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## Senate

The Senate met at 12 noon and was called to order by the Honorable TED CRUZ, a Senator from the State of Texas.

### PRAYER

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

Let us pray.

Eternal God, our hope for years to come, we worship You. Your Name is great, and we offer You our adoration and praise.

Bless our Senators. Open their eyes so that they can discern Your involvement in human affairs. Prepare their hearts and minds for today's challenges, inspiring them to conduct themselves with courtesy and honor. Keep their motives pure, their words true, and their actions constructive.

Almighty God, we acknowledge that our lives are in Your hands. So please keep our feet from stumbling.

We pray in Your merciful 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, January 10, 2017.

To the Senate:

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

appoint the Honorable TED CRUZ, a Senator from the State of Texas, to perform the duties of the Chair.

ORRIN G. HATCH,  
President pro tempore.

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

### RECOGNITION OF THE MAJORITY LEADER

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

### CABINET NOMINATIONS

Mr. MCCONNELL. Mr. President, Senate committees have been working for many weeks to process President-Elect Trump's Cabinet nominations. I commend the committees and their staffs for their very hard work. Now we begin the next phase of this process with committee hearings. In fact, it just began this morning in the Senate Judiciary Committee.

I would like to say a word about our colleague from Alabama. Each of us knows Senator SESSIONS. We have worked with him. We know he cares about his country and the Department he will be tasked to lead. We know he is a forthright colleague, an experienced lawyer, and someone who believes strongly in the rule of law. We know that he will reach across the aisle as well.

He supported President Obama's first Attorney General nominee, Eric Holder. He worked with our late colleague Ted Kennedy on prison reform. He worked with our current colleague Senator DURBIN on sentencing reform.

Senator DURBIN, in fact, noted that Senator SESSIONS is "a man of his word." Senator LEAHY called him "wonderful to work with." Senator SCHUMER, the Democratic leader, said he is "straightforward and fair."

Let me quote from a former Democratic Senate colleague who knows

Senator SESSIONS after having served with him for 16 years:

I always found JEFF to be an honorable and trustworthy person, a smart and good lawyer, and a thoughtful and open-minded listener.

He then continued with this:

I believe that he will be a principled, fair, and capable Attorney General. If I was in the Senate today, I would vote "aye" on his nomination.

That is the former Democratic candidate for Vice President of the United States, Senator Joe Lieberman.

But it is not just our Democratic colleagues who have praise for Senator SESSIONS. Let me read another letter from one of Senator SESSIONS' constituents in Alabama, Albert F. Turner, Jr. Here is what he had to say:

My family and I have literally been on the front line of the fight for civil rights my whole life. I believe that [Senator SESSIONS] is someone with whom I, and others in the civil rights community, can work with if given the opportunity. I believe that he will listen, as he has in the past, to the concerns of my community. More than most I am very familiar with him. I believe he will be fair in his application of the law and the Constitution; as such I support his nomination to be the next Attorney General of the United States.

Now, a lot of unfair things have been said about our colleague from Alabama in recent weeks. I am glad he is finally getting the chance to show Americans and the committee the Senator SESSIONS we all know and serve with. I look forward to the Senate's fair treatment of our colleague's forthcoming nomination, just as it fairly processed an incoming President Obama's pick for Attorney General—a nominee, whom, as I noted, Senator SESSIONS supported.

So let me turn to a larger point. The nominations process for an incoming President is important. As President Obama recently said when he met with President-Elect Trump, the Presidency "is bigger than any one person, and that's why ensuring a smooth transition is so important."

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



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I certainly agree. When President Obama was elected, Republicans worked across the aisle to confirm seven—seven—of his nominees on inauguration day and five more by the end of his first week. These nominees were hardly centrists. We had reservations about many of them. But Democrats had won the Presidency and the Senate, and we hadn't. I ask our friends across the aisle to now demonstrate the same courtesy and seriousness for President-Elect Trump's nominees, especially his national security team.

The Senate has a longstanding tradition of confirming the Cabinet nominees of a newly elected administration in a timely fashion, and the Senate and its committees are now following the same standard for President-Elect Trump and his nominees as we have for past Presidents.

I know some are urging Democrats to play partisan games and needless delay. I hope they will not. The American people will see through it, anyway.

Here is a perfect example. The Democratic leader has been quoting a letter I sent to then-Senator Harry Reid in 2009. He apparently missed the fact that the letter he has been quoting was not only sent after every one of President Obama's eligible nominees had hearings but after all but one had been confirmed. So it is actually an important reminder of how Republicans fairly treated incoming President Obama's Cabinet nominees and how Democrats should now do the same.

This is time for serious consideration and cooperation. Americans aren't looking for partisan games. We are a nation at war. We are a nation grappling with a slow economy. Americans want the incoming President to have his national and economic security teams in place to get to work. They want us to work together across the aisle to get this done.

That is what Republicans did in 2009, it is what we are doing now, and it is what we invite our Democratic friends to join us in getting accomplished.

#### OBAMACARE

Mr. McCONNELL. Mr. President, families across the country have been hurt by ObamaCare's rising costs and limited choices, and we continue to hear the stories from constituents back home.

My own home State of Kentucky was once championed as a success story by ObamaCare supporters. That is hardly the case today. Too many Kentuckians are watching their insurance premiums grow higher and higher. They are struggling to meet deductibles so high that their insurance is almost useless. They are watching their friends and neighbors lose their plans or access to family doctors. They sit around the kitchen table and try to budget for their family's future. They know one thing for sure: The promises of ObamaCare have failed them.

ObamaCare promised lower costs, but premiums have skyrocketed. It promised families could keep their plans or doctors, but many have seen their options, in fact, limited. Kentuckians want to see lower costs, more choices, and better care. But after 7 long years of rising costs and diminishing options, ObamaCare has not delivered, and the people of Kentucky are demanding change. They have been loud and clear in their distaste for ObamaCare.

Like other Members here, I have received letters, emails, and phone calls. I have met with constituents directly who are feeling the pain of higher costs and fewer choices.

Consider this mom in Kentucky. She is facing a higher cost of health insurance, and she literally doesn't know what to do. Here is what she said:

My family is being pushed out of the middle class by the ObamaCare law. How can we pay almost \$1,200 a month on health insurance?

Listen to this veteran and father from Louisville. After his plan was discontinued, he tried to buy insurance through ObamaCare, only to find that his children's pediatrician wouldn't accept it. This dad worries that unless something is done, he will be "one of thousands of Kentuckians that will find that they do not have insurance options."

I have heard from many constituents expressing similar frustration, disappointment, and anger about the outcomes of ObamaCare. They expected the law to deliver on its promises, but, instead, they paid more and received less.

This year the cost of insurance premiums in Kentucky spiked up to 47 percent. These price increases are a direct result of instability injected into the market by ObamaCare. Families across Kentucky are scrambling to find ways to fit the extra expenses into their budgets.

To make matters worse, the choices that families once had for health insurance continue to disappear. Nearly half of the counties in Kentucky only have one option for a health insurance provider on the exchange, and, when there is only one choice, there is really no choice at all.

For the people of Kentucky and for people across the country, repeal means relief. The time to act is now.

However, our friends on the other side of the aisle are doing everything they can to stop us from fulfilling our promise to help the American people. Instead of continuing to push their political agenda, I urge them to help us. I ask them to listen to the American people, who are demanding change. A recent Gallup poll showed that 8 out of 10 Americans wanted to see ObamaCare significantly changed—significantly changed—or completely replaced.

It is time to admit it. ObamaCare has failed. This partisan experiment is hurting more than it is helping. It is time to finally move past it and replace it with something that works.

The repeal resolution is the first step to bring relief to hardworking Americans and to prevent health insurance markets from imploding. Next, we need to work together to replace ObamaCare with health care policies that actually work for families. Once we repeal ObamaCare, we can use the stable transition period to deliver on another promise.

I would encourage colleagues on both sides to offer their input as we work to lower costs, increase choices, and promote better care. But one thing is certain. Republicans will continue to follow through on our promises and act on behalf of our constituents to bring relief from ObamaCare.

#### RECOGNITION OF THE MINORITY LEADER

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

#### CABINET NOMINATIONS

Mr. SCHUMER. Mr. President, as hearings for the President-elect's nominees get underway starting today, I want to reiterate that a fair and thorough vetting process is a top priority, not only for my caucus but for the American people.

Chief to achieving that is a fair hearing schedule and process. First, it means hearings that are sufficiently spaced out so Members who sit on multiple committees can actually attend all the hearings. It means only holding hearings after the full committee paperwork—OGE review, FBI background check, and a full divestment plan—has been received and Senators have adequate time to review the information. That means, if there are Senators with remaining questions that weren't covered in a first hearing, they can have the nominee come back for a second day.

Our caucus and much of America was alarmed and disappointed by the announcements of the hearing schedule this week, which did not meet these basic courtesies and best practices that have always been extended in the past. However, I am happy to say that after negotiating with my friend the majority leader and his respective committee chairs, we have been able to make some progress on a fair hearing process.

I appreciate the majority leader's openness and efforts to accommodate our caucus in the last few days. Originally there were six hearings scheduled for this Wednesday, all especially important Cabinet posts: State, Attorney General, Education, Transportation, Homeland Security, CIA. That was largely unprecedented. We have looked back in history and can only find one instance where there were that many hearings of important Cabinet members on one day like that.

After negotiations with the majority leader, we have moved things around so

that there are now only three hearings scheduled for Wednesday: Secretary of State, Transportation, and the second day of the AG hearings. All of these nominees have their paperwork in. The nominee for Secretary of Education, who does not yet have a signed ethics agreement and whose paperwork is not close to complete, was moved. That hearing will take place next week, pending her paperwork being submitted with time for Senators to review.

It is still a busy week. It is a little too busy for my personal taste, but it is a good first step. I hope we can continue to negotiate in good faith, to sort out the schedule in a way that is acceptable to both of our caucuses.

I also want to make clear that this progress does not mean our caucus is any less intent on having the President-elect's nominees complete the standard ethics forms, questionnaires, and FBI background checks required of every nominee. To have all this information come in after the hearing is sort of like "Alice in Wonderland"—it makes no sense and has things upside down. I am still concerned, for example, that we don't have a completed FBI background check for the nominee for Secretary of State. His hearing starts tomorrow. And today there are reports in the media that under Rex Tillerson's leadership, Exxon conducted business with Iran, potentially in violation of U.S. sanctions law. There are serious questions that need to be answered.

In this particular case, Mr. Tillerson should release all his tax returns and promise to answer any questions on the Iran dealings that members ask. This is too serious a subject to have questions ducked. It demands a completely open airing of all relevant information. Did Mr. Tillerson go around our Iran sanctions simply to line Exxon's pockets? That would be a very bad thing. The American people ought to know about it before the Senate has to vote to confirm. For Rex Tillerson to answer the questions, and particularly questions about Exxon setting up a separate subsidiary to get around our Iran sanctions, is what the Founding Fathers wanted us to do when they enumerated in the advise and consent process.

This is not a partisan game. We are not doing this for sport. These aren't obscure procedural complaints. This is standard process. As I reminded my friend the majority leader yesterday, this is the same exact process my counterpart demanded in 2009 when the shoe was on the other foot. Just as then-Minority Leader MCCONNELL laid out in his 2009 letter to then-Majority Leader Reid, Democrats expect each nominee to have all the prerequisites, with time to review, before we move forward with the hearings. President Obama's nominees completed all of their paperwork in 2009 before the hearings. We expect nothing less from President-Elect Trump's nominees. Particularly, we expect the paperwork to be all in with

time to review. Having the paperwork in at 7 a.m. and holding a hearing at 10 a.m. is unacceptable. We expect there will be adequate time for followup questions on a second day of hearings if Senators are unable to finish their questions.

Today my colleague the majority leader said: Well, most of the Cabinet nominees were in already when this letter came out. But the letter doesn't specify who. It includes Cabinet members, and there were future Cabinet members who would come forward. It is a good standard. We are all for it. We are asking our friends on the other side of the aisle to stick with it. What was good for them in 2009 is good for the country in 2017.

We are insistent on the process because it is the right thing to do; it is the American thing to do. We don't hide nominees and rush them through. They have huge power. If the President-elect and our Republican colleagues are as proud of the nominees as they state, then they should be happy to have them answer a lot of questions in a hearing that is not rushed. It is how we will ensure that Cabinet officials, who are imbued with an immense power in our government, are ethically and substantively qualified for these positions.

If there is any group of Cabinet nominees that cries out for this process, it is this group of nominees. This proposed Cabinet is unlike any other. It is wealthier than any other. It has complex webs of corporate connections—so many of the nominees—that pose huge potential conflict of interest problems. Frankly, it is the most hard-right Cabinet in its ideology. It is quite different from the way President-Elect Trump campaigned. The potential conflicts of interest for multimillionaires such as Rex Tillerson or Betsy DeVos or Steve Mnuchin are enormous.

As I said, the nominees have views far to the right of what the President campaigned on. The most glaring example is Representative PRICE. His whole career has been focused on ending Medicare as we know it. My colleague the majority leader said the American people want us to move forward and give President-Elect Trump his nominees. If they knew that one of the nominees had been dedicated to basically getting rid of Medicare, would they want us to vote for him? I will bet not. It sure explains why they want to rush these nominees through.

They don't want all of these things brought to light, but that is the wrong thing to do. We are going to fight to get to the right thing to do. The American people have a right to know if they voted for a President who might be going back on one of his key campaign promises. They deserve nothing less than open and deliberate hearings going forward. Will Representative PRICE stick with what President-Elect Trump said—no cuts to Medicare, Medicaid—or will he pursue his lifelong dream of privatizing and limiting

them? We shall see, but we need answers at hearings before we vote. The American people are entitled to it.

Once again, I thank the majority leader for dealing in good faith and trying to address our concerns. I hope for the sake of the national interests that our two parties can come together on an agreement for the remainder of the process, as we have for the process so far.

#### AFFORDABLE CARE ACT

Mr. SCHUMER. Mr. President, last night the Senate Democrats held the floor late into the night to demonstrate our solidarity and commitment to defending ACA, to defending the tens of millions of Americans who have been afforded the opportunity to access care for the first time and the tens of millions more whose coverage is fairer, more generous, and more affordable because of the law.

More than 35 Members participated on the floor or on Facebook Live, Snapchat, or Twitter. I thank each and every one of the Members on my side—the vast majority of our caucus—for participating. Many of them discussed the threat the Republican plan to make America sick again poses to the health care of 300 million Americans. Beyond that, the Republican budget resolution calls for a massive increase in the Federal debt.

Yesterday Shaun Donovan, the Director of the Office of Management and Budget, released a letter explaining that this budget resolution would allow publicly held debt to increase by \$9.5 trillion, from \$14.2 trillion in 2016 to \$23.7 trillion in 2026.

Our colleagues have talked about being deficit hawks. Democrats bring up ideas. They say: Can't do it; it increases the deficit. Well, is that going to apply to this, which increases the deficit by massive amounts? The deficit would exceed \$1.3 trillion in 2026. That is almost as high as the \$1.4 trillion at the depths of that recession and financial crisis President Obama had to meet. Are my colleagues now going to do a 180-degree reversal and say that now a debt increase of such dramatic numbers is OK? I hope not. It wouldn't be right. It wouldn't be fair. It wouldn't be consistent.

Mr. President, I ask unanimous consent to have printed in the RECORD a copy of Director Donovan's letter.

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

EXECUTIVE OFFICE OF THE PRESIDENT,  
OFFICE OF MANAGEMENT  
AND BUDGET,

Washington, DC, January 9, 2017.

Hon. JOHN A. YARMUTH,  
Ranking Member, House Budget Committee,  
House of Representatives, Washington, DC.

Hon. RICHARD E. NEAL,  
Ranking Member, House Ways and Means Committee,  
House of Representatives, Washington, DC.

DEAR CONGRESSMAN YARMUTH AND CONGRESSMAN NEAL: I am writing in response to

your letter requesting OMB's analysis of the Republican budget resolution and its impact on the budget outlook.

On January 3, 2017, Republicans in the Senate Budget Committee introduced an FY 2017 budget resolution. Based on the numbers provided in the resolution, the Republican budget includes virtually no deficit reduction and would allow debt held by the public to increase by roughly \$9.5 trillion, from

\$14.2 trillion in 2016 to \$23.7 trillion in 2026. After a sustained period of historically fast deficit reduction under the President's leadership, the Republican budget would allow for a relatively steady increase in annual deficits, with the annual on-budget deficit increasing to over \$1 trillion by 2026.

Assuming that Republicans will not make cuts to off-budget programs like Social Security, unified annual deficits will be even

larger: growing to over \$1 trillion by 2022 and reaching more than \$1.3 trillion by 2026.

Comparisons of debt and deficit totals over time are best viewed as a share of the economy. Based on the Congressional Budget Office's most recent economic projections, it is clear that the Republican budget would fail the key fiscal test of stabilizing debt as a share of the economy.

#### REPUBLICAN BUDGET RESOLUTION AND CBO ESTIMATES OF THE PRESIDENT'S 2017 BUDGET

(On-Budget Deficits, Unified Budget Deficits, and Debt Held by the Public, Billions of Dollars)

	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
On-Budget Deficits:										
Resolution	-\$583	-\$542	-\$674	-\$729	-\$785	-\$897	-\$893	-\$863	-\$946	-\$1,009
PB17	-447	-386	-500	-536	-566	-671	-665	-614	-669	-675
Unified Budget Deficits:										
Resolutions	-571	-548	-710	-798	-891	-1,043	-1,080	-1,094	-1,226	-1,341
PB17	-433	-383	-518	-585	-651	-791	-826	-813	-917	-972
Debt Held by the Public:										
Resolution	14,593	15,199	15,955	16,792	17,714	18,787	19,901	21,033	22,302	23,692
PB17	14,454	14,906	15,484	16,121	16,818	17,656	18,532	19,402	20,379	21,417
Difference										2,275

Sources: <http://www.budget.senate.gov/imo/media/doc/S.Con.Res.RepealResolution.pdf>, pp. 5-6; <https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/reports/51383-APB.pdf>, Table 2; Resolution unified deficits derived using off-budget deficits from <https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/reports/51384-marchbaseline.pdf>, table 1

Compared to the President's Budget, which drives down deficits as a share of the economy and maintains our fiscal progress through smart savings from health care, immigration, and tax reforms while making critical investments in economic growth and opportunity, the Republican Budget would lead to significantly larger deficits in each year and add more than \$2 trillion in debt over the next decade.

Notably, the budget resolution also contains exceptions to existing Congressional budget rules that seem targeted towards making it easier to pass legislation that would further increase deficits.

Sincerely,

SHAUN DONOVAN,  
*Director.*

Mr. SCHUMER. Mr. President, many of my Republican colleagues like to claim they care about the deficit. During President Obama's administration, there was an obsession over deficit and debt reduction—and, by the way, no praise for the President for reducing the deficit by a dramatic amount. Now many of those same Members who chastised President Obama for much smaller deficits than proposed in their budget are supporting this budget resolution.

I wish to say to my colleagues, you can't claim to be a fiscal hawk and support a budget that piles on trillions in additional debt. That is not being fiscally conservative; it is being fiscally hypocritical in the extreme. So far, my friend Senator PAUL of Kentucky has made this point forcefully. My question is, Will other Republicans stand with him and stand up against this fiscal hypocrisy?

Mr. President, I yield the floor.

#### RESERVATION OF LEADER TIME

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

#### CONCURRENT RESOLUTION ON THE BUDGET, FISCAL YEAR 2017

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of S. Con. Res. 3, which the clerk will report.

The senior assistant legislative clerk read as follows:

A concurrent resolution (S. Con. Res. 3) setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026.

Pending:

Sanders amendment No. 19, relative to Social Security, Medicare, and Medicaid.

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

#### ORDER OF PROCEDURE

Mr. THUNE. Mr. President, I ask unanimous consent that the Senate recess from 1 p.m. to 2 p.m. for the weekly conference meetings and the time in recess count equally against S. Con. Res. 3; further, that Senator SANDERS or his designee control the time from 2 p.m. to 2:30 p.m.; and finally, that there be 2 minutes equally divided in the usual form prior to the vote on the Flake amendment.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. THUNE. Mr. President, clarifying that recent request, I ask unanimous consent that the Senate recess from 1 p.m. to 2 p.m. for the weekly conference meetings but that that time not count against S. Con. Res. 3.

The ACTING PRESIDENT pro tempore. Without objection, the modified request is agreed to.

Mr. THUNE. Mr. President, last week the Senate began consideration of the ObamaCare repeal resolution, which is the first step in the process of repealing the law. It is time for repeal.

Seven years ago, ObamaCare was sold to the American people with a lot of promises. The law was going to reduce premiums for families. It was going to fix problems with our health care system without hurting anyone who was happy with their health coverage. If you like your health plan, you will be able to keep it, people all across this country were told over and over again. If you like your doctor, you will be able to keep your doctor—also a promise and claim that was made over and

over again. As everyone knows, every one of these promises was broken. Premiums for families have continued to rise. Millions of Americans lost health care plans that they liked. Americans regularly discovered that they couldn't keep their doctors and that choice of replacement was often limited.

These broken promises were just the tip of the iceberg. The law hasn't just failed to live up to its promises, it is actively collapsing, and the status quo is unsustainable. Premiums on the exchanges are soaring. Deductibles regularly run into the thousands of dollars. For 2017, the average deductible for a bronze-level ObamaCare plan is rising from \$5,731 to \$6,092. With deductibles like that, it is no wonder that some Americans can't afford to actually use their ObamaCare insurance.

I receive a lot of mail from constituents in my State struggling to pay for their health care. One constituent contacted me to say: "My ObamaCare premium went up from \$1,080 per month to \$1,775 per month," a 64-percent increase, \$21,300 a year for health insurance. Let me just repeat that, a 64-percent increase in premiums, \$21,300 a year for health insurance. That is like paying another mortgage. That is a lot more than many people pay for their mortgage, and of course that is before any deductibles or other out-of-pocket costs are considered.

Another constituent wrote to tell me, "Today I received a new premium notice from my ObamaCare insurance. My policy rate for myself, my wife and my teenage son has increased by 357 percent."

The problems on the exchanges aren't limited to soaring costs, unfortunately. Insurers are pulling out of the exchanges right and left. Health care choices are rapidly dwindling. Narrow provider networks are the order of the day. One-third of American counties have just one choice of health insurer on their exchange.

This is not the health care reform the American people were looking for.

So it is no surprise that a recent Gallup poll found that 80 percent of Americans want major changes to ObamaCare or want the law entirely repealed and replaced or that 74 percent of American voters ranked health care as a very important voting issue for them in the 2016 elections. ObamaCare has not fixed our Nation's health care problems. It has made them worse. The American people deserve better.

Last week, the Senate started considering the ObamaCare repeal resolution, and we are continuing that process this week. This resolution will provide us with the tools we need to repeal the law, and then committees will get to work on the actual repeal bills. Then we will work step-by-step to replace ObamaCare with real health care reform that focuses on personalized, patient-centered care.

One massive problem with ObamaCare is the fact that it puts Washington in charge of health care decisions that should be made at a much lower level. The ObamaCare reform the Republicans pass will focus on fixing this. We are going to move control from Washington and give it back to States and the individuals. Health care issues don't have one size-fits-all solutions. It is time to stop acting like they do.

States should have the power to innovate and embrace health care solutions that work for the individuals and the employers of their States. Individuals should be able to make health care decisions in consultation with their doctors, not with Washington, DC. Another thing we are going to focus on is breaking down the ObamaCare barriers that have artificially restricted choice.

As I said earlier, ObamaCare has defaulted to a one-size-fits-all solution when it comes to health care, and that means that many Americans have found themselves paying for health care they don't need or want. We need much more flexibility in insurance plans. A thriving health care system would offer a wide variety of choices that would allow Americans to pick a plan tailored to their needs, that would be a competitive system that gives people in this country more choices, and inevitably what happens in those circumstances, that pushes the cost down.

We also need to give Americans the tools to better manage their health care and control costs. Of course, any reform plan has to make sure small businesses have the tools they need to provide the employees with affordable health coverage. ObamaCare has placed huge burdens on small businesses that have made it difficult for them to thrive and even to survive. It is time to lift these burdens and free up these businesses to grow and create jobs.

Our health care system wasn't perfect before ObamaCare. We all acknowledge that, but ObamaCare was not the answer. Instead of fixing the problems in our health care system, it

just made things worse. Republicans are ready to implement the kind of health care reform the American people are looking for: more affordable, more personal, more flexible health care coverage that meets their needs and is less bureaucratic.

The American people are ready for health care reform that actually works, and that is exactly what Republicans are going to give them starting right now.

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. BARRASSO. Mr. President, I would like to congratulate my colleague from South Dakota for his comments. I am hearing the same thing in Wyoming that he has been hearing about the ObamaCare health care law and the impact on people in his State. I am hearing the same thing. I heard it this past weekend in Wyoming talking to people about what impact ObamaCare has had on their lives.

It is very interesting because people all around the State of Wyoming are talking about the fact that their costs have gone up and choices have gone down. Many who had insurance that worked for them lost that insurance all related to a law passed in the House and the Senate and signed into law by President Obama.

Tonight, in Chicago, President Obama is going to give a farewell address. I am assuming he will talk about ObamaCare, and I am assuming he paints a very different picture than the American people have seen and are living with. The President is using scare tactics about what Republicans plan to do. No matter what President Obama wants, the American people have spoken. They have voted, and 8 out of 10 people say that what this costly and complicated health care law has done to them, they would like to see it either significantly changed or repealed and replaced. They know better than to believe what the Democrats are continuing to tell them because they have been living with it every day.

Seven years ago, Democrats made one false claim after another when they were trying to sell this law to the American people. Democrats said: If you like your doctor, you can keep your doctor. They said: If you liked your health care plan, you could keep your health care plan. That one was labeled the Lie of the Year a few years ago. They said premiums for the average family would go down by \$2,500. None of it was true. Now Democrats are out telling more tales about ObamaCare. All of these new stories are going to be just as false as the ones

they told us all in the past. For one thing, Democrats have been saying that millions of Americans are going to lose their health insurance if we repeal the ObamaCare health care law.

In a letter just last week, Senators SCHUMER and SANDERS said that Republicans are planning to take health care coverage away from more than 30 million Americans. It is not going to happen. The Democrats absolutely know it is not going to happen. It doesn't stop them from saying it.

The fact is, this should never have been about health insurance in the first place. As a doctor, I will tell you this should have been about health care and patients. Republicans are going to make sure that is where the focus is from now on. The number of people with good health insurance coverage under ObamaCare actually has been a lot less than what the Democrats are claiming. That is because lots of people who bought ObamaCare coverage only did it because the health care law forced them to give up the insurance they already had and liked and worked for them. I have heard many stories from people in Wyoming who had insurance. It worked for them. They chose it because it was best for them and their family, and they lost it because the President said it wasn't good enough for him. These are people who were hurt by the broken promises and by President Obama's well-earned award of Lie of the Year.

With the health care law, most of the people who got insurance for the first time were actually forced into the broken system called Medicaid. Most of those people were actually eligible for Medicaid before the law was even signed, but for people who didn't have insurance before, a lot of them still can't afford care now because they may have insurance, but the deductibles are so high they can't afford to use it. Half of ObamaCare enrollees say they are skipping doctor visits in order to save money. If a family's health insurance doesn't cover the care they need, then the number of people covered is totally meaningless.

Democrats are out there saying that if we try to replace ObamaCare with a better solution, that it is just going to, in their words, cause chaos in the health insurance industry. Where have they been? There is chaos everywhere because of ObamaCare. When you look at what Democrats did to America's health care system, what you see is chaos. Premiums are up 25 percent in 1 year. That is chaos. Deductibles are up by an average of \$450 in a year. That is chaos. There is no functioning marketplace for ObamaCare in one-third of the country. That is chaos. When Americans look at this, what they see is already chaos, and ObamaCare caused it.

I want to mention one of the false claims the Democrats are making, and it has to do with Medicaid. That is because Medicaid was broken long before ObamaCare. All the health care law did

was add more people onto this broken program. One reason Medicaid is struggling is the same reason the rest of ObamaCare isn't working—because Medicaid tries to impose too many rules and regulations from Washington. It tries to make one size fit all.

There are different needs in every State. States know what those needs are, and they know much better than Washington about the people who live in those States. There are Republican Governors like Mike Pence of Indiana who understood this very important fact—and I am glad he is soon going to be Vice President. Governors like Mike Pence fought for waivers, waivers to make sure they could do what the people of their States needed. Every Governor should have that kind of freedom to look out for the best interests of the people in their home States. They shouldn't have to ask permission from some unaccountable, unelected Washington bureaucrat before making improvements to their own Medicaid Program. Giving States the freedom to come up with better solutions is just one of the things Republicans are going to do to replace ObamaCare with real health care reform. States need and deserve to have that freedom, and people should be free to buy the health insurance that meets their needs, not what meets the needs of the President of the United States.

People shouldn't have to pay more for coverage that isn't a good value for them. That is why so many people aren't even signing up in the first place and would rather pay the penalty—a penalty that, in my mind, is still unconstitutional. Families should have more flexibility to save for their own medical care. That is a way to make sure they are not stuck with empty coverage they can't afford to use. People shouldn't be mandated to buy this overpriced, unusable insurance or face a penalty from the IRS. It is one of the most outrageous parts of the entire health care law. To me, it is the first thing that has to go on the chopping block.

Republicans are going to repeal damaging and destructive ideas like ObamaCare's many taxes, mandates, and penalties. Then we are going to walk through better solutions one-by-one, step-by-step. I hope some of the Democrats in Congress will join us.

The Democratic Senators must be heading home on weekends and listening to people who have been impacted the way I described the people of Wyoming believe they have been impacted by the health care law. They have to realize there are things we must do better and more freedoms that must be given to the American people.

The American people have suffered long enough with the chaos created by ObamaCare. It took years for health insurance markets to get this bad, and it is going to take time to get things fixed.

This resolution we have submitted to repeal ObamaCare is the start.

Mr. President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Wyoming.

Mr. ENZI. Mr. President, I thank my colleague from Wyoming, the doctor, the Senator who has been involved in health care all of his adult life and particularly since he got to the Senate. He has been looking at alternatives to what we have and will play an intricate part in any replacement that we do.

We know what the problems are, and we are in the land of denial right now with the Democrats making speeches about the fearmongering of what might be changed. This isn't the point at which it gets changed. This is the point at which it gets set up so that it can be changed, and I look forward to actually doing the repeal and the replacement under the guidance of Senator BAR-RASSO from Wyoming.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Michigan.

Ms. STABENOW. Mr. President, let me first say to the distinguished chairman of the Budget Committee that we look forward to seeing the replacement as well because that is really the key right now. People across the country are saying: Wait a minute. You are going to unravel a system. You are going to repeal and take away the health care that I have and the patient protections that I have, and we don't even know if it will be better.

Why in the world would that be done if the new system wasn't going to be better than the old system?

Right now we don't see anything. We see 6 years of repeals coming from the House and Senate and no plans. We still don't see a plan, and we have no idea. More importantly, there are millions of people with insurance who are either getting patient protections or affordable care they couldn't get before or have Medicare strengthened or Medicaid support, and no one knows what will happen next. Doctors, nurses, health care providers—no one knows what is going to happen next. I think it is the most irresponsible approach to addressing one of the basic needs for all of our families that we could ever have. So we know that in the end, when you pull the thread, essentially, you unravel the whole system. That, minimally, creates instability in the entire economy. There is no plan being held up that would improve health care, which we are all for. I am all for making the health care system more affordable for families, strengthening health care. Let's do it. Unravelling and creating chaos in the health care system—no. It makes absolutely no sense, and we know that it is just going to make America sick again.

I want to share a couple of stories. First, we hear from Mary of Dundee, who owns a small business and has a 20-year-old daughter with a preexisting condition. For her, coverage—but, also, what we call the Patients' Bill of Rights—is absolutely critical. That is part of the Affordable Care Act that af-

fects everybody with insurance. Seventy-five percent of Americans get their insurance through their employer. In the past, they could get dropped if they got sick, if they had diabetes or had a child with juvenile diabetes or had a heart condition or high blood pressure. Women who were of childbearing years could be viewed as having a preexisting condition. In the past, insurance companies had total control to decide who got coverage, when they got dropped, what would happen when you got sick and needed medical care. That changed with a Patients' Bill of Rights in the Affordable Care Act. There are a whole range of protections to make sure the insurance you pay for every month actually provides the medical care when you need it for you and your family.

Let's start with Mary's story. She wanted to express her concern about repealing the Affordable Care Act, and I appreciate very much the fact that she shared her story with me. She says:

My family and I have purchased our coverage through the [ACA] marketplace for 2015, 2016, and 2017. This opportunity has allowed us to become self-employed. . . .

They could open their own business. They weren't tied to their job because of the need of health insurance. They now have opened their own small business in Dundee, MI.

Prior to the ACA, I was working to provide coverage—

How many times have we heard that? I have heard that even in my own extended family—

then I lost my full time status and as a part-time employee, the hours I worked barely covered my portion of my employer provided healthcare.

By enrolling for coverage through the marketplace, I was able to pick the coverage needed for our family at an affordable price . . . not knowing what the future held becoming self employed. We have three daughters. Our oldest has life threatening allergies and asthma. I did not need to worry that we would be denied coverage due to preexisting conditions.

As Congress proceeds to dismantle the ACA, I am concerned for my oldest daughter who is in her sophomore year at the University of Michigan-Dearborn. She is 20 years old. . . . Will she continue to have coverage through our insurance until she is 26 as the ACA provides? If not, what kind of coverage will she be able to afford due to her pre-existing conditions? Why put more obstacles in the way of our young adults?

That is a really good question, Mary. It makes no sense to do that.

She goes on to say:

The ACA, we're sure, has faults . . . and like everything, could be improved, but to scrap it and not use it at least as a "seed" to grow and improve is beyond my understanding. To suggest that there is nothing to keep is absurd and 20-30 million Americans enrolled . . . agree with us.

I agree with you as well, Mary. Thank you for sharing your story.

The coverage in the Affordable Care Act and the strengthening of Medicare and Medicaid are critical, as are the patient protections—the Patient Bill of Rights that affects people who buy insurance now, who finally got control



back from insurance companies that made every single decision. Being able to know that, if, in fact, you get sick or your child has a serious health condition, they won't be denied care for the rest of their lives, and also being able to have them on your insurance as they start off in life—there are so many protections. The caps on treatments and the number of treatments and services provided have been eliminated. The Patients' Bill of Rights is absolutely critical.

I want to take just a moment to speak about another piece of this, which relates to the Patients' Bill of Rights as it relates to women. In the past, the majority of plans—about 70 percent of the insurance plans in the private sector that a woman might try to choose and purchase—wouldn't cover basic maternity care. I couldn't believe it when I first heard that. Wait a minute. It wouldn't cover basic maternity care? Now every plan has to cover basic maternity care. It makes sense. No longer is just being a woman a preexisting condition. That is part of the Patients' Bill of Rights.

The capacity to now get preventive care, a mammogram, cancer screenings, and other types of preventive care is done without a copay. So we want people to go and get that checkup and, if there is a problem, to be able to tackle it early. That is most important because it is better for the person, but it also means there will be less cost to the health care system if you can catch something early. So the Patients' Bill of Rights is really critical to that.

There is something else that is also in here that is appalling to me and goes directly to the question of women's health care, and that is the fact that this bill repeals Planned Parenthood services and, basically, guts health care for women across Michigan and women across the country. For 75 percent of the women who use a Planned Parenthood clinic in Michigan, their visit will be the only health care they get all year.

We have rural counties in northern Michigan where the only health care clinics doing preventive care—cancer screenings, basic services, OB/GYN visits—are the Planned Parenthood clinics. So many women across Michigan will see their access to health care denied if this passes and Planned Parenthood loses its funding. There were 71,000 patients, the majority of them women, in Michigan in 2014, who received care—breast exams, Pap smears, prenatal visits. Again, tying this all together, we want to cover maternity care, but we also want healthy moms and healthy babies, and that means prenatal care. We have communities in these small towns, as well as in the big cities. But it affects small towns and rural communities around Michigan, where women are going to be denied services, and it is the only clinic that is there.

I want to share a story from Laurie in Jonesville about the Affordable Care

Act and her particular situation. She said:

I have had type I diabetes for 54 years and when I needed to retire early at the age of 62 because of complications related to diabetes, I looked at the ACA for health insurance. . . . I couldn't afford COBRA.

I was able to buy health insurance at what I consider an affordable price with a small copay for my medications, the most expensive one being insulin at a retail price of \$296 a month. As you know, my preexisting conditions of type I diabetes, heart disease and a visual impairment, both complications of diabetes, would have been uninsurable without the ACA. I would have been uninsurable.

That is without the Patients' Bill of Rights, which says she has a right to be able to purchase health insurance.

In June of 2016 I was diagnosed with breast cancer, luckily diagnosed at Stage I in a routine mammogram. Without the ACA I wouldn't have been able to afford the mammogram or the subsequent treatment without depleting our life savings. I quickly reached my maximum out of pocket cost and while some people would complain about having to pay that, not me! My total bill so far is over \$150,000. . . .

That is for her cancer treatment.

There is the combination here of repealing Planned Parenthood funding for health clinics that allow someone like Laurie to go in and get a mammogram rather than waiting until she has a level of breast cancer that cannot be effectively treated or might otherwise cause loss of life. She was able to catch this early because she was able to get a screening—a mammogram—the kind of treatment that women in small towns all over Michigan have the capacity to do now because of the reasonable copays for care and partly because there is no copay for that mammogram but also because they have a clinic available in their community where they can get the care. All of this fits together—the access to preventive care for women, the health care clinics that are available around Michigan and around the country, and the Patients' Bill of Rights, which says you have a right to care. This is not just about the insurance company basing every decision on the fact that they want to make more money rather than cover you. You have a right to make sure that when you get sick, you don't get dropped, and, if you have breast cancer or diabetes, you have a right to have access to affordable health care.

So I would hope that our colleagues would join together, stop this craziness of trying to repeal health reform and protections for every single American, and, instead, sit down together and look at how we can make it better.

Our Republican colleagues will find willing partners in making the system more affordable and better, but we will continue to be the strongest possible opponents of ripping the system apart and creating chaos for American families.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Wyoming.

AMENDMENT NO. 52

Mr. ENZI. Mr. President, I call up amendment No. 52 and ask unanimous consent that it be reported by number.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The clerk will report the amendment by number.

The senior assistant legislative clerk read as follows:

The Senator from Wyoming [Mr. ENZI], for Mr. FLAKE, proposes an amendment numbered 52.

The amendment is as follows:

(Purpose: To strengthen Social Security and Medicare without raiding it to pay for new Government programs, like Obamacare, that have failed Americans by increasing premiums and reducing affordable health care options, to reform Medicaid without prioritizing able-bodied adults over the disabled, and to return regulation of insurance to State governments)

At the end of title III, add the following:

**SEC. 3. DEFICIT-NEUTRAL RESERVE FUND RELATING TO PROTECTIONS FOR THE ELDERLY AND VULNERABLE.**

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to protections for the elderly and vulnerable, which may include strengthening Social Security and Medicare, improving Medicaid, housing reform, and returning regulation of health insurance markets to the States, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

**RECESS**

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate stands in recess until 2 p.m.

Thereupon, the Senate, at 1:01 p.m., recessed until 2 p.m. and reassembled when called to order by the Presiding Officer (Mr. PORTMAN).

**CONCURRENT RESOLUTION ON THE BUDGET, FISCAL YEAR 2017—Continued**

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, as the ranking member of the Budget Committee, I want to take this opportunity to make several points in opposition to the Republican side-by-side amendment and in support of the amendment that I have offered.

Like many Republican proposals, if you read the Republican amendment, it sounds good on the surface, but if you probe half an inch into it, you recognize what an incredible disaster it will be for working families of this country—nice words, but devastating impacts. So I want to talk about that.

No. 2, I want to talk about what it will mean if, in fact, the Republicans

are successful in doing what they want to do, which is repealing the Affordable Care Act—something which I, and I think virtually every Democrat, will do our best to oppose—and what it will mean to the American people if the Affordable Care Act is repealed without any alternative to replace it.

What that, in fact, will mean is throwing 30 million people off of their health insurance. Thirty million people will lose their health insurance. I have not seen any Republican studies as to how many of those people will die, but certainly many thousands of them will die because if you are sick and you don't have any money and you don't have any health insurance, you cannot get to a doctor or you cannot get to a hospital. In fact, there have been some studies suggesting that thousands of people will die, and certainly many others will become much sicker than they should be. That is what happens when you simply throw 30 million people off of health insurance and you have no alternative plan.

Nobody in the Senate thinks the Affordable Care Act is perfect, least of all me. I think it needs significant changes. Let's work together to change it. But you cannot just repeal it without any alternative.

Not only will a repeal throw 30 million people off of health insurance, it will devastate millions and millions of low- and moderate-income families by making major cuts to Medicaid, and that includes many middle-class families who use Medicaid to support payments for their parents who are in nursing homes.

If you repeal the Affordable Care Act without a replacement, you are going to significantly increase the cost of prescription drugs for senior citizens, many of whom have a hard time right now paying for their medicine. And while you have thrown millions off of health insurance, while you make devastating cuts to Medicaid, while the repeal of the Affordable Care Act will raise the cost of prescription drugs for seniors, a repeal would do something else, which is not terribly surprising coming from Republicans. It would provide \$346 billion in tax breaks to the top 2 percent. Millions lose their health care, the costs of prescription drugs go up, middle-class families will not be able to afford nursing home care for their parents, but, importantly, from the Republican perspective, \$346 billion in tax breaks will go to the top 2 percent.

Now, this is a set of priorities which I, frankly, believe the American people do not support.

Also this afternoon I want to touch on another issue that is actually even more important than the previous two, and that is, to my mind, in a Democratic society, a candidate for President—in this case Mr. Trump—cannot simply say one thing over and over again, cannot go out to the American people and make campaign promises, but the day after the election, forget about what those promises were about.

Now, here is the purpose of the Republican amendment. This is what is in front of all of us right now.

Purpose: To strengthen Social Security and Medicare without raiding it to pay for new Government programs, like ObamaCare, that have failed Americans by increasing premiums and reducing affordable health care options, to reform Medicaid without prioritizing able-bodied adults over the disabled, and to return regulation of insurance to State governments.

That is the exact quote of the purpose of the Republican amendment that we will be voting on in a few moments. It sounds pretty good. But let us translate it into English, and let us be very clear about what these words actually mean and why this amendment should be opposed by every Member of the U.S. Senate.

The Republicans say in their purpose that they want to “strengthen Social Security and Medicare.” Well, count me in. That is exactly what I want to do. But how do they propose to go about doing that? They are going to strengthen Social Security and Medicare by making devastating cuts to Social Security and Medicare. That is a strange way to strengthen a program.

As we speak right now, the Republican chairman of the House Ways and Means Subcommittee on Social Security—the committee that has jurisdiction over Social Security—has introduced legislation which will make devastating cuts to Social Security. That is a very unusual way to strengthen that program.

My Republican friends will tell us that the only way we can “strengthen Social Security” is, in fact, to cut Social Security. Now, talk about fake news; talk about Orwellian language. We are strengthening Social Security by cutting Social Security. To all those seniors and disabled veterans who are out there and who are trying to get by on \$13,000, \$14,000, \$15,000 a year in Social Security benefits, my Republican colleagues are going to “strengthen” Social Security and they are going to do it by cutting your benefits. That is a very strange way to strengthen Social Security.

It seems to me that if we are serious about really strengthening Social Security, what that means in plain English—not Orwellian language—is, No. 1, if you want to strengthen it, we have to extend the life of Social Security. Social Security now can pay out every benefit owed to every eligible American for 17 years. That is OK. It means we are not in a crisis, but it is not good enough. I want to see Social Security be solvent for another 50 or 60 years. That is strengthening Social Security.

When we talk about strengthening Social Security, that means increasing benefits, not cutting benefits. The truth is that seniors in this country cannot make it on \$13,000 or \$14,000 a year in Social Security benefits; we need to increase and expand their benefits.

Thirdly, if we are serious about strengthening Social Security, we need

to end the absurdity of seniors who this year got a COLA of three-tenths of 1 percent, and in recent years have gotten COLAs of zero percent because the formula that determines COLAs for people on Social Security is totally inadequate and an incorrect formula, not really measuring the cost-of-living expenditures of senior citizens.

That is what we have to do to strengthen Social Security.

How do we do that? I have legislation that will do just that. But do my colleagues know what? Despite all of the talk of my Republican colleagues wanting to strengthen Social Security, we have zero Republican cosponsors on that idea.

The way we do it—a concept supported by many of the major senior organizations in this country—would eliminate the earnings cap on all taxable income above \$250,000. Right now, if you make \$1 million a year, \$10 million a year, you contribute the same amount into the Social Security trust fund as somebody who makes about \$118,000. That is wrong. That is unfair. Lifting that cap, starting at \$250,000 and above, would impact only the top 1.5 percent. If we do that, we can extend the life of Social Security for well over 50 years and we could expand benefits for people living on less than \$16,000 a year by more than \$1,300 a year. That is how we strengthen Social Security. But I have not heard one Republican in this body speak in support of that proposal.

Now, Republicans say they want to strengthen Medicare without raiding it to pay for new government programs like ObamaCare. That is what they state in their purpose. So let me be absolutely clear. That is a totally false statement. It is not true. The so-called raid was an effort to save some \$700 billion over a 10-year period by making Medicare more efficient and more cost effective.

My Republican friends talk every day about the need to bring increased efficiencies into government programs. They are right. We need to do that. And that is precisely what the Obama administration did. My Republican friends will not get up here and tell us that there was one nickel of Medicare benefits cut as a result of the creation of the Affordable Care Act. There was not one nickel of benefits cut. They know it. I know it. They will not say otherwise.

So the \$700 billion was in savings, doing the right thing—not cutting a nickel of benefits from Medicare. I hope my Republican colleagues will not continue to try to spread this mistruth.

The Republican amendment that we are going to be voting on talks about reforming Medicaid without prioritizing able-bodied adults over the disabled. It sounds good. What are they talking about in real English? What they want to do is “reform” Medicaid without prioritizing able-bodied adults over the disabled. What does that



mean? It means not only do they not want to see Medicaid expanded, as over 30 States have done, what they want to do, and what this language is really about, is to throw millions of people off of Medicaid. We are the only major country on Earth that does not guarantee health care to all people. Some 28 million Americans today have no health insurance. They want to throw millions more off health insurance.

So if you are an “able-bodied” adult making the Federal minimum wage of \$7.25 an hour—which, by the way, they don’t want to raise. Vermont has raised its minimum wage to \$10 an hour. I don’t know what it is in Wyoming—\$7.25. But if you are in a State where minimum wage is still \$7.25 and you are able-bodied, do the arithmetic. If you have a couple of kids, health insurance will cost you \$10,000, \$15,000 a year. How do you afford that when you are making \$8, \$9, \$10 an hour? You don’t afford it. That is able-bodied.

The last I heard, it is not criminal activity to be working and making \$8, \$9, \$10 an hour. Unfortunately, that is what millions of people do. They cannot afford health insurance. What many of us have tried to do is expand Medicaid so that they will get health insurance, but what the Republican proposal and their language is about is the denying health insurance for the so-called able-bodied. Let’s get rid of the word “able-bodied.” Let’s talk about working people at starvation wages who cannot afford health insurance. That is what that language means in English.

The Republican’s proposal we will be voting on also talks about “returning regulation of insurance to State governments.” OK. It sounds good. What does that mean in the real world? That means you could be denied coverage for a preexisting condition.

I just met a woman last night dying of breast cancer. That is her reality, but she was able to get health insurance, despite having a very severe situation, because we abolished the insurance companies’ ability to say no to her and to millions of other people who have preexisting conditions.

When you want to return regulation of insurance to State governments, that is precisely what they can do—the law is gone. The insurance companies can say: You have cancer; we are not going to cover you because you are going to cost us too much money, and we can’t make any money from you. Insurance companies could refuse to cover needed things like maternity care, prescription drugs, or high-cost diseases like HIV and many others. That is what they mean when they talk about returning regulation of insurance to State governments, doing away with all of the patient protection we have passed here in Washington that is widely supported by the American people. Go out to Wyoming, go to Vermont, go to Oregon, go to any State and ask the people if we should repeal preexisting conditions so insurance

companies can discriminate against people with illness, and they will tell you overwhelmingly no.

So the Republican proposal, which sounds nice, is in fact a devastating amendment that would very negatively impact many millions of people. I hope every Member of the Senate will reject that Republican amendment and in fact vote for an amendment I will be offering which addresses two very important issues:

No. 1, at a time of massive income and wealth inequality, at a time when a tiny sliver of our population—the people on top—are getting phenomenally wealthy, phenomenally richer, we have an explosion of billionaires in recent years while the middle class continues to shrink. At a time when we are the only major country on Earth not to guarantee health care as a right to all of our people, it would be absolutely unacceptable to take away health insurance from 30 million Americans, unacceptable to privatize Medicare, unacceptable to slash Medicaid, unacceptable to increase the costs of prescription drugs for seniors, unacceptable to defund Planned Parenthood—a high-quality health care organization providing health care to over 2 million Americans, many of whom are low income women. So a vote for the Sanders amendment rejects all of those very bad ideas.

If we throw 30 million people off health insurance and if we do not have a plan to replace it, I would hope my Republican colleagues would have the decency to tell us how many of those 30 million people will die. If we are going to be considering this legislation and throwing 30 million people off who can no longer get to a doctor, can no longer get to the hospital because they don’t have the money, how many of them will die? Tell us. Tell us so we can hold that in consideration as we look at this proposal.

For years, it is no secret Republican leaders like PAUL RYAN and Congressman TOM PRICE have wanted to end Medicare as we know it. That is what they have told us. It is not what I am saying. It is not a great secret.

What does that mean? What does it mean if we end Medicare as we know it and if we turn it into a voucher program, handing a 65-year-old senior who has been diagnosed with cancer an \$8,000 check and telling them to go out to a private insurance company and buy insurance on their own. That is what privatizing Medicare is about. It is a voucher program. Here is a check. You go out to the private insurance companies. You do your best.

If you are an 80-year-old suffering with cancer and you have a check for whatever it may be—\$8,000, \$9,000 a year—and you go to an insurance company and you say: What do I get for my \$8,000 check, they will laugh at you. They will laugh at you because they understand the cost of your care—your hospital care, your prescription drugs—will go well beyond 8,000 in the first

week, let alone year. You will get nothing. That is what the Republican idea is in terms of privatizing Medicare.

Let me get to the last point I want to make, and that gets well beyond the Affordable Care Act and well beyond Medicaid, Medicare, and Social Security. It gets to the essence of what our political system is supposed to be about, and that is, if we run for office—and every person in the Senate has run for office. If you run for President, you cannot say over and over again that you are going to do this, and the day after the election decide you are not going to do it. That is why so many people in this country are disgusted with the political process. They see people saying: Hey, vote for me. I am going to do A, B, and C, and the day after the election you do the very opposite, D, E, and F.

When he ran for President, Donald Trump ran a very unconventional campaign. That is for sure. He said: I am not a typical Republican. That is what he said. He said: If I am elected President, I, Donald Trump, am not going to cut Social Security, I am not going to cut Medicare, and I am not going to cut Medicaid. He didn’t say that once. He wasn’t caught in an ambush interview. That was the heart and soul of his campaign. That is what he said to the elderly and to working-class Americans, and many voted for him precisely because he said he would not cut Social Security, Medicare, and Medicaid.

On May 7, 2015, Mr. Trump tweeted: “I was the first and only potential GOP candidate to state there will be no cuts to Social Security, Medicare, and Medicaid.”

April 18, 2015, Trump said:

Every Republican wants to do a big number on Social Security. They want to do it on Medicare, they want to do it on Medicaid, and we can’t do it. And it’s not fair to the people that have been paying in for years. Now, all of a sudden they want to cut it.

August 10, 2015, Trump said:

I will save Medicare, Medicaid, and Social Security without cuts.

Without cuts.

We have to do it. People have been paying in for years and now many of these candidates want to cut it.

March 29, 2016, Trump said:

You know, Paul [Ryan]—

PAUL RYAN is, as we all know, the Speaker of the House—

wants to knock out Social Security, knock it way down. . . . He wants to knock Medicare way down.

Two things. You will lose the election if you are going to do that. I am not going to cut it, and I am not going to raise ages, and I am not going to do all the things that they want to do. Welcome to “they.” That is what the Republicans are trying to do.

Back to the quote:

But they want to really cut it, and they want to cut it very substantially—the Republicans—and I am not going to do that.

That is where we are today. Republicans have a proposal which will make

devastating cuts to Social Security over in the House, and here by repealing the Affordable Care Act, they are going to cut Medicare and Medicaid.

In December of 2011, Trump wrote:

Now, I know there are some Republicans who would be just fine with allowing Social Security and Medicare to wither and die on the vine. The way they see it, Social Security and Medicaid are wasteful entitlement programs. But people who think this way need to rethink their position. It's not unreasonable for people who paid in to a system for decades to expect to get their money's worth. That's not an entitlement. That's honoring a deal. We as a society must also make an ironclad commitment to providing a safety net for those who can't make one for themselves.

On May 21, 2015, Trump tweeted:

I am going to save Social Security without any cuts. I know where to get the money from. Nobody else does.

On and on and on. These are just some of the quotes. This is not like a statement in the middle of the night. This is what he campaigned on.

What this amendment is about and says to my Democratic colleagues and says to my Republican colleagues is, do we hold and support the process in which a candidate runs for office and over and over and over again tells working families and the elderly he will not cut Social Security, Medicare, or Medicaid—do we hold him to his word or do we just say: Hey, that is just campaign rhetoric. He lied. That is OK. That is politics in America. It doesn't matter what he said. This is the reality. We are going to cut Social Security, Medicare, and Medicaid.

So this amendment tells us that if we go forward with what the Republicans want to do, it will be devastating to the American people, but perhaps, more importantly, what this amendment says is that in a democratic society, we must have faith with the American people. You cannot run a campaign, make promises, and the day after forget about everything you said.

I would hope very much that my Republican colleagues will join all of us on this side in supporting what democracy is supposed to be about. We have differences of opinions. Mr. ENZI and I disagree on a lot of things, but I have never suggested that Mr. ENZI—when he campaigns, I believe he says what he believes. People vote for him or they vote against him. It is called democracy. Now you have a situation where a candidate for President goes to the working class and says: I will not cut Social Security, Medicare, and Medicaid. Let us tell Mr. Trump: Let us keep faith with the American people. We heard what you said, and we are going to hold you to your word. Let us support the Sanders amendment.

Mr. President, I yield the floor.

Mr. DURBIN. Mr. President, today, Senate Democrats will be voting to protect three programs—Medicare, Medicaid, and Social Security. These programs represent core commitments our Nation has made to seniors, low-income Americans, children, and those living with disabilities.

Social Security, Medicare, and Medicaid reflect who we are as Americans. At one time or another throughout our lives, most of us have or will count on these programs for health care or for financial stability.

During last year's Presidential debate, President-Elect Trump sought to distinguish himself from the field of Republican candidates by stating he was the first and only Republican candidate who would promise not to cut Social Security, Medicare, or Medicaid. Yet, in their first major action of the new Congress, Republicans have taken the first step to dramatically alter and decimate core programs that comprise our safety net. Congressional Republicans want to gut funding, limit benefits, constrict eligibility, and turn guaranteed earned benefits into a voucher and a "good luck" wish. Their approach would violate the pledge we have made to millions of Americans and truly disrupt lives. This is unacceptable. That is why I am cosponsoring Senator SANDERS' amendment to prohibit the Senate from considering any legislation that would violate Donald Trump's promise of not cutting Medicare, Medicaid, or Social Security.

I am committed to ensuring that we meet the promise we made to Americans. Sixty million Americans, including 2 million Illinoisans, depend on Social Security for their well-being, and we must make sure that this vital program is there for both current and future generations.

By 2034, without any reform, Social Security will be unable to fulfill its promise to its beneficiaries. If Congress does not act, beneficiaries would immediately see their benefits reduced by one-fifth.

It remains Congress's responsibility to look to the future and protect the long-term solvency of Social Security while ensuring benefits meet the needs of beneficiaries, especially the most vulnerable among us.

Waiting until tomorrow to do what we could do today—an approach that I have seen fail in Illinois—only makes the task more difficult and likely to cause disruption.

I was a member of the Simpson-Bowles Commission, where we tried to address our budget challenges and the long-term solvency of Social Security. I voted for the Commission's report because I believe we must face the difficult reality that doing nothing may harm the very people we are trying to protect—beneficiaries that rely on the promises we have made. I firmly believe that we, as Members of Congress, have a duty to have these debates and make difficult decisions, not just wait for the inevitable.

While I did not support everything in the final Commission's report, I believe the report included some commonsense options to improve the longterm solvency of Social Security: accelerating the alignment of payroll taxes to their intended level of 90 percent of wages

and realigning benefits to reflect current poverty levels among seniors.

I believe there can and should be evenhanded, bipartisan agreement on a path forward. To do so, we need a collaborative and good-faith partnership to examine the universe of policy options.

Make no mistake—I oppose privatization of Social Security. And recent solvency changes have weighed heavily on beneficiaries. That is why conversations should be balanced and targeted. There must be a dual goal of ensuring the adequacy of benefits, especially for those who rely on Social Security the most, and the long-term solvency of this program.

I look forward to working across the aisle in the future to maintain and build upon our promise to Americans.

AMENDMENT NO. 52

The PRESIDING OFFICER. Under the previous order, there will be 2 minutes of debate, equally divided, prior to a vote in relation to amendment No. 52, offered by the Senator from Wyoming, Mr. ENZI, for Mr. FLAKE.

The Senator from Arizona.

Mr. FLAKE. Mr. President, I rise today to speak in favor of the Flake amendment, No. 52, to protect the elderly and vulnerable.

I think the Senator speaking on the other side of the aisle talking about Republicans wanting to cut Medicare and Social Security has it a little backward. According to the non-partisan Congressional Budget Office, under current law Social Security's disability insurance trust fund will be exhausted by 2022 and its retirement fund will be exhausted by 2030. Once exhausted, Social Security beneficiaries could be subject to a cut in their benefits as high as 31 percent if we do nothing, unless we fix these programs.

The problem with the other side of the aisle right now is they don't want to fix these programs. If we adopt the Sanders amendment, it will make it difficult to actually go in and reform these programs in a manner that will make sure they survive for future generations.

We all know we have to have entitlement reform. We want to do it in a way that protects future generations. Unless we reform these programs—and they go in 2022 and 2030—if these benefits are exhausted, people might be subjected to a 31-percent cut. That is not what we want. That is why we have to go in and reform them, and that is why we need to adopt my amendment.

With that, I yield back.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, when my friend Senator FLAKE talks about reforming Social Security, what he is talking about is cutting Social Security. He is suggesting that is the only way we can save Social Security. Of course, that is nonsense. I would urge my good friend from Arizona to get on board legislation that I will be offering. Do you know what it does? It extends the life of Social Security for 55

years and expands benefits, and it does that by lifting the cap so that billionaires contribute more into the Social Security trust fund.

To suggest that nobody on this side wants to do anything is inaccurate. We do want to do something. We want to raise benefits and extend the life of Social Security. And, yes, some campaign donors—billionaires—may have to pay more in taxes.

I urge my colleagues to reject the Flake amendment and support the Sanders amendment.

Mr. President, I raise a point of order that the pending amendment, No. 52, is not germane to the underlying resolution and therefore violates section 305(b)(2) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. FLAKE. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974 and the waiver provisions of applicable budget resolutions, I move to waive all applicable sections of the act and applicable budget resolutions for the purpose of the Flake amendment, No. 52, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Alabama (Mr. SESSIONS) and the Senator from North Carolina (Mr. TILLIS).

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

The yeas and nays resulted—yeas 31, nays 67, as follows:

[Rollcall Vote No. 5 Leg.]

#### YEAS—31

Burr	Gardner	Portman
Cassidy	Graham	Risch
Collins	Heller	Rubio
Corker	Hoeven	Sasse
Cotton	Inhofe	Scott
Crapo	Johnson	Sullivan
Cruz	Lankford	Thune
Daines	Lee	Toomey
Ernst	McCain	Young
Fischer	Moran	
Flake	Murkowski	

#### NAYS—67

Alexander	Duckworth	Manchin
Baldwin	Durbin	Markey
Barrasso	Enzi	McCaskill
Bennet	Feinstein	McConnell
Blumenthal	Franken	Menendez
Blunt	Gillibrand	Merkley
Booker	Grassley	Murphy
Boozman	Harris	Murray
Brown	Hassan	Nelson
Cantwell	Hatch	Paul
Capito	Heinrich	Perdue
Cardin	Heitkamp	Peters
Carper	Hirono	Reed
Casey	Isakson	Roberts
Cochran	Kaine	Rounds
Coons	Kennedy	Sanders
Cornyn	King	Schatz
Cortez Masto	Klobuchar	Schumer
Donnelly	Leahy	Shaheen

Shelby	Van Hollen	Wicker
Stabenow	Warner	Wyden
Tester	Warren	
Udall	Whitehouse	

#### NOT VOTING—2

Sessions Tillis

The PRESIDING OFFICER. On this vote, the yeas are 31, the nays are 67.

Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained and the amendment falls.

#### AMENDMENT NO. 19

Under the previous order, there will be 2 minutes of debate, equally divided, prior to a vote in relation to amendment No. 19, offered by the Senator from Vermont, Mr. SANDERS.

The Senator from Vermont.

Mr. SANDERS. Mr. President, this amendment does two basic things. No. 1, it says that the Senate should not go on record in throwing 30 million people off of health insurance, raising the cost of prescriptions drugs for seniors, and privatizing Medicare.

But it also does something else maybe even more important. It says that we should support President-Elect Trump when he campaigned throughout this country saying that I, Donald Trump, will not cut Social Security, will not cut Medicare, will not cut Medicaid. Let's tell the American people that we think that when a candidate for President says something over and over and over, when he promises the working people and the elderly that he will not cut Social Security, Medicare, and Medicaid, we stand with him and we are going to support him and make sure that there are no cuts to Social Security, Medicare, and Medicaid.

Thank you.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, I don't think that is exactly what this is about. This amendment is corrosive to the privilege of the budget resolution, meaning it is outside of the scope of what is appropriate for a budget resolution. Any inappropriate amendment could be fatal to the privilege of this resolution, which would destroy our efforts to repeal ObamaCare.

In other words, a vote in favor of this amendment is a vote against repealing ObamaCare. In addition, this amendment is not germane to this budget resolution. This budget resolution is much more focused than a typical budget resolution. The Congressional Budget Act requires that amendments to a budget resolution be germane. Since this amendment does not meet the standard required by budget law, a point of order would lie; as such, I raise a point of order under section 305(b)(2) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER (Mr. HOEVEN). The Senator from Vermont.

Mr. SANDERS. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974, I move to waive all applicable sections of that act for purposes

of the pending amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Alabama (Mr. SESSIONS) and the Senator from North Carolina (Mr. TILLIS).

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

The yeas and nays resulted—yeas 49, nays 49, as follows:

[Rollcall Vote No. 6 Leg.]

#### YEAS—49

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

#### NAYS—49

Alexander	Flake	Paul
Barrasso	Gardner	Perdue
Blunt	Graham	Portman
Boozman	Grassley	Risch
Burr	Hatch	Roberts
Capito	Heller	Rounds
Cassidy	Hoeven	Rubio
Cochran	Inhofe	Sasse
Corker	Isakson	Scott
Cornyn	Johnson	Shelby
Cotton	Kennedy	Sullivan
Crapo	Lankford	Thune
Cruz	Lee	Toomey
Daines	McCain	Wicker
Enzi	McConnell	Young
Ernst	Moran	
Fischer	Murkowski	

#### NOT VOTING—2

Sessions Tillis

The PRESIDING OFFICER. On this vote, the yeas are 49, the nays are 49.

Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained and the amendment falls.

The Senator from Vermont.

Mr. LEAHY. Mr. President, the 115th Congress convened just last week. I had hoped that with all the turmoil in the country that we would begin the year with a renewed sense of cooperation. But I am sorry to say, my friends in the Republican Party have chosen a different path.

The very first thing on the agenda is to press forward with a sham budget. If you ask why we have a sham budget, a fake budget, an unrealistic budget—we find out that its only purpose is to set up a process to repeal the Affordable Care Act with a simple majority vote. Why? Because they know the American people would never allow a repeal to pass otherwise.

So instead of working to finalize appropriations bills for this year—already more than 3 months in—or to invest in our Nation's critical infrastructure, or to truly bolster our Nation's cyber security, when we see countries such as Russia and other places attacking our cyber systems, or even to improve the Affordable Care Act so we can ensure that more people can receive affordable coverage, I am afraid the Republicans are recklessly rushing forward solely to fulfill an ill-considered campaign promise.

They are pushing American families over the cliff with the vague promise: Yeah, we will repeal it, but don't worry because eventually we will come up with a plan to replace it.

Jump first, plan later is anything but a responsible formula for someone's health, for sound decisions; and all the more so when the health insurance of tens of millions of Americans and American families all over the country—Republicans, Democrats, and Independents alike—is at stake.

The majority leader and others have said the repeal of the Affordable Care Act is only the first step. They say that a full repeal is necessary to pave the way for a replacement. They say: Let's leave ObamaCare in the past. Well, when you strip away the rhetoric and get rid of it, the only alternative they offer the American people is don't get sick—because if you get sick, you are in trouble.

The American people have a right to know what a vote to repeal the Affordable Care Act really means. A repeal of this law would not just take away the rights and care of millions of patients and their families; it would eliminate insurance coverage for millions more—especially the aging, the elderly, men and women with preexisting conditions, and the most vulnerable children.

A repeal of the Affordable Care Act would turn back the clock to a bad time in this country where once again women would have to pay more for health insurance than men, where insurance companies could rescind a health insurance policy simply because someone gets sick, and coverage could forever be denied to someone born with a disease or ailment, and that includes children. So you could buy a health insurance policy so you were covered in case you got sick, but the insurance companies could then say: Oh, you are sick. Sorry, no more insurance.

Now, in my State of Vermont, the Affordable Care Act has reduced the number of Vermonters without insurance by 53 percent. Tens of thousands have gained coverage under the expansion of Medicaid. And because the Affordable Care Act closed the prescription drug "donut hole," more than 10,000 Vermont seniors saved \$12 million in prescription drugs in 2015 alone. And this is just in the second smallest State in the Union. Can you imagine what it is like in larger States?

I have heard stories from many Vermonters about how vital this law is

to them and their families. I have heard from family doctors, like one in the southwest corner of our State in Bennington, who remembers when his patients couldn't afford treatment because of lifetime and annual limits on health care coverage, something that was very common. Or a woman from Westminster, VT, whose family hit hard times—she moved from job to job. She couldn't afford continuous health coverage until the Affordable Care Act offered her a quality plan she could keep. Now, we are talking about throwing her off.

Other young Vermonters are able to pursue careers in public service or the arts because they can stay on their parents' health insurance until age 26. Countless others have underscored that because of previous health issues, such as diabetes or cancer, health coverage would otherwise be unaffordable.

It would be a vicious cycle. They had a disease, but they couldn't afford to do anything about it, and they would go into greater debt. Now, even though they have a preexisting condition, they have guarantees and subsidies provided by the Affordable Care Act so they can have health coverage, instead of health coverage being unaffordable.

Opponents of the Affordable Care Act have gone to new lengths to repeat and prolong this political battle. And that is all this is. They have had 6 years to propose a better alternative. Instead, congressional Republicans and the President-elect have decided to put the cart before the horse. They want to dismantle our health care system, and they don't want to figure out how to fix it. They just want to figure out how to get rid of it. And, by the way, they say somebody is going to come up with a bright idea for something better.

The American people rightly expect us to work together and make progress on the many challenges that we face today. Instead, we are engaging in dangerous political gamesmanship that will not affect Members of the Congress, but the millions of families we represent throughout this country because they will not have health insurance, and their children will not have health insurance. Just think what this is eventually going to cost Americans—a lot more than we pay now.

I will not support a return to less protection, less coverage, less fairness, and higher costs because that is what a repeal means. The Affordable Care Act extended health insurance to millions of families, not only in Vermont, but across the country. Those who represent the American people in Congress should stand ready to get to work for their constituents. Not to make their constituents sick, but to give them a program that works.

I will not support an effort to reverse the many reforms and achievements we have made through the Affordable Care Act and instead cobble back together a broken system that for too long burdened most American households with health coverage uncertainty and crippling costs.

I am not going to go and tell Vermonters: Too bad that you have cancer. Tough. We just fixed it so you can't have insurance. Too bad that you have diabetes. We just fixed it so you can't get insurance. Too bad that your child was born with a physical defect. Too bad. We just fixed it so you can't get insurance. Or to the person who just lost a job who doesn't have insurance: Too bad that you are without health insurance. Better pray you don't get sick because, if you do, you will lose a lot more than your job.

No, I can't look Vermonters in the eye and say that is what I support.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mrs. FISCHER). Without objection, it is so ordered.

#### WASTEFUL SPENDING

Mr. FLAKE. Madam President, I rise to speak on a subject that often goes overlooked in this body.

The subject of wasteful spending on parochial pet projects is often treated as a trivial matter—simply the cost of doing business around here. Imagine if every Member of Congress were as obsessed with searching for government waste as the players of the mobile game Pokemon Go are obsessed with finding the elusive Pokemon, as the chart shows here.

Just like the monsters in the popular game, government pork projects come in all shapes and sizes. They pop up just about everywhere. As individual expenses, these pet projects can seem rather harmless—cute, even. But taken together, their cost adds up to one very menacing boondoggle debt monster that continues to grow and threaten every taxpayer. In fact, within days, the U.S. national debt will top \$20 trillion.

As we debate the budget resolution, we need to get serious about controlling the debt like the true national security challenge it is. We start by eliminating unnecessary spending and catching government waste.

My friend and former colleague Senator Tom Coburn of Oklahoma created an annual report cataloging some of the most egregious ways Washington wastes our tax dollars. It is called the Wastebook. Today, I am releasing the latest installment, which profiles 50 new examples of questionable expenditures. This year's edition is entitled "Wastebook: PORKemon Go."

Like the Pokedex, which lists the various Pokemon for players to catch, Wastebook provides an index of questionable expenditures lurking throughout the Federal budget. These collectively cost taxpayers more than \$5 billion, but instead of Pikachu, we are looking out for PORKachu.

The top entry in this year's Wastebook is a spaceport—which is just a fancy word to say a rocket launch site—all the way over in Alaska. It has been derided as space pork, not because it is launching an elite unit of porcine astronauts into the big trough in the sky, it is because Congress used earmarks to force the Department of Defense to build the facility, over the objections of the military, as part of an illegal kickback scheme.

A midlevel DOD employee, who was sentenced to prison for masterminding the plot, eventually confessed that building the launch facility “doesn’t make sense.” He said the Pentagon “just paid for meaningless work.” Keep in mind, this was a contractor on that project. After sitting unused for several years, the Pentagon is now sinking another \$80 million into the spaceport. This is despite the fact that it is not even equipped with the type of missiles that DOD plans to launch for the site.

Another entry, the National Comedy Center in New York must be laughing all the way to the bank with \$1.7 million from the Economic Development Administration, or EDA. This will be spent to bring Lucille Ball back to the stage as a hologram. The three-dimensional illusion of Lucy is formed with light beams from a laser, which will replicate standup routines using existing audio recordings.

Holograms of other comedians who are no longer with us will also take the stage in the center’s comedy club. Other features will include a boot camp on how to deliver jokes—maybe I need that one—as well as a heckle booth, which we can do without. This is likely to once again make Washington the punch line of jokes, but it is no laughing matter for taxpayers.

Next up, the U.S. Department of Agriculture, USDA, has a program that allows taxpayer-funded farm loans to literally be paid back with peanuts. This program shelled out \$74 million in the past year. In typical Washington fashion, the government pays more for the peanuts than the market price, which has turned the program into a cash cow, or pig—however you want to view it—and the pile of surplus peanuts the government has amassed is so large that government can’t even give it away.

Here we have a farm program where we are giving loans to farmers to grow peanuts. If they check at the end of the year and the market price for peanuts isn’t very good, they can unload those peanuts on the government and keep the cost of the loan. Then, government has to store these peanuts, which we do in warehouses all over the country.

Based on USDA’s own numbers, the Congressional Research Service is warning that the storage costs alone could pile up to \$1 billion a year. That is not just peanuts; that is enough to make anyone salty about our debt and deficit.

Instead of filling potholes, \$35,000 from the Department of Transpor-

tation literally went to pot. The money was paid for a giant glow-in-the-dark doobie displayed in Denver that was intended to remind motorists who smoke marijuana not to drive while they are stoned; \$35,000 for a big poster or banner on a building of a giant joint.

Even the Nation’s most prestigious science agencies are spending taxpayer funds investigating subjects that most of us would consider obvious or rather offbeat. Studies on the habits of college students funded with \$5 million of NIH grants counted more than 500 different drinking games that are popular on college campuses.

According to researchers, “All of these games have the same goal—causing participants to become intoxicated.” I think that is rather obvious. They observed that fraternity brothers drink, smoke, and generally party more than other students, and they also sleep in later. This led the researchers to speculate that “one explanation for this finding is that Greek students recognize their sleep needs.” A more likely reason is that they are sleeping off their partying lifestyle, but you are paying for it.

NIH is also drilling down to determine why some people are afraid of the dentist as part of another \$3.5 million research project. The researchers found that—surprise here—“fear of pain has been shown to be a critical component.”

The monkey business doesn’t end there. NIH spent nearly \$1 million to study the evolution of monkey drool and another \$230,000 to determine if the color red makes female monkeys feel more romantic. In case you are wondering, it does.

As part of an effort supported by both the National Science Foundation and DOD to teach computers how to understand computer behavior, the machines were programmed to watch television shows. After viewing over 600 hours of “Desperate Housewives,” “The Office,” and other shows, the computers were still unable to predict how humans would behave in most situations. Anybody who has watched those shows realizes that is rather obvious.

A \$1 million NASA project is preparing the world’s religions for the possible discovery of extraterrestrial life forms—\$1 million to prepare the world’s religions for the possible discovery of extraterrestrial life forms. Do we need to spend that, really?

A major sticking point for the participants was defining what life is: “Much of the discussion centered on the question, ‘What is life?’ It turns out that life is notoriously difficult to define,” they concluded.

The fishiest study of all tested how long a fish can run on a treadmill. This was part of a study paid for by a \$565,000 grant from the National Science Foundation. Everyone remembers the infamous shrimp on a treadmill funded by NSF. It turns out that last year’s competitor had a leg, or several, up on the competition. With five

pairs of walking legs and five pairs of swimming legs, the shrimp could run for hours. The latest NSF-funded treadmill study participant was literally a fish out of water. The experiment forced mudskippers to “run” for as long as 15 minutes at a time on a treadmill. These fish possess the unique ability to survive out of water for extended periods of time, using their fins like legs, although they didn’t appear to enjoy running on the treadmill, as you can imagine.

Certainly, we have bigger fish to fry with our Federal research dollars and, I might add, better puns to find as well. I could go on and on with examples of completely unnecessary spending identified by this year’s Wastebook. There is waste in every department, every agency. All you have to do is look. Ferreting out every bit of wasteful spending, no matter how small, is the only way to reduce our debt and to rein in the cost of our Federal Government. It can be a daunting task because, much like Pokemon, these programs are good at hiding. Our mission is simple: You have to catch them all.

Madam President, I yield back.

The PRESIDING OFFICER. The Senator from Maine.

Mr. KING. Madam President, I rise this afternoon to supplement some remarks I made on the floor last evening about the Affordable Care Act. Last night, I talked about my own experience as a young staff member in the U.S. Senate 43 years ago when, because I had an insurance policy provided by my employer—that policy had preventive care as part of the policy, just as Affordable Care Act policies do today—I had a routine physical checkup. It was the first I had in a number of years, which caught malignant melanoma, a particularly virulent form of cancer. Because it was caught early and because I was treated, here I am today.

As I mentioned last night, it has always haunted me that someone who didn’t have insurance, a young man or a young woman somewhere in the country who was in exactly my situation, because they didn’t have insurance, they didn’t have preventive care, didn’t get the checkup, the disease wasn’t caught, and they are gone.

I find it very hard to justify that, to understand that. It doesn’t seem fair. It doesn’t seem ethical. It doesn’t seem moral. Today I wanted to also bring to the attention of the Senate some stories from today about the effect of the Affordable Care Act in Maine, where we have over 80,000 people enrolled, many of whom had never been able to have insurance before.

A young woman, Whitney, who graduated from college in 2013, said:

I graduated . . . with a degree in wildlife ecology, [but it was very difficult to find a job.]

Thanks to the ACA, I was able to stay on my family health insurance plan through this period of unemployment. I did finally get employed in my field, but permanent, year-round jobs with benefits are the equivalent of winning the lottery.

Many young people are in that situation. It even has a name. It is called the gig economy, people who work gigs, who work short periods of time, several months here, several months there, but there are no benefits attached to those jobs. She said:

Many of us work seasonal jobs, building trails on the Appalachian Trail, rescuing lost hikers, managing volunteers, and running programs for veterans to reconnect with Maine's woods. We do good work in this state. Before the ACA we worked dangerous outdoor jobs that only provided minimum worker's comp. . . . But with the ACA and the tax credit, I could afford a silver plan, I could get dental for my teeth, could go to the doctor again, get flu shots and get my joints looked at.

It is important to realize that without the ACA, this young woman would have literally no options. A health savings account is unrealistic for somebody who is making \$15,000 to \$20,000 a year. Buying insurance across State lines isn't going to help this young woman.

She said getting the ACA coverage "was life changing. I know it is not perfect but I am terrified of going back to [where we were] before, where health and financial ruin was one wrong step away."

Another letter from an older adult:

My wife is sixty-three years old she is no longer able to work full time. She has had major back surgery and has arthritis in her neck. Because of these health issues she had to reduce her work hours.

Here is the catch-22. She had to reduce her work hours. Therefore, her employer dropped her from her health care coverage.

We were fortunate [enough] to obtain coverage for her through the Affordable Care Act. It is expensive and is not the best coverage—

Nobody in this body says it is best possible result and that the law is perfect. We all agree it needs to be repaired and fixed and modified. The writer goes on to say—

but it is good enough for us to know that a major health issue will not bankrupt us.

We are appealing to you as our representative to insure that a reasonable replacement will be put in place when the Affordable Care Act is ended. Better yet, improve it, don't destroy it.

I couldn't have said it better myself. Donald, in his letter to me, says: "Better yet, improve it, don't destroy it." That is what we ought to be talking about.

This letter is from a fellow named Ryan in North Central Maine. He also makes an important point about the Affordable Care Act. The term that I refer to is "job lock." There are hundreds of thousands, if not millions, of people in this country who are locked into the jobs they have that they don't really like, that isn't giving them the satisfaction they want because they can't afford to leave their health care.

One of the hidden benefits of the Affordable Care Act is it has allowed those people to follow their dreams, to start a business and not have to worry

about having health insurance. This is an entrepreneur in Maine, a small business person. He said:

Affordable healthcare is a major roadblock to those calculating whether they can take the leap to become self-employed. As we prepare for next year's ice cream season, I am about to leave my benefit-providing job in order to commit to making the volume of ice cream we need. This is a scary and questionable decision given our financial situation and the fact that we are raising our two small children of four and seven years old. The first comment I hear from everyone who finds out I am leaving my job is, "Are you sure? What are you going to do about health insurance?"

The answer is, the Affordable Care Act. It enables this young man, this gentleman, to follow his dream, to start his business, to commit to his business, and this is good for the country. This is a hidden benefit that is rarely discussed about the Affordable Care Act to allow people to give vent to their dreams and their innovation and their contribution to the economy.

Here is how he ends his letter. He says:

Please don't let me down. Please don't let my family down. Please don't let down the millions of families who really are on the bottom of this country and are the very ones that all of you from every party claim to support. I don't care about the details of how it gets done, whether the ACA is thrown out, or just revised, or what compromises have to be made by either party, but please make sure there is a health care option available and that it is at an affordable price for those of us with the guts to take a stab at our own small business. The key is "Affordable Care." It matters.

As in my own case, health insurance also saves lives. There was a study done by the Journal of Public Health in 2009, which basically concluded that for every million people without health insurance, there are a thousand premature deaths. It is pretty easy math. Before the Affordable Care Act, we had 45 million people without health insurance in this country. The calculation in this extensive study was that 46,000 deaths were attributable to not having health insurance. I am living proof of that. If I hadn't had health insurance, I would be gone. With the disease that I had, either you catch it in time or you are a goner. That is why I am so passionate about this.

We would not let people die in our front yards. If we saw somebody who was in danger of losing their life, we wouldn't stand by. Nobody in this body would stand by and say: Sorry, we can't help you. But not providing health insurance to people is a death sentence to 10, 20, 30, 40,000 people.

The Affordable Care Act is now covering something like 25 million people. That is 25,000 lives saved. If we take it away, it will be 25,000 lives lost.

Here's the letter:

I am a Maine woman in my late 30s, who works 2 part-time jobs and also run my own business.

Because we were on [ACA] health insurance that had an affordable deductible, after not feeling well for a while, my husband went to a doctor and had a CT scan of his

lungs. . . . It turned out he had a very rare form of an illness, even though he was only 38 at the time. Had we not had this insurance and such an affordable premium and deductible, he would never have gotten that CT scan done. This insurance saved his life and covered every expense we've had over the last 2 years with multiple stays at MidCoast Hospital and Maine Med, 2 surgeries, pick-lines, medications, therapies, the list goes on. There is no cure for what he has but he's doing better now, thanks to the ACA.

Another person from Maine:

My sisters and I watched my mom die. We were physically in the room when it happened. We cried for probably half an hour straight.

Before the Affordable Care Act, most of her illnesses were considered pre-existing conditions. She survived cancer three times . . . but had to pay exorbitant monthly premiums just to have to pay most of her treatment out of pocket.

He said:

I don't care about the ACA because of some theory or ideology. I watched my mom die, sooner than she needed to, because she couldn't afford to get preventative care early enough. I watched my mom die because market solutions refused to solve her problems. An open insurance market actively refused to compete to cover my mom. The insurance market before the ACA is one of a number of factors that led to my mom's death.

This is a real, physical, immediate memory for me whenever someone talks about healthcare, and it always comes to mind when people talk about it in vague terms and market forces. I am crying even as I write this, and it has been years.

He writes to me:

I am begging you, as a son who watched his mom who was younger than you—

Than me—

die in a hospital because she couldn't afford the care she needed, please protect the Affordable Care Act. Protect it as a legislator, protect it by recognizing how appointments you choose to confirm or deny will affect my family's ability to stay healthy and alive. Through grants and research, you've worked to improve access to health care. Please, protect the ACA.

Another one—one more. This is a letter I received just back in the fall, a little before Christmas:

I have an incurable, generally non-lethal form of bone cancer and have been under treatment for over 12 years. The multiple surgeries [and costs] . . . I cannot afford to pay for ongoing treatment without insurance. I am very pleased the current ACA does not allow for "preexisting disqualification" and I would hate to see that removed. Having this condition is naturally stressful, debilitating and undesired. I do not want or need the added stress of having to worry about the details of coverage.

Additionally I have two boys, aged 23 and 26, both of whom have benefited from remaining on our family insurance policy. That is a great policy and my boys are healthier as a result.

Finally, access to quality health care is and must be a right as it benefits both the individual and society. Health is key to happiness and success and happy successful people pay taxes, support the government, [and] give back to the community.

I understand the debate that surrounded this. I understand the emotion. I understand the pressure that people feel in order to maintain a campaign promise or to meet promises



made over the last several years. But we are not talking about maybe what will happen; we are talking about real cases, real people. I am talking about real people in Maine, in small towns and cities. I am talking about rural hospitals that are on the verge of being rendered financially incapacitated because if this law is repealed, it will take away a significant part of their support. I am talking about seniors having to pay more for drugs. But mostly, I am talking about people's lives.

These cases are people who can give specific examples. There are thousands, tens of thousands, and millions that we can't articulate—people who are saved who don't even know it because they went in to get that checkup, who are saved the stress of wondering how they are going to pay for some kind of treatment.

As a parent, I remember having to stress about whether to take my child to a doctor because I didn't know whether I could afford to pay that bill. Yet we all know that is the proper course. We shouldn't have to make those kinds of choices. We have a vehicle, imperfect as it is. Imperfect as it is, we have a vehicle for providing that care.

Let's slow down. Let's take a breath and say: OK. We talked about repeal, but it isn't really practical. We can't harm that many people. Let's talk about what we are going to replace it with. The idea that we are going to repeal it today and replace it 3 years from now is just cruel. That is what I am hearing from people: Don't put us through that. People who finally got insurance after preexisting conditions, who have insurance and have a condition now—they depend upon that insurance. Let's not make them go through that pressure, the financial anxiety added to the health anxiety. We have an opportunity to rise above politics. This really shouldn't be political or a policy or something that divides us.

There is nobody in this body who wants to see people suffer, who wants to unnecessarily put people through the pressure of both health problems and financial problems. We ought to be able to find a solution. Every other industrialized country in the world has found a solution. It is not like this is some impenetrable box.

I realize that part of the solution has to involve controlling costs and facing the fact that we pay twice as much for health care per capita as anyone else in the world. That is an issue the Affordable Care Act does not sufficiently address, in my view, and we have to talk about that.

In the meantime, let us remember those people who are counting on us for their very lives. That is a commitment I believe we can respect and should meet.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, we are engaged in the first step to debate what is important to virtually every American. What we want to do is to find good ways to reform and replace ObamaCare and then repeal the provisions of it that have damaged so many Americans.

Before we start talking about a big subject, sometimes it helps to ask the question: Exactly what are we talking about? So, very quickly, where do Americans get our health care insurance? It might be interesting to note that 91 percent of us have some sort of health insurance—290 million. We get it from four places, basically. One is Medicare—18 percent of us with insurance. This is not a bill to change Medicare. That is a discussion for another day. So we are talking about these three areas.

One is employers, on the job. Sixty-one percent of us with insurance get it on the job—178 million people.

Medicaid, managed by States, paid for by the Federal and State governments—22 percent of covered Americans there get their insurance through Medicaid.

Then there is the individual market, people who buy it on their own. That includes the exchanges we hear so much about. Here is where all the news is; here is where the turmoil is. That is just 6 percent of everyone who is insured, although that is 18 million Americans. This is information from the U.S. Census.

Who is not insured? That is interesting too. According to the Kaiser Family Foundation, there are 27 million people who aren't insured, but 17 million of those are eligible for some help to get insurance and just haven't taken it. Of the 11 million who are not eligible for any help, nearly half of them—5 million—are illegally here. Of the rest, some make too much money to be eligible for assistance, and some dropped through the Medicaid coverage gap. So it is fair to say that 91 percent of us are insured one way or the other. Then, of the 27 million—the 9 percent who are not insured—17 million of those are eligible for some sort of assistance.

How should we approach this? Following the Presidential election, President-Elect Donald Trump said on "60 Minutes" that replacement and repeal of ObamaCare would be done "simultaneously." To me, that means at the same time.

Just today, Speaker of the House PAUL RYAN said that repeal and replacement of ObamaCare would be done concurrently. To me, simultaneously and concurrently mean ObamaCare should finally be repealed only when there are concrete practical reforms in place—that give Americans access to truly affordable health care. Let me say that again: ObamaCare should be repealed, finally, only when there are concrete, practical reforms in place that give Americans access to truly affordable health care.

The American people deserve health care reform that is done in the right way for the right reasons and in the right amount of time. It is not about developing a quick fix. It is about working toward a long-term recovery that works for everyone.

Here is one way to think about what simultaneously or concurrently might mean. I would ask you to think about ObamaCare as if it were a local bridge in, say, South Dakota that is collapsing—because that is just what is happening with ObamaCare. According to the Tennessee Insurance Commission, the ObamaCare insurance market in our State is "very near collapse." Across the country, premiums and copays are up. Employers have cut jobs to afford ObamaCare costs. Medicaid mandates are consuming State budgets. In one-third of America's counties, citizens with Federal subsidies have only a single choice of a company to buy insurance from on an ObamaCare exchange. Without quick action this year, next year, these Americans may have zero choices. Their subsidies may be worth about as much as a bus ticket in a town where no buses run.

If your local bridge in South Dakota or Wyoming or Tennessee were very near collapse, what would you do? I think the first thing you do is to send in a rescue crew to repair it temporarily so no one else is hurt. Then you start building a better bridge—or more accurately, many bridges—as States develop their own plans for providing truly affordable health care to replace the old bridge.

Finally, when the new bridges are finished, you close the old bridge. That is how we propose to proceed: to rescue those trapped in a failing system that is ObamaCare, to replace that system with a functional market or markets, and then repeal ObamaCare for good.

First, we will offer a rescue plan so that the 11 million Americans who buy insurance now on the exchanges can continue to do so while we build a better set of concrete, practical alternatives.

Second, we will build the better systems. Note that I say systems, not one system. If anyone is expecting Senator MCCONNELL to roll a wheelbarrow onto the Senate floor with a great big comprehensive Republican health care plan, they are going to be waiting a long time because we don't believe in that. We don't want to replace a failed ObamaCare Federal system with another failed Federal system.

We want to create many systems across this country, step-by-step, to give Americans more choices of insurance that cost less. We will do this by moving more health care decisions out of Washington and into the hands of State and patients and by reducing harmful taxes. We will do it carefully, step-by-step, so that it is effective.

Finally, we will repeal what remains of the law that did all of this damage and created all of this risk. That is what we will do.

Here is what we will not do. This is not a bill for Medicare reform. That will be handled separately.

Second, you won't be disqualified from getting insurance if you have a preexisting health condition. If you are under the age of 26, you will still be able to be covered under your parents' plan.

That is what, in my opinion, we mean by repeal and replace "simultaneously," as the President-elect said, or "concurrently," as Speaker RYAN said.

Here are three steps we will take beginning immediately. No. 1 is the rescue plan. Six percent of Americans with insurance buy their insurance in this individual market, about two-thirds of those on the ObamaCare exchanges. This is where today's turmoil is. This is where the copays are up, the premiums are up, where insurance companies are pulling out of the markets.

While we build replacements, we want the 11 million Americans who now buy insurance on the exchanges to be able to continue to buy private insurance. This will require Congress and the President to take action before March 1, which is when the insurance companies begin to decide whether they will offer insurance in these markets during 2018.

In general, the goal is to get as close as possible to allowing any State-approved plan to count as health insurance under ObamaCare rules while we are transitioning to new systems. Among the actions that will help are to allow individuals to use their ObamaCare subsidies to purchase State-approved insurance outside the ObamaCare exchanges; to adjust ObamaCare's special enrollment periods; to approve the temporary continuation of cost-sharing subsidies for deductibles and copays; to allow States more flexibility to determine so-called essential health benefits, age rating rules, and small group restrictions; to expand health savings accounts; eventually, to provide tax credits to help lower-income Americans buy insurance; and to repeal the individual mandate when new insurance market rules are in place.

When the new administration rewrites the guidance on ObamaCare section 1332 State innovation waivers to allow for more State flexibility, States will have the authority to further innovate to build more modern health systems.

Now, second is employer insurance. Remember, that is where 61 percent of us get our insurance—on the job. We will repair the damage ObamaCare has done so that employers can offer employees more personalized patient-centered care. We will do that by repealing ObamaCare's employer mandate penalty. We will allow States to determine the so-called essential health benefits and thereby lower costs for small businesses. We will repeal ObamaCare's restrictions on grandfathered health

plans, on wellness benefits, on small group plans, and provide more flexibility for small businesses so they can work together to buy insurance—a proposal for which the Senator from Wyoming has championed for years.

This will mean more State authority, more choices, and lower costs for the 178 million Americans who obtain insurance on the job.

Third is Medicaid. Twenty-two percent of all insured Americans are covered by Medicaid. We will give States more flexibility to offer those 62 million citizens more options by making Federal Medicaid waivers more flexible.

So in summary, we will first send in a rescue crew to repair temporarily a collapsing health care market so no one else is hurt. Second, step-by-step, we will build better systems—that give Americans access to truly affordable health care. We will do this by moving health care decisions out of Washington, DC, and back to States and patients.

Finally, when our reforms become concrete practical alternatives, we will repeal the remaining parts of ObamaCare in order to repair the damage it has caused Americans. This is what I believe we mean when we say ObamaCare should be repealed and replaced simultaneously and concurrently.

I yield the floor.

The PRESIDING OFFICER (Mr. ROUNDS). The Senator from Wyoming.

Mr. ENZI. Mr. President, I want to thank the Senator from Tennessee, Mr. ALEXANDER, who is also the chairman of the Health Committee—that is, the Health, Education, Labor, and Pensions Committee—for the succinct speech that he gave. I will be encouraging everybody on both sides of the aisle to read that speech. I know that many were not here to listen. But it is a fault that we have in this Chamber. We often speak to an empty Chamber.

But it is all recorded thanks to the people who do that for a job. You placed that so well that there should not be much doubt about what we are going to try to do. You heard it from the chairman of the Health Committee. He is the one that will be in charge of the health aspects of this.

The Finance Committee is a part of the bill too. But they are in charge of the monetary part of this. But without the health care part, that does not work. I love the way you expressed that in the way of taking care of a collapsed bridge, because I think people across America do realize that the bridge on health care has collapsed and they want to know what we are going to do about it.

You stated that very well. That should relax a lot of people. It probably won't because of the process that we are in, but I certainly hope that it does. So I thank you for your words and your effort and know that it is in good hands as we lead it through this process.

All that this resolution we are doing right now does is set it up so that this can be done. This really does not change any health care at this point. It sets it up so that we can do reconciliation, so that we can repeal what we can, so we can replace what we can, and then we can set up that system of bridges that will get us to the point where all Americans who want insurance can have insurance, but more importantly, so that all Americans can get the health care they need and deserve.

I thank the Senator for his comments.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, I thank the distinguished chairman of the Budget Committee, who has spent a great deal of time on this. I like the way he put that because I think what we want to assure people of—at least, I think that is what almost all of us feel—is that this is step 1. It involves reforms, replacing, and repealing—as the President-elect has said, "simultaneously," and as the Speaker has said, "concurrently." It involves not just one big system replaced by another big system. In our view, the one big system needs to be replaced step-by-step by many different systems as we move more decisions to the States.

For example, on employer insurance, or people who get their insurance on the job, we know right now steps that we can take to repeal ObamaCare, which damaged the employer system and which increased costs for employers. I remember sitting around with a group of restaurant company chief executive officers 6 years ago when ObamaCare passed. They pointed out that they were going have to hire fewer people to afford the cost of ObamaCare.

We don't want that to happen. We would like for them to be able to hire more people and to offer more people insurance. How would we do that? Well, if we repeal the Washington rules in an orderly way and transfer back to the States responsibility for regulating most insurance, the insurance commissioners have told us they believe they can do that very well—do it one way in South Dakota, another way in Tennessee, another way in Wyoming, and fit the needs of that community, reduce costs, increase choices, and have truly affordable health care.

So we can repeal those provisions that interfere with employer insurance and make sure that that repeal does not go into effect until South Dakota, Wyoming, Tennessee, and other parts of the market have in place concrete practical alternatives so they go together. But we have to get started. This is step 1.

Now, we can do the same with Medicaid. We have a former Governor of South Dakota in the Chair. Governors spend most of their time trying to figure out how to afford Medicaid. They almost feel that, if Washington would just allow the States to have more

flexibility in terms of how the available money is spent, we could cover more people better, offer more options.

Well, we can do that. But we are not going to do that tomorrow. We will have to sit down with the Governors and say: How do you suggest we do this? Then, as we do that, we can repeal the extensive Federal regulation that creates a jungle of redtape for Medicaid. But it only would take effect as the States tell us that there are concrete practical alternatives in effect. So this is the step-by-step way to go about making those kind of changes.

Finally, as the Senator said, we have to have a rescue team here. I mean, the ObamaCare market is in turmoil. It is only 6 percent of all of those who have insurance, but that is millions of people. If we don't act before March 1 to make sure insurance companies are selling into those markets, we will have many millions of people who will not be able to buy insurance. This will be, as I said, like having a bus ticket in a hometown with no buses running.

So that is really one of the first things we have to do—get that rescue team going. I like the analogy of the collapsing bridge. ObamaCare is collapsing in Tennessee, and I would say it is around the country, if you have one-third of the counties where you can only choose insurance from one company.

So, if a bridge is collapsing, you send in a crew to deal with that emergency so no one else is hurt. Then you start building these new bridges. After a while, in a prudent way, as you build each of those systems, as States build their systems, then you close that old broken-down bridge that was damaging so many people.

So that is an orderly way to go about things. I hope that, over time, we will have bipartisan support for these. We need a consensus. We don't, in the end, want to have just a partisan bill. But we have been acting like the Hatfields and McCoys in West Virginia for 6 years, arguing with each other about ObamaCare—Republicans and Democrats.

So it may take a little while to get there. But we can start, and we are starting under the leadership of Senator ENZI. Then, we will move concurrently and simultaneously to reform, replace, and repeal ObamaCare so that Americans have access to truly affordable insurance. By the time we get to that, I am hopeful that we will begin to have a consensus within this body that involves Democrats and Republicans both.

Mr. ENZI. Mr. President, I only need to add one footnote to that fantastic summary; that is, that the Senator from Tennessee is the chairman of the Health, Education, Labor, and Pensions Committee. For years we heard about the difficulties with No Child Left Behind. There were a lot of efforts to build a different bridge, and they never got completed within the timeframe that was necessary, even though

both sides recognized there was a problem.

The Senator from Tennessee undertook that, got bipartisan solutions on it, and put forward a bill that did kind of what we are talking about with ObamaCare. It sent it back to the States. It got rid of the national school boards, and that passed, I think, with 88 votes in the Senate. That is very bipartisan. That is the kind of an effort he puts forth. You can tell from the comments he has made about what we need to do that he has that well in mind, and I am certain some from the other side will join us to make sure we can get that done as well.

I thank the Senator, and I yield the floor.

I suggest the absence of a quorum, and I ask unanimous consent that the time be equally divided.

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

The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. PETERS. 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. PETERS. Mr. President, today I rise to express my strong opposition to partisan attempts to engage in a fast-track process to take health insurance away from hundreds of thousands of individuals in my State and millions across our country. In Michigan alone, 887,000 people are in jeopardy of losing their health coverage if Republicans have their way and repeal the Affordable Care Act without a replacement. Important protections for people with preexisting conditions will disappear. Not only will they lose them but so will their spouses and children.

We will be repealing reforms that have benefitted seniors and saved more than 5 million beneficiaries an average of over \$1,000 in drug costs in 2015. Repealing the Affordable Care Act will significantly increase drug costs for those seniors and threaten long-term solvency for Medicare. Republicans are rushing a process that increases Medicare costs for seniors and weakens the program for future generations. Our Nation's seniors have worked hard their entire lives, and they deserve our best efforts to ensure they can depend on Medicare to help them enjoy a dignified and secure retirement.

Over 1 million seniors are enrolled in Medicare in Michigan, and they deserve a health care program that will cover the costs of prescription drugs and other health care services they need. Since 1965, Medicare has done a tremendous job of giving seniors the care they need, and we should be working to strengthen this successful program, not putting it at risk.

Let's be clear. Reforms in the ACA extend the solvency of Medicare by over a decade. Let me say that again. It extends the solvency of Medicare for over a decade.

Given these challenges, we have to ask: Why are we rushing to dismantle these reforms?

We are rushing a process that will ultimately hurt the Medicare Program, our Nation's seniors, and so many others.

Many of my colleagues on the other side of the aisle suggest that we can simply keep or quickly reinstate the popular parts of this law, such as preventing discrimination based on preexisting conditions, allowing children to stay on their parents' coverage until they are 26, and helping seniors afford their prescriptions. I would pose this simple question to any of my colleagues advocating for repeal: What comes next? Show us your plan. Just show us your plan.

Former Governor Cuomo of New York famously said: "You can campaign in poetry, but govern in prose." We are now facing a majority that campaigned on a bumper sticker and is trying to govern with an IOU. Enacting a repeal of the ACA that takes effect at some undetermined point in the future will create chaos in our insurance markets. Health care reform is not a stand-alone program that can be removed overnight without creating widespread ramifications for our economy.

Yesterday, I attended the North American International Auto Show in Detroit. As a Michigander, I am always thinking about cars. Let me suggest an analogy. Many Republicans in Congress talk about the ACA like it is some sort of after-market addition on a car—a flashy rear spoiler, perhaps, or new rims that can just be unbolted and removed. Well, the ACA is actually like the antilock brakes that keep a driver from getting into an accident in the first place and the airbags that deploy to protect everyone inside when the worst happens.

I agree that our health care system needs a tuneup, but we cannot start ripping out safety features without a plan to help keep us safe on the road. We need to fix the Affordable Care Act. We need to do more for small business owners who want to do right by their employees and provide them with quality, affordable health care coverage.

I have offered and supported several proposals to fix the Affordable Care Act, including measures to help our Nation's small businesses. I am ready to work with my colleagues across the aisle to improve this law. However, repealing the ACA without showing the American people their plan for replacement is quite simply irresponsible.

I understand Americans want to see positive changes to the Affordable Care Act, and I agree with them. We should be working together to enact bipartisan improvements through regular order, not fast-tracking repeal. The fact is that most Americans do not want to have this law repealed entirely. In the New York Times, a woman named Patricia Meadows from Macomb County, MI, who voted for President-Elect Trump, stated that she

hoped that President-Elect Trump would not repeal the Affordable Care Act. Ms. Meadows revealed that, because of the Affordable Care Act, her daughter was able to obtain insurance coverage for just \$50 a month.

Another constituent from my State, Ben Irwin, revealed to CNN that the Affordable Care Act allowed him to take his dream job at a small firm that didn't provide health insurance. Because of the ACA, Ben was able to get private insurance at an affordable cost. Without the ACA, he would have been forced to work at a larger company just to have access to affordable health care.

Ben's story is not unique. I heard from countless entrepreneurs that the Affordable Care Act ended job lock and has enabled them to start their own businesses and pursue careers and dreams they otherwise would not be able to pursue.

I heard from a constituent in Saline, MI, who contacted my office to say that the ACA provided her with the coverage she needed to fight her son's aggressive cancer. This same woman later discovered during her first appointment, after gaining her own ACA coverage, that she, too, had cancer. The ACA gave her and her son the coverage they needed to fight their cancer without fear of being kicked off of their insurance plan.

I have also heard from a father in Traverse City, MI. He contacted my office to say that the expanded health coverage under the ACA literally saved his son's life. Before the ACA, his son only had access to emergency room care. His father often wondered: Why is it that I had to wait until my son tried to kill himself before I could get help? Now, due to the ACA, this father and his son have the health coverage they need to appropriately treat his son's mental illness.

These stories are just a fraction of the thousands upon thousands of stories my staff and I have heard about how the ACA has positively impacted people's lives.

I am asking my colleagues to just take a moment and think about the individuals they will be hurting. We are talking about mothers and fathers, children, seniors, and even our Nation's veterans.

As a former lieutenant commander in the U.S. Navy Reserve, I understand the tremendous sacrifice our men and women in uniform undertake to defend our freedom. I believe we have a duty to honor their service to the best of our ability, both during and after service.

Since the passage of the Affordable Care Act, hundreds of thousands of uninsured veterans have gained insurance coverage. Between 2013 and 2015, when key provisions of the Affordable Care Act were implemented, such as the Medicaid expansion and the private exchange, the number of uninsured veterans decreased by 42 percent. Uninsured rates for spouses of veterans and their dependents have decreased as

well. These veterans represent a small fraction of the individuals this fast-track process will hurt.

I have proposed an amendment that will simply require Republicans to show us their plan for providing these veterans the health care benefits they deserve before they vote to repeal the ACA and take it away. Every American deserves to know what will happen to their health benefits before Republicans vote to take them away. Please, just show us your plan.

But our Nation's veterans, who have risked their lives and health to keep us safe, should have the right of knowing how Republicans will ensure that veterans who gained health care coverage following enactment of the ACA do not lose their coverage.

The damage of repealing the ACA stretches beyond affected individuals and families. It will disrupt hospitals and businesses and create tremendous economic uncertainty.

Hospitals in my State, especially rural facilities, are absolutely terrified about what the ACA repeal means for them and their ability to stay open and to serve patients in their community. Executives from two hospitals in the rural Upper Peninsula of Michigan have told my office about how coverage expansions under ACA have allowed many critical access hospitals in Michigan's rural communities to afford their operations for the first time ever. If the ACA is repealed, they tell me that these critical access hospitals will be forced to close—forcing residents in rural communities to drive over 2 hours to seek hospital care.

A recent report by the Urban Institute predicts that if the ACA is repealed without replacement, uncompensated care costs sought from hospitals and doctors will reach \$1.7 trillion over the next 10 years. This will bankrupt many of our Nation's hospitals, killing jobs, and severely limiting access for their patients. We can and must do better.

We owe the American people a better health care system and not a bigger deficit. Unfortunately, that is exactly what we are going to be getting under repeal. This budget resolution before us would increase annual deficits by upwards of \$1 trillion. It will add more than \$9 trillion to the Federal debt over 10 years, leaving our entire economy on shaky ground, while ripping health care from millions of Americans.

In their rush to repeal the ACA and fulfill years of campaign promises, I am concerned my colleagues on the other side of the aisle have not fully considered the far-reaching ramifications their actions might have. They have refused to slow this process down and fully think through the actions they are about to take.

A University of Michigan study published in the New England Journal of Medicine just last week found that Medicaid expansion in my State alone generates at least 30,000 jobs every

year. In addition, a recent study by the nonpartisan and independent Commonwealth Fund found that the ACA repeal could lead to significant economic disruption and substantial job losses in every State, including over 100,000 private sector jobs in Michigan and 2.6 million jobs around our Nation.

By any and all means, the level of uncertainty repealing the ACA will create is bad business practice, and I assure my colleagues that it is very bad for business. We owe it to our constituents to do our homework, to govern with facts, and to be informed.

Republicans have refused to listen to health care experts who tell them that enacting a repeal of the ACA will cause insurance premiums to skyrocket. Republicans have refused to listen to economists when they tell them this will spike our national debt and lead to substantial job losses. Republicans have refused to listen when the nonpartisan Congressional Budget Office has told them that repealing the Affordable Care Act will cause millions of Americans to lose their health coverage. And Republicans have refused to listen when actuaries state that the ACA repeal will weaken Medicare and increase drug costs for seniors.

Republicans have refused to listen when Democrats have simply asked them to slow down, come to the table, and work in a bipartisan way to find solutions to make the health care system work even better. Instead, Republicans have opted to move full steam ahead with this process that will certainly make America sick again.

Why move forward with this fast-track process to repeal the Affordable Care Act? Why repeal all of the great things that Americans appreciate about the Affordable Care Act instead of just making it better?

Republicans are trying to take us backwards. They are moving ahead with a dangerous process that will hurt working-class Americans, hurt seniors, and hurt our Nation's most vulnerable, while providing a huge payout for wealthy Americans and special interests.

Republicans are voting to give billions in tax breaks to corporations and the wealthy and raising taxes on the rest of us.

The nonpartisan Tax Policy Center estimates that the top 1 percent of earners would get an average tax cut of about \$33,000 and individuals in the top one-tenth of 1 percent would get an average tax cut of about \$197,000. If you are not in this group of American earners, then tough luck. This legislation will not help you.

We need to get serious, put politics aside, and do what is best for the American people. This fast track repeal of the Affordable Care Act is not the answer.

I stand ready and willing to work with my colleagues on both sides of the aisle to make our Nation's health care system better. We cannot simply repeal this law and leave the American people with another empty IOU.

I yield the floor.

I suggest the absence of a quorum.

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

The legislative clerk proceeded to call the roll.

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

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

#### MORNING BUSINESS

Mr. ENZI. 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.

#### BEARS EARS NATIONAL MONUMENT

Mr. DURBIN. Mr. President, on December 28, 2016, President Obama designated the Bears Ears National Monument in Southern Utah, and I wish to commend him on protecting these important lands. This designation is an important step forward in the conservation of some of southern Utah's important national treasures.

The 1.35-million acre monument, which spans from forested mesas to redrock canyons and plateaus, will protect the region's abundant cultural resources, including well-preserved cliff dwellings, rock and art panels, artifacts, and Native American burials.

The Bears Ears National Monument, which derives its name from twin buttes that lie at the heart of the majestic Cedar Mesa, was requested by a coalition of five Native American tribes that united to protect a landscape revered in their shared histories and cultures. The Hopi Tribe, the Navajo Nation, the Ute Mountain Ute Tribe, the Pueblo of Zuni, and the Ute Indian Tribe have all passed through the area at some time, leaving behind scores of fragile dwellings, pottery, petroglyphs, and pictographs. The Bears Ears region is a living natural and cultural landscape, where the people of these tribes still use the lands to collect herbs and medicines and pass their stories to the next generation.

I have fought to protect this area's resources through the America's Red Rock Wilderness Act, a bill I have introduced every Congress since 1997. My bill would safeguard 9.2 million acres of wilderness in Utah—some of the last great wild places in the lower 48 States.

Historically, national monuments have been the first step in protecting some of our most beloved public lands—the Grand Canyon, the Grand Tetons, and indeed, four of Utah's five national parks. Not only do these monuments help preserve precious habitat, landscapes, and history, they create jobs and invigorate nearby communities.

President Obama's decision to protect the Bears Ears came after significant public input in Utah, with the administration holding multiple listening sessions. Those sessions made clear that even diverse stakeholders agreed the Bears Ears is special and needs to be protected. It is the right decision for the present, and it is the right decision for the future.

Republican President Theodore Roosevelt signed the Antiquities Act into law in 1906, and a review of its history and its controversy showed that, time and again, the temporary anger over designated lands was overshadowed by the long-term benefits to our Nation. Teddy Roosevelt said it best, "Of all the questions which can come before this nation, short of the actual preservation of its existence in a great war, there is none which compares in importance with the great central task of leaving this land even a better land for our descendants than it is for us."

I urge my colleagues to join me in celebrating the Bears Ears National Monument and defending it and the Antiquities Act that made it possible.

#### SENATOR DIANNE FEINSTEIN BECOMING RANKING MEMBER OF THE SENATE JUDICIARY COMMITTEE

Mr. LEAHY. Mr. President, today, the Senate Judiciary Committee convenes for the first time in the 115th Congress, and we mark an historic moment in the committee's 200-year history. Last week, Senator DIANNE FEINSTEIN was named the committee's ranking member, the first time in American history that a woman has served in this capacity. It is striking that 352 Members have served on the committee, and only six of those—all Democrats—have been women. Three of those six women are proudly serving on this important committee today: Senator FEINSTEIN, Senator KLOBUCHAR, and Senator HIRONO, whom we welcome back to the committee.

Senator FEINSTEIN has long been a leading voice on this committee. I have enjoyed working with her on countless issues ranging from national security to immigration reform to Supreme Court nominations. Senator FEINSTEIN has broken down barriers throughout her career, and her new role as ranking member of the Judiciary Committee is only the latest example. As the committee grapples with some of the most pressing issues facing our country, we will all be counting on Ranking Member FEINSTEIN's leadership. We should all congratulate her on this historic moment.

#### REMEMBERING DR. PIERS SELLERS

Mr. NELSON. Mr. President, on December 23, 2016, the world lost a true hero.

Dr. Piers Sellers was a scientist and an astronaut, having flown three times

on the space shuttle. On his first mission, he flew aboard the Space Shuttle Atlantis to the International Space Station, where he completed nearly 20 hours of space walks outfitting and assembling the orbiting outpost.

Several years later, following the tragic loss of the Space Shuttle Columbia, Piers returned to space and to the International Space Station aboard Discovery, carrying out the second of two test flights NASA needed to test critical on-orbit inspection and repair procedures resulting from the Columbia accident investigation.

On his third and final mission, he once more flew aboard Atlantis to the ISS. On this mission, he served as the robotics officer, again playing a key role in assembling and outfitting the space station.

His career as an astronaut exploring the frontier of space is by itself sufficient to justify Piers' status as a national hero; yet his service as an astronaut and explorer is a small subset of the contributions Piers made to our country and to our entire civilization.

Piers was a renowned climate scientist, specializing in using computer modeling and space-based observations to understand and predict the dynamics of our changing planet. He was also a brilliant communicator, whether testifying at a Commerce Committee field hearing in Miami about the impending dangers of sea level rise or standing in front of NASA's "hyperwall" video system narrating stunning and informative visualizations of the massive data sets that embody the "vital signs" of planet Earth. Countless policymakers, industry leaders, and even other scientists owe much of their understanding of the complex interactions of Earth's systems and of the alarming and undeniable signs that our civilization's carbon emissions are warming the planet to Piers.

Yet Piers' most heroic deed may be the decision he made shortly after being diagnosed with stage IV pancreatic cancer. He simply decided to keep going to work. To those that knew Piers, this was no surprise. A three-time shuttle astronaut and very capable manager, scientist, and engineer, Piers no doubt had many lucrative offers for employment following his final shuttle flight in 2010. Instead he chose to remain a civil servant scientist at NASA's Goddard Space Flight Center because he felt that was where he could contribute most to the future of our home planet. A few years later, when Piers received the devastating news that he had not long to live, he chose to spend his remaining time continuing his work at NASA and communicating climate science to the public in the calm and charming manner that was uniquely his.

In a short video Piers recorded shortly before his death, despite his body having been ravaged by cancer and surely knowing that he had very little time left, he appeared as cheerful and hopeful as ever. In the video, he said

“to reach a safer future, we will need the resources of everybody here. The scientists, the policy makers, and the industrialists, all working together towards a common goal. And that goal is a planet that can continue to support life, including all of us.”

These words are even more powerful knowing that they came from a man who contributed the most precious resource available to him—the small number of days he had remaining in his life—toward the common goal he speaks of.

We would do well to follow the advice of Piers and to follow his heroic example.

#### MESSAGE FROM THE HOUSE

At 12:03 p.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House has passed the following bills, in which it requests the concurrence of the Senate:

H.R. 302. An act to provide protections for certain sports medicine professionals who provide certain medical services in a secondary State.

H.R. 304. An act to amend the Controlled Substances Act with regard to the provision of emergency medical services.

H.R. 309. An act to amend the Public Health Service Act to foster more effective implementation and coordination of clinical care for people with a complex metabolic or autoimmune disease, a disease resulting from insulin deficiency or insulin resistance, or complications caused by such a disease, and for other purposes.

H.R. 315. An act to amend the Public Health Service Act to distribute maternity care health professionals to health professional shortage areas identified as in need of maternity care health services.

H.R. 353. An act to improve the National Oceanic and Atmospheric Administration's weather research through a focused program of investment on affordable and attainable advances in observational, computing, and modeling capabilities to support substantial improvement in weather forecasting and prediction of high impact weather events, to expand commercial opportunities for the provision of weather data, and for other purposes.

#### MEASURES REFERRED

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

H.R. 302. An act to provide protections for certain sports medicine professionals who provide certain medical services in a secondary State; to the Committee on Health, Education, Labor, and Pensions.

H.R. 304. An act to amend the Controlled Substances Act with regard to the provision of emergency medical services; to the Committee on Health, Education, Labor, and Pensions.

H.R. 309. An act to amend the Public Health Service Act to foster more effective implementation and coordination of clinical care for people with a complex metabolic or autoimmune disease, a disease resulting from insulin deficiency or insulin resistance, or complications caused by such a disease, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

H.R. 315. An act to amend the Public Health Service Act to distribute maternity

care health professionals to health professional shortage areas identified as in need of maternity care health services; to the Committee on Health, Education, Labor, and Pensions.

#### 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-273. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Propiconazole; Extension of Pesticide Tolerance for Emergency Exemptions” (FRL No. 9956-54) received during adjournment of the Senate in the Office of the President of the Senate on December 28, 2016; to the Committee on Agriculture, Nutrition, and Forestry.

EC-274. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Methyl Isobutyrate and Isobutyl Isobutyrate; Exemption from the Requirement of a Tolerance” (FRL No. 9955-82) received during adjournment of the Senate in the Office of the President of the Senate on December 28, 2016; to the Committee on Agriculture, Nutrition, and Forestry.

EC-275. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Isobutyl acetate and isobutyric acid; Exemption from the Requirement of a Tolerance” (FRL No. 9950-40) received during adjournment of the Senate in the Office of the President of the Senate on December 28, 2016; to the Committee on Agriculture, Nutrition, and Forestry.

EC-276. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Butanedioic acid, 2-methylene-, telomer with sodium phosphinate (1:1), acidified, potassium salts; Tolerance Exemption” (FRL No. 9954-53) received in the Office of the President of the Senate on January 4, 2017; to the Committee on Agriculture, Nutrition, and Forestry.

EC-277. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Acequinocyl; Pesticide Tolerances” (FRL No. 9956-85) received in the Office of the President of the Senate on January 4, 2017; to the Committee on Agriculture, Nutrition, and Forestry.

EC-278. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Tetraconazole; Pesticide Tolerances” (FRL No. 9955-74) received in the Office of the President of the Senate on January 4, 2017; to the Committee on Agriculture, Nutrition, and Forestry.

EC-279. A communication from the Under Secretary of Defense (Comptroller), transmitting, pursuant to law, a report relative to violations of the Antideficiency Act that involved fiscal years 2006 through 2010 Air Force Operations and Maintenance funds, and was assigned case number 12-01; to the Committee on Appropriations.

EC-280. A communication from the Executive Secretary, Board of Actuaries, Department of Defense, transmitting, pursuant to

law, the 2016 Report of the Department of Defense (DoD) Board of Actuaries; to the Committee on Armed Services.

EC-281. A communication from the Assistant Secretary for Export Administration, Bureau of Industry and Security, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled “Commerce Control List: Updates Based on the 2015 and 2016 Nuclear Suppliers Group (NSG) Plenary Meetings; Conforming Changes and Corrections to Certain Nuclear Nonproliferation (NP) Controls” (RIN0694-AH20) received in the Office of the President of the Senate on January 4, 2017; to the Committee on Banking, Housing, and Urban Affairs.

EC-282. A communication from the Principal Deputy Assistant Secretary for Fish and Wildlife and Parks, National Park Service, Department of the Interior, transmitting, pursuant to law, the report of a rule entitled “Alaska; Subsistence Collections” (RIN1024-AE28) received during adjournment of the Senate in the Office of the President of the Senate on December 30, 2016; to the Committee on Energy and Natural Resources.

EC-283. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “State of Kentucky Underground Injection Control (UIC) Class II Program; Withdrawal of Primacy Approval” (FRL No. 9925747-OW) received during adjournment of the Senate in the Office of the President of the Senate on December 28, 2016; to the Committee on Environment and Public Works.

EC-284. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “State of Kentucky Underground Injection Control (UIC) Class II Program; Primacy Approval” (FRL No. 9957-48-OW) received during adjournment of the Senate in the Office of the President of the Senate on December 28, 2016; to the Committee on Environment and Public Works.

EC-285. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Extension of Deadline for Action on the November 2016 Section 126 Petition From Maryland” (FRL No. 9957-29-OAR) received during adjournment of the Senate in the Office of the President of the Senate on December 28, 2016; to the Committee on Environment and Public Works.

EC-286. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Extension of Deadline for Action on the November 2016 Section 126 Petition From Delaware” (FRL No. 9957-28-OAR) received during adjournment of the Senate in the Office of the President of the Senate on December 28, 2016; to the Committee on Environment and Public Works.

EC-287. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Clean Water Act Methods Update Rule for the Analysis of Effluent” (FRL No. 9957-24-OW) received during adjournment of the Senate in the Office of the President of the Senate on December 28, 2016; to the Committee on Environment and Public Works.

EC-288. 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, South Coast Air Quality Management District” (FRL No. 9955-94-Region 9) received during adjournment of the Senate in



the Office of the President of the Senate on December 28, 2016; to the Committee on Environment and Public Works.

EC-289. 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” (FRL No. 9955-62-Region 9) received during adjournment of the Senate in the Office of the President of the Senate on December 28, 2016; to the Committee on Environment and Public Works.

EC-290. 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 York Prevention of Significant Deterioration of Air Quality and Nonattainment New Source Review; Infrastructure State Implementation Plan Requirements” (FRL No. 9957-08-Region 2) received during adjournment of the Senate in the Office of the President of the Senate on December 28, 2016; to the Committee on Environment and Public Works.

EC-291. 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; Wisconsin; Infrastructure SIP Requirements for the 2012 PM<sub>2.5</sub> NAAQS” (FRL No. 9957-16-Region 5) received during adjournment of the Senate in the Office of the President of the Senate on December 28, 2016; to the Committee on Environment and Public Works.

EC-292. 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; KY; RACM Determination for the KY Portion of the Louisville Area 1997 Annual PM<sub>2.5</sub>” (FRL No. 9957-39-Region 4) received during adjournment of the Senate in the Office of the President of the Senate on December 28, 2016; to the Committee on Environment and Public Works.

EC-293. 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; Volatile Organic Compounds Definition” (FRL No. 9955-89-Region 5) received during adjournment of the Senate in the Office of the President of the Senate on December 28, 2016; to the Committee on Environment and Public Works.

EC-294. 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; Procedures for Testing and Monitoring Sources of Air Pollutants” (FRL No. 9957-52-Region 4) received during adjournment of the Senate in the Office of the President of the Senate on December 28, 2016; to the Committee on Environment and Public Works.

EC-295. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Revisions to National Emission Standards for Radon Emissions from Operating Mill Tailings” (FRL No. 9957-54-OAR) received during adjournment of the Senate in the Office of the President of the Senate on December 28, 2016; to the Committee on Environment and Public Works.

EC-296. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Revision to the Near-road NO<sub>2</sub> Min-

imum Monitoring Requirements” ((RIN2060-AS71) (FRL No. 9957-78-OAR)) received during adjournment of the Senate in the Office of the President of the Senate on December 28, 2016; to the Committee on Environment and Public Works.

EC-297. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Partial Approval and Partial Disapproval of Attainment Plan for the Idaho Portion of the Logan, Utah/Idaho PM<sub>2.5</sub> Non-attainment Area” (FRL No. 9957-16-Region 5) received during adjournment of the Senate in the Office of the President of the Senate on December 28, 2016; to the Committee on Environment and Public Works.

EC-298. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Consolidated Rules of Practice Governing the Administrative Assessment of Civil Penalties, Issuance of Compliance or Corrective Action Orders, and the Revocation/Termination or Suspension of Permits; Procedures for Decisionmaking” (FRL No. 9956-53-OARM) received during adjournment of the Senate in the Office of the President of the Senate on December 28, 2016; to the Committee on Environment and Public Works.

EC-299. 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 Arizona Air Plan Revisions; Ajo and Morenci, Arizona; Second 10-Year Sulfur Dioxide Maintenance Plans and Technical Corrections” (FRL No. 9957-64-Region 9) received during adjournment of the Senate in the Office of the President of the Senate on December 28, 2016; to the Committee on Environment and Public Works.

EC-300. 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; Rhode Island; Clean Air Act Infrastructure State and Federal Implementation Plans” (FRL No. 9957-27-Region 1) received during adjournment of the Senate in the Office of the President of the Senate on December 28, 2016; to the Committee on Environment and Public Works.

EC-301. 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; Louisiana; State Boards” (FRL No. 9956-45-Region 6) received during adjournment of the Senate in the Office of the President of the Senate on December 28, 2016; to the Committee on Environment and Public Works.

EC-302. 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; Ohio; Redesignation of the Cleveland, Ohio Area to Attainment of the 2008 Ozone Standard” (FRL No. 9957-80-Region 5) received during adjournment of the Senate in the Office of the President of the Senate on December 28, 2016; to the Committee on Environment and Public Works.

EC-303. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Uniform National Discharge Standards for Vessels of the Armed Forces—Phase II Batch One” ((RIN2040-AD39) (FRL No. 9957-85-OW)) received in the Office of the

President of the Senate on January 4, 2017; to the Committee on Environment and Public Works.

EC-304. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Revisions to the Guideline on Air Quality Models: Enhancements to the AERMOD Dispersion Modeling System and Incorporation of Approaches to Address Ozone and Fine Particulate Matter” ((RIN2060-AS54) (FRL No. 9956-23-OAR)) received in the Office of the President of the Senate on January 4, 2017; to the Committee on Environment and Public Works.

EC-305. 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 Hazardous Air Pollutants” ((RIN2040-AS90) (FRL No. 9958-01-OAR)) received in the Office of the President of the Senate on January 4, 2017; to the Committee on Environment and Public Works.

EC-306. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Determination of Nonattainment and Reclassification of the Houston-Galveston-Brazoria 2008 8-hour Ozone Nonattainment Area; Texas; Correction” (FRL No. 9957-57-Region 6) received in the Office of the President of the Senate on January 4, 2017; to the Committee on Environment and Public Works.

EC-307. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Electronic Reporting and Recordkeeping Requirements for New Source Performance Standards” ((RIN2060-AP63) (FRL No. 9957-67-OAR)) received in the Office of the President of the Senate on January 4, 2017; to the Committee on Environment and Public Works.

EC-308. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Chemical Substances When Manufactured or Processed as Nanoscale Materials; TSCA Reporting and Recordkeeping Requirements” ((RIN2070-AJ54) (FRL No. 9957-81)) received in the Office of the President of the Senate on January 4, 2017; to the Committee on Environment and Public Works.

EC-309. 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; Texas; Control of Air Pollution from Visible Emissions and Particulate Matter” (FRL No. 9956-55-Region 6) received in the Office of the President of the Senate on January 4, 2017; to the Committee on Environment and Public Works.

EC-310. 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; Alabama; Infrastructure Requirements for the 2010 Sulfur Dioxide National Ambient Air Quality Standard” (FRL No. 9957-93-Region 4) received in the Office of the President of the Senate on January 4, 2017; to the Committee on Environment and Public Works.

EC-311. 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; TN Infrastructure

Requirements for the 2010 NO<sub>2</sub> NAAQS" (FRL No. 9957-90-Region 4) received in the Office of the President of the Senate on January 4, 2017; to the Committee on Environment and Public Works.

EC-312. A communication from the Legal Counsel, Equal Employment Opportunity Commission, transmitting, pursuant to law, a report relative to a vacancy in the position of General Counsel, received in the office of the President pro tempore of the Senate; to the Committee on Health, Education, Labor, and Pensions.

EC-313. A communication from the Deputy Director, Health Resources and Services Administration, Department of Health and Human Services, transmitting, pursuant to law, the report of a rule entitled "340B Drug Pricing Program Ceiling Price and Manufacturer Civil Monetary Penalties Regulation" (RIN0906-AA89) received in the Office of the President of the Senate on January 4, 2017; to the Committee on Health, Education, Labor, and Pensions.

EC-314. A communication from the Secretary of Education, transmitting, pursuant to law, the Department of Education Agency Financial Report for fiscal year 2016; to the Committee on Homeland Security and Governmental Affairs.

EC-315. A communication from the Director, Office of Government Ethics, transmitting, pursuant to law, the Annual Financial Report for the Office of Government Ethics for fiscal year 2016; to the Committee on Homeland Security and Governmental Affairs.

EC-316. A communication from the Senior Manager, Equal Opportunity Compliance, Tennessee Valley Authority, transmitting, pursuant to law, the Authority's fiscal year 2015 annual report relative to the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002 (No FEAR Act); to the Committee on Homeland Security and Governmental Affairs.

EC-317. A communication from the Chairman, Defense Nuclear Facilities Safety Board, transmitting, pursuant to law, the Uniform Resource Locator (URL) for the Board's fiscal year 2016 Performance and Accountability Report; to the Committee on Homeland Security and Governmental Affairs.

EC-318. A communication from the Chair of the Board of Directors, Office of Compliance, transmitting, pursuant to law, a report relative to recommendations for improvements to the Congressional Accountability Act; to the Committee on Homeland Security and Governmental Affairs.

EC-319. A communication from the Vice President (Acting) for Congressional and Public Affairs, Millennium Challenge Corporation, transmitting, pursuant to law, the Corporation's Agency Financial Report for fiscal year 2016; to the Committee on Homeland Security and Governmental Affairs.

EC-320. A communication from the Secretary, Judicial Conference of the United States, transmitting, pursuant to law, a report entitled "Report on the Continuing Need for Authorized Bankruptcy Judgeships"; to the Committee on the Judiciary.

EC-321. A communication from the Assistant Administrator of the Office of Diversion Control, Drug Enforcement Agency, Department of Justice, transmitting, pursuant to law, the report of a rule entitled "Revision of Import and Export Requirements for Controlled Substances, Listed Chemicals, and Tableting and Encapsulating Machines, Including Changes To Implement the International Trade Data System (ITDS); Revision of Reporting Requirements for Domestic Transactions in Listed Chemicals and Tableting and Encapsulating Machines; and Technical Amendments" ((RIN1117-AB41)

(Docket No. DEA-403)) received in the Office of the President of the Senate on January 4, 2017; to the Committee on the Judiciary.

EC-322. A communication from the Assistant Administrator of the Office of Diversion Control, Drug Enforcement Agency, Department of Justice, transmitting, pursuant to law, the report of a rule entitled "Schedules of Controlled Substances: Temporary Placement of Fentanyl Into Schedule I" (Docket No. DEA-448) received in the Office of the President of the Senate on January 4, 2017; to the Committee on the Judiciary.

EC-323. A communication from the Assistant Administrator of the Office of Diversion Control, Drug Enforcement Agency, Department of Justice, transmitting, pursuant to law, the report of a rule entitled "Establishment of a New Drug Code for Marijuana Extract" ((RIN1117-AB33) (Docket No. DEA-342)) received in the Office of the President of the Senate on January 4, 2017; to the Committee on the Judiciary.

EC-324. A communication from the Assistant Administrator of the Office of Diversion Control, Drug Enforcement Agency, Department of Justice, transmitting, pursuant to law, the report of a rule entitled "Schedules of Controlled Substances: Temporary Placement of U-47700 Into Schedule I" (Docket No. DEA-440) received in the Office of the President of the Senate on January 4, 2017; to the Committee on the Judiciary.

EC-325. A communication from the Under Secretary of Defense (Comptroller), transmitting, pursuant to law, a report relative to violations of the Antideficiency Act that involved fiscal year 2007 Operations and Maintenance, Army, and was assigned case number 16-05; to the Committee on Appropriations.

EC-326. A communication from the Acting Assistant Secretary for Export Administration, Bureau of Industry and Security, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Addition of Certain Persons and Revisions to Entries on the Entity List; and Removal of a Person from the Entity List" (RIN0694-AH23) received during adjournment of the Senate in the Office of the President of the Senate on January 6, 2017; to the Committee on Banking, Housing, and Urban Affairs.

EC-327. A communication from the Assistant to the Board of Governors of the Federal Reserve System, transmitting, pursuant to law, the report of a rule entitled "Community Reinvestment Act Regulations" (RIN7100-AE64) received during adjournment of the Senate in the Office of the President of the Senate on January 6, 2017; to the Committee on Banking, Housing, and Urban Affairs.

EC-328. A communication from the Assistant Secretary for Export Administration, Bureau of Industry and Security, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Burma: Amendment of the Export Administration Regulations Consistent with an Executive Order that Terminated U.S. Government's Sanctions" (RIN0694-AH18) received during adjournment of the Senate in the Office of the President of the Senate on January 6, 2017; to the Committee on Banking, Housing, and Urban Affairs.

EC-329. A communication from the Chairwoman of the Federal Trade Commission, transmitting, pursuant to law, the Commission's fiscal year 2016 Agency Financial Report; to the Committee on Homeland Security and Governmental Affairs.

EC-330. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-537, "Access to Emergency Epinephrine in Schools Clarification Temporary Amendment Act of 2016"; to the Com-

mittee on Homeland Security and Governmental Affairs.

EC-331. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-538, "Kennedy Street, N.W., Economic Development and Small Business Revitalization Advisory Committee Establishment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-332. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-539, "Commission on Climate Change and Resiliency Establishment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-333. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-540, "Substance Abuse and Opioid Overdose Prevention Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-334. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-541, "Driver's License Fair Access and Equality Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-335. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-542, "Statute of Limitations Clarifying Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-336. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-543, "Electronic Cigarette Parity Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-337. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-544, "Fiscal Year 2017 Budget Support Clarification Temporary Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-338. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-545, "Prohibition Against Selling Tobacco Products to Individuals Under 21 Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-339. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-546, "Department of Motor Vehicles Reform Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-340. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-547, "International Registration Plan Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-341. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-548, "Sporting Events Tobacco Products Restriction Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-342. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-549, "Improving Access to Identity Documents Amendment Act of

2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-343. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-552, "Enhanced Penalties for Distracted Driving Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-344. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-553, "Rent Control Hardship Petition Limitation Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-345. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-554, "Commemorative Flag Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-346. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-555, "Adult Protective Services Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-347. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-556, "Vacant Property Enforcement Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-348. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-557, "Feminine Hygiene and Diaper Sales Tax Exemption Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-349. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-558, "Charitable Solicitations Relief Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-350. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-559, "Department of Motor Vehicles Extension of Deadlines Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-351. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-560, "Food, Environmental, and Economic Development in the District of Columbia Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-352. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-561, "Extension of Time to Dispose of the Stevens School Temporary Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-353. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-562, "Revised Wage Theft Prevention Clarification Temporary Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-354. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-563, "Public School Nurse Assignment Temporary Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-355. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-564, "Automatic Voter Registration Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-356. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-565, "Medical Marijuana Omnibus Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-357. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-566, "Residential Lease Clarification Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-358. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-567, "Relocation Expenses Recoupment and Lien Authority Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-359. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-568, "Strengthening Youth Services and Rehabilitation Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-360. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-569, "Specialty License Plate Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-361. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-570, "Department of Consumer and Regulatory Affairs Community Partnership Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-362. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-571, "Student Loan Ombudsman Establishment and Servicing Regulation Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-363. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-577, "Death with Dignity Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-364. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-578, "Sale of Synthetic Drugs Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-365. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-579, "Georgia Avenue Retail Priority Area Temporary Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-366. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-580, "Foster Parents Statement of Rights and Responsibilities Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-367. A communication from the Chairman of the Council of the District of Colum-

bia, transmitting, pursuant to law, a report on D.C. Act 21-581, "Protecting Students Digital Privacy Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-368. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21-582, "Planning Actively for Comprehensive Education Facilities Amendment Act of 2016"; to the Committee on Homeland Security and Governmental Affairs.

EC-369. A communication from the Senior Procurement Executive, Office of Acquisition Policy, General Services Administration, transmitting, pursuant to law, the report of a rule entitled "General Services Administration Acquisition Regulation (GSAR); Fair Opportunity Complaints on GSA Contracts" (RIN3090-AJ79) received in the Office of the President of the Senate on January 9, 2017; to the Committee on Homeland Security and Governmental Affairs.

EC-370. A communication from the Archivist of the United States, National Archives and Records Administration, transmitting, pursuant to law, a report on the gift of a Learning Center and other physical improvements for the Gerald R. Ford Presidential Museum in Grand Rapids, Michigan; to the Committee on Homeland Security and Governmental Affairs.

EC-371. A communication from the Director of Legislative Affairs, Federal Deposit Insurance Corporation, transmitting, pursuant to law, the report of a rule entitled "Rules of Practice and Procedure" (RIN3064-AE52) received in the Office of the President of the Senate on January 5, 2017; to the Committee on Banking, Housing, and Urban Affairs.

EC-372. A communication from the Regulatory Specialist of the Legislative and Regulatory Activities Division, Office of the Comptroller of the Currency, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Availability of Information Under the Freedom of Information Act" (RIN1557-AE12) received in the Office of the President of the Senate on January 4, 2017; to the Committee on Banking, Housing, and Urban Affairs.

EC-373. A communication from the Regulatory Specialist of the Legislative and Regulatory Activities Division, Office of the Comptroller of the Currency, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Receiverships for Uninsured National Banks" (RIN1557-AE07) received in the Office of the President of the Senate on January 9, 2017; to the Committee on Banking, Housing, and Urban Affairs.

EC-374. A communication from the Regulatory Specialist of the Legislative and Regulatory Activities Division, Office of the Comptroller of the Currency, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Industrial and Commercial Metals" (RIN1557-AD93) received during adjournment of the Senate in the Office of the President of the Senate on January 6, 2017; to the Committee on Banking, Housing, and Urban Affairs.

EC-375. A communication from the Paralegal, Federal Transit Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Metropolitan Planning Organization Coordination and Planning Area Reform" (RIN2132-AB28) received in the Office of the President of the Senate on January 4, 2017; to the Committee on Banking, Housing, and Urban Affairs.

EC-376. A communication from the Attorney Advisor, Federal Highway Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule

entitled "Metropolitan Planning Organization Coordination and Planning Area Reform" (RIN2125-AF68) received in the Office of the President of the Senate on January 4, 2017; to the Committee on Banking, Housing, and Urban Affairs.

EC-377. A communication from the Administrator of the Specialty Crops Program, Agricultural Marketing Service, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled "Revisions to Inspection Application Requirements" (Docket No. AMS-SC-16-0063) received during adjournment of the Senate in the Office of the President of the Senate on January 6, 2017; to the Committee on Agriculture, Nutrition, and Forestry.

EC-378. A communication from the Alternate Federal Register Liaison Officer, Office of the Secretary, Department of Defense, transmitting, pursuant to law, the report of a rule entitled "DoD Freedom of Information Act (FOIA) Program" (RIN0790-AI24) received during adjournment of the Senate in the Office of the President of the Senate on January 6, 2017; to the Committee on Armed Services.

EC-379. A communication from the Alternate Federal Register Liaison Officer, Office of the Secretary, Department of Defense, transmitting, pursuant to law, the report of a rule entitled "Department of Defense Personnel Security Program Regulation" (RIN0790-AJ55) received during adjournment of the Senate in the Office of the President of the Senate on January 6, 2017; to the Committee on Armed Services.

EC-380. A communication from the Assistant General Counsel for Legislation, Regulation and Energy Efficiency, Department of Energy, transmitting, pursuant to law, the report of a rule entitled "Energy Conservation Program: Test Procedures for Compressors" (RIN1904-AD43) received during adjournment of the Senate in the Office of the President of the Senate on January 6, 2017; to the Committee on Energy and Natural Resources.

EC-381. A communication from the Assistant General Counsel for Legislation, Regulation and Energy Efficiency, Department of Energy, transmitting, pursuant to law, the report of a rule entitled "Energy Conservation Program: Test Procedures for Central Air Conditioners and Heat Pumps" (RIN1904-AD71) received during adjournment of the Senate in the Office of the President of the Senate on January 6, 2017; to the Committee on Energy and Natural Resources.

EC-382. A communication from the Assistant Secretary, Office of Fossil Energy, Department of Energy, transmitting, pursuant to law, an annual report relative to the Strategic Petroleum Reserve for calendar year 2014; to the Committee on Energy and Natural Resources.

EC-383. A communication from the Chairman, Medicare Payment Advisory Commission, transmitting, pursuant to law, a report entitled "Medical Malpractice: Evidence on Reform Alternatives and Claims Involving Elderly Patients"; to the Committee on Finance.

EC-384. A communication from the Federal Register Liaison Officer, Alcohol and Tobacco Tax and Trade Bureau, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Amendments To Streamline Importation of Distilled Spirits, Wine, Beer, Malt Beverages, Tobacco Products, Processes Tobacco, and Cigarette Papers and Tubes and Facilitate Use of the International Trade Data System" (RIN1513-AC15) received during adjournment of the Senate in the Office of the President of the Senate on January 6, 2017; to the Committee on Finance.

EC-385. A communication from the Assistant Secretary for Legislation, Department of the

Health and Human Services, transmitting, pursuant to law, a report entitled "Report to Congress: Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 Strategic Plan for Accessing Race and Ethnicity Data"; to the Committee on Finance.

EC-386. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "2017 Section 1274A CPI Adjustments" (Rev. Rul. 2016-30) received in the Office of the President of the Senate on January 5, 2017; to the Committee on Finance.

EC-387. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Syndicated Conservation Easement Transactions" (Notice 2017-10) received in the Office of the President of the Senate on January 5, 2017; to the Committee on Finance.

EC-388. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Section 831(b) Micro-Captive Transactions" (Notice 2017-08) received in the Office of the President of the Senate on January 9, 2017; to the Committee on Finance.

EC-389. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Maintaining certification as a certified professional employer organization" (Rev. Proc. 2017-14) received in the Office of the President of the Senate on January 5, 2017; to the Committee on Finance.

EC-390. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Updated FFI Agreement" (Rev. Proc. 2017-16) received in the Office of the President of the Senate on January 9, 2017; to the Committee on Finance.

EC-391. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Qualified Intermediary Agreement" (Rev. Proc. 2017-15) received in the Office of the President of the Senate on January 9, 2017; to the Committee on Finance.

EC-392. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Revenue Procedure 2017-14" (Rev. Proc. 2017-14) received in the Office of the President of the Senate on January 9, 2017; to the Committee on Finance.

EC-393. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Revenue Procedure 2017-5" (Rev. Proc. 2017-5) received in the Office of the President of the Senate on January 9, 2017; to the Committee on Finance.

EC-394. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Revenue Procedure 2017-3" (Rev. Proc. 2017-3) received in the Office of the President of the Senate on January 9, 2017; to the Committee on Finance.

EC-395. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the

Treasury, transmitting, pursuant to law, the report of a rule entitled "Definitions and Reporting Requirements for Shareholders of Passive Foreign Investment Companies" ((RIN1545-BK66) (TD 9806)) received in the Office of the President of the Senate on January 5, 2017; to the Committee on Finance.

EC-396. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Regulations Regarding Withholding of Tax on Certain U.S. Source Income Paid to Foreign Persons, Information Reporting and Backup Withholding on Payments Made to Certain U.S. Persons, and Portfolio Interest Treatment" ((RIN1545-BL17 and RIN1545-BN74) (TD 9808)) received in the Office of the President of the Senate on January 9, 2017; to the Committee on Finance.

EC-397. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Regulations Relating to Information Reporting by Foreign Financial Institutions and Withholding on Certain Payments to Foreign Financial Institutions and Other Foreign Entities" ((RIN1545-BL72 and RIN1545-BN79) (TD 9809)) received in the Office of the President of the Senate on January 9, 2017; to the Committee on Finance.

## 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 Mrs. CAPITO:

S. 76. A bill to amend the Internal Revenue Code of 1986 to provide additional new markets tax credits for distressed coal communities; to the Committee on Finance.

By Mr. FLAKE:

S. 77. A bill to amend the Agricultural Act of 2014 to repeal the forfeiture rule for peanuts under the nonrecourse marketing assistance loan program; to the Committee on Agriculture, Nutrition, and Forestry.

By Mr. LEE (for himself, Mr. CASSIDY, Mr. CARPER, Mr. BOOKER, and Mr. JOHNSON):

S. 78. A bill to provide for reimbursement for the use of modern travel services by Federal employees traveling on official Government business, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

By Mr. KING (for himself, Mr. RISCH, Mr. HEINRICH, Ms. COLLINS, and Mr. CRAPO):

S. 79. A bill to provide for the establishment of a pilot program to identify security vulnerabilities of certain entities in the energy sector; to the Committee on Energy and Natural Resources.

By Mr. CRAPO (for himself and Mr. RISCH):

S. 80. A bill to protect the right of individuals to bear arms at water resources development projects; to the Committee on Environment and Public Works.

By Ms. KLOBUCHAR (for herself and Ms. COLLINS):

S. 81. A bill to establish an advisory office within the Bureau of Consumer Protection of the Federal Trade Commission to prevent fraud targeting seniors, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. REED (for himself and Mr. BLUMENTHAL):

S. 82. A bill to amend the Internal Revenue Code of 1986 to expand the denial of deduction for certain excessive employee remuneration, and for other purposes; to the Committee on Finance.

By Ms. KLOBUCHAR (for herself and Mr. HELLER):

S. 83. A bill to authorize the National Science Foundation to support entrepreneurial programs for women; to the Committee on Commerce, Science, and Transportation.

By Mr. McCAIN:

S. 84. A bill to provide for an exception to a limitation against appointment of persons as Secretary of Defense within seven years of relief from active duty as a regular commissioned officer of the Armed Forces; to the Committee on Armed Services.

By Mr. ROBERTS (for himself and Ms. HEITKAMP):

S. 85. A bill to amend the Internal Revenue Code of 1986 to repeal the amendments made by the Patient Protection and Affordable Care Act which disqualify expenses for over-the-counter drugs under health savings accounts and health flexible spending arrangements; to the Committee on Finance.

By Mr. McCAIN (for himself and Mr. FLAKE):

S. 86. A bill to amend the Veterans Access, Choice, and Accountability Act of 2014 to modify the termination date for the Veterans Choice Program; to the Committee on Veterans' Affairs.

By Mr. TOOMEY (for himself, Mr. GRASSLEY, Mr. CRUZ, Mr. INHOFE, Mr. COTTON, Mrs. CAPITO, Mr. PERDUE, Mr. BOOZMAN, Mr. JOHNSON, Mr. WICKER, Mr. BLUNT, and Mrs. FISCHER):

S. 87. A bill to ensure that State and local law enforcement may cooperate with Federal officials to protect our communities from violent criminals and suspected terrorists who are illegally present in the United States; to the Committee on the Judiciary.

By Mrs. FISCHER (for herself, Mr. BOOKER, Mr. GARDNER, and Mr. SCHATZ):

S. 88. A bill to ensure appropriate spectrum planning and interagency coordination to support the Internet of Things; to the Committee on Commerce, Science, and Transportation.

By Mrs. MCCASKILL (for herself, Mr. BLUNT, Mr. BROWN, Mr. PORTMAN, Mr. CASSIDY, Mr. COTTON, and Mr. BOOZMAN):

S. 89. A bill to amend title 46, United States Code, to exempt old vessels that only operate within inland waterways from the fire-retardant materials requirement if the owners of such vessels make annual structural alterations to at least 10 percent of the areas of the vessels that are not constructed of fire-retardant materials and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. CORNYN (for himself and Mr. CRUZ):

S. 90. A bill to survey the gradient boundary along the Red River in the States of Oklahoma and Texas, and for other purposes; to the Committee on the Judiciary.

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

S. 91. A bill to amend the Indian Employment, Training and Related Services Demonstration Act of 1992 to facilitate the ability of Indian tribes to integrate the employment, training, and related services from diverse Federal sources, and for other purposes; to the Committee on Indian Affairs.

By Mr. McCAIN (for himself and Ms. KLOBUCHAR):

S. 92. A bill to amend the Federal Food, Drug, and Cosmetic Act to allow for the per-

sonal importation of safe and affordable drugs from approved pharmacies in Canada; to the Committee on Health, Education, Labor, and Pensions.

By Mrs. ERNST (for herself, Mr. GARDNER, and Mr. HELLER):

S. 93. A bill to allow women greater access to safe and effective contraception; 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. HATCH (for himself, Mr. ROBERTS, Mr. WHITEHOUSE, Mr. COTTON, Ms. DUCKWORTH, Mr. FLAKE, and Mr. GARDNER):

S. Res. 9. A resolution honoring in praise and remembrance the extraordinary life, steady leadership, and remarkable, 70-year reign of King Bhumibol Adulyadej of Thailand; to the Committee on Foreign Relations.

By Mr. MARKEY (for himself and Mr. RUBIO):

S. Res. 10. A resolution expressing the sense of the Senate regarding the trafficking of illicit fentanyl into the United States from Mexico and China; to the Committee on Foreign Relations.

By Mr. SCOTT (for himself, Mr. PORTMAN, Mr. RUBIO, Mr. BOOKER, Mr. PAUL, and Mr. BROWN):

S. Res. 11. A resolution encouraging the development of best business practices to fully utilize the potential of the United States; to the Committee on Health, Education, Labor, and Pensions.

## ADDITIONAL COSPONSORS

S. 17

At the request of Mr. SASSE, the names of the Senator from Missouri (Mrs. MCCASKILL) and the Senator from Georgia (Mr. PERDUE) were added as cosponsors of S. 17, a bill to ensure the Government Accountability Office has adequate access to information.

S. 27

At the request of Mr. CARDIN, the name of the Senator from Minnesota (Mr. FRANKEN) was added as a cosponsor of S. 27, a bill to establish an independent commission to examine and report on the facts regarding the extent of Russian official and unofficial cyber operations and other attempts to interfere in the 2016 United States national election, and for other purposes.

S. 36

At the request of Mr. INHOFE, the name of the Senator from Georgia (Mr. PERDUE) was added as a cosponsor of S. 36, a bill to amend the Immigration and Nationality Act to provide for extensions of detention of certain aliens ordered removed, and for other purposes.

S. 53

At the request of Ms. CANTWELL, the name of the Senator from Alaska (Ms. MURKOWSKI) was added as a cosponsor of S. 53, a bill to authorize and strengthen the tsunami detection, forecast, warning, research, and mitigation program of the National Oceanic and

Atmospheric Administration, and for other purposes.

S. 63

At the request of Mr. MORAN, the name of the Senator from South Dakota (Mr. ROUNDS) was added as a cosponsor of S. 63, a bill to clarify the rights of Indians and Indian tribes on Indian lands under the National Labor Relations Act.

S. 74

At the request of Mr. NELSON, the name of the Senator from Massachusetts (Mr. MARKEY) was added as a cosponsor of S. 74, a bill to improve the ability of the National Oceanic and Atmospheric Administration, the Coast Guard, and coastal States to sustain healthy ocean and coastal ecosystems by maintaining and sustaining their capabilities relating to oil spill preparedness, prevention, response, and for other purposes.

S. RES. 6

At the request of Mr. RUBIO, the names of the Senator from Nebraska (Mr. SASSE), the Senator from Alabama (Mr. SHELBY), the Senator from Tennessee (Mr. ALEXANDER), the Senator from Minnesota (Ms. KLOBUCHAR), the Senator from California (Ms. HARRIS) and the Senator from Texas (Mr. CRUZ) were added as cosponsors of S. Res. 6, a resolution objecting to United Nations Security Council Resolution 2334 and to all efforts that undermine direct negotiations between Israel and the Palestinians for a secure and peaceful settlement.

AMENDMENT NO. 2

At the request of Mr. COONS, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of amendment No. 2 intended to be proposed to S. Con. Res. 3, a concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026.

AMENDMENT NO. 9

At the request of Ms. KLOBUCHAR, the name of the Senator from Virginia (Mr. KAINE) was added as a cosponsor of amendment No. 9 intended to be proposed to S. Con. Res. 3, a concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026.

AMENDMENT NO. 17

At the request of Mr. BLUMENTHAL, the names of the Senator from Hawaii (Ms. HIRONO) and the Senator from New Hampshire (Mrs. SHAHEEN) were added as cosponsors of amendment No. 17 intended to be proposed to S. Con. Res. 3, a concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026.

AMENDMENT NO. 19

At the request of Mr. SANDERS, the name of the Senator from Florida (Mr.

NELSON) was added as a cosponsor of amendment No. 19 proposed to S. Con. Res. 3, a concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026.

## AMENDMENT NO. 26

At the request of Mr. COONS, the name of the Senator from Maine (Mr. KING) was added as a cosponsor of amendment No. 26 intended to be proposed to S. Con. Res. 3, a concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026.

## AMENDMENT NO. 27

At the request of Mr. COONS, the name of the Senator from Maine (Mr. KING) was added as a cosponsor of amendment No. 27 intended to be proposed to S. Con. Res. 3, a concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026.

## AMENDMENT NO. 28

At the request of Mr. COONS, the name of the Senator from Virginia (Mr. KAINE) was added as a cosponsor of amendment No. 28 intended to be proposed to S. Con. Res. 3, a concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026.

## AMENDMENT NO. 29

At the request of Mr. CARDIN, the names of the Senator from Ohio (Mr. BROWN) and the Senator from Maryland (Mr. VAN HOLLEN) were added as cosponsors of amendment No. 29 intended to be proposed to S. Con. Res. 3, a concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026.

## AMENDMENT NO. 30

At the request of Mr. CARDIN, the name of the Senator from Connecticut (Mr. BLUMENTHAL) was added as a cosponsor of amendment No. 30 intended to be proposed to S. Con. Res. 3, a concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026.

## AMENDMENT NO. 31

At the request of Mr. CARDIN, the names of the Senator from Hawaii (Ms. HIRONO) and the Senator from Connecticut (Mr. BLUMENTHAL) were added as cosponsors of amendment No. 31 intended to be proposed to S. Con. Res. 3, a concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budg-

etary levels for fiscal years 2018 through 2026.

## AMENDMENT NO. 32

At the request of Ms. KLOBUCHAR, the names of the Senator from Vermont (Mr. LEAHY) and the Senator from Maine (Mr. KING) were added as cosponsors of amendment No. 32 intended to be proposed to S. Con. Res. 3, a concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026.

## AMENDMENT NO. 33

At the request of Ms. KLOBUCHAR, the names of the Senator from Illinois (Mr. DURBIN) and the Senator from Connecticut (Mr. BLUMENTHAL) were added as cosponsors of amendment No. 33 intended to be proposed to S. Con. Res. 3, a concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026.

## AMENDMENT NO. 34

At the request of Mrs. SHAHEEN, the names of the Senator from Minnesota (Mr. FRANKEN), the Senator from Massachusetts (Ms. WARREN), the Senator from Indiana (Mr. DONNELLY) and the Senator from Delaware (Mr. CARPER) were added as cosponsors of amendment No. 34 intended to be proposed to S. Con. Res. 3, a concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026.

## AMENDMENT NO. 35

At the request of Mrs. SHAHEEN, the name of the Senator from Delaware (Mr. CARPER) was added as a cosponsor of amendment No. 35 intended to be proposed to S. Con. Res. 3, a concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026.

## AMENDMENT NO. 36

At the request of Mrs. SHAHEEN, the names of the Senator from Vermont (Mr. LEAHY), the Senator from Maryland (Mr. CARDIN) and the Senator from Massachusetts (Ms. WARREN) were added as cosponsors of amendment No. 36 intended to be proposed to S. Con. Res. 3, a concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026.

## AMENDMENT NO. 37

At the request of Mrs. SHAHEEN, the names of the Senator from Ohio (Mr. BROWN) and the Senator from Massachusetts (Ms. WARREN) were added as cosponsors of amendment No. 37 intended to be proposed to S. Con. Res. 3, a concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2017

and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026.

## AMENDMENT NO. 49

At the request of Mr. WHITEHOUSE, the names of the Senator from Connecticut (Mr. BLUMENTHAL), the Senator from Vermont (Mr. LEAHY) and the Senator from New Hampshire (Mrs. SHAHEEN) were added as cosponsors of amendment No. 49 intended to be proposed to S. Con. Res. 3, a concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026.

## AMENDMENT NO. 54

At the request of Mr. FRANKEN, the names of the Senator from Wisconsin (Ms. BALDWIN) and the Senator from Maine (Mr. KING) were added as cosponsors of amendment No. 54 intended to be proposed to S. Con. Res. 3, a concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026.

## STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. REED (for himself and Mr. BLUMENTHAL):

S. 82. A bill to amend the Internal Revenue Code of 1986 to expand the denial of deduction for certain excessive employee remuneration, and for other purposes; to the Committee on Finance.

Mr. REED. Mr. President, I am reintroducing the Stop Subsidizing Multimillion Dollar Corporate Bonuses Act with Senator BLUMENTHAL. This legislation would end special tax exemptions for huge CEO bonuses by closing a glaring loophole that allows publicly traded corporations to deduct the cost of multimillion-dollar bonuses from their corporate tax bills. If executives perform, companies may compensate them however they wish, but U.S. taxpayers shouldn't have to subsidize these massive bonuses.

Under current tax law, when a publicly traded corporation calculates its taxable income, it is generally permitted to deduct the cost of compensation from its revenues, with limits up to \$1 million for some of the firm's most senior executives. However, a loophole relating to performance-based compensation has allowed many public corporations to avoid such limits and freely deduct excessive executive compensation. To illustrate how this loophole works, if a CEO receives \$1 million in cash compensation and \$14 million in performance-based compensation in a given year, the public corporation's taxable income would decline by \$15 million. With the current corporate tax rate at 35 percent, the corporation in this case would receive a tax giveaway of \$5.25 million.

The Stop Subsidizing Multimillion Dollar Corporate Bonuses Act puts an



end to that giveaway and limits public corporations to a single \$1 million per employee deduction as was originally intended. Using the same example above, a profitable public corporation could deduct \$1 million of the CEO's \$15 million compensation package but could not claim a deduction on the remaining \$14 million. So instead of claiming \$5.25 million in Federal subsidies for the CEO's pay, this public corporation will be contributing \$4.9 million toward improving our roads, our schools, and our military—costs that middle-class families are already underwriting.

Indeed, over a 10-year window, the Joint Committee on Taxation, in their most recent assessment, estimated that closing this loophole would save U.S. taxpayers over \$50 billion.

Specifically, our legislation first applies section 162(m) of the Tax Code to all employees of publicly traded corporations so that all compensation is subject to a deductibility cap of \$1 million. Publicly traded corporations would still be permitted to pay their executives as much as they desire, but compensation above and beyond \$1 million would no longer be subsidized by other hard-working taxpayers through our Tax Code.

Second, our bill removes the exemption for performance-based compensation, which currently permits compensation deductions above and beyond \$1 million when executives have met performance benchmarks set by the corporation's board of directors. As a result, publicly traded corporations would still be able to incentivize their executives, but all such incentives would be subject to a corporate deductibility cap of \$1 million.

Finally, our legislation makes a technical correction to ensure that all publicly traded corporations that are required to provide quarterly and annual reports to their investors under Securities and Exchange Commission rules and regulations are subject to section 162(m). Currently, this section of the Tax Code only covers some publicly traded corporations who are required to provide these periodic reports to their shareholders. Discouraging extravagant compensation packages shouldn't turn on whether a publicly traded corporation falls into one SEC reporting requirement or another, and our bill closes this technical loophole.

Even our President-elect has acknowledged the problem of excessive CEO pay. When asked about this issue on CBS's "Face the Nation" on September 13, 2015, then-Presidential Candidate Trump said, "Well, it does bug me. It's very hard if you have a free enterprise system to do anything about that. The boards of companies are supposed to do it. But I know companies very well. And the CEO puts in all his friends. And so you will take a company like, I could say Macy's or many other companies, where they put in their friends as head of the company, and they get whatever they want, be-

cause the friends love sitting on the board. So that's a system that we have. And it's a shame and it's disgraceful. And, sometimes, the boards rule. But I would say it's probably less than 10 percent. And you see these guys making these enormous amounts of money. It's a total and complete joke."

Our legislation tackles this issue head on by ending the public subsidy of excessive CEO compensation, derailing the lavish tax breaks that exclusively benefit public corporations. This is simply a matter of fairness, ensuring that corporations—and not hard-working taxpayers who face their own challenges in this economy—are paying for the multimillion-dollar bonuses they have decided to dole out to their CEOs.

We need to prioritize tax breaks that grow our economy and strengthen the middle class. This bill would eliminate some of the inequity in the Tax Code. Again, companies are free to pay their executives as much as they want, but the American taxpayer shouldn't help foot the bill for a CEO's multimillion-dollar bonus.

I thank Public Citizen, Americans for Financial Reform, the AFL-CIO, International Brotherhood of Teamsters, and MIT professor Simon Johnson for their support. I also want to thank Senator BLUMENTHAL for working with me on this issue, and I urge our colleagues to join us in cosponsoring this legislation.

By Mr. CORNYN (for himself and Mr. CRUZ):

S. 90. A bill to survey the gradient boundary along the Red River in the States of Oklahoma and Texas, and for other purposes; to the Committee on the Judiciary.

Mr. CORNYN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 90

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Red River Gradient Boundary Survey Act".

#### SEC. 2. DEFINITIONS.

In this Act:

(1) AFFECTED AREA.—

(A) IN GENERAL.—The term "affected area" means land along the approximately 116-mile stretch of the Red River, from its confluence with the north fork of the Red River on the West to the 98th meridian on the east.

(B) EXCLUSIONS.—The term "affected area" does not include the portion of the Red River within the boundary depicted on the survey prepared by the Bureau of Land Management entitled "Township 5 South, Range 14 West, of the Indian Meridian, Oklahoma, Dependent Resurvey and Survey" and dated February 28, 2006.

(2) GRADIENT BOUNDARY SURVEY METHOD.—The term "gradient boundary survey method" means the measurement technique used to locate the South Bank boundary line in accordance with the methodology established in *Oklahoma v. Texas*, 261 U.S. 340 (1923) (recognizing that the boundary line

along the Red River is subject to change due to erosion and accretion).

(3) LANDOWNER.—The term "landowner" means any individual, group, association, corporation, federally recognized Indian tribe or member of such an Indian tribe, or other private or governmental legal entity that owns an interest in land in the affected area.

(4) SECRETARY.—The term "Secretary" means the Secretary of the Interior, acting through the Director of the Bureau of Land Management.

(5) SOUTH BANK.—The term "South Bank" means the water-washed and relatively permanent elevation or acclivity (commonly known as a "cut bank") along the southerly or right side of the Red River that—

(A) separates the bed of that river from the adjacent upland, whether valley or hill; and

(B) usually serves, as specified in the fifth paragraph of *Oklahoma v. Texas*, 261 U.S. 340 (1923)—

(i) to confine the waters within the bed; and

(ii) to preserve the course of the river.

(6) SOUTH BANK BOUNDARY LINE.—The term "South Bank boundary line" means the boundary, with respect to title and ownership, between the States of Oklahoma and Texas identified through the gradient boundary survey method that does not impact or alter the permanent political boundary line between the States along the Red River, as outlined under article II, section B of the Red River Boundary Compact enacted by the States and consented to by Congress pursuant to Public Law 106-288 (114 Stat. 919).

#### SEC. 3. SURVEY OF SOUTH BANK BOUNDARY LINE.

(a) SURVEY REQUIRED.—

(1) IN GENERAL.—The Secretary shall commission a survey to identify the South Bank boundary line in the affected area.

(2) REQUIREMENTS.—The survey shall—

(A) adhere to the gradient boundary survey method;

(B) span the length of the affected area;

(C) be conducted by surveyors that are—

(i) licensed and qualified to conduct official gradient boundary surveys; and

(ii) selected jointly by and operating under the direction of—

(I) the Texas General Land Office, in consultation with each affected federally recognized Indian tribe; and

(II) the Oklahoma Commissioners of the Land Office, in consultation with the attorney general of the State of Oklahoma and each affected federally recognized Indian tribe; and

(D) be completed not later than 2 years after the date of enactment of this Act.

(b) APPROVAL.—

(1) STATE APPROVAL.—

(A) IN GENERAL.—Not later than 60 days after the date on which the survey under subsection (a)(1) is completed, the Secretary shall submit the survey for approval to—

(i) the Texas General Land Office, in consultation with each affected federally recognized Indian tribe; and

(ii) the Oklahoma Commissioners of the Land Office, in consultation with the attorney general of the State of Oklahoma and each affected federally recognized Indian tribe.

(B) TIMING OF APPROVAL.—Not later than 60 days after the date of receipt of the survey under subparagraph (A), the Texas General Land Office, in consultation with each affected federally recognized Indian tribe, and the Oklahoma Commissioners of the Land Office, in consultation with the attorney general of the State of Oklahoma and each affected federally recognized Indian tribe, shall determine whether to approve the survey.

## (C) SURVEYS OF INDIVIDUAL PARCELS.—

(i) IN GENERAL.—Surveys of individual parcels in the affected area shall be conducted in accordance with this section.

(ii) APPROVAL OR DISAPPROVAL.—A survey of an individual parcel conducted under clause (i) shall be approved or disapproved, on an individual basis, by the Texas General Land Office, in consultation with each affected federally recognized Indian tribe, and the Oklahoma Commissioners of the Land Office, in consultation with the attorney general of the State of Oklahoma and each affected federally recognized Indian tribe, by not later than 60 days after the date of receipt of the survey.

(2) NO FEDERAL APPROVAL REQUIRED.—The survey conducted under subsection (a)(1), and any survey of an individual parcel described in paragraph (1)(C), shall not be submitted to the Secretary for approval.

## (c) NOTICES.—

(1) SECRETARY.—Not later than 60 days after the date on which a survey for an individual parcel is approved by the Texas General Land Office and the Oklahoma Commissioners of the Land Office, in consultation with the attorney general of the State of Oklahoma, under subsection (b)(1)(C), the heads of those offices shall submit to the Secretary—

(A) a notice of the approval of the survey; and

(B) a copy of—

(i) the survey; and

(ii) any field notes relating to the individual parcel.

(2) ADJACENT LANDOWNERS.—Not later than 30 days after the date on which the Secretary receives a notice relating to an individual parcel under paragraph (1), the Secretary shall provide to each landowner of land adjacent to the individual parcel—

(A) a notice of the approval of the survey; and

(B) a copy of—

(i) the survey; and

(ii) any field notes relating to the individual parcel.

**SEC. 4. EFFECT OF ACT.**

Nothing in this Act—

(1) modifies any interest of the State of Oklahoma or Texas, or the sovereignty, property, or trust rights of any federally recognized Indian tribe, relating to land located north of the South Bank boundary line, as established by the survey;

(2) modifies any land patented under the Act of December 22, 1928 (45 Stat. 1069, chapter 47; 43 U.S.C. 1068) (commonly known as the “Color of Title Act”), before the date of enactment of this Act;

(3) modifies or supersedes the Red River Boundary Compact enacted by the States of Oklahoma and Texas and consented to by Congress pursuant to Public Law 106-288 (114 Stat. 919);

(4) creates or reinstates any Indian reservation or any portion of such a reservation; or

(5) alters any valid right of the State of Oklahoma or the Kiowa, Comanche, or Apache Indian tribes to the mineral interest trust fund established under the Act of June 12, 1926 (44 Stat. 740, chapter 572).

**SEC. 5. AUTHORIZATION OF APPROPRIATIONS.**

There is authorized to be appropriated to the Secretary to carry out this Act \$1,000,000.

## SUBMITTED RESOLUTIONS

**SENATE RESOLUTION 9—HONORING IN PRAISE AND REMEMBRANCE THE EXTRAORDINARY LIFE, STEADY LEADERSHIP, AND REMARKABLE, 70-YEAR REIGN OF KING BHUMIBOL ADULYADEJ OF THAILAND**

Mr. HATCH (for himself, Mr. ROBERTS, Mr. WHITEHOUSE, Mr. COTTON, Ms. DUCKWORTH, Mr. FLAKE, and Mr. GARDNER) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 9

Whereas His Majesty King Bhumibol Adulyadej enjoyed a special relationship with the United States, having been born in Cambridge, Massachusetts, in 1927 while his father was completing his medical studies at Harvard University;

Whereas King Bhumibol Adulyadej ascended to the throne on June 9, 1946, and celebrated his 70th year as King of Thailand in 2016;

Whereas, at the time of his death, King Bhumibol Adulyadej was the longest-serving head of state in the world and the longest-reigning monarch in the history of Thailand;

Whereas His Majesty dedicated his life to the well-being of the Thai people and the sustainable development of Thailand;

Whereas His Majesty led by example and virtue with the interest of the people at heart, earning His Majesty the deep reverence of the Thai people and the respect of people around the world;

Whereas His Majesty reached out to the poorest and most vulnerable people of Thailand, regardless of their status, ethnicity, or religion, listened to their problems, and empowered them to take their lives into their own hands;

Whereas, in 2006, His Majesty received the first United Nations Human Development Award, recognizing him as the “Development King” for the extraordinary contribution of His Majesty to human development;

Whereas His Majesty was recognized internationally in the areas of intellectual property, innovation, and creativity, and in 2009, the World Intellectual Property Organization presented His Majesty with the Global Leadership Award;

Whereas His Majesty was an anchor of peace and stability for Thailand during the turbulent decades of the Cold War;

Whereas His Majesty was always a trusted friend of the United States in advancing a strong and enduring alliance and partnership between the United States and Thailand;

Whereas His Majesty addressed a joint session of Congress on June 29, 1960, during which His Majesty reaffirmed the strong friendship and goodwill between the United States and Thailand;

Whereas the United States and Thailand remain strong security allies, as memorialized in the Southeast Asia Collective Defense Treaty (commonly known as the “Manila Pact of 1954”) and later expanded under the Thanat-Rusk Communique of 1962;

Whereas, for decades, Thailand has hosted the annual Cobra Gold military exercises, the largest multilateral exercises in Asia, to improve regional defense cooperation;

Whereas Thailand has allowed the Armed Forces of the United States to use the Utapao Air Base to coordinate international humanitarian relief efforts;

Whereas President George W. Bush designated Thailand as a major non-NATO ally on December 30, 2003;

Whereas close cooperation and mutual sacrifices in the face of common threats have bound the United States and Thailand together and established a firm foundation for the advancement of a mutually beneficial relationship; and

Whereas, on October 13, 2016, at the age of 88, His Majesty King Bhumibol Adulyadej passed away, leaving behind a lasting legacy for Thailand: Now, therefore, be it

*Resolved*, That the Senate—

(1) honors the extraordinary life, steady leadership, and remarkable, 70-year reign of His Majesty King Bhumibol Adulyadej of Thailand;

(2) extends our deepest sympathies to the members of the Royal Family and to the people of Thailand in their bereavement;

(3) celebrates the alliance and friendship between Thailand and the United States that reflects common interests, a 183-year diplomatic history, and a multifaceted partnership that has contributed to peace, stability, and prosperity in the Asia-Pacific region;

(4) congratulates His Majesty King Maha Vajiralongkorn on his accession to the throne; and

(5) building on the strong foundation of alliance nurtured during the reign of the father of His Majesty King Maha Vajiralongkorn, looks forward to deepening the bonds of friendship between Thailand and the United States.

**SENATE RESOLUTION 10—EXPRESSING THE SENSE OF THE SENATE REGARDING THE TRAFFICKING OF ILLICIT FENTANYL INTO THE UNITED STATES FROM MEXICO AND CHINA**

Mr. MARKEY (for himself and Mr. RUBIO) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 10

Whereas the United States continues to experience a prescription opioid and heroin overdose epidemic that claimed almost 30,000 lives in 2014;

Whereas fentanyl is a synthetic opioid and the euphoric effects of fentanyl are sometimes indistinguishable from the euphoric effects of heroin or morphine;

Whereas the effect of fentanyl can be up to 50 times stronger than heroin and 100 times stronger than morphine;

Whereas although pharmaceutical fentanyl can be diverted for misuse, most fentanyl deaths are believed to be linked to illicitly manufactured fentanyl and illicit versions of chemically similar compounds known as fentanyl analogs (collectively referred to in this preamble as “illicit fentanyl”);

Whereas illicit fentanyl is potentially lethal even if only a very small quantity is ingested or inhaled;

Whereas across the United States, illicit fentanyl use and related deaths are rising at alarming rates;

Whereas illicit fentanyl is cheaper to manufacture than heroin and the sale of illicit fentanyl is highly profitable for drug dealers;

Whereas illicit fentanyl is sold for its heroin-like effects and illicit fentanyl is often mixed with heroin, cocaine, or methamphetamine as a combination product, with or without the knowledge of the user;

Whereas illicit fentanyl is often produced to physically resemble other opioid pain medicines, such as oxycodone, which sell for high amounts on the street;

Whereas drug users often overdose on illicit fentanyl because users are unaware that they are ingesting illicit fentanyl and do not

anticipate the toxicity and potential lethality of illicit fentanyl;

Whereas, according to the Centers for Disease Control and Prevention, between 2013 and 2014, the death rate from overdoses caused by synthetic opioids, including illicit fentanyl and synthetic opioid pain relievers other than methadone, increased 80 percent;

Whereas, in 2015, the Drug Enforcement Administration (referred to in this preamble as the “DEA”) issued a National Drug Threat Assessment Summary, which found that Mexican transnational criminal organizations are—

(1) one of the greatest criminal drug threats to the United States; and

(2) poly-drug organizations that use established transportation routes and distribution networks to traffic heroin, methamphetamine, cocaine, and marijuana throughout the United States;

Whereas, in 2016, the DEA issued a National Heroin Threat Assessment Summary, which found that “starting in late 2013, several states reported spikes in overdose deaths due to fentanyl and its analog acetylfentanyl”;

Whereas the 2016 National Heroin Threat Assessment Summary found that—

(1) Mexican drug traffickers are expanding their operations to gain a larger share of eastern United States heroin markets; and

(2) the availability of heroin is increasing throughout the United States;

Whereas between 2013 and 2014, there were more than 700 fentanyl-related deaths in the United States;

Whereas the number of deaths attributable to illicit fentanyl may be significantly underreported because—

(1) coroners and medical examiners do not test, or lack the resources to test, routinely for fentanyl;

(2) crime laboratories lack the resources to test routinely for fentanyl; and

(3) illicit fentanyl deaths may erroneously be attributed to heroin;

Whereas, in March 2015, the DEA issued a nationwide alert on illicit fentanyl as a threat to health and public safety;

Whereas illicit fentanyl has the potential to endanger public health workers, first responders, and law enforcement personnel who may unwittingly come into contact with illicit fentanyl by accidentally inhaling airborne powder;

Whereas, according to the DEA—

(1) Mexico is the primary source for illicit fentanyl trafficked into the United States; and

(2) distributors in China are the source of the fentanyl analogs and the precursor chemicals to manufacture fentanyl analogs that are found in Mexico and Canada;

Whereas fentanyl produced illicitly in Mexico is—

(1) smuggled across the southwest border of the United States, or delivered through mail and express consignment couriers; and

(2) often mixed with heroin or diluents in the United States and then distributed in the same United States markets in which white powder heroin is distributed; and

Whereas United States law enforcement officials have recently seen—

(1) an influx of illicit fentanyl into the United States directly from China;

(2) shipments of the equipment to manufacture illicit fentanyl, such as pill presses; and

(3) some illicit fentanyl products being smuggled into the United States across the northern border with Canada: Now, therefore, be it

*Resolved*, That it is the sense of the Senate that—

(1) the use of illicit fentanyl in the United States and the resulting overdose deaths are a public health crisis;

(2) the trafficking of illicit fentanyl into the United States, especially the trafficking of illicit fentanyl by transnational criminal organizations, is a problem that requires close cooperation between the United States Government and the Governments of Mexico and China;

(3) the United States Government and the Governments of Mexico and China have a shared interest in, and responsibility for, stopping the production of illicit fentanyl and its trafficking into the United States;

(4) the United States should—

(A) support efforts by the Governments of Mexico and China to stop the production of illicit fentanyl and its trafficking into the United States; and

(B) take further measures to reduce and prevent heroin and fentanyl consumption through—

(i) enhanced enforcement to reduce the illegal supply; and

(ii) increased use of evidence-based prevention, treatment, and recovery services; and

(5) the United States Government, including the Secretary of State, the Attorney General, the Secretary of Homeland Security, and the Director of the Office of National Drug Control Policy, should use the broad diplomatic and law enforcement resources of the United States, in partnership with the Governments of Mexico and China, to stop the production of illicit fentanyl and its trafficking into the United States.

#### SENATE RESOLUTION 11—ENCOURAGING THE DEVELOPMENT OF BEST BUSINESS PRACTICES TO FULLY UTILIZE THE POTENTIAL OF THE UNITED STATES

Mr. SCOTT (for himself, Mr. PORTMAN, Mr. RUBIO, Mr. BOOKER, Mr. PAUL, and Mr. BROWN) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 11

Whereas the Rooney Rule, formulated by Daniel Rooney, chairman of the Pittsburgh Steelers football team in the National Football League (referred to in this preamble as the “NFL”), requires each NFL team with a job opening for a coach or general manager position to interview at least 1 minority candidate for that position;

Whereas the Rooney Rule has been successful in increasing minority representation in higher leadership positions in professional football, as shown by the fact that, in the 80 years between the hiring of Fritz Pollard as coach of the Akron Pros and the implementation of the Rooney Rule in 2003, only 7 minority head coaches were hired but, since 2003, 15 minority head coaches have been hired;

Whereas the Rooney Rule has demonstrated that once highly qualified and highly skilled diversity candidates are given exposure during the hiring process, the abilities of those diversity candidates can be better utilized;

Whereas the RLJ Rule, formulated by Robert L. Johnson, founder of Black Entertainment Television (commonly known as “BET”) and The RLJ Companies, and based on the Rooney Rule from the NFL, similarly encourages companies to voluntarily establish a best practices policy to identify minority candidates and minority vendors by implementing a plan to interview—

(1) not fewer than 2 qualified minority candidates for each managerial opening at the director level and above; and

(2) not fewer than 2 qualified minority-owned businesses before approving a vendor contract;

Whereas, according to Crist-Kolder Associates, as cited in the Wall Street Journal, at the top 668 companies in the United States, less than 10 percent of Chief Financial Officers are African-American, Hispanic, or of Asian descent;

Whereas underrepresented groups contain members with the necessary abilities, experience, and qualifications for any position available;

Whereas business practices such as the Rooney Rule or the RLJ Rule are neither employment quotas nor Federal law but rather voluntary initiatives instituted by willing entities to provide the human resources necessary to ensure success;

Whereas experience has shown that people of all genders, colors, and physical abilities can achieve excellence;

Whereas the increased involvement of underrepresented workers would improve the economy of the United States and the experience of the people of the United States; and

Whereas ensuring the increased exposure, and resulting increased advancement, of diverse and qualified candidates would result in gains by all people of the United States through stronger economic opportunities: Now, therefore, be it

*Resolved*, That the Senate encourages each corporate, academic, and social entity, regardless of size or field of operation, to—

(1) develop an internal rule modeled after a successful business practice, such as the Rooney Rule or RLJ Rule, and, in accordance with title VII of the Civil Rights Act of 1964 (42 U.S.C. 2000e et seq.), adapt that rule to specifications that will best fit the procedures of the individual entity; and

(2) institute the individualized rule described in paragraph (1) to ensure that the entity will always consider candidates from underrepresented populations before making a final decision with respect to selecting a business vendor or filling a leadership position.

#### AMENDMENTS SUBMITTED AND PROPOSED

SA 56. Mr. KING submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table.

SA 57. Mr. KING (for himself and Mr. BENNET) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 58. Mr. KING (for himself and Mr. SCHATZ) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 59. Mr. KING submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 60. Mr. KING submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 61. Mr. CASEY (for himself, Mr. CARDIN, Mr. BROWN, and Mr. KING) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 62. Mr. MANCHIN (for himself and Mrs. GILLIBRAND) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 63. Mr. MANCHIN (for himself, Ms. BALDWIN, Mr. MARKEY, Mr. DURBIN, Ms. HASSAN, Mr. BROWN, Mr. UDALL, Ms. KLOBUCHAR, Mr. BLUMENTHAL, Mr. LEAHY, Mr. KING, Mrs. GILLIBRAND, Mr. WHITEHOUSE, Mr. CARPER, Mrs. FEINSTEIN, Ms. STABENOW, Mr. DONNELLY, Mr. KAINE, Mr. WARNER, Mr. CARDIN, Mrs. SHAHEEN, and Mr. VAN HOLLEN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 64. Mr. MANCHIN (for himself, Mr. DURBIN, Mr. HEINRICH, Mr. UDALL, Mr. FRANKEN, Ms. KLOBUCHAR, Ms. HEITKAMP, Mr. VAN HOLLEN, Mr. CASEY, Mr. TESTER, Mr. BENNET, Ms. BALDWIN, Ms. STABENOW, Mr. DONNELLY, Mrs. SHAHEEN, Mr. WARNER, and Mr. KING) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 65. Mr. MANCHIN (for himself, Mr. WARNER, Mr. BROWN, Mr. COONS, Mr. VAN HOLLEN, Mr. KAINE, and Mr. CASEY) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 66. Mr. REED (for himself, Mr. BLUMENTHAL, Mr. VAN HOLLEN, and Ms. WARREN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 67. Mr. CARDIN submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 68. Mr. CARDIN (for himself, Mr. BROWN, and Mr. CARPER) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 69. Mr. BENNET submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 70. Mr. BENNET (for himself, Mr. KING, and Mr. CARPER) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 71. Mr. BOOKER submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 72. Mr. BOOKER submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 73. Mr. BOOKER submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 74. Mr. BOOKER submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 75. Mr. BOOKER submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 76. Mr. BOOKER (for himself, Mr. MARKEY, and Mr. VAN HOLLEN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 77. Mr. BOOKER (for himself, Mr. MARKEY, and Mr. VAN HOLLEN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 78. Mr. DURBIN (for himself, Ms. HEITKAMP, and Mr. BOOKER) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 79. Mr. DURBIN (for himself and Ms. KLOBUCHAR) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 80. Mr. DURBIN (for himself and Ms. KLOBUCHAR) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 81. Ms. BALDWIN (for herself, Mr. VAN HOLLEN, Ms. STABENOW, Mr. BOOKER, Mr. KING, Mr. BROWN, Mr. COONS, and Mr. FRANKEN) submitted an amendment intended to be proposed by her to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 82. Mrs. GILLIBRAND (for herself, Ms. HIRONO, Mrs. MURRAY, Ms. HASSAN, Mr. BLUMENTHAL, Mrs. SHAHEEN, Mrs. FEINSTEIN, Mr. SCHUMER, Ms. STABENOW, Mr. BROWN, Mr. CARPER, Mr. UDALL, and Mr. CARDIN) submitted an amendment intended to be proposed by her to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 83. Mr. MENENDEZ (for himself, Mr. DURBIN, Ms. HASSAN, Mr. LEAHY, Mr. HEINRICH, Mr. FRANKEN, Mrs. FEINSTEIN, Mr. REED, Mrs. MURRAY, Mr. CARPER, Mr. BLUMENTHAL, Mr. BOOKER, Mr. BROWN, Ms. CANTWELL, Mr. CARDIN, Mr. COONS, Ms. HIRONO, Mr. MARKEY, Mr. MURPHY, Mrs. SHAHEEN, Mr. UDALL, Mrs. GILLIBRAND, Ms. KLOBUCHAR, Mr. WYDEN, and Ms. STABENOW) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 84. Mr. DURBIN (for himself, Mr. BROWN, Mr. MURPHY, and Mr. KING) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 85. Ms. HASSAN (for herself, Mr. BROWN, Mrs. SHAHEEN, and Ms. BALDWIN) submitted an amendment intended to be proposed by her to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 86. Mr. BROWN (for himself, Mr. REED, Ms. STABENOW, Mr. CARPER, Mr. UDALL, Mr. CASEY, Mr. BOOKER, Mr. WHITEHOUSE, Mrs. GILLIBRAND, Mr. DURBIN, Ms. BALDWIN, Ms. WARREN, Mr. CARDIN, Mr. KING, and Mr. BLUMENTHAL) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 87. Mr. WARNER (for himself, Ms. STABENOW, Mr. KAINE, Mr. PETERS, Mr. MARKEY, Mrs. GILLIBRAND, Mr. KING, Mr. NELSON, Ms. WARREN, and Mr. BENNET) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 88. Mr. WARNER submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 89. Mr. CARPER submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 90. Mr. CARPER (for himself, Mr. DURBIN, and Mr. BLUMENTHAL) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 91. Ms. STABENOW submitted an amendment intended to be proposed by her to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 92. Ms. STABENOW submitted an amendment intended to be proposed by her to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 93. Ms. STABENOW (for herself, Mr. CARPER, and Mrs. GILLIBRAND) submitted an amendment intended to be proposed by her to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 94. Ms. STABENOW (for herself, Mr. CARDIN, Mr. MURPHY, Mr. DURBIN, Ms. CANTWELL, Mr. FRANKEN, Mr. CARPER, Ms. BALDWIN, Mr. PETERS, Mr. BROWN, and Mr. UDALL) submitted an amendment intended to be proposed by her to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 95. Mr. MARKEY (for himself, Mr. FRANKEN, and Mr. BROWN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 96. Mr. MARKEY submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 97. Mr. BLUMENTHAL (for himself and Ms. KLOBUCHAR) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 98. Mr. MURPHY submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 99. Mr. MURPHY submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 100. Ms. CANTWELL (for herself, Mr. CARPER, Mr. BENNET, Mr. WHITEHOUSE, Mrs. SHAHEEN, and Mr. MURPHY) submitted an amendment intended to be proposed by her to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 101. Mr. BENNET submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 102. Mr. BENNET (for himself and Mr. BLUMENTHAL) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 103. Mr. TESTER (for himself, Mr. BROWN, and Mrs. MURRAY) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 104. Mr. TESTER submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 105. Mr. TESTER submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 106. Mr. CORKER (for himself, Mr. PORTMAN, Ms. COLLINS, Ms. MURKOWSKI, and Mr. CASSIDY) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 107. Mr. HEINRICH submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 108. Mr. UDALL (for himself and Mr. HEINRICH) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 109. Mr. UDALL (for himself, Mr. TESTER, Ms. CANTWELL, Mr. FRANKEN, Ms. HEITKAMP, Mr. HEINRICH, and Mr. SCHATZ) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 110. Mr. HEINRICH (for himself, Mr. BENNET, Mr. WYDEN, Mr. UDALL, Mr. TESTER, and Mr. MERKLEY) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

#### TEXT OF AMENDMENTS

**SA 56.** Mr. KING submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title III, add the following:

**SEC. 3. DEFICIT-NEUTRAL RESERVE FUND RELATING TO PRESERVING AND EXTENDING MATERNAL, INFANT, AND CHILD HEALTH THROUGH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.**

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to preserving and extending maternal, infant, and child health through the Department of Health and Human Services by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

**SA 57.** Mr. KING (for himself and Mr. BENNET) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title III, add the following:

**SEC. 3. DEFICIT-NEUTRAL RESERVE FUND RELATING TO THE NATIONAL HEALTH SERVICE CORPS.**

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to maintaining, preserving, sustaining, and expanding the National Health Service Corps program, which may include increasing the number of clinicians fulfilling a service obligation in exchange for scholarship or loan repayment, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

**SA 58.** Mr. KING (for himself and Mr. SCHATZ) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the

appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title III, add the following:

**SEC. 3. DEFICIT-NEUTRAL RESERVE FUND RELATING TO COVERAGE OF CERTAIN FALL PREVENTION SERVICES UNDER THE MEDICARE PROGRAM.**

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to requiring coverage of certain fall prevention services under the Medicare program by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

**SA 59.** Mr. KING submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title III, add the following:

**SEC. 3. DEFICIT-NEUTRAL RESERVE FUND RELATING TO MENTAL HEALTH AND SUBSTANCE USE DISORDER HEALTH CARE COVERAGE.**

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to the provision of health care for mental health and substance use disorders by ensuring that such care is included as essential health benefits and providing Federal parity protections for mental health and substance use disorders by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

**SA 60.** Mr. KING submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD REDUCE HEALTH INSURANCE ACCESS AND AFFORDABILITY FOR INDIVIDUALS BASED ON THEIR OCCUPATION.**

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would reduce health insurance access and affordability for individuals based on their occupation, unless legislation is enacted to provide comparable benefits and protections for such individuals.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate

only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 61.** Mr. CASEY (for himself, Mr. CARDIN, Mr. BROWN, and Mr. KING) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD MAKE PEOPLE WITH DISABILITIES AND CHRONIC CONDITIONS SICK AGAIN.**

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would—

(1) limit, reduce, or eliminate access to care for anyone with a pre-existing condition, such as a disability or chronic condition, as provided under section 2704 of the Public Health Service Act (42 U.S.C. 300gg-3), as amended by the Patient Protection and Affordable Care Act (Public Law 111-148);

(2) place a lifetime or annual cap on health insurance coverage for an individual with a disability or a chronic condition, as provided under section 2711 of the Public Health Service Act (42 U.S.C. 300gg-11), as amended by the Patient Protection and Affordable Care Act; or

(3) allow a health plan or a provider to discriminate on the basis of an applicant's physical health, mental health, or disability status to increase the cost of care, provide for fewer benefits, or in any way decrease access to health care as afforded under title I of the Patient Protection and Affordable Care Act.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 62.** Mr. MANCHIN (for himself and Mrs. GILLIBRAND) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST AN INCREASE IN THE DEFICIT.**

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill or joint resolution reported pursuant to section 2001 or 2002, or an amendment to, motion on, conference report on, or amendment between the Houses in relation to such a bill or joint resolution, that would increase the on-budget deficit or cause an on-budget deficit, as calculated under subsection (b), in any of fiscal years 2017 through 2026.

(b) DETERMINATION OF BUDGET LEVELS.—For purposes of this section, the levels of new budget authority, outlays, and revenues for a fiscal year shall be determined on the basis of estimates made by the Chairman of the Committee on the Budget of the Senate and shall be calculated without regard to any adjustment made under section 3001 or 3002.

(c) FORM OF THE POINT OF ORDER.—A point of order under subsection (a) may be raised by a Senator as provided in section 313(e) of the Congressional Budget Act of 1974 (2 U.S.C. 644(e)).

(d) SUPERMAJORITY WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 63.** Mr. MANCHIN (for himself, Ms. BALDWIN, Mr. MARKEY, Mr. DURBIN, Ms. HASSAN, Mr. BROWN, Mr. UDALL, Ms. KLOBUCHAR, Mr. BLUMENTHAL, Mr. LEAHY, Mr. KING, Mrs. GILLIBRAND, Mr. WHITEHOUSE, Mr. CARPER, Mrs. FEINSTEIN, Ms. STABENOW, Mr. DONNELLY, Mr. KAINE, Mr. WARNER, Mr. CARDIN, Mrs. SHAHEEN, and Mr. VAN HOLLEN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD REDUCE ACCESS TO SUBSTANCE USE DISORDER PREVENTION, TREATMENT, AND RECOVERY SERVICES AND WORSEN THE OPIOID EPIDEMIC.**

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would reduce the expansion of access to substance use disorder prevention, treatment, and recovery services established through the expansion of the Medicaid program under section XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and the consumer protections in the health insurance market, including protections for individuals with pre-existing conditions, the establishment of mental health and substance use disorder services as essential health benefits, the requirement that preventive services such as substance use disorder screenings be covered without cost-sharing at the point of service, and the expansion of mental health parity and addiction equity law to cover health plans in the individual market, and in so doing, worsen the opioid epidemic.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 64.** Mr. MANCHIN (for himself, Mr. DURBIN, Mr. HEINRICH, Mr. UDALL, Mr. FRANKEN, Ms. KLOBUCHAR, Ms.

HEITKAMP, Mr. VAN HOLLEN, Mr. CASEY, Mr. TESTER, Mr. BENNET, Ms. BALDWIN, Ms. STABENOW, Mr. DONNELLY, Mrs. SHAHEEN, Mr. WARNER, and Mr. KING) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD FINANCIALLY HARM RURAL HOSPITALS AND HEALTH CARE PROVIDERS BY REDUCING THE NUMBER OF PEOPLE IN RURAL COMMUNITIES WITH ACCESS TO HEALTH INSURANCE.**

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report if the Congressional Budget Office has determined that it would—

(1) cause an increase in the rate of uninsured individuals and families in rural communities by an amount sufficient to substantially weaken the financial viability of rural hospitals (including small hospitals), clinics (including community health centers), or other health care providers; or

(2) reduce Federal funds upon which rural hospitals and community health centers rely.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 65.** Mr. MANCHIN (for himself, Mr. WARNER, Mr. BROWN, Mr. COONS, Mr. VAN HOLLEN, Mr. KAINE, and Mr. CASEY) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD REDUCE BLACK LUNG BENEFITS FOR MINERS DISABLED BY BLACK LUNG DISEASE AND THEIR SURVIVORS.**

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would eliminate or weaken the amendments to the Black Lung Benefits Act (30 U.S.C. 901 et seq.) made by section 1556 of the Patient Protection and Affordable Care Act (Public Law 111-148), which—

(1) require the presumption of total disability or death caused by pneumoconiosis for coal miners who worked for at least 15 years in underground mining and who suffer or suffered from a totally disabling respiratory impairment; and

(2) provide automatic entitlement for eligible survivors of miners who were themselves entitled to receive benefits as a result of a lifetime claim.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 66.** Mr. REED (for himself, Mr. BLUMENTHAL, Mr. VAN HOLLEN, and Ms. WARREN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST CUTTING LONG-TERM SERVICES AND SUPPORTS FOR SENIORS.**

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would cut long term services and supports for seniors, including nursing home care and home and community-based care, under the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 67.** Mr. CARDIN submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD ELIMINATE OR REDUCE ACCESS TO PREVENTIVE SERVICES THAT ARE CURRENTLY OFFERED WITHOUT COPAYMENT OR COST-SHARING UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.**

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would eliminate or reduce access to preventive services that are currently offered without copayment or cost-sharing under the Patient Protection and Affordable Care Act (Public Law 111-148), including blood pressure screening, colorectal screening, breast cancer screening, cervical cancer screening, and domestic and interpersonal violence screening and counseling.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).



**SA 68.** Mr. CARDIN (for himself, Mr. BROWN, and Mr. CARPER) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD ELIMINATE OR REDUCE THE CONSUMER PROTECTIONS PROVIDED BY THE PATIENT'S BILL OF RIGHTS UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.**

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would eliminate or reduce the consumer protections provided by the Patient's Bill of Rights under the Patient Protection and Affordable Care Act (Public Law 111-148), including the ban on health plans discriminating against adults and children with pre-existing conditions, dropping coverage, limiting coverage under a health plan, limiting choice of doctors, or restricting emergency room care; the guarantee of a health plan enrollee's right to appeal; coverage of young adults under their parents' health plans; and coverage under a health plan of preventive care with no cost.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 69.** Mr. BENNET submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT REDUCES ACCESS TO, OR RESULTS IN THE CLOSING OF, RURAL HOSPITALS.**

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that reduces Medicare or private health insurance payments under the Patient Protection and Affordable Care Act to rural hospitals that could lead to a reduction in health care services provided or the closure of a rural or critical access hospital.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 70.** Mr. BENNET (for himself, Mr. KING, and Mr. CARPER) submitted an amendment intended to be proposed by

him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST PHYSICIAN AND NURSE SHORTAGES IN RURAL AND UNDERSERVED AREAS.**

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that reduces access to primary medical care, dental, and mental health services in areas designated as Health Professional Shortage Areas or Medically Underserved Areas or Populations, including the repeal of provisions in the Patient Protection and Affordable Care Act that—

(1) expand the number of National Health Service Corps providers trained to provide health care services in shortage areas through the National Health Service Corps Loan Repayment Program; or

(2) encourage provider training specifically in rural areas.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 71.** Mr. BOOKER submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the appropriate place, add the following:

**SEC. . SENSE OF THE SENATE THAT MEDICAID IS ONE OF OUR NATION'S MOST IMPORTANT POVERTY-REDUCING PROGRAMS.**

(a) FINDINGS.—The Senate finds the following:

(1) In 2015, more than 60,000,000 Americans relied on Medicaid for comprehensive, affordable health care coverage.

(2) According to the Journal of Health Economics, in 2010, Medicaid helped to keep at least 2,600,000 Americans, including adults with disabilities, the elderly, children, and racial and ethnic minorities, out of poverty.

(b) SENSE OF THE SENATE.—It is the sense of the Senate that—

(1) Medicaid is one of our Nation's most important poverty-reducing programs; and

(2) the Medicaid expansion under the Affordable Care Act has expanded coverage to millions of Americans, which not only ensures that more people have access to quality, affordable health care, but improves Americans' financial security.

**SA 72.** Mr. BOOKER submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary

levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD REDUCE COVERAGE FOR CHILDREN WITH AUTISM SPECTRUM DISORDERS.**

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would reduce coverage for children with Autism Spectrum Disorders by—

(1) block granting or imposing per capita caps on State Medicaid programs; and

(2) repealing the financial assistance available to families to purchase coverage on the health insurance marketplace created under the Patient Protection and Affordable Care Act (Public Law 111-148).

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 73.** Mr. BOOKER submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title III, add the following:

**SEC. 3. DEFICIT-NEUTRAL RESERVE FUND RELATING TO ENSURING THAT STATE MEDICAID PROGRAMS' PAYMENT POLICIES ARE ALIGNED WITH THEIR PERIODICITY SCHEDULES.**

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to ensuring that the payment policies of State Medicaid programs are aligned with the periodicity schedules of such programs by the amounts provided in such legislation for such purpose, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

**SA 74.** Mr. BOOKER submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST REDUCING CHILDREN'S ACCESS TO THE EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT BENEFIT UNDER THE MEDICAID PROGRAM.**

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would reduce children's

access to the Early and Periodic Screening, Diagnostic, and Treatment benefit under the Medicaid program by block granting or imposing per capita caps on State Medicaid programs.

(b) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 75.** Mr. BOOKER submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST DECREASING ACCESS TO HEALTH CARE BY IMPOSING UNREASONABLE WORK REQUIREMENTS ON MEDICAID BENEFICIARIES.**

(a) **POINT OF ORDER.**—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would decrease access to health care by imposing unreasonable work requirements on Medicaid beneficiaries, especially those beneficiaries struggling with mental health conditions, substance abuse issues, and homelessness.

(b) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 76.** Mr. BOOKER (for himself, Mr. MARKEY, and Mr. VAN HOLLEN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST HARMING HOSPITALS AND CLINICS BY REPEALING THE MEDICAID EXPANSION AND THE FINANCIAL ASSISTANCE OFFERED ON THE HEALTH INSURANCE MARKETPLACE.**

(a) **POINT OF ORDER.**—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would harm hospitals and clinics, particularly those in underserved areas, by repealing or cutting Federal financial assistance for the Medicaid expansion and for the financial assistance offered on the health insurance marketplace.

(b) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall

be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 77.** Mr. BOOKER (for himself, Mr. MARKEY, and Mr. VAN HOLLEN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST INCREASING PREMIUM COSTS ON THE HEALTH INSURANCE MARKETPLACE BY REPEALING THE MEDICAID EXPANSION UNDER THE AFFORDABLE CARE ACT.**

(a) **POINT OF ORDER.**—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would increase premium costs on the health insurance marketplace by repealing the Medicaid expansion under the Affordable Care Act which has lowered premiums costs on the health insurance marketplace by 7 percent in States that have expanded Medicaid under the Affordable Care Act.

(b) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 78.** Mr. DURBIN (for himself, Ms. HEITKAMP, and Mr. BOOKER) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title III, add the following:

**SEC. 3. DEFICIT-NEUTRAL RESERVE FUND RELATING TO INCREASING FUNDING FOR FEDERAL INVESTMENTS IN CHILD TRAUMA PREVENTION, SCREENING, AND SUPPORT SERVICES.**

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to increasing funding for Federal investments in the prevention, screening, and support (including treatment) for children and youth who have experienced or are at risk of experiencing trauma, which may include the early identification, screening, and expeditious referral to appropriate support services (including treatment) of children and youth, or the implementation of trauma-informed training, workforce capacity, and interventions by appropriate providers and in settings that may come into contact with children and youth who have experienced or are at risk of experiencing trauma, by the amounts provided in such legislation for those purposes, provided that such legisla-

tion would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

**SA 79.** Mr. DURBIN (for himself and Ms. KLOBUCHAR) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title III, add the following:

**SEC. 3. DEFICIT-NEUTRAL RESERVE FUND RELATING TO SUPPORTING STEADY, PREDICTABLE GROWTH FOR BIOMEDICAL RESEARCH.**

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to supporting at least 5 percent real growth (above inflation) to medical research conducted by each of the National Institutes of Health, the Centers for Disease Control and Prevention, the Defense Health Program, and the Medical and Prosthetics Research Program of the Department of Veterans Affairs by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

**SA 80.** Mr. DURBIN (for himself and Ms. KLOBUCHAR) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD RESULT IN A REDUCTION OF FUNDING FOR BIOMEDICAL RESEARCH AGENCIES.**

(a) **POINT OF ORDER.**—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would result in a reduction of funding for the National Institutes of Health, the Centers for Disease Control and Prevention, the Defense Health Program, or the Medical and Prosthetics Research Program of the Department of Veterans Affairs.

(b) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 81.** Ms. BALDWIN (for herself, Mr. VAN HOLLEN, Ms. STABENOW, Mr. BOOKER, Mr. KING, Mr. BROWN, Mr. COONS, and Mr. FRANKEN) submitted an amendment intended to be proposed by her to the concurrent resolution S.

Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. DON'T MAKE YOUNG PEOPLE SICK AGAIN.**

(a) **POINT OF ORDER.**—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would make young people sick again.

(b) **LEGISLATION THAT MAKES YOUNG PEOPLE SICK AGAIN.**—For the purposes of subsection (a), the term “would make young people sick again” with respect to legislation refers to any provision of a bill, joint resolution, motion, amendment, amendment between the Houses, or conference report, that would—

(1) reduce the number of young Americans enrolled in public or private health insurance coverage, as determined based on the March 2016 updated baseline budget projections by the Congressional Budget Office;

(2) weaken dependent coverage of children to continue until the child turns 26 years of age as afforded to them under Patient Protection and Affordable Care Act (Public Law 111-148);

(3) weaken access to care by increasing premiums or total out of pocket costs for young Americans with private insurance.

(c) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 82.** Mrs. GILLIBRAND (for herself, Ms. HIRONO, Mrs. MURRAY, Ms. HASSAN, Mr. BLUMENTHAL, Mrs. SHAHEEN, Mrs. FEINSTEIN, Mr. SCHUMER, Ms. STABENOW, Mr. BROWN, Mr. CARPER, Mr. UDALL, and Mr. CARDIN) submitted an amendment intended to be proposed by her to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. DON'T MAKE WOMEN SICK AGAIN.**

(a) **POINT OF ORDER.**—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that makes women sick again by eliminating or reducing access to women's health care, including decreases in access to, or coverage of, reproductive health care services including contraceptive counseling, birth control, and maternity care, and primary and preventive health care as afforded to them under the Patient Protection and Affordable Care Act (Public Law 111-148).

(b) **LEGISLATION THAT MAKES WOMEN SICK AGAIN.**—For the purposes of subsection (a), the term “makes women sick again” with respect to legislation refers to any provision of a bill, joint resolution, motion, amendment, amendment between the Houses, or conference report, that would—

(1) allow insurance companies to discriminate against women by—

(A) charging women higher premiums for health care based on their gender;

(B) allowing pregnancy to be used as a pre-existing condition by which to deny women coverage;

(C) permitting discrimination against providers who provide reproductive health care benefits or services to women; or

(D) otherwise discriminating against women based on their gender;

(2) reduce the number of women enrolled in health insurance coverage, as certified by the Congressional Budget Office; or

(3) eliminate, or reduce the scope or scale of, the benefits women would have received pursuant to the requirements under title I of the Patient Protection and Affordable Care Act (Public Law 111-148) and the amendments made to that title.

(c) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 83.** Mr. MENENDEZ (for himself, Mr. DURBIN, Ms. HASSAN, Mr. LEAHY, Mr. HEINRICH, Mr. FRANKEN, Mrs. FEINSTEIN, Mr. REED, Mrs. MURRAY, Mr. CARPER, Mr. BLUMENTHAL, Mr. BOOKER, Mr. BROWN, Ms. CANTWELL, Mr. CARDIN, Mr. COONS, Ms. HIRONO, Mr. MARKEY, Mr. MURPHY, Mrs. SHAHEEN, Mr. UDALL, Mrs. GILLIBRAND, Ms. KLOBUCHAR, Mr. WYDEN, and Ms. STABENOW) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST ELIMINATING OR REDUCING FEDERAL FUNDING TO STATES UNDER THE MEDICAID EXPANSION.**

(a) **POINT OF ORDER.**—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would eliminate or reduce funding to States available under law in effect on the date of the adoption of this section to provide comprehensive, affordable health care to low-income Americans by eliminating or reducing the availability of Federal financial assistance to States available under section 1905(y)(1) or 1905(z)(2) of the Social Security Act (42 U.S.C. 1396d(y)(1), 1396d(z)(2)) or other means, unless the Director of the Congressional Budget Office certifies that the legislation would not—

(1) increase the number of uninsured Americans;

(2) decrease Medicaid enrollment in States that have opted to expand eligibility for medical assistance under that program for low-income, non-elderly individuals under the eligibility option established by the Affordable Care Act under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)(i)(VIII));

(3) reduce the likelihood that any State that, as of the date of the adoption of this section, has not opted to expand Medicaid under the eligibility option established by

the Affordable Care Act under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)(i)(VIII)) would opt to use that eligibility option to expand eligibility for medical assistance under that program for low-income, non-elderly individuals; and

(4) increase the State share of Medicaid spending under that eligibility option.

(b) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 84.** Mr. DURBIN (for himself, Mr. BROWN, Mr. MURPHY, and Mr. KING) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title III, add the following:

**SEC. 3. DEFICIT-NEUTRAL RESERVE FUND RELATING TO REMOVING THE MEDICAID IMD EXCLUSION AND INCREASING FUNDING FOR FEDERAL INVESTMENTS IN MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT.**

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to increasing funding for Federal investments in mental health and substance use disorder treatment, including for the Medicaid expansion population, and which may include allowing Federal funding for services provided under State Medicaid plans to treat individuals with substance use disorders in institutions for mental diseases, notwithstanding the limitation of subdivision (B) following paragraph (29) of section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)), or supporting workforce and infrastructure capacity to treat individuals suffering from mental illness or substance use disorders, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

**SA 85.** Ms. HASSAN (for herself, Mr. BROWN, Mrs. SHAHEEN, and Ms. BALDWIN) submitted an amendment intended to be proposed by her to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD WORSEN THE OPIOID EPIDEMIC BY REDUCING ACCESS TO MEDICATION ASSISTED TREATMENT FOR SUBSTANCE USE DISORDER.**

(a) **POINT OF ORDER.**—It shall not be in order in the Senate to consider any bill,

joint resolution, motion, amendment, amendment between the Houses, or conference report that would reduce access to medication assisted treatment for substance use disorders, including opioid addiction, by making changes to the policies enacted by the Patient Protection and Affordable Care Act unless the Congressional Budget Office certifies that such changes would not—

(1) reduce or limit Federal funding for medical assistance provided by States to low-income, non-elderly individuals under the Medicaid eligibility option established by the Patient Protection and Affordable Care Act under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act (42 U.S.C. 1396d(a)(10)(A)(i)(VIII)) or result in fewer individuals receiving such assistance under such option (including the 1,600,000 Americans with substance use disorders who currently receive such assistance and were uninsured prior to the establishment of such option);

(2) reduce the expansion of coverage resulting from the individual market consumer protections of the Patient Protection and Affordable Care Act, including protections for individuals with pre-existing conditions, the establishment of behavioral health as an essential health benefit, the expansion of mental health parity and addiction equity law to the individual market, and coverage of preventive services without cost-sharing;

(3) reduce the number of Americans enrolled in public or private health insurance coverage, as determined based on the March 2016 updated baseline budget projections by the Congressional Budget Office;

(4) increase health insurance premiums or out-of-pocket costs for Americans with private health insurance coverage; or

(5) reduce the scope and scale of benefits covered by private health insurance plans pursuant to the requirements of title I of the Patient Protection and Affordable Care Act and the amendments made by that title.

(b) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 86.** Mr. BROWN (for himself, Mr. REED, Ms. STABENOW, Mr. CARPER, Mr. UDALL, Mr. CASEY, Mr. BOOKER, Mr. WHITEHOUSE, Mrs. GILLIBRAND, Mr. DURBIN, Ms. BALDWIN, Ms. WARREN, Mr. CARDIN, Mr. KING, and Mr. BLUMENTHAL) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD UNDERMINE ACCESS TO COMPREHENSIVE, AFFORDABLE HEALTH COVERAGE FOR AMERICA'S CHILDREN.**

(a) **POINT OF ORDER.**—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that makes changes to the Medicaid program under title XIX of the Social Security Act (42 U.S.C. et seq.), the Children's Health Insurance Program under title XXI (42 U.S.C. 1397aa et seq.), or Federal re-

quirements for private health insurance coverage unless the Congressional Budget Office certifies that such changes would not result in lower coverage rates, reduced benefits, or decreased affordability for children receiving coverage through the Medicaid Program, the Children's Health Insurance Program, or the private insurance markets established under the Patient Protection and Affordable Care Act.

(b) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 87.** Mr. WARNER (for himself, Ms. STABENOW, Mr. Kaine, Mr. PETERS, Mr. MARKEY, Mrs. GILLIBRAND, Mr. KING, Mr. NELSON, Ms. WARREN, and Mr. BENNET) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title III, add the following:

**SEC. 3. DEFICIT-NEUTRAL RESERVE FUND TO INCREASE ACCESS TO HEALTH CARE FOR VETERANS.**

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to increasing health care access for veterans, which may include legislation that authorizes the Secretary of Veterans Affairs to carry out certain major medical facility leases of the Department of Veterans Affairs, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

**SA 88.** Mr. WARNER submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST LEGISLATION AFFECTING MEDICARE HOSPITAL INSURANCE SOLVENCY.**

(a) **POINT OF ORDER.**—It shall not be in order in the Senate to consider a bill or joint resolution reported pursuant to section 2001 or 2002, or an amendment to, motion on, conference report on, or amendment between the Houses in relation to such a bill or joint resolution that—

(1) reduces the actuarial balance by at least 0.01 percent of the present value of future taxable payroll of the Federal Hospital Insurance Trust Fund established under section 1817(a) of the Social Security Act (42 U.S.C. 1395i(a)) for the 75-year period utilized in the most recent annual report of the Board of Trustees provided pursuant to sec-

tion 1817(b)) of such Act (42 U.S.C. 1395i(b)); or

(2) would cause a decrease in Medicare Federal Hospital Insurance surpluses or an increase in Medicare Federal Hospital Insurance deficits relative to the levels set forth in the applicable resolution for the first fiscal year or for the total of that fiscal year and the ensuing fiscal years for which allocations are provided under section 302(a) of the Congressional Budget Act of 1974 (2 U.S.C. 633(a)).

(b) **MEDICARE LEVELS.**—For purposes of subsection (a)(2), Medicare Federal Hospital Insurance surpluses equal the excess of Federal Hospital Insurance income over Federal Hospital Insurance outlays in a fiscal year or years with such an excess and Federal Hospital Insurance deficits equal the excess of Federal Hospital Insurance outlays over Federal Hospital Insurance income in a fiscal year or years with such an excess.

(c) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 89.** Mr. CARPER submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD RESULT IN A REDUCTION OF THE COVERAGE OF OBESITY REDUCTION COUNSELING UNDER MEDICAID OR PRIVATE INSURANCE PLANS.**

(a) **POINT OF ORDER.**—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would result in a reduction in the coverage of obesity reduction counseling services under the Medicaid program or private insurance plans.

(b) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 90.** Mr. CARPER (for himself, Mr. DURBIN, and Mr. BLUMENTHAL) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD RESULT IN A REDUCTION IN TOBACCO CESSATION COVERAGE UNDER MEDICAID OR PRIVATE INSURANCE PLANS.**

(a) **FINDINGS.**—The Senate finds the following:

(1) Tobacco use is the leading cause of preventable deaths in the United States.

(2) Each year, tobacco use leads to \$170,000,000,000 in healthcare spending on illness caused by tobacco use and \$150,000,000,000 in lost productivity.

(3) Tobacco use is more than twice as common among the overall Medicaid population (including individuals covered under the Medicaid expansion added by the Affordable Care Act) than among individuals with private insurance coverage.

(4) The Affordable Care Act—

(A) requires that State Medicaid plans cover tobacco cessation services for pregnant women and individuals covered under the Medicaid expansion with no cost-sharing;

(B) requires that private health insurance plans cover tobacco cessation products and services without cost-sharing; and

(C) prohibits the exclusion of tobacco cessation drugs from coverage under Medicaid.

(5) Expanded coverage for tobacco cessation leads to better health outcomes and lower health costs.

(b) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would result in a reduction in the coverage of items and services related to the cessation of tobacco under the Medicaid program or private insurance plans.

(c) WAIVER AND APPEAL.—Subsection (b) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (b).

**SA 91.** Ms. STABENOW submitted an amendment intended to be proposed by her to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4 . POINT OF ORDER AGAINST CHANGES TO THE ACA.**

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that make changes to the Patient Protection and Affordable Care Act without obtaining a budget score by the Congressional Budget Office (based on annual projections, a 10-year projection, and a 30-year projection) that includes the estimated effect of the legislation on the number of uninsured individuals (broken down by economic subgroup and State), the effect of such legislation on average premiums (broken down by marketplace and employer sponsored insurance), and the effect of such legislation on uncompensated care costs (broken down by State, projected for both providers and State government spending).

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 92.** Ms. STABENOW submitted an amendment intended to be proposed by

her to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4 . POINTS OF ORDER AGAINST CERTAIN LEGISLATION RELATING TO MEDICAL CARE.**

(a) COST ESTIMATE.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would make changes to the Medicare program under title XVIII of the Social Security Act unless a cost estimate of the Congressional Budget Office is made available to the Senate prior to consideration of such legislation that includes the estimated effect of such legislation on both current and future Medicare beneficiary out-of-pocket expenses, including premiums and cost-sharing, over the next 30 years.

(b) BENEFICIARY OUT-OF-POCKET EXPENSES.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would increase Medicare beneficiary out-of-pocket expenses under the Medicare program, including premiums and cost-sharing, as determined by the Congressional Budget Office in the cost estimate described in subsection (a) with respect to such legislation.

**SA 93.** Ms. STABENOW (for herself, Mr. CARPER, and Mrs. GILLIBRAND) submitted an amendment intended to be proposed by her to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4 . POINT OF ORDER AGAINST LEGISLATION THAT WOULD REDUCE AMERICANS' ACCESS TO HIGH QUALITY MATERNITY CARE COVERAGE.**

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that, according to the Congressional Budget Office, would reduce the number of Americans with insurance coverage of maternity care and childbirth as afforded in the Patient Protection and Affordable Care Act (Public Law 111-148).

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 94.** Ms. STABENOW (for herself, Mr. CARDIN, Mr. MURPHY, Mr. DURBIN, Ms. CANTWELL, Mr. FRANKEN, Mr. CARPER, Ms. BALDWIN, Mr. PETERS, Mr. BROWN, and Mr. UDALL) submitted an amendment intended to be proposed by her to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and

setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4 . POINT OF ORDER AGAINST REDUCING OR ELIMINATING ACCESS TO MENTAL HEALTH CARE.**

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that the Director of the Congressional Budget Office determines would reduce access to mental health care and services or reduce the number of individuals with mental illness enrolled in insurance coverage, relative to the Congressional Budget Office's March 2016 updated baseline, by means such as—

(1) eliminating or reducing Federal financial assistance currently available to States under section 1905(y)(1) or 1905(z)(2) of the Social Security Act (42 U.S.C. 1396d(y)(1), 1396d(z)(2)) or otherwise eliminating or reducing mental health protections established by the Affordable Care Act, including the addition of mental health services to the list of services covered under section 1937(b)(5) of the Social Security Act (42 U.S.C. 1396u-7(b)(5)); or

(2) reducing the affordability of coverage established by the Affordable Care Act's consumer protections, including—

(A) the expansion of mental health parity and addiction equity law to individual health insurance coverage;

(B) the prohibition on discriminating against enrollees with pre-existing conditions such as mental illness;

(C) coverage of preventive services like depression screenings without cost-sharing; and

(D) the establishment of mental health services as an essential health benefit.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 95.** Mr. MARKEY (for himself, Mr. FRANKEN, and Mr. BROWN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4 . POINT OF ORDER AGAINST LEGISLATION THAT WOULD PENALIZE STATES FOR IMPROVING CONTINUITY BETWEEN CRIMINAL JUSTICE AND PUBLIC HEALTH SYSTEMS.**

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would penalize States for improving the continuity of care between the criminal justice and public health systems, including by ensuring that individuals who are enrolled in a State Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) have their enrollment in such program suspended, but not terminated, in the event that they are incarcerated, or by providing for the automatic

enrollment of eligible individuals in a State Medicaid program upon their release from incarceration.

(b) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 96.** Mr. MARKEY submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4 \_\_\_\_ . POINT OF ORDER AGAINST LEGISLATION THAT WOULD INCREASE THE MEDICARE PART B PREMIUM.**

(a) **POINT OF ORDER.**—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would increase the Medicare part B premium for Medicare beneficiaries, as determined by the Congressional Budget Office.

(b) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 97.** Mr. BLUMENTHAL (for himself and Ms. KLOBUCHAR) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title III, add the following:

**SEC. 3 \_\_\_\_ . DEFICIT-NEUTRAL RESERVE FUND RELATING TO IMPROVING DRUG PRICING TRANSPARENCY FOR CONSUMERS.**

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to improving drug pricing transparency for consumers by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

**SA 98.** Mr. MURPHY submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary

levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4 \_\_\_\_ . POINT OF ORDER AGAINST LEGISLATION THAT FAILS TO ENSURE THE SAME PATIENT BILL OF RIGHTS THAT CONSUMERS HAVE TODAY.**

(a) **POINT OF ORDER.**—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would fail to ensure that consumers have the same patient bill of rights as they have on the date of such consideration. Such patient bill of rights includes the rights of consumers under the Patient Protection and Affordable Care Act (111-148) to—

- (1) appeal health plan decisions;
- (2) maintain health coverage without fear of an arbitrary rescission by their insurance company;
- (3) choose a doctor;
- (4) fair treatment of emergency care;
- (5) health insurance coverage without annual or lifetime limits on essential health benefits; and
- (6) enhanced access to preventive services.

(b) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 99.** Mr. MURPHY submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4 \_\_\_\_ . POINT OF ORDER AGAINST LEGISLATION THAT INCREASES UNCOMPENSATED CARE COSTS FOR HOSPITALS.**

(a) **POINT OF ORDER.**—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would increase uncompensated care costs for hospitals.

(b) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 100.** Ms. CANTWELL (for herself, Mr. CARPER, Mr. BENNET, Mr. WHITEHOUSE, Mrs. SHAHEEN, and Mr. MURPHY) submitted an amendment intended to be proposed by her to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4 \_\_\_\_ . POINT OF ORDER AGAINST ANY CHANGES TO MEDICARE, MEDICAID, OR THE PREMIUM TAX CREDITS PROVIDED BY THE AFFORDABLE CARE ACT THAT WOULD WEAKEN AND REDUCE INVESTMENTS IN HEALTH CARE DELIVERY SYSTEM REFORMS THAT IMPROVE PATIENT HEALTH AND REDUCE COSTS.**

(a) **FINDINGS.**—The Senate finds the following:

(1) The Affordable Care Act is moving the health care system of the United States from a fee-for-service system that frequently incentivizes the overutilization of health care services and wasteful health care spending to a value- and performance-based health care system that promotes patient-centered and team-based care to keep Americans as healthy as possible, improve health outcomes, and lower health care costs.

(2) Because of the investments in health care delivery system reforms made by the Affordable Care Act, a third of Medicare payments to health care providers are now based on the overall quality of patient care and health outcomes achieved by such providers.

(b) **POINT OF ORDER.**—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would change the Medicare program, the Medicaid program, or the premium tax credits provided by the Affordable Care Act in a manner that would result in hospitals, health care centers, and physicians and other health care providers reducing their investments in health care delivery system reforms that improve patient health outcomes and reduce costs.

(c) **WAIVER AND APPEAL.**—Subsection (b) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (b).

**SA 101.** Mr. BENNET submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title III, add the following:

**SEC. 3 \_\_\_\_ . DEFICIT-NEUTRAL RESERVE FUND RELATING TO ENSURING THAT THE TOP 15 PERCENT SICKEST MEDICARE BENEFICIARIES WITH CHRONIC CONDITIONS HAVE ACCESS TO MEDICARE ACCOUNTABLE CARE ORGANIZATIONS OR OTHER INNOVATIVE MEDICARE PILOT PROGRAMS, INCLUDING PATIENT-CENTERED MEDICAL HOMES.**

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to ensuring that the top 15 percent sickest Medicare beneficiaries with chronic conditions have access to Medicare accountable care organizations or other innovative Medicare pilot programs, including patient-centered medical homes, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through



2021 or the period of the total of fiscal years 2017 through 2026.

**SA 102.** Mr. BENNET (for himself and Mr. BLUMENTHAL) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT REDUCES PRICE TRANSPARENCY FOR CONSUMERS.**

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that removes price transparency of health care services or price comparisons that enable consumers to have greater knowledge in making health care decisions, including requirements set forth by the Patient Protection and Affordable Care Act (Public Law 111-148).

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 103.** Mr. TESTER (for himself, Mr. BROWN, and Mrs. MURRAY) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title III, add the following:

**SEC. 3. DEFICIT-NEUTRAL RESERVE FUND RELATING TO AUTHORIZING CHILDREN ELIGIBLE FOR HEALTH CARE UNDER LAWS ADMINISTERED BY SECRETARY OF VETERANS AFFAIRS TO RETAIN SUCH ELIGIBILITY UNTIL AGE 26.**

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to supporting children who are eligible to receive health care furnished under the laws administered by the Secretary of Veterans Affairs, including by allowing such children to retain such eligibility until age 26, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

**SA 104.** Mr. TESTER submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary

levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD WEAKEN THE ABILITY OF THE DEPARTMENT OF VETERANS AFFAIRS TO DIRECTLY FURNISH HEALTH CARE TO VETERANS.**

It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that authorizes funding for non-Department of Veterans Affairs-provided care, funded by the Department of Veterans Affairs, which would reduce the availability of services directly provided by the Department of Veterans Affairs, including primary health care, mental health care, rural health care, and prosthetic care.

**SA 105.** Mr. TESTER submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD EXTEND THE CHOICE PROGRAM OF THE DEPARTMENT OF VETERANS AFFAIRS WITHOUT ADDRESSING PROBLEMS WITH THE THIRD PARTY ADMINISTRATION OF THE PROGRAM.**

It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that extends the sunset date of the Choice Program under section 101 of the Veterans, Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. 1701 note) unless the Secretary of Veterans Affairs certifies that problems relating to the third party administration of the program have been addressed or the legislation extending the sunset includes provisions addressing such problems.

**SA 106.** Mr. CORKER (for himself, Mr. PORTMAN, Ms. COLLINS, Ms. MURKOWSKI, and Mr. CASSIDY) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

On page 45, line 15, strike “January 27” and insert “March 3”.

**SA 107.** Mr. HEINRICH submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT TAXES THE HEALTH BENEFITS OF HARD-WORKING AMERICANS.**

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that directly or indirectly taxes the health benefits of hard-working Americans.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 108.** Mr. UDALL (for himself and Mr. HEINRICH) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST CUTTING FEDERAL FUNDING TO MEDICAID EXPANSION STATES.**

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would reduce the Federal funding received by States for the provision of medical assistance under State Medicaid programs under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) to low-income, non-elderly individuals under the eligibility option established by the Patient Protection and Affordable Care Act under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act (42 U.S.C. 1396d(a)(10)(A)(i)(VIII)).

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 109.** Mr. UDALL (for himself, Mr. TESTER, Ms. CANTWELL, Mr. FRANKEN, Ms. HEITKAMP, Mr. HEINRICH, and Mr. SCHATZ) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST ELIMINATING OR REDUCING FEDERAL PAYMENTS RECEIVED BY AN INDIAN HEALTH PROGRAM OR BY AN URBAN INDIAN ORGANIZATION UNDER MEDICAID FOR SERVICES PROVIDED TO INDIANS AND ALASKAN NATIVES WHO ARE ELIGIBLE FOR BENEFITS UNDER THAT PROGRAM.**

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment,

amendment between the Houses, or conference report that the Director of the Congressional Budget Office determines would eliminate or reduce, relative to the Congressional Budget Office's March 2016 updated baseline, Federal payments received by an Indian health program or by an urban Indian organization under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) for services provided to Indians and Alaskan Natives who are eligible for benefits under such title.

(b) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**SA 110.** Mr. HEINRICH (for himself, Mr. BENNET, Mr. WYDEN, Mr. UDALL, Mr. TESTER, and Mr. MERKLEY) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

**SEC. 4. POINT OF ORDER AGAINST THE SALE OF FEDERAL LAND TO REDUCE THE FEDERAL DEFICIT.**

(a) **POINT OF ORDER.**—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would provide for the sale of any Federal land (other than as part of a program that acquires land that is of comparable value or contains exceptional resources or that is conducted under the Federal Land Transaction Facilitation Act (43 U.S.C. 2301 et seq.)) that uses the proceeds of the sale to reduce the Federal deficit.

(b) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

**AUTHORITY FOR COMMITTEES TO MEET**

Mr. ENZI. Mr. President, I have five 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**

Mr. President, I ask unanimous consent that the Committee on Armed Services be authorized to meet during the session of the Senate on January 10, 2017, at 9:30 a.m.

**COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS**

Mr. President, I ask unanimous consent that the Committee on Homeland

Security and Governmental Affairs be authorized to meet during the session of the Senate on January 10, 2017, at 3:30 p.m.

**COMMITTEE ON THE JUDICIARY**

Mr. President, I ask unanimous consent that the Committee on the Judiciary be authorized to meet during the session of the Senate on January 10, 2017, at 9:30 a.m., in room SR-325 of the Russell Senate Office Building, to conduct a hearing entitled "Attorney General Nomination."

**SELECT COMMITTEE ON INTELLIGENCE**

Mr. President, I ask unanimous consent that the Select Committee on Intelligence be authorized to meet during the session of the Senate on January 10, 2017, at 1 p.m. in room SD-106 of the Senate Dirksen Office Building.

**PERMANENT SUBCOMMITTEE ON INVESTIGATIONS**

Mr. President, I ask unanimous consent that the Permanent Subcommittee on Investigations of the Committee on Homeland Security and Governmental Affairs be authorized to meet during the session of the Senate on January 10, 2017, at 10 a.m., to conduct a hearing entitled, "Backpage.com's Knowing Facilitation of Online Sex Trafficking."

**PRIVILEGES OF THE FLOOR**

Mr. THUNE. Mr. President, I also ask unanimous consent that Matthew Taylor, a congressional fellow in Senator COCHRAN's office, be granted floor privileges for the remainder of the 115th Congress.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. LEAHY. Mr. President, I ask unanimous consent that Mara Greenberg, a detailee on the Senate Judiciary Committee, and Zachary Blau, a fellow on the Senate Judiciary Committee, be granted Senate floor privileges for the duration of the 115th Congress.

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

Mr. ALEXANDER. Mr. President, I ask unanimous consent that Elizabeth Joseph, a health policy fellow in Senator COCHRAN's office be granted floor privileges through July 31, 2017.

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

**ORDERS FOR WEDNESDAY,  
JANUARY 11, 2017**

Mr. ENZI. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 12 noon, Wednesday, January 11; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, and the time for the two leaders be reserved for their use later in the day; finally, that following leader remarks, the Senate resume consideration of S. Con. Res. 3, with 3 hours of debate remaining on

the resolution for the majority and 3 hours for the minority.

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

**ORDER FOR ADJOURNMENT**

Mr. ENZI. 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 Senator BROWN.

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

Mr. ENZI. I yield the floor.

I suggest the absence of the quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

**PRESCRIPTION DRUG PRICES**

Mr. BROWN. Mr. President, skyrocketing drug prices are crippling far too many American families. The Kaiser Family Foundation found that nearly 8 in 10 Americans believe the cost of their prescription drugs is too high and that Congress should work to lower the price of medication that people need.

This should be our top health priority for 2017, lowering drug costs for families, not taking health care away from Americans with no plan to replace it. Think about that. This Congress is hell-bent on, instead of attacking one of the major causes of health care inflation—and we have done a good job the last 10 years, by and large, of keeping prices from going much higher than they would have otherwise. Keep that in mind while we hear the generally specious arguments against the Affordable Care Act. Instead of doing that, the majority party has fallen all over itself to try to take away health insurance from 900,000 people in my State; taking away from 1 million seniors the Medicare consumer protections and Medicare services of preventive care, such as osteoporosis screening, diabetes screening, physicals, all that the doctors order; taking away from 100,000 young people the ability to stay on their parents' health care plan; and stripping from virtually all Ohio citizens the consumer protections of denying people coverage because of previous conditions, cutting people off their insurance policy because they happen to get too sick and might have cost the insurance companies too much money.

This health care coverage that has saved 24,000 American lives each year since 2014, just think what could happen if we took away their health care coverage.

Instead, lowering drug prices should be something we can come together on.

Americans of all political parties and Americans who don't even bother voting are all facing skyrocketing pharmacy bills. There are concrete actions we can take right now to lower the cost of prescription drugs.

Senator FRANKEN and I led 18 of our colleagues in outlining 5 of them in a letter to the President-elect in December, including putting an end to abusive price gouging, requiring more transparency from drug companies, boosting competition and innovation in the market, and allowing the Secretary of Health and Human Services to negotiate better prices for seniors. That is what we do with the Veterans' Administration. The VA, on behalf of 7 million veterans, negotiates directly with the drug companies to get a significantly better price for the cost of drugs—saves taxpayers, saves veterans. Medicare should do the same thing.

Senator KLOBUCHAR and I worked with several colleagues to reintroduce the Medicare Prescription Drug Price Negotiation Act. Negotiating better prices for seniors will save significant taxpayer dollars.

Instead of focusing on the priorities that the vast majority of Americans agree on, Congress and President-Elect Trump are working to throw 30 million Americans and some 900,000 Ohioans off their health insurance with no plans to replace it. It is reckless and dangerous. It will cause premiums to skyrocket. It will cause costs to go up for everyone. Do you know what it does? It gives a \$30 billion tax break to drugs companies and tens of billions of dollars in tax cuts to the richest Americans.

On the one hand, Congress will not do anything about drug prices because the pharmaceutical industry, frankly, gave too much money to far too many of my colleagues. On the other hand, this same Congress is going to strip away health care and consumer protections to seniors on Medicare and people of all

ages and at the same time give a tax break to the drug companies. We must fight against these attempts to decrease coverage and increase costs for working families.

Whether you support the Affordable Care Act or not, we all agree you can't ask people to change horses midstream without giving them a second horse.

Last week, I spoke with one of my constituents, Kathy, who wrote to my office last November with the heartbreaking story of her husband Lee. He is fighting stage IV cancer. Before 2010, insurance companies denied Kathy and her family the family coverage she needed because her husband's cancer was a preexisting condition. Thankfully, the Affordable Care Act stopped insurance companies from abusive practices like this. It allowed Kathy's family to buy health insurance through the marketplace, helping them afford the care he needs to fight this devastating disease. Still, like so many Ohio families, Kathy continues to struggle to afford the prescription medicines she and her husband need. She fears what will happen when a family like hers is simply kicked off their insurance.

Imagine 900,000 Ohioans with insurance and, like that—because of partisan politics here, because so many of my colleagues ran for President, in some cases, or ran for the Senate or ran for the House by saying they are going to get rid of the Affordable Care Act, and they are going to get rid of it and not replace it for a couple of years maybe.

Governor Kasich, Republican Governor in my State—also in the Presidential race with my friend in the Presiding Officer's chair—has said to the Senate and House, to Ohio's Republican Members: Don't cancel the Affordable Care Act. Don't throw people off insurance unless you are going to replace it with something right now

that will take care of those people; 700,000 people on Medicaid expansion, another 200,000 people, 26-year-olds, on their parents' plan, people on the exchanges, people getting insurance in other ways.

When I was talking to Kathy the other day, she was choked up talking about the stress and heartache dealing with a loved one with cancer, how she can't even bear the thought of adding more insurance worries on top of that. I was speaking to a hospital administrator today at one of Ohio's great hospitals. He said he thinks what this Republican Congress is going to do in the Affordable Care Act is morally reprehensible. He said: How do I explain to people right in the middle of their treatment that we can't do it anymore? Because we will not have the resources if the Affordable Care Act is repealed and the insurance is canceled and the Medicaid expansion is gone and hospitals can't take care of everybody like they are pretty much now. How do I explain to somebody right in the middle of cancer treatment, right in the middle of another kind of long-term or short-term illness that their insurance has been cut off?

Instead of kicking people off their insurance with no plan to replace it and handing billions of dollars in tax breaks to the drug companies, let us make our first priority lowering drug costs for the people whom we say we are serving.

I yield the floor.

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#### ADJOURNMENT UNTIL TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 12 noon tomorrow.

Thereupon, the Senate, at 6:30 p.m., adjourned until Wednesday, January 11, 2017, at 12 noon.