “t.” That represents a greater sum than the entire economy of the most populous nation on Earth—China. It is more than Japan's economy, too—and Germany's, Britain's, and France's. It is the same with Italy's, Brazil's, India's, and Canada's.

In fact, the cost of Senator SANDERS' healthcare plan is projected to be roughly equal to the size of all nine of those countries' economies combined. It would total more than the entire economy of the European Union twice over. If you laid out 32 trillion one-dollar bills end to end, they would stretch from the Earth to Neptune. It took the Voyager 2 spacecraft 12 years to reach Neptune.

That is the government-run single-payer plan put forward by the most famous proponent of the idea. Many in the Senate Democratic leadership now support single-payer, too, and these days, increasing numbers on the left seem to openly comment on the failures of ObamaCare, as if they see an opportunity to finally realize their leftwing dream of total government dominance of the healthcare system.

That is the dream of many on the other side in this body. That will not happen if we succeed in our charge today. Americans deserve better than what we are getting under ObamaCare. They deserve better than what they get under an even more government-heavy system than we have now. They also deserve better than a bandaid solution.

The people we represent deserve more affordable health insurance. They deserve improved healthcare choice. They deserve a more flexible Medicaid system that can help improve outcomes for those truly in need. They deserve a more responsive healthcare market that trusts the American people to make more of their own choices, not the government.

That is what we have been fighting for throughout this debate. That is what we are going to keep fighting for today.

Mr. President, on one final matter, believe it or not, the current business before the Senate is the consideration of a noncontroversial nominee to be a U.S. district judge in Idaho—Idaho.

How do we know he is noncontroversial? Well, the Judiciary Committee reported out his nomination on a voice vote, and, then, every single Senate Democrat voted yesterday for cloture on his nomination, thereby agreeing

that there is no need to continue debate on this noncontroversial nomination—a noncontroversial district court judge.

Why are we still having a debate on a noncontroversial district court judge? If they agree that the Senate should bring the debate on the nomination to a close, then, why did they insist on dragging out the 30 hours of postcloture debate time in order to debate a nomination that not a single Democrat said needed to have more debate?

We all know the answer. It is that the unnecessary procedural vote yesterday served our colleagues' apparent purpose of wasting—literally wasting—more of the Senate's time. Unfortunately, this has become a common practice for our friends across the aisle.

At this point in President Obama's Presidency, we allowed more than 90 percent of his nominees to clear by simple voice vote. Let me say that again. At this point in President Obama's Presidency, we allowed more than 90 percent of his nominees to clear by a simple voice vote, and we only asked for those procedural votes known as cloture votes eight times. At the same point under this current President, President Trump, Democrats have allowed voice votes 10 percent of the time. While 90 percent of Obama's nominees got a voice vote, 10 percent of Trump's got a voice vote, and they forced procedural hurdles 30 times.

These delays have nothing to do with the credentials or whether Democrats support the nominee. In many cases, in fact, they do support the nominee, like the nominee before us.

As the Wall Street Journal observed yesterday:

Democratic obstruction against nominees is nearly total, most notably including a demand for cloture filings for every nominee—no matter how minor the position.

What does this mean? It means a 2-day waiting period and then another 30 hours beyond that. It is not about changing the outcome; it is about wasting time to make it more difficult for the President to make appointments.

According to the nonpartisan Partnership for Public Service, at this point in President Obama's administration, he had 183 of his nominees confirmed. While the current President has made 178 nominations—almost as many—the Senate has confirmed only 46 of them.

The Wall Street Journal editorial I mentioned goes on to note that the extent of this Democratic obstruction extends far beyond the cloture vote issue. I have discussed this issue before, and I urge the Democratic minority to think critically about the consequences for the Senate and our country if they allow this near-total obstruction to continue.

Mr. President, I ask unanimous consent that the Wall Street Journal editorial I just mentioned be printed in the RECORD.

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

[From the Wall Street Journal, July 10, 2017]

RUNNING THE SCHUMER BLOCKADE: THE GOP SENATE NEEDS TO STOP DEMOCRATIC ABUSE OF THE RULES

(By the Editorial Board)

The Trump Presidency is well into its seventh month but the Trump Administration still barely exists. Senate Democrats are abusing Senate rules to undermine the executive branch, and Republicans need to restore normal order.

President Trump got an inexcusably slow start making nominations, but in the past few weeks he's been catching up to his predecessors. According to the Partnership for Public Service, as of June 28 Mr. Trump had nominated 178 appointees but the Senate had confirmed only 46. Barack Obama had 183 nominees confirmed by that date in his first term, and George W. Bush 130.

The White House has understandably begun to make a public issue of the delays, and Minority Leader Chuck Schumer says it "has only itself to blame." But a press release Mr. Schumer sent out Monday made the White House case, showing that the Senate has received 242 nominations but confirmed only 50 through June 30. Democrats are now the problem.

Among the non-controversial nominees awaiting confirmation: Kevin Hassell to lead the White House Council of Economic Advisers; David Malpass, under secretary at Treasury for international affairs; two nominees needed to review pipelines and other projects at the Federal Energy Regulatory Commission; and Noel Francisco for Solicitor General. Mr. Malpass was nominated in March and voted out of committee in mid-June. Mr. Trump's State Department is barely functioning with only eight confirmed appointees.

Democratic obstruction against nominees is nearly total, most notably including a demand for cloture filings for every nominee—no matter how minor the position. This means a two-day waiting period and then another 30 hours of debate. The 30-hour rule means Mr. Trump might not be able to fill all of those 400 positions in four years. The cloture rule also allows the minority to halt other business during the 30-hour debate period, which helps slow the GOP policy and oversight agenda.

Democrats have also refused to return a single "blue slip" to the Judiciary Committee, which has the effect of blocking consideration of judicial nominees from their home states. Senators like Minnesota's Al Franken and Amy Klobuchar are holding hostage the eminently qualified Minnesota Supreme Court Justice David Stras for no reason other than politics.

Minority Leader Chuck Schumer's troops are even invoking an obscure rule that prohibits committees from doing business more than two hours after the Senate opens for the day. Republicans have had to cancel briefings on national security and Russia electoral interference, as well as scrap a markup of two human-trafficking bills.

Democrat Harry Reid didn't have the cloture headache when he was Majority Leader because in 2013 he cut a deal with Republicans. The GOP traded the ability to offer more amendments to legislation in return for letting Mr. Reid limit post-cloture debate for most nominations to eight hours. This

rule let Mr. Reid confirm dozens of judicial and lower-cabinet nominations every week. But the deal expired in early 2015, and good luck getting Mr. Schumer to grant the GOP the same terms.

Frustrated Republicans may soon begin listening to Oklahoma Senator Jim Lankford, who wants the majority to impose the eight-hour rule unilaterally. Most debate about nominees occurs during vetting and in committees. Eight hours on the floor is enough for all but the most controversial nominees, and the Senate could then get back to other business.

As for the blue-slip tradition, it was designed to facilitate advice and consent by allowing Senators to use their home-state knowledge about local judges to better inform the White House. But it is a courtesy, not a rule, and Judiciary Chairman Chuck Grassley can ignore Senators who are using their blue slips as ideological vetoes of qualified candidates.

Mr. Trump has nominated first-rate judges, and Mr. Grassley is justified in suspending blue-slip privileges on a case-by-case basis. Majority Leader Mitch McConnell has also been starting the Senate at different times of the day to get around the Democratic sabotage of committee work. But note Mr. Schumer's childishness in forcing a game of Senate hide-and-seek.

Mr. McConnell will be wary of Mr. Lankford's advice to change a Senate rule in the middle of the term, but the Majority Leader rightly did so when Democrats staged a historic filibuster of Supreme Court Justice Neil Gorsuch. Democrats aren't using cloture to raise the level of debate or highlight unqualified nominees. They are using it—and have said as much—to sabotage a Presidency. That isn't what the Founders intended, and Republicans have every right to stop this abuse of process to let the President form a government.

The ACTING PRESIDENT pro tempore. The Senator from South Dakota.

HEALTHCARE LEGISLATION

Mr. THUNE. Mr. President, as the leader has very ably pointed out, the Democratic obstruction when it comes to President Trump's nominees is reaching an unprecedented level if you compare it to any past administration. He pointed out the number of nominees President Obama was able to get in and the way in which Republicans here in the Senate cooperated with him on his nominees. This state of affairs here in the Senate really is taking the obstructionism when it comes to trying to block even getting people into the administration, into their positions, to an entirely new level.

Frankly, about the only thing that probably exceeds the pileup of President Trump's nominees who are not getting into his administration is the pileup of bad ObamaCare news stories. Just take a look at a few of the recent headlines.

From the Cincinnati Enquirer: "Another insurer leaves Ohio health care exchange."

From Bloomberg: "Anthem's Exit Creates Obamacare 'Crisis' for Rural Nevadans."

From the Washington Free Beacon: "Recent Obamacare Insurer Exits Lead to 2 More Counties With No Choices."

This is another headline from the Washington Free Beacon: "19th Obamacare Co-Op Folds, Leaving Only 4 Operating in 2018."

Across the United States, the story is the same—huge premium increases, fewer choices, and a system that is well on its way to complete collapse.

In late May, the Department of Health and Human Services released a report comparing the average individual market insurance premium in 2013, which was the year most of ObamaCare's regulations and mandates were implemented, with the average individual market exchange premium in 2017 in the 39 States that use healthcare.gov. This is what they found:

Between 2013 and 2017, the average individual market monthly premium in the healthcare.gov States increased by 105 percent. That is in the 4-year timeframe since ObamaCare was implemented. On average, individual market premiums more than doubled in just those few years.

In my home State of South Dakota, premiums increased by 124 percent, or \$3,588. That is money South Dakota families had to take from other priorities, such as saving for retirement or investing in their children's education. Over the past 5 years, the average individual market yearly premium has increased by \$4,800 in Arizona; \$8,364 in Alaska; \$3,648 in Louisiana; \$5,064 in North Carolina; \$4,488 in Tennessee; and \$5,292 in West Virginia.

Premium hikes aren't over. In fact, in many cases, they are getting worse. Here are some of the premium hikes insurers are proposing for 2018. In Maryland, one insurer has proposed an average premium increase of 52 percent. An Iowa insurer is seeking an average 43.5 percent premium increase. In North Carolina, an insurer is pursuing an average 22.9 percent hike. A Virginia insurer is looking for an average rate increase of 38 percent. A Delaware insurer is looking for an average rate hike of 33.6 percent. A Maine insurer is seeking an average rate hike of 40 percent. I could go on. Remember, these are rate hikes for just 1 year. The double-digit rate hikes for next year are in addition to years upon years of dramatic Obama premium increases, as I already pointed out.

The ObamaCare status quo is not sustainable. This law was fatally flawed from the beginning, and it is rapidly imploding. The American people need relief. Inaction is not an option.

My colleagues across the aisle seem to want to do one of two things. They either want to do nothing, which would leave Americans even worse off than they are now, or they want to double down on ObamaCare's failures by giving the government even more control over Americans' healthcare and then raising Americans' taxes to pay for it. Neither one of those so-called solutions will provide relief to the American people.

Republicans are committed to providing real help to the millions of Americans who have been hurt by ObamaCare, and we are working on legislation to do just that. My colleagues

in the House made a good start, and we are working to build on their bill here in the Senate.

We are committed to helping to stabilize the collapsing insurance markets that left millions of Americans with no options. We are committed to freeing the American people from the onerous ObamaCare individual mandate, which requires Americans to purchase insurance that they may not want or can't afford. We are committed to improving the affordability of health insurance, which keeps getting more expensive under ObamaCare. We are committed to preserving access to care for Americans with preexisting conditions. We are committed to strengthening Medicaid for those who need it most by giving States more flexibility while ensuring that those who rely on this program don't have the rug pulled out from under them.

The American people have suffered under ObamaCare for long enough. It is time to give them some relief, and that is what we intend to do.

NORTH KOREA

Mr. President, I would like to take a few minutes today to discuss the serious threat posed by a nuclear-capable North Korea.

Last week, on the Fourth of July, North Korea leader Kim Jong Un took the latest and possibly most alarming step in his unwavering quest for a nuclear weapon by successfully testing an intercontinental ballistic missile. Estimates suggest that the missile tested had a range of more than 4,000 miles, which means it could reach Alaska. North Korea has not yet demonstrated the ability to arm these missiles with nuclear warheads, but that day may not be far off.

North Korea's nuclear program has achieved a disturbing number of milestones in this year alone. The United States must do everything we can to prevent a nuclear-capable North Korea, but we must also be prepared should Kim Jong Un put the final pieces together, and that starts with maintaining a credible military deterrence.

This weekend's B-1 bomber flights were but a sliver of the response the United States could bring to bear in direct military engagement.

Gen. Terrence O'Shaughnessy, commander of the Pacific Air Forces, said of the exercises:

Let me be clear, if called upon, we are trained, equipped, and ready to unleash the full, lethal capability of our allied air forces.

We need to make sure we maintain that lethal capability. Congress has a key role to play here by making sure we adequately fund our military and pass defense appropriations in a timely manner.

While Kim Jong Un has not shown much of an inclination toward rationality, we need to keep emphatically reminding him that his regime would not survive a war on the Korean Peninsula.

A robust and redundant defense is also an important component of the U.S. and allied response to North

Korea. A key part of building our defenses should be a rigorous test schedule to inform research and development of anti-ballistic missile technology.

It is true that some U.S. missile intercept tests have failed, but those setbacks have led to improvements. Some of our best men and women are working to keep us ahead of threats. We must repeatedly and aggressively test intercept systems to ensure that they are effective.

Gen. John Hyten, the head of U.S. Strategic Command, has pointed out that our testing schedule for intercept systems lags behind the pace of North Korea's aggressive missile testing.

Tuesday's successful THAAD missile defense system test against a simulated intermediate-range ballistic missile attack was a timely demonstration of this critical defense capability, and I hope we see further deployment of this promising system. Placing THAAD or the Aegis Shore missile defense system in Japan would bolster frontline defenses against future North Korean missile launches.

We should also increase information sharing and military cooperation in the area around the Korean Peninsula to ensure that sanctions are enforced. The joint maritime operations conducted by the U.S. Navy and Coast Guard and the Japanese Maritime Self-Defense Force are good examples of this cooperation.

We must also examine how we have gotten to this state. For a so-called hermit kingdom, North Korea has made significant advancements, while evading international sanctions. Those advancements, which build off a legacy of Soviet support, have been facilitated by North Korea's ties with Iran and a passive China providing North Korea with an economic lifeline. Not all the blame rests with China, but we know President Xi has proved largely unwilling to curtail North Korea's agenda.

Late last month, Treasury Secretary Steve Mnuchin announced sanctions on Chinese entities with financial ties to North Korea. This is a positive first step, but more can be done to target banking and front companies that serve as financial conduits for North Korea. Increased transparency in Chinese customs and export reporting, for example, would restrict oil and steel exports to North Korea and ensure that China is adhering to its ban on coal imports from North Korea.

The United States should also weigh whether new sanctions, both punitive and preventive, could exert additional pressure on China to rein in North Korea. I hope the administration will seriously consider such sanctions alongside measures to address other problematic Chinese actions, such as its continued military buildup on disputed reefs in the South China Sea.

Kim Jong Un is clearly ready and willing to threaten the United States and its allies, and we should have no illusions that he is planning to reverse

course. We need to make sure that we are prepared for any threat he or his regime poses.

I yield the floor.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

HEALTHCARE LEGISLATION

Mr. NELSON. Mr. President, I want to speak on behalf of a group of Floridians I have met with who would be tremendously hard-hit by the healthcare bill, whether it be the one that has already been published by the majority leader or some of the iterations that are being discussed.

I want to talk on behalf of and be the spokesperson for these people who have cried out to me. I want to say that people are crying out. It is not just the group of four families I assembled in my Tampa office last week, but it also includes walking down the street, being in an airport, or going into a public building. Constantly, folks are walking up to me and saying: Please, don't let them take away my healthcare.

Just this past week, I was in—it shall remain nameless—a Republican Senator's State. It happened in the airport there as my colleague, the Republican Senator in that State other than mine—the travelers, the constituents of that Senator in the airport as we were waiting for the airplane walked up to that Republican Senator and begged: Please don't take away my healthcare.

What we have seen in this Republican bill is that it takes health insurance away from millions of Americans. That is not my conclusion; that is the conclusion of the Congressional Budget Office. According to CBO, it also cuts back some \$800 billion out of Medicaid over a decade, and it allows insurance companies to hike rates for older Americans.

Under the bill, 22 million people would lose their insurance by 2026. Over 2 million of these folks are in Florida. In fact, the bill would increase the uninsured rate in Florida by 62 percent. That is not what I want inflicted on the folks in Florida.

This bill lets insurance companies go back to the days when they had annual and lifetime limits on coverage and refused to cover basic health benefits, such as prescription drugs, mental health services, and even maternity care. This Republican healthcare bill, which has been so much the subject in the news and the center of the debate here for the past innumerable weeks, really does cut Medicaid. According to CBO—again, not my words; CBO's words—funding will be 26 percent lower in Medicaid by the year 2026 than under the existing law.

My home State of Florida is projected to lose \$5.7 billion in Federal Medicaid funding from 2020 to 2026 under the bill that is proposed by the majority leader. If that is not enough, the Senate bill would dramatically increase healthcare costs for Americans between the ages of 50 to 64 before they turn that magic age of 65 when they are eligible for Medicare. It dramatically increases those costs. That dramatic rise in cost is due in large part to a provision that would allow insurance companies to charge older Americans up to five times what younger people are charged. The current law, the Affordable Care Act, has a differential of 3 to 1. This bill as proposed has a differential of 5 to 1. So if you are not on Medicare because you haven't turned 65 and you are an older American in those ages—which increasingly seem very young to me—up to age 64 when the differential from what the insurance company charges the young person is five times, not three times, as is the current law, this would especially be felt among those older individuals making between \$42,000 and \$48,000 a year who, after that point, no longer qualify for the tax credits under the Republican bill to make coverage more affordable.

Remember, in the current law, up to 400 percent of poverty level, you are entitled to get tax credits according to what your income is to help you buy private health insurance from insurance companies on the marketplaces in each State. Even that is going to be reduced.

This bill also includes a backdoor provision that undermines the protections that currently exist for people with preexisting conditions. In defending the bill, people will argue that it doesn't do that, but look what the bill says. It says that it can be left up to the States to determine that. What is a way that the State can lessen the cost of insurance premiums? Take away the guarantee that someone can get insurance if they have a preexisting condition.

I have given a number of speeches. I have had some experience in this as the former elected insurance commissioner of Florida, when it was an elected position. It was also a constitutional position of the State treasury. I held that position for 6 years, and I have dealt with insurance companies. I have seen some insurance companies say: You have a preexisting condition. We are not going to insure you because you have asthma. I have even seen an insurance company cite: We are not going to insure you because you have a preexisting condition; you had a rash.

Under the current law, an insurance company cannot deny you insurance because of whatever your preexisting condition is. Your preexisting condition may be that you have a weak heart, and you, of all people, would want health insurance. Before, you couldn't get it. Now, under the current law, you can.

I don't want you to hear this plea over and over again from me. I want the pleas from several Floridians to reach out across the State lines and get to the Senators who are going to be voting on this. I want them to hear from some of my constituents. When I met with them last week in Tampa, I had many who said that they would be devastated if Medicaid were cut.

I want to share with you how this has personally affected them and how apprehensive and plain scared they are right now that the healthcare they are getting will cease if this bill proposed by the majority leader is to become law.

Take, for example, Michael Phillips. He is 36 years old, and he has spinal muscular atrophy. It is a genetic disorder that affects control of his muscle movement. He relies on a tracheotomy, a breathing tube, and uses assistive computer technology to be able to talk. The computer talks for him.

Michael was supposed to join us on that day, but he wasn't feeling well, and, of course, there is always the added exposure to germs in his weakened immune condition. Instead came his two caregivers, his single mother Karen and his brother Brian. Michael relies on Medicaid, which allows him to live at home with his mom and have a personal care assistant. He benefits from the Medicaid home and community-based waivers. If the waivers are eliminated because of the whacking of billions and billions of dollars from Medicaid, he would ultimately end up in a nursing home, away from his mother and his family, being forced to compromise his level of care and quality of life.

You may have seen this fellow and his mom interviewed by the national news networks. He is one and the same, Michael Phillips.

The Senate healthcare bill ends Medicaid as we know it. Whether it is a cap on the amount of money going to the State or it is called a block grant, the effect is the same. It will put people like Michael at risk of losing critical services, and it will certainly take away his independence and his quality of life.

I have already said that the bill certainly takes away the guarantee of coverage with a preexisting condition. Let me tell you about another Floridian who was in that meeting. Elizabeth Isom is from St. Petersburg, and she told me that the Affordable Care Act saved her life and allowed her to purchase insurance for the very first time. If it is taken away, she doesn't know how she is going to be able to afford coverage because of lifetime caps. An insurance company cannot put those lifetime caps on what they pay out. For example, in the old days, before the existing law, an insurance company would say: I'll pay you as long as it doesn't exceed, say, \$25,000 or \$50,000. That was all figured into their insurance payment and their premiums. In the current law there are es-

sential health benefits. There are about a dozen of them.

Elizabeth was a social worker before she developed a sinus tumor. She went without insurance for 3 years, during which time her health was deteriorating. Because she did not have health insurance, she could not afford to have that tumor operated on. What I do not know is if she knew this at the time—because she hadn't had the operation—or if she thought it was cancerous. As it turned out, later, when she was able under the Affordable Care Act to get health insurance and to have the operation, thank the good Lord it was benign. But her health had deteriorated to the point that as this thing started to grow into her sinus passages and into her brain cavity, she actually thought she was approaching death. She ended up having vital organ damage and reached the point of complete disability. The mass in her sinus had extended into her skull.

After the ACA became the law of the land, she purchased insurance through healthcare.gov. She says that it is the best insurance she has ever had because it covered essential health benefits like preventive services. It certainly provided for her to go on and get the operation, and it saved her life.

If this Senate bill passes, services that Elizabeth relies on may no longer be covered, and she likely will never be able to afford a decent health insurance package again. She obviously has a preexisting condition. She would be one of the 22 million people whom the Congressional Budget Office estimates would lose their health insurance if the bill proposed by the majority leader, Senator McCONNELL, were to become law.

Let me tell you about another Floridian. Regina Hebert is from Tampa. She is a small business owner. She was diagnosed with stage IIB breast cancer at the age of 57. She, too, told me that the ACA saved her life. Without the ACA, she would not have received health insurance because her cancer is considered a preexisting condition—57 years old, preexisting condition, stage II breast cancer. She obtained health insurance through the ACA. She had two surgeons, months of chemo and radiation, and she told me that if her cancer comes back and she doesn't have insurance, then she is going to have to choose between going bankrupt—not through what she is doing now with her small business. She is paying taxes. She is contributing to society.

What is her other choice? Her other choice is to give up. Take away her insurance and those are her choices: bankruptcy or giving up. I don't think we want to put Americans in that position. The Senate healthcare bill allows States to waive the essential health benefits—the dozen I talked about that are listed, like those needed if they have a preexisting condition.

There was another lady I met named Olivia Babis. She is from outside of

Tampa, a place called Lutz. She also has a preexisting condition. She told me that she uses the essential health benefits guaranteed by the existing law. She is scared that insurance companies would take away the coverage of treatments for her disability and also reinstate annual and lifetime limits on coverage.

Let me tell you about this young lady. She is just amazing. She was born without arms. She uses her feet and her toes to be able to function in the place of hands and fingers. She had to have a total knee replacement in one leg by the time she turned 30. She works as a community organizer. She doesn't qualify for Medicaid in Florida because her income is considered too high. She actually has an income. Olivia purchased health insurance through healthcare.gov with the help of tax credits to help her afford health insurance.

This young lady, now in her mid-thirties, is just amazing. With no arms, she uses her feet and her toes, and she is capable of getting around in her wheelchair. She is capable of driving a car. She has a business. She has an income, and she is paying taxes. She is able to function because she has health insurance.

Now, thanks to the ACA, people like Olivia benefit because there are bans on lifetime limits in insurance policies, and, thanks to the ACA, she lives an active life. She goes snorkeling, hiking, and even skydiving. Her legs are good, except for the knee replacement that she had so that she can walk. Then, when she has to do the normal functions with hands and arms, she sits down, and she uses her legs, her feet, and her toes. She told me that, without the ACA, she is trapped.

I told you about this unnamed Republican Senator who was in an airport in another State—that of the Republican Senator's. What happened to that Republican Senator happens to me back in Florida with people coming up and begging me: Please do not take away my healthcare.

We should not continue to waste our time with this healthcare bill that only takes away healthcare and charges more for less coverage. We have said—so many of us out here on this floor—that we should be looking for ways to improve the existing law, the Affordable Care Act, not to undo all of the good that it has done. We have Floridians and folks across the country who are grateful for it. They want us to fix it, not repeal it, and they say that over and over: Why can't you guys get together in a bipartisan way and fix it?

These are the personal stories of Olivia, Michael, Regina, and Elizabeth, along with the hundreds of people who have come up to me in the street or in the airport and have begged me: Do not take it away. They do not want us to get rid of this. As you have heard, several of them claim that they would not be alive today without the ACA. Alternatively, they would be bankrupt if it were not for Medicaid in the ACA.

In order to truly improve our healthcare system, why don't we work together to make it better? We need to look at real solutions. I am happy to say that this Senator has been talking to Republican Senators, and we have talked about specific things. I told some of these Senators about my experiences as the formerly elected insurance commissioner of Florida.

When I had a problem after the monster Hurricane Andrew in the early 1990s and we had a paralyzed marketplace in which you could not get homeowner's insurance in Florida from insurance companies because they were scared to death that the next big one was coming and that the losses were going to be so great that they would have to price the premiums so high, what did we do? We created a reinsurance fund called the Florida Hurricane Catastrophe Fund, which builds up the reserves that would reinsure the companies if they were to have a catastrophic loss.

The same principle with hurricanes can apply to health insurance, which is that of creating a reinsurance fund that will insure the health insurance companies against catastrophic loss, which, occasionally, they will have. Do you know something? I costed that out in Florida, and it would reduce the premiums from the marketplace in Florida by 13 percent. Now, that is a real savings, and that is just one solution for a fix. We ought to be looking at approaches like this.

I welcome all of our colleagues on this side and on that side—and I have been talking to some on that side—to join together and do something productive, like getting behind ideas just like the one that I suggested.

I heard our colleague this morning. One of our favorite colleagues out here is JOE MANCHIN from West Virginia, and I heard him being interviewed on one of the morning shows. He was terrific. He said: We need to be working together. We should not be divided by party over this, and we should not be divided ideologically on this. We ought to be openly trying to work together to figure out how to drive down healthcare costs and increase coverage for more Americans.

That is what those folks in Tampa, FL, told me last week with whom I met. That is what those hundreds of folks are telling me who come up to me in the airport, on the airplane, on the street corner, in the public buildings, in the hospitals—wherever I am: Please, get together, and work it out. They are asking us to fix what needs fixing. That is what the American people are asking us today, and that is what I beg of the Senate.

As the good Lord says: Come. Let us reason together. Let us use some of our common sense.

I yield the floor.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The Democratic leader is recognized.

THANKING THE SENATOR FROM FLORIDA

Mr. SCHUMER. Mr. President, first, I thank my good friend from Florida for his inspiring words. He is always trying to work together on bipartisan solutions. He represents one of the largest and most diverse States in the country—a State that very much depends on having good healthcare. I hope my colleagues on the other side of the aisle will heed his words.

MISSISSIPPI PLANE CRASH

Mr. President, first, I send my sincere condolences to the Marine Corps, which lost 15 of its finest today, as well as 1 Navy corpsman, in a plane crash in Mississippi. It was the deadliest crash in the Marine Corps family since 2005. According to reports, the aircraft that crashed this morning was based at Stewart Air National Guard Base in my home State of New York.

Our hearts break for the families of these sailors and marines. We mourn their loss and wish comfort to their families and their loved ones in this time of tragedy.

May they rest in peace.

HEALTHCARE LEGISLATION

Mr. President, on an entirely different matter, the majority leader said today that we are going to stay in an extra 2 weeks during the August break. We Democrats are willing to stay 2 weeks, 2 months, 2 years to get a good healthcare bill, but in all due respect to my good friend, the majority leader from Kentucky, it is not time that is the problem here. Our Republican colleagues for 7 years said: Repeal ObamaCare. But they had nothing to put in its place. Then President Trump was elected with a Republican majority in the House and the Senate. Since January 4, when they deliberately excluded us from all discussions by enacting a reconciliation bill, they have been trying to put together a healthcare bill. They cannot. It is not because of a lack of time. Two weeks is not going to help. The problem is the substance of the bill.

The bill provides massive tax cuts for the wealthy, and, just as bad, if not worse, it puts a dagger in the heart of the Medicaid Program, which has become a program that affects so many Americans. With kids—poor kids—is where it started, but now it affects people who have Mom and Dad in a nursing home and who might face thousands of dollars of expenses, those on opioid treatment, those who have kids with disabilities, and many, many, many with preexisting conditions. Those are all helped by Medicaid, and our Republican colleagues here want to slash it.

Just like my colleague from Florida, I was in some very conservative parts in New York State, places that voted for Trump by over 60 percent. The revulsion—"revulsion" is the word—and the fear that this healthcare bill has put in the hearts of those folks in Republican areas are dramatic.

So I would say to my good friend the leader that we are willing to stay as

long as he wants, but he is not going to solve his problem until he abandons tax cuts on the rich, abandons the decimation of Medicaid, and works with us to improve the existing law. His problem and our Republican colleagues' problem is not time. It is the substance of the bill.

I will say one more thing. If I were a Republican, I would not want to go home either. Every time they go home, they are lambasted because the American people have such a negative feeling about the bill. So, of course, they would want to stay here, but that is not the answer. The answer is to change the bill. Work with us. We have been begging, pleading, asking, cajoling for a month or two, when it was clear their bill was going to fail. I would say that is very important.

Mr. President, I heard the majority leader complain about the slow pace of nominations.

Our Republican friends, when they are worried about the slow pace of nominations, ought to look in the mirror. This President has nominated fewer nominees than has anyone else, and seven of the major nominees had to withdraw their nominations. Many of them were brought here to the Senate without the necessary documentation—the paperwork, the ethics reports, the FBI reports. The chaos in the White House is now spreading to the Republican Senate. Our President seems to blame somebody else when his administration makes a mess. Let's not do that here.

Again, the number of nominees that this President has submitted is lower than that of any President's in recent memory. My colleague complained about this nominee from Idaho. He was outraged that he had to file cloture. I would remind the majority leader that this district judge was nominated by President Obama in the last Congress and that he was the majority leader in the last Congress, which was responsible for putting nominees on the Senate calendar. The district court judge is only one of many nominees who the Republicans failed to move in the last Congress—a Congress which confirmed the fewest number of judges of any Congress since the Eisenhower administration. That goes to show how desperate our Republican leadership is to shift blame and attention away from its healthcare bill to hypocritical and preposterous complaints on nominations. It is in order to distract from the healthcare bill. They can try other tactics.

On one more point, I would remind my colleagues that it is the majority leader who has the power to put nominees on the floor. In the Department of Defense, we have been asked about three nominees. Leader MCCONNELL has the power to put them on the floor—instead of this judge from Idaho, instead of the nominee for OMB, and instead of the Ambassador to Japan—tomorrow, if he chose. It is his choice. If he puts them on the floor—these Defense nomi-

nees—in regular order next week, they will be approved.

So, again, to deflect from healthcare and the mess our poor Republican colleagues are in, to point falsely at the nomination process, which has been slow-walked by President Trump and many of the committees, is not going to succeed.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Mr. President, I ask unanimous consent to speak as in morning business.

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

HEALTHCARE LEGISLATION

Mrs. MURRAY. Mr. President, from the moment President Trump and Republicans began trying to jam TrumpCare through Congress, I heard from family after family in my home State about the damage their efforts to undermine families' healthcare would do, and this last week was no different. Again and again, my constituents told me what a difference it makes to have affordable insurance, to know that benefits like substance abuse treatment are covered, or to worry about how they would manage if TrumpCare ever became law.

I heard some of my Republican colleagues went out of their way to avoid those kinds of stories when they were home, so I wanted to make sure they heard a few examples now that they are back in town. And I appreciate that many of my Democratic colleagues will also be sharing stories they heard from their constituents over the past few days.

Like many of my colleagues on both sides of the aisle, I come from a State in which the opioid epidemic has had a devastating impact. It has been both heartbreaking and inspiring to talk with patients and families who are doing everything they can to fight back. Right now, the message I am getting from them loud and clear is that they do not want TrumpCare.

Daniel, one of my constituents, was injured in the military. He was given a prescription for painkillers. He was on them for 8 years, and he told me that during that time, his three daughters wondered why he wouldn't play with them. Eventually, Daniel changed doctors and was prescribed Suboxone, which made all the difference for him. He is now able to work again. He manages a grocery store. He relies on Medicaid for healthcare coverage, which covers the hundreds of dollars a month his prescriptions cost. Daniel told me that if he loses Medicaid under TrumpCare, he will not be able to make ends meet and all of the progress he has made will be threatened.

I heard from a constituent named Rachel of Seattle who was addicted to opioids and living in her car when she found out she was eligible for Medicaid. She got connected with Swedish Medical Center in Seattle, where she received wraparound health services, in-

cluding mental healthcare and primary healthcare. Now she and her husband are successfully in recovery. They are raising a family, and Rachel is going to school. But, just like Daniel, they do not know what they will do if TrumpCare becomes law and the Medicaid coverage that is keeping them going is taken away.

Those are just two of the countless stories I heard from patients and families and doctors in my home State and nationwide. I have heard from cancer survivors who have fought back as hard as they can and are worried that TrumpCare will allow insurance companies to price them out of care because they are now labeled with a pre-existing condition. I heard from young parents of medically fragile children who stay up at night worrying about how to afford care for their toddler if lifetime caps on coverage are imposed under TrumpCare. I heard from seniors who simply don't have the savings to cover the premium spikes TrumpCare would cost. I heard from women and men who are furious, and rightly so, that a group of 13 men wrote a bill in secret to defund Planned Parenthood—the Nation's largest provider of women's healthcare—removing a quality, affordable provider from communities in which it is now very difficult to get care.

These stories are powerful. They make it undeniably clear just how much TrumpCare would hurt people. So it is no wonder that Senate Republicans spent the last week lying low and avoiding defending, oddly, the indefensible. Senate Republicans have read the same independent Congressional Budget Office analysis as we all have. They have heard from countless doctors and nurses and hospitals and nursing homes and patient advocates about all of the ways TrumpCare would raise families' costs and take away coverage. They know that people across the country are completely, resoundingly rejecting TrumpCare. It is the least popular bill in three decades, according to one study.

All in all, TrumpCare shatters every promise President Trump and Republicans made about providing insurance to everybody and making sure no one is worse off. And, incredibly, the extreme rightwing still thinks it leaves too much of the Affordable Care Act intact.

Even though it seems one would be hard-pressed to find anyone who wants to stick up for TrumpCare—including, by the way, President Trump—Senate Republican leaders are still doing everything they can to jam this through Congress as quickly as they can. They are working on backroom deals as we speak and coming up with new ways to sweeten the deal for Senate Republicans who are rightly wary of voting for a bill that would so clearly do so much harm.

In particular, this afternoon I wanted to address the ongoing effort by extreme conservative Senators to double

down on pulling the rug out from under patients with preexisting conditions. They put together this two-track plan to make middle-class workers and families pay more. If they get their way, insurance companies would be back in charge and could tell patients with preexisting conditions or anyone who happens to get sick in the middle of the year “tough luck,” and they will do that in a way that even conservative experts predict will cause premiums and deductibles to skyrocket. Senate Republicans are coming up with other ideas, too, such as an opioid fund that a Republican Governor said is like “spitting in the ocean.”

Let me be clear. There is no “fixing” TrumpCare. No tweak around the edges is going to turn TrumpCare—which, by the way, is just a tax break for special interests and the healthcare industry on the backs of patients—into a healthcare bill that actually helps people. There is just no way. TrumpCare, as the President said, is mean at its core, and unless it is dropped altogether, Senate Republicans are going to have to decide whether they stand with their party or the people they came here to represent.

So to everyone out there who has called and written and rallied and tweeted, you are having an impact. You are why TrumpCare isn't already law. But you cannot give up now, and Democrats here in the Senate won't either. We are going to keep doing everything we can to make sure Senate Republicans can't hold their noses and vote for TrumpCare just to hand big corporations a tax break and President Trump a hollow political win, whether it is next week or the weeks into August.

I also want to remind my Senate Republican colleagues again that we have made clear all along the way that there is a better way to do this. Democrats are ready. We are willing to work with you on policies that make healthcare more affordable and workable for patients and families.

So I am here today to say I hope you all listen to the stories our Democratic colleagues are bringing to the floor. Think about how devastating TrumpCare would be, and do the right thing. Drop this mean bill once and for all so all of us can get to work on real healthcare solutions that actually help people afford care, get covered, and stay healthy. If you do, you won't have to defend this defenseless bill a minute longer.

Thank you. I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, first of all, I wish to thank Senator MURRAY, a member of our leadership, for taking this time to talk about accounts from home, what we have heard from those we have the honor to represent, and I think this is exactly what is appropriate at the beginning of this work period.

I just come off of eight open-to-all townhall meetings in my home State of

Oregon. Five were in counties won by President Trump, three were in counties won by Hillary Clinton, and the single unifying issue that dominated each one is that TrumpCare is a loser. Across the political spectrum—Democrats, Republicans, liberals, and conservatives—what I was told is that the Congress ought to set this TrumpCare bill aside, that the one MITCH MCCONNELL has been working on ought to be dropped, and after it is dropped, Democrats and Republicans ought to get together and look for the common ground by trying to show some common sense.

I am going to spend a little time talking about what I heard, what people are concerned about, and then briefly talk about, as Senator MURRAY said, what we would like to do if our colleagues on the other side of the aisle will drop this ill-advised, “our way or the highway” approach and do what the Senate has traditionally done when we are talking about tackling a big issue, which is find common ground.

It doesn't get much bigger than healthcare. We are spending \$3.2 trillion each year now on healthcare. It comes to something like \$10,000 for every man, woman, and child. We are spending enough money; the real question is whether we spend it in the right place, and this very flawed TrumpCare bill will compound that problem.

During those eight townhall meetings over the past week, Oregonians asked me: When is this flawed TrumpCare bill coming to a vote? How are my frail, not physically well, older parents supposed to get by if this bill passes and they lose their health care coverage?

As I have talked about with Senator MURRAY, we know that Medicaid picks up the bill for what amounts to two out of three older people in nursing homes. What often is not mentioned is that it also covers home- and community-based services for seniors. I remember from my days as director of the Oregon Gray Panthers that the whole goal was to create this continuum of choices for older people and, as Senator MURRAY touched on, the older people who need nursing homes and nursing home benefits. She is absolutely right. We also need to protect the Medicaid guarantee for the seniors for whom care is appropriate in other settings, such as home- and community-based services.

At those townhall meetings at community centers and auditoriums, folks knew that I am the senior Democrat on the Senate Finance Committee.

We have another talented member from the committee, Senator BENNET, here, as well as my knowledgeable colleague from Oregon, Senator MERKLEY.

I have worked on these issues with respect to taxes and healthcare for some time, and I have really dedicated my professional life to trying to find that common ground, show common sense in the areas of healthcare and taxes. But the fact is, this version of TrumpCare is a tax break for some of

the most powerful special interests masquerading as a health plan, and when Oregonians heard that, whether it was in a Trump county or in a Clinton county, everybody started nodding.

The secret is out. This is not a plan to fix anybody's healthcare or hold down the premiums; this is one big handout to the most powerful special interests. People heard that Republicans were saying those tax cuts were going to create jobs. That is not very likely when they have made the tax cuts retroactive. What that means—they made the big one retroactive to January 1—is that if you have a capital gain say in March, and if this bill is passed in its present form, if that capital gain is \$1 million, you get a tax break of \$38,000. That is not creating jobs, it is creating windfalls, and the American people have caught on.

Now that the Senate is back in session, the public is reading about the newest proposal on offer. It is a Hail Mary pass from Senator CRUZ and Republican leaders, trying to put together \$50 billion for their version of TrumpCare. And we know in the Finance Committee, they have billions and billions of dollars that they can use to try to find those extra votes.

I will tell you, this Senator CRUZ proposal as it relates to healthcare is a prescription for mayhem in the private health insurance marketplace. It is going to mean misery for so many Americans dealing with illnesses. Forget the talk about bringing costs down. This plan is going to send health expenses into the stratosphere.

The plan tells insurance companies: You are off the hook as it relates to basic consumer protections. You get to bring back annual and lifetime caps on coverage.

Think about that. In the State of Alabama and everywhere else in America under the Affordable Care Act, the 160 million people who get their care through their employer heard about this bill and said: We are home free. It really does not affect us. They got a little extra bonus. The Affordable Care Act gave them a major catastrophic benefit if they had that employer coverage. With this Republican bill, all of those folks who thought they were home free with the employer coverage should know that once again there would be limits on what insurance companies could pay.

I will tell you, for anyone who is listening to this, if someone gets cancer at home, they are going to bust that cap in a hurry. This bill means they are not automatically protected. You can forget about essential health benefits. You get to flood the market with bargain-basement insurance plans as long as you offer one comprehensive option, and you get to price that plan through the roof.

If you pass this bill—the Cruz fantasy proposal—it is going to be a tale of two health symptoms. The young and healthy will opt for the barebones insurance plans that don't cover much of

anything, but there are millions of people in the country who can't get by, can't make it with skimpy insurance that covers nothing but stitches and aromatherapy.

There are people who have had a cancer scare or suffer from diabetes or people who get hurt on the ski slopes or slip off a ladder. The only coverage that works for them will come with an astronomical price tag.

By the way, the people between 55 and 64, who can get charged five times as much as younger people, get fewer tax credits under this Republican proposal. They can't get by with skimpy coverage. A lot of them have really serious health problems. Skimpy coverage for them is just a prescription for trouble.

The fact is, this new proposal basically starts marching America back to the days when healthcare was reserved for the healthy and wealthy. What I will say is that there would be plenty of opportunities for Democrats and Republicans to find common ground if this proposal is set aside.

Nobody has said the Affordable Care Act is perfect. What we would do is go to work to stabilize the private insurance market. That would be business No. 1. We would look at ideas, as Senator NELSON has just thoughtfully outlined, like reinsurance. Then a special priority of mine is to clamp down on skyrocketing prescription drug prices. I think there are a number of ideas that are teed up for both sides to come together.

I recently put in a bill called the SPIKE bill. What it says is that these big drug companies should have to justify their big price hikes. I don't think that is an extreme position to say they ought to have to publicly, justifiably make it part of the public record.

In the last few years, we have had a whole new industry emerge. They represent States and companies and labor unions, and they are supposed to be negotiating a good deal for patients. They are called pharmaceutical benefit managers, but we don't know what they put in their pocket and what they put in our pocket.

I have said: How about some transparency, folks? Sunlight is the best disinfectant.

Those are the kinds of ideas—reinsurance, stabilizing the private insurance market, clamping down on prescription drug prices, particularly using the power in the marketplace—that both sides ought to be able to get together.

The recess is over, but the healthcare debate is far from over. What I will say is what I told my constituents. I see my friend Senator MERKLEY here. We had rallies at home. I said: Folks, in stopping the McConnell bill before the July break, you proved that political change in America is not trickle-down; it is bottom-up.

For weeks before that July break, Americans of all ages and political philosophies called and texted and wrote and came to rallies and town meetings.

They said: This TrumpCare bill is a loser for us. It doesn't work. Drop it and move on to approaches that involve common sense. Look for common ground that both sides could support. It is absolutely vital.

The events of the last few weeks have shown the power of the grassroots. I walked through for my constituents what could have happened if 2 weeks ago the Republican leader had brought his bill to the floor. It was in the morning. I described how the bill could have gotten through the Senate. Maybe the House would have stayed in; maybe the House would have passed it; maybe the President would have signed it. One of my constituents said that morning: If that had happened and we had lost the ACA, even though it is not perfect, that morning we would have been in mourning.

Let us show today that we can tackle this in a way that the Senate historically has worked best. Let's block the deeply flawed bill, and then let's turn around immediately to show that we can come together, find common ground.

I see one of our colleagues, the distinguished Senator from Virginia, who has one of the important reinsurance bills here. We have a variety of ideas that we can pursue, that I think would have appeal on both sides of the aisle, but there is a step you have to take before you get on to those commonsense ideas. You have to stop the flawed bill before the U.S. Senate at this point.

I ask the people of this country to continue what they have done over the last few weeks and show political change, bottom-up rather than top-down.

I yield the floor.

The PRESIDING OFFICER (Mr. STRANGE). The Senator from Colorado.

Mr. BENNET. Mr. President, I thank the ranking member of the Finance Committee for his leadership not only on this bill but also healthcare over the decades. He knows something about the right way of doing it and the wrong way of doing it, which is partly what brings me to the floor today.

I want to say something that I think will be uncontroversial to the people at home but may be news to some people here, and that is whether you support the Affordable Care Act or whether you don't support the Affordable Care Act, whether you have been a supporter of ObamaCare or whether you are not a supporter of what is called ObamaCare, in general, people are pretty dissatisfied with our healthcare system at home. In general, people are pretty dissatisfied with the rate their insurance goes up. They are pretty dissatisfied with the fact that a lot of people are still uncovered in this country. If they are a senior, they are pretty dissatisfied not just with the idea but with the practice that month after month, people have to cut their medicines in half just to get through the month. They are pretty dissatisfied with the fact that they call an insurance company to

make a claim to say "My child was sick" and point out that month after month they have paid their premiums only to find that on the day they make that claim, there is someone at that insurance company who has more time than they do to stay on the phone, to keep them on that phone, to deny them their claim. They are pretty dissatisfied about that.

As a whole, I think the American people are dissatisfied by the fact that we spend 16 percent of our gross domestic product, our entire economy, on healthcare when every other industrialized country in the world spends half of that or less than half of that on healthcare and—this is going to come as news to some people in this Chamber—get better results. We are moving in the wrong direction on too many dimensions when it comes to our healthcare.

I have said all of that as a proponent of the Affordable Care Act. I spent a year and a half in Colorado, in certain places, being called a Bolshevik or a socialist, being accused of advocating for a government takeover of our healthcare system. This was at a time when the tea party was very active, and people would come and say, quite rightly: Read the bill. Read the bill. We need to take our government back.

We tried to do some things to help in that bill. For the first time in the country's history, we tried to say that it wasn't OK to discriminate against people who were sick or have what is called a preexisting condition when they went to buy health insurance. As the Senator from Oregon said, it wasn't OK that if you did get sick when you had insurance and you got something like cancer that an insurance company could just throw you off their rolls because you hit their cap.

We said that we thought it wasn't OK that there were millions of people, many of them children, who didn't have access to primary care; that is, a doctor to be able to give you a checkup and see how you are doing so that you weren't getting treated in the emergency room—the most expensive, least intentional way of running a healthcare system that is imaginable. In fact, I would say that is the Bolshevik way of running a healthcare system: When you are sick, you get to show up at the emergency room, and somebody is going to take care of you. It gives you the results of a Bolshevik system because you are paying more for less of an outcome.

We tried to address some of those things, and that became the Affordable Care Act. That became ObamaCare. That became something that was politicized for 7 years, as the House of Representatives cynically, month after month, voted to repeal the Affordable Care Act. Then the majority of the House went home to their districts and said: We repealed ObamaCare. We voted to repeal ObamaCare.

You didn't repeal it.

No, we voted to repeal it. If you send me back there next week, I will do the

same thing. I will do it the week after that.

Then at some point, people started to say: Well, you keep having the vote on repealing ObamaCare. Why haven't you actually done it?

They said: Well, we didn't have the Senate.

They have had the Senate now for two Congresses.

Well, we didn't have the Presidency.

Now we have the same party in Presidency, the Senate, and the House of Representatives. This terrible bill we are considering is not a bill that anybody—that is an exaggeration—virtually anybody in my State supports or has asked for. That is what we have in front of us.

I know somebody else who knew that the American people were dissatisfied with their healthcare system, and that was Donald J. Trump when he was running for President of the United States.

I hope, in particular, the people who voted for the President, as a way of keeping Washington accountable, will remember that he said he was going to provide the American people “a terrific plan,” to “cover everyone at a fraction of the cost.” The President, when he was running—he still does it—was very fond of talking about—his words—how stupid everybody in Washington was and he knew how to make deals and he was going to come here and make great deals and he was going to cover everybody at a fraction of the price with a terrific plan. That is what he promised the American people. That is what he was peddling when he was running for President. He said: “Everybody is going to be taken care of much better than you are taken care of now.” That is what he said. This isn't fake news. This isn't CNN or the New York Times or the Wall Street Journal or whoever is in the crosshairs. This is what the President said on the campaign trail when he was running because he detected, quite rightly, that the American people are unhappy with the way our healthcare system works—unhappy in the richest country of the world to have a healthcare system where people have to make decisions about their lives and about their children's lives that no one in the industrialized world has to make about their lives or their children's lives—and they wonder why.

I think the diagnosis has a lot to do with what some people have said, which is special interests having a grasp on Washington, DC. That is what the President said he was going to give to the American people. This is what his promise was to the American people. What did we get instead? We have a bill passed by the House that was a massive tax cut for the richest people in America, which, literally, nobody in my townhalls in red or blue parts of my State has ever said is something that would help with their healthcare. Not a single person has said what they want for healthcare is a massive tax cut for people making more than \$250,000 a year—not one, not one person.

There is a 25-percent cut to Medicaid in this bill. That was done in the name of, I guess, reforming entitlements. The argument has been made that there are a lot of lazy people who are on Medicaid, and if you cut Medicaid by 25 percent, they will go to work, and they should go to work. Well, there are two issues with that. The first is, it is important to understand who is on Medicaid.

In my State, 50 percent of the people are children. Are they supposed to be at work or can they go to school? Then there are a whole bunch of people on Medicaid—in fact, it is a very large share of the population of Medicaid who have spent their entire life savings down for the privilege of being in a nursing home paid for by Medicaid. Are they supposed to work? Then there are a lot of people—I am ashamed to say this—there are a lot of people in this country who are working one job, two jobs and can't make enough money to buy private insurance in the United States of America. That is a shame. Do they need to get a third or fourth job before we are saying they are not lazy or should we fix this healthcare system so it is more affordable, more predictable, more transparent for American families? Those were the promises the President made. That is the content of the bill with one addition. They slipped in—between that tax cut and that 25-percent cut to Medicaid, which is paying for that tax cut for the wealthiest Americans—what my colleague RAND PAUL, a Republican from Kentucky, has described accurately as ObamaCare lite. He is absolutely right about that. If you hate ObamaCare, you will hate ObamaCare lite. If you are looking in a rural part of my State or the country, and you already can't afford insurance because there is no market there and you can't get a subsidy that will help you because you are making too much money, you are going to hate that even more. Wait until they pass the Cruz amendment, which he is calling the freedom amendment—freedom to have to endure something no one else in the industrialized world has to put up with, which is buying lousy insurance that doesn't cover anything. You can create the worst product in the world and make it affordable. That is not hard to do.

We have come a long way from Franklin Roosevelt's four freedoms, if we are talking about the freedom of insurance companies to be able to throw you off if you hit the lifetime cap, freedom not to give you insurance if you have a preexisting condition. We have come a long, long way.

Finally, my colleagues are here so I am going to stop. I do want to say one word about the process. The majority leader today announced that he is going to keep the Senate in for 2 weeks in August because they have to finish their work on healthcare or maybe it is 3 weeks in August. I don't care if it is a month. I don't care if they cancel every recess we have between now and

the end of the year. I don't care if we work on weekends if it will create a situation where we can actually improve healthcare for the American people. I am glad to stay. In fact, I think we should stay, but, unfortunately, that is not what he is trying to do. What he is trying to do is jam through a bill that is incredibly unpopular with the American people. That is why, until 2 weeks ago, it was a secret. Until two Thursdays ago, it was a secret.

I have to suspect that one reason they want to keep us in August is because they don't want to go home because they were just beaten to death over the July 4th recess because people came out in Republican and Democratic parts of their States and said: Are you out of your minds? This bill has nothing to do with our healthcare. They probably don't want to repeat that in August.

I will close just by saying this, and I said this again to the people who came to my townhalls and were highly critical of the Affordable Care Act and the process: I want to remind you folks that back then—the Senator from Oregon will remember this—back then, we spent over a year debating that bill here in the Congress. We had countless—somebody could count them up—but countless committee hearings in the Health, Education, Labor, and Pensions Committee and the Finance Committee. We had almost 200 amendments that were Republican amendments that were adopted as part of that bill. Everybody remembers, no Republican voted for it, but there were 200 Republican amendments adopted as part of that bill. We have not had a single committee hearing in the Senate about this healthcare bill—not one.

So you can keep us in for 2 weeks or 3 weeks longer in August, but a better idea might be to follow the regular order around this place. Talk about take our country back, take our government back, make it work, have hearings, have witnesses. I can think of 100 Coloradans, off the top of my head, who would like to come here and testify. I would even say 50 of them can be Republicans and 50 of them can be Democrats. Have them come testify what would make healthcare better for them. That is what this should be about: families all across this country who are struggling because of our healthcare system and who need relief from this Congress and who so far aren't getting it.

I will close just by saying, if the President could submit a proposal that actually would meet the criteria he set out when he was running for President—instead of having a bill he couldn't pass with even 51 Republican votes—he would have a bill he could pass with 100 votes here in the Senate, and that is what we should strive to do.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. MERKLEY. Mr. President, let's revisit recent history. Four weeks ago,

my Republican colleagues were meeting secretly in this building, in a hallway that the press was not allowed in because they didn't want to have the press see them sneaking in and sneaking out of this completely undemocratic process—13 Republican men crafting a healthcare plan to destroy healthcare for 22 million Americans. That is where we were 4 weeks ago.

We made a big deal out of the fact that is not the way a Congress is supposed to operate. You are supposed to have committee hearings. You are supposed to have committee debate and invite experts in. You are supposed to have time to consult with your constituents back home, but none of that was happening. No, we had the Republican zero-zero-zero process: Zero committee meetings. How does that compare to more than 100 committee meetings and roundtables and walkthroughs from 8 years ago? Zero committee amendments. How does that compare to more than 400 amendments that were considered 8 years ago and more than 100 minority amendments, Republican amendments, that were adopted in this process? Zero exposure of the bill to the folks back home and to the healthcare stakeholders.

Then, 2 weeks ago, we had a draft, and we had a chance to circulate that draft and get a few folks from home to weigh in on what it looked like. We received a CBO analysis. Yes, it looked a lot like the House bill. The House bill was going to eliminate 14 million healthcare policies in a year, and the Senate was going to best that by eliminating healthcare for 15 million Americans and 22 million Americans over a 10-year period.

The President had called the House bill mean, but we had the even meaner Senate bill. Fortunately, we were able to create such a fuss that the majority leader canceled the vote—the vote that was going to take place with the zero committee hearings and zero amendments and that would give my colleagues the opportunity to go home and talk to their constituents. But what happened?

Well, in the course of this entire year, two-thirds of my Republican colleagues haven't held a single townhall, and last week, when they had a full opportunity to finally take their secret 13 bill—zero-zero-zero bill—and ask their constituents what they thought, they didn't hold townhalls. By best count, 2 Senators across the aisle held a townhall out of 52.

Why are my colleagues so terrified of their constituents? Is it because wiping out health insurance for struggling Americans is a travesty? Is it because wiping out healthcare for working Americans is a crime—a crime against decency? Is it because their bill proceeds to give \$33 billion to the richest 400 Americans? No, that is not \$33,000 or \$33 million, that is \$33 billion to the richest 400 Americans—more than several hundred billion dollars to the richest Americans overall. You know, the

money they want to give to the top 400 richest Americans would fund healthcare for more than 700,000 Americans under Medicaid.

Well, I went home. I went to a lot of places. I went to three cities in what you might call blue Oregon. I went to 13 towns in what can clearly be called red Oregon—predominantly Republican Oregon. I went to towns like Echo and Helix; Adams and Athena; Weston and Sumpter; Granite and Greenhorn, with 37 individuals; and Adams, with a population of 348. I went to larger towns like North Powder and Wallowa; and Baker City, Burns and Nyssa.

In six of those Republican towns, I held full townhalls, and what did I hear? I heard that the top concern was healthcare because constituents in red America across this country are terrified of the secret 13's bill and all that it involves. What would it do in my home State? Well, 400,000 Oregonians under the Oregon Health Plan would lose their care. At least another 100,000 would lose their care because of the changes in the way the exchange operates. They kind of put their minds to work at what the picture looks like from the draft the Republicans were willing to circulate after we applied extensive pressure. And what did we hear? Well, we heard that they are very concerned about extinguishing the expansion of Medicaid. Those are folks who are working hard but struggling, often in multiple part-time jobs.

We heard about the fact that Medicaid pays for more than two out of three individuals on long-term care in rural America. In fact, I went to one nursing home and asked: Does Medicaid—Oregon Health Plan—pay for two-thirds of your residents?

They said: No, Senator. Here in Klamath Falls, it is nearly 100 percent.

Realize that an individual who is getting paid-for, long-term care under Medicaid has to have assets of less than \$2,000. So there is no backup plan. You wipe out healthcare for those 400,000 individuals who are on expanded Medicaid, many of whom are in long-term care, and they have no backup plan.

One woman, Debra, said to me: Senator, I am paid for by Medicaid, and if they cut Medicaid, I will be out on the street. That will be a problem because I can't walk.

That is right, Debra, you are in trouble, and so is every other individual who is funded through Medicaid for long-term care.

What about maternity care? One out of three individuals in rural Oregon and rural America who is preparing to have a baby is funded through Medicaid. Children and the disabled are funded through Medicaid.

What do we get as an alternative now that the Republicans are back, having ducked their constituents? They want a new plan to offer? Well, they are talking about the Cruz plan. Now, this is interesting. It is a plan that says an insurance company can offer policies

that cover nothing as long as they have at least one policy that covers quite a bit, which means the young and the healthy buy the policy that covers almost nothing, and then the policy that covers quite a bit that older Americans and those with preexisting conditions need becomes incredibly expensive because the group in that pool are people with lots of healthcare problems, and it creates a death spiral in insurance.

Well, at the one end of the spectrum, you have a death spiral for insurance policies that cover a lot; at the other end of the spectrum, you have fake insurance because it covers virtually nothing. Oh, maybe it only costs \$50 a month. Oh, isn't that wonderful—until you find out it doesn't cover a day in the hospital; doesn't cover a trip to the emergency room; doesn't cover maternity care; doesn't cover drugs. In fact, it doesn't cover anything.

Why is it that a President who is so concerned about fake news is so interested in supporting fake insurance?

My constituents back home told me a lot of stories. These are stories that I hope to share in the next couple of days, but right now, I think it is important that we hear from my colleague from Virginia, Senator TIM Kaine, because he has also been looking in detail at this bill. He also understands what a devastating consequence TrumpCare will have for American healthcare.

Can't we come together with a better vision? Can't we come together and make the marketplace work better, restore the reinsurance that has ripped apart the ability of insurance companies to go into new markets? Can't we restore the cost-sharing payments that buy down the premiums, in fact improve them, so there are lower premiums and lower deductibles? Can't we come together and do a better job of funding opioid treatment? Can't we come together and take on the high costs of drugs in general, which is driving costs in the healthcare system? Just those four things would be something very positive to make our current healthcare system even better.

Let's work together to make healthcare here in the United States of America even better, not tear it down and destroy it, as is being proposed by my Republican colleagues.

Thank you, Mr. President.

THE PRESIDING OFFICER (Mr. JOHNSON). The Senator from Virginia.

Mr. Kaine. Mr. President, I also rise to talk about the healthcare proposal on the floor, and I thank my colleague from Oregon and all my colleagues who have taken the floor on this issue.

I will just state at the top a punch line: I will vote for any healthcare bill that meets President Trump's promises. He said that in his replacement, no one would lose coverage, no one would pay more, no one would get kicked around because of a preexisting condition, and he wouldn't cut Medicaid. And any bill that meets those criteria, I am voting for, but I won't

vote for a bill that shatters all those promises, and that is what this current proposal does.

There is a lot to talk about with the bill, and I just want to talk about one thing—the proposed cuts to the Medicaid Program and especially the effect of those cuts on children.

In the current Senate proposal, which is being sort of adjusted and modified, there is a slashing of Medicaid by about \$770 billion over 10 years. And if you add to that additional cuts to Medicaid proposed by the President's budget, we are now north of \$1 trillion of cuts to Medicaid in the next 10 years.

Who receives Medicaid? In Virginia, between 50 and 60 percent of those who receive Medicaid are children. In Virginia, 600,000 young people are Medicaid recipients.

If you go to school and you are receiving an individualized education plan because you have a designated disability, Medicaid is paying for it.

About 50 percent of childbirths in Virginia are paid for by Medicaid.

If you are a kid who is doing everything right, but your family is dysfunctional and a juvenile court judge has to decide whether to keep you with your family or put you in a group home, if the judge decides to send a social worker to your house 5 hours a week, Medicaid pays for that.

If you are a child with autism and you are getting services for your autism after school so you can succeed in school, Medicaid pays for that.

In Virginia, 600,000 children receive Medicaid.

We recently had the administration's OMB—Office of Management and Budget—Director, Mick Mulvaney, before us, and I asked him about these Medicaid cuts. These cuts are catastrophic. How can you say these cuts are a good thing? This is his quote:

We are no longer going to measure compassion by the number of programs or the number of people on programs like Medicaid. We are going to measure compassion . . . by the number of people we get off those programs and back in charge of their own lives.

So the philosophy that drives this is, we want to get people off Medicaid and back in charge of their own lives—600,000 kids.

I had a roundtable yesterday in Springfield, VA, here in Northern Virginia, and I had five families, parents and children, come to talk about what Medicaid cuts would mean to them.

Angie and Anna are from Haymarket, VA. Anna is a little 5-year-old and, her mom says, typical in so many ways. She loves to play with her brothers, and she loves to play with dolls. But she has cerebral palsy and tracheal bronchial malacia and subglottic stenosis and chronic lung disease. In 2014, she developed a condition that caused her to have 30 bone breaks in 18 months.

Anna is in school. Anna is in school with a wheelchair that Medicaid pays for. Anna is in school with some home

health that Medicaid pays for. Medicaid enables this child who has so many needs to actually go to school so she can be all that she can be. Her family has TRICARE through the military because the dad is in the military, but they couldn't make it without Medicaid.

Jen and Cailyn are from Sterling, VA, also in Northern Virginia. Cailyn is about 9½. Within a week after she was born, the family knew there were some things wrong. She was finally diagnosed at age 3½ with a very rare, noninherited genetic anomaly. The family was able to get her qualified for a Medicaid waiver when she was about a year old. And this is secondary insurance. The family works and they have private insurance, but it doesn't cover a wheelchair, a hospital bed, and things that she needs to succeed. Again, this little girl who is 9½—and her mother testified that she functions on about the range of a 6-month old—she is able to go to school because Medicaid can pay for some of the technology she needs.

Kim and Isaac are from Ashburn, VA, in Loudoun County. Isaac is a youngster, a very active kid, but he has a tracheotomy. He is feeding-tube dependent. His family has private insurance, but they couldn't get along without Medicaid. He is in the Loudoun County schools succeeding because of Medicaid.

Dylan is another kid in Loudoun County schools. Corinne is his mother. Dylan has a rare neuromuscular disease called spinal muscular atrophy with respiratory distress. He has a tracheotomy tube. He relies on a ventilator to breathe. Little Dylan was at this meeting. The family has private insurance, but they couldn't succeed without Medicaid. Dylan is able to go to school because of Medicaid.

Finally, there is a family from Richmond—Amy is the mom, and the son is Declan. Declan is not in school because he is only 18 months old. He has cerebral palsy, and his medical needs are intense. With Medicaid, he is able to get some home nursing help, and he is able to get some machinery at home that helps him succeed.

These are beautiful parents, one of whom had adopted her child—first as a foster care and then adopted knowing the special needs of this child. This was Angie and Anna. These parents are the saints of the world, and these kids are fighting so hard. They are fighting so hard just to try to develop every talent they have, every capacity they have, but with Medicaid cuts, they would be in deep, deep jeopardy.

Why would we vote for a bill that slashes Medicaid to families like these when President Trump said we are not going to cut Medicaid? Why would we vote for a bill that shatters those promises, that takes health insurance away from 20 million people, that increases premiums for seniors, that subjects those with preexisting conditions to being cast in the shadows yet again? That is what this bill would do.

I had a conclusion written, but I will tell you, one of my moms yesterday gave me a better one. She gave me a better conclusion.

We had this roundtable with five families. We had some great folks from the American Academy of Pediatricians who were there, too, saying what a bad bill this would be for kids.

After the hearing was over, one of the moms looked at me and said: You know, they kind of picked the wrong group of people to fight with—talking about this bill.

I said: What you do mean by that, wrong group of people to fight with?

She said: Parents of kids with disabilities.

I said: I don't get where you are going.

And this is what she said to me: From the moment our children are born, all we do is fight. We fight so that our kids can survive. We fight so that our kids can have as normal a life as possible. We have to fight with hospitals. We have to fight with insurance companies. We have to fight with school systems. We have to fight with cultural stigmas about people with disabilities. If you are a parent of a child with a disability, from the day they are born, all you do is fight. And if they think that we are going to pass a bill to cut Medicaid to these kids and their families and that we are not going to fight about it, that we are not going to stand up and be heard, they have seriously underestimated us.

I think we can do the right thing, as my colleagues have said, if we will get together. I am on the HELP Committee, Health, Education, Labor, and Pensions, and the only topic that has been taboo on my committee this year is health. We have had hearings about nominees. We have had hearings about the FDA. We have not been allowed to have a hearing about this health proposal—either the House bill or the Senate bill.

Let's have a hearing, listen to patients, listen to parents, listen to hospitals, listen to doctors, listen to people who are worried about their premium costs, listen to insurance companies, and listen to medical innovators. If we listen, we will get this right. But if we shut down a process, if we don't allow the public in, don't listen, don't have hearings, and rush it through, we will get it wrong.

This is the biggest sector of the American economy, and it is the most important expenditure that anybody ever makes in their life. On behalf of the 600,000 children in Virginia and the 30 million children in this country who receive Medicaid, let's get this right.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Idaho.

Mr. CRAPO. Mr. President, I rise today with my colleague, Senator RISCH, to speak on the nomination of Judge David Nye to be a U.S. district judge for the Federal district of Idaho.

First, let me acknowledge the diligent work of Judiciary Committee

Chairman GRASSLEY and Ranking Member FEINSTEIN in expediting the confirmation process for Judge Nye's renomination.

I also thank both President Obama and President Trump for nominating Judge Nye to the Federal bench. It is rare to be nominated by Presidents of two different parties, but it is a fitting testament to Judge Nye's sterling reputation that he has secured that distinction.

Finally, I appreciate the majority leader giving Judge Nye the honor of being the first U.S. district judge by the 115th Congress.

Judge Nye is supremely qualified as a candidate for the Federal district court seat, having a unanimous "well qualified" rating from the American Bar Association and having received approval from the Senate Judiciary Committee without dissent twice in a little less than a year.

Judge Nye has long been ready to assume this high office. A longtime member of Idaho's legal community, Judge Nye has been a law clerk, a practicing lawyer, and since 2007 a judge on Idaho's Sixth Judicial District Court. This court handles all felony criminal cases, major civil cases, and appeals from the magistrate court from six counties throughout the southeast portion of Idaho. He also served from 2009 to 2012 as the administrative district judge for the Idaho Sixth Judicial District, elected by his peers on the court for the 3-year term to this position.

He is not just a well-respected jurist in Idaho. Judge Nye is heavily involved in the training and orientation of new Idaho judges, and he serves on the Idaho Supreme Court's committees on judicial education and felony sentencing.

Action on Judge Nye's nomination is critical and timely. Idaho is one of only three States having just two authorized district court judgeships. The nonpartisan Judicial Conference of the United States has declared a judicial emergency for Idaho and has recommended in every one of its reports to Congress since 2003 that Idaho be authorized a third district judge position. For the past 2 years, Idaho has had a three-judge caseload handled by just one active judge. What is even more challenging is that our lone remaining active judge is already eligible to take senior status since this past March. Even with Judge Nye's confirmation, Idaho still needs another U.S. district court judge.

Confirmation of Judge Nye today or tomorrow is undoubtedly a proud day for the entire Nye family, including Judge Nye's wife Katre and their eight children. Knowing that a successful public servant draws so much strength from the family surrounding him or her, I salute their partnership with Judge Nye in making this important occasion possible.

Again, I strongly endorse Judge Nye's nomination and appreciate the Senate's confirmation of him.

The PRESIDING OFFICER. The Senator from Idaho.

Mr. RISCH. Mr. President, I want to associate myself with the remarks from my distinguished colleague and close personal friend, Senator CRAPO, and join him in urging our fellow Senators to quickly confirm Judge Nye.

As pointed out by Senator CRAPO, this will be the first district judge to be confirmed by this Congress. So it should be an honor for Judge Nye, and I am sure he views it that way.

This has been, literally, years in the making. As Senator CRAPO pointed out, we have only one active Federal judge right now, and he is handling what is essentially a three-judge load. Some time ago, when this vacancy occurred, Senator CRAPO and I went to work on this. Most Americans don't understand how this works, but to become a U.S. district judge, it takes essentially the concurrence of three people—that is, the President of the United States and the two Senators from that particular State, be they two Republicans, two Democrats, or one of each—because we have what is called a blue slip process, where if any one of the three can and do object to a person, then that person will not be permitted to go forward.

In this particular case, we negotiated with the Obama White House for literally months and months, and it turned into years. I believe we acted in good faith on both sides in trying to find a person who would be the right fit for Idaho. Again, we literally vetted well over 50 individuals for this position, and for one reason or another, we were unable to get any of those across the finish line.

Finally, we settled on Judge Nye. I shouldn't say "settled" on him. He had not really applied. After going through the 50 being vetted and not really getting where we wanted to be, we sought out Judge Nye and talked with him about it, and we went forward on that basis. The White House came along, and before President Obama left office, he nominated Judge Nye, pursuant to my and Senator CRAPO's request. Unfortunately, that was just about the time that we ran out of time processing judges. The election came and went. President Trump was inaugurated, and we started all over again. I want to personally thank the White House for very quickly renominating Judge Nye for this position, again, at the request of myself and Senator CRAPO.

Too many States have a shortage of judges, and there is a movement afoot right now to attempt to boost the Federal judgeship load, which is in bad need. For instance, in the last seven surveys that the Judicial Conference has undertaken, they recommended that Idaho get a third judge. Senator CRAPO and my predecessor before me and, I think, even Senator CRAPO's predecessor before him have also been pushing for this judge. We continue to do that, and I am seeing some green sprouts that perhaps we will be moving somewhere in that direction.

In any event, yesterday we had the vote on moving forward on his nomination, and that vote was 97 to 0, which certainly is a testament to Judge Nye himself. I would urge our fellow Senators, when we get to this vote, which will either be later today or midday tomorrow, to proceed with the same kind of vote. It was a bipartisan vote on cloture, and we hope it will remain a bipartisan vote as we move forward on this confirmation.

With that, I want to thank Senator GRASSLEY, who obviously is pressed by everyone who has a vacancy, and Senator MCCONNELL, who has lots of things on his mind these days and is struggling with challenges that come at him from all directions, for choosing Judge Nye at our constant and gentle urging over the recent months and years and moving him to the front of the line. I want to personally thank Senator MCCONNELL for doing that. Of course, I want to thank my distinguished colleague for his work on the Judiciary Committee and moving it through the Judiciary Committee.

I think Judge Nye will be a person who will make us all proud. Certainly, we are going to be very happy to have this judgeship filled in Idaho and, particularly, with someone of the quality of Judge Nye.

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

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

HEALTHCARE LEGISLATION

Mr. CORNYN. Mr. President, as we move forward in our efforts to repeal and replace the failed ObamaCare law, it is worth remembering the reasons why this work is so urgent and why it is so important. The Affordable Care Act has left many American families paying far more for healthcare than they did beforehand, and it has taken away their freedom to choose the doctor they want or the health plan they want. That is, of course, all contrary to what was promised at the time ObamaCare was passed back in 2009 and 2010.

We all remember what the President said, and none of it has proven to be true in terms of your plan, your doctor, or the costs. In fact, as I mentioned before, the cost has gone up 105 percent for people in the individual market since 2013 alone. So rather than seeing a \$2,500 decrease in the cost to their health coverage, they have seen a \$3,000 increase, and the prices continue to go up. It is actually getting worse by the day, which is another reason for the urgency of what we are about to do. A report from the Centers for Medicare and Medicaid Services, or CMS, released yesterday, found that 40 percent fewer insurers have applied to participate in

the ObamaCare exchanges next year. The reason why that is important is because when fewer insurance companies choose to participate, of course, consumers have less choice and there is less competition in terms of quality of service or the price they charge. The damage goes far beyond the damage to the doctor-patient relationship and the damage to our pocketbooks, when we are told things will cost us less and they cost us more. The damage of the Affordable Care Act has literally permeated our entire economy and has led to a lot of people losing their jobs along the way.

ObamaCare consists of a number of mandates, government coercion, and punishment if you didn't comply with the mandates that forced many Americans to buy a product they would not have bought of their own volition and in many instances simply could not afford. But if you refused to do it, the government fined you, punished you. That represents a radical change in the nature and guiding philosophy of this country. This country was founded on the concept of individual freedom, not on Big Government coercing you to buy something that you don't want and you can't afford. But that is the theory behind ObamaCare.

In addition to that, for small business owners, it included a penalty for any business that exceeded more than 50 employees who did not provide government-approved health insurance policies. It cost them at least an additional \$70,000 a year, in addition to other increases in healthcare costs.

Let's say you are a small business of 50 or so employees. You are sure not going to hire over the cap and subject yourself to the additional \$70,000 a year in costs. What you are likely to do is to hire fewer than 50 employees in order to protect yourself from that expense, and that is exactly what happened.

I still remember, after the Affordable Care Act passed, having lunch in San Antonio, TX, with a friend of mine who was an architect at the particular time. When I described to him the nature of the employer mandate and its effect, he made it clear to me that he would rather lay off some of his employees in order to avoid that additional expense under the employer mandate. In fact, that is just what he did.

This is just another bit of evidence about the pernicious impact of the Affordable Care Act. It is not just about premiums. It is not just about deductibles. It is not just about freedom of choice. Literally, it has been a wet blanket on our economy.

This damage reaches across many different sorts of industries. According to a recent study by the Mercatus Center, an estimated 250,000 jobs nationwide were lost due to this mandate. That strikes me, frankly, as too small a number, but that is the number they projected. A quarter of a million people lost their jobs because of this mandate because small employers were moti-

vated to keep their numbers under the cap in order to avoid the extra expense. This does not even take into account the consideration of businesses that were forced to shut their doors altogether.

In other words, ObamaCare was, in part, premised on this idea that businesses could endlessly absorb additional taxes and new costs and mandates and somehow continue to keep their doors open and do business as usual, but that is not the real world.

It also does not take into consideration the many businesses that choose to cut the hours their employees can work instead of firing them. This is another one of those stealth characteristics of ObamaCare, in which employers are judged on the number of full-time employees they have.

I remember talking to a restaurant owner in East Texas—in Tyler, TX—who told me he had to lay off a single mother who was working as a waitress in his restaurant. He could not afford to have her work full time. He had to put her on part time in order to avoid the penalties that are associated with ObamaCare. What that meant for this single mom is that she essentially had to go out and get two jobs in order to fill the gap that was left by her going from full-time work to part-time work. That is not the only story I can tell you.

A small business owner in Donna, TX, epitomizes this reality in a letter that was written to me a few weeks ago. This gentleman said he and his wife are both on Medicare. Of course, they are unaffected directly by ObamaCare because Medicare covers people who are 65 years and older while ObamaCare covers people who are younger than that. While they were left unaffected personally by ObamaCare's changes, on behalf of his 54 employees, he wrote that after ObamaCare went into effect, he was faced with a choice, either he could buy his employees expensive health insurance that his business could not afford or he could pay fines totaling more than \$100,000. Instead, he made the painful choice to lay off six of his employees in order to remain under the ObamaCare-imposed threshold. As he pointed out, this meant more than just simply laying off six people; it also meant risking the well-being of each of those families represented by those six people.

Small business owners should not be forced to choose between growing their businesses and providing jobs or risking the financial livelihoods of their entire companies and their employees just to satisfy the demands of Big Government. Even beyond causing layoffs, ObamaCare has effectively ensured that many businesses cannot grow and that existing businesses will not hire any more employees.

ObamaCare did not just lead to a new form of healthcare coverage, as some have claimed, as two-thirds of the small businesses that were surveyed by

the Mercatus Center report already offered insurance. Two-thirds of the businesses affected by ObamaCare already had healthcare coverage, but that was effectively displaced and replaced by government-approved healthcare, which proved to be far more expensive.

Instead of having the choice to shop around for the insurance that best meets their needs and the needs of their employees, these businesses have been forced to either pay the penalty or to pay the piper—that is the Federal Government—when it comes to these mandates and these demands.

It ought to be clear by now—7 years into the implementation of ObamaCare—that this kind of one-size-fits-all mandate should not be applied to a country of 320 million people, especially when it comes to something as personal as healthcare. Each of us is a unique human being. Each of our families has its own unique needs and desires. Frankly, we ought to be able to choose the sort of healthcare coverage that best suits our needs as well as our incomes and our desires to buy health insurance. Some people want policies that provide purely for catastrophic coverage when they go to the hospital. Maybe they prefer to have savings accounts that use pretax dollars under health savings accounts in order to save money so as to pay for their doctors' visits, and they combine that with a high deductible health insurance plan. You literally cannot do that under ObamaCare, but you will be able to do that under the Better Care Act, which we will be voting on next week.

What we have tried to do is to look at the meltdown of ObamaCare and say that we need some emergency measures to take place because of the phenomenon I mentioned earlier in which insurance companies are pulling out, people's premiums are going through the roof, or deductibles are so high that they are effectively being denied the benefit of their health insurance. We need to do something quickly and urgently.

What we are going to do is take measures to stabilize the insurance markets because if insurance companies continue to pull out of the insurance markets and deny people a choice or competition or even access to a qualifying policy at all, that is going to put people in an impossible situation. So the first thing we are going to do is to stabilize the marketplace.

The second thing we are going to do is to repeal the mandates that have made health insurance so unaffordable and restore the freedom to choose the sorts of policies and create a marketplace in which people can choose the policies that best suit their needs and at prices they can afford. It will literally bring down the cost of what people are charged in order to buy healthcare coverage.

Because we understand the importance of protecting families against preexisting condition exclusions, we are going to make sure the current law

remains in effect that protects people from exclusions when they change jobs or lose jobs based upon preexisting conditions.

The fourth thing we are going to do in the Better Care Act is put Medicaid on a sustainable growth rate. Medicaid is an important program. It provides the healthcare safety net for the Nation, but unfortunately it is unsustainable at the current rate of spending. Over the next 10 years, we propose to spend \$71 billion more than we do today on Medicaid. In other words, it is going to continue to grow but at a more controlled and fiscally responsible rate.

We are also going to provide people with tax credits who have an income between zero and 350 percent, including those people who are left out in the event that the Medicaid expansion is not embraced by their States and States like Texas—people who are now at 100 percent of the Federal poverty level up to 138 percent who were left out because of the fact that Texas did not expand Medicaid to able-bodied adults. They are going to be able to use that tax credit to buy private insurance. Private insurance provides much better access to coverage because, right now, Medicaid pays doctors and hospitals about 50 cents on the dollar when it reimburses them. Private insurance pays them much better so it improves the range of choices available to consumers.

Our bill continues to be a work in progress. We have done our best to try to work with everybody who has been willing to work with us and to use their ideas. What we have tried to build is a consensus bill, but the fact is, our friends on the other side of the aisle have simply refused to participate in the process, thus leaving it up to us to save people and help people who are currently being hurt by the status quo. We are going to do our duty. We are going to fulfill our responsibility to our constituents the best we can under these circumstances. In recognizing that no bill is ever going to be perfect, certainly, we have to do what we can in order to help the people who are being hurt now under the status quo.

Let me just close by saying that I have heard my friend the Senator from New York—the Democratic leader—talk about this bill. If we are unsuccessful in getting this bill passed next week, he wants to engage in a bipartisan negotiation in order to address healthcare. Yet what I predict is this: What he is really talking about is a massive, multibillion-dollar bailout of insurance companies without there being any reform. To me, that is an exercise that, frankly, I am not willing to participate in. I will never support a multibillion-dollar bailout of insurance companies and not be able to reform the system that created the problem in the first place.

I urge all of our colleagues to work together with us. Bring us your best ideas. Work with us. Try to figure out

a way to be constructive in this process and help us to achieve a result. It is not going to be the final result. We will have other opportunities, for example, in the Children's Health Insurance Program, which is a bipartisan program that expires by the end of September. We will have another opportunity to come back—hopefully, then on a bipartisan basis—to do additional things that we were unable to do because of the constraints of the budget reconciliation process and the fact that our Democratic colleagues simply refuse to participate in saving the people who are being hurt today by ObamaCare.

I encourage my colleagues not to be lured by the seductive message of our friends across the aisle about doing something bipartisan after this bill is unsuccessful. They are not interested in changing anything about the structural defects in ObamaCare. If all we are going to do is propose to pay insurance companies billions of dollars more in order to bail them out—in order to support the same flawed structural program known as the Affordable Care Act—you can count me out.

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

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

Mr. CARDIN. Mr. President, I take this time to share with my colleagues the experiences I had in the State of Maryland during our most recent work period and shortly before that, when I took the opportunity to meet with different groups with regard to the healthcare debate.

I had a townhall meeting this past week at Atrium Village, which is a senior living place in Baltimore County. We had a robust discussion primarily with seniors, but not just seniors, about their concerns as to whether the changes in the healthcare law would affect their ability in the Medicare system as well as relating to long-term care and Medicaid.

A little bit earlier than that, I had a townhall meeting at one of our local hospitals where we had a chance to talk with lots of people. It was an open townhall meeting, and a lot of people from the community showed up. They expressed their concerns about what would happen under the changes being suggested in healthcare on coverage and quality of coverage, and we had a very robust discussion.

I also had a chance to meet with leaders of the faith community as we talked about our responsibility to make sure healthcare is a right and not a privilege in the United States.

I met with the leaders of the community health centers in Park West, in Baltimore City, to talk about the impact on the viability of health centers if the Medicaid Programs were cut.

I had a chance to visit with Mosaic Behavioral Health Center, which deals with behavioral health in Baltimore, and their concern is, if we eliminate the essential health benefits of mental health and addiction, what impact that would have on access to care.

There was a consistent message from each of the places I met with, with regard to whether we would be able to maintain coverage—under the Affordable Care Act, we expanded coverage by tens of millions—and whether that coverage would be compromised under the legislation being considered in the Senate.

We also had a chance to talk about whether there would be a weakness in what benefits would be covered. I already mentioned mental health and addiction. There were also concerns expressed about reductions of benefits regarding obstetrics and how it would affect women, and pediatric dental care, which is a particular concern in Maryland after the tragic death of Deamonte Driver.

They also raised many issues concerning discrimination in healthcare that was present before the Affordable Care Act and whether these conditions would be returning. A young father told me a story about how his daughter was born prematurely and, as a result, the baby was in the neonatal intensive care unit for 4 months. When his daughter was 4 months old, she had reached her lifetime limit of what the insurer would pay for healthcare if we returned to lifetime limits. Whether we would be returning to the predatory-type practices of the insurance companies that were present before the Affordable Care Act and whether we would be returning to preexisting conditions or doing that indirectly through what benefits would be covered—that was expressed at several of my healthcare meetings.

I already mentioned the concerns that the elderly expressed, including the discrimination of the near elderly, if we go to a 5-to-1 ratio on health premiums, so that those who are 60 or 62 years of age paying five times higher premiums than younger people are paying. All of that was brought out during my townhall meetings.

The one message I just wanted to leave with my colleagues is that there was a strong interest that we work together—Democrats and Republicans—because we all acknowledge that the Affordable Care Act can be made better. We don't want to repeal it. We want to improve it.

Before we left for the July 4th break, I introduced legislation that deals with some of these issues. The legislation would improve competition by putting the so-called public option in the exchanges so that we know there would be at least one governmental option without subsidies, without any additional breaks over private insurance companies, to guarantee more competition in the marketplace.

I also included in my legislation a solution to deal with the two major problems that we have under the Affordable Care Act. For some people, the insurance premiums are too high. Why? Well, I asked CareFirst, which is the major health insurer in Maryland, about the uncertainty as to whether President Trump is going to fund the cost-sharing issues. My legislation makes it clear that those funds will be made available, as was anticipated under the Affordable Care Act.

I also provide predictable subsidies for lower income families, up to 400 percent of poverty, so that we can help bring down the cost of premiums in that marketplace, and we reimpose the reinsurance program so that we can spread the risk so the insurance companies know that they have a more predictable risk when they set their premiums.

All of this would make a big difference. CareFirst said that, in the individual marketplace in Maryland, if you do that and endorse the individual mandate, we could reduce our premium increases by 50 percent.

So I am trying to work, I hope with Democrats and Republicans, to deal with the problems that have been brought to our attention on higher premiums and then to deal with healthcare costs generally.

More and more people talk to me about bringing down the costs of prescription drugs. It is outrageous that Americans pay twice what our friends in Canada pay for the same medicines that are manufactured here in the United States. So why don't we have a more competitive marketplace? Why don't we have the rebates that we have in the Medicaid and the Medicare systems, and why don't we allow for more collective bargaining for prices in the pharmaceutical industry? My legislation would do that, and I know there is bipartisan support for that.

Lastly, we deal with more integrated care. I mentioned Mosaic, a behavioral health facility in Baltimore City. They have an integrated care model. If you come into their community health center, they will treat whatever your problems are. They are not going to say: Well, come in one day and we will deal with diabetes, and the next day we will deal with high blood pressure. Let's deal with the whole patient in a coordinated and integrated care model, and that would help save on costs.

My bottom line is this. No, I am not going to support weakening the Affordable Care Act. I am not going to support legislation that would diminish those who currently have coverage or the quality of their coverage. Let's work together—Democrats and Republicans—to deal with the real problems of bringing down costs in our healthcare system—everybody benefits from that—and to make sure there is more competition in our exchanges and to make sure there is better premium support for those who cannot afford their premiums. If we do that, then, I

really think we would be carrying out what the people of Maryland were asking me to do during the recess; that is, not to go back on the progress we have made under the Affordable Care Act. Let's build on that. Let's make healthcare more affordable, and let's deal with more competition on the premium costs.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Florida.

VENEZUELA

Mr. RUBIO. Mr. President, I have, since the year 2014, come to the Senate floor on numerous occasions, perhaps more than I hoped to, to discuss the developing situation in the nation of Venezuela.

The reason why I have taken such an interest in this issue is because of the impact it has, first and foremost, on my home State of Florida. We are blessed in Florida, particularly in my hometown of Miami and in South Florida, to have a vibrant and diverse community with people from across the world and, particularly, from the Western Hemisphere. That, of course, includes a very substantial number of people from Venezuela, some who live in Florida for part of the year and some who have made it their permanent home. They have contributed greatly to our economy, to our culture, and to our lives.

It is through their eyes that I have witnessed the tragedy that has unfolded in that nation over the last 5 years. I use the word "tragedy," but I don't use it lightly. Venezuela is one of the richest countries in the world, blessed with natural resources that God has blessed that nation with and the largest crude oil reserves on the planet—certainly, more than the United States and Canada combined, as an example. They have highly educated and capable people and a long tradition of democracy. Venezuela has one of the oldest traditions of democracy in the Western Hemisphere. As much as anything else, not only is it a tragedy for the people of Venezuela—what has happened—but it is a tragedy for the hemisphere and, ultimately, for the world. We look at some of the great causes that the world is confronting and think what a democratic and prosperous Venezuela could be contributing, what its extraordinary people could be contributing. But the last 5 to 10 years—particularly the last 5—have largely been taken up by internal strife.

At the end of the day, my interest on the issue of Venezuela has never been the removal of anyone from power. It has been about the restoration of the democratic order so that the people of Venezuela can choose their path forward. We look at the history of our hemisphere, here in the Western Hemisphere, and we see that up until about 25 years ago, most of the nations in the Western Hemisphere were governed by dictators and strongmen on both the left and the right, and few, if any, people in our hemisphere had a role to

play in choosing their leaders. Today, but for the exception of a handful of places—predominantly, Cuba and the Caribbean and some others—almost all of the people of the region get to choose their leaders, and that has been the story of Venezuela up until very recently. Sometimes they choose leaders who agree with America, and sometimes they do not. But they choose their leaders.

In the end, we know that democracies very rarely start wars because their peoples do not tolerate it. Democracies always seek stability and prosperity because their peoples demand it, and they get rid of leaders who don't deliver.

So our goal from the beginning—my goal, in particular—has consistently been the restoration of the democratic order and, through that, the respect for basic rights and dignity of all people, particularly in Venezuela. It is sad to see what has happened because I think it is fair to say that the situation today in Venezuela is worse than it has been at any point since 2014.

We saw about a week ago the horrifying images of armed thugs storming the National Assembly—the democratically elected National Assembly—and attacking members of that assembly. It would be the equivalent of protestors storming the Capitol doors and attacking Senators and Congressmen. We saw images of uniformed personnel, some of whom, basically, are the equivalent of our Capitol Police, roughing up the very members of that assembly whom they are supposed to be protecting. We have seen the images of protests in the streets, of national guard troops firing on people with tear gas and rubber bullets and, in some instances, with guns.

We have seen these irregular groups called "colectivos" going after people in the streets. By the way, in fairness, we have seen violence on both sides of it, although the vast majority of people in the opposition—the enormous majority—seek a peaceful resolution to this. Anytime you put hundreds of thousands of people in the street, chaos happens.

You think not just of the protestors, but you think of their family members on the other side of it. We forget that these national guard troops, holding up their shields and wearing the uniforms, have sisters and brothers and husbands and wives and loved ones on the other side of that barricade, deeply dividing this proud nation with an incredible history of contributions that it has made.

The situation has now reached what I believe is the tipping point. Later this month, the Government of Venezuela—I should say the executive branch, under its current President—has scheduled an unconstitutional assembly. They call it a constituent assembly. It violates the very Constitution of the country, not to mention that the supreme court has already kind of canceled the democratic order and this adds to that. I just say this with deep

sadness. If that goes forward, I think it fundamentally changes the situation permanently.

I had an occasion early this morning to speak to the President on this topic for a few minutes, as I know he is headed overseas. He expressed his continued dissatisfaction with the course of events. I think it should be abundantly clear to everyone that this government in the United States is prepared to take additional significant measures if, in fact, that constituent assembly moves forward at the end of this month—basically, all but admitting to the world what we already know; that is, that the democratic order in Venezuela has ended.

I do believe that there is still a path forward—a path forward that doesn't involve vengeance, that involves reconciliation; a path forward designed to restore the democratic order. I believe deeply that all of my colleagues here in the Senate and in the Congress and the President of the United States are prepared to play whatever role they can to help facilitate that. I think that, obviously, ultimately, it would involve restoring democracy. It would involve respecting its own Constitution. It would involve holding free and fair elections, internationally supervised, not by the United States but by the United Nations or by neighboring countries. I just left a meeting a few minutes ago with the Foreign Minister of Mexico, a nation that has shown that it is willing to step forward and be constructive and productive in this endeavor.

That is the goal. The goal is to restore peace and order and to restore democracy and to grant amnesty and freedom to those who have been imprisoned because of their political views. Within that space, there are those within the government who themselves perhaps seek the same thing but feel trapped by the circumstances before the nation today.

So I do believe there is a path forward, but I also think it would be unfair if I didn't make clear that the time for that path is running out and the door will permanently close if, at the end of this month, the Maduro government moves forward with this assembly, which is illegal and unconstitutional. At that point, it would be clear for all that they have no interest and no intent of restoring democracy. I fear the consequences of that, not simply because of what the U.S. Government and the Trump administration might do but what it would mean to those in the streets who are already desperate as it is.

I do think that path is there. I do believe that opportunity is still available, but it will not be around forever. My hope is that cooler heads will prevail. My hope is that patriots in Venezuela—no matter what side of this debate they have been on up to this point—realize it is time to step up and further this process of reconciliation, not with a goal of vengeance or punishment but with a goal of freeing those

who have been imprisoned unjustly, with the goal of having free and democratic elections, with the goal of living up to constitutional principles, with the goal of restoring democracy to a great people and a great nation.

I know that I, for one, despite all of my criticisms and all of the speeches I have given and all of the measures we have taken, am prepared to do all I can to be helpful in that endeavor, to help the people of Venezuela take control of their destiny once again and restore the democratic order, the constitutional order in a way that unites the country, not one that further fragments and divides it.

I know the President has expressed a willingness to be involved in that process in whatever capacity is appropriate, knowing that other nations in the region are prepared to lead as well.

I thought it was important on this 11th day of July, as we get closer to that measure—which I think will do irreparable harm to this possibility—that I come here to the Senate floor and express this. In the end, I think all of us in this hemisphere and, ultimately, the world would benefit greatly from a Venezuela that fulfills its potential—the potential of its people, the potential of its economy, the potential of its proud history of democracy. Whatever we can do to be helpful in that endeavor, I know that this Nation is prepared to do in whatever capacity is appropriate in the eyes of the people of Venezuela.

Ultimately, the future of Venezuela belongs to the people of Venezuela, and that is what we stand for. We hope that we can be helpful in a process that brings them together—and not further divides them—and restores what they once had and deserve to have again: a proud democracy, a vibrant economy, and a people with extraordinary and unlimited potential to achieve great things on behalf of their nation, their countrymen, and the world.

I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware.

WELCOMING THE PAGES

Mr. CARPER. Mr. President, I want to welcome our new pages. They have been here all of 24 hours or so. I talked to some of them earlier today. They come from all over this country, and we welcome each of them.

I understand they are with us for 3 weeks, and we wish it could be longer. Who knows? Maybe it will be. We will see.

HEALTHCARE LEGISLATION

Mr. President, I am here today to talk about healthcare. That is a subject we have talked a lot about, not just on this floor this week, this month, and this year but for years. A lot of times, when we talk about it, we seem to forget that this involves real people, people who live in our home States. They are moms and dads; they are parents. They are children. They are grandparents, aunts, and uncles. They are young, and they are old. They

are people from different walks of life. They are real people.

I want to talk today about one of them. Delaware is a little State. I like to kid my colleagues that a lot of days in the week I visit all the counties in Delaware. We have only three. Yesterday I got to go to all three of them.

In the southern part of our State is Sussex County, which is the third largest county in America. I think there are 3,000 counties in America. The third largest is Sussex County, DE. The county seat for Sussex County is called Georgetown.

Before I came over here yesterday afternoon to be here for the convening of the Senate, I stopped off and hosted a roundtable. There were about 20 patient advocates from organizations across the State of Delaware. We were in Georgetown at a place called the CHEER Community Center, which is a gathering place for seniors in the southern part of our State. A lot of good activities happen there for seniors from all over Southern Delaware.

Some of the organizations on the frontlines of our healthcare system were there. I am going to mention a couple of them. They include the Mental Health Association, the National Alliance on Mental Illness in Delaware, the Leukemia & Lymphoma Society, Autism Delaware, the American Heart Association, the Juvenile Diabetes Research Foundation, the Alzheimer's Association, and atTAcK addiction. The folks at the roundtable explained to me and to others how the new plan that was presented several weeks ago would dramatically diminish their ability to care for the Delawareans they serve.

During our roundtable, we heard directly from representatives of these organizations, and we heard directly from patients. These Delawareans shared with us just how devastating a repeal of the Affordable Care Act would be for them and for their families.

One person's story stood out to me. She is a woman I have met before. Her name is Jan White. She is pictured here with her husband Mike. They live in Newark, which is at the other end of the State. If you drive up I-95 from Washington through Baltimore, on up to the Delaware line, the first town you come to in Delaware is Newark. That is where the University of Delaware is located. That is where they live.

Jan and her husband were college sweethearts. This October they are going to celebrate their 30th wedding anniversary. They run a successful small business in Delaware. It involves setting up meetings, running them, organizing and running special events.

Together they have one child, a son named Ethan. This September, Ethan will start his senior year at the University of Delaware, which is one of my alma maters. I went to graduate school there after the end of the Vietnam war on the GI bill. It is a wonderful school. He will be a senior there this fall.

Jan, depicted here with her husband, was doing everything she was supposed

to do to stay healthy. She ate right. She exercised. In fact, she was studying martial arts.

I eat right too. I exercise almost every day of my life and have since I headed to Pensacola, FL, as a newly minted ensign in the Navy. I still work out, just like Jan. One thing she has done that I haven't—she has studied martial arts and achieved her third-degree black belt. She did it a couple of years ago, in April of 2015.

Jan also worked hard at their business and helped to raise Ethan. Jan, Mike, and their son Ethan were living the American dream, but their lives were irreparably changed in April of 2016—a year after she earned her third-degree black belt.

Something happened. What happened was that Jan was diagnosed with aggressive stage IV non-Hodgkin lymphoma. It had invaded her chest and her spine. She went from teaching kickboxing and studying for her fourth-degree black belt to relying on a walker.

Jan underwent over 5 months of intense chemotherapy. I am told it was 102 continuous hours every 3 weeks. Think about that: 102 continuous hours of intense chemotherapy every 3 weeks. She had two injections into something called—I think it is a cavity in our brain—the Ommaya. She had two injections every 3 weeks for her spinal tumor, a high dosage of inpatient chemotherapy, and a month of radiation.

Jan was pronounced in remission earlier this year. Thank God. She desperately hopes to stay there, and our prayer is that she will.

When Jan was sick, she and her husband Mike kept working. There was no quit on that team. They kept working at their business, although it certainly wasn't possible to keep up with everything. That business had its usual pace that they followed.

As Jan has said, the bills don't stop just because you have cancer. That is true. Today she continues physical therapy repair damage from spinal cord compression from the tumor and the chemotherapy for the spinal tumor. She continues this therapy, even though her insurance-approved visits ran out a long time ago.

Jan monitors daily for relapse, hoping and praying it will not happen. She and Mike have worked hard to keep their business doors open and to try to put their lives back together.

The current debate in Washington over the Affordable Care Act makes Jan and Mike wonder if they will be able to afford the premiums that they face. Their current premiums now—including deductibles, out-of-pocket expenses, or denials—are double their mortgage payments.

Jan told me that they wonder if they will have to forgo Jan's medical care. They wonder if they will have to choose to pay for care and maybe put their family in bankruptcy. What if the treatments don't work?

Most of us know that cancer is a hard battle. In my own family, we know that my grandfather, his wife, and others who have fought cancer ultimately succumbed to it. It is a hard battle. Jan shouldn't have to fight for the chance to fight and survive. That is what she is doing.

We are encouraged that she has had better than a fighting chance. Jan and her family hope that those of us in this body—in the Senate—and our friends in the House of Representatives will do the right thing. That is why she is now involved with the Leukemia & Lymphoma Society as a patient advocate.

It is up to those of us in Washington to do the right thing by Jan—not only to do the right thing by her but by the 1.2 million people who have blood cancer, including roughly 400 Delawareans and the 50,000 cancer survivors who live in my State.

I will close by saying this: Last week we had the Fourth of July recess. The place was closed, and most of us were in our States. I covered the State of Delaware almost every day. I saw thousands—probably tens of thousands—of people during the course of that time. I am amazed at how many people talked to me about healthcare legislation. They called on us to do the right thing.

The other thing they called on us to do was to work together. Any number of people said to me: This shouldn't be all Republicans trying to solve this; this shouldn't be all Democrats trying to solve this. This should be everyone working together.

I couldn't agree more. I think we have a great opportunity right now to hit the pause button and not retreat to our different corners around here but to figure out how we can engage and do three things with respect to the Affordable Care Act: Figure out what in the Affordable Care Act needs to be fixed and let's fix it; figure out what in the Affordable Care Act needs to be preserved and let's preserve it; and if there are provisions in it that should be dropped, let's figure out how to drop them.

I talked with one of my colleagues, a former Navy guy from Arizona on the other side of the aisle. We came to Congress together in 1982. We served in the Navy together before that. We were talking yesterday about a path forward for us. We both said almost at the same time: What we should do is regular order.

I don't know if our new pages have heard that term, "regular order." What it means is pretty much this: If someone has a good idea—or maybe a not-so-good idea—on an important issue, introduce it as a bill. It gets assigned a committee, and the committee chair, ranking member, senior Republican, senior Democrat talk about scheduling a hearing. They hold a hearing—maybe not just one hearing but maybe a series of bipartisan hearings. Sometimes they actually schedule some roundtables in

addition to hearings, which are more of an informal discussion, which are sometimes helpful in working out consensus around the very difficult issues like healthcare.

The regular order is that after there has been a lot of testimony, a lot back-and-forth, a lot of questioning, they have a markup in the committee on jurisdiction. The markup is to vote on the bill before we vote on the bill. We have the opportunity for members—Democrats and Republicans have the opportunity to offer amendments to the legislation, amendments for and against, amendments that would change and hopefully improve the underlying bill.

After the amendments are offered, there would be a vote on the underlying bill, to keep it in committee or report it out. In regular order, if it is reported out, then it competes for time on the floor. That is something our leaders, Senator MCCONNELL and Senator SCHUMER, would need to work out amongst themselves.

If the bill makes its way to the floor, in regular order, we would have time for debate, especially for something this important. As I recall, when we debated the Affordable Care Act in committees, hearings, and roundtables, I think we spent 80 days. All told, I think over 300 amendments were offered. There were 160 Republican-sponsored amendments adopted to the Affordable Care Act. Is it perfect? No. Anything that big, that complex, should have been even more bipartisan than it was. This is something we need to get right.

I will close with this thought: If you go back 8 or 9 years ago, we had a new administration. I was a brandnew member of the Finance Committee, which has jurisdiction over Medicaid and Medicare. We share jurisdiction in the Senate on healthcare legislation; the other committee is the Health, Education, Labor, and Pensions Committee, which is led by Senator LAMAR ALEXANDER of Tennessee and Senator PATTY MURRAY of Washington State, two very able people and leaders. I would suggest that they are the kind of leaders who can help us actually figure out what is the right thing to do.

I don't know that either party is smart enough to figure it out by themselves, but if you ask a lot of people around this country, including people like Jan and her family or folks who are providers, such as doctors, hospitals, and nurses, and folks who work in pharmaceuticals, health economists—if you ask a lot of people "What do you think?" there is a much better chance to ultimately get this right.

I will add a P.S. as a former Governor of Delaware, as some of my colleagues know. I call myself a recovering Governor. We have a new page here from Ohio. One of the guys from Ohio is now a pharmacist. John Kasich, my old colleague from the House, is now Governor of Ohio. He has been a strong voice in favor of just what I am talking

about doing, and that is to hit the pause button and figure out how we can do this together, and we need to.

In closing, I will paraphrase something Mark Twain used to say. Mark Twain used to say: "When it doubt, tell the truth. It will confound your enemies and astound your friends." Think about that.

In this case, maybe we should paraphrase Mark Twain: When in doubt, try regular order. When in doubt, try working together. When in doubt, try a bipartisan approach that is focused on getting this country and our healthcare delivery system a lot closer to where it needs to be.

Every President since Harry Truman said as President that we need to change our healthcare delivery system so that everybody in this country has access to healthcare. By the time we took up the Affordable Care Act in the Finance Committee and the Senate, we were spending, as a nation, 18 percent of the gross domestic product on healthcare in this country. I have a friend, and if you ask him how he is doing, he says: Compared to what? We are spending 18 percent GDP. What were they spending 8 years ago in Japan? They were spending 8 percent of GDP for healthcare in Japan. Did they get worse results? No. They got better results—higher rates of longevity, lower rates of infant mortality. In Japan they covered everybody. They still do. They are getting better results for less money.

Frankly, what we did in writing the Affordable Care Act was we looked around the world, including Japan, and we looked around this country, including at places like Mayo, the Cleveland Clinic, and others, to see what they are doing to get better results. We tried to put a lot of that in the legislation, in the law. Wonder of wonders, some is actually delivering good results—better value, better results for less money. That is part of the Affordable Care Act we want to maintain and preserve.

I have probably stood here long enough talking about this today. This is an important issue. It is one-sixth of our economy, and healthcare eventually affects us all. People who get sick will eventually get care. For too long, the care they have gotten has been in the emergency room of a hospital. By the time they get sick enough to go there, sometimes they are very sick. It is very expensive. They don't spend an hour or two in the emergency room of a hospital; they may spend a week or two in the hospital and really run up the tab. That is a hugely expensive way to provide healthcare. Who pays for it? The rest of us. We have to be smarter than that.

I am hoping that in the days ahead, particularly as our Governors gather up in Providence, RI, later this week to discuss, among other things, providing healthcare for their constituents in 50 different States, my hope is that some of what I said here today will be on their minds: Hit the pause button. Fix

the things in the Affordable Care Act that need to be fixed. Preserve the aspects that need to be preserved. Let's do it together.

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

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

The bill clerk proceeded to call the roll.

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

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

Mr. DURBIN. Mr. President, I represented the congressional district of Springfield, IL, for 14 years, and this is my 21st year in the Senate. It is a big State with 102 counties. We are proud of our diversity in our State, which runs from the great city of Chicago, to deep, deep Southern Illinois, to a town of Cairo, IL, which is literally south of Richmond, VA, by latitude. They grow cotton down there in the State. So it is a very big and diverse State. I am proud to represent it.

I have spent some time doing my best to understand the challenges that businesses, individuals, and families face and to measure their sentiments on issues over the years.

For the last several months, I have spent my time visiting every corner of downstate Illinois, which is the more rural, smalltown area of our State outside of Chicago. It is more conservative politically. President Trump ran well in some parts of downstate Illinois. And I have been in this area—representing it, growing up in it—to measure what I consider to be the topic and issue of the day, and that is the issue of healthcare in America. It is an issue which each of us takes very seriously and personally because each of us is called on in a variety of different ways in our lives to have healthcare for ourselves and our family—the people we love—at critical moments.

We are now engaged in a national debate about the future of healthcare in America. The Republicans control the House, the Senate, and the White House, and have been from the beginning opposed to the Affordable Care Act, which was passed under President Obama. I voted for it. I think it was the right vote. I think it has achieved a great many things. I hope we can build on it to make an even better healthcare system for our Nation. It is not perfect. There are areas that need to be changed, improved, and areas that I think need to be strengthened over the long haul to make sure America has more fairness when it comes to healthcare for our people.

Last week, I visited about a half dozen healthcare facilities in Illinois. I jokingly said to my staff that I have come to know hospital administrators in my State far better today than I ever have.

Here is what they told me. They told me the healthcare bill that Senator MCCONNELL has proposed in the U.S.

Senate would be devastating to the families, the patients, the employees, and the healthcare facilities in our State. They told me that nearly \$800 billion in Medicaid cuts would cripple rural hospitals and health clinics. Not only would this harm patients in rural communities, but 35 percent cuts in the Medicaid Program would also cost jobs in Illinois. The Illinois Hospital Association in my State estimates that the Republican bill, which passed the House and now is being considered in the Senate, would cost us 60,000 healthcare jobs.

I went to Granite City, IL, which is near the St. Louis area. I met a young woman named Sam, who has Down syndrome and her mother Missy. They are worried about the Republican plan to cap Medicaid spending. Sam's health needs can't always be anticipated. There are not some that can be capped in terms of future needs, and the amount of care can hardly be determined in advance for this young woman who is doing her best to lead an active and involved life facing this disability, which she does. This is so true for so many people nationwide.

Some of my Republican colleagues in Illinois have said: We just don't understand why Medicaid as a program has grown so much. Well, it may be hard to understand until you look inside the program and realize what it does. Medicaid may have started as a small idea, but it has really grown into a major provider of healthcare in America. In my State of Illinois, it is responsible for paying for the prenatal care, birth, and care of mothers and their children after they have been born for more than 50 percent of the kids.

It is an important provider of healthcare resources to our school districts in Illinois, which count on Medicaid to help them take care of special needs students—counselors, psychologists, transportation, even feeding tubes for those who are severely disabled. It is a critical program as well for the disabled community, like Sam and young men and women who are victims of autism or Down syndrome who want to lead a full life but need health insurance. Medicaid is their health insurance.

One woman said to me in Champaign, IL, my 23-year-old son is autistic. He counts on Medicaid, and, Senator, if I don't have Medicaid, my only recourse is an institutional program that would cost us over \$300,000 a year. It is impossible for us to even consider that.

So those who would cut back on Medicaid spending in the name of flexibility and saving money or generating enough to pay for a tax cut for wealthy people would leave people just like those I have described in a terrible circumstance.

I haven't described the largest cost of Medicaid. The largest cost in Illinois and across our Nation is the Medicaid services and benefits provided to those who are older—mothers, grandmothers in nursing facilities and care facilities

who count on Medicaid along with Medicare and Social Security for the basics in life.

I heard from Kevin. He is a worker from Urbana, IL, who is worried that the Senate Republican bill is going to increase his out-of-pocket expenses by thousands of dollars. He is worried because he fits into an age category which would see premiums go up dramatically in costs under the Republican bill. The Affordable Care Act, which we passed under President Obama, set limits on the increases in premium costs so no premium paid would be more than three times the cost of the lowest premium that is paid for health insurance in our country. Well, Republicans have changed that. In both the House and Senate, they have raised that to five times. So it means for people, particularly between the ages of 50 and 64, they are going to see a substantial increase in their premiums because of that Republican provision. People are following this closely enough to know that when premium costs go up for many of them, it becomes impossible to buy the coverage they need.

As I returned to Washington, I once again face the reality of what this Republican healthcare plan would mean. The nonpartisan Congressional Budget Office told us the bill would cost 22 million Americans health insurance coverage—cutbacks in Medicaid as well as cutbacks in private insurance. Think of that. I don't know how the Republicans in our State can go home and explain why a million people in Illinois are about to lose their health insurance in the name of healthcare reform.

I can tell you the notion of repealing the Affordable Care Act may have had some surface political appeal until you realize you might be 1 of the 1 million people in my State who ends up with no health insurance when it is all over. It would cut Medicaid dramatically, as I have mentioned, and then keep cutting—a 35-percent cut over the next 20 years—with devastating impacts on hospitals, clinics, and many other facilities.

By 2020, average premiums in the individual market would increase by 76 percent under the Republican plan. Costs would skyrocket even higher for seniors, rural communities, and those with medical needs.

What happens to people with pre-existing conditions under the Republican repeal bill? One out of three Americans has a preexisting condition. In the old days, they couldn't buy insurance or, if they could, couldn't afford it because they had a history of cancer in their family, diabetes, heart disease. Well, this Republican plan would take away the protections of the Affordable Care Act. It would allow States to waive essential healthcare benefits, like maternity care, mental health treatment, substance abuse treatment. People in need of these services would be left to fend for themselves.

The Congressional Budget Office analyzed the Republican bill, and it said: "People who used services no longer included in the Essential Health Benefits would experience substantial increases in out-of-pocket spending on health care, or would choose to forgo the services. Moreover, the ACA's ban on annual and lifetime limits . . . would no longer apply."

With this scathing analysis from the Congressional Budget Office, what did the Republican leadership decide to do? Instead of addressing these challenges straight on, they retreated. They shut themselves off behind closed doors and tried to cut a deal within the 52 Republican Senate Members here to pass this measure, as bad as it is. There was not one hearing on this bill—on the Republican healthcare bill—no markups, no amendments, and no support from medical advocates in any part of our Nation. There was no input in the Senate from any Member outside the Republican caucus.

They want to call this bill right away, and it is understandable. The longer it sits out there and the longer people get to know it, the less they support it. You know we still haven't seen the final language. Why? Because Republicans continue to work in secret on a bill that literally impacts one-sixth of the American people and every single person in our country.

This measure affects everybody. Even if you get your insurance through your employer or Medicare, this bill would make Medicare go insolvent sooner and allow employers to, once again, impose annual or lifetime limits on care under their health insurance plans.

Now, the latest we have heard is that the Republicans are meeting in secret, making some changes to this bill. They may be throwing some money at the opioid crisis facing America, but that will not make up for kicking 15 million people off of Medicaid. The amount of money they are talking about to deal with the opioid crisis is literally inadequate to deal with the seriousness of that issue or to provide the substance abuse treatment people currently receive from Medicaid who will be cut off under the Republican plan.

Cutting Medicaid, our best tool to fight the opioid epidemic, and offering a coupon for drug treatment is a cruel step backward. If it ends up buying a vote on the Republican side, shame on my colleagues for selling out so cheaply.

Republican Gov. John Kasich of Ohio is not fooled. He called this idea of a special opioid fund to win some votes on the Republican side "like spitting in the ocean." I called Governor Kasich this last week. He and I came to Washington together many years ago. I have known him, and I like him. We disagree on some political issues, but he is very forthright and frank. He has warned us that what is going to happen to Ohio is going to happen to the Nation, if the Republicans have their way with their healthcare bill.

We have also heard the Republicans are considering adding provisions that allow insurers to offer bare-bones plans. I have just heard some more about this today, and I believe the author of this idea is the junior Senator from Texas, Mr. CRUZ.

Here is what he says: If your State offers a health insurance plan that complies with the requirements of the Affordable Care Act, then you may offer it to other consumers in the State insurance plans that do not. He says it gives consumers choice. Well, it sure does, but look at the choice it gives them because if he is aiming for lowering premium costs by offering health insurance plans that are junk plans, health insurance plans that are fake insurance, the net result is going to be people paying a lot more in copays and deductibles and a lot less coverage when they definitely need it.

There are a couple other things it will do. Because these younger healthier people will buy the cheaper plans believing they are invincible, it will end up raising the cost of premiums for those who buy other insurance. The discrimination, in terms of premium costs, will be dramatic, and that, in and of itself, could be damaging to people all across the United States.

So Senator CRUZ believes that offering junk insurance plans and telling the consumers we are giving you a choice is going to answer the needs across America. It will not. It will raise premiums on everyone else. It will provide inadequate coverage for those who buy these plans, and sadly many of them are going to be facing deductibles and copays they just can't handle. That is no answer. It may be a political answer to get his vote, but it is certainly not a credible answer.

We have had this before the Affordable Care Act, and do you remember what it was like? People got sick and found out their insurance didn't cover what they needed. Women who were pregnant found out their plans didn't cover maternity or newborn care. People who were diagnosed with a mental health condition found out their insurance covered no treatment for mental illness. So what good is insurance if it doesn't care for the most basic and essential needs of Americans?

Thanks to the Affordable Care Act, we changed it. We required that policies provide real insurance for real families. Do you know what happened, in addition to providing more care for people across America? The number of bankruptcies, personal bankruptcies, have been cut in half since the Affordable Care Act passed. Why? The No. 1 driver of personal bankruptcy and family bankruptcy in America was medical bills—medical bills that were beyond the payment of an ordinary person. There are fewer of those today because of the Affordable Care Act.

Senator CRUZ's plan for selling fake insurance or junk insurance plans that will not be there when you need them,

I can just tell you it means more business for the bankruptcy court. It would banish those with preexisting conditions to the world of sky-high premiums, all in the name of Senator CRUZ's freedom of choice. Well, freedom isn't free when it comes to relegating so many Americans to such a precarious state when it comes to health insurance. No matter how much the Republican Senators tinker around the edges, they are dealing with a flawed, unfixable bill.

The American people oppose any bill that rips health insurance away from millions of individuals and families, they oppose any bill that causes nearly 1 million people nationwide to lose their jobs, and they are also opposed to a Republican health insurance plan that would cost coverage for half a million American veterans.

The American people oppose any bill that hurts those with preexisting conditions. They oppose a bill that throws millions of people off Medicaid and slashes billions in Federal funding to hospitals, healthcare clinics, and schools.

The American people oppose any bill that is rejected by every major medical and patient group. The Republican bill is opposed by the American Hospital Association, the American Medical Association, nurses, pediatricians, AARP, heart, diabetes, and lung associations. How can you write a bill that draws that much opposition? They did it. They did it behind closed doors, and they don't want you to see what they are doing with it now.

Finally, the American people oppose any bill that takes away nearly a trillion dollars in healthcare in order to provide hundreds of billions of dollars in tax breaks to the wealthiest Americans and large corporations. Case in point: Of the 145 pages of the Senate repeal bill, 94 pages are devoted to slashing Medicaid and providing tax breaks to the wealthiest Americans and pharmaceutical companies.

Last week, one conservative writer penned an article which said that it gives conservatism a bad name when we are giving tax breaks to the wealthiest people in order to cut and eliminate health insurance for the poorest people in America. That is exactly what this bill does.

I am glad the Senate Republicans have delayed their vote on this repeal, but many have not given up. In all of my townhall discussions, the plea from Illinois people has been clear: Improve the Affordable Care Act; don't repeal it.

So where do we go from here?

First, Republicans need to take repeal off the table. We need 3 Republicans out of the 53 to say this is the wrong way to go about it.

Second, President Trump must stop undermining the stability of the marketplace with his uncertainty and sabotage.

Third, we need to work together on a bipartisan basis to strengthen our cur-

rent system. We need to address the price of pharmaceutical drugs. The current bill and law does not. That is the biggest driver, according to Blue Cross in Illinois, of premium increases—the cost of pharmaceutical bills. We need to build competition through a Medicare-like public option available to everyone who chooses it across the United States.

Some Republicans, including Senator MCCONNELL, have said that the Republicans have to do this by themselves because the Democrats refuse to work with them. That is simply not true. We are here. We have been here all along, and we want to have a hearing. Bring in some experts. Let's just have a meeting. That would be a breakthrough.

Democrats have asked the Republicans to join us. Let's sit down together, informally, like grown-ups, and address this issue in a responsible fashion. We are ready and willing to work on legislation to improve the individual market for the 6 percent of the people who purchase their insurance there. I fail to see how gutting Medicaid and throwing 22 million Americans off of health insurance in order to provide tax breaks for rich people does anything to help that 6 percent.

This is a critical moment when it comes to healthcare across America. It is unfortunate that we are now considering a bill that was revealed only 2 weeks ago, a bill that has never been subject to a hearing before any committee, a bill that has never been amended in an open process.

When it came to the Affordable Care Act, over 140 Republican amendments were adopted. The Republicans haven't offered us an opportunity to offer one amendment to their proposal—not one. It is a take-it-or-leave-it, closed-door deal. That is not the way the Senate was designed to work. It is not the way the American people want us to work. They expect us to work in a constructive fashion on a bipartisan basis to solve the problems facing our Nation. The biggest single problem is giving peace of mind to Americans and American families across the Nation that they have healthcare they can count on and afford.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Ms. CANTWELL. Mr. President, I have joined my colleague in coming to the floor to talk about how we need to make progress on healthcare and make sure that we don't pull healthcare out from millions of Americans. I thank the Senator from Illinois for talking about his constituents. Like the Senator from Illinois, I was at home this past July recess talking to my constituents, and I heard many of them talk about their individual healthcare needs and their concerns about what is happening in Washington.

I met a young woman who told me about her daughter who was born prematurely and weighed less than 2

pounds. Her daughter required specialized, expensive treatment as a newborn. She was concerned that if we keep moving ahead with the repeal of the Affordable Care Act, she and her husband would be overwhelmed with crushing hospital debt if, in fact, we hadn't covered preexisting conditions. She is one of millions of Americans who are scared that they are going to lose their health insurance under the proposal that is being talked about, that has been talked about for the last several weeks, and from what we can tell—because, obviously, there is a lot of secrecy—may still include details about reducing coverage for those who have access to care through Medicaid.

I have come to the floor tonight to talk about the latest idea because I think one of the things that is clear—and probably why the Senate majority leader said that he wanted, basically, to cancel the first 2 weeks of the August recess—is that my colleagues don't want to go home and talk about the proposal that was brought before them. In fact, they are now trying to bring up a new proposal, thinking that, again, with a very limited time period, without floor discussion, without committee debate, without an amendment process, somehow our colleagues on the other side of the aisle will fall prey to the notion that there is a silver bullet, a magic solution. I have come to the floor knowing that an amendment or a discussion piece or the new behind-closed-doors discussion proposal being advanced by my colleagues from Texas and Utah is basically to allow junk insurance into the marketplace.

What do I mean by junk insurance? I mean a proposal that basically offers less than the essential benefits, such as hospitalization, prescription drug benefits, lab costs, and all of those things; that, basically, by offering a market where you can get junk insurance, you can say: Oh, well, you have to have one offering of insurance that does cover all the basics and essentials, but then you can have junk insurance.

I say “junk insurance” because this is the wrong idea for the marketplace. It is basically mixing good and bad and not having adequate risk spread across—so basically it means that you don't have to have compliant plans for the market. I know this firsthand because we had this in Washington. We had this same experiment in Washington in the 1990s, and people tried to do the exact same thing—basically, have a compliant plan, and then say that you have a bunch of less-than-adequate proposals for insurance in the market that really aren't giving individuals coverage. What happened? It drove up the cost of the compliant plans that covered most of healthcare and basically drove the insurers out of the market. That was the experience in Washington State. This same idea was tried, and it failed because basically it ran up the price, and insurers didn't stay around to offer options. They

couldn't make the mandate of the required plan work because it basically took the risk out of the system.

The notion that somehow this new idea by my colleagues is going to be the silver bullet is, in my opinion, not an answer at all. People who would be the ones who could get that kind of coverage for a short period of time would then end up leaving the rest of the people without adequate coverage. As I said, what happens is, the costs then just go up, and then the market has to adjust. I would say that in our State—because a lot of people are talking about leaving the individual markets over the proposals that we are talking about today because they are concerned about the costs and who is going to be covered—you would see a very rapid collapse of the individual market exacerbated by what my colleagues from Texas and Utah are proposing.

There are numerous nonpartisan health experts who seem to be saying the same thing. There is the American Academy of Actuaries, where one individual said:

People who are healthy now would tend to choose noncompliant plans with really basic benefits. People who want or need more comprehensive coverage could find it out of their reach, because it could become unaffordable.

Another individual from the American Enterprise Institute wrote that "the main effect of the Cruz-Lee amendment would be to shift costs from healthy consumers to less healthy consumers and households with lower incomes."

Douglas Holtz-Eakin, a Republican and former Director of the Congressional Budget Office called the amendment by my colleagues from Texas and Utah "a recipe for a meltdown."

Larry Levitt, senior vice president at the Kaiser Family Foundation, summed it up best when he called the amendment "a recipe for instability and discrimination."

So you can see that many people already understand the idea of junk insurance is not a market solution at all. It is not really even healthcare coverage. In its May 24 score of the House proposal, the CBO provided a definition of health insurance, saying that they would "broadly define health insurance coverage as consisting of a comprehensive major medical policy that, at a minimum, covers high-cost medical events and various services, including those provided by physicians and hospitals."

To me it seems pretty clear that the types of plans that could be sold under this proposal don't meet that definition.

What are essential benefits that we expect to be covered in a plan? Obviously, hospitalization, emergency services, ambulatory services, mental health, prescription drugs, rehabilitation, if needed, laboratory services, like lab tests, and we have moved toward some preventive, health, and wellness measures. Those are the es-

sential benefits that are supposed to be in a plan, and I want my colleagues to know that this experiment was tried. It failed. It drove insurers out of the marketplace because it just made the plans that were covering essential benefits so costly by distorting—really tearing the market apart.

The second point about the proposal we are hearing about is that it is still a war on Medicaid. In my opinion there are cost-effective ways for us to continue access to healthcare. I have brought them up on the Senate floor. One would be looking at rebalancing from nursing home care to community-based care or, as I have mentioned, a basic health plan that bundles up a population and serves them up to get a discount so that individuals would have as much clout as a large employer would have in the marketplace.

I hope that my colleagues will stop the focus on capping, cutting Medicare—because it would throw so many people off of the system—and focus on rebalancing people to the type of healthcare that will help us save costs, keep people in their homes, and give consumers the ability to compete cost effectively in the individual market.

These are the problems I still see with this proposal. To think, basically, that junk insurance will be the way for us to get a proposal and to see that Medicaid is still the target in a war on Medicaid, to me, is not the proposal to move forward on. I hope our colleagues will realize that both of these have severe faults and will sit down and talk about the proposals that will help us in establishing a more robust individual market.

I thank the Presiding Officer.

I yield the floor.

THE PRESIDING OFFICER. The majority leader.

LEGISLATIVE SESSION

MORNING BUSINESS

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

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

REMEMBERING R.J. CORMAN

Mr. McCONNELL. Mr. President, today I wish to remember the life of my dear friend, R.J. Corman, and to congratulate a business he started in Kentucky on its 30th anniversary. A man from humble beginnings, Rick started a company at the age of 18 with only a backhoe and a dump truck. With a keen business sense and a tireless work ethic, Rick built his company and earned a reputation for doing work better and faster than anyone else in the business. Today the R.J. Corman Railroad Group employs over 1,600 people and operates in 24 States.

Rick's life was tragically cut short when he passed away in August 2013 at the age of 58 after a long fight with multiple myeloma, a blood cancer. Although his company had to learn how to succeed without him, the signature red locomotives and white cross-rail fences still carry Rick's name and his legacy.

Those who knew Rick could agree that he worked hard, cherished honesty, and had an infectious laugh. In 2011, *Fortune* magazine published a profile on Rick and his business. It read, "In the way he operates—and faces the world—Rick Corman is truly larger than life."

Rick started his company making track repairs for major railroads in 1973. With vision and determination, Rick convinced people to take a chance on him, and he began to expand his company.

This year, one of his businesses, the R.J. Corman Railroad Co., is celebrating its 30th year of operation. It opened in 1987, when Federal deregulation allowed railroads to sell unwanted lines of track. Rick, seeing both a profitable venture and a way to provide an economic boost to rural areas, began purchasing short line railroads. Today the business operates 11 railroad lines and more than 900 miles of track.

When Hurricane Katrina devastated the gulf coast in 2005, Rick's emergency response operation immediately offered to help. Rick personally oversaw the repairing of railways damaged by the storm. Despite the heavy damage, Rick answered the call to help those in need.

Rick's business acumen was impressive, but even more extraordinary was his unstoppable spirit. When he was diagnosed with cancer in 2001, he fought far beyond the doctors' expectations. Rick continued to work, to enjoy life, and even to finish the Boston Marathon. He deeply cared for his employees and his community. When one of his employees lost his home to a fire, Rick sent the family a temporary trailer the next day. Over the course of his life, Rick and his company made numerous contributions to St. Joseph Hospital in Jessamine County. The hospital remembered Rick as the largest philanthropic supporter in its history.

Rick's compassion and love of life inspired so many friends, family, and employees. He may be gone, but his legacy will remain, as we celebrate the 30th year of the R.J. Corman Railroad Co. Rick believed in his employees, and he said, "It's really the people that make this company so different. It's not me; it's the people." Today I ask my colleagues to help me remember Rick for his kindness, his courage, and his undefeated spirit.

The Lexington Herald-Leader recently published an article about Rick's life and legacy. I ask unanimous consent that the full article be printed in the RECORD.

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

[From the Lexington Herald-Leader, June 16, 2017]

R.J. CORMAN WAS "LARGER THAN LIFE:" HE'S GONE, BUT HIS BUSINESS KEEPS GROWING
(By Tom Eblen)

One of the hardest things for a company to do is survive and grow after the death of a larger-than-life founder like Richard Jay Corman.

Carol Loomis, a legendary business journalist who interviewed America's most famous executives, wrote in a 2011 profile that Corman "just might be . . . the most unforgettable character I've ever met in my more than half-century at Fortune (magazine) . . . In the way he operates—and faces the world—Rick Gorman is truly larger than life."

Corman, 58, died in August 2013 after a dozen years of fighting multiple myeloma, a blood cancer. But R.J. Corman Railroad Group, the Nicholasville company he started in 1973 with a backhoe and a dump truck, doesn't seem to have missed a beat.

"Rick built a heck of a company and a nationally known and recognized organization," said Ed Quinn, who worked seven years for Corman and returned to the company last year as president and CEO after the retirement of Craig King, who led the company after Corman's death and remains on the board. "That's what we trade on every day and that's why we continue to grow."

The company, owned by a trust controlled by Corman's sister and three of his five children, has continued growing and acquiring businesses over the past four years. It also continues to be a major benefactor to Central Kentucky charities.

Probate documents filed in November 2013 valued R.J. Corman Railroad Group at \$226.7 million. Since then, employment has grown from 1,100 to more than 1,600. Although the company doesn't release financials, executives say annual revenues now exceed \$350 million.

This year, the group's R.J. Corman Railroad Co. is celebrating its 30th year. It began with the purchase of two Kentucky short line railroads in 1987 as federal deregulation allowed major railroads to sell off lines they no longer wanted.

Since Corman's death, the company has acquired short line railroads in Texas and South Carolina, bringing its operations to 11 railroad lines with 904 miles of track in nine states. The company owns more than 100 locomotives and 475 rail cars, and last year they hauled more than 65,000 car loads of cargo.

Those railroads include the 148-mile Central Kentucky Line that runs through Lexington, where Corman's signature red locomotives and white cross-rail fences have become a landmark at the corner of West Main Street and Oliver Lewis Way. The company's first short line, in Bardstown, includes My Old Kentucky Home Dinner Train.

Next year, R.J. Corman Railroad Group will mark the 45th anniversary of its railroad services business, which Corman began by repairing and refurbishing track for major railroads. Those operations are based at shops on the company's 1,600-acre main campus in Jessamine County and at field locations in 23 states.

The company's best-known operations are its derailment and disaster recovery units, which can dispatch teams around-the-clock to handle some of the industry's biggest breakdowns and cleanup jobs. R.J. Corman's most famous job was helping clean up Gulf Coast rail infrastructure after Hurricane Katrina in 2005. Last year, the company logged 4,560 emergency responses, including major floods in the Midwest.

The railroad group also has other businesses that serve both its short line oper-

ations and all seven of the nation's "Class 1" railroads. Those include track construction and maintenance, equipment maintenance, materials management, signaling design and construction, and railroad employee training. The company also offers railcar loading services for such major manufacturers as Toyota.

Railroads were the kings of American commerce from the Civil War until World War II, but declined after the Interstate highway system was built, leading to the rise of the long-haul trucking industry. But railroads have seen a resurgence as part of the world's multi-modal transportation network. Rail is still the most economical way to move many goods at least part of the distances they need to travel.

"While trucks and trains are competitive, there's also interconnection," said Noel Rush, the company's senior vice president for commercial development. "This is still a business you will see in 50 years."

And by reopening short lines that major railroads close, the company can provide an economic boost to small towns and rural areas with factories and warehouses that shut down when the railroad lines did, said Brian Miller, that division's president. He said the company is always looking for more short lines to buy.

"It has blossomed into a very good business for us," said April Colyer, Corman's daughter and the company's public relations director. "We're always trying to watch and adapt to the needs of customers in our industry."

100TH ANNIVERSARY OF WATT GLOBAL MEDIA

Mr. DURBIN. Mr. President, I want to take a few minutes to recognize WATT Global Media, a leading provider of business information and marketing solutions for the agribusiness industry worldwide, headquartered in Rockford, IL. More than 100 years ago, on July 6, 1917, WATT Global Media was born.

WATT Global Media's history began in 1917, when J.W. Watt and Adon Yoder purchased "Poultry Tribune," a magazine published monthly for just 50 cents for an annual subscription. Before Watt and Yoder bought the magazine, its circulation was about 5,000. In a few short years, these young entrepreneurs grew the magazine's circulation by 400 percent. Under Watt's leadership, "Poultry Tribune" quickly became "America's Leading Poultry Farm Magazine" for poultry raisers, peaking in 1940 with a circulation of more than half a million readers.

During the mid-1920s, economic changes in the poultry industry led to the creation of the commercial hatchery industry, which led the staff at "Poultry Tribune" to create "Hatchery Tribune." In 1934, Watt added "Turkey World" to its growing list of publications. WATT Global Media, originally called the Poultry Tribune Company, changed its name in 1944 to Watt Publishing Company. In that same year, the company acquired Better Farming Methods, "The business magazine for leaders who train and advise farmers." As the evolving poultry industry grew, so did Watt Publishing Company.

In 1949, Leslie Watt—the second generation of family leadership—was

named president of Watt Publishing Company and expanded the company into international markets, acquiring "Industria Avicola," a Spanish language magazine targeting the Latin American poultry industry. In 1962, "Poultry International" was created to cater to the poultry and egg industries throughout Europe, Middle East, Africa, and Asia. In the 1980s, Leslie Watt took Watt Publishing Company to China by establishing "Poultry International China Edition" and became one of the first publishers from North America to make Chinese language business-to-business magazines in the People's Republic of China.

In the 1990s, under James W. Watt—the third generation of family leadership—the company expanded its portfolio to include pet food. In 1993, the Petfood Forum was created and grew into the world's largest annual event of its kind. Overnight, Watt became the global pet food market leader for business information—what an accomplishment.

Greg Watt—the fourth generation President and CEO—modernized the company by taking it into the 21st century, expanding across multiple media channels, including online and digital platforms, live events, and magazine channels. In recognition of its global audience, the Watt Publishing Company changed its name to WATT Global Media in 2014. Today, WATT Global Media serves 180,000 professionals in the pet food, poultry, pig, and animal feed industries from over 140 countries.

I will close with this: In 1907, J.W. Watt came to this country from the Orkney Islands, just north of Scotland. He came in search of the American Dream, and boy, did he find it. Despite WATT Global Media's growth and many achievements, its proudest accomplishment is that it has been family-owned for 100 years, and this family business isn't going anywhere. I want to thank J.W. Watt, Leslie Watt, James W. Watt, and Greg Watt—four generations from the Watts family—for their service to Rockford, Illinois, America, and throughout the world. I know the good people at WATT Global Media will continue its simple guiding mission: "to improve the health and well-being of people and animals across the globe."

I hope my colleagues will join me in congratulating WATT Global Media on 100 years of accomplishments, and I wish them all the best for another century of success.

ARMS SALES NOTIFICATION

Mr. CORKER. Mr. President, section 36(b) of the Arms Export Control Act requires that Congress receive prior notification of certain proposed arms sales as defined by that statute. Upon such notification, the Congress has 30 calendar days during which the sale may be reviewed. The provision stipulates that, in the Senate, the notification of proposed sales shall be sent to

the chairman of the Senate Foreign Relations Committee.

In keeping with the committee's intention to see that relevant information is available to the full Senate, I ask unanimous consent to have printed in the RECORD the notifications which have been received. If the cover letter references a classified annex, then such annex is available to all Senators in the office of the Foreign Relations Committee, room SD-423.

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

DEFENSE SECURITY
COOPERATION AGENCY,
Arlington, VA.

Hon. BOB CORKER,
Chairman, Committee on Foreign Relations,
U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: Pursuant to the reporting requirements of Section 36(b)(1) of the Arms Export Control Act, as amended, we are forwarding herewith Transmittal No. 17-25, concerning the Army's proposed Letter(s) of Offer and Acceptance to the Government of the Netherlands for defense articles and services estimated to cost \$34 million. After this letter is delivered to your office, we plan to issue a news release to notify the public of this proposed sale.

Sincerely,

GREG KAUSNER
(For J.W. Rixey, Vice Admiral,
USN, Director).

TRANSMITTAL NO. 17-25

Notice of Proposed Issuance of Letter of Offer Pursuant to Section 36(b)(1) of the Arms Export Control Act, as amended

(i) Prospective Purchaser: The Government of the Netherlands.

(ii) Total Estimated Value:

Major Defense Equipment* \$30 million.

Other \$4 million.

Total \$34 million.

(iii) Description and Quantity or Quantities of Articles or Services under Consideration for Purchase:

Foreign Military Sales (FMS) case NE-B-WFV, implemented in June 2013, was below congressional notification threshold at \$26.3M (\$20M in MDE) and included one hundred and eighty (180) AGM-114R Hellfire II Missiles and twenty-four (24) M36E8 Captive Air Training Missiles (CATM). The Netherlands has requested the case be amended to include an additional seventy (70) AGM-114R Hellfire II missiles. This amendment will push the current case above the MDE notification threshold and thus requires notification of the entire case.

Major Defense Equipment (MDE):

Two hundred fifty (250) AGM-114R Hellfire II Missiles, Twenty-four (24) M36E8 Captive Air Training Missiles (CATM).

Non-MDE includes:

Hellfire missile cutaway model, AGM-114R missile spare parts, a Launcher Test Station (LTS), LTS spares, two (2) maintenance support devices, integrated logistics support tools, M299 launcher software upgrade and testing, aircrew familiarization training, launcher test station training, unclassified publications, technical assistance, AN/AWM-101A software, CATM spare parts and related support services, and other related elements of logistics and program support.

(iv) Military Department: Army.

(v) Prior Related Cases, if any: NE-B-WFV.

(vi) Sales Commission, Fee, etc., Paid, Offered, or Agreed to be Paid: None.

(vii) Sensitivity of Technology Contained in the Defense Article or Defense Services Proposed to be Sold: See Attached Annex.

(viii) Date Report Delivered to Congress: July 11, 2017.

*As defined in Section 47(6) of the Arms Export Control Act.

POLICY JUSTIFICATION

Government of the Netherlands—AGM-114R Hellfire Missiles

The Government of the Netherlands has requested the possible sale of an additional seventy (70) AGM-114R Hellfire II missiles to a previously implemented case for Hellfire missiles. The original FMS case, valued at \$26.3M, included one hundred and eighty (180) AGM-114R Hellfire II Missiles and twenty-four (24) M36E8 Captive Air Training Missiles (CATM) with various support elements. Therefore, this case is for a total of two hundred fifty (250) AGM-114R Hellfire II Missiles, twenty-four (24) M36E8 CATMs, to include Hellfire missile cutaway model, AGM-114R missile spare parts, a Launcher Test Station (LTS), LTS spares, two (2) maintenance support devices, integrated logistics support tools, M299 launcher software upgrade and testing, aircrew familiarization training, launcher test station training, unclassified publications, technical assistance, AN/AWM-101A software, CATM spare parts and related support services, and other related elements of logistics and program support. The estimated total case value is \$34 million.

This proposed sale will enhance the foreign policy and national security objectives of the United States by helping to improve the security of the Netherlands which has been, and continues to be an important force for political stability and economic progress in Europe. It is vital to the U.S. national interests to assist the Netherlands to develop and maintain a strong and ready self-defense capability.

The proposed sale will improve the Netherlands' capability to meet current and future threats and will be employed on the Netherlands' AH-64D Apache helicopters. The Netherlands will use this capability to strengthen its homeland defense, deter regional threats, and provide direct support to coalition operations. The Netherlands will have no difficulty absorbing these missiles into its armed forces.

The proposed sale of these missiles will not alter the basic military balance in the region.

The principal contractor will be Lockheed Martin. The purchaser typically requests offsets. Any offset agreement will be defined in negotiations between the purchaser and the contractor.

Implementation of this proposed sale will not require the assignment of any additional U.S. Government personnel or contractor representatives to the Netherlands.

There will be no adverse impact on U.S. defense readiness as a result of this proposed sale.

TRANSMITTAL NO. 17-25

Notice of Proposed Issuance of Letter of Offer Pursuant to Section 36(b)(1) of the Arms Export Control Act

Annex Item No. vii

(vii) Sensitivity of Technology:

1. AGM-114R: The AGM-114R is used against heavy and light armored targets, thin skinned vehicles, urban structures, bunkers, caves and personnel. The missile is Inertial Measurement Unit (IMU) based, with a variable delay fuse, improved safety and reliability. The highest level for release of the AGM-114R is SECRET. Software and firmware documentation (e.g., Data Processing, Software Requirements, Source Code, Algorithms) are not authorized for disclosure. The highest level of classified information that could be disclosed by a proposed sale or by testing of the end item is up to

and including SECRET. The highest level that must be disclosed for production, maintenance, or training is up to and including SECRET. Vulnerability data, countermeasures, vulnerability/susceptibility analyses, and threat definitions are classified SECRET or CONFIDENTIAL. Detailed information to include discussions, reports and studies of system capabilities, vulnerabilities and limitations that leads to conclusions on specific tactics or other counter-countermeasures (CCM) are not authorized for disclosure. Reverse engineering could reveal SECRET information.

2. If a technologically advanced adversary were to obtain knowledge of the specific hardware and software elements, the information could be used to develop countermeasures which might reduce weapons systems effectiveness or be used in the development of a system with similar or advanced capabilities.

3. A determination has been made that the Government of the Netherlands can provide substantially the same degree of protection for the sensitive technology being released as the U.S. Government. This proposed sale is necessary to the furtherance of the U.S. foreign policy and national security objectives outlined in the policy justification.

4. All defense articles and services listed in this transmittal are authorized for release and export to the Government of the Netherlands.

Ms. STABENOW. Mr. President, on June 29, 2017, the Agriculture Committee reported by voice vote the fourth authorization of the Pesticide Registration Improvement Act, more commonly known as PRIA.

For nearly 20 years, PRIA has served as an example of bipartisanship, bringing together a wide range of stakeholders in support of a commonsense fee for service programs within the EPA's Office of Pesticides Programs.

PRIA provides certainty for registrants; much needed resources to the EPA to ensure regulatory examinations related to human health and environmental safety risks are done properly; and PRIA also provides vital funds for pesticide safety training and information to our Nation's farmworkers.

Unfortunately, after several years of carefully revising and finalizing an updated Worker Protection Standard, the EPA decided last month to delay key elements of worker protections, including the much needed revisions to the Certification of Pesticide Applicators rule.

Without strong and timely farmworker protections, PRIA simply does not make sense for some stakeholders who are a part of the coalition. The funds from PRIA allocated to farmworker protection should be meaningful resources that complement strong, effective protections and should not be undermined by changes to EPA's Worker Protection Standard and the Certification of Pesticide Applicators rule that would weaken farmworker protections.

Therefore, I strongly oppose any future efforts by the EPA to delay or amend the worker protection rules that the Agency finalized in November 2015 and January 2017, respectively,

without undertaking a negotiated rule-making, which must include all relevant stakeholders, to ensure that all voices are heard.

I hope the EPA will take a cue from our recent bipartisan and consensus-based committee action on PRIA and proceed in a similar fashion should they decide that any delays or adjustments to the Worker Protection Standards or the Certification of Pesticide Applicators rule are necessary.

Should the Trump EPA dismiss the concerns of farmworkers and environmental advocates, I fear that last month's committee vote may unfortunately be the last bipartisan PRIA reauthorization that this panel is able to report out. I hope that is not the case, and I know other members of the committee share my concerns on the matter.

Once again, I want to thank Senator ROBERTS for his leadership. I am glad we were able to move forward in a bipartisan and consensus manner to reauthorize PRIA last month.

Mr. ROBERTS. Mr. President, I thank my colleague, the ranking member of the Senate Agriculture, Nutrition, and Forestry Committee, for engaging in this important discussion.

I am proud to stand before my colleagues in the U.S. Senate to discuss some of the bipartisan work that we have accomplished through regular order at the Agriculture Committee specifically with regard to H.R. 1029, the Pesticide Registration Improvement Extension Act of 2017, or PRIA 4.

PRIA, while technical in nature, is critically important with assisting both EPA in carrying out administrative functions and industry that relies upon timely, science-based pesticide registration decisions to get products on the market and in the hands of farmers, ranchers, and other consumers.

PRIA, historically, has received widespread support from a diverse coalition of stakeholders, including members of the pesticide registrant community—both agricultural and non-agricultural uses, labor, and environmental advocates, which has contributed to Congress's ability to pass reauthorizations swiftly and by unanimous consent. With the Widespread support of the PRIA coalition, as illustrated by a coalition letter addressed to our committee on June 29, 2017, which expresses support of the amendment to H.R. 1029 and urges swift action, this effort should be no different.

Our committee held a hearing earlier this year to review this issue in an open and transparent manner. As we have heard time and time again, farmers and ranchers want regulatory certainty. EPA and registrants who rely on PRIA to get new products on the market and in the hands of farmers, ranchers, and other consumers want certainty.

My colleague raises an issue that has historically been outside the scope of the technical, fee-based registration

process of PRIA. I certainly understand the concerns that have been raised by some groups with regard to certain actions EPA is considering with regard to the Worker Protection Standard and the Certification of Pesticide Applicators rules. My hope is that EPA and the relevant stakeholders can constructively discuss areas of concern related to these issues within the framework of our Federal regulatory process without jeopardizing PRIA.

Current authority for PRIA expires at the end of this fiscal year. With that deadline in mind, our recent committee action is timely and necessary to get PRIA updated.

Should PRIA's authority lapse, pesticide registration will not be available for a wide range of crops that rely on innovative and new solutions for pest protection, and a lapse will have a negative impact on the products requiring registration that are used to protect public health and ensure public safety.

It is important that we get PRIA across the finish line not only to provide certainty to the industry but to also provide new products to growers for crop protection and to consumers to protect public health, and the timely reauthorization provides resources to ensure safety education components are maintained.

I thank my colleague Senator STABENOW and other members of the Agriculture Committee for working with me on this issue together and in a bipartisan manner. I look forward to working with Senator STABENOW and the coalition in support of this legislation to get this bill across the Senate floor as quickly as possible and ultimately enacted into law.

TRIBUTE TO ROSEMARY E. RODRIGUEZ

Mr. BENNET. Mr. President, I wish to recognize a dedicated community leader, civil servant, and dear friend, Rosemary E. Rodriguez. She most recently served as my State director and senior adviser. Throughout her life, Rosemary has displayed a genuine and consistent commitment to strengthening our State and our country.

Rosemary began her career as a legal assistant at two of Denver's most prominent law firms. Also, during the early stages of her career, Rosemary began her lifelong commitment to the Latino community as she helped form the Hispanic League, an organization that strives to be a liaison between the non-Hispanic and Hispanic communities. Rosemary began her career in government in 1992, working for Mayor Wellington Webb's administration. She served in several roles during her time with the mayor, such as deputy director of the mayor's Office of Arts, Culture & Film, Denver County clerk and recorder, and director of boards and commissions.

In 2003, she was elected to the Denver City Council. Later, her peers on the council elected her as president. In

2007, she began to work on the Election Assistance Commission. In this capacity, she worked to preserve the integrity of our national elections and increase access to our most fundamental right to vote. She chaired the commission in 2008.

In 2009, Rosemary became an invaluable part of my staff as State director and did a tremendous job representing our office and connecting with communities across Colorado. When I wasn't able to attend an event, I was always confident that Rosemary would convey our team's values and perspectives on any number of issues. I also counted on her advice whether it related to women's issues, immigration reform, or other issues of importance to the Latino community. Most recently, she was elected to the Denver School Board where she continues to serve Colorado's kids.

Due to her dedication to the people of Colorado, Rosemary has received several awards including the Mi Casa Resource Center's Volunteerism Award, the Anti-Defamation League's Passing the Torch Award, and the Denver Public Library's Cesar Chavez Hall of Fame Award.

I have been honored to work with my friend Rosemary for the past 8 years. Her intellect, creativity, and compassion should serve as an example for all those who serve. I wish her the best in her future endeavors, and I fully intend to count on her advice and perspectives for years to come.

ADDITIONAL STATEMENTS

REMEMBERING TED SHANNON

• Ms. BALDWIN. Mr. President, today I wish to honor the life and legacy of Ted Shannon, whose passing marks the end of an extraordinary life spent in service to country, community, and family. Ted committed his life to the pursuit of justice and equality. Ted and his late wife Dorothy were incredible pillars who had a great influence on me as I entered a life of public service.

Ted Shannon showed up. In service to his country, he became a civil affairs officer in July of 1941 during WW II, attached to the British 8th Army during the occupation of Italy. In his subsequent post, he served as executive officer for the Supreme Headquarters Allied Expeditionary Force in Paris.

He showed up as a leader in education, whether it was in his role as a Ford Foundation higher education adviser for five Middle Eastern countries in Lebanon—the nation of his ancestors—or as a highly regarded UW-Extension faculty member and dean for more than three decades.

Ted Shannon showed up. Along with Dorothy and fellow travelers from the New Deal era, Ted supported progressive causes at all levels of government for more than half a century. I cannot recall an event, large or small, for a progressive organization where I did

not see Ted and Dorothy pitching in, providing leadership and encouragement no matter how challenging the cause.

He showed up as a beloved husband, father, grandfather, and friend. Ted met and married the former Dorothy Judge while at Yale pursuing his Ph.D. on the GI bill and shared his life with her until her passing in 2003. Ted was father to Tad, Sara, and Pam. Ted showed up as a hunting and fishing companion to son, Tad, and sage adviser on matters of food, music, languages, and world travel to Sara and Pam. He enjoyed outdoor adventures with his dear friend, Bill Threinen. Ted, Dorothy, Bill and Connie Threinen were friends and compatriots in advancing beloved ideals and forward-thinking causes for decades. A few years after Dorothy's passing, Ted married second wife, Kate Foster, of Eau Claire and continued his life of service for another 9 years.

Ted showed up. He was a doer. He walked the talk. Ted's multifaceted legacy is perhaps best illustrated by the words of Cuban poet Jose Marti: "Men of Action, above all those whose actions are guided by love, live forever."

The life of Ted Shannon serves as inspiration for anyone who seeks to create a world of peace, dignity, and opportunity for all. I miss him dearly.●

100TH ANNIVERSARY OF OSHKOSH CORPORATION

● Ms. BALDWIN. Mr. President, today I wish to honor the 100th anniversary of a great Wisconsin company: Oshkosh Corporation.

Oshkosh Corporation began ten decades ago when cofounders William Besserdich and Bernard Mosling believed they had created something that would change transportation in America. Their new technology would improve vehicle steering and drive capacity, two factors that were essential for navigating unfinished roads. While the engineering was groundbreaking, they could not find a manufacturer who would purchase and build their designs.

Faced with possible failure, William and Bernard moved on to plan B: manufacturing and launching their own vehicle. On May 1, 1917, they founded the Wisconsin Duplex Auto Company that soon issued its four-wheel drive truck prototype, known as Old Betsy, using the duo's innovative technology. The company's rapid growth led them to move the production facility from Clintonville to Oshkosh, where it was renamed the Oshkosh Motor Truck Manufacturing Company.

Over the next 3 years, the Oshkosh Motor Truck Manufacturing Company grew exponentially as a defense supplier for the U.S. military. In 1945, the U.S. Army and U.S. Navy presented Oshkosh with the "E" award for excellence in wartime production. Throughout the 1940s, companies like Auto Body Works, Inc., and Kewaunee Ship-

building and Engineering, which would later become part of the larger Oshkosh Corporation, made their marks on the military industry. The success of these companies built the foundation for Oshkosh Corporation's current success.

The escalation of the Cold War led to Oshkosh's first major defense contract. They produced 1,000 WT-2206 snow removal vehicles that allowed the Air Force to remove snow for bomber planes. Throughout the 1950s, the company continued to produce high-quality, technologically advanced trucks for various branches of the military. As our country transitioned out of a wartime economy, the company's focus shifted, resulting in the 1967 name change from Oshkosh Motor Truck Company to Oshkosh Truck Corporation.

Over the next several decades, Oshkosh continued to grow, as did its subsidiaries. Whether it was defense or construction, Oshkosh is known for its consistency, advanced technology, and efficient designs. In the area of defense, the Oshkosh name has become synonymous in the minds of U.S. servicemembers with quality, durability, and safety. From heavy-duty trucks, to the lifesaving MRAP—which was rapidly produced by skilled and patriotic Wisconsin workers in order to accelerate the safer vehicle's deployment to Iraq and Afghanistan—to the current production of the joint light tactical vehicle, Oshkosh boasts an unparalleled track record of delivering leading capability to our men and women in uniform. That is a record I have been honored to support throughout my time in Congress. As a member of the Senate Appropriations Committee, I have worked to secure the funding required by the Armed Services to meet their need for tactical vehicles.

I have also been proud to represent Oshkosh in the Senate because the company has a steadfast commitment to its employees. Whether it was 1917 with two employees, 1972 with 500 employees, or present day with over 12,000 employees across the world, Oshkosh provides for its employees with scholarships, employee safety, and support. On the production floor or in the office, Oshkosh Corporation employees' remarkable dedication can be seen throughout the organization. I have been honored to meet many of these talented workers, including speaking with hundreds at a recent all-hands call at the Oshkosh Defense facility in Wisconsin.

Oshkosh's success has also lifted the fortunes of hundreds of Wisconsin companies throughout its various supply chains. Oshkosh is a true linchpin of my home State's manufacturing economy, and both its commercial and government programs support thousands of good-paying, skilled jobs. Just last year, I had the opportunity to partner with Oshkosh Defense and the Wisconsin Procurement Institute to

strengthen this vibrant network by convening an event to build relationship's between Wisconsin suppliers and Federal agencies.

I would also like to commend the company's current leadership, including president and CEO Wilson Jones, and John Bryant, the president of Oshkosh's defense unit, both of whom I have had the pleasure of working with over the years. Similarly, I want to recognize the tremendous contributions made by their immediate predecessors, Charles Szews and John Urias, respectively. The steady hand provided by these leaders will ensure that the company is an integral part of Wisconsin's economy for another 100 years.

Now, 100 years after the creation of "Old Betsy," Oshkosh Corporation and its brands continue to lead the industry; yet the company has remained firmly committed to its strong ethics and employee-centric culture. For the last ten decades, Oshkosh Corporation has cemented its international reputation for innovation and excellence. I know Oshkosh leadership and frontline employees will continue to hold themselves to this high standard, as they continue to grow and contribute to our great Wisconsin economy. I am so pleased to add my voice in celebrating this monumental anniversary.●

RECOGNIZING CAMP BEAUREGARD

● Mr. CASSIDY. Mr. President, today I would like to acknowledge and honor Camp Beauregard on its 100th year of service. Named after famed Louisiana General Pierre Gustav Toutant Beauregard, Camp Beauregard is a U.S. Army installation operated by the Louisiana National Guard. For the past century, Camp Beauregard has hosted hundreds of thousands of soldiers training for combat missions all across the world and has served the State and local communities.

The site that eventually became Camp Beauregard was constructed in the late 1850s as a military academy. Following the Civil War, the school was relocated to Baton Rouge and renamed Louisiana State University. In the early 1900s, the site became the permanent camp for the Louisiana State National Guard's annual training exercises. The site officially became Camp Beauregard in 1917 as the United States entered World War I. Over 44,000 soldiers trained at Camp Beauregard before the end of the First World War, and hundreds of thousands of men trained at Camp Beauregard during the Second World War.

Camp Beauregard is currently the largest National Guard post in Louisiana and is essential to the Louisiana National Guard's efforts to serve the United States, Louisiana, and local communities. Not only does Camp Beauregard serve as a training ground for soldiers preparing for overseas combat operations, the camp also plays a vital role during major weather events and hosts competitions and family

events. For 100 years, Camp Beauregard has served Louisianans and Americans alike.

I and my fellow Louisianans are proud of Camp Beauregard's accomplishments and the positive impact the training there has had on our State, our Nation, and across the world. I would like to thank those currently at Camp Beauregard as well as all those who have served our country there, and congratulate them for 100 years of service and patriotism.●

TRIBUTE TO MAJOR GENERAL JAMES F. MARTIN, JR.

● Ms. MURKOWSKI. Mr. President, Maj. Gen. James F. Martin, Jr., USAF, will officially retire from Active Duty at the end of September. This month, Major General Martin's friends are gathering at the Pentagon to celebrate his career. In advance of that event, I wanted to say a few words about this exemplary military officer and adopted Alaskan who has devoted his entire 32 year career to the security of our Nation.

Major General Martin was born and raised in the State of Missouri. He completed his undergraduate work at Mississippi State University in accountancy and was commissioned as an Air Force officer through the ROTC Program. His initial assignment was Lowry Air Force Base, CO. Major General Martin pursued a traditional Air Force career serving in Texas, Panama, Italy, Hawaii, Ohio, and multiple stints in the Nation's Capital. In 1992, he was the Air Force Finance and Accounting Officer of the Year and has received numerous other awards and distinctions throughout his career.

Although Major General Martin served throughout the Air Force, it was a fine day in 2001 when he arrived at Pacific Air Forces, PACAF, to serve as chief of the Operations and Maintenance Budget Branch. In 2006, Major General Martin, then Colonel Martin, took his first assignment in Alaska as commander of the 354th Mission Support Group, Eielson AFB. Major General Martin learned the hard way that, once bitten with the wonders of Alaska, you can never let it go. During that Alaska assignment, Major General Martin made friends around the State. Following his Eielson assignment, Major General Martin returned to PACAF Headquarters, first as director of financial management and comptroller and subsequently as chief of staff. He then began the first of three stints working for the Assistant Secretary of the Air Force, Financial Management and Comptroller.

In July 2013, Major General Martin was named Deputy Assistant Secretary for Budget, his capstone experience and the role from which he will soon retire. As Deputy Assistant Secretary for Budget, Major General Martin is responsible for planning and directing the formulation of the Air Force budget. This is a weighty and stressful re-

sponsibility in any year, but Major General Martin arrived his position just in time to deal with the 2013 government shutdown, as well as the overhanging threat of sequestration which continued to dog him for the remaining days of his Air Force career.

In spite of the many difficult challenges that faced his office, Major General Martin maintained the bearing of a calm and happy warrior; completely devoted to the cause of our airmen, airpower, and air dominance. The Deputy Assistant Secretary for Budget is responsible for the Air Force's relationship with members of the Defense and Military Construction Appropriations Subcommittees. Under his leadership, the appropriations liaison team was uniformly responsive and helpful to me and my staff. Major General Martin played a significant role in restoring congressional confidence in the Air Force as it emerged from several very difficult years in its relationships with Capitol Hill.

The Air Force's loss is Alaska's gain. Retirement will free up Major General Martin to spend more time in his beloved Alaska, and I understand that he plans to spend more than a few days in Unalaska—Dutch Harbor, one of his favorite places. I hope to continue to rely upon General Martin in retirement for advice as I have many retired general officers whom I have come to know through their service in the State.

In Alaska, we take great pride that the path to a great Air Force career seems to run through our State. We have had more than our share of servicemembers who leveraged their time in Alaska to reach the highest levels of their profession. Major General Martin is among this select group, and his exemplary career sets an example for Alaska's airmen about where you might end up if you simply "Aim High."

On behalf of my Senate colleagues, I take this opportunity to thank Major General Martin for his service and wish him well in retirement.●

REMEMBERING MICHAEL GORDON

● Mr. RUBIO. Mr. President, I would like to pay tribute to the memory of a man who was a great friend of mine: Dr. Michael Gordon.

A professor at the University of Miami, Michael's love for medicine and people impacted the lives of so many, both inside the classroom and out. Michael first came to Florida in 1960 and eventually returned in 1966 to teach at the Miller School of Medicine at the University of Miami, a move that would keep him in the Sunshine State for the rest of his life. His tenacity intelligence led to critical medical breakthroughs, But it didn't come easily.

Michael's first invention, "Harvey"—the cardiopulmonary patient simulator used across the globe—was initially viewed with contempt and suspicion amongst his contemporaries. But that

did not discourage Michael. And thank God for that, because the once-ridiculed invention has since been used by many in the field of cardiology around the world. His relentlessness and ambition served as a testament to his character. He was a man with unfailing dedication to the well-being of others.

He also created UMedic, a system fostering research and learning in cardiology. Michael also devised training for first responders, which undoubtedly saved many lives over the years. He founded the Medical Training and Simulation Laboratory, which was eventually named the Michael S. Gordon Center for Research in Medical Education. The center focused on the mission of improving medical techniques and training paramedics and firefighters.

So many of us in the Miami-Dade community cherish his memory. While some in our community may never know his name, their loved ones may very well be saved by one of his innovations or the training he provided to first responders. Over the course of his life, Michael would bear many titles, including professor, mentor, innovator, doctor, inventor, friend, father, grandfather, and husband. To put it simply and quite literally; his friendship and passion touched many.

I am proud to have known such a tremendous human being and benefactor to the Miami community. My wife Jeanette and I will forever miss him and we join our friends at the University of Miami and his family in honoring his legacy.

May God bless him, his family, and those who continue his mission of saving lives and advancing medicine.●

RECOGNIZING THE ALCHEMIST BREWERY

● Mr. SANDERS. Mr. President, my staff recently had the pleasure of visiting with Jen Kimmich of The Alchemist Brewery in Stowe, VT.

The Alchemist owners Jen and John Kimmich are model employers who have shown considerable dedication toward creating positive working conditions for their employees. Their workers receive excellent benefits and working conditions, including livable wages, paid sick days, vacation time, health insurance, wellness opportunities, paid family leave, and generous retirement benefits. The Alchemist not only produces an internationally award-winning product, but it has also fostered a workplace culture where people are put before profits.

Further, I would like to thank Jen for her statewide leadership championing workers' rights. She serves on the State Workforce Development Board helping to create opportunities for good jobs in Vermont. Through her volunteer work with Main Street Alliance, Jen has advocated for paid sick leave and paid family leave legislation.

I also commend the company for developing The Alchemist Foundation.

The Foundation provides college scholarships and career pathway opportunities for area youth.

I am grateful for all that they do for their employees, their community, and the entire State of Vermont. Companies across the Nation should follow in The Alchemist's footsteps by supporting workers' rights and creating a positive workplace.●

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Ms. Ridgway, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

In executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations which were referred to the appropriate committees.

PRESIDENTIAL MESSAGE

REPORT RELATIVE TO THE ISSUANCE OF AN EXECUTIVE ORDER THAT AMENDS EXECUTIVE ORDER 13761 OF JANUARY 13, 2017—PM 12

The PRESIDING OFFICER laid before the Senate the following message from the President of the United States, together with an accompanying report; which was referred to the Committee on Banking, Housing, and Urban Affairs:

To the Congress of the United States:

Consistent with subsection 401(b) of the National Emergencies Act, 50 U.S.C. 1641(b), and subsection 204(b) of the International Emergency Economic Powers Act, 50 U.S.C. 1703(b), I hereby report that I have issued an Executive Order (the "order") that amends Executive Order 13761 of January 13, 2017, by changing certain effective dates and revokes a reporting requirement in that order.

The order changes the date by which the Secretary of State, in consultation with the Secretary of the Treasury, the Director of National Intelligence, and the Administrator of the U.S. Agency for International Development, is to provide a report to the President on the Government of Sudan's progress in sustaining the positive actions taken by the Government of Sudan that gave rise to Executive Order 13761, from July 12, 2017, to October 12, 2017. The order also changes from July 12, 2017, to October 12, 2017, the effective date for the revocation of sections 1 and 2 of Executive Order 13067 of November 3, 1997, and the entirety of Executive Order 13412 of October 13, 2006, provided that the Secretary of State, in consultation with the Secretary of the Treasury, the Director of National Intelligence, and the Administrator of

the U.S. Agency for International Development, publishes on or before October 12, 2017, a notice in the *Federal Register* stating that the Government of Sudan has sustained the positive actions that gave rise to the order and has provided to the President the report described above.

The order revokes the requirement in Executive Order 13761 to provide an updated version of the report annually thereafter and, concurrent with those reports, to publish in the *Federal Register* a notice stating whether the Government of Sudan has sustained the positive actions that gave rise to Executive Order 13761.

The President issued Executive Orders 13067 and 13412, among other orders, to deal with the unusual and extraordinary threat to the national security and foreign policy of the United States posed by the actions and policies of the Government of Sudan, including support for international terrorism; efforts to destabilize neighboring governments; and the prevalence of human rights violations.

In Executive Order 13761, the President determined that the situation that gave rise to the actions taken in Executive Order 13067 and Executive Order 13412 related to the policies and actions of the Government of Sudan had been altered by Sudan's positive actions over the prior 6 months. Executive Order 13761 directed the Secretary of State, in consultation with the Secretary of the Treasury, the Director of National Intelligence, and the Administrator of the U.S. Agency for International Development, and based on a consideration of relevant and credible information from available sources, including nongovernmental organizations, on or before July 12, 2017, to provide a report to the President on the Government of Sudan's progress in sustaining its positive actions that gave rise to Executive Order 13761. Executive Order 13761 further provided that if the Secretary of State, in consultation with the Secretary of the Treasury, the Director of National Intelligence, and the Administrator of the U.S. Agency for International Development, published on or before July 12, 2017, a notice in the *Federal Register* stating that the Government of Sudan had sustained the positive actions that gave rise to Executive Order 13761 and had provided to the President the report described above, the revocation of sections 1 and 2 of Executive Order 13067 and the revocation of Executive Order 13412 would become effective.

While the Government of Sudan has made some progress in areas identified in Executive Order 13761, I have decided that more time is needed for this review to establish that the Government of Sudan has demonstrated sufficient positive action across all of those areas.

For these reasons, I have determined that it is necessary to amend the effective date to October 12, 2017, to provide the report required by Executive Order

13761 and revoke sections 1 and 2 of Executive Order 13067 and Executive Order 13412, provided that further action is taken by the Secretary of State, as set forth in Executive Order 13761, and to revoke the subsequent annual reporting requirement in Executive Order 13761.

I am enclosing a copy of the Executive Order I have issued.

DONALD J. TRUMP.
THE WHITE HOUSE, July 11, 2017.

MESSAGE FROM THE HOUSE

At 2:17 p.m., a message from the House of Representatives, delivered by Mr. Novotny, one of its reading clerks, announced that pursuant to the National Foundation on the Arts and Humanities Act of 1965 (20 U.S.C. 955(b)), the Minority Leader reappoints the following Member of the House of Representatives to the National Council on the Arts: Ms. Chellie Pingree of Maine.

The message further announced that pursuant to 2 U.S.C. 2081, the Minority Leader reappoints the following Member of the House of Representatives to the United States Capitol Preservation Commission: Ms. Marcy Kaptur of Ohio.

The message also announced that pursuant to section 431(a)(3) of the Consolidated Appropriations Act of 2017 (Public Law 115-31), the Minority Leader appoints the following individuals to serve as Commissioners to the Women's Suffrage Centennial Commission: Ms. Nicola Miner of San Francisco, California and Ms. Jennifer Siebel Newsom of San Francisco, California.

The message further announced that pursuant to section 4 of the United States Semiquincentennial Commission Act of 2016 (Public Law 114-196), the Minority Leader appoints the following members to serve as Commissioners to the United States Semiquincentennial Commission, from private life: Mr. Grant Hill of Orlando, Florida, Ms. Amy Gutmann of Philadelphia, Pennsylvania, and Mr. Noah Griffin of San Francisco, California.

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, and were referred as indicated:

EC-2040. A communication from the Acting Administrator of the Livestock, Poultry, and Seed Program, Agricultural Marketing Service, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled "Beef Promotion and Research; Reapportionment" (Docket No. AMS-LPS-16-0071) received in the Office of the President of the Senate on June 28, 2017; to the Committee on Agriculture, Nutrition, and Forestry.

EC-2041. A communication from the Congressional Review Coordinator, Animal and Plant Health Inspection Service, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled "Importation of Fresh Pitahaya Fruit From Ecuador

into the Continental United States” (RIN0579-AE12) (Docket No. APHIS-2014-0095) received in the Office of the President of the Senate on June 20, 2017; to the Committee on Agriculture, Nutrition, and Forestry.

EC-2042. A communication from the Secretary of Defense, transmitting the report of nine (9) officers authorized to wear the insignia of the grade of brigadier general in accordance with title 10, United States Code, section 777; to the Committee on Armed Services.

EC-2043. A communication from the Secretary of Defense, transmitting a report on the approved retirement of Lieutenant General Michelle D. Johnson, United States Air Force, and her advancement to the grade of lieutenant general on the retired list; to the Committee on Armed Services.

EC-2044. A communication from the Secretary of Defense, transmitting a report on the approved retirement of Vice Admiral Joseph W. Rixey, United States Navy, and his advancement to the grade of vice admiral on the retired list; to the Committee on Armed Services.

EC-2045. A communication from the Secretary of Defense, transmitting a report on the approved retirement of Lieutenant General Thomas J. Trask, United States Air Force, and his advancement to the grade of lieutenant general on the retired list; to the Committee on Armed Services.

EC-2046. A communication from the Secretary of Defense, transmitting the report of two (2) officers authorized to wear the insignia of the grade of rear admiral (lower half), in accordance with title 10, United States Code, section 777; to the Committee on Armed Services.

EC-2047. A communication from the Secretary of the Commodity Futures Trading Commission, transmitting, pursuant to law, the report of a rule entitled “Commission Delegated Authority Provisions and Technical Amendments” (RIN3038-AE42) received in the Office of the President of the Senate on June 29, 2017; to the Committee on Agriculture, Nutrition, and Forestry.

EC-2048. A communication from the Secretary of the Treasury, transmitting, pursuant to law, a six-month periodic report on the national emergency with respect to transnational criminal organizations that was declared in Executive Order 13581 of July 24, 2011; to the Committee on Banking, Housing, and Urban Affairs.

EC-2049. A communication from the Deputy Assistant Secretary for Export Administration, Bureau of Industry and Security, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled “Russian Sanctions: Addition of Certain Entities to the Entity List” (RIN0694-AH39) received in the Office of the President of the Senate on June 28, 2017; to the Committee on Banking, Housing, and Urban Affairs.

EC-2050. A communication from the Assistant Director for Legislative Affairs, Consumer Financial Protection Bureau, transmitting, pursuant to law, the Semiannual Report of the Bureau for the period from October 1, 2016 through March 31, 2017; to the Committee on Banking, Housing, and Urban Affairs.

EC-2051. A communication from the President and Chief Executive Officer, National Railroad Passenger Corporation, Amtrak, transmitting, pursuant to law, Amtrak’s fiscal year 2018 General and Legislative Annual Report; to the Committee on Commerce, Science, and Transportation.

EC-2052. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “National Emission Standards for Haz-

ardous Air Pollutants From the Portland Cement Manufacturing Industry: Alternative Monitoring Method” (FRL No. 9964-14-OAR) received in the Office of the President of the Senate on June 20, 2017; to the Committee on Environment and Public Works.

EC-2053. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Correction to Incorporations by Reference” (FRL No. 9963-67-OAR) received in the Office of the President of the Senate on June 20, 2017; to the Committee on Environment and Public Works.

EC-2054. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Approval of California Air Plan Revisions, Western Mojave Desert, Rate of Progress Demonstration” (FRL No. 9963-86-Region 9) received in the Office of the President of the Senate on June 20, 2017; to the Committee on Environment and Public Works.

EC-2055. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Approval of California Air Plan Revisions, Great Basin Unified Air Pollution Control District and the Town of Mammoth Lakes” (FRL No. 9955-67-Region 9) received in the Office of the President of the Senate on June 20, 2017; to the Committee on Environment and Public Works.

EC-2056. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Approval and Promulgation of Air Quality Implementation Plans; Indiana; CFR Update” (FRL No. 9963-70-Region 5) received in the Office of the President of the Senate on June 20, 2017; to the Committee on Environment and Public Works.

EC-2057. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Approval and Limited Approval and Limited Disapproval of Air Quality Implementation Plans; California; Mendocino County Air Quality Management District; Stationary Source Permits” (FRL No. 9960-08-Region 9) received in the Office of the President of the Senate on June 20, 2017; to the Committee on Environment and Public Works.

EC-2058. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Amendment to Standards and Practices for All Appropriate Inquiries Under CERCLA” (FRL No. 9958-47-OLEM) received in the Office of the President of the Senate on June 20, 2017; to the Committee on Environment and Public Works.

EC-2059. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Air Plan Approval; VT; Infrastructure State Implementation Plan Requirements” (FRL No. 9963-88-Region 1) received in the Office of the President of the Senate on June 20, 2017; to the Committee on Environment and Public Works.

EC-2060. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Approval of Section 112(I) Authority for Hazardous Air Pollutants; Equivalency by Permit Provisions; National Emission Standards for Hazardous Air Pollutants;

Plating and Polishing Operations” (FRL No. 9964-32-Region 4) received in the Office of the President of the Senate on June 28, 2017; to the Committee on Environment and Public Works.

EC-2061. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Approval and Promulgation of Implementation Plans; New Jersey; Revised Format of 40 CFR Part 52 for Materials Being Incorporated by Reference” (FRL No. 9955-06-Region 2) received in the Office of the President of the Senate on June 28, 2017; to the Committee on Environment and Public Works.

EC-2062. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Air Plan Approval; Rhode Island; Reasonably Available Control Technology for US Watercraft, LLC” (FRL No. 9964-26-Region 1) received in the Office of the President of the Senate on June 28, 2017; to the Committee on Environment and Public Works.

EC-2063. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Air Plan Approval; Illinois; Revised Format for Materials Incorporated by Reference” (FRL No. 9963-76-Region 5) received in the Office of the President of the Senate on June 28, 2017; to the Committee on Environment and Public Works.

EC-2064. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Air Plan Approval; FL; Revisions to New Source Review, Definitions and Small Business Assistance Programs” (FRL No. 9964-35-Region 4) received in the Office of the President of the Senate on June 28, 2017; to the Committee on Environment and Public Works.

EC-2065. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Air Plan Approval; FL; Hillsborough and Nassau Areas; SO2 Attainment Demonstration” (FRL No. 9964-39-Region 4) received in the Office of the President of the Senate on June 28, 2017; to the Committee on Environment and Public Works.

EC-2066. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Air Plan Approval and Designation of Areas; KY; Redesignation of the Kentucky Portion of the Cincinnati-Hamilton 2008 8-Hour Ozone Nonattainment Area to Attainment” (FRL No. 9964-41-Region 4) received in the Office of the President of the Senate on June 28, 2017; to the Committee on Environment and Public Works.

EC-2067. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Air Plan Approval; Georgia; Permit Exemptions and Definitions” (FRL No. 9964-06-Region 4) received during adjournment of the Senate in the Office of the President of the Senate on June 23, 2017; to the Committee on Environment and Public Works.

EC-2068. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Approval and Promulgation of Air Quality Implementation Plans; Texas; Redesignation of the Collin County Area to Attainment the 2008 Lead Standard” (FRL No.

9963-47-Region 6) received during adjournment of the Senate in the Office of the President of the Senate on June 23, 2017; to the Committee on Environment and Public Works.

EC-2069. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Approval and Promulgation of Implementation Plans; New Mexico; Albuquerque/Bernalillo County; New Source Review (NSR) Preconstruction Permitting Program" (FRL No. 9963-41-Region 6) received during adjournment of the Senate in the Office of the President of the Senate on June 23, 2017; to the Committee on Environment and Public Works.

EC-2070. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Approval of Missouri's Air Quality Implementation Plans; Reporting Emission Date, Emission Fees and Process Information" (FRL No. 9964-04-Region 7) received during adjournment of the Senate in the Office of the President of the Senate on June 23, 2017; to the Committee on Environment and Public Works.

EC-2071. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Fees for Water Infrastructure Project Applications under WIFIA" ((RIN2040-AF64) (FRL No. 9964-19-OW)) received during adjournment of the Senate in the Office of the President of the Senate on June 23, 2017; to the Committee on Environment and Public Works.

EC-2072. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Air Plan Approval; GA and SC: Changes to Ambient Air Standards and Definitions" (FRL No. 9964-09-Region 4) received during adjournment of the Senate in the Office of the President of the Senate on June 23, 2017; to the Committee on Environment and Public Works.

EC-2073. A communication from the Senior Official performing the duties of the Assistant Secretary of the Army (Civil Works), transmitting, pursuant to law, a report relative to the Encinitas-Solana Beach Shoreline Coastal Storm Damage Reduction, San Diego County, California, project; to the Committee on Environment and Public Works.

EC-2074. A communication from the Chairman, Medicare Payment Advisory Commission, transmitting, pursuant to law, a report entitled "Report to the Congress: Medicare and the Health Care Delivery System"; to the Committee on Finance.

EC-2075. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of defense articles, including technical data, and defense services to Canada and Saudi Arabia to support the design, development, modification, and integration of Enhanced Situational Awareness systems into armored vehicles in the amount of \$50,000,000 or more (Transmittal No. DDTC 16-064); to the Committee on Foreign Relations.

EC-2076. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of defense articles, including technical data, and defense services for the sale of one modified G550 aircraft to the government of Israel in the amount of \$50,000,000

or more (Transmittal No. DDTC 16-106); to the Committee on Foreign Relations.

EC-2077. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of defense articles, including technical data, and defense services to Israel for the manufacture of F-15 aircraft structural components in the amount of \$100,000,000 or more (Transmittal No. DDTC 16-122); to the Committee on Foreign Relations.

EC-2078. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of defense articles, including technical data, and defense services to the United Kingdom for the manufacture of Joint Strike Fighter subassemblies, components, parts, and associated tooling of the aft fuselage and empennage in the amount of \$100,000,000 or more (Transmittal No. DDTC 16-132); to the Committee on Foreign Relations.

EC-2079. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of a proposed license for the export of firearms, parts, and accessories abroad controlled under Category I of the United States Munitions List in the amount of \$1,000,000 or more (Transmittal No. DDTC 16-138); to the Committee on Foreign Relations.

EC-2080. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of a proposed license for the export of various calibers of firearms ammunition to Saudi Arabia in the amount of \$50,000,000 or more (Transmittal No. DDTC 17-003); to the Committee on Foreign Relations.

EC-2081. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of a proposed license for the export of M400 semi-automatic rifles and P320 semi-automatic pistols and accessories to Jordan in the amount of \$1,000,000 or more (Transmittal No. DDTC 17-004); to the Committee on Foreign Relations.

EC-2082. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of defense articles, including technical data, and defense services to the United Arab Emirates to support the maintenance, testing, support, field engineering services, logistics management assistance, training, repair, and calibration for three (3) sets of AN/TPS-78 Radar Systems, two (2) sets of TPS-70 Radar Systems, a command, control, and communications system known as the Emirates Air Defense Ground Environment (EADGE), and a low altitude surveillance system known as the Emirates Low Altitude Surveillance System (ELASS) in the amount of \$50,000,000 or more (Transmittal No. DDTC 17-007); to the Committee on Foreign Relations.

EC-2083. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of a proposed license for the export of M400 5.56 mm rifles and associated parts and components to Jordan in the amount of \$1,000,000 or more (Transmittal No. DDTC 17-011); to the Committee on Foreign Relations.

EC-2084. A communication from the Bureau of Legislative Affairs, Department of

State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of defense articles, including technical data, and defense services to Japan for the sale and support of AAV7A1 RAM/RS Amphibious Assault Vehicles in the amount of \$100,000,000 or more (Transmittal No. DDTC 17-019); to the Committee on Foreign Relations.

EC-2085. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of defense articles, including technical data, and defense services to India to support the integration, assembly, and maintenance of M777A2 155mm Lightweight Howitzers in support of an existing Foreign Military Sales Contract in the amount of \$50,000,000 or more (Transmittal No. DDTC 17-023); to the Committee on Foreign Relations.

EC-2086. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of a proposed license for the export of 5.56mm and 7.62mm carbines, associated training and parts, and accessories to Sweden in the amount of \$1,000,000 or more (Transmittal No. DDTC 17-034); to the Committee on Foreign Relations.

EC-2087. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of a proposed license for the export of 5.56mm semi-automatic rifles, 9mm caliber rifles, 9mm pistols, silencers, and accessories to Indonesia in the amount of \$1,000,000 or more (Transmittal No. DDTC 17-013); to the Committee on Foreign Relations.

EC-2088. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) and 36(d) of the Arms Export Control Act, the certification of defense articles, including technical data, and defense services to the Republic of Korea for the manufacture, assembly, inspection, and testing of F404-GE-102 engines for the T-50, TA-50, and FA-50 aircraft series for end-use by various countries in the amount of \$50,000,000 or more (Transmittal No. DDTC 16-044); to the Committee on Foreign Relations.

EC-2089. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of defense articles, including technical data, and defense services to Australia, the United Kingdom and the United Arab Emirates to support the marketing, sale, and on-going support of Unmanned Aerial Systems (UAS) and for future Intelligence, Surveillance and Reconnaissance (ISR) requirements for the United Arab Emirates Armed Forces in the amount of \$50,000,000 or more (Transmittal No. DDTC 16-128); to the Committee on Foreign Relations.

EC-2090. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of a proposed license for the export of semi-automatic 9mm pistols with extra magazines to Thailand in the amount of \$1,000,000 or more (Transmittal No. DDTC 17-024); to the Committee on Foreign Relations.

EC-2091. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(d) of the Arms Export Control Act, the certification of defense articles, including technical data, and defense services to Germany to support the manufacture, integration, installation, operation, training, testing, maintenance, and repair of the TYTON

line of laser rangefinder targeting devices and component modules (Transmittal No. DDTC 16-060); to the Committee on Foreign Relations.

EC-2092. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of a proposed license for the export of semi-automatic 9mm pistols with extra magazines and ammunition to Thailand in the amount of \$1,000,000 or more (Transmittal No. DDTC 17-025); to the Committee on Foreign Relations.

EC-2093. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of defense articles, including technical data, and defense services to Taiwan for the MK41 Vertical Launching System in the amount of \$14,000,000 or more (Transmittal No. DDTC 16-071); to the Committee on Foreign Relations.

EC-2094. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) and 36(d) of the Arms Export Control Act, the certification of defense articles, including technical data, and defense services to Canada to support the manufacture of Precision Optical Subsystems, Optomechanical Major Assemblies, and Optical Components for the AIM-9X Sidewinder Missile in the amount of \$100,000,000 or more (Transmittal No. DDTC 17-036); to the Committee on Foreign Relations.

EC-2095. A communication from the Executive Secretary, U.S. Agency for International Development (USAID), a report relative to a vacancy in the position of Administrator, U.S. Agency for International Development (USAID), received in the Office of the President of the Senate on June 8, 2017; to the Committee on Foreign Relations.

EC-2096. A communication from the Assistant Legal Adviser for Treaty Affairs, Department of State, transmitting, pursuant to the Case-Zablocki Act, 1 U.S.C. 112b, as amended, the report of the texts and background statements of international agreements, other than treaties (List 2017-0113—2017-0122); to the Committee on Foreign Relations.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. JOHNSON, from the Committee on Homeland Security and Governmental Affairs, with amendments:

S. 696. A bill to amend title 5, United States Code, to appropriately limit the authority to award bonuses to Federal employees (Rept. No. 115-127).

By Mr. JOHNSON, from the Committee on Homeland Security and Governmental Affairs, with an amendment in the nature of a substitute:

S. 829. A bill to reauthorize the Assistance to Firefighters Grants program, the Fire Prevention and Safety Grants program, and the Staffing for Adequate Fire and Emergency Response grant program, and for other purposes (Rept. No. 115-128).

By Mr. JOHNSON, from the Committee on Homeland Security and Governmental Affairs, without amendment:

S. 1099. A bill to provide for the identification and prevention of improper payments and the identification of strategic sourcing opportunities by reviewing and analyzing the use of Federal agency charge cards (Rept. No. 115-129).

EXECUTIVE REPORTS OF COMMITTEES

The following executive reports of nominations were submitted:

By Mr. JOHNSON for the Committee on Homeland Security and Governmental Affairs.

*Claire M. Grady, of Pennsylvania, to be Under Secretary for Management, Department of Homeland Security.

*Henry Kerner, of California, to be Special Counsel, Office of Special Counsel, for the term of five years.

By Mr. BURR for the Select Committee on Intelligence.

*David James Glawe, of Iowa, to be Under Secretary for Intelligence and Analysis, Department of Homeland Security.

*Nomination was reported with recommendation that it be confirmed subject to the nominee's commitment to respond to requests to appear and testify before any duly constituted committee of the Senate.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. BOOKER (for himself, Ms. WARREN, Mr. DURBIN, and Ms. HARRIS):

S. 1524. A bill to improve the treatment of Federal prisoners who are primary caretaker parents, and for other purposes; to the Committee on the Judiciary.

By Mr. MANCHIN:

S. 1525. A bill to authorize the Secretary of Education to review and score TRIO applications with minor budgeting errors; to the Committee on Health, Education, Labor, and Pensions.

By Mr. TESTER (for himself, Mr. KING, Mr. SANDERS, Mrs. MURRAY, Mr. BLUMENTHAL, Mr. BROWN, Ms. BALDWIN, and Ms. HIRONO):

S. 1526. A bill to appropriate amounts to the Department of Veterans Affairs to improve the provision of health care to veterans, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. MCCAIN:

S. 1527. A bill to appropriate amounts to the Department of Veterans Affairs to improve the provision of health care to veterans, and for other purposes; to the Committee on Appropriations.

By Ms. MURKOWSKI (for herself, Mr. SULLIVAN, Ms. CANTWELL, and Mr. MERKLEY):

S. 1528. A bill to amend the market name of genetically altered salmon in the United States, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

By Ms. HEITKAMP (for herself, Mrs. SHAHEEN, and Mr. KING):

S. 1529. A bill to amend the Internal Revenue Code of 1986 to expand eligibility for the refundable credit for coverage under a qualified health plan; to the Committee on Finance.

By Mr. COONS (for himself, Mr. CASSIDY, Mr. BARRASSO, and Mr. BENNET):

S. 1530. A bill to amend title XVIII of the Social Security Act to encourage Medicare beneficiaries to voluntarily adopt advance directives guiding the medical care they receive; to the Committee on Finance.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. CARDIN (for himself, Mr. RUBIO, Mr. COONS, Mr. KAINE, Mr. MURPHY, Mr. MARKEY, Mr. BOOKER, Mr. MENENDEZ, Ms. BALDWIN, Mr. PERDUE, Mr. COTTON, and Mr. MCCAIN):

S. Res. 217. A resolution welcoming Prime Minister Youssef Chahed of the Tunisian Republic on his first official visit to the United States, congratulating the people of the Tunisian Republic on their embrace of democracy after decades of dictatorship, and encouraging future reforms; to the Committee on Foreign Relations.

By Mr. JOHNSON (for himself and Mr. MURPHY):

S. Res. 218. A resolution celebrating and reaffirming the strategic partnership between the United States and Romania on the twentieth anniversary of its inception; to the Committee on Foreign Relations.

ADDITIONAL COSPONSORS

S. 200

At the request of Mr. MARKEY, the name of the Senator from Vermont (Mr. LEAHY) was added as a cosponsor of S. 200, a bill to prohibit the conduct of a first-use nuclear strike absent a declaration of war by Congress.

S. 253

At the request of Mr. CARDIN, the name of the Senator from New Hampshire (Ms. HASSAN) was added as a cosponsor of S. 253, a bill to amend title XVIII of the Social Security Act to repeal the Medicare outpatient rehabilitation therapy caps.

S. 266

At the request of Mr. HATCH, the name of the Senator from Arkansas (Mr. BOOZMAN) was added as a cosponsor of S. 266, a bill to award the Congressional Gold Medal to Anwar Sadat in recognition of his heroic achievements and courageous contributions to peace in the Middle East.

S. 372

At the request of Mr. PORTMAN, the name of the Senator from South Dakota (Mr. ROUNDS) was added as a cosponsor of S. 372, a bill to amend the Tariff Act of 1930 to ensure that merchandise arriving through the mail shall be subject to review by U.S. Customs and Border Protection and to require the provision of advance electronic information on shipments of mail to U.S. Customs and Border Protection and for other purposes.

S. 617

At the request of Mr. MURPHY, the name of the Senator from Connecticut (Mr. BLUMENTHAL) was added as a cosponsor of S. 617, a bill to amend the Wild and Scenic Rivers Act to designate certain segments of the Farmington River and Salmon Brook in the State of Connecticut as components of the National Wild and Scenic Rivers System, and for other purposes.

S. 756

At the request of Mr. SULLIVAN, the names of the Senator from Ohio (Mr.

PORTMAN), the Senator from Maryland (Mr. VAN HOLLEN), the Senator from Massachusetts (Ms. WARREN) and the Senator from Massachusetts (Mr. MARKEY) were added as cosponsors of S. 756, a bill to reauthorize and amend the Marine Debris Act to promote international action to reduce marine debris, and for other purposes.

S. 839

At the request of Mr. WICKER, the name of the Senator from Alabama (Mr. STRANGE) was added as a cosponsor of S. 839, a bill to allow for judicial review of any final rule addressing national emission standards for hazardous air pollutants for brick and structural clay products or for clay ceramics manufacturing before requiring compliance with such rule.

S. 845

At the request of Mr. BLUMENTHAL, the names of the Senator from New Mexico (Mr. UDALL) and the Senator from New Mexico (Mr. HEINRICH) were added as cosponsors of S. 845, a bill to protect sensitive community locations from harmful immigration enforcement action, and for other purposes.

S. 872

At the request of Mr. GRASSLEY, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 872, a bill to amend title XVIII of the Social Security Act to make permanent the extension of the Medicare-dependent hospital (MDH) program and the increased payments under the Medicare low-volume hospital program.

S. 910

At the request of Mr. SCHUMER, the names of the Senator from Maryland (Mr. VAN HOLLEN) and the Senator from Illinois (Ms. DUCKWORTH) were added as cosponsors of S. 910, a bill to prohibit discrimination against individuals with disabilities who need long-term services and supports, and for other purposes.

S. 985

At the request of Mr. MARKEY, the name of the Senator from Delaware (Mr. COONS) was added as a cosponsor of S. 985, a bill to prohibit the Secretary of the Interior from revising the approved oil and gas leasing program for fiscal years 2017 through 2022.

S. 1015

At the request of Mr. HATCH, the name of the Senator from Nevada (Mr. HELLER) was added as a cosponsor of S. 1015, a bill to require the Federal Communications Commission to study the feasibility of designating a simple, easy-to-remember dialing code to be used for a national suicide prevention and mental health crisis hotline system.

S. 1122

At the request of Mrs. MURRAY, the name of the Senator from Oregon (Mr. MERKLEY) was added as a cosponsor of S. 1122, a bill to amend the Occupational Safety and Health Act of 1970 to clarify when the time period for the

issuance of citations under such Act begins and to require a rule to clarify that an employer's duty to make and maintain accurate records of work-related injuries and illnesses is an ongoing obligation.

S. 1132

At the request of Mr. CASSIDY, the name of the Senator from Louisiana (Mr. KENNEDY) was added as a cosponsor of S. 1132, a bill to amend title XVIII of the Social Security Act to make permanent the removal of the rental cap for durable medical equipment under the Medicare program with respect to speech generating devices.

S. 1151

At the request of Mrs. ERNST, the name of the Senator from Florida (Mr. NELSON) was added as a cosponsor of S. 1151, a bill to amend the Internal Revenue Code of 1986 to provide a non-refundable credit for working family caregivers.

S. 1182

At the request of Mr. YOUNG, the names of the Senator from Kansas (Mr. ROBERTS), the Senator from New Hampshire (Ms. HASSAN), the Senator from Nevada (Mr. HELLER), the Senator from New Jersey (Mr. BOOKER), the Senator from Missouri (Mr. BLUNT), the Senator from Minnesota (Ms. KLOBUCHAR), the Senator from Massachusetts (Mr. MARKEY) and the Senator from Louisiana (Mr. KENNEDY) were added as cosponsors of S. 1182, a bill to require the Secretary of the Treasury to mint commemorative coins in recognition of the 100th anniversary of The American Legion.

S. 1274

At the request of Mr. ISAKSON, the name of the Senator from Arkansas (Mr. BOOZMAN) was added as a cosponsor of S. 1274, a bill to direct the President to establish an interagency mechanism to coordinate United States development programs and private sector investment activities, and for other purposes.

S. 1276

At the request of Mrs. FEINSTEIN, the name of the Senator from Rhode Island (Mr. WHITEHOUSE) was added as a cosponsor of S. 1276, a bill to require the Attorney General to make a determination as to whether cannabidiol should be a controlled substance and listed in a schedule under the Controlled Substances Act and to expand research on the potential medical benefits of cannabidiol and other marijuana components.

S. 1292

At the request of Mr. RUBIO, the name of the Senator from Oregon (Mr. WYDEN) was added as a cosponsor of S. 1292, a bill to amend the State Department Basic Authorities Act of 1956 to monitor and combat anti-Semitism globally, and for other purposes.

S. 1348

At the request of Mr. WYDEN, the name of the Senator from Montana (Mr. TESTER) was added as a cosponsor

of S. 1348, a bill to amend title XI of the Social Security Act to require drug manufacturers to publicly justify unnecessary price increases.

S. 1403

At the request of Mr. MCCAIN, the names of the Senator from Mississippi (Mr. WICKER) and the Senator from Montana (Mr. TESTER) were added as cosponsors of S. 1403, a bill to amend the Public Lands Corps Act of 1993 to establish the 21st Century Conservation Service Corps to place youth and veterans in national service positions to conserve, restore, and enhance the great outdoors of the United States, and for other purposes.

S. 1414

At the request of Mr. WICKER, the name of the Senator from Wisconsin (Mr. JOHNSON) was added as a cosponsor of S. 1414, a bill to state the policy of the United States on the minimum number of available battle force ships.

S. 1462

At the request of Mrs. SHAHEEN, the names of the Senator from Massachusetts (Ms. WARREN), the Senator from Rhode Island (Mr. WHITEHOUSE), the Senator from Connecticut (Mr. MURPHY) and the Senator from Minnesota (Ms. KLOBUCHAR) were added as cosponsors of S. 1462, a bill to amend the Patient Protection and Affordable Care Act to improve cost sharing subsidies.

S. 1474

At the request of Ms. DUCKWORTH, the names of the Senator from Massachusetts (Ms. WARREN), the Senator from Oregon (Mr. WYDEN) and the Senator from Minnesota (Mr. FRANKEN) were added as cosponsors of S. 1474, a bill to prohibit the use of fiscal year 2018 funds for the closure, consolidation, or elimination of certain offices of the Environmental Protection Agency.

S. 1520

At the request of Mr. WICKER, the name of the Senator from Oklahoma (Mr. INHOFE) was added as a cosponsor of S. 1520, a bill to expand recreational fishing opportunities through enhanced marine fishery conservation and management, and for other purposes.

S. CON. RES. 21

At the request of Mr. RUBIO, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. Con. Res. 21, a concurrent resolution urging the Government of the People's Republic of China to unconditionally release Liu Xiaobo, together with his wife Liu Xia, to allow them to freely meet with friends, family, and counsel and seek medical treatment wherever they desire.

S. RES. 75

At the request of Mr. PORTMAN, the name of the Senator from Maryland (Mr. VAN HOLLEN) was added as a cosponsor of S. Res. 75, a resolution recognizing the 100th anniversary of the Academy of Nutrition and Dietetics, the largest organization of food and nutrition professionals in the world.

S. RES. 154

At the request of Mrs. ERNST, her name was added as a cosponsor of S. Res. 154, a resolution promoting awareness of motorcycle profiling and encouraging collaboration and communication with the motorcycle community and law enforcement officials to prevent instances of profiling.

S. RES. 214

At the request of Mrs. GILLIBRAND, the name of the Senator from Nevada (Ms. CORTEZ MASTO) was added as a cosponsor of S. Res. 214, a resolution designating June 19, 2017, as "Juneteenth Independence Day" in recognition of June 19, 1865, the date on which slavery legally came to an end in the United States.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. BOOKER (for himself, Ms. WARREN, Mr. DURBIN, and Ms. HARRIS):

S. 1524. A bill to improve the treatment of Federal prisoners who are primary caretaker parents, and for other purposes; to the Committee on the Judiciary.

Mr. BOOKER. Madam President, I rise to introduce the Dignity for Incarcerated Women Act (Dignity Act), a critical criminal justice reform bill that would provide much needed reforms to address the unique needs women face in Federal prisons. This legislation helps shed light on the unique challenges women face behind bars, which seldom receive the attention they deserve in our criminal justice reform efforts. It is time we begin to remedy the barriers incarcerated women face, and that's what this bill would do. I thank Senators WARREN, DURBIN, and HARRIS for cosponsoring this bill, and I am proud to have their support.

America is truly exceptional when it comes to incarceration. The United States has 5 percent of the world's population and 25 percent of the globe's prison population. Since 1980, our Federal population has grown by nearly 800 percent.

But let's look specifically at incarcerated women. Only 5 percent of the world's female population live in the United States, but nearly 30 percent of the world's incarcerated women are in our Nation—twice the percentage of China and four times as much as Russia. Since 1978, the number of women incarcerated in State and Federal prisons in the United States has increased by 716 percent, twice the growth rate of men. America currently has 110,000 women behind bars, and women account for a larger proportion of the prison population than ever before in our Nation's history.

The numbers of women in our Federal prisons has seen substantial growth. Although women represent a small percentage of Federal prisoners, the proportion of women in the Federal system rose from 12.1 percent in fiscal

year 2009 to 13.3 percent in fiscal year 2013. Based on the most recent Sentencing Commission data, 9,400 women were in Federal prisons as of fiscal year 2013. In 2013, more than two-thirds of women in Federal prison were behind bars due to nonviolent drug, fraud, or immigration crimes and over 70 percent of women in Federal prisons had little or no prior criminal history.

An urgent need exists to address the unique challenges women face while behind bars. Women are often primary caretaker parents, meaning their incarceration impacts children. Incarcerated women face the unconscionable choice of either calling home to talk to their children or using commissary funds to buy sanitary napkins. Women in prison are frequently victims of trauma. According to data from Vera Institute of Justice, women in jails face high-levels of trauma: 86 percent experienced sexual violence, 77 percent report partner violence, and 60 percent were survivors of caregiver violence. These troubling statistics deserve our attention.

Today, I'm proud to introduce the Dignity Act, a comprehensive bill that would begin to remedy the unique challenges faced by women behind bars. The bill would require the Federal Bureau of Prisons (BOP) to consider the location of children when placing an incarcerated parent in a Federal prison, which helps alleviate the great distances children and other loved ones often have to travel to visit incarcerated parents.

The bill would mandate the BOP create more generous and uniform visitation hours for primary caretaker parents to provide more easy access to loved ones while a woman is behind bars. We know family visitation is a critical part of a successful reentry strategy, so this commonsense provision would help maintain family contact when parents are behind bars. As a result, this provision makes it less likely that returning citizens commit crimes, which would enhance public safety.

The Dignity Act would ban solitary confinement and shackling of pregnant women in Federal prison. Studies confirm serious psychological and physical harm are likely to occur when these harsh practices are used on pregnant women. It is time we ban the use of solitary and shackling on pregnant women and treat these women with the dignity and respect they deserve.

The bill would also require the BOP to provide parenting classes to primary caretaker parents, provide trauma-informed care to victims of trauma, and allow returning citizens to mentor incarcerated people. It would mandate the BOP train correctional officers in how to identify trauma victims in prison. This bill would help ensure people behind bars receive the critical programming they need to prepare for reentry into society.

The Dignity Act contains numerous other reforms. It would create an om-

budsman at the Department of Justice to look into abuses associated with solitary confinement, prisoner transportation, strip searches, and other civil rights abuses. The bill would require the BOP to eliminate prison phone rates and mandate all prisons be equipped with video conferencing, which the bill ensures would be made available free of charge to incarcerated people. The legislation would require the BOP to make certain health products available for free, such as sanitary napkins, toothpaste, and ibuprofen.

Other reforms in the bill would preclude correctional officers of the opposite gender of the incarcerated individual from conducting strip searches or entering a restroom of the opposite gender. The bill has a common-sense exception for when an incarcerated woman's health is in danger and for other exigent circumstances. The bill would require the BOP to allow primary caretaker parents access to the Residential Drug Abuse Program, a critical drug treatment program, even if they fail to admit to having a substance abuse disorder prior to their incarceration. Finally, the Dignity Act would require the BOP to create a pilot program for overnight visits for incarcerated parents and children.

The legislation has broad support from organizations like the National Council for Incarcerated and Formerly Incarcerated Women and Girls, the ACLU, the Leadership Conference on Civil and Human Rights, and the Lawyers' Committee for Civil Rights Under Law.

The Dignity Act would provide critical reforms to address challenges women behind bars face. Again, I thank Senators WARREN, DURBIN, and HARRIS for their leadership. I am proud to introduce this important criminal justice reform bill, and I urge my colleagues to support its speedy passage.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 217—WELCOMING PRIME MINISTER YOUSSEF CHAHED OF THE TUNISIAN REPUBLIC ON HIS FIRST OFFICIAL VISIT TO THE UNITED STATES, CONGRATULATING THE PEOPLE OF THE TUNISIAN REPUBLIC ON THEIR EMBRACE OF DEMOCRACY AFTER DECADES OF DICTATORSHIP, AND ENCOURAGING FUTURE REFORMS

Mr. CARDIN (for himself, Mr. RUBIO, Mr. COONS, Mr. Kaine, Mr. MURPHY, Mr. MARKEY, Mr. BOOKER, Mr. MENENDEZ, Ms. BALDWIN, Mr. PERDUE, Mr. COTTON, and Mr. MCCAIN) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 217

Whereas, on December 17, 2010, Mohammad Bouazizi, a young fruit vendor in Sidi Bouzid, set himself on fire to protest his unjust treatment by the regime of Tunisian

President Zine al Abidine Ben Ali, and in his death inspired the “Jasmine Revolution” in the Tunisian Republic and popular revolutions across the Arab world of citizens demanding transparency, reform, and representation;

Whereas, on January 14, 2011, the peaceful mass protests of the Jasmine Revolution successfully brought to an end the authoritarian rule of President Ben Ali;

Whereas, in the aftermath of Ben Ali’s resignation, Tunisians initiated a peaceful, consensus-based, inclusive, and civilian-directed transition to democracy;

Whereas, on January 26, 2014, the Tunisian Republic adopted its first constitution drafted by a democratically elected governing body, formally ending a period of transitional governments;

Whereas the new constitution of the Tunisian Republic enshrines gender equality through enumerated rights and responsibilities, protects the rights of minorities, and specifically outlaws religiously motivated violence;

Whereas, on October 26, 2014, the Tunisian Republic held its first parliamentary elections under the new constitution, which the international community praised as free and fair;

Whereas, on December 31, 2014, after winning free and fair presidential elections, Beiji Caid Essebsi was inaugurated as the first freely elected President of the Tunisian Republic;

Whereas, on October 9, 2015, the Norwegian Nobel Committee awarded the Tunisian National Dialogue Quartet, a coalition of four civil society organizations, the 2015 Nobel Peace Prize for the coalition’s work in building on the promise of the 2011 Jasmine Revolution and ensuring the transition of the Tunisian Republic into a democracy did not descend into violence;

Whereas President Essebsi, Prime Minister Chahed, and other political leaders of the Tunisian Republic have formed a national unity government to work in the national interest of the Tunisian Republic;

Whereas the political evolution of the Tunisian Republic stands as a model for citizens of other states aspiring to establish the institutions of democracy after a history of autocratic rule;

Whereas, on March 18, 2015, a terrorist attack on the Bardo National Museum killed 21 people;

Whereas, on July 26, 2015, a terrorist attack on a beach in the town of Sousse left 38 people, including 30 British nationals, dead, and dealt a blow to tourism in the Tunisian Republic, an important industry upon which the economy of the Tunisian Republic depends;

Whereas a terrorist attack on November 24, 2015, on the Presidential Guard of the Tunisian Republic killed 12 people;

Whereas, in the aftermath of these attacks, citizens and leaders of the Tunisian Republic have reaffirmed their commitment to dialogue, pluralism, and democracy;

Whereas the Tunisian Republic continues to face serious threats to its security from violent extremist groups operating within the Tunisian Republic as well as in neighboring countries;

Whereas, in July 2015, the United States designated the Tunisian Republic as a major non-NATO ally;

Whereas the Government of the Tunisian Republic, as a member of the Global Coalition to Counter the Islamic State of Iraq and Syria (ISIS), is seeking to reduce the significant number of Tunisian citizens who become foreign fighters for ISIS;

Whereas the Tunisian Republic faces economic challenges, including high inflation

and high unemployment, especially among young Tunisians;

Whereas Prime Minister Chahed has committed to combating corruption and facilitating necessary economic reforms for the prosperity of the people of the Tunisian Republic;

Whereas the United States Government is committed to continuing a strong economic partnership with the Tunisian Republic as the Government of the Tunisian Republic undertakes reforms to transform its economy to meet the aspirations of all citizens of the Tunisian Republic;

Whereas it is the interest of the United States, and consistent with the values of the United States, to support the aspirations of the people of the Tunisian Republic in developing a pluralist democracy and transparent, effective institutions;

Whereas the Governments and people of the United States and the Tunisian Republic have enjoyed friendly relations for more than 200 years;

Whereas, in accordance with the U.S.–Tunisia Strategic Partnership, both countries are dedicated to working together to promote economic development and business opportunities in the Tunisian Republic, education for the advancement of long-term development in the Tunisian Republic, and increased security cooperation to address common threats in the Tunisian Republic and across the region; and

Whereas the United States Government should provide a level of funding to strongly assist and reinforce the promising transition of the Tunisian Republic into a democratic, stable, and prosperous nation: Now, therefore, be it

Resolved, That the Senate—

(1) welcomes Prime Minister Chahed on his first official visit to the United States;

(2) commends the political leaders of the Tunisian Republic for their willingness to compromise and work together in the national interest and form a national unity government;

(3) reaffirms the commitment of the United States Government to the Tunisian Republic, including a commitment to provide appropriate levels of assistance, in support of the ongoing transition of the Tunisian Republic to an inclusive, prosperous, and secure democracy;

(4) condemns all acts of terrorism, and extends condolences to the families of victims of terrorism and to the people and Government of the Tunisian Republic.

(5) commends the people and Government of the Tunisian Republic for their resilience in the face of terrorist attacks and their enduring commitment to a free, democratic, and peaceful Tunisian Republic;

(6) encourages Prime Minister Chahed and the parliament of the Tunisian Republic to work together to accelerate economic reforms and anti-corruption measures;

(7) looks forward to the continued implementation of the 2014 constitution of the Tunisian Republic, including the new protections of civil liberties;

(8) urges the authorities of the Tunisian Republic to continue to make every effort to prevent the continued flow of Tunisian jihadist “foreign fighters” to Syria and Iraq;

(9) calls on the neighbors and partners of the Tunisian Republic to work in concert with the Government of the Tunisian Republic to counter terrorist threats, secure borders, and support the democratic transition of the Tunisian Republic;

(10) strongly urges the Government of the Tunisian Republic to cease support for all resolutions and other measures that discriminate against or otherwise target Israel in the United Nations Education, Science,

and Cultural Organization (UNESCO) and other United Nations organizations; and

(11) reaffirms the historic and continuing friendship between the people of the United States and the people of the Tunisian Republic.

SENATE RESOLUTION 218—CELEBRATING AND REAFFIRMING THE STRATEGIC PARTNERSHIP BETWEEN THE UNITED STATES AND ROMANIA ON THE TWENTIETH ANNIVERSARY OF ITS INCEPTION

Mr. JOHNSON (for himself and Mr. MURPHY) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 218

Whereas, in 1997, the Governments of the United States and Romania embarked upon a strategic partnership rooted in our mutual embrace of popular sovereignty, individual rights, free markets, and the rule of law, and our commitment to transatlantic security and prosperity;

Whereas the Government of Romania has striven to advance security and democratic principles in Southeast Europe, and has participated actively in building a Europe whole, free, and at peace;

Whereas the strategic partnership between the United States and Romania has helped forge durable economic and cultural bonds between our two countries;

Whereas the Government of Romania recently announced that it will raise defense spending to two percent of its gross domestic product (GDP) in 2017 in order to meet the minimum level of defense expenditures pledged at the 2014 NATO Wales Summit;

Whereas NATO’s first “Aegis Ashore” missile defense installation became operational on May 12, 2016, at Deveselu Base in Romania, representing a significant increase in NATO’s capacity to defend against ballistic missile threats outside the Euro-Atlantic zone;

Whereas the Romanian Armed Forces have supported NATO and United States operations in Iraq, Afghanistan, and other theatres for over a decade, contributing more than 30,000 total combat and support personnel to those missions;

Whereas Romania maintains the fifth largest contingent in NATO’s Resolute Support Mission in Afghanistan, with over 600 troops helping to train, advise, and assist the Afghan National Defense and Security Forces (ANDSF) and Afghan security institutions;

Whereas Romania is a member of the Global Coalition to Defeat ISIS and has deployed military trainers to Iraq to train Iraqi Security Forces and provided humanitarian assistance to the people of Iraq and Syria;

Whereas the people and Governments of the United States and Romania share a common interest in deepening our economic relationship through increased bilateral trade and investment and projecting economic stability and prosperity across Southeast Europe;

Whereas, in October 2017, Romania will host the tenth annual United States Commercial Service Trade Winds Forum and Trade Mission, helping United States companies explore new opportunities in Romania and across Southeast Europe;

Whereas the Governments of the United States and Romania are working closely together to develop an ambitious bilateral economic, trade, and investment agenda, including through a record attendance this year by Romanian companies to the United States SelectUSA Summit;

Whereas the talent, energy, and creativity of the Romanian people have nurtured a vibrant society, embracing innovation and entrepreneurship, and inspiring new generations of young Romanian leaders in business, technology and advanced sciences;

Whereas the Government of Romania is setting a positive example through its continued efforts to defend the rule of law, to strengthen judicial independence, and to fight against corruption, notably through the work of Romania's National Anticorruption Directorate (DNA);

Whereas the rich heritage of many generations of Romanian-Americans have made indelible contributions to America's cultural tapestry; and

Whereas 2018 will mark the Centennial Anniversary of Romanian unification, a milestone to be lauded and celebrated: Now, therefore, be it

Resolved, That the Senate—

(1) celebrates 20 years of close, strategic partnership between the United States and Romania and applauds Romania's significant contributions and commitment to transatlantic security and prosperity;

(2) commends the Government of Romania for its advancements in democratic governance, the rule of law, and a principled and inclusive society which provides opportunities for development and growth, and urges continued progress in these areas; and

(3) affirms the desire of the Senate to continue strengthening the strategic partnership between the United States and Romania and to inspire future generations of young leaders to cherish, preserve, and develop the friendship between our two nations.

AMENDMENTS SUBMITTED AND PROPOSED

SA 256. Mr. CARDIN submitted an amendment intended to be proposed by him to the bill S. 1519, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 256. Mr. CARDIN submitted an amendment intended to be proposed by him to the bill S. 1519, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place in title XII, insert the following:

Subtitle—Syrian War Crimes Accountability Act of 2017

SEC. 12 1. SHORT TITLE.

This subtitle may be cited as the "Syrian War Crimes Accountability Act of 2017".

SEC. 12 2. FINDINGS.

Congress makes the following findings:

(1) March 2017 marks the sixth year of the ongoing conflict in Syria.

(2) As of February 2017—
(A) more than 600,000 people are living under siege in Syria;

(B) approximately 6,300,000 people are displaced from their homes inside Syria; and

(C) approximately 4,900,000 Syrians have fled to neighboring countries as refugees.

(3) Since the conflict in Syria began, the United States has provided more than \$5,900,000,000 to meet humanitarian needs in Syria, making the United States the world's single largest donor by far to the Syrian humanitarian response.

(4) In response to growing concerns over systemic human rights violations in Syria, the Independent International Commission of Inquiry on the Syrian Arab Republic (referred to in this section as "COI") was established on August 22, 2011. The purpose of COI is to "investigate all alleged violations of international human rights law since March 2011 in the Syrian Arab Republic, to establish the facts and circumstances that may amount to such violations and of the crimes perpetrated and, where possible, to identify those responsible with a view to ensuring that perpetrators of violations, including those that may constitute crimes against humanity, are held accountable".

(5) On December 21, 2016, the United Nations General Assembly adopted a resolution to establish the International, Impartial and Independent Mechanism to Assist in the Investigation and Prosecution of Those Responsible for the Most Serious Crimes under International Law Committed in the Syrian Arab Republic since March 2011.

(6) The 2016 United States Commission on International Religious Freedom Annual Report states that in Syria "[r]eports have emerged from all groups, including Muslims, Christians, Ismailis, and others, of gross human rights violations, including beheading, rape, murder, torture of civilians and religious figures, and the destruction of mosques and churches."

(7) On February 7, 2017, Amnesty International reported that between 5,000 and 13,000 people were extrajudicially executed in the Saydnaya Military Prison between September 2011 and December 2015.

(8) In February 2017, COI released a report—

(A) stating that a joint United Nations-Syrian Arab Red Crescent convoy in Orum al-Kubra, Syria, was attacked by air on September 19, 2016;

(B) explaining that the attack killed at least 14 civilian aid workers, injured at least 15 others, and destroyed trucks, food, medicine, clothes, and other supplies; and

(C) concluding that "the attack was meticulously planned and ruthlessly carried out by the Syrian air force to purposefully hinder the delivery of humanitarian aid and target aid workers, constituting the war crimes of deliberately attacking humanitarian relief personnel, denial of humanitarian aid and targeting civilians."

(9) On October 21, 2016, the Organization for the Prohibition of Chemical Weapons-United Nations Joint Investigative Mechanism transmitted its fourth report, which concluded that the Syrian Arab Armed Forces and the Islamic State in Iraq and Syria (ISIS) have both used chemical weapons against villages in Syria.

(10) On August 11, 2016, COI released a report stating that certain offenses, including deliberately attacking hospitals, executions without due process, and the massive and systematized nature of deaths in state-controlled detention facilities in Syria, constitute war crimes and crimes against humanity.

(11) Physicians for Human Rights reported that, between March 2011 and the end of December 2016, Syrian government and allied forces—

(A) had committed 412 attacks on medical facilities (including through the use of indiscriminate barrel bombs on at least 80 occasions); and

(B) had killed 735 medical personnel.

(12) The Department of State's 2016 Country Reports on Human Rights Practices—

(A) details President Bashar al-Assad's use of "indiscriminate and deadly force against civilians, conducting air and ground-based military assaults on cities, residential areas, and civilian infrastructure";

(B) explains that "these attacks included bombardment with improvised explosive devices, commonly referred to as 'barrel bombs' . . ."; and

(C) reports that "[t]he government [of Syria] continued the use of torture and rape, including of children".

(13) On March 17, 2016, Secretary of State John Kerry stated: "In my judgment, Daesh is responsible for genocide against groups in areas under its control, including Yezidis, Christians, and Shia Muslims. . . . The United States will strongly support efforts to collect, document, preserve, and analyze the evidence of atrocities, and we will do all we can to see that the perpetrators are held accountable."

(14) In February 2016, COI reported that—

(A) "crimes against humanity continue to be committed by [Syrian] Government forces and by ISIS";

(B) the Syrian government has "committed the crimes against humanity of extermination, murder, rape or other forms of sexual violence, torture, imprisonment, enforce disappearance and other inhuman acts"; and

(C) "[a]ccountability for these and other crimes must form part of any political solution".

(15) Credible civil society organizations collecting evidence of war crimes, crimes against humanity, and genocide in Syria report that at least 12 countries in western Europe and North America have requested assistance on investigating such crimes.

SEC. 12 3. SENSE OF CONGRESS.

Congress—

(1) strongly condemns—

(A) the ongoing violence, use of chemical weapons, targeting of civilian populations with barrel, incendiary, and cluster bombs and SCUD missiles, and systematic gross human rights violations carried out by the Government of Syria and pro-government forces under the direction of President Bashar al-Assad; and

(B) all abuses committed by violent extremist groups and other combatants involved in the civil war in Syria;

(2) expresses its support for the people of Syria seeking democratic change;

(3) urges all parties to the conflict—

(A) to immediately halt indiscriminate attacks on civilians;

(B) to allow for the delivery of humanitarian and medical assistance; and

(C) to end sieges of civilian populations;

(4) calls on the President to support efforts in Syria, and on the part of the international community, to ensure accountability for war crimes, crimes against humanity, and genocide committed during the conflict; and

(5) supports the request in United Nations Security Council Resolutions 2139 (2014), 2165 (2014), and 2191 (2014) for the Secretary-General to regularly report to the Security Council on implementation of the resolutions, including of paragraph 2 of Resolution 2139, which "demands that all parties immediately put an end to all forms of violence [and] cease and desist from all violations of international humanitarian law and violations and abuses of human rights".

SEC. 12 4. DEFINITIONS.

In this subtitle:

(1) **APPROPRIATE CONGRESSIONAL COMMITTEES.**—The term "appropriate congressional committees" means—

(A) the Committee on Foreign Relations of the Senate;

(B) the Committee on Armed Services of the Senate;

(C) the Committee on Appropriations of the Senate;

(D) the Committee on Foreign Affairs of the House of Representatives;

(E) the Committee on Armed Services of the House of Representatives; and

(F) the Committee on Appropriations of the House of Representatives.

(2) **GENOCIDE.**—The term “genocide” means any offense described in section 1091(a) of title 18, United States Code.

(3) **HYBRID TRIBUNAL.**—The term “hybrid tribunal” means a temporary criminal tribunal that involves a combination of domestic and international lawyers, judges, and other professionals to prosecute individuals suspected of committing war crimes, crimes against humanity, or genocide.

(4) **TRANSITIONAL JUSTICE.**—The term “transitional justice” means the range of judicial, nonjudicial, formal, informal, retributive, and restorative measures employed by countries transitioning out of armed conflict or repressive regimes—

(A) to redress legacies of atrocities; and

(B) to promote long-term, sustainable peace.

(5) **WAR CRIME.**—The term “war crime” has the meaning given the term in section 2441(c) of title 18, United States Code.

SEC. 12 5. REPORT ON ACCOUNTABILITY FOR WAR CRIMES, CRIMES AGAINST HUMANITY, AND GENOCIDE IN SYRIA.

(a) **IN GENERAL.**—The Secretary of State shall submit a report on war crimes, crimes against humanity, and genocide in Syria to the appropriate congressional committees not later than 90 days after the date of the enactment of this Act and another such report not later than 180 days after the Secretary of State determines that the violence in Syria has ceased.

(b) **ELEMENTS.**—The reports required under subsection (a) shall include—

(1) a description of alleged war crimes, crimes against humanity, and genocide perpetrated during the civil war in Syria, including—

(A) incidents that may constitute war crimes, crimes against humanity, or genocide committed by the regime of President Bashar al-Assad and all forces fighting on its behalf;

(B) incidents that may constitute war crimes, crimes against humanity, or genocide committed by violent extremist groups, anti-government forces, and any other combatants in the conflict;

(C) any incidents that may violate the principle of medical neutrality and, if possible, the identification of the individual or individuals who engaged in or organized such incidents; and

(D) if possible, a description of the conventional and unconventional weapons used for such crimes and the origins of such weapons; and

(2) a description and assessment by the Department of State Office of Global Criminal Justice, the United States Agency for International Development, the Department of Justice, and other appropriate agencies of programs that the United States Government has undertaken to ensure accountability for war crimes, crimes against humanity, and genocide perpetrated against the people of Syria by the regime of President Bashar al-Assad, violent extremist groups, and other combatants involved in the conflict, including programs—

(A) to train investigators within and outside of Syria on how to document, investigate, develop findings of, and identify and locate alleged perpetrators of war crimes, crimes against humanity, or genocide, including—

(i) the number of United States Government or contract personnel currently designated to work full-time on these issues; and

(ii) the identification of the authorities and appropriations being used to support such training efforts;

(B) to promote and prepare for a transitional justice process or processes for the perpetrators of war crimes, crimes against humanity, and genocide in Syria beginning in March 2011;

(C) to document, collect, preserve, and protect evidence of war crimes, crimes against humanity, and genocide in Syria, including support for Syrian, foreign, and international nongovernmental organizations, and other entities, including the International, Impartial and Independent Mechanism to Assist in the Investigation and Prosecution of Persons Responsible for the Most Serious Crimes under International Law Committed in the Syrian Arab Republic since March 2011 and the Independent International Commission of Inquiry on the Syrian Arab Republic; and

(D) to assess the influence of accountability measures on efforts to reach a negotiated settlement to the Syrian conflict during the reporting period.

(c) **FORM.**—The report required under subsection (a) may be submitted in unclassified or classified form, but shall include a publicly available annex.

(d) **PROTECTION OF WITNESSES AND EVIDENCE.**—The Secretary shall take due care to ensure that the identification of witnesses and physical evidence are not publicly disclosed in a manner that might place such persons at risk of harm or encourage the destruction of evidence by the Government of Syria, violent extremist groups, anti-government forces, or any other combatants or participants in the conflict.

SEC. 12 6. TRANSITIONAL JUSTICE STUDY.

Not later than 180 days after the date of the enactment of this Act, the Secretary of State (acting through appropriate officials and offices, which may include the Office of Global Criminal Justice), after consultation with the Department of Justice, the United States Agency for International Development, and other appropriate Federal agencies, shall—

(1) complete a study of the feasibility and desirability of potential transitional justice mechanisms for Syria, including a hybrid tribunal, to address war crimes, crimes against humanity, and genocide perpetrated in Syria beginning in March 2011; and

(2) submit a detailed report of the results of the study conducted under paragraph (1), including recommendations on which transitional justice mechanisms the United States Government should support, why such mechanisms should be supported, and what type of support should be offered, to—

(A) the Committee on Foreign Relations of the Senate;

(B) the Committee on Foreign Affairs of the House of Representatives;

(C) the Committee on Appropriations of the Senate; and

(D) the Committee on Appropriations of the House of Representatives.

SEC. 12 7. TECHNICAL ASSISTANCE AUTHORIZED.

(a) **IN GENERAL.**—The Secretary of State (acting through appropriate officials and offices, which may include the Office of Global Criminal Justice), after consultation with the Department of Justice and other appropriate Federal agencies, is authorized to provide appropriate assistance to support entities that, with respect to war crimes, crimes against humanity, and genocide perpetrated by the regime of President Bashar al-Assad,

all forces fighting on its behalf, and all non-state armed groups fighting in the country, including violent extremist groups in Syria beginning in March 2011—

(1) identify suspected perpetrators of war crimes, crimes against humanity, and genocide;

(2) collect, document, and protect evidence of crimes and preserve the chain of custody for such evidence;

(3) conduct criminal investigations;

(4) build Syria’s investigative and judicial capacities and support prosecutions in the domestic courts of Syria, provided that President Bashar al-Assad is no longer in power;

(5) support investigations by third-party states, as appropriate; or

(6) protect witnesses that may be helpful to prosecutions or other transitional justice mechanisms.

(b) **ADDITIONAL ASSISTANCE.**—The Secretary of State, after consultation with appropriate Federal agencies and the appropriate congressional committees, and taking into account the findings of the transitional justice study required under section 12 6, is authorized to provide assistance to support the creation and operation of transitional justice mechanisms, including a potential hybrid tribunal, to prosecute individuals suspected of committing war crimes, crimes against humanity, or genocide in Syria beginning in March 2011.

(c) **BRIEFING.**—The Secretary of State shall provide detailed, biannual briefings to the appropriate congressional committees describing the assistance provided to entities described in subsection (a).

SEC. 12 8. STATE DEPARTMENT REWARDS FOR JUSTICE PROGRAM.

Section 36(b)(10) of the State Department Basic Authorities Act of 1956 (22 U.S.C. 2708(b)(10)) is amended by inserting “(including war crimes, crimes against humanity, or genocide committed in Syria beginning in March 2011)” after “genocide”.

SEC. 12 9. INDEPENDENT INTERNATIONAL COMMISSION OF INQUIRY ON THE SYRIAN ARAB REPUBLIC.

The Secretary of State, acting through the United States Permanent Representative to the United Nations, should use the voice, vote, and influence of the United States at the United Nations to advocate that the United Nations Human Rights Council, while the United States remains a member, annually extend the mandate of the Independent International Commission of Inquiry on the Syrian Arab Republic until the Commission has completed its investigation of all alleged violations of international human rights laws beginning in March 2011 in the Syrian Arab Republic.

AUTHORITY FOR COMMITTEES TO MEET

Mr. CRAPO. Mr. President, I have 7 requests for committees to meet during today’s session of the Senate. They have the approval of the Majority and Minority leaders.

Pursuant to Rule XXVI, paragraph 5(a), of the Standing Rules of the Senate, the following committees are authorized to meet during today’s session of the Senate:

COMMITTEE ON ARMED SERVICES

The Committee on Armed Services is authorized to meet during the session of the Senate on Tuesday, July 11, 2017, at 9:30 a.m., in open session to consider the nomination of: Mr. Richard V. Spencer to be Secretary of the Navy.

COMMITTEE ON FOREIGN RELATIONS

The Committee on Foreign Relations is authorized to meet during the session of the Senate on Tuesday, July 11, 2017 at 10 a.m., to hold a hearing entitled "Nominations."

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

The Committee on Homeland Security and Governmental Affairs is authorized to meet during the session of the Senate on Tuesday, July 11, 2017, at 10 a.m. for a business meeting.

COMMITTEE ON INTELLIGENCE

The Senate Select Committee on Intelligence is authorized to meet during the session of the 115th Congress of the U.S. Senate on Tuesday, July 11, 2017 from 2:15 p.m.–2:30 p.m. in Room SH-219 of the Senate Hart Office Building to hold a closed business meeting to consider the nomination of Mr. David Glawe to be Under Secretary for Intelligence and Analysis at the Department of Homeland Security.

COMMITTEE ON INTELLIGENCE

The Senate Select Committee on Intelligence is authorized to meet during the session of the 115th Congress of the U.S. Senate on Tuesday, July 11, 2017 from 2:30 p.m.–4:00 p.m. in Room SH-219 of the Senate Hart Office Building to hold a closed hearing.

COMMITTEE ON VETERANS' AFFAIRS

The Committee on Veterans' Affairs is authorized to meet during the session of the Senate on Tuesday, July 11, 2017, at 2:30 p.m. in SR-418, to conduct a hearing on legislation pending before the Committee.

COMMITTEE ON THE JUDICIARY SUBCOMMITTEE ON CRIME AND TERRORISM

The Committee on the Judiciary, Subcommittee on Crime and Terrorism, is authorized to meet during the session of the Senate, on July 11, 2017, at 2:30 p.m., in Room SD-226 of the Dirksen Senate Office Building, to conduct a hearing entitled "Concurrent Congressional and Criminal Investigations: Lessons from History."

PRIVILEGES OF THE FLOOR

Mr. MERKLEY. Mr. President, I ask unanimous consent that my intern, Gloria Ramirez, be granted privileges of the floor for the balance of the day.

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

ORDERS FOR WEDNESDAY, JULY 12, 2017

Mr. MCCONNELL. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 12 noon, Wednesday, July 12; further, 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; further, that following leader remarks, the Senate proceed to executive session and resume consider-

ation of the Nye nomination with all postcloture time being expired; finally, that if cloture is invoked on the Hagerty nomination, the time count as if cloture were invoked at 1 a.m., Wednesday, July 12.

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

ORDER FOR ADJOURNMENT

Mr. MCCONNELL. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks of Senators SANDERS, VAN HOLLEN, and BLUMENTHAL.

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

The Senator from Connecticut.

HEALTHCARE LEGISLATION

Mr. BLUMENTHAL. Mr. President, I come to the floor today after a fourth field hearing in Connecticut. Every one of those field hearings has been packed. I spent time at a Planned Parenthood clinic in Hartford, as well as having visited others over the past year. I have spent time with numerous providers and at community health centers and heard firsthand from the people of Connecticut as to why the Republican health bill, which has been unveiled after having been concocted behind closed doors, would devastate the health and finances of Connecticut's families and their communities.

The bill that we expect to be disclosed later this week will almost certainly be defective in the same ways as the bills that we have seen. To call these proposals mean or heartless, as the President has, is a gross understatement. The bill, very simply put, would cost both dollars and lives, eroding not just our ability to save money by investing in a healthier future but causing death and despair when neither term is really necessary. This wound would be self-inflicted, but it is a wound that is preventable and avoidable.

I pledge to the people of Connecticut that I will fight as long and as hard as necessary to stop this grotesquely cruel and costly proposal.

It is not, in fact, a healthcare bill. It is a wealth care bill. It decimates Medicaid, saving, supposedly, close to \$1 billion so that those savings can be used for tax cuts for the wealthiest Americans. As Warren Buffett has said—and he is one of them—"I don't need it." He would rather see it be used for better healthcare and coverage, and that is what the majority of Americans want. That is why this proposal is so deeply unpopular.

Now, after weeks of secrecy, followed by chaos, we are back to secrecy again, with Republicans retreating away from their constituents and going behind closed doors. Even over this past week, when we were back in our home States, they were crafting another bill. We

have not seen it. We have not debated it. We cannot even say that we know anything about what is in it, and my Republican colleagues know little more than we do on this side of the aisle. We know for sure, despite the secrecy, that the devastating effect would be overwhelming on people across income strata, geographic boundaries, and cultural backgrounds.

I am here not to talk in abstractions. I am here to talk about real people in real life and to share the stories that I heard at these field hearings—people's stories that they have entrusted me to bring to you. Many of my colleagues have refused to hear these stories from their constituents because they would hear how repugnant and repulsive this bill is and how deeply angry the people of the country are. The people of Connecticut and the country are outraged.

The reason is people like Ariella Botts, and here she is. Ariella is 4 years old. She came to my field hearing last week with her mom, Rachel. Ariella, as her mom told me, has nemaline myopathy, which is a rare form of muscular dystrophy. Their family relies on Medicaid for her care. I want to tell you exactly what Rachel said about Ariella and their family, because her words are far more eloquent and powerful than mine.

Rachel said:

The fact of the matter is that my daughter's care would cost over \$20,000 a month out of pocket between her food, her medication, her care, and the breathing machines that keep her lungs clear. There is no average American family that can pay \$20,000 a month of medical costs. We do our part. We have two jobs a piece. We do everything we can do. This is the only thing we ask for help on.

Rachel went on to say:

Supporters of the Trumpcare bill want you to believe that costs are high because there is this nameless and faceless abuser of the system, but I have spent hours in the waiting rooms of Yale New Haven Hospital and Connecticut Children's Medical Center. I have spent hours in the neonatal intensive care units and the emergency rooms, and I can tell you that the people who are accessing care on my level—they're not abusers.

I am going to continue quoting Rachel. I cannot really speak with the same power and authenticity that she has, but we are not allowed to show videos here on the floor.

She continued:

We're mothers and fathers who know that there's more for our children to achieve. We're tax-paying, community-investing, voting, involved warriors for our families.

I asked Rachel what would happen to her family if Ariella did not have Medicaid, and Rachel said: "It would bankrupt us in less than a month."

I want to tell you what it is like to spend just a little bit of time with Ariella. She is the most vivacious, animated, beautiful girl, and you would not know anything about her condition but for this apparatus, which is there so she can lead a normal or a near normal life and be the wonderful young lady that she is. I smile when I think of

her at this hearing because she brought smiles to all of our faces. I understand the joy and pride that she brings to her family because she is one courageous, strong child, and we are proud of her.

Rachel and Ariella were not the only people I heard from whose lives have been made not just better but, truly, whose lives have been made possible by Medicaid.

Jeff Pabon was also at a hearing that I held, and he told me about his family when he was growing up. As a single mother, his mom raised him and his four siblings. As a member of the working class, Jeff told me “she needed as much assistance from the system as the system could provide.” Years later, as an adult, Jeff proudly served our country in the U.S. Navy during Operation Desert Storm. He now has a family of his own, including a son with autism. He spoke out at my hearing because, as he said, “I’ve fought for this country before.”

What Jeff told me touches the core—the heart—of this debate, and I want to read it here on the Senate floor because he said it so powerfully:

The healthcare bill being crafted in secrecy by a minority of Republican Senators now threatens Medicaid protections and aims to provide tax breaks for the ultra wealthy, top 1 percent of America. I would like to see sensible, bipartisan legislation which serves the majority of Americans, like the other 99 percent. Let’s repair the provisions of the Affordable Care Act that need reparation. We need to be moving forward, not backward.

Jeff is right, and so is Rachel. How absurd and reprehensible that costs will rise astronomically while Medicaid funding and the number of those with insurance coverage will go down, just so our Nation’s richest can see billions of dollars in tax cuts—laughable, if it were not so deadly serious. “Deadly” is the word because this bill will cost lives. We rarely deal in life and death issues in this Chamber. This issue is one of them.

It will decimate the lives and livelihoods of so many and threaten not only Ariella but many like her of all ages—the senior who goes into a nursing home after exhausting her life savings and depends on Medicaid, the woman who goes to a Planned Parenthood clinic to be screened for cancer and finds that this pernicious disease has been detected because of that preventive step and the availability of healthcare at Planned Parenthood, the opioid addict who suffers from that disorder or disease—it is a disease, not a moral failing—and seeks recovery through the medicine that is made available by Medicaid. Forty-four percent of all of the medication for opioid addiction treatment comes from Medicaid in the State of Connecticut. All of them are at risk. It is not just their convenience or their comfort. Their lives are at risk.

I heard their stories, and I am haunted by them. I can hear their voices, and I can see their faces. I want my colleagues to do the same. I am ready to

do what Jeff asked of me. I am ready to work with all of my colleagues—Democrat and Republican—to move us forward, not backward. Let’s work together in a bipartisan way to fix the parts of our healthcare insurance system that need repair. Let’s go forward, not backward.

I am eager for the call from my colleagues on the other side of the aisle that offers solutions—not repeal but real solutions—as to what the American people need, want, and deserve.

First, we must bury the efforts to decimate Medicaid, to defund Planned Parenthood, and to repeal the Affordable Care Act. We have a chance right now to improve healthcare—a moment, an historic opportunity—and we must seize it. I feel that we are on the cusp of that dramatic and historic moment, and I look forward to working with my colleagues across the aisle.

I yield the floor.

The PRESIDING OFFICER (Mr. LANKFORD). The Senator from Vermont.

Mr. SANDERS. Mr. President, let me be as clear as I can be. The so-called healthcare bill that passed in the House of Representatives several months ago, strongly supported by President Trump, is the most anti-working-class legislation that I have ever seen. The Senate bill, also supported by Mr. Trump, in some respects is even worse.

At a time when working families in Vermont and all across this country are working longer hours for low wages—many people in my own State are working two or three jobs just to bring in enough income to maintain a family—this legislation will cause devastating harm to millions of our families from one end of America to the other.

The American people are united. This weekend I was in West Virginia and Kentucky—so-called conservative States—but I tell you that what is true there, what is true in Vermont, and what is true all over this country is that the American people are standing up and saying loudly and clearly that we will not allow 22 million Americans to be thrown off of the health insurance they currently have in order to give over \$500 billion in tax breaks to the wealthiest 2 percent, to the drug companies, to the insurance companies, and to other profitable corporations. We will not support a bill that takes from the most vulnerable people in our country—the children, the elderly, the disabled, the sick, and the poor—in order to make the very, very rich even richer. This is unconscionable, un-American, and the American people will not accept it.

Plainly stated, this so-called healthcare bill is really nothing more than a massive transfer of wealth from the working families of this country to the very rich. While this bill contains massive cuts to Medicaid; while seniors will pay far, far more in premiums; while Planned Parenthood will be

defunded, the 400 highest income taxpayers, most of whom are billionaires, will get about \$33 billion in tax cuts.

There is no State in this country—none, not the most conservative—that thinks that you throw 22 million people off of health insurance, including disabled children, in order to give \$33 billion in tax breaks to the wealthiest 400 Americans. At a time when so many people in America are struggling, the very wealthy are already doing phenomenally well. They do not need more tax breaks.

Not only is this bill a disaster, but the secretive, backroom process by which it has been written is unprecedented and literally beyond belief. That is not just me speaking; I think a number of my Republican colleagues who disagree with me on everything make that point as well. This bill impacts one-sixth of our economy—over \$3 trillion—and by definition, dealing with healthcare, it impacts virtually every American. Yet the discussions and negotiations on this legislation have never been made public. In fact, I suspect they are going on right now—not here on the floor but behind closed doors.

Unbelievably, with legislation that would completely revamp our healthcare system, there have been no doctors, no nurses, no hospital administrators, no representatives of senior citizens, no experts on the opioid crisis—which is sweeping our country—who have testified in public about the impact this legislation will have in our country. How can one possibly dream of drafting a bill of such enormous magnitude without hearing one public comment from the most knowledgeable people in America with regard to healthcare?

How can you possibly go forward without one public hearing where Senators have the opportunity—Democrats, progressives, Independents—to ask questions? But that is precisely the process this legislation has gone through.

I fully understand there are a lot of people who will say: Well, big surprise, BERNIE SANDERS, a strong progressive, opposes this Republican bill. What else is new?

But I want you all to understand that it is not just BERNIE SANDERS or Democrats here who oppose this legislation; this legislation is opposed by virtually every major healthcare organization in the United States.

I am not quite sure how we can go forward with major legislation impacting one-sixth of the economy, opposed by every major healthcare organization in the country, and not have one hearing. I am not quite sure how that can be done, but that is precisely what the Republican leadership here is doing.

It is not just BERNIE SANDERS who opposes this legislation. It is the AARP, which is the largest senior group in America. It is the American Medical Association. Hey, those are our doctors. When you get sick, you go

to a doctor. Many of them are members of the American Medical Association. They say this bill is a disaster. It is not just doctors. It is nurses. It is hospital administrators. It is the American Cancer Society, the American Heart Association, the American Academy of Family Physicians, the American Academy of Pediatrics, the American Psychiatric Association, the Federation of American Hospitals, the Catholic Health Association, the American Lung Association, the Cystic Fibrosis Foundation, the March of Dimes, the National MS Society, and the American Nurses Association, among many other organizations that oppose this bill being written behind closed doors.

Several months ago, as I think everybody knows, with the strong support of President Trump, the House passed their disastrous healthcare bill. Now, we know what is in the House bill. The Senate bill probably is being worked on as we speak, so we don't know what is in that exactly, but let me tell my colleagues what the House bill does. At a time when 28 million Americans today—before the Republican bill—have no health insurance and millions more are underinsured, with high deductibles and copayments, this bill from the House will throw another 23 million Americans off of the health insurance they currently have.

Think about it. Gee, if we have 28 million Americans off of health insurance, what most Americans would say is: OK, how do we lower that number? In fact, the Affordable Care Act added another 20 million people to the ranks of the insured. This bill throws 23 million on top of the 28 million we currently have uninsured, almost doubling the uninsured in America to over 50 million people. Think about it. People have a hard time even beginning to believe that legislation that is being seriously debated would almost double the number of uninsured in America.

Everybody understands—there is no debate about this—that the Affordable Care Act is far, far from perfect. This is a point I have been making from the day the Affordable Care Act was passed. Premiums in my State of Vermont and around this country are too high, deductibles are too high, copayments are too high, and too many Americans remain uninsured or underinsured. But in each and every one of these legitimate concerns, the Republican legislation that has been brought forward and passed in the House would only make a bad situation much worse.

The Republicans say: Oh, the Affordable Care Act is a bad piece of legislation. It has problems. The Affordable Care Act does have problems. Their legislation exacerbates every single one of the problems that it has.

So our job today, and I think what the average American understands—OK, we have problems. What are the problems? We have listened. Deductibles are too high. Copayments are too high. Premiums are too high. Prescription drug prices are way too

high. OK. Let's discuss it. What is your idea? How do we deal with these problems? That is what the American people want. The American people want us to address the problems that are in the Affordable Care Act, not destroy it.

It seems to me clearly that our job right now—and the American people are rising up. They are not going to accept this Republican legislation. Together we are going to defeat it.

I wish to speak for a moment about what it means if this legislation were to pass. What are the implications of throwing 22 million people—that is the Senate bill—off of health insurance, and 23 million people in the House bill? Let me tell my colleagues. I want every American to think about this. Just think about it. Think about somebody today who has cancer and is maybe in chemotherapy or maybe in radiation, somebody who has heart disease, somebody who has diabetes or some other life-threatening disease. There are God knows how many people in this country right now who are sick. What happens if they lose their health insurance? A simple question. You have cancer, you are getting treatment today, and the Republican bill takes away your health insurance. What happens to you when you cannot afford to go to the doctor when you feel a lump in your breast or when you have problems with your heart? What happens to you if you have a heart attack or a stroke and need significant care, but you have no health insurance and you don't have the money to pay for the outrageously high cost of care?

Here is the horrible and unspeakable truth that has to be brought out into the open; that is, if this legislation were to pass, many thousands of our fellow Americans would die, and many more would suffer and become much sicker than they should. Now, I am not suggesting that there is anybody in this body who wants to see anybody die unnecessarily. Nobody does. But people have to take responsibility for their actions, and if you throw 23 million people off of health insurance, many of whom might have life-threatening illnesses, thousands of people will die.

Several weeks ago I was on a television program, and I said just that, and then right after that, I was criticized by Republicans and rightwing critics: Why did you say that? What a terrible thing. Why are you frightening the American people? "Some people will die"—that is not true.

Well, PolitiFact is a nonpartisan organization that checks out what public officials say, and they took a look at well over 10 different studies on the issue of mortality rates and lack of insurance coverage. That is what they studied. They looked at more than 10 different studies looking at mortality rates and lack of healthcare coverage. What PolitiFact concluded is that the point that I made—that many thousands will die—is well supported. It is not BERNIE SANDERS. I am not coming up with some idea off the top of my

head. This is what many, many medical and scientific studies have told us.

Obviously nobody can predict exactly how many people will die if 23 million people lose their health coverage, but what experts at the Harvard School of Public Health estimate is that if 23 million people are thrown off of health insurance, as the House bill does, up to 28,000 people could die each and every year—28,000 people. That is nine times more than the tragic loss of life we suffered on 9/11, and that would take place each and every year. In the wealthiest country in the history of the world, we must not allow that to happen.

This bill would impact the children, many of whom are covered by the CHIP program, covered by Medicaid. You tell me what happens to a kid who has a disability right now and whose family receives Medicaid. Some of those children may have Down syndrome. Some of those children may have cerebral palsy, muscular dystrophy, maybe autism. They may have mental health needs, such as depression or anxiety, or complications from premature birth. Today, Medicaid and CHIP cover 5 million—or 44 percent—of those kids, providing them with coverage so that they can live with dignity and security.

But it is not just the children who will be impacted, it is also the elderly. What every person in America should understand—and many do not—is that Medicaid now pays for over two-thirds of all nursing home care. So I ask my Republican friends: What happens when you slash Medicaid? Who will pay for somebody's mom or dad in a nursing home dealing with Alzheimer's disease? How many seniors in this nursing home will get thrown out on the street or be forced to live in their children's basement? Well, we don't know the answer to that. We haven't had any hearings. We haven't heard any people testify to that. But I think we will see a whole lot of families disrupted, having to make the choice about whether to take care of their parents or provide for their kid to go to college.

It is not just nursing home care. What happens if you are just an older worker. Maybe you are 60 years of age. Well, the likelihood is that if you are a 60-, 62-year-old worker, the cost of your premiums is going to soar. Again, this is not BERNIE SANDERS' view; it is what the AARP says.

This is a quote from the AARP from June 22:

This new Senate bill was crafted in secrecy behind closed doors without a single hearing or open debate—and it shows. The Senate bill would hit millions of Americans with higher costs and result in less coverage for them.

AARP is adamantly opposed to the Age Tax, which will allow insurance companies to charge older Americans five times more for coverage than everyone else while reducing tax credits that help make insurance more affordable.

That is the AARP.

What about the opioid epidemic, which is hitting my State of Vermont hard and hitting States all over this

country? Each and every day, more than 90 people in America die from an opioid overdose. Can you believe that? Ninety people die every single day. Nearly 4,000 people begin abusing prescription painkillers, and about 600 start using heroin. We have a major, major crisis in opioid addiction and heroin overdoses.

It turns out that if you cut Medicaid by \$800 billion, which is what the Republicans are talking about, our ability to address the opioid crisis will be severely curtailed. At a time when we should be expanding prevention efforts, expanding treatment efforts, the Republican bill will make it much harder for us to deal with the opioid crisis.

This legislation is not what the American people want. I understand that the Republican leader today suggested that Members of the Senate may have to stay here for a few more weeks in August, and I can understand that. If I were the Republican leader, I would not want my Senators to go home to hear what the American people have to say about this legislation.

The truth is, poll after poll shows overwhelming opposition to this disastrous legislation. According to the latest USA TODAY/Suffolk University Poll, just 12 percent of the American people support the Republican bill.

As a matter of fact, according to a recent report, this is the most unpopular piece of legislation in the last three decades. It is more unpopular than the \$700 billion bailout of Wall Street. That is pretty unpopular. The American people are catching on as to what is in this bill, and they do not want to see it.

Let me conclude by saying that is as obvious as can be. It is what the American people want. Are there problems with the Affordable Care Act? Absolutely. Premiums are too high, deductibles too high, copayments too high, prescription drug prices are off the charts.

Let's deal with it. What is the problem? Let's deal with it. Put it on the table, and let us address those problems. The American people want to improve the Affordable Care Act, not destroy it.

Let me now, speaking for myself only, say this. I hope very much there can be bipartisan efforts to improve the Affordable Care Act, but I happen to believe we have to go further than that. I intend to help lead that effort.

In my view, there is something profoundly wrong when the United States of America is the only major country on Earth—the only one—that doesn't guarantee healthcare to all people as a right, while at the same time we spend far more per capita on healthcare. We spend far more per capita on prescription drugs, and our healthcare outcomes are not particularly good compared to many other countries.

I think the time is long overdue as to why we do not ask ourselves: How is it Canada can guarantee healthcare to all people, the UK can do it, Germany can do it, France can do, Scandinavia can

do it? Every major country on Earth recognizes that healthcare must be a right, not a privilege.

I happen to agree with that. That is why I will—as soon as this debate is over and as soon as, hopefully, we defeat this disastrous Republican legislation—introduce a Medicare-for-all, single-payer bill, which will in fact guarantee healthcare to all of our people in a cost-effective way.

Let me conclude by saying that the current Republican bill in front of us is a moral outrage. There are very few people in America who think you should throw 22 million of our people off of health insurance in order to give huge tax breaks to billionaires. This is a moral outrage, and it must be defeated. I will do everything in my power to see that it is defeated.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. VAN HOLLEN. Mr. President, like many of our colleagues during the Fourth of July break, I spent much of my time crisscrossing the State of Maryland. On the Fourth of July, I attended many parades. The very first parade of that day was in a part of Maryland outside of Baltimore City, called Dundalk, MD, where Donald Trump had done very well in the past election.

What I found during that parade was a lot of people there who were still supportive of President Trump but not one person at that parade who was in favor of TrumpCare or the Senate Republican so-called healthcare bill—not one.

I was listening to the Senator from Vermont about the most recent polling. The polling I had seen previously had shown 17 percent of the American people in favor of this, which was very low. I am not surprised to hear it is even lower now at 12 percent because my own personal experience in these places in Maryland that had been supportive of Donald Trump, and in many ways still are, were that they were not in favor of this healthcare bill. In many ways, they had felt betrayed by it.

After all, during the last campaign, Donald Trump said he wasn't going to cut Medicaid, and yet the bill before us has dramatic cuts to Medicaid. In fact, the Senate bill has even deeper cuts to Medicaid over time than the House bill.

We all remember the House bill. President Trump had a great celebration in the Rose Garden in public, but behind closed doors he called it mean. Yet the Senate bill, when it comes to Medicaid cuts, will make them even deeper over a period of time, according to the report issued by the Congressional Budget Office, the nonpartisan Congressional Budget Office, just as we all left town for the Fourth of July break.

It was an interesting experience to hear people, on the one hand, saying let's find ways to work together on

many of the challenges we have in this country—and we should find ways to work together—but are strongly opposed to the healthcare bill that is before the Senate right now. The reason is, they are paying attention. They are concluding about this bill the same thing that the AMA, the American Medical Association, has concluded. In opposing this bill, America's doctors say it violates the No. 1 principle of medicine, which is: First, do no harm. That is the Hippocratic Oath. This Senate so-called healthcare violates that very simple proposition. At the very least, we want a healthcare system that doesn't do greater harm than what would otherwise be flawless. Yet we know, from this legislation, in looking at it, that it does do great harm to our healthcare system in the United States of America.

The nonpartisan Congressional Budget Office has looked at it and concluded that if you pass this legislation, 22 million fewer Americans will have access to affordable care than if you don't pass the bill. So it does harm compared to where we are today.

It is absolutely true that the Affordable Care Act is not perfect. In fact, the healthcare exchanges specifically can be improved. We need more choices. We need more competition there. Make no mistake, the Senate Republican bill and the bill that passed the House don't improve the Affordable Care Act. They destroy those parts of it that are working and have been of great benefit to tens of millions of Americans.

The Congressional Budget Office also tells us that premiums will go up next year. The Congressional Budget Office also tells us that if you are a senior between the ages of 50 and 64, you are in for a walloping increase in your premiums, which of course is what the AARP calls the age tax and why they are on the warpath against this legislation—because it will be greatly damaging to those seniors who are in the individual market who are now going to have to pay huge increases in premiums. Those have been documented by the nonpartisan Congressional Budget Office.

I would remind my colleagues that the head of the Congressional Budget Office was someone selected by the Republican chairman of the Senate Budget Committee and the Republican chairman of the House Budget Committee, and the CBO is our referee in this place.

If we all could make up our own facts, which in many cases the debates go in those directions anyway, it would be an even more unruly place. At least we have the CBO to provide that analysis. It is not just the CBO. This is masquerading as a healthcare bill.

I ask the question of my colleagues, Why is it that every single patient advocacy group that has weighed in on this bill has weighed in against this bill? These are not Democratic organizations or Republican organizations:

the American Cancer Society, the American Heart Association, the American Diabetes Association, the National Association on Mental Illness, National Breast Cancer Coalition, the National Multiple Sclerosis Society, the Alzheimer's Association. These are our constituents.

They don't wake up every morning thinking about a Democratic plan or Republican plan or Independent plan. These are organizations dedicated to patient health. They are all against a bill that is parading as a healthcare bill.

How can that be the case, that every single advocacy group that has weighed in on this bill that has a healthcare mandate and is nonpartisan is against it?

I ask my Republican colleagues to go back to the drawing board. This is not a healthcare bill, not when every single patient advocacy group weighed in against it, not when nonpartisan analysis tells us that 22 million people will lose out, not when the American Medical Association says it violates this simple principle of, first, do not harm.

It is not just the doctors. It is the nurses. It is the hospitals. It is the National Rural Health Association. I spent a good amount of time in rural Maryland over the Fourth of July break. Rural hospitals are terrified of the consequences of this legislation, not just because of the harm that will befall their patients because their patients will be denied access to affordable care—but when they no longer have patients who are covered by insurance who come through their doors and there is an emergency so they provide that care anyway, then the hospital all of a sudden is not getting paid for the care it provides. They are deathly afraid they are going to have to scale back their operations and lay off people in a lot of these rural hospitals.

I really hope and believe this is a moment where the Senate can look at this situation and decide let's not go down this road because the American people are asking themselves why are we doing this. It is one of those cases where I think people sort of lost track of why, other than the fact that, as many have said today, there had been this call to get rid of ObamaCare, to get rid of the Affordable Care Act but never a lot of thought as to what was going to replace it.

Now what we are learning is the proposals that would supposedly replace it will do harm. They will do a lot more harm than the place we are at today. Rather than do harm and hurt tens of millions of Americans, let's find a way to improve the current system. There are practical ideas for how we can improve the healthcare exchanges, the marketplaces within the Affordable Care Act. Many of us have put forward ideas, and I would be more than happy to explore with our colleagues ways we can improve upon those exchanges without doing harm.

When you look at this legislation and you realize it is not about healthcare, you have to ask yourself: What is it about other than simply saying we are going to fulfill this pledge of getting rid of the Affordable Care Act? At its core, there are two pillars to this bill. They are rotten pillars, but that is what they are. One is these very dramatic cuts to Medicaid, very dramatic. As I said, the Senate cuts even deeper over a longer period of time than the House bill. In the Senate bill, that cut is around \$770 billion, and then there are also cuts to tax credits that help more Americans afford healthcare. So if you cut Medicaid, you get rid of tax credits that make healthcare more affordable. On the other side of the ledger is this whopping tax cut—a whopping tax cut that goes to some very powerful special interests and some very wealthy individuals. Many of us heard Warren Buffett a couple of weeks ago on TV saying: I don't need a \$670,000-a-year tax cut as part of a bill that is going to put the health of my fellow Americans at risk.

I think a lot of people are asking the question: If this is a healthcare bill, why is the core of it this huge cut to Medicaid and a huge tax break for the wealthiest Americans? And by the way, if you make \$1 million a year, you get a \$57,000-a-year, on average, tax break in this so-called healthcare bill.

So let's put aside a bill that is rotten to its core. I heard a lot of talk about trying to fix this. I would just warn my colleagues to make sure our constituents know that cosmetic changes aren't going to fix this. You can't put a little deodorant on this and make it come out smelling great. It is just not going to happen. But if people are genuinely interested in finding ways to improve the exchanges, I am all in. We certainly should work together to reduce the cost of prescription drugs, and there are lots of proposals out there to do it. The President at one time even talked about making that a priority, but that seems to have fallen away. We all know there are ways we can smartly save money in our healthcare system by continuing to move away from a system that is based simply on the quantity of care and the volume of care and move toward one that rewards the value and quality of care. Let's do that.

The final thing I want to point out is that I was in Southern Maryland over the break, down in a place called St. Mary's County. I visited one of the substance abuse treatment centers called Beacon of Hope Recovery Center. These are people of great faith coming together to help people who are victims of the opioid epidemic, which has had a devastating impact on Maryland, as it has on so much of the rest of the country. We talked about some of the former patients who were there, people who are now actually part of the operation to help save the lives of other people who are racked with addiction. We met with these dedicated staff

members, former patients, and with local law enforcement all around a table, recognizing that if we are really going to conquer the opioid epidemic, we need to provide treatment services. This recovery center was pleading with all of us—with me, asking me to plead with all of our colleagues to not cut Medicaid because they are going to be relying on continuing Medicaid funding in order to provide those treatment services.

I think people around the country are just beginning to learn that Medicaid has been helpful and will become even more helpful in the fight against the opioid epidemic; that it is helping our kids with disabilities and special education in our schools; that it helps low-income working families who may work for an employer who doesn't provide health insurance and who still pays so low that they are at an income level where they qualify for Medicaid. People are also learning that most of the money spent in Medicaid goes to individuals in nursing homes and people with long-term disabilities, people who need long-term care. That is where most of the money goes. And 2 out of 3 dollars spent on nursing home care in the United States are Medicaid dollars.

So we are all in this together. Those deep cuts to Medicaid are going to have a devastating impact, as will the other changes that are going to make health insurance premiums go up for so many people, especially for seniors. And the provisions are going to harm those with preexisting conditions in various ways.

I will end with one of many stories that I have gotten, personal testimonies I received from constituents throughout the State of Maryland.

This one is from Sarah from Arnold, MD, who says:

Without the Affordable Care Act, my family would not have affordable, reliable health insurance. When my 3-year-old was 2 months old, he had emergency brain surgery for a benign cyst. Because of this, and even though he does not have any lingering effects or medical needs as a result of this surgery, we were denied coverage for him before the ACA.

That, of course, is because before the ACA, people could be denied coverage because of a preexisting condition. At the age of 2 months, he had the cyst. He was forever marked as someone with a preexisting condition and therefore could not get affordable coverage.

They wrote:

We were denied coverage before the ACA. In 2014, my husband opened up his own family law practice. Because of this decision, we were on our own for health insurance.

So they bought into the exchange.

And we are now in our second year of excellent coverage thanks to the Affordable Care Act. Having a fixed monthly payment with the options and privileges equal to those who work for big companies has been immensely helpful. The Affordable Care Act has worked for me and my family.

Mr. President, my point is not that the Affordable Care Act is perfect. There are improvements that can be

made. We should work together to make improvements, but let's not do something that violates what the doctors call the Hippocratic Oath. Let's not do something that does more harm in our system. Let's not do something that will result in 22 million fewer of our fellow Americans having access. Let's do something good together that actually builds on what we have, fixes what is broken, because we can make improvements in the Affordable Care Act, not by doing a U-turn and going backward but by looking forward.

Mr. President, I really hope that we will do that together.

Thank you.

ADJOURNMENT UNTIL TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 12 noon tomorrow.

Thereupon, the Senate, at 7:22 p.m., adjourned until Wednesday, July 12, 2017, at 12 noon.

NOMINATIONS

Executive nominations received by the Senate:

FEDERAL RESERVE SYSTEM

RANDAL QUARLES, OF COLORADO, TO BE A MEMBER OF THE BOARD OF GOVERNORS OF THE FEDERAL RESERVE SYSTEM FOR THE UNEXPIRED TERM OF FOURTEEN YEARS FROM FEBRUARY 1, 2004, VICE JEREMY C. STEIN, RESIGNED.

RANDAL QUARLES, OF COLORADO, TO BE A MEMBER OF THE BOARD OF GOVERNORS OF THE FEDERAL RESERVE SYSTEM FOR THE TERM OF FOURTEEN YEARS FROM FEBRUARY 1, 2018. (REAPPOINTMENT)

RANDAL QUARLES, OF COLORADO, TO BE VICE CHAIRMAN FOR SUPERVISION OF THE BOARD OF GOVERNORS OF THE FEDERAL RESERVE SYSTEM FOR A TERM OF FOUR YEARS. (NEW POSITION)

DEPARTMENT OF TRANSPORTATION

RONALD L. BATORY, OF NEW JERSEY, TO BE ADMINISTRATOR OF THE FEDERAL RAILROAD ADMINISTRATION, VICE SARAH ELIZABETH FEINBERG.

DEPARTMENT OF THE INTERIOR

SUSAN COMBS, OF TEXAS, TO BE AN ASSISTANT SECRETARY OF THE INTERIOR, VICE RHEA S. SUH, RESIGNED.

DEPARTMENT OF ENERGY

PAUL DABBAR, OF NEW JERSEY, TO BE UNDER SECRETARY FOR SCIENCE, DEPARTMENT OF ENERGY, VICE FRANKLIN M. ORR, JR.

MARK WESLEY MENEZES, OF VIRGINIA, TO BE UNDER SECRETARY OF ENERGY, VICE KRISTINA M. JOHNSON, RESIGNED.

EXECUTIVE OFFICE OF THE PRESIDENT

DENNIS SHEA, OF VIRGINIA, TO BE A DEPUTY UNITED STATES TRADE REPRESENTATIVE (GENEVA OFFICE), WITH THE RANK OF AMBASSADOR, VICE MICHAEL W. PUNKE.

DEPARTMENT OF STATE

MARY KIRTLEY WATERS, OF VIRGINIA, TO BE AN ASSISTANT SECRETARY OF STATE (LEGISLATIVE AFFAIRS), VICE JULIA FRIFIELD.

LEWIS M. EISENBERG, OF FLORIDA, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE ITALIAN REPUBLIC, AND TO SERVE CONCURRENTLY AND WITHOUT ADDITIONAL COMPENSATION AS AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE REPUBLIC OF SAN MARINO.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROBERT P. KADLEC, OF NEW YORK, TO BE MEDICAL DIRECTOR IN THE REGULAR CORPS OF THE PUBLIC HEALTH SERVICE, SUBJECT TO QUALIFICATIONS THEREFOR AS PROVIDED BY LAW AND REGULATIONS, AND TO BE ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE, DEPARTMENT OF HEALTH AND HUMAN SERVICES, VICE NICOLE LURIE.

DEPARTMENT OF STATE

STEPHEN B. KING, OF WISCONSIN, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE CZECH REPUBLIC.