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Senate

The Senate met at 10 a.m. and was called to order by the President pro tempore (Mr. HATCH).

PRAYER

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

Let us pray.

Eternal Spirit, thank You for sustaining us with Your steadfast love and unchanging mercy. Without Your compassion, all of our efforts would be in vain. Your wondrous deeds keep us secure.

May our lawmakers remember that true greatness comes through service. May they embrace their accountability to You to be responsible stewards of the opportunities You provide them each day. Lord, strengthen them in their challenging work, reminding them often of the fragility of life. Empower them to trust You without wavering.

We pray in Your great Name. Amen.

PLEDGE OF ALLEGIANCE

The President pro tempore 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.

RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER (Mr. COTTON). The majority leader is recognized.

SENATE AGENDA

Mr. MCCONNELL. Mr. President, this week looks to be a busy one in the Senate. We have a lot of important legislation to consider. We are hoping our friends across the aisle will work with us to do so in an expeditious manner. For instance, we will begin the process

of finishing our work on the balanced budget before the Senate, which the Senate passed just before Easter. Passing that balanced budget was a big moment for the new Senate. For years, the budget process was ignored almost entirely in this Chamber, and the idea of a balanced budget passing was basically unthinkable. But now the Senate is under new management. Things are changing. Soon we will conference with the House to work out a final budget that will be passed by the full Congress. That is just the latest example of Congress getting back to work. I know a lot of Americans are happy to see that.

But the budget is far from the only item on the Senate's near-term agenda. The Senate will soon consider bipartisan legislation that is designed to ensure that seniors on Medicare don't lose access to their doctors. It is a solution to a broken Medicare payment system that has vexed congressional leaders of both parties for years. It would mean an end to the annual exercise of Congress passing a temporary fix to the problem one year and then coming right back to the very same cliff the next year without actually solving the underlying problem.

So the fact that we have a bipartisan reform bill here is significant in itself. The fact that it passed the House overwhelmingly is even more significant. It doesn't mean the legislation is perfect. It doesn't mean we won't have some disagreements about it. But I do think the bill deserves a vote, and it is my hope that the Senate will soon take one.

We will also continue to work to pass the bipartisan Justice for Victims of Trafficking Act. It is legislation designed to prevent women and children from being sold into modern-day slavery. It was reported out of the Judiciary Committee with the support of every single Democrat, and the Senate took up this bill with the consent of every single Democrat. There is no rea-

son they should now turn around and filibuster this antislavery bill at this point. As a victims advocate put it, Senate Democrats should stop choosing a phantom problem over real victims.

A large, bipartisan majority of the Senate has voted repeatedly to end a very regrettable Democratic filibuster of this antislavery bill. It will only take a few more votes from our friends across the aisle to bring hope to children in chains and women suffering in the shadows. So we have been reaching out to our friends to work with them to end this Democratic filibuster of human rights legislation. The Senate should pass this bipartisan bill right away, and as soon as that happens, we will turn to the Loretta Lynch nomination.

Committees in the new Senate are also working hard to advance more bipartisan legislation. We already saw the Intelligence Committee vote 14 to 1 to approve bipartisan legislation aimed at protecting the personal and financial information of middle-class Americans from cyber criminals. Over in the Finance Committee, we see the top Republican and the top Democrat continue to discuss the best way forward to increase American exports with new trade legislation. Today, we will see another product of negotiations between a top committee Republican and a top committee Democrat—legislation aimed at reforming our education system—considered in the Health, Education, Labor, and Pensions Committee. We hope to bring all of these issues to the Senate floor for debate in the very near future.

Another important bipartisan bill that will be considered by committee today is the Iran Nuclear Agreement Review Act. The Foreign Relations Committee is set to mark that up today. The legislation is supported by a large number of Democrats, and it is no wonder why. The bill is aimed at giving Congress and the American people a say—a say—in reviewing and approving an international agreement

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



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with such wide-ranging consequences. And the American people should have a say.

The interim agreement we saw from the administration would not only allow Iran to continue to enrich uranium and retain thousands of centrifuges but also allow it to continue researching and developing even more advanced centrifuges. In other words, it seems more like an agreement built around Iran's terms rather than a plan to advance what should be our national goal, which is ending Iran's nuclear program.

It is a matter of great concern not just to our country but to the entire world. The concerns of our allies and partners with regard to Iran's aggressive behavior throughout the Middle East were made clear when I recently led a Senate delegation to Israel, Jordan, Iraq, and Afghanistan.

This is a gravely important matter, and the American people aren't just spectators here; they and the representatives they elect deserve a seat at the table too. Today's bipartisan action in the Foreign Relations Committee will help ensure they do.

As I mentioned earlier, there will be a lot of activity in the Senate this week on a range of issues. It is good for the functioning of the Senate, but it also helps underline one clear point: The new Congress is back to work again on behalf of the American people.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The Democratic leader is recognized.

NATIONAL EQUAL PAY DAY

Mr. REID. Mr. President, people at home cannot see it, but every desk here on the Senate floor has a name on it. Mine says "Mr. REID." Right behind me is one that says "Mrs. MURRAY." To my right is one that says "Mr. MCCONNELL." Why do I mention this? Today is National Equal Pay Day, a day that symbolizes how far into 2015 American women must work to earn what their male counterparts earned in 2014. That day is today. Women basically worked for nothing until today. This pay disparity between men and women doing the same work is known as the wage gap. Unlike the desks here in the Chamber, the wage gap does not bear a visible stamp of ownership, but make no mistake—Republicans in Congress absolutely own the wage gap. Their names are all over it. The Republicans'

refusal to address income disparities makes them responsible for the additional 3 months and 14 days that American women work to earn what their male counterparts earn doing the exact same work at the exact same time.

Who are these working American women who are being forced to work for months just to catch up on wages? They are our daughters, our wives, our granddaughters, and our neighbors. Republicans' repeated filibusters of equal pay legislation makes them responsible for working women in our families having to make due on 78 cents for every dollar their male counterparts make.

Democrats have tried repeatedly to pass Senator MIKULSKI's Paycheck Fairness Act, which would take away the disparity. It is pretty simple: If a man and a woman do the same work—no different—they should be paid the same amount of money. Very simple. We repeatedly tried to pass this simple legislation. This legislation provides working American women with the tools they need to close the wage gap. Yet, time and time again, Republicans have stonewalled this most basic issue of fairness. Five years ago, the Republicans filibustered the Paycheck Fairness Act. Two years later, the Republicans did the same thing. Last year, they blocked the bill two times. Just last month in the budget debate, Senator MIKULSKI gave the Republicans another chance. Once again, the Republicans blocked it. Five times in 5 years Republicans have blocked equal pay for women. Five times in 5 years Republicans have told their very own sisters, daughters, and wives, and, of course, their grandchildren that they are not interested in fixing this unfair income disparity. That is why I say the Republicans own the wage gap. They own it.

Today, as we recognize Equal Pay Day, I hope my Republican colleagues come to their senses and address this injustice which is hurting millions of American families.

American women deserve equal pay for equal work. My daughter deserves equal pay for equal work.

Would the Presiding Officer announce the business of the day.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, there will now be a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The assistant Democratic leader.

ILLINOIS TORNADOES

Mr. DURBIN. Mr. President, last week on Thursday, the evil forces of nature struck in Fairdale, IL. Since

that moment of terrible loss—two lives and many injuries, terrible property destruction—we have seen the better angels of our nature come forward.

This is an all-too-common picture in my part of the world in central Illinois and downstate Illinois. This is the devastation from a tornado of dramatic power and strength. Two twisters—one of them a category EF-4, with wind speeds of up to 200 miles an hour—tore through DeKalb and Ogle Counties and badly damaged the towns of Fairdale and Rochelle last Thursday evening. That picture tells part of the story of the tornadoes' path, where giant trees were uprooted, homes ripped from their foundations. The damage is stunning.

Sadly, two women, neighbors who lived in Fairdale, lost their lives in the event. Geraldine Schultz and a close friend and neighbor, Jacklyn Klosa, both fell victim to the tornado that struck their homes. Neighbors say the two friends were inseparable in life and both departed life at the same moment.

The tight-knit communities of Fairdale and Rochelle are pulling together today to help victims sort through the rubble. One tornado tracked a 25-mile continuous path from near Rochelle through Fairdale, to near Belvidere.

This is a photo of what was, until Thursday, a popular restaurant in the town of Rochelle, IL, about 80 miles from Chicago. Twelve people, including diners and staff, were inside Grubsteakers Restaurant when the tornado struck. It was a miracle. Everybody made it into the basement just in time before the twister hit. They all survived, though they were trapped in the basement for an hour and a half waiting for rescue crews to clear them.

A few people had to be treated for cuts and bruises. Everyone was covered in thick dust that had blown from overhead, but they lived through it, a terrible, terrifying ordeal. On Friday I spoke and again on Saturday with the director, the head of the Illinois Emergency Management Agency, James Joseph. Governor Rauner was out at the scene the next day after the tornado. We sent our staff there to monitor any possible Federal assistance that might be coordinated with the State and local effort.

We are continuing to gather the information together to see if there is a possibility of Federal help, but I have been very wary because of two recent experiences in Illinois—in Washington, IL, and Harrisburg—where tornado damage there looked so devastating and still did not meet the threshold qualification for Federal assistance.

When I spoke with Rochelle Mayor Chet Olson, and DeKalb County board chairman Mark Pietrowski, I told them to do their homework and keep track of their expenses but that it was a long shot for Federal help. I made it clear the delegation and I stand ready to help in any way we can, particularly working with the Governor.

As is so often the case when a disaster such as this strikes, the first responders, friends, and family members wasted no time rushing to the aid of people whose homes and businesses were damaged. I have no doubt the people in Fairdale, Rochelle, and all of the other areas that were struck will clean up and rebuild. They will mourn the loss of life, they will heal the wounds of those who were injured, and they will start tomorrow to make another day.

For the families of the women who lost their lives and for everybody who lost homes and property, our thoughts are with you.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 11:30 a.m.

Thereupon, the Senate, at 10:36 a.m., recessed until 11:31 a.m. and reassembled when called to order by the Presiding Officer (Mr. FLAKE).

The PRESIDING OFFICER. The Senator from Wyoming is recognized.

OBAMACARE

Mr. BARRASSO. Mr. President, tomorrow is April 15. April 15 is a date that causes a great deal of stress and anxiety for hard-working American taxpayers. For millions of American families, this year is going to be worse than ever before. The Obama health care law, ObamaCare, is making tax day harder for Americans.

American taxpayers who were forced into the ObamaCare system—well, they are having to fill out even more forms this year than in the past, so many forms that the Internal Revenue Service can then enforce all of the President's health care mandates. It is a complicated and burdensome process.

President Obama promised that buying health insurance through ObamaCare was going to be as easy as buying a television on Amazon. Well, why didn't the President ever say it was going to be so difficult to satisfy the IRS? Why didn't the President say that hard-working American taxpayers would have to fill out pages and pages of forms just to find out if they had actually paid the right amount for their health insurance? Why didn't the President say that people who changed jobs during the year might have to pay hundreds or thousands of dollars to the IRS?

That doesn't happen when you buy a television on Amazon. Amazon tells

you the price, and that is what you pay. Amazon doesn't make you fill out the forms on April 15; Amazon doesn't demand more money from you after the amount you paid. But that is what is happening to millions of Americans across the country. Taxes were already too complicated. Now, because of ObamaCare, it is much worse.

For this year's tax filing season, the IRS released seven new forms that people might have to fill out to comply with the new health care law. The instructions alone for these forms are 46 pages long.

A married couple with 2 children might have to enter numbers and other information into 133 individual boxes on just 1 of the new ObamaCare tax forms. A family could spend more time filling out one of these forms than they used to spend filling out their entire tax returns in the past.

So for people who go through all of this effort, the results actually still can be terrifying.

CNN ran a report earlier this year about the problem. The headline was: "I have to pay back my ObamaCare subsidy." They told the story of Janice Riddle from Los Angeles. She got an ObamaCare subsidy last year. Then when she got a new job, she forgot to tell the IRS about the new job. They sort of knew because she was getting paid from the new job and she was paying taxes, but she didn't actually alert the IRS about it from the standpoint of ObamaCare. So when she was doing taxes this year, she learned she has to pay back the entire amount of the subsidy, more than \$5,000.

She told CNN:

I'm in shock . . . but I have no choice. Do I want to argue with the IRS or the Obama administration?

Well, Janice is not alone. The Obama administration says as many as 7.5 million families in America will have to reconcile their ObamaCare subsidies on their taxes for 2014 when they have the filing deadline tomorrow.

According to a study by the Kaiser Family Foundation, last month only 4 percent of all the families who qualified for a subsidy got the right amount. So the Kaiser Family Foundation did a study last month, and what they have come out with is only 4 percent of all the families across the country who qualified for a subsidy got the right amount. The study found that half of all U.S. households that were eligible for a subsidy would have to pay back some of it with their taxes this year. The average amount they are going to have to pay back is \$794.

One of those people who just found out he owes the government so much money is Rob Tuck from Dublin, CA. According to an article last week by the Associated Press, he said he had expected to actually get a refund for his taxes—a refund of \$400 for his taxes from his work last year. It turns out his refund has been almost wiped out—wiped out—to repay some of the subsidy he got to buy an expensive

ObamaCare policy. He changed jobs during the year. He got a little extra income. In America, that should be a good thing, you get extra income. Well, not for him. It came with a large pricetag from the government. He said he enrolled in the plan to avoid the tax penalties of being uninsured, and he says that now he feels penalized by the Obama administration anyway.

Another person who is feeling penalized by the President's health care law is Bill Preus of St. Petersburg, FL. He was quoted in the same Associated Press article last week. This man was only on ObamaCare for 3 months. After that time, he went onto Medicare. Well, there was poor coordination between the ObamaCare Web site, healthcare.gov, and his insurance company. Because of that, he may have to pay the IRS close to \$4,000.

Now, the man used to own an insurance agency, and, according to the article, he said he is used to complexity, but he said he never has seen anything like this. He told the Associated Press: "It's a total mess."

His tax preparer and the IRS both told him—his tax preparer and the IRS—that the best thing to do was to file an incomplete return so it would trigger an audit and then they could sort things out.

Is that the President's idea of his health care plan being as easy to use as buying a TV on Amazon? This man has to go through an IRS audit. That is what they are hoping for, to get audited by the IRS. Apparently, that is the easiest way for Washington to figure out its own rules. It is outrageous.

When the President, in the past, has been asked about the health care law, he said it is actually working better than he expected. What did he expect when people are telling stories such as these?

The President's health care law is more than 2,000 pages long. It paid for thousands of IRS agents—people to investigate American taxpayers to make sure they comply with all the law's destructive and expensive mandates. But all of that complexity has become a disaster. This law has been bad for patients, it has been bad for providers, and as we reach the IRS filing deadline tomorrow, it is clear this law is terrible for taxpayers.

This isn't what Democrats promised, and it is not what the American people wanted. People didn't want more red-tape, more stress. They just wanted the care they need from a doctor they choose at lower costs. That is what Republicans in the Senate are working to give them. We can do it without more IRS audits. We can do it without a 2,000-page law. We can do it without making tax day harder for Americans. We can do it without all the negative side effects of ObamaCare.

I yield the floor.

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

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

NUCLEAR AGREEMENT WITH IRAN, SGR AND HUMAN TRAFFICKING LEGISLATION

Mr. THUNE. Mr. President, on April 2, President Obama unveiled a nuclear agreement with Iran. The purpose of the administration's negotiations with Iran was simple: Prevent Iran from acquiring a nuclear weapon. But the agreement the Obama administration seems to have arrived at cast doubts on whether the administration will be able to achieve that goal. The framework does not shut down a single nuclear facility in Iran. It does not destroy a single centrifuge in Iran. It doesn't stop research and development on Iran's centrifuges. And it allows Iran to keep a substantial part of its existing stockpile of enriched uranium.

It is not surprising that Members of both parties are concerned about this agreement. Democrats and Republicans are worried because it appears the administration is not trying to stop Iran from acquiring a nuclear weapon but simply trying to manage when Iran will develop one. Again and again during the process Secretary Kerry and the President seemed to forget that the goal of the negotiation was not a deal for its own sake but a deal that would actually stop Iran from developing nuclear weapons.

American priorities were sacrificed for the sake of getting an agreement. In the process, the administration may have ensured that the deal they finally arrived at is too weak to achieve its goal.

The stakes on this one are very high. The deal we are talking about here is not a trade agreement. It is not a land dispute. It is not a negotiation over water rights. It is a question of whether a tyrannical oppressive regime that has backed terrorists and announced its intention of taking the country of Israel off the map should get access to the most apocalyptic weapons known to man.

The deal we arrive at in the coming months will shape the Middle East for decades to come, and the cost of failure will be nothing less than a nuclear arms race in the Middle East. Imagine for a second what it would be like to have a nuclear-armed Middle East.

Right now we are already witnessing a quasi-proxy war in Yemen with Iran supporting the Houthis and a Saudi Arabia-led coalition bombing the Houthis and supporting the ousted government. Imagine that same scenario if both major powers had nuclear weapons at their disposal. Make no mistake, that is the type of situation we could be facing if we fail to stop Iran from obtaining a nuclear weapon, not to mention the threat that our ally Israel would be facing.

Today the Senate Foreign Relations Committee is set to mark up a bipartisan Iran bill for consideration by the full Senate. The Iran Nuclear Agreement Review Act of 2015 would give Congress 60 days to approve or disapprove any final agreement. This legislation would ensure the American people, through their representatives in Congress, have a voice in any final agreement with Iran.

Given the fact the ramifications of this agreement will last well beyond the Obama administration, it is essential the American people have a voice in this process, which makes congressional review indispensable. This bill would also ensure Iran is held accountable for upholding its end of the agreement by requiring the President to evaluate Iran's compliance every 90 days.

This legislation has broad bipartisan support, and I believe it will quickly pass the Senate. I am hopeful the President will listen to the concerns the American people have expressed and ensure they are addressed before any final agreement is reached.

Every Member of Congress would like to see the President successfully conclude a deal with Iran that would prevent Iran from developing a nuclear weapon, but the President needs to remember that a deal is only acceptable if it achieves that goal. If we can't secure a deal that will prevent a nuclear-armed Iran, then we should step back from the negotiating table and reimpose the sanctions that were so successful in driving Iran to the table in the first place. Anything less than a verifiable, accountable, and enforceable deal with Iran is a failure.

One bright spot in this Iran debate has been the bipartisan cooperation I just mentioned that has characterized the Iran Nuclear Agreement Review Act. This is a trend we are seeing a lot more of in the Republican-led Senate. There was the bipartisan Keystone bill, the bipartisan legislation to prevent suicide among veterans, the bipartisan legislation to reauthorize the Terrorism Risk Insurance Program, the bipartisan legislation to increase penalties for perpetrators and provide restitution for victims of child pornography, and now there is the bipartisan Iran bill.

This week we have another bipartisan agreement. Today, Congress will vote to repeal the flawed sustainable growth rate formula that has been used to calculate doctors' Medicare reimbursements since its enactment in 1997. This formula was supposed to control spending, but it never worked effectively. Since 2003, Congress has had to patch the formula regularly to ensure that physicians are paid a reasonable amount for their services.

In all, there have been 17 patches or short-term fixes—Band-Aids, if you will—enacted over the last 12 years. The bipartisan solution that is being considered on the Senate Floor today repeals this flawed formula perma-

nently and replaces it with a payment system that focuses on quality, not quantity. It also puts in place the first significant reforms in Medicare in a long time.

Without reforms, the Medicare trust fund will be insolvent as soon as 2030, leaving seniors without access to the care they have been promised. The bipartisan agreement we are passing today starts the process of strengthening Medicare and putting it on a more sustainable path going forward so that the current generation of seniors as well as future generations can enjoy the benefits they have been promised.

With the return of bipartisanship and regular order we have had here over the first few months of the Republican-led Senate, I am disappointed the Democrats are continuing to obstruct a bill that should be the most obviously bipartisan bill we have taken up all year. The Justice for Victims of Trafficking Act would provide law enforcement with additional resources to combat the scourge of human trafficking and increase the resources available to trafficking victims.

This bill was cosponsored by 12 Democrats, in addition to 21 Republicans, and it appeared to have strong bipartisan support for passage. In fact, it was reported out of the Judiciary Committee unanimously.

Unfortunately, Members of the Democratic Party's most extreme wing decided to fixate on a funding restriction in the bill that has been a routine part of appropriations bills and spending bills around here for decades. The Hyde amendment reflects the sentiments of a majority of Americans. That is the funding restriction that I referred to. The sentiment of a majority of Americans is that the Federal Government shouldn't be using taxpayer dollars to pay for abortions. It has been the consensus view around here literally since 1976.

It is unfortunate the leftwing of the Democratic Party has taken the extreme step of holding up relief for victims of human trafficking over language that simply maintains a status quo—the status quo that has been in place around here since 1976.

Every year thousands of innocent victims—most frequently women and children—are trafficked within the borders of the United States. Many of these victims are children who are bought and sold to feed the twisted desires of sexual predators. Others are forced into lives of slave labor, compelled to work in the shadows without the protection of the law. Rescuing these innocent victims and ensuring their captors are punished must be a priority.

The Justice for Victims of Trafficking Act has been endorsed by 200 advocacy groups, including the NAACP, the National Center for Missing and Exploited Children, Rights4Girls, the National Association to Protect Children, the Fraternal

Order of Police, and the National Conference of State Legislatures. It provides new tools for law enforcement and new help for trafficking victims.

It is time for the Democrats to stop obstructing this legislation and to allow the Senate to pass this bill—a bipartisan achievement and something that is much needed and long overdue. There is a crisis in this country that needs to be addressed. We can do something about it. We ought to do it, and we ought to do it now.

I yield the floor.

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

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

SGR LEGISLATION

Mr. LEE. Mr. President, we are here today because our Medicare status quo is not working and it hasn't been working for a long time.

For decades, Medicare has been on a path to insolvency. In 1997, Congress attempted to impose some fiscal discipline on the program by creating the sustainable growth rate or SGR. This is a budget-enforcing mechanism that calls for annual adjustments to the amounts physicians are reimbursed for treating Medicare patients.

The SGR was originally billed as a permanent solution to Medicare's unsustainable fiscal trajectory. The idea was to restrain Medicare spending by linking physician reimbursements to a target amount based on the general performance of the economy as a whole.

While this may have seemed like a good idea at the time—when the economy was relatively strong and stable and growing—it quickly lost its appeal when we went into the 2001 recession just a few years later.

The plan also suffered from the central planners' fatal conceit that trusts bureaucracies, rather than consumer preferences and real price pressures, to determine the cost of a particular good or service. As it turns out, the actual cost of medical goods and services and the practice patterns of physicians do not necessarily align with the health of the economy or the predictions of government bureaucrats.

So each year since 2003, the SGR formula has called for cuts to physician payments, and each year—often several times each year—Congress has passed legislation to temporarily prevent the reimbursement reductions from kicking in.

While these so-called doc fix bills have yielded some modest savings as new spending has traditionally been offset with cuts elsewhere in the budget, they have not restrained the quick-

ening pace of Medicare spending. While they have successfully avoided cuts to doctors' pay, they have put the Medicare system in a near constant state of uncertainty and instability, leaving Medicare doctors and their patients hanging in the balance.

America's physicians and America's seniors deserve better than this, but they also deserve better than the bill before us today—H.R. 2, the Medicare Access and CHIP Reauthorization Act of 2015.

Congress has long wanted to repeal the SGR—and with good reason—but this is not the way to do it. Not only does the House bill double down on Medicare's broken price control model, but it does so, according to the Congressional Budget Office, while adding \$141 billion to the Federal debt over the next decade.

Let's look first at the policy implications of the underlying bill.

The new payment scheme proposed in this bill is simply more of the same inefficient form of central planning that further embeds Washington bureaucracy into every aspect of our health care system. It continues the role of the Federal Government as price setter, rather than the price taker, in the free market. It also inflates the administration's power as the regulator and compliance officer.

The principal change proposed by H.R. 2 is to move from a Medicare payment system based on volume to one based on bureaucratic measures of quality and value, but we already know this doesn't work because it is the same policy introduced under ObamaCare that requires physicians to comply with established government guidelines and stick to rigid, one-size-fits-all best practices or pay a penalty.

Instead, we should be freeing the health care community from heavy-handed regulation and constant intrusive bureaucratic scrutiny. Doing so is the only way to allow doctors to develop individualized quality treatment plans for each of their patients and to unleash innovation in the delivery of health care.

But with the current doc fix expiring tomorrow and Medicare physicians facing a 21-percent pay cut, there is not enough time to reopen the bill and rewrite it with better policies. But there is—there is—enough time to address the fiscal irresponsibility of this bill.

That is why I am offering an amendment to this bill that would simply require Congress to pay for that \$141 billion under its normal pay-as-you-go budget rules—rules that this bill explicitly exempts itself from in section 525 of the bill. The pay-as-you-go budgeting rules, which share bipartisan support in Congress and the White House, wouldn't force us to offset the new spending immediately. Rather, we would have until the end of the year to find these savings and 10 years in which to achieve them.

My amendment would not delay or change anything else in the bill. Doc-

tors and seniors wouldn't notice any difference. It would just require Congress to budget for the costs, just as we promised we would.

Indeed, just 2 weeks ago, the Senate passed a 10-year balanced budget, stating specifically that any SGR patch or repeal would not add to the deficit. So passing this bill in its current form would not only be irresponsible, it would be dishonest. It would be inconsistent with what we have just said with the budget.

We have known for a long time that Medicare cannot survive without structural changes to its price control system, and we know this bill, H.R. 2, does not contain such reforms. They aren't there. According to a report issued last week by Medicare's actuaries, "Under the new payment system, most doctors will see cuts in 2025."

The only way to put Medicare on a sound fiscal footing is to make it work for America's doctors and for America's seniors. To do that, we need to work toward replacing the centralized price-fixing system of the status quo with a functional consumer market that empowers seniors' access to the high-quality, individualized health care they deserve, and that enables doctors to do what they do best, which is provide the very best medical treatment in the entire world.

This is my goal. I believe this is a goal widely shared within this Chamber. But we can't deceive ourselves: To get there, we must be responsible with the public trust and we must be honest with ourselves. To that end, I implore my colleagues to support this amendment.

To put it very simply, paying for this new spending is the right thing to do, and we just passed a budget promising that we would do it. My amendment does nothing more than hold us to that very promise.

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

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

RECESS

Mr. LEE. Mr. President, I ask unanimous consent that the Senate stand in recess as under the previous order.

There being no objection, the Senate, at 12:28 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. PORTMAN).

The PRESIDING OFFICER. The Senator from Texas is recognized.

SGR LEGISLATION

Mr. CORNYN. Mr. President, hopefully this afternoon we will take up a

very important piece of legislation coming over from the House of Representatives that received an overwhelming vote of Republicans and Democrats alike—a package negotiated at the highest levels of the House leadership between Speaker BOEHNER and his staff and NANCY PELOSI and her staff.

What could it be that brings the political parties and the leaders of the parties in the House together to try to build a consensus and come up with a solution? Well, it is really to right a wrong or remedy a mistake Congress made back in 1997. Basically, at that time, Congress decided, in order to save money on health care costs, it would begin periodically to cut the amount of money that was reimbursed to health care providers—primarily doctors and hospitals. That is how Congress thought way back then we were going to save money.

What has happened in 17 of the 18 times these cuts will have been implemented? Well, Congress has realized it was a mistake. Here is the problem. When you tell doctors in rural parts of Texas “You are going to earn 20 percent less to treat a Medicare patient tomorrow than you did today,” well, what they are going to decide is “Can I afford to keep my doors open? Can I afford to pay the bills? And maybe I can’t afford to see any more Medicare patients.” When doctors simply refuse or are unable to afford to see Medicare patients, then our seniors lack access to health care they need and they deserve.

So in very difficult, contentious times politically, I think this so-called sustainable growth rate—or doc fix—bill I am alluding to which is over here from the House and which I hope we will vote on this afternoon actually represents a commonsense solution to one of our big challenges and certainly will get Congress out of this embarrassing position of every 6 months to a year or so having to come back and backfill and fix a problem we ourselves created back in 1997.

Hopefully, we will be able to pass this legislation and get it done and give physicians and health care providers the certainty they need about the reimbursement rates under Medicare and thus will allow more of them to see more seniors and provide them health care benefits under Medicare.

Now, some people may say: Well, this bill is not perfect. They would be right. It is not perfect. But actually there is no such thing as a perfect piece of legislation, particularly when it is the product of bipartisan negotiations where both sides had to give in a little in order to get to an agreement. But I do commend Speaker BOEHNER and Leader PELOSI for working in a bipartisan way and producing something that has received resounding support from the House of Representatives.

As I said, this legislation provides our health care professionals with a predictable expectation for reimburse-

ment rates—an idea that has, sadly, only been a dream for many physicians in Texas and across the country and one that Congress can now and should make a reality.

But this legislation also does something else very significant. It not only addresses the reimbursement rate of doctors, it also introduces other changes to Medicare that will help reduce the deficit over the long term—not just for the next 10 years but 20 years out and beyond.

Now some people might say: Well, if Congress passes this legislation now, can’t they come back and undo it next year? The pattern has actually been when there have been negotiated bipartisan agreements on things as important as Medicare and Social Security that they tend to stick and they tend to stay in place. So I believe that while this negotiation certainly was no easy task and while it is a modest first step, the good news is it does represent real meaningful entitlement reform—something the President of the United States said he supports and something now that both parties here in Washington and Congress have been able to support.

This bill does make important strides on a difficult issue. When I said a moment ago it is not perfect, let me explain exactly what I mean by that. Not all of this bill is paid for. Today I plan on offering an amendment that would keep our country from growing into greater debt by offering a pay-for for this piece of legislation.

How would we do that? Well, my amendment—which I hope, again, we will vote on this afternoon in a series of as many as eight votes and final passage of the bill—would repeal the individual mandate from ObamaCare. That would, according to the Congressional Budget Office, free up literally close to \$400 billion that could then be used to satisfy the deficit for this so-called doc fix.

Many have rightly demanded an offset for the bill. I am very sympathetic to that, and my amendment is designed to address it, because—as the Presiding Officer knows, given his long service not only in the Bush administration, at OMB, and in the Congress as well as the Senate—we have to do something about the long-term debt and unfunded liabilities of the Federal Government. I am amazed almost daily about the lack of urgency. Perhaps that is because interest rates are relatively low and we are not feeling the drain of debt service payments to our country’s creditors because they buy our debt and they demand to be paid interest or debt service on that debt. When interest rates begin to creep back up again, as they invariably will, that is going to put a real dent in everything from national security to the safety net programs that we all believe are important. So my amendment will repeal the individual mandate in ObamaCare and help pay for this appropriate fix in doctor reimbursement rates in Medicare.

You may ask, well, isn’t that a pretty dramatic or controversial thing to do, to repeal the individual mandate in ObamaCare? I asked my staff to go back and get some quotes from a candidate running for President in 2008, who happens to be the current occupant of the White House. Here is what then-Senator Obama said on February 28, 2008, on one TV show:

Here’s the concern. If you haven’t made it affordable, how are you going to enforce a mandate. I mean, if a mandate was the solution, we can try that to solve homelessness by mandating everybody to buy a house.

Well, as the Presiding Officer knows, the President actually said when we passed ObamaCare—frankly, without my support and the support of this side of the aisle—the President claimed it would lower health care premiums by \$2,500 a year for a family of four. That has proven not to be the case. But quite clearly, the President himself, when he was running for office in 2008, opposed the individual mandate.

Here is another quote from CNN in 2008. This is Senator Obama running for President. He said:

In some cases there are people who are paying fines and they still can’t afford it, so now they are worse off than they were. They don’t have health insurance and they are paying a fine.

That is what the individual mandate is all about, as you know. I will go on with the quote. “And in order for you to force people to get health insurance, you’ve got to have a very harsh, stiff penalty.”

So President Obama, back when he was candidate Obama, back when he was Senator Obama, opposed the individual mandate. All my amendment would do would be to repeal the individual mandate and allow us to obtain a savings to pay for this legislation.

I will read one more quote, because I find the irony pretty rich. Senator Obama said—and this was when he was running against then-Senator Clinton, who apparently is now again running for President. Senator Obama said in 2008:

She believes that we have to force people who don’t have health insurance to buy it, otherwise there will be a lot of people who don’t get it. I don’t see those folks, and I think that it is important for us to recognize that if you’re going to mandate the purchase of insurance and it’s not affordable, then there’s going to have to be some enforcement mechanism that government uses. And they may charge people who already don’t have healthcare fines or have to take it out of their paychecks. And that I don’t think is helping those without health insurance.

So my amendment that would offer to pay for this bill would repeal the mandate that then-Senator Obama, candidate for President, was so critical of. It would repeal a tax on the American people that coerces our citizens into purchasing health care they apparently don’t want or they wouldn’t otherwise buy but for the threat of government coercion.

The better way to do it, in my view, is to make health care more affordable,

not to make it more expensive and say if you don't buy the government-approved care—even if you don't want what it provides—then we are going to coerce you to do it. We are going to penalize you for it. This is bad for America and hurts people instead of giving them the helping hand they need when it comes to health care.

We are going to have a lot more to say about how we need to repeal and replace ObamaCare with more affordable health insurance that gives people access to the doctors and services they want and need. But on the present bill, no one denies the need for a long-term permanent solution to the way we pay health care providers under Medicare. So for the benefit of physicians, our seniors, and the American people, we need to do this, but we also need to find a way to pay for it.

I am hoping we pass this legislation today. I believe the current provision expires at midnight tonight. It is important that we stop kicking the can down the road and we allow our family doctors to do what we want them to do most, which is to focus on what they do best and what our families need the most. At the same time, it will ensure seniors access to the care they need. Such a meaningful solution is long overdue.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

The Senator from Michigan.

LYNCH NOMINATION

Ms. STABENOW. Mr. President, I think the American people deserve to see the contrast between how nominees were treated in the last decade, during the Bush administration, versus how they are treated in this decade, during the Obama administration.

When former President Bush nominated John Ashcroft to be U.S. Attorney General, it was controversial. I was one of 42 Democrats who opposed the nomination. Yet it only took 42 days for John Ashcroft to get a vote on confirming his appointment because neither I nor other Democrats stood in the way and blocked actually having a vote.

Now, I agree that was a different time, where filibusters were not used every single day on every single issue, unfortunately. But I remember that at that time our Republican colleagues came to the floor and said: Elections have consequences. When a President is elected, he or she has the opportunity to put forward their nominees and have a vote. Day after day people came to the floor and said: Just let us vote.

Just let us vote. And we did let the vote happen.

As of today, President Obama's nominee for Attorney General, Loretta Lynch, has waited 157 days and counting, and we intend to count the days. In fact, since the Judiciary Committee reported Loretta Lynch's nomination out of committee, she has now waited longer for a vote on the Senate floor than the last seven attorneys general combined—seven attorneys general combined. She has waited longer than seven attorneys general combined.

The U.S. Senate has the constitutional responsibility to provide advice and consent to the President as it relates to his appointments. That is a serious responsibility and we are not asking that someone vote yes if they want to vote no. They have a right to vote no. We have had enough Members now come forward that it is clear she actually has the votes. We have had enough Members indicate they would support her that we know we could get a vote on the floor and that she would, in fact, be confirmed as the Attorney General. But everyone has the right to state their piece, to vote as their conscience would have them vote. Unfortunately, our Republican colleagues have so far withheld the respect given to other Presidents—to President Bush. They have withheld that from this President.

If this is frustrating to me, I can only imagine how frustrating it is to Loretta Lynch, who I know is eager to get on with the work of our Nation's top law enforcement official. I had the opportunity to meet with Ms. Lynch in early December. She impressed me with her passion for upholding the rule of law and her belief that law enforcement could be a partner in building stronger and more cohesive communities. I talked to her about how the Justice Department could play a role in supporting ethnic diversity in communities such as Detroit and Flint and other communities across Michigan.

Loretta Lynch understands the devastating effect racial profiling has had on the relationship between the police and the public, which is why I am pleased to learn of her support for police body cameras and so many other policies that would help in that regard. In addition, she understands the threat posed by those who would intimidate Americans from participating in elections.

I regret Loretta Lynch has not yet been granted the opportunity to play her role in promoting access to the polls and preventing groups from being disenfranchised. I regret our FBI, with all it must do for the safety and security of Americans, does not have a permanent Attorney General to direct it. I regret there is not a permanent Attorney General to advise prosecutors about actions to take against banks that commit fraud against homeowners. I regret our Republican colleagues are continuing to perform the same stunts in the majority as they did

in the minority: to govern by holding government functions hostage.

Those who oppose the nomination have every right to vote no, every right to fight to defeat this nomination, but if they continue to refuse to give the advice and counsel and perform the duty they are sworn to uphold under the Constitution and continue to block a simple vote on a nomination from the President of the United States for Attorney General of this country, they are doing a disservice, I believe, to our country.

We have heard so often from people they are so tired of Congress obstructing and not acting. I would urge colleagues to get on about the business of a nomination that has been held on this floor for too long—too long—and 157 days is too long. It does a disservice to all of us to see this continue. We need Loretta Lynch as our Attorney General.

We have a lot of business to conduct in the Senate and a lot of very important topics coming up. We need to get about the business of allowing this vote. However it goes is how it goes. We have indicated, we have the votes if we are allowed to vote, but everyone has a right to express themselves. Let us put in place a competent, strong Attorney General for the country and then move on to other serious issues that we have to address in the Senate. It is time to vote.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Alabama.

SGR LEGISLATION

Mr. SESSIONS. Mr. President, I have been a strong advocate and a believer that it is time for us to fix the physicians' payment method for Medicare and Medicaid—for the providing of health care by doctors—and put it on a permanent basis right now.

We have 17 times passed last-minute legislation to avoid what now would be a 21-percent cut in doctors' reimbursement rates for doing Medicare work. That is not acceptable. We need to end that. They do not need to be worried every year whether or not Congress is going to cut their pay. In fact, they cannot do the work with a 20-percent cut. They will not do it, they can't do it financially, and it would be devastating to Medicare. I believe that, and I think all of us believe in that.

The 17 different times when this issue has come up since 2003 we have paid for it. Republicans in particular have insisted that we will find the money through some sort of other reduction in government spending and move that over to pay for this critical need, without which Medicare would collapse.

I thought now that we want to do it permanently, it should be done in a way that is financially sound and does not add to the debt and has good policy in it.

Some of my colleagues have already talked about the policy that would be

in this legislation. I am not prepared to be a big critic of that. I am sure it could be done in different ways. My focus right now is just based on my experience from the Committee on the Budget and the spending we are doing in Congress to try to get the thing done right. It must be paid for.

The bill to be advanced today contains over 250 pages. It was rushed through the House of Representatives with the promises that "it pays for all new future spending" and "it offsets all new spending." Well, both of those statements are not true. That is just not true. The bill is not paid for and it does not offset the new spending.

Because of a desire to get this fixed, an attempt was made by the House so the Senate, on the night we completed work on the budget at 3 a.m. before recess, would pass this bill without even having a good official score—at least not one we were able to examine over a period of time—and without any knowledge of what was in the bill. Senator MCCONNELL and Members of the Congress said: No, we are not going to rush this through—\$200-something billion in expenditures over 10 years—at 3 a.m. in the morning with nobody having had a chance to look at it.

We had some 700 amendments filed to the Budget Act so we didn't pass it that night. It has been moved forward now, and we have a deadline tonight. Presumably, if we don't fix something tonight, physicians will begin to see cuts in their pay. Of course, too often that is what happens around here. Too often a bill that is not sound financially is moved at the very last minute and Members are told: If you don't pass it now, then something bad is going to happen. In this case, doctors, whom we respect and admire and need, are not going to be able to get the pay they deserve and have been receiving, and they are going to be hurt by these cuts.

Well, there are opportunities to extend this. We could pass legislation this afternoon, tonight, that would extend this for a period of time, if need be, but the reason we are at the end, the last minute, is because it was designed that way.

Only days after passing the Senate budget, that we were proud to see balanced with a \$3 billion surplus, we are talking about passing new legislation that would add \$174 billion to the debt over the next 10 years. Another estimate shows that over 20 years it is a \$500 billion addition to the debt of the United States—one-half of a trillion dollars.

The bill violates the Budget Act. The Budget Control Act, which we passed in 2011, set a limit on how much spending could occur. There may be as many as eight—let me repeat, eight—violations of budget rules that are involved in this legislation. The Committee on the Budget is looking at this, and these are the numbers it may violate.

One, it likely violates section 302(f) of the Congressional Budget Act by spending in excess of the budget allocation

of the Committee on Finance for the next fiscal year, over the next 5 years, and over the next 10 years.

Two, it may violate section 311(a)(2)(A) of the Congressional Budget Act by spending \$7.4 billion in excess of the aggregate spending top line agreed to for fiscal year 2015—this year we are in.

Three, it likely violates the Senate pay-go rules. The bill increases the on-budget deficit by \$74 billion over both the 5- and 10-year budget periods, thus exceeding the balance on the Senate pay-go scorecard.

Four, H.R. 2 increases short-term deficits. Over the 10-year budget window it would increase deficits by \$141 billion.

Now, \$141 billion and \$174 billion, what is the difference? Well, when you spend \$141 billion more than you are supposed to over 10 years, financed by deficit spending, all of that money, every penny of it, is borrowed in order to be spent, which means you have to pay interest on the money you borrow. So it is not \$141 billion, it is \$174 billion. That includes the interest on the \$141 billion over 10 years that has been accumulated and will continue to accumulate in the next decade and the decade after that.

Five, the bill increases long-term deficits.

Six, it may violate section 306 of the Congressional Budget Act by including language that falls within the jurisdiction of the Committee on the Budget that has not been reported or discharged from the Committee on the Budget.

Seven, it likely violates section 303(a) of the Budget Act by creating new spending in a fiscal year without a budget resolution.

Eight, it may violate section 401 of the Budget Act by creating new entitlement spending during the fiscal year.

We tried to contain ourselves, and one of the things we rightly did was to create a budget violation aimed to prevent the creation of new entitlement programs during the current fiscal year.

So these are not technical violations, as it might appear to some. They are mechanisms by which the crafters of the Budget Act deliberately tried to contain the Senate from figuring out ways to gimmick and get around spending limits. They created all these steps, each one based on history, for the most part in order to stop abuses. So it violates these provisions because it spends more money than we are supposed to be able to spend and more than what we agreed to spend.

So H.R. 2 increases long-term deficits. According to the nonpartisan Congressional Budget Office's letter to Speaker BOEHNER, enacting this bill in its current form would increase the Nation's long-term deficits. Long-term deficits are those deficits created after the first 10 years of the current budget window.

A lot of times they will write a bill so it looks as if it is OK for 10 years, knowing that in the future it will add to the debt. But nobody cares about that. So we made a budget point of order to try to identify long-term abuses—a good provision, I submit.

About a month or so ago we had before the Budget Committee, a professor from Boston University, I believe, who talked about the real threat to America's financial condition. He said that we are on an unsustainable path, that we cannot continue on this path, and that it will result in financial dislocation and damage to America. And the most important thing to consider is this: What will a piece of legislation do to the long-term liabilities of the United States? Does it add to our unfunded liabilities or not? We need to be reducing our unfunded liabilities because they are so great—hundreds of trillions of dollars—and those unfunded liabilities financially threaten the very future of America.

This adds to that. We need to be figuring out ways to reduce the unfunded liabilities. I thought that is what our goal was. That is why we passed a budget that balances.

According to the Congressional Budget Office's analysis, "taken as a whole, H.R. 2 would raise federal costs relative to current law in the second decade after enactment."

In other words, it increases the deficit in the second decade. Some have tried to argue that in the second decade there is extra money coming in, in some way, and it will all be paid for—not so.

So let me explain. In its report to Speaker BOEHNER, the report that was used by the House as it proceeded to vote on this bill, the Congressional Budget Office indicated that not only would H.R. 2 increase short-term deficits by \$141 billion over the next 10 years but it would also increase long-term deficits over both, the first and second 10-year windows. The Committee for a Responsible Federal Budget estimates that this legislation would add a half trillion dollars to the debt in the next 20 years.

Half a trillion is real money—\$500 billion. We are struggling right now to figure out how we can permanently fix our highway bill so we have a long-term highway bill that is paid for. We need about \$10 billion, \$15 billion a year to achieve that. We are seeing a reduction in gasoline revenues. Congress wants to spend more than that, and we are looking for that money. This is over \$500 billion over 20 years, and \$174 billion over 10. These are huge sums of money.

The Federal highway bill is now under \$50 billion a year. Federal aid to education is about \$100 billion a year. This is just indicative of how much we are overspending.

The Office of the Actuary at CMS—the chief financial officer at the Centers for Medicare and Medicaid Services—is responsible for conducting and

directing the actuarial program for CMS and directing the development and analysis of health care financing issues.

On April 9, Mr. Spitalnic released a review of the estimated financial effects of this legislation. Analysis conducted by the Heritage Foundation actuaries indicates that the drafters of the bill actually double-counted funds. While the bill anticipates higher premiums for Medicare Parts B and D and cuts to Medicare Part A, those savings would be \$55 billion and \$32 billion, respectively.

Medicare Part A is the trust fund American working people's money goes into off their paychecks every week. So most Americans believe they pay for Medicare. And they do, for the most part, although we are now taking in less money than is going out to a significant degree.

So what did this bill do? This bill cuts the expenditures for Medicare Part A, the trust fund part, and it claims that money—\$32 billion and \$55 billion, respectively—is now available to spend on the physicians to pay for their fix. But the physicians' Medicare part—when you go to a doctor and Medicare pays for that—that is not trust fund money. That is general revenue Treasury money.

So what has happened? They are cutting the reimbursements of hospitals and doctors. They claim it won't affect the benefits accrued to people who need health care, but it probably will. To cut the cost of providers of health care services, in effect, reduces the benefits that actually go to the patient.

So how does that money get from the trustees of Medicare—who are supposed to manage this program and take the money in that comes off our paychecks and goes to Medicare—to paying for something outside of Medicare Part A?

They take an oath to be responsible and faithful to the trust as trustees of Medicare. They don't give it to the U.S. Treasury. They loan it. There is a debt instrument. The money is loaned to them and the Federal Government pays interest. That is where we get the 30-some odd billion dollars in interest over 10 years—part of it.

The money that is being used to fund the portion that they claim is actually paid for I say is not paid for. The Congressional Budget Office has told us this technique is double counting. The money cannot be used to benefit Medicare and, at the same time, fund a new expenditure. We really have to watch this. It is something I have come to realize is one of the biggest gimmicks the Senate uses.

When ObamaCare was passed—on December 23, the night before it passed, we got a letter from the Congressional Budget Office at my request. I read it on the floor on December 24, the day the bill passed. It said, I think, there was \$400 billion, \$500 billion in double-counted money they said was available to fund the Affordable Care Act.

Colleagues, we have got to be careful. A country goes broke by managing money this way—huge sums of money.

Beyond this gimmick, CMS Actuary Spitalnic goes on to say that H.R. 2 raises “important long-range concerns that would almost certainly need to be addressed by future legislation.”

When the bill's 5 percent annual bonuses in physician payments expire as scheduled in 2024—9 years from today—a major payment cut from most physicians would follow the next year, according to his report. The payment structure would also be troublesome in years with high inflation. So, in essence, by 2024, another round of doc fixes would be needed. In other words, not only does this bill add massively to the debt and engage in—I hate to say this—improper accounting, but it also fails to even provide the long-term solution it promises. It promises we are going to have a permanent fix of the payments of physicians. But this bill is not a permanent fix, and within 9 years we are going to be back in a situation that is unacceptable and has to be dealt with again by spending more money. By making these cuts in the outyears, the real costs are hidden.

We have a proposal that provides increases for doctors for the next 9 years and then begins to show reductions, and it claims, somehow, that this is going to pay for it. But Congress is not going to allow those reductions to take place either, because we are not going to be cutting doctors 5 percent a year for any 1 year, most likely.

It is not too late to make things right. The bill needs to go through regular order. It hasn't gone through our committee in the Senate. The House said the bill was going through the regular order. It hasn't gone through the regular order. It hasn't been through a committee where members have the chance to offer amendments. It is coming up on the floor. We are hardly having any amendments. I understand maybe we will have three amendments on each side. That is a pretty minuscule discussion when it supposedly has to be passed in a day. So the discussions will take place at midnight tonight.

Colleagues, we have to understand the importance of what we are doing. This legislation adds almost \$200 billion to the debt in the next 10 years. It breaks our past commitment and the precedent we have established to pay for these doc fixes. In fact, I have been most insistent that before we put the extra money for the physicians, we find a pay-for—some responsible reduction in spending elsewhere—so we can set priorities and pay for the doctors. This is substantially abandoned in this legislation. I think it disregards Congress's commitment to honest accounting, the principles that we have established about how to accurately calculate the cost of legislation. It breaks the budget we had agreed to in 2011—the spending reductions in the Budget Control Act—and it violates

the budget the Senate just passed a couple of weeks ago.

We need to think this through. I hate to object because I truly believe we need to take care of physicians' payments. It is absolutely wrong, and Congress has been negligent in failing to address this for years. It has been over a decade that we haven't dealt responsibly with this.

So I salute the House colleagues for saying we are going to develop a bill that fixes this over time. Unfortunately, it is not a permanent fix, as I originally thought it would be, but, it is also not a responsible fix, a grownup fix. The kind of action for which the American people depend on Congress, and hope to see, is not occurring because this bill adds to the debt.

We want to do something. We want to fix the doctors' problem, but we don't want to cut spending anywhere else.

Faced with that difficult choice, this legislation—at least to a two-thirds degree—does what we too often do: We just spend the money, commit to spending the money, and then add it to our credit card. We add it to the debt that is \$18 trillion now and growing dramatically, producing for us an annual interest payment of \$220 billion and putting us on a path—according to the Congressional Budget Office—of an almost \$900 billion interest payment in 10 years. I believe that is not good management of the people's business.

I appreciate the opportunity to share these grim remarks and to lament the difficult situation in which we find ourselves. I do believe the Lee amendment will fix this. Maybe other amendments will, too. But we certainly need to step forward and make sure we don't continue down this path.

I yield the floor.

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

The PRESIDING OFFICER (Ms. AYOTTE). Without objection, it is so ordered.

Mr. WYDEN. Madam President, I ask unanimous consent to speak in morning business for up to 15 minutes.

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

MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT

Mr. WYDEN. Madam President, it is my hope that soon the Senate will be about to start voting on legislation that in one fell swoop will improve health care for millions of Americans. This discussion should start with a Medicare milestone. That milestone is abolishing once and for all the outdated, inefficiency-rewarding, commonsense-defying system of paying physicians under the Medicare Program.

As my colleague from New Hampshire knows, what I am talking about in the technical lingo of health care is the SGR, the sustainable growth rate. It is a horrendously flawed formula for paying doctors and providers who treat our Medicare patients. Yet despite this very sour pedigree, it has dominated much of the discussion about Medicare since 1997.

I wish we had put this flawed reimbursement system in the dustbin of history last year. As some of my colleagues know, I had sought to do that, along with the support of others. But I think now we have reached the point, on a bipartisan basis, where we have a chance for seniors and their providers to cross the victory line and be better off and have a better system for all Americans.

I thought I would take a minute or two before discussing some of the other health care efforts that I hope will go forward today to describe how this happens. A little over a year ago, there was not much reason to think we would not just keep passing this leaky boat. That is essentially what the Senate had been doing for years and years with this flawed program.

In fact, I remember one of our younger Members of this body was where the Presiding Officer of the Senate is sitting. I said: At this rate, we are probably going to be on patch No. 70 or 80 by the time we get around to really fixing this. So people were not very optimistic a little over a year ago. Since then, however, since that 17th patch, we saw Members on both sides of the aisle saying: It is time to start getting serious and getting traction for a permanent repeal-and-replace of this flawed reimbursement system.

In January of this year, momentum finally began to grow. In other words, we used that period in 2014 as a springboard. Discussions began with Speaker BOEHNER and Leader PELOSI. Their discussions were really based on the bipartisan, bicameral framework that was developed in 2014 when leaders in the other body and the Senate got together: Finance Members, Ways and Means Members, the Energy and Commerce Members. The combination of that work and Speaker BOEHNER and Leader PELOSI coming together leads us to where I hope we will be here before long, and that is, once and for all abolishing this flawed reimbursement system.

If we did not take this action—and in effect it really has to be done now—without taking people through the root canal work of how the reimbursement system works at the Medicare center, what is called CMS, we do know that if Congress does not intervene, we would see physicians cut 21 percent. That would, in my view, cast a very strong shadow over our ability to serve America's older people. I mean, particularly in the rural areas of this country, we have a lot of those practices that serve older people walking on an economic tightrope right now. They are trying to

figure out how to pay the staff and pay for equipment and lighting and everything else. A 21-percent cut would be enough, in my view, to really put some of those small rural practices out of business. So it was the judgment of this bicameral group that worked through 2014, that Leader PELOSI and Speaker BOEHNER picked up on this year, to come up with a very different kind of model to replace the Medicare reimbursement system that was so flawed, the SGR, with a merit-based incentive payment that rewards those who provide high-quality, high-value care. That, in my view, is how we get the best value for America's seniors who, of course, want to get the right amount of care at the right time. They want it to be of high quality.

A major part of this legislation will, in my view, help to promote better coordination of care. American health care is so fragmented and so strewn, kind of hither and yon, very often a senior can be treated by a variety of providers. No one really rides point on it. The senior ends up in the hospital emergency room.

At that point, when providers say: Who should we be in contact with? The senior is not even sure of all of the people, particularly if that senior has multiple chronic conditions—perhaps diabetes and a heart problem—the senior will not even know the array of providers they have seen, let alone have someone coordinate their care.

The good thing about this reform is it promotes that kind of care coordination. Also, physicians, as part of this, will have clear incentives to enter alternative payment models that are going to promote team services, services where there is a team of health care providers. It will require more Medicare transparency, more information about various services that are provided to older people so that there is some sunlight on this incredibly complicated system, particularly the Medicare Program that takes over \$500 billion a year and spends it in a way that has not been particularly transparent.

I want to thank Senator GRASSLEY for working with me closely on this for a number of years.

Finally, this legislation also makes permanent what is called the QI Program, again fancy health care lingo for an important program that pays the premiums, the outpatient premiums, for low-income older people. I think that is especially important, because it says for older people, particularly those of modest income, that there is going to be some assistance for the outpatient services, what is called Part B, which are so critical in terms of keeping older people out of long-term care facilities.

My guess would be in New Hampshire and Oregon—like in my home State of Oregon—having that kind of assistance for low-income people in the community is really key to avoiding institutional care.

I do want to note that I think all of us are going to say this bill does not meet the test of perfection. I happen to believe the bill would have been stronger had this body been involved in all of the negotiations. But clearly to have a milestone for Medicare—and that is what I think you get when you eliminate what really pretty much is a fraud. The Medicare reimbursement system has been honored more in the breach than in the observance. Every year it is waived, it is patched. I think to replace it with what I have described really is something that when the history of Medicare is written, people are going to look back and say: This was an important day. These were sensible changes. Improving care coordination, putting a new focus on quality, data transparency, coordination of health care teams, the kinds of things that this proposal does, are very much in the interests of seniors, providers, and taxpayers. I think this day will be remembered for making a very important contribution in the history of Medicare.

I do want to mention several other amendments that I hope will be offered. I also feel very strongly about the need for this legislation to reaffirm and strengthen health care in America for our most vulnerable children. There are more than 100,000 of these youngsters in my home State alone. I am talking about the Children's Health Care Insurance Program, what is known as CHIP. My hope is we will have a chance here to vote to expand on what the other body has done and have a children's health program that will be extended for 4 years and not just 2.

The CHIP program has the support of almost 40 Governors. They span the philosophical spectrum. They have achieved such strong support because these Governors who are right on the front lines with a program that involves very close coordination by the Federal Government and the State governments want some certainty and predictability. They don't want vulnerable kids and their families to be in limbo.

So I am very hopeful that amendment will be offered and that it will get the support of our colleagues.

Third, I hope there will be an amendment to improve health care for women. I believe we have all followed this debate that I think is needlessly divisive. There are so many Senators who want to find common ground to improve health care.

We have gotten bogged down and somehow virtually all the bills now seem to be a magnet for a debate about abortion. My colleague, Senator MURRAY, wishes to offer a very important amendment to expand health care services and the availability of reproductive health services for women, community-based care. I am very hopeful that will be offered as well.

Finally, on a bipartisan basis, Senators CARDIN and COLLINS wish to offer legislation to really set aside what are

very outdated approaches with respect to how Medicare provides services, therapy services, for our citizens. We are talking about physical therapy, occupational therapy, services with respect to speech.

Senators CARDIN and COLLINS want to get rid of these arbitrary therapy caps. I am very hopeful their amendment will be able to be offered as well.

One last point, on a matter that is not health care related, this legislation carries an additional program that is particularly important to the people whom I represent, and that is the Secure Rural Schools Program would be extended for 2 years.

I wrote this law in 2000 with our former colleague, the Senator from Idaho, Mr. Craig, because in most of our States—States where the Federal Government owns much of the lands, heavily forested—as a result of changes in environmental policy and other changes, a lot of these rural communities didn't have the money they needed for schools, roads, law enforcement, and basic services.

We have extended it since 2000. We have had testimony indicating we are going to need that safety net for some time, even as you try to get the harvest up in a sustainable way.

I am very pleased this program, an economic lifeline to rural communities across Oregon and other States, is going to be extended for 2 years. I think that provides us an opportunity to come up with fresh strategies, both with respect to the safety net.

I would like to—in the future, in the Senate Budget Committee—support it. I believe my colleague, the Presiding Officer, was interested to link Secure Rural Schools with the Land and Water Conservation Program and the PILT Program. We have bipartisan support for that.

I would like to see us use these 2 years to strengthen the safety net and get the harvest up in a sustainable way.

I wanted to make mention of that before I wrap up.

In closing, I think the health legislation—that I hope will be voted on shortly—represents one of those rare moments on a major issue.

I mean, I would go so far as to say—having worked with older people since my days with the Gray Panthers—I think what we are doing with the abolition of this outdated Medicare reimbursement system is laying the foundation for what will be the future of Medicare. The future of Medicare is not going to be what it was about in the 1960s when it began—a senior in New Hampshire might need the hospital for a serious injury, maybe they would see a physician, get Medicare Part B if they broke their ankle. The future of Medicare is going to be about dealing with chronic disease. It is going to be about diabetes, cancer, heart disease, and stroke.

The reality is that Medicare has not kept up with the times. I think it is

worth noting that in the big debate about the Affordable Care Act, chronic disease was hardly mentioned at all, not by anybody. That is going to be the foundation of Medicare for the future. More than 90 percent of the Medicare dollars in the future, based on the challenge of dealing with older people with these chronic conditions, is going to be about chronic disease.

The reality is, when you abolish this flawed Medicare reimbursement system and start promoting coordinated care, what would happen in the State of New Hampshire is you would start seeing teams—perhaps a nurse, a physician, a pharmacist—a team in New Hampshire or in Oregon come together, particularly where there aren't the Medicare Advantage plans, and say we can give, as our colleague from Georgia noted not long ago, Senator ISAKSON, better care at lower cost and do it for what is likely to be the type of health care services that dominates Medicare in the future, which is chronic disease. We will be better able to tackle that with the abolition of SGR.

So my hope is shortly we will vote to take that action that I believe constitutes a Medicare milestone, reaffirms our commitment to America's youngsters, improves health care services for women—from one end of America to another—and gets rid of this outdated system of therapy caps that are restricting what those who need physical therapy, occupational therapy, and others could get.

This could finally be a punctuation mark in this, the 50th year of Medicare, and an opportunity for all Senators to see that they were part of adopting a fresh set of policies to provide a brighter and healthier future for all our people.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

Mr. HATCH. Madam President, I want to mention what Speaker BOEHNER said about this bill we are about to look into—the CHIP bill and the SGR, the physicians' payment bill. Speaker BOEHNER said:

Unless the Senate passes the House-passed "doc fix" bill, significant cuts to physicians' payments will begin tomorrow. The House legislation passed with overwhelming bipartisan support, and we do not plan to act again, so we urge the Senate to approve the House-passed bill without delay.

He summed it up pretty well. The fact is this has been a long ordeal that a lot of us have worked on for a long time, a lot of people on Capitol Hill. If we can pass this bill tonight, it will be a major accomplishment and we can go back to the child health insurance bill.

I remember standing here on the floor with Ted Kennedy on the other

side passing a bill that brought a lot of angst to a lot of people but which has helped millions of children who were deprived of good health care. So this is a very important bill and I hope we don't foul it up. I don't think we will.

Madam President, I stand today in support of H.R. 2, the Medicare Access and CHIP Reauthorization Act of 2015. If enacted, this legislation would repeal and replace the Medicare sustainable growth rate, or SGR. That is the formula called the sustainable growth rate. It will extend the CHIP program for an additional 2 years—a program that has worked very well—and will put in place much needed reforms to the Medicare Program—something that hasn't happened in a long time.

This bill represents more than 2 years of hard work on both sides of the Capitol. It passed overwhelmingly in the House of Representatives with 392 votes. I expect it will also get broad bipartisan support here in the Senate. It certainly has to.

We have all grown tired of the seemingly endless cycle of passing temporary SGR patches year after year after year. It is not a new problem. It is one we have been dealing with for a long time.

A little over 2 years ago, a group of leaders from both the House and the Senate set out to fix this problem once and for all. As I mentioned yesterday, I was part of this group, as was former chairman of the Committee on Finance, Max Baucus. Together Senator Baucus and I worked with the leaders on the relevant House committees to craft legislation that would repeal and replace the SGR with an improved payment system that rewards quality, efficiency, and innovation. That legislation, which we reported out of the Committee on Finance by voice vote in late 2013, formed the basis of the legislation before us today.

I want to compliment the House for the great work they have done on this bill. I have to give a lot of credit to them. It is my hope we will act quickly to pass this bipartisan, bicameral legislation and send it to the President's desk as soon as possible.

This legislation demonstrates what Congress is truly capable of when Members work together. We all talk about the need for more bipartisanship in Washington. This bill can be a template for how things should work around here.

It also represents a step forward in the effort to reform our Nation's entitlement programs. As I mentioned, to go along with the permanent SGR fix, the bill includes a meaningful downpayment on Medicare reform. These reforms include a limitation on so-called Medigap first-dollar coverage, more robust means testing for Medicare Parts B and D, and program integrity provisions that will strengthen Medicare's ability to fight fraud.

Clearly, these reforms by themselves won't fix all of Medicare's fiscal problems. Indeed, much more work needs to

be done. But like many of my colleagues, I have been pushing for entitlement reform for years. During all that time I have seen politics and fear get in the way of progress. With this bill we have a chance to, at the very least, take a meaningful step forward—a bipartisan step, no less—in the effort to secure the safety net for future generations. Any Senator who, like me, supports entitlement reforms will welcome the changes we have made in this bill.

I am not here to say the bill is perfect. It is certainly not. But as the saying goes, we should not make the perfect the enemy of the good. This is a good bill. Once again, it passed in the House with a huge bipartisan majority and it is supported by groups across the health care spectrum. I ask unanimous consent to have printed in the RECORD a list of groups supporting this legislation at the conclusion of my remarks.

As it stands right now, in less than 12 hours doctors all over the country will face a 21-percent cut in Medicare reimbursements. In other words, we are out of time. We need to pass this legislation and we need to do it now. In fact, it is encouraging to see that even Members on the other side of the aisle support this good policy now, and I am proud of them for doing so.

Let's get this done. I hope all of my colleagues will join me in supporting H.R. 2.

I repeat what Speaker BOEHNER said today:

Unless the Senate passes the House-passed "doc fix" bill, significant cuts to physicians' payments will begin tomorrow. The House legislation passed with overwhelming bipartisan support, and we do not plan to act again, so we urge the Senate to approve the House-passed bill without delay.

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

H.R. 2, THE MEDICARE AND CHIP
REAUTHORIZATION ACT (MACRA)

LETTERS OF SUPPORT

Alliance for Academic Internal Medicine (AAIM), Alliance of Specialty Medicine, AMDA The Society for Post-Acute and Long-Term Care Medicine American Academy of Allergy, Asthma, and Immunology (AAAAI), America's Essential Hospitals, American Action Forum, American Congress of Obstetricians and Gynecologists (ACOG), American Health Care Association, American Hospital Association, American Medical Association, American Academy of Dermatology Association, American Academy of Family Physicians, American Academy of Neurology (AAN), American Academy of Pediatrics, American Academy of Physician Assistants, American Association of Clinical Endocrinologists (AACE), American Association of Neurological Surgeons/Congress of Neurological Surgeons, American Association of Nurse Anesthetists, American Association of Nurse Practitioners (AANP) American Academy of Ophthalmology.

American Association of Orthopedic Surgeons, American Association for the Study of Liver Diseases (AASLD), American College of Allergy, Asthma and Immunology (ACAAI), American College of Cardiology (ACC), American College of Chest Physicians (CHEST), American College of Gastro-

enterology, American College of Physicians (ACP), American College of Radiology, American College of Rheumatology (ACR), American College of Surgeons, American Gastroenterological Association (AGA), American Geriatrics Society (AGS), American Health Care Association (AHCA), American Medical Society for Sports Medicine (AMSSM), American Medical Student Association, American Osteopathic Association (AOA).

American Psychological Association Practice Organization (APAPO), American Society for Blood and Marrow Transplantation (ASBMT), American Society of Clinical Oncology, American Society for Gastrointestinal Endoscopy (ASGE), American Society of Hematology (ASH), American Society of Nephrology (ASN), American Society for Radiation Oncology (ASTRO), American Thoracic Society (ATS), Americans for Tax Reform, Association of American Medical Colleges, Association of Departments of Family Medicine, Association of Family Medicine Residency Directors, Aurora Health Care, Billings Clinic, Bipartisan Policy Center, California Hospital Association, California Medical Association, Catholic Health Association of the United States, Center for American Progress (CAP).

Center for Law and Social Policy (CLASP), Children's Hospital Association, College of American Pathologists, Council of Osteopathic Student Government Presidents (COSGP), Digestive Health Physicians Association, Endocrine Society (ES), Essential Health, Families USA, Federation of American Hospitals, Fight Crime: Invest in Kids, Grace-Marie Turner for the Galen Institute, Greater New York Hospital Association (GNYHA), Gundersen Health System, Healthcare Association of New York State, Healthcare Leadership Council, Healthcare Quality Coalition, HealthPartners, HealthSouth, Hospital Sisters Health System, Iowa Medical Society.

Infectious Diseases Society of America (IDSA), Latino Medical Student Association Midwest, Let Freedom Ring, Louisiana Rural Health Association, LUGPA, March of Dimes, Marshfield Clinic Health System, Mayo Clinic, McFarland Clinic PC, Medical Group Management Association, Mercy Health, Military Officers Association of America (MOAA), Minnesota Hospital Association, Minnesota Medical Association, National Association of Community Health Centers, National Association of Psychiatric Health Systems, National Association of Spine Specialists, National Association of Urban Hospitals, National Coalition on Health Care, National Retail Federation, North American Primary Care Research Group, Novo Nordisk.

Oregon Association of Hospitals and Health Systems, Premier healthcare alliance, ReadyNation, Renal Physicians Association, Rural Wisconsin Health Cooperative, Society for Adolescent Health and Medicine (SAHM), Society of Critical Care Medicine (SCCM), Society of General Internal Medicine (SGIM), Society of Teachers of Family Medicine, Student National Medical Association, Student Osteopathic Medical Association, Tennessee Medical Association, Texas Medical Association, The 60 Plus Association, ThedaCare, The Hospital & Healthsystem Association of Pennsylvania, The National Committee for Quality Assurance (NCQA), The Society of Interventional Radiology, VHA Inc., Wisconsin Collaborative for Healthcare Quality, Wisconsin Health and Educational Facilities Authority, Wisconsin Hospital Association, Wisconsin Medical Society.

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

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

Mr. WHITEHOUSE. I ask unanimous consent to speak in morning business for up to 15 minutes.

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

CLIMATE CHANGE

Mr. WHITEHOUSE. Mr. President, the distinguished majority leader, the senior Senator from Kentucky, is resolutely opposed to any serious conversation about climate change. Under his leadership, the Republican Party in the Senate has exactly zero legislation for addressing carbon pollution in any serious way. The majority leader has even written to Governors around the country urging defiance of the climate change regulations of the U.S. Government, namely, the Environmental Protection Agency's forthcoming clean power plan to cut presently unregulated carbon pollution from our powerplants.

I thought I should take a look at what Kentucky is doing about climate change. It turns out that Kentucky is already crafting a plan for complying with President Obama's clean power plan. Why are they doing that? In a statement, the Kentucky Energy and Environment Cabinet said it was because "the overwhelming majority of our stakeholders are telling us to make preparations to submit a plan."

The overwhelming majority of Kentucky stakeholders are telling the State of Kentucky to submit a plan. Kentucky has an energy and environment secretary. His name is Dr. Len Peters. Dr. Peters does not mock or disparage the EPA. Indeed, he praised the EPA at a recent national climate change conference for the flexibility and openness of its rulemaking process. Dr. Peters began his talk by saying, "I'm from Kentucky and I'm not a climate science denier."

Setting aside compliance with the administration's clean power plan, Kentucky actually had its own climate action plan, written all the way back in 2011. The Kentucky climate action plan sets forth more than 40 actions to address climate change. It would reduce Kentucky's greenhouse gas emissions by 1.3 billion metric tons between 2011 and 2030.

The Kentucky Department of Fish and Wildlife within that climate action plan has its wildlife action plan. The wildlife action plan opens its chapter on climate change by quoting the Intergovernmental Panel on Climate Change. Around here a lot of fun is sometimes made of the Intergovernmental Panel on Climate Change, at

least on the other side of the aisle. But Kentucky's Department of Fish and Wildlife quotes them as follows: "[W]arming of the climate system is unequivocal."

That is the Commonwealth of Kentucky, quoting the Intergovernmental Panel on Climate Change.

The Kentucky wildlife action plan goes on to report that—and I will quote it again—"Climate change has the potential to exacerbate existing conservation threats . . . in Kentucky by altering both terrestrial and aquatic systems."

As you know, I am from the Ocean State. I am very concerned about what climate change is doing to our oceans and what it is doing to our coasts. Kentucky is landlocked. So imagine my surprise to read the Kentucky wildlife action plan's discussion of sea level rise. Sure enough, it is in there. Here is what the Kentucky wildlife action plan says about sea level rise: "With the predicted increases in severity of hurricanes and tropical storms, coupled with potential shoreline losses in Florida and throughout the eastern seaboard, people may begin migrations inland," it says. It continues, "If and when these events occur, Kentucky may experience human population growth unprecedented to the Commonwealth."

That is Kentucky's statement on this. I hope the majority leader will appreciate why I am so insistent that we tackle this climate change problem when his own home State projects that people in our coastal States will be so grievously affected by climate change that we may have to flee to landlocked Kentucky.

The State government of Kentucky is not alone. Kentucky's cities—Lexington, Louisville, Frankfort, Bowling Green, and Villa Hills—have signed the U.S. Mayors Climate Protection Agreement, quoting the city of Lexington, "to act locally to reduce the impacts of climate change by lowering (manmade) greenhouse gas emissions."

Lexington, KY, actually proudly notes that the Sierra Club has designated Lexington a cool city for signing the U.S. mayors agreement. Maybe in time the Sierra Club will designate Kentucky's senior Senator a cool Senator. Here is hoping.

Even fossil fuel companies in Kentucky get it. Columbia Gas of Kentucky has a climate change link on its Web site that says "Meeting the Climate Challenge." Columbia Gas of Kentucky pledges to "address climate change issues through business activities which promote sustained economic growth in a manner consistent with [our] environmental obligations." Columbia Gas of Kentucky also pledges to "promote adoption of reasonable policies addressing climate change," including "appropriately crafted legislation on climate change." Regrettably, their Kentucky Senators have responded with exactly no legislation on climate change, appropriate or otherwise.

Local Kentucky news station WFPL brought on a climate scientist from NASA not too long ago who said that scientists have exhaustively studied the numerous signs of climate change—the warming oceans, the melting glaciers, the changing temperatures—and narrowed it down, and the only culprit to explain what is happening is increases in mankind's carbon emissions. The NASA scientist on the Kentucky radio station compared it to the TV show "CSI." He said, "We've looked at all the different suspects . . . and there's only one suspect that's still in the picture," and that is human carbon emissions.

Kentucky Woodlands Magazine reports that "the world is changing right before our eyes. . . . our natural systems are changing as a result of a warming climate." Indeed, the author says that "we are experiencing some of the 'predicted' effects today." They include an observed shift in Kentucky wildflower seasons. The article warns that "climate change is happening as you read this article," and it describes the result as "global climate weirdness."

One thing we know about Kentucky is that it is renowned for its horses. So I turned to Horse & Rider magazine and found an article on climate change and horses' health. The article noted climate change's effects, including "more intense extreme weather events and the altered timing, intensity and distribution of precipitation."

Horse & Rider magazine asked the question of "how climate change might affect our horses' health." For the answer to that question, Horse & Rider magazine turned to Dr. Craig Carter of—guess what—the University of Kentucky, who said, "It's a scary thing to watch." Because "climate change affects all forms of life," he said, "mosquitoes, ticks, flies and other insects are moving northward" in describing how that move affects crops and trees and disease vectors such as West Nile virus. This University of Kentucky expert cited specific concerns for equine health, but he also offered this reminder: "It's not just horses (and people) at risk; crops are being affected, as are trees, due to beetle infestations. Climate change affects all forms of life."

Since so many of my Senate colleagues say they are not scientists, I concluded my Kentucky review where scientists gather: at Kentucky's universities. Paul Vincelli is a professor at the University of Kentucky Cooperative Extension Service. He says:

In the scientific community, it is widely accepted that the global climate is changing and the human activities which produce greenhouse gases are a principal cause. Greenhouse gases have a strong capacity to trap heat in the lower atmosphere, even though they are present at trace concentrations.

Dr. Vincelli concludes:

This trapped heat is driving many of the recent changes in the Earth's climate, in-

cluding rising temperatures in the oceans, on Earth's surface, and in the lower atmosphere.

Dr. Vincelli, University of Kentucky.

Another University of Kentucky summary produced by Vincelli and his colleagues says this:

Scientific evidence that our global climate is warming is abundant . . . Practicing scientists consider the evidence of human-induced global warming to be extremely strong.

The University of Kentucky climate summary said:

In fact, 97 to 98 percent of the most knowledgeable experts—scientists who actively publish research papers in climate science—are convinced that global warming is occurring and is caused primarily by human activities.

They go on to note that "a consensus of 97 to 98 percent . . . is remarkable."

That summary adds the following warning:

Regardless of what you may read on blogs or in the media, there is almost no meaningful scientific controversy on these points.

There is just the controversy here in Congress.

Let's now move on to Kentucky State University. Kentucky State University is pleased to appoint a climate change fellowship to "engage college students in climate change education and action" and to provide "in-depth training on climate change, how to best teach the basics of climate change." Maybe a little of that around here might be in order.

Over at Western Kentucky University, they host the Kentucky Climate Center, which is the State climate office for Kentucky, on their campus in Bowling Green.

Eastern Kentucky University offers concentrations in environmental sustainability and stewardship, including courses on global climate change, and its Environmental Research Institute's Web site on climate change links you right to the IPCC work on climate change that is so often derided here in Congress. Obviously, Eastern Kentucky University doesn't think the U.N. Intergovernmental Panel on Climate Change is unreliable.

Northern Kentucky University does even better. Former Northern Kentucky University president James Votruba signed the American College and University Presidents' Climate Commitment, pledging Northern Kentucky University to "an initiative in pursuit of climate neutrality," i.e., having "no net greenhouse gas emissions," if necessary by "using carbon offsets or other measures to mitigate the remaining emissions." In 2010, Northern Kentucky University adopted an action plan calling on every department and all members of the Northern Kentucky University community to do their part to help the university achieve carbon neutrality by 2050.

My tour of Kentucky's great centers of higher learning leads me to one last Kentucky university—one that is unique in that its Web page display of

notable alumni includes none other than our distinguished majority leader, Senator MCCONNELL. This is the University of Louisville.

The University of Louisville goes out of its way to expose its students to the reality of climate change. Professor Keith Mountain is chair of the University of Louisville Department of Geography and Geosciences. He has lectured on "Stewardship in a Time of Global Climate Change," a talk about "how climate change is a measurable reality and how people have contributed to the trends." That is the chair of the University of Louisville Department of Geography and Geosciences.

The University of Louisville has also brought in Lonnie Dupre, "mountain climber, polar explorer, and a climate change activist," to describe for University of Louisville students "his personal witness of the detrimental effects of global climate change over 25 years of polar exploring." They brought in prize-winning ecologist Diana Wall for a University of Louisville Biology Department lecture series to talk about "fragile soil systems and their role in climate change."

University of Louisville students have been involved, too, in Climate Change Teach-Ins, where students, faculty, and staff join together "to inform, inspire and educate others about the climate change crisis." One student concluded, "The university needs more events similar to the teach-in to raise awareness about climate change." I hope they will consider raising awareness among their alumni as well.

Let me close this discussion with two slides that were prepared for Kentucky's Governor's Conference on Energy and the Environment for a presentation on "Kentucky and the President's Climate Action Plan." This is a depiction of our country's energy mix broken out by renewables, natural gas, coal, petroleum, hydroelectric, and nuclear. We can see there are a lot of layers in the cake. This layer represents coal in the U.S. energy mix as of 2012. This is Kentucky's energy mix. As we can see, it is a black wall of coal. Even Wyoming, which produces more than four times as much coal as Kentucky, has a more diverse energy mix than this. Could they do better? I think so.

There is a song called "Warm Kentucky Sunshine." Kentucky has a town named Sunshine. There is even a cocktail called a Kentucky Sunshine. But we would never know it from their energy mix. That is one of the reasons that Kentucky's efforts to prepare for the Clean Power Plan are so promising.

So before our distinguished majority leader, the senior Senator from Kentucky, asks all of the other States to throw in the towel on conforming to the U.S. Government's plan for dealing with carbon pollution, I would ask that he acknowledge that his own State recognizes climate change as a problem and as an opportunity and that Kentucky is trying to do something about it.

As to the possibilities, ask Senator GRASSLEY, whose State has 28 percent wind energy. Look at Kentucky's mix. Iowa has 28 percent wind energy.

As to the possibilities, the distinguished majority leader could ask his deputy majority leader, Senator CORNYN of Texas, whose home State has more than 10 percent wind energy and a solar industry providing more than 330 megawatts, more than 7,000 jobs, and rapid growth.

I hope Kentucky doesn't decide to change its present course and to throw in the towel without even trying. We can do this.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

SGR LEGISLATION

Mr. CARDIN. Mr. President, I am hopeful—and most of us are—that soon we will be able to consider Medicare legislation that has passed the House of Representatives. It is probably best known as the SGR permanent fix.

The SGR, which is a payment system that affects physicians under the Medicare system, is badly broken. On 17 previous occasions we have extended the current policy in order to make sure that physicians don't get an automatic cut that would deny many Medicare beneficiaries access to their physicians. These are pretty extreme measures.

We all understand that it is time to permanently fix this—not just to eliminate the problem but to substitute a payment system that encourages physicians to provide high quality care and to deal with incentives that reduce the volume of care. And that is what the legislation that passed the House of Representatives does.

It fixes the problem on a permanent basis. I am certainly hopeful we can get that enacted shortly because it already passed the deadline in regard to when the current patch expired. The bill also provides for an extension for the Children's Health Insurance Program. I do hope we can provide a longer extension than the 2 years that is provided in the House bill. I know there will be amendments offered to deal with that.

I want to talk about an amendment I will be offering. I am not sure how much time will be available when a consent arrangement is entered into—which I hope will be soon—to consider this. It is an amendment I am offering with Senator VITTER. It is a bipartisan amendment. In previous Congresses, we have had many of my Republican colleagues who have joined me, we have had many of my Democratic colleagues. This should be, I hope, a non-controversial amendment we can adopt.

What it does is provide a permanent fix, as we do for physicians, for the physical therapy cap. I was in the House of Representatives in 1997 when we passed the Balanced Budget Act of

1997. I was on the Ways and Means Committee. I remember a chairman's mark coming to us. For the first time there was a cap placed on physical therapy services.

I asked the chairman of the committee why was this being done. There was absolutely no policy reason whatsoever for imposing an arbitrary cap on the amount of physical therapy services. When you think about it, what it does is discriminate against those who have the greatest needs, those who have severe needs, those who have a stroke or traumatic brain injury or a spinal cord injury or managing Parkinson's disease, multiple sclerosis, arthritis.

These are the individuals who run up against the cap and therefore could be denied the ability to deal with their needs, causing them, in many cases, to incur much greater costs. It makes no sense whatsoever, the therapy cap.

For that reason, on a pretty regular basis, we have extended the revised policy. Twelve times we have done it to prevent the implementation of the therapy cap. We have acknowledged the negative consequences that would result from the imposition of such limits. In 2009, a report issued by the Medicare Payment Advisory Committee, MEDPAC, it was estimated that the therapy cap, if enforced without an exception process, could harm 931,000 Medicare beneficiaries.

So we have an identical situation on the therapy cap as we do with the SGR physician reimbursement issue. That is why historically these two measures have always been moved together in tandem. What my amendment will do, cosponsored by Senator VITTER, is permanently fix the therapy cap issue by replacing the arbitrary limits on outpatient rehab therapy services with a more rational system which will require prior authorizations in certain circumstances.

So we fix it permanently, as we do the physicians' reimbursement issue. I do not need to tell the Presiding Officer that we do not always have an opportunity to get legislation done here. I do think we have a chance—an excellent chance—that this bill we will be taking up is going to be signed by the President in the next few days.

This is our opportunity to get several matters taken care of. The therapy cap cries out for that type of attention. So I would urge my colleagues, when this amendment comes up—it is cosponsored by a large number of my colleagues. As I already mentioned, Senator VITTER, who is my cosponsor. On the Democratic side, we have both Senator REID and Senator REED, Senator WHITEHOUSE, Senator HIRONO, Senator CASEY, Senator SHAHEEN, Senator MENENDEZ, Senator MIKULSKI, Senator BROWN, Senator STABENOW, Senator LEAHY, Senator CANTWELL, Senator BENNET, Senator BOOKER.

I could mention many of my Republican colleagues who have joined me in the past in the repeal of the therapy

cap that are expressing an interest to help in this regard. I hope I will have their support on this amendment. Let's get it done. I think it is important for Medicare beneficiaries to know they are not at risk of losing the opportunity for their physician to treat them under the Medicare system.

If we do not take care of the SGR problem, that is a real, real concern of Medicare beneficiaries, as to whether their physicians will be available for them. The same thing is true with the therapy cap. Let's remove this uncertainty. Let's get it fixed. We have the opportunity to do that. So I would urge my colleagues to support my efforts that are supported by AARP and many of the outside groups.

Let's vote for the SGR bill but also vote for the amendment I will offer with Senator VITTER that will permanently fix the therapy cap. We will have a chance to do that I hope either later tonight or tomorrow.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

TRIBUTE TO FEDERAL EMPLOYEE MATTHEW O'NEILL

Mr. CARPER. Mr. President, I do not know if I am going to be able to have time to get into this. For the last several months this year, I have been taking time 1 day a month to talk a bit about an employee in the Department of Homeland Security. Of all the Departments in the Federal Government—the largest Department—it has the lowest morale. We have been working hard with them to do something about that.

We are doing small things that nonetheless is to remind everybody that folks in the Department of Homeland Security, in some cases, risk their lives, invest their lives in trying to make sure we have a life and a good life and a safe life. They are worthy of our praise. What I am going to do tonight—unless I get run off the floor because of other business—I want to talk about one of them.

As the Presiding Officer knows, the Department was recently the center of a budget battle on Capitol Hill. For weeks, it was unclear if the Department was going to face a shutdown, another short-term continuing resolution or receive the full-year funding they needed. Fortunately, Congress did its job and sent a clean funding bill for the rest of the fiscal year to the President's desk.

The employees are grateful for that and certainly I am as well. While the Department's employees and leadership can now return to their focus on

keeping America safe from threats our country faces, we should not ignore the harm the latest debate inflicted on the already low morale of employees at the Department.

More than 200,000 men and women work for the Department of Homeland Security, really just to do one mission; that is, to create a safe, secure, and resilient place where the American way of life can thrive. Many of those employees, again as I said earlier, put their lives on the line every single day.

Whether these employees are securing our borders, securing our skies, responding to natural disasters or bolstering our defenses in the cyber world, few other Federal agencies and employees touch the lives of so many Americans on a daily basis more than do the employees of the Department of Homeland Security. There is no question that they deserve to be treated better than the way Congress has been treating them lately.

That is one of the reasons why over the past few months I have been coming to the floor to recognize the work of at least a few of the many exemplary Department of Homeland Security employees.

In February, I spoke about Ramiro Garza, Jr., a Border Patrol agent at U.S. Customs and Border Protection. I had the opportunity to meet Mr. Garza early in February in McAllen, TX, while on a visit to the Mexican border in South Texas with Senators RON JOHNSON and BEN SASSE. In the past summer, Mr. Garza played an instrumental role in quickly setting up an emergency operations center and processing facility, which he now runs, to help Customs and Border Protection better manage unaccompanied minors and families apprehended along the southern border.

Today, I rise to speak about another dedicated and outstanding employee of the Department of Homeland Security. His name is Matthew O'Neill. Matthew is employed as a special agent within the U.S. Secret Service.

Over the past several months, there have been incidents, including some as recently as this month, that have again raised serious questions about the Agency and its ability to fulfill its responsibilities. The Agency's leadership is still addressing these incidents and taking steps to implement reforms to improve the Agency from the inside out.

So while it is important for us to usher in a new chapter for the U.S. Secret Service, it is important also that we shine some light on some brave men and women at the Agency who continue to serve our country and carry out their missions with distinction. Special Agent Matthew O'Neill is one of the many hard-working public servants whose day-to-day work deserves special recognition.

We live in a world that has become increasingly digitized. Nearly all Americans, including Members of this Chamber and me, are spending more

and more of our time online, whether it is to do our banking, our shopping, communicating with loved ones or simply getting our work done on a day-to-day basis.

Americans' ability to go online in a safe and secure environment is at the core of Special Agent O'Neill's work. You see, agents in the U.S. Secret Service are not only responsible for protecting the President, the First Family, and other dignitaries as well, some agents, such as Special Agent O'Neill, do their work in cyber space—not outer space but cyber space. And there in that cyber space are criminals who are elusive, and the threats they pose to us are sophisticated and many.

Put simply, Agent O'Neill's job is to target cyber criminals taking aim at the American consumer, businesses, and our national community online.

Financial crime has evolved dramatically in the nearly 20 years since Special Agent O'Neill began his career with the Secret Service. Not that long ago, criminals would go to a bank, perhaps maybe a jewelry store or a convenience store, to steal money and maybe some other valuables.

Today, they don't even need to go outside to steal items of great value from businesses, from the Federal Government or from the rest of us consumers and regular citizens. Criminals just need access to the Internet. These data breaches are disruptive to our economy. They cause worry and confusion for millions of American consumers and for businesses. But thanks to his dedication and expertise, Special Agent O'Neill has helped the Federal Government to try to stay ahead of the curve and keep our most sensitive information and our property secure.

Special Agent O'Neill is originally from Dumfries, VA. He graduated from James Madison University in Harrisonburg, VA—that makes him a Duke—before joining his career with the Secret Service in 1998 in the New Haven, CT, office. From 2003 to 2007, he served in the Vice Presidential and Special Services Division in Washington, DC.

However, it is while serving in his current role, one primarily performed in cyber space, that Special Agent O'Neill has become one of the top cyber warriors defending our security online. In this position, he has helped to lead a number of complex transnational cyber crime investigations. These investigations have focused on crimes ranging from hacks into check-out lanes at brick-and-mortar stores to the online sale of stolen, personally identifiable information, such as Social Security numbers.

In one investigation, Special Agent O'Neill identified Web site portals that sold the personal information of approximately 30 million Americans to other cyber criminals, potentially putting victims at risk for identity theft or credit card fraud or worse.

To uncover the criminals running and participating in this scheme, Special Agent O'Neill sought and executed

over a dozen Federal search warrants, made numerous undercover purchases, and painstakingly examined nearly 40,000 emails.

As a result of an extensive investigation, Special Agent O'Neill was able to trace the source of the stolen data to an individual in South Vietnam. In 2013, the culprit was arrested for his crimes. Since the investigation, Special Agent O'Neill has been able to identify and arrest over 20 other criminals who worked in conjunction with the culprit by illicitly purchasing the stolen data.

In addition to breaking up that complex network, Special Agent O'Neill's work has also thwarted attacks involving everyday transactions, saving businesses and saving consumers from financial harm. For example, he played a critical role in identifying, tracking, and identifying three Romanian nationals who were planning to hack into the computer system of a major fast food franchise with more than 25,000 restaurants in the United States.

Time and again, Special Agent O'Neill's supervisors and colleagues have noted his commitment and dedication to duty, including his willingness to work at all hours of the day and night to track criminals who use the Internet with malicious intent.

In 2012, he was recognized as the Investigator of the Year by the International Association of Financial Crimes Investigators. In 2013, he was honored by the Secret Service as its Special Agent of the Year for his efforts, and in 2014, he received the Department of Homeland Security Secretary's Meritorious Service Award.

But Special Agent O'Neill's service doesn't end with his work at the Department of Homeland Security. When he is not combatting cyber crime, he is serving his neighbors and community by volunteering for a local charity that provides financial assistance to families dealing with cancer. The charity also provides scholarship money for the continuing education of oncology nurses.

I thank Special Agent O'Neill's family for sharing him with his community and his Nation. We are a safer country because of him.

In closing, the actions taken by Special Agent Matthew O'Neill attest to this critically important work done by thousands of individuals across the Department of Homeland Security every single day. These men and women are courageous, dedicated, and exemplary Federal employees who selflessly serve our country year in and year out.

Like Special Agent Matthew O'Neill, these unsung heroes and heroines walk among us every day, protecting us from the unknown or from the unexpected. And more often than not, the good work they do goes unnoticed—but not today.

Special Agent O'Neill, thank you. Thank you for your dedication to this country. Thank you for your tireless service to all of us.

I suggest the absence of a quorum.

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

The senior assistant legislative clerk proceeded to call the roll.

Mr. MCCONNELL. 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. MCCONNELL. I ask unanimous consent that at 7:10 p.m., the Senate proceed to the consideration of H.R. 2, which was received from the House, and that the only amendments in order be the following: Cornyn amendment No. 1114, repeal individual mandate; Democratic amendment No. 1115, extend SCHIP; Lee amendment No. 1116, motion to strike; Democratic amendment No. 1117, women's health; Cotton amendment No. 1118, fee schedule; Democratic amendment No. 1119, therapy; that following the use or yielding back of time, the Senate vote in relation to the amendments in the order listed, that all amendments except the Cotton and Lee amendments be subject to a 60-vote affirmative threshold for adoption, the bill then be read a third time and the Senate vote on passage of the bill, as amended, if amended; further, that there be 2 minutes equally divided between the votes and that the votes after the first be 10 minutes in length.

The PRESIDING OFFICER. Is there objection?

Mr. REID. Mr. President, reserving the right to object, the reason we are not moving forward more quickly is we first had to get some of the holds lifted, and we were able to do that on both sides, and we wanted to make sure there would be no cuts in the physicians payments.

We thought if we finished this by early sometime tomorrow, noon or thereabouts, that the payments would not be cut but we don't have that assurance yet. So we are going to have to go ahead. If something comes from the Office of Management and Budget or the White House that that would not happen, we can allow people to go to the events they have around town.

In the meantime, I agree with the Republican leader, we should go forward. If something happens during some of these votes so we can finish them tomorrow, fine. But in the meantime, to protect not only the physicians but their patients, we should move forward on this legislation now.

I have no objection.

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

Mr. MCCONNELL. Mr. President, just briefly, the point to remember here is that at midnight, roughly 5 hours from now, CMS will begin to cut payments to doctors who treat Medicare patients. If we do not act tonight, these cuts of 21 percent will be real.

I yield the floor.

MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT OF 2015

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to the consideration of H.R. 2, which the clerk will report by title.

The senior assistant legislative clerk read as follows:

A bill (H.R. 2) to amend title XVIII of the Social Security Act to repeal the Medicare sustainable growth rate and strengthen Medicare access by improving physician payments and making other improvements, to reauthorize the Children's Health Insurance Program, and for other purposes.

The PRESIDING OFFICER. The majority whip.

AMENDMENT NO. 1114

Mr. CORNYN. Mr. President, I call up my amendment and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The senior assistant legislative clerk read as follows:

The Senator from Texas [Mr. CORNYN] proposes an amendment numbered 1114.

The amendment is as follows:

(Purpose: To repeal the individual mandate)

At the appropriate place, insert the following:

SEC. . RESTORING INDIVIDUAL LIBERTY.

Sections 1501 and 1502 and subsections (a), (b), (c), and (d) of section 10106 of the Patient Protection and Affordable Care Act (and the amendments made by such sections and subsections) are repealed and the Internal Revenue Code of 1986 shall be applied and administered as if such provisions and amendments had never been enacted.

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes of debate equally divided prior to a vote in relation to amendment No. 1114, offered by the Senator from Texas, Mr. CORNYN.

The Senator from Texas.

Mr. CORNYN. Mr. President, Speaker BOEHNER and Leader PELOSI have negotiated a package which enjoyed broad bipartisan support in the House. The one missing element is a pay-for for the so-called doc fix, for the sustainable growth rate fix. What my amendment does is offer that pay-for so that this is a deficit-neutral bill if it is adopted.

In order to find that pay-for, we would repeal the individual mandate. The latest CBO score shows it would save as much as \$400 billion. It hasn't been scored this year, so the number may be off a little bit, but there is more than an adequate amount of money to offset the deficit caused by this permanent doc fix.

I ask my colleagues to join me, along with then-Senator Barack Obama in 2008 in his campaign against Hillary Clinton, who when he was running for the Democratic nomination campaigned against the individual mandate.

Let's make that reality.

Mr. WYDEN. Mr. President, I urge colleagues to oppose this amendment. What Senator CORNYN seeks to do is to strike an idea that originally came

from the Heritage Foundation. If it is adopted, sick people will definitely sign up, healthy people will stay on the sidelines, premiums will skyrocket, according to the Congressional Budget Office, by as much as 20 percent, and start then what amounts to a death spiral for the affordability of American health care.

I urge my colleagues to oppose this amendment.

Mr. CORNYN. Mr. President, how much time remains?

The PRESIDING OFFICER. No time remains.

The question is on agreeing to the Cornyn amendment No. 1114.

Mr. CORNYN. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Delaware (Mr. COONS) is necessarily absent.

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

The result was announced—yeas 54, nays 45, as follows:

[Rollcall Vote No. 137 Leg.]

YEAS—54

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

NAYS—45

Baldwin	Heinrich	Nelson
Bennet	Heitkamp	Peters
Blumenthal	Hirono	Reed
Booker	Kaine	Reid
Boxer	King	Sanders
Brown	Klobuchar	Schatz
Cantwell	Leahy	Schumer
Cardin	Manchin	Shaheen
Carper	Markey	Stabenow
Casey	McCaskill	Tester
Donnelly	Menendez	Udall
Durbin	Merkley	Warner
Feinstein	Mikulski	Warren
Franken	Murphy	Whitehouse
Gillibrand	Murray	Wyden

NOT VOTING—1

Coons

The PRESIDING OFFICER. Under the previous order requiring 60 votes for the adoption of this amendment, the amendment is rejected.

The Senator from Colorado.

AMENDMENT NO. 1115

(Purpose: To protect and retain our Children's Health Insurance Program for 4 years (PRO-CHIP).)

Mr. BENNET. Mr. President, I call up amendment No. 1115.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Colorado [Mr. BENNET], for himself, Mr. BROWN, Ms. STABENOW, Mr. WYDEN, Mr. CASEY, Mr. REID, Ms. WARREN, Mr. MENENDEZ, Mr. REED, Mrs. SHAHEEN, and Mr. WHITEHOUSE, proposes an amendment numbered 1115.

(The amendment is printed in today's RECORD under "Text of Amendments.")

Mr. BENNET. Mr. President, this amendment provides an additional 2 years of funding for the Children's Health Insurance Program, or CHIP. I wish to especially thank Senators BROWN, WYDEN, STABENOW, CASEY, and REID for their leadership on this amendment.

We have made great strides in recent years to ensure that Americans of all ages have access to quality health care, but a huge part of this success in increasing access for quality health care comes from CHIP, which provides insurance to low- and moderate-income children and pregnant women. We know CHIP works. The CHIP program serves more than 8 million children, including more than 115,000 in Colorado. This is health care they might not otherwise have.

Unfortunately, the House failed to take full advantage of this moment and this momentum for compromise and only extended funding for 2 years. CHIP is authorized through 2019. This amendment would extend it for 2 additional years.

The very physicians who would be helped by fixing the SGR would also see increased reimbursement when they treat these children instead of seeing millions of them lose access to affordable, comprehensive coverage.

I ask my colleagues to support this amendment.

I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. GRASSLEY. Mr. President, remember that 212 Republicans and 180 Democrats supported H.R. 2. The decision to extend CHIP for 2 years with the current payment rate was part of the House bipartisan agreement. This amendment seeks to rewrite that amendment.

This amendment is not a vote to show who really cares more about children's health because H.R. 2 extends the CHIP program for 2 years. Everyone who supports the underlying bill is supporting children's health. If my colleagues oppose this amendment, they are no less a supporter of children's health than the 392 Members of the House who supported H.R. 2, including 180 Democrats and Leader PELOSI. Are my colleagues really saying that Leader PELOSI didn't care enough about kids in forging this agreement?

Mr. President, I rise in opposition to this amendment.

I am a supporter of the Children's Health Insurance Program having participated in the initial creation of CHIP in 1997 and the reauthorization started in 2007. And while I am a supporter of children's health, this is not a

CHIP vote in a vacuum. This vote is in the context of the underlying bill and cannot be ignored.

An overwhelming majority of the House supported H.R. 2. 392 Members of the House vote for H.R. 2; 212 Republicans and 180 Democrats supported the bill. That is a sign of bipartisanship that is, on a major issue, extremely rare in the House.

The decision to extend CHIP for 2 years with the current payment rate was a part of the House bipartisan agreement. It is an agreement between House Republicans and House Democrats. This amendment seeks to rewrite that agreement.

So let's talk for a moment about what this amendment is not. This amendment is not a vote to show who cares more about children's health. H.R. 2 extends the CHIP program for 2 years. Everyone who supports the underlying bill is supporting children's health. Mr. President, 392 members of the House voted for this bill which extends CHIP for 2 years.

If you oppose this amendment, you are no less a supporter of children's health than the 392 Members of the House who supported H.R. 2 including 180 Democrats and Leader PELOSI. Are you really saying Leader PELOSI didn't care enough about kids in forging this agreement? Again, no one should accuse anyone who votes against this amendment as being insufficiently supportive of children's health.

I have also heard it said that Congress only authorizes 2 years now, there is little chance Congress will authorize two more years in 2017. That is a prediction, and as we all know, Congress can be hard to predict some times.

In two years, we will be back to consider CHIP. We will also be back to consider therapy caps, rural hospital programs, home visiting, the special diabetes program, and community health center funding, to name a few programs extended in this bill. The House agreement intentionally aligned these programs to be considered in tandem in 2017.

This amendment pulls one very specific provision out of that compromise. I have no concerns that CHIP can stand without the SGR. What we need to do is spend the next two years thinking about the future of health care coverage for children.

MAC-PAC has done some very good work examining what CHIP provides for children that is different than the private market. The pediatricians are in town this week for a conference, and as they will tell you, kids are not just little adults. Benefits and services need to be tailored to make sure that kids grow into healthy productive adults. This is something we need to settle in the next two years. It is something we can and should do. Voting against this amendment does nothing to jeopardize that process.

We have a choice here. We can pass the House bill without changes or we

can amend its bill and send it back to the House. I urge Senators to support the agreement and vote against this amendment.

I yield the floor.

The PRESIDING OFFICER. The Senator from Utah.

Mr. HATCH. Mr. President, the pending amendment, No. 1115, offered by Senator BENNET, would violate the Senate pay-go rule and increase the on-budget deficit over the 10-year period of fiscal years 2015 to 2024. Therefore, I raise a point of order against this measure pursuant to section 201(a) of S. Con. Res. 21, the concurrent resolution on the budget for fiscal year 2008.

The PRESIDING OFFICER. The Senator from Colorado.

Mr. BENNET. 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 that act and applicable budget resolutions 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 senior assistant legislative clerk called the roll.

The yeas and nays resulted—yeas 50, nays 50, as follows:

[Rollcall Vote No. 138 Leg.]

YEAS—50

Ayotte	Gillibrand	Nelson
Baldwin	Heinrich	Peters
Bennet	Heitkamp	Portman
Blumenthal	Heller	Reed
Booker	Hirono	Reid
Boxer	Kaine	Sanders
Brown	King	Schatz
Cantwell	Klobuchar	Schumer
Cardin	Leahy	Shaheen
Carper	Manchin	Stabenow
Casey	Markey	Tester
Collins	McCaskill	Udall
Coons	Menendez	Warner
Donnelly	Merkley	Warren
Durbin	Mikulski	Whitehouse
Feinstein	Murphy	Wyden
Franken	Murray	

NAYS—50

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

The PRESIDING OFFICER. On this vote, the yeas are 50, the nays are 50.

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 Utah.

AMENDMENT NO. 1116

Mr. LEE. I call up my amendment No. 1116, which is at the desk.

The PRESIDING OFFICER. The clerk will report.

The senior assistant legislative clerk read as follows:

The Senator from Utah [Mr. LEE], for himself, Mr. SESSIONS, Mr. CRUZ, Mr. CRAPO, and Mr. SASSE, proposes an amendment numbered 1116.

The amendment is as follows:

(Purpose: To strike the provision excluding the budgetary effects of the Act from PAYGO requirements)

On page 261, strike line 21 and all that follows through page 262, line 4.

The PRESIDING OFFICER. The Senator from Utah.

Mr. LEE. Mr. President, just 2 weeks after the Senate passed a 10-year balanced budget, we find ourselves on the very brink of passing a bill that would promptly unbalance it. We find ourselves on the brink of passing a bill that would promptly unbalance the balanced budget we just passed to the tune of \$141 billion over the next decade. This is exactly the kind of bait-and-switch behavior that has eroded the public's trust in Congress in recent years.

To honor the promises we made to each other and that we made to the American people, my amendment would simply subject H.R. 2 to the same pay-as-you-go budget rules that cover other spending bills in Congress. Paying for the new spending in this bill is the right thing to do, and we just passed a budget promising we would do exactly that. My amendment does nothing more than hold us to this very promise.

I implore my colleagues to join me in supporting this amendment.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, I rise in opposition to the Lee amendment.

Colleagues, the Lee amendment is the bluntest possible instrument that would cut spending across government on every possible program. The SGR, the doctors reimbursement formula, has always been a fake. The \$140 billion in this bill eliminates the budget fakery that Democrats and Republicans believe has gotten out of hand. The underlying bill gets rid of the budget fakery.

I urge colleagues on both sides of the aisle to reject the amendment, and I yield back.

Mr. LEE. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the amendment.

The clerk will call the roll.

The legislative clerk called the roll.

The result was announced—yeas 42, nays 58, as follows:

[Rollcall Vote No. 139 Leg.]

YEAS—42

Ayotte	Flake	Portman
Barrasso	Gardner	Risch
Blunt	Grassley	Roberts
Boozman	Hoeven	Rounds
Burr	Inhofe	Rubio
Coats	Isakson	Sasse
Corker	Johnson	Scott
Cotton	Kirk	Sessions
Crapo	Lankford	Shelby
Cruz	Lee	Sullivan
Daines	McCain	Thune
Enzi	Moran	Toomey
Ernst	Murkowski	Vitter
Fischer	Paul	Wicker

NAYS—58

Alexander	Franken	Murray
Baldwin	Gillibrand	Nelson
Bennet	Graham	Perdue
Blumenthal	Hatch	Peters
Booker	Heinrich	Reed
Boxer	Heitkamp	Reid
Brown	Heller	Sanders
Cantwell	Hirono	Schatz
Capito	Kaine	Schumer
Cardin	King	Shaheen
Carper	Klobuchar	Stabenow
Casey	Leahy	Tester
Cassidy	Manchin	Tillis
Cochran	Markey	Udall
Collins	McCaskill	Warner
Coons	McConnell	Warren
Cornyn	Menendez	Whitehouse
Donnelly	Merkley	Wyden
Durbin	Mikulski	
Feinstein	Murphy	

The amendment (No. 1116) was rejected.

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

AMENDMENT NO. 1117

(Purpose: To improve women's access to quality health care)

Mrs. MURRAY. Mr. President, I call up amendment No. 1117 and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The senior assistant legislative clerk read as follows:

The Senator from Washington [Mrs. MURRAY], for herself, Mr. WYDEN, Mr. BROWN, Ms. BALDWIN, Mr. BENNET, Mr. BLUMENTHAL, Mrs. BOXER, Ms. HIRONO, Ms. MIKULSKI, Mr. MENENDEZ, Mr. MURPHY, Mr. SANDERS, Ms. STABENOW, Mrs. SHAHEEN, Mr. FRANKEN, Mr. REID, Mr. WHITEHOUSE, Ms. CANTWELL, Ms. WARREN, and Mr. BOOKER, proposes an amendment numbered 1117.

(The amendment is printed in today's RECORD under "Text of Amendments.")

Mrs. MURRAY. Mr. President, many of us have been working for years to protect Medicare access for seniors, invest in our community health centers, and expand access to health care for our children. So I am glad Democrats and Republicans in the House were able to come together on these issues. But it is disappointing that in a bill which takes so many good bipartisan steps forward, Republicans have insisted on trying to score political points with their base on women's health.

The House SGR bill includes language that is just one more example of using women's health as a political football. It is redundant, and it is unnecessary.

I am offering an amendment tonight that shows we are making sure women have comprehensive access to health

care. It focuses on moving women's health care forward by providing a clean extension of community health care funding for 4 years, not 2, to provide certainty. It will invest \$2 billion in safety net providers for women and their families through title X clinics. Finally, it will invest in strengthening the women's health care workforce to make sure women have access through their providers.

I hope my colleagues will support this amendment.

The PRESIDING OFFICER. The Senator's time has expired.

Mrs. MURRAY. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The yeas and nays were ordered.

The PRESIDING OFFICER. The Senator from Utah.

Mr. HATCH. Mr. President, as has been mentioned repeatedly regarding the 10-day CMS hold, this 10-day CMS hold period will expire tonight. Doctors who serve our seniors will be facing a 21-percent cut.

Senator MURRAY's bill costs \$21.1 billion over 10 years, and it is not offset. Therefore, the pending amendment, No. 1117, offered by Senator MURRAY, would violate the Senate pay-go rule and increase the on-budget deficit over the 10-year period of fiscal years 2015 to 2024. Therefore, I raise a point of order against this measure pursuant to section 201(a) of S. Con. Res. 21, the concurrent resolution on the budget for fiscal year 2008.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. 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 that Act and applicable budget resolutions for purposes of the pending amendment, 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.

The yeas and nays resulted—yeas 43, nays 57, as follows:

[Rollcall Vote No. 140 Leg.]

YEAS—43

Baldwin	Gillibrand	Murphy
Bennet	Heinrich	Murray
Blumenthal	Heitkamp	Nelson
Booker	Hirono	Peters
Boxer	Kaine	Reed
Brown	King	Reid
Cantwell	Klobuchar	Sanders
Cardin	Leahy	Schatz
Carper	Markey	Schumer
Coons	McCaskill	Shaheen
Durbin	Menendez	Stabenow
Feinstein	Merkley	
Franken	Mikulski	

Tester	Warner	Whitehouse
Udall	Warren	Wyden

NAYS—57

Alexander	Enzi	Moran
Ayotte	Ernst	Murkowski
Barrasso	Fischer	Paul
Blunt	Flake	Perdue
Boozman	Gardner	Portman
Burr	Graham	Risch
Capito	Grassley	Roberts
Casey	Hatch	Rounds
Cassidy	Heller	Rubio
Coats	Hoeven	Sasse
Cochran	Inhofe	Scott
Collins	Isakson	Sessions
Corker	Johnson	Shelby
Cornyn	Kirk	Sullivan
Cotton	Lankford	Thune
Crapo	Lee	Tillis
Cruz	Manchin	Toomey
Daines	McCain	Vitter
Donnelly	McConnell	Wicker

The PRESIDING OFFICER. On this vote, the yeas are 43, the nays are 57.

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 Arkansas.

AMENDMENT NO. 1118

Mr. COTTON. Mr. President, I call up my amendment No. 1118.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Arkansas [Mr. COTTON] proposes an amendment numbered 1118.

The amendment is as follows:

(Purpose: To provide steady updates of payment rates under the Medicare physician fee schedule)

Beginning on page 5, strike line 22 and all that follows through page 127, line 6, and insert the following:

(2) UPDATE OF RATES FOR 2015 AND SUBSEQUENT YEARS.—Subsection (d) of section 1848 of the Social Security Act (42 U.S.C. 1395w-4) is amended by striking paragraph (16) and inserting the following new paragraphs:

“(16) UPDATE FOR JANUARY THROUGH JUNE OF 2015.—Subject to paragraphs (7)(B), (8)(B), (9)(B), (10)(B), (11)(B), (12)(B), (13)(B), (14)(B), and (15)(B), in lieu of the update to the single conversion factor established in paragraph (1)(C) that would otherwise apply for 2015 for the period beginning on January 1, 2015, and ending on June 30, 2015, the update to the single conversion factor shall be 0.0 percent.

“(17) UPDATE FOR JULY THROUGH DECEMBER OF 2015.—The update to the single conversion factor established in paragraph (1)(C) for the period beginning on July 1, 2015, and ending on December 31, 2015, shall be 0.5 percent.

“(18) UPDATE FOR 2016 AND SUBSEQUENT YEARS.—The update to the single conversion factor established in paragraph (1)(C) for 2016 and each subsequent year shall be 0.5 percent.”.

Mr. COTTON. Mr. President, I want to replace the SGR permanently, but I also want to do it correctly. This bill has two payment models in the future. The first 4 years would give physicians a half-percent increase. In future years, though, CMS would be empowered to issue qualitative, subjective rules purporting to evaluate physician performance and patient outcomes.

My amendment would simply extend the half-percent increase indefinitely. I think there are many reasons to vote for this amendment. CMS has not effectively used a blunt bureaucratic tool,

such as SGR, so we shouldn't give them a nuance tool; second, CMS itself predicts we are going to have future doc fixes, which is going to undermine the stability doctors and patients need; third, the complexity of the outyear model is going to further drive consolidation, especially for rural and independent doctors; and, finally, CBO estimates this bill saves \$10 billion.

I urge a “yes” vote. Let us have a permanent doc fix that works for all doctors and patients.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, I rise in opposition to this amendment. Today, the Medicare Program is a fee-for-volume system. The underlying bill junks this and turns out the lights on millions of users.

The underlying bill before the Senate says the future will be about rewarding value and good quality care for our Medicare patients. The Cotton amendment embraces the outdated status quo and says there is no need to coordinate care, no need to pay for value, no need to pay for quality for our Medicare patients. I urge my colleagues to oppose this amendment.

The PRESIDING OFFICER. The question is on agreeing to the amendment.

Mr. COTTON. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The legislative clerk called the roll.

The result was announced—yeas 11, nays 89, as follows:

[Rollcall Vote No. 141 Leg.]

YEAS—11

Boozman	Lee	Sessions
Cotton	Paul	Shelby
Cruz	Rubio	Vitter
Inhofe	Sasse	

NAYS—89

Alexander	Fischer	Murkowski
Ayotte	Flake	Murphy
Baldwin	Franken	Murray
Barrasso	Gardner	Nelson
Bennet	Gillibrand	Perdue
Blumenthal	Graham	Peters
Blunt	Grassley	Portman
Booker	Hatch	Reed
Boxer	Heinrich	Reid
Brown	Heitkamp	Risch
Burr	Heller	Roberts
Cantwell	Hirono	Rounds
Capito	Hoeven	Sanders
Cardin	Isakson	Schatz
Carper	Johnson	Schumer
Casey	Kaine	Scott
Cassidy	King	Shaheen
Coats	Kirk	Stabenow
Cochran	Klobuchar	Sullivan
Collins	Lankford	Tester
Coons	Leahy	Thune
Corker	Manchin	Tillis
Cornyn	Markey	Toomey
Crapo	McCain	Udall
Daines	McCaskill	Warner
Donnelly	McConnell	Warren
Durbin	Menendez	Whitehouse
Enzi	Merkley	Wicker
Ernst	Mikulski	Wyden
Feinstein	Moran	

The amendment (No. 1118) was rejected.

The PRESIDING OFFICER. The Senator from Maryland.

AMENDMENT NO. 1119

(Purpose: To repeal the therapy cap and provide for medical review of outpatient therapy services)

Mr. CARDIN. Mr. President, I call up amendment No. 1119.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Maryland [Mr. CARDIN], for himself, Mr. VITTER, Mr. REID, Mr. WHITEHOUSE, Ms. HIRONO, Mr. CASEY, Mrs. SHAHEEN, Mr. MENENDEZ, Ms. MIKULSKI, Mr. BROWN, Ms. STABENOW, Mr. REED, Mr. LEAHY, Ms. CANTWELL, Mr. BENNET, Mr. BOOKER, Ms. WARREN, and Ms. KLOBUCHAR, proposes an amendment numbered 1119.

Mr. CARDIN. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

(The amendment is printed in today's RECORD under "Text of Amendments.")

Mr. CARDIN. Mr. President, I have explained this amendment a little earlier.

I ask unanimous consent that Senator KLOBUCHAR be added as a cosponsor of the amendment.

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

Mr. CARDIN. This deals with the therapy cap on which we now have had 12 patches. It is almost the identical problem we have with the SGR, which is the underlying bill. It deals with seniors, Medicare beneficiaries, having access to therapy services, those who have had strokes, those who have serious issues and need rehab therapy.

The cap never made sense in 1997 when it was put into effect. It was not the right policy. We have had bipartisan support to correct this as we have the SGR, and my underlying amendment does that.

I ask my colleagues to support the amendment.

The PRESIDING OFFICER. The Senator from Utah.

Mr. HATCH. Mr. President, this bill is far from perfect, but we cannot let perfect be the enemy of the good on this bipartisan compromise that passed the House with almost 400 votes.

The House leadership has made it clear to us, they will not pass another package, and I don't blame them. Time is of the essence.

The therapy caps provision may not be the best policy, but it is in place to ensure there is a governor on unnecessary utilization and spending in the Medicare Program.

Congress should use the next 2 years to find a solution to this problem and work to pay for that solution, and I intend to do that. But to have that on this bill would be a catastrophe at the end of what has been a really, really very, very tough-fought bill all the way through.

The pending amendment, No. 1119, offered by Senator CARDIN would violate the Senate pay-go rule and increase the on-budget deficit over the 10-year period of fiscal years 2015 to 2024. There-

fore, I raise a point of order against this measure pursuant to section 201(a) of S. Con. Res. 21, the concurrent resolution on the budget for fiscal year 2008.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. 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 that act and applicable budget resolutions for purposes of the pending amendment, 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 bill clerk called the roll.

The yeas and nays resulted—yeas 58, nays 42, as follows:

[Rollcall Vote No. 142 Leg.]

YEAS—58

Ayotte	Graham	Paul
Baldwin	Heinrich	Peters
Bennet	Heitkamp	Portman
Blumenthal	Hirono	Reed
Booker	Hoeven	Reid
Boxer	Kaine	Rounds
Brown	King	Sanders
Burr	Kirk	Schatz
Cantwell	Klobuchar	Schumer
Cardin	Leahy	Shaheen
Carper	Markey	Stabenow
Casey	McCaskill	Tester
Cassidy	Menendez	Udall
Collins	Merkley	Vitter
Coons	Mikulski	Warner
Donnelly	Moran	Warren
Durbin	Murkowski	Whitehouse
Feinstein	Murphy	Wyden
Franken	Murray	
Gillibrand	Nelson	

NAYS—42

Alexander	Ernst	McConnell
Barrasso	Fischer	Perdue
Blunt	Flake	Risch
Boozman	Gardner	Roberts
Capito	Grassley	Rubio
Coats	Hatch	Sasse
Cochran	Heller	Scott
Corker	Inhofe	Sessions
Cornyn	Isakson	Shelby
Cotton	Johnson	Sullivan
Crapo	Lankford	Thune
Cruz	Lee	Tillis
Daines	Manchin	Toomey
Enzi	McCain	Wicker

The PRESIDING OFFICER. On this vote, the yeas are 58, the nays are 42.

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 bill was ordered to a third reading and was read the third time.

The PRESIDING OFFICER. There is now 2 minutes of debate prior to a vote on final passage.

Mr. REED. Mr. President, I am pleased to see that after 12 years of temporary patches to delay cuts under the Sustainable Growth Rate, Congress is finally acting to reform the Medicare physician payment system for the long term. In so doing, we not only ensure access to care for seniors but also help improve the quality of care they receive through Medicare.

However, I am disappointed that the same certainty is not provided to children and families impacted by the Children's Health Insurance program, CHIP. This legislation extends funding for CHIP for 2 years and continues policies that encourage enrollment in the program. But it does not extend this critical funding for a much longer period of time, like the 4 years my colleagues and I have been urging for months. We are missing a crucial opportunity to ensure that children and pregnant women have access to comprehensive, affordable health insurance coverage for years to come. Currently, more than 10 million children benefit from this program. In 2 years, funding for this program will expire, putting children at risk of becoming uninsured once again. Moreover, the bill takes the same temporary approach with respect to the Maternal, Infant, and Early Childhood Home Visiting, MIECHV, program, Community Health Centers, and other initiatives.

I am also concerned that Medicare beneficiaries will see increases in out-of-pocket costs to help pay for the legislation. Faced with the threat of looming cuts to health care providers and the resulting risk of disruption of services should doctors withdraw from Medicare, we are being forced to instead choose to increase costs on seniors, rather than any number of offsets that could have asked the wealthiest Americans or corporations to pay a little more to ensure that Medicare is protected for everyone. Indeed, the majority in the other body insisted on paying for this bill, at least in part, by increasing these out-of-pocket costs. For a bill designed to protect access to health care for seniors, it should not turn around and then demand they pay more. We should be reaffirming our commitment to protecting Medicare beneficiaries and these cuts do just the opposite. With these provisions not taking effect until 5 years from now, I hope that gives us ample time to revisit this.

After years of disagreements on health care issues, it is good to see that we can move on this bill on a bipartisan basis. So while I have the reservations I have outlined, and will support amendments to address these issues, I will vote for this legislation.

The PRESIDING OFFICER. The Senator from Alabama.

Mr. SESSIONS. Mr. President, this legislation has not gone through the regular order in the Senate. It will add \$174 billion to the debt. It is subject to seven different budget points of order. We have had a series of budget point of order votes where we have affirmed the budget and the responsibility we have to adhere to it. Let's do the right thing. Let's tell the House, which tried to send this bill over at 3:30 in the morning for us to pass right before we recessed after the budget votes, that, yes, we are absolutely committed to fixing the doctors' payments and in a responsible, long-term way, but it

needs to be paid for in a responsible, long-term way. Upholding the budget point of order does not kill the bill; it sends it back to committee to make sure it is fully paid for.

So let's not be afraid tonight. Let's say to our House colleagues: Colleagues, we agree with you on your vote, but we must pay for this bill.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. SESSIONS. Mr. President, I need to make a budget point of order.

The PRESIDING OFFICER. There is still time remaining in favor of the bill.

Mr. SESSIONS. Mr. President, the pending measure, H.R. 2, the Medicare Access and CHIP Reauthorization Act of 2015, violates section 311(b) of the fiscal year 2009 budget resolution by causing a net increase in the long-term deficit in excess of \$5 billion in the 10-year period of fiscal years 2025 through 2034. Therefore, I raise a point of order against this measure pursuant to section 311(b) of S. Con. Res. 70, the concurrent resolution on the budget for fiscal year 2009, and ask for the yeas and nays.

The PRESIDING OFFICER. The Senator from Utah.

Mr. HATCH. I yield back the time.

The PRESIDING OFFICER. The Senator from Utah.

Mr. HATCH. I move to waive all applicable sections of the Budget Act, 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 bill clerk called the roll.

The yeas and nays resulted—yeas 71, nays 29, as follows:

[Rollcall Vote No. 143 Leg.]

YEAS—71

Alexander	Flake	Murkowski
Baldwin	Franken	Murphy
Bennet	Gillibrand	Murray
Blumenthal	Graham	Nelson
Blunt	Hatch	Paul
Booker	Heinrich	Peters
Boozman	Heitkamp	Reed
Boxer	Heller	Reid
Brown	Hirono	Roberts
Burr	Isakson	Rounds
Cantwell	Kaine	Sanders
Capito	King	Schatz
Cardin	Kirk	Schumer
Carper	Klobuchar	Shaheen
Casey	Leahy	Stabenow
Cassidy	Manchin	Tester
Cochran	Markey	Tillis
Collins	McCain	Udall
Coons	McCaskill	Warner
Corker	McConnell	Warren
Cornyn	Menendez	Whitehouse
Donnelly	Merkley	Wicker
Durbin	Mikulski	Wyden
Feinstein	Moran	

NAYS—29

Ayotte	Enzi	Johnson
Barrasso	Ernst	Lankford
Coats	Fischer	Lee
Cotton	Gardner	Perdue
Crapo	Grassley	Portman
Cruz	Hoeben	Risch
Daines	Inhofe	Rubio

Sasse
Scott
Sessions

Shelby
Sullivan
Thune

Toomey
Vitter

The PRESIDING OFFICER. On this vote, the yeas are 71, the nays are 29.

Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to. The point of order is not sustained, and the motion is agreed to.

The Senator from Utah.

Mr. HATCH. Mr. President, we will soon be voting on final passage of H.R. 2, the Medicare Access and CHIP Reauthorization Act of 2015.

As I mentioned earlier, this bill represents more than 2 years of hard work on both sides of the Capitol. And, it represents a real step forward for bipartisan health care policy. I am proud to have been one of the authors of this legislation and I look forward to what I believe we will see—the bill pass with bipartisan support.

I want to commend everyone who worked on this legislation. I particularly want to thank Senator Max Baucus who worked with me from the beginning on this effort here in the Senate. In addition, I would like to thank the current ranking member of the Finance Committee, Senator WYDEN for all his work. I also want to thank our colleagues on the House Energy and Commerce and Ways and Means Committees who also worked very hard in crafting this SGR fix.

As with any major legislative effort, there are a number of staffers—both current and former—who also deserve our thanks. From my own Finance Committee staff, I want to thank Dan Todd, Kristin Welsh, Erin Dempsey, Katie Simeon, Kim Brandt, and Becky Shipp for all of their hard work. I also want to thank my senior team—Jay Khosla, Chris Campbell, and Mark Prater. On the Democratic side of the committee, I want to thank Karen Fisher, David Schwartz, Matt Kazan, Juan Machado, Scott Levy, and Colin Goldfinch.

I also want to commend the efforts of Scott Raab and Monica Popp from the Senate Republican leadership offices.

In addition, from the House side, I specifically want to thank Charlotte Ivancic and Wendell Primus.

We have also gotten quite a bit of help from CBO in this effort. For that, I want to thank Lori Housman, Tom Bradley, and Holly Harvey.

CMS also provided vital technical assistance as we put this legislation together. For that, I'd like to thank Jennifer Druckman, Ira Burney, and Anne Scott.

And, of course, we couldn't have done without the help of the Legislative Counsels' offices, particularly John Goetcheus, Kelly Malone, Ruth Ernst, and Phil Lynch on the Senate side and Jessica Shapiro and Jessica Cross over in the House.

I wish to once again urge my colleagues to support this bill. It is a monumental achievement. It is legislation that has been long in the offing. I

wish to thank everybody on both sides for the cooperation we have had. I just want to personally express my gratitude for being able to pass this bill.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, I will be very brief. I think tonight is a milestone for the Medicare Program—a lifeline for millions of older people. That is because tonight the Senate is voting to retire the outdated, inefficiency-rewarding, commonsense-defying Medicare reimbursement system.

As Senator HATCH noted, it has been bipartisan; it has long been bipartisan. I think this is an important night for the Senate and it is going to be long remembered.

I yield the floor.

Mr. HATCH. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The bill having been read the third time, the question is, Shall the bill pass?

The clerk will call the roll.

The bill clerk called the roll.

The result was announced—yeas 92, nays 8, as follows:

[Rollcall Vote No. 144 Leg.]

YEAS—92

Alexander	Feinstein	Moran
Ayotte	Fischer	Murkowski
Baldwin	Flake	Murphy
Barrasso	Franken	Murray
Bennet	Gardner	Nelson
Blumenthal	Gillibrand	Paul
Blunt	Graham	Peters
Booker	Grassley	Portman
Boozman	Hatch	Reed
Boxer	Heinrich	Reid
Brown	Heitkamp	Risch
Burr	Heller	Roberts
Cantwell	Hirono	Rounds
Capito	Hoeben	Sanders
Cardin	Inhofe	Schatz
Carper	Isakson	Schumer
Casey	Johnson	Shaheen
Cassidy	Kaine	Stabenow
Coats	King	Sullivan
Cochran	Kirk	Tester
Collins	Klobuchar	Thune
Coons	Lankford	Tillis
Corker	Leahy	Toomey
Cornyn	Manchin	Udall
Cotton	Markey	Vitter
Crapo	McCain	Warner
Daines	McCaskill	Warren
Donnelly	McConnell	Whitehouse
Durbin	Menendez	Wicker
Enzi	Merkley	Wyden
Ernst	Mikulski	

NAYS—8

Cruz	Rubio	Sessions
Lee	Sasse	Shelby
Perdue	Scott	

The bill (H.R. 2) was passed.

The PRESIDING OFFICER. The majority leader.

Mr. MCCONNELL. What is the pending business?

JUSTICE FOR VICTIMS OF TRAFFICKING ACT OF 2015—Resumed

The PRESIDING OFFICER. The clerk will report the pending business.

The senior assistant legislative clerk read as follows:

A bill (S. 178) to provide justice for the victims of trafficking.

Pending:

Portman amendment No. 270, to amend the Child Abuse Prevention and Treatment Act to enable State child protective services systems to improve the identification and assessment of child victims of sex trafficking.

Portman amendment No. 271, to amend the definition of "homeless person" under the McKinney-Vento Homeless Assistance Act to include certain homeless children and youth.

Vitter amendment No. 284 (to amendment No. 271), to amend section 301 of the Immigration and Nationality Act to clarify those classes of individuals born in the United States who are nationals and citizens of the United States at birth.

The PRESIDING OFFICER. The Senator from Ohio.

AMENDMENT NO. 271 WITHDRAWN

Mr. PORTMAN. Mr. President, in the interests of moving the human trafficking bill forward and with the understanding that these amendments could be offered later in the process, I withdraw my amendment No. 271.

The PRESIDING OFFICER. The amendment is withdrawn.

The Senator from Ohio.

AMENDMENT NO. 270 WITHDRAWN

Mr. PORTMAN. Mr. President, in addition, I withdraw my amendment No. 270.

The PRESIDING OFFICER. The amendment is withdrawn.

The majority leader.

AMENDMENT NO. 1120

Mr. MCCONNELL. Mr. President, I call up amendment No. 1120, which is at the desk.

The PRESIDING OFFICER. The clerk will report.

The bill clerk read as follows:

The Senator from Kentucky [Mr. MCCONNELL], for Mr. CORNYN, proposes an amendment numbered 1120.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To strengthen the Justice for Victims of Trafficking Act by incorporating additional bipartisan amendments)

Strike section 101 and insert the following:
SEC. 101. DOMESTIC TRAFFICKING VICTIMS' FUND.

(a) IN GENERAL.—Chapter 201 of title 18, United States Code, is amended by adding at the end the following:

"§ 3014. Additional special assessment

"(a) IN GENERAL.—Beginning on the date of enactment of the Justice for Victims of Trafficking Act of 2015 and ending on September, 30 2019, in addition to the assessment imposed under section 3013, the court shall assess an amount of \$5,000 on any non-indigent person or entity convicted of an offense under—

"(1) chapter 77 (relating to peonage, slavery, and trafficking in persons);

"(2) chapter 109A (relating to sexual abuse);

"(3) chapter 110 (relating to sexual exploitation and other abuse of children);

"(4) chapter 117 (relating to transportation for illegal sexual activity and related crimes); or

"(5) section 274 of the Immigration and Nationality Act (8 U.S.C. 1324) (relating to

human smuggling), unless the person induced, assisted, abetted, or aided only an individual who at the time of such action was the alien's spouse, parent, son, or daughter (and no other individual) to enter the United States in violation of law.

"(b) SATISFACTION OF OTHER COURT-ORDERED OBLIGATIONS.—An assessment under subsection (a) shall not be payable until the person subject to the assessment has satisfied all outstanding court-ordered fines and orders of restitution arising from the criminal convictions on which the special assessment is based.

"(c) ESTABLISHMENT OF DOMESTIC TRAFFICKING VICTIMS' FUND.—There is established in the Treasury of the United States a fund, to be known as the 'Domestic Trafficking Victims' Fund' (referred to in this section as the 'Fund'), to be administered by the Attorney General, in consultation with the Secretary of Homeland Security and the Secretary of Health and Human Services.

"(d) TRANSFERS.—In a manner consistent with section 3302(b) of title 31, there shall be transferred to the Fund from the General Fund of the Treasury an amount equal to the amount of the assessments collected under this section, which shall remain available until expended.

"(e) USE OF FUNDS.—

"(1) IN GENERAL.—From amounts in the Fund, in addition to any other amounts available, and without further appropriation, the Attorney General, in coordination with the Secretary of Health and Human Services shall, for each of fiscal years 2016 through 2019, use amounts available in the Fund to award grants or enhance victims' programming under—

"(A) sections 202, 203, and 204 of the Trafficking Victims Protection Reauthorization Act of 2005 (42 U.S.C. 14044a, 14044b, and 14044c);

"(B) subsections (b)(2) and (f) of section 107 of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7105); and

"(C) section 214(b) of the Victims of Child Abuse Act of 1990 (42 U.S.C. 13002(b)).

"(2) GRANTS.—Of the amounts in the Fund used under paragraph (1), not less than \$2,000,000, if such amounts are available in the Fund during the relevant fiscal year, shall be used for grants to provide services for child pornography victims under section 214(b) of the Victims of Child Abuse Act of 1990 (42 U.S.C. 13002(b)).

"(3) APPLICATION.—Amounts transferred from the Fund pursuant to this section for each of fiscal years 2016 through 2019 are subject to the requirements contained in Public Law 113-235 for funds for programs authorized under sections 330 through 340 of the Public Health Service Act (42 U.S.C. 254b-256).

"(f) TRANSFERS.—

"(1) IN GENERAL.—Effective on the day after the date of enactment of the Justice for Victims of Trafficking Act of 2015, on September 30 of each fiscal year, all unobligated balances in the Fund shall be transferred to the Crime Victims Fund established under section 1402 of the Victims of Crime Act of 1984 (42 U.S.C. 10601).

"(2) AVAILABILITY.—Amounts transferred under paragraph (1)—

"(A) shall be available for any authorized purpose of the Crime Victims Fund; and

"(B) shall remain available until expended.

"(g) COLLECTION METHOD.—The amount assessed under subsection (a) shall, subject to subsection (b), be collected in the manner that fines are collected in criminal cases.

"(h) DURATION OF OBLIGATION.—Subject to section 3613(b), the obligation to pay an assessment imposed on or after the date of enactment of the Justice for Victims of Trafficking Act of 2015 shall not cease until the assessment is paid in full.

"(i) AUTHORIZATION OF APPROPRIATIONS.—

"(1) WRITTEN CERTIFICATION.—Not later than September 30, 2016, and each September 30 thereafter, the Attorney General shall submit to Congress a written certification as to the total amount in the Fund.

"(2) AUTHORIZATION OF APPROPRIATIONS.—In any fiscal year for which a written certification submitted under paragraph (1) indicates the total amount in the Fund is less than \$30,000,000, there is authorized to be appropriated to the Fund an amount equal to \$30,000,000 minus the total amount indicated in the certification."

(b) TECHNICAL AND CONFORMING AMENDMENT.—The table of sections for chapter 201 of title 18, United States Code, is amended by inserting after the item relating to section 3013 the following:

"3014. Additional special assessment."

CLOTURE MOTION

Mr. MCCONNELL. Mr. President, I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The senior assistant legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the Cornyn amendment No. 1120 to S. 178, a bill to provide justice for the victims of trafficking.

Mitch McConnell, John Cornyn, Roy Blunt, Johnny Isakson, John Barrasso, Pat Roberts, Mike Crapo, Roger F. Wicker, Tom Cotton, James M. Inhofe, Tim Scott, Richard Shelby, John Thune, John Boozman, Chuck Grassley, James Lankford, Steve Daines.

The PRESIDING OFFICER. The Senator from Texas.

Mr. CORNYN. Mr. President, like every Member of this body, I am frustrated we haven't been able to reach an agreement to pass the bipartisan Justice for Victims of Trafficking Act.

So today—just now—we have offered a compromise amendment that provides a path forward on this important legislation. I want to express my gratitude to the majority leader for teeing up this amendment and this vote and helping us move forward to resolve this problem.

Briefly, this proposal would completely strike a provision in the underlying bill that Members on the other side have objected to regarding the application of the Hyde amendment. The proposal would replace this language with a provision negotiated by Leader PELOSI from H.R. 2, the so-called doc fix bill that we just passed overwhelmingly and that passed the House a few weeks ago 392 to 37—180 House Democrats supported this language in the House bill. The Pelosi language from this bill is similar to my proposal, in that it simply says that any funds used to provide services to human trafficking victims would be subject to the same requirements as funds under the Public Health Services Act. This would clarify that all money in the Domestic Trafficking Victims' Fund must be derived from the General Treasury, the routine and ordinary source of all Federal funding.

In other words, requirements placed upon funds under my bill would not be placed on money derived from criminal fees or penalties, something our Democratic friends seem to have some objection to, but they would only be placed upon money drawn from the General Treasury. This is exactly what Members on the other side have asked for.

Finally, as an additional measure of good faith, my proposal would also include an amendment drafted by Senator LEAHY, the ranking member of the Senate Judiciary Committee, that has been supported by every Democratic Member of that committee. This amendment would authorize the appropriation of additional funds into the Domestic Trafficking Victims' Fund.

Some Members on the other side of the aisle have filibustered this important legislation because they say they objected to language I included that references the Hyde amendment. I have now agreed to strike that language. They are also filibustering because they objected to attaching routine Hyde restrictions that have been the law of the land for nearly 40 years—the money that is outside of the General Treasury process. Now, I have agreed to change the language of my bill so the Domestic Trafficking Victims' Fund only includes money drawn from the General Treasury. I have also agreed to accept the amendment from Senator LEAHY that I previously opposed in the interest of trying to get to “yes.”

I plan to speak more on this tomorrow, but I am hopeful that by finally making these changes, we can be met at least halfway by our friends across the aisle. I feel like we have continued to try to make changes in this legislation in an interest of giving them an opportunity to vote for a bill they said they all support but which they ultimately filibustered because of the objections I just addressed, and both of the major objections are addressed by this amendment and this legislation.

So I hope we can get to a resolution on this bill. The victims of human trafficking are typically young girls between the ages of 12 and 14 years old. This is justly called modern-day slavery, because these victims of human trafficking are literally enslaved and sold for sex or held for involuntary servitude against their will. Many of them come from other countries, but the vast majority of them come from right here in the United States of America.

We need to do something about this. This legislation does that “something,” and I think we have more than demonstrated good faith in trying to meet our colleagues' objections across the aisle by proposing language that works, that accomplishes the result but removes the objectionable language our colleagues across the aisle have seen fit to filibuster on.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT

Mr. WYDEN. Mr. President, while my colleague is on the floor, I want to commend Senator CANTWELL for her superb work on this legislation. Senator CANTWELL has really been the leader in the effort to get the Secretary of Health and Human Services to look at alternative payment models in the Medicare Advantage Program. This is a hugely important program for us in the Northwest. It is also, by the way, very extensively used in Minnesota. I think my colleague from Washington State has done particularly important work in also looking, as part of this discussion, at what is called a value-based modifier.

Mr. President, I have some thanks to make—and I will be very brief—but before I do that, I ask unanimous consent to enter into a colloquy with Senator CANTWELL.

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

Ms. CANTWELL. I rise to talk about a provision in this legislation intended to move the health care payment system toward better outcomes and efficiency.

Physicians in my State and others are innovating by partnering with high-performing Medicare Advantage plans. This model can grant the health care provider significant accountability and ownership of a patient's health, with the result of achieving impressive health outcomes, reducing overlap and duplication, and saving money for everyone involved.

I was successful in including a provision in the bill requiring the Secretary of Health and Human Services to study integrating alternative payment models in the Medicare Advantage payment system. This study will also assess feasibility of including a value-based modifier.

I look forward to working with my Finance Committee colleagues in the future to promote the innovation and efficiency taking place in Medicare Advantage.

I ask that the distinguished ranking member of the Finance Committee work with me in the future toward these goals.

Mr. WYDEN. H.R. 2 moves the physician payment system from one that rewards volume to one that rewards value. I look forward to extending value-based policies across the entire spectrum of Medicare. I agree, it is important to reward all providers and all Medicare Advantage plans that provide high value and high quality care. I look forward to working with the Senator and the entire Finance Committee to achieve these goals.

Ms. CANTWELL. Thank you, Mr. President.

Mr. WYDEN. Just a couple of quick thank-yous, and then I want to let my colleague wrap up for our side.

It is pretty clear, Mr. President, that a bill of this magnitude does not happen by osmosis. It comes about because

of scores of hearings, roundtables, briefings, and countless hours of staff time. I am just going to take a couple of minutes to thank some people who did so much to make this possible.

First, I thank Leader REID and his very capable health care staffer Kate Leone. When there is a big health care issue before the Senate, Kate Leone is the person you want to have in the trenches with you. I want to thank Senator REID, because during the short tenure in which I was the chair of the Senate Finance Committee, we started working closely together on reforming the Medicare reimbursement system, and his leadership is very much a part of the success of this evening.

Second, there was staff at the various congressional support agencies who provided technical assistance. We are talking about CMS, the Congressional Budget Office, the Congressional Research Service, legislative counsel, and the Medicare Payment Advisory Commission. I would also like to note the efforts made by Ira Burney, Anne Scott, and Jennifer Druckman in the CMS Office of Legislation and Tom Bradley and Lori Housman of the Congressional Budget Office.

I would also like to recognize Chairman HATCH and his very capable and dedicated staff. They worked many, many months on this issue, constantly reaching across the aisle—and former Hatch staffer, Dan Todd, current Hatch staffers Kristin Welsh and Erin Dempsey particularly deserve recognition.

I want to close by thanking my staff, our finance staff and personal staff, affectionately known as the health team. Some, such as Karen Fisher, Matt Kazan, Juan Machado, and former staffer David Schwartz have survived two Democratic chairmen and more doc fixes than they could possibly wish to remember. So this is an especially significant moment for them. Others, like Anne Dwyer, Hannah Hawkins, and Jennifer Phillips, provided invaluable insight and counsel along the way.

One last point, if I might. Having tried for years to specialize in health care, going back to the days when I was codirector of the Oregon Gray Panthers, I thought that over the years that I picked up a little bit with respect to health care policy and came to really understand the issues—not so much, particularly when I think about the extraordinary work of two very talented individuals in our office who have really been the leaders, in my view, on this SGR reform cause. One was our health chief Liz Jurinka. She deserves special notice for her persistent leadership, creativity, and focus and, secondly, her colleague, Jocelyn Moore, whom we had the good fortune—who came to us from Senator Rockefeller. She brings great expertise and years of experience to the field. Certainly, what I have learned from them, after a career of trying to specialize in these issues, has done so much to assist the committee, assist

me, and I want to express my gratitude to them.

The work of the bipartisan Finance Committee staff—through all its fits and starts—is what got us here today. I want to thank all of them, and I think it is very appropriate that my colleague from Washington State, Senator CANTWELL, who has done so much good work on these issues, is going to close today.

The PRESIDING OFFICER. The Senator from Washington.

Ms. CANTWELL. Mr. President, I thank the Senator from Oregon for his leadership on this legislation and on health care in general. I will always think of him as a Senator who has been an advocate for reforming our health care system and oftentimes wanting to move faster than everybody here.

I am with him and the Northwest is with him, and that is why tonight is really a very proud moment for him as the ranking member of this committee to see the monumental shift in the way we have been dealing with the payment system and the Medicare access system and the children's health care program. So tonight, hopefully, we will put behind us a long-debated issue of how physicians are paid, but it will also start us on a new path to make sure people in America are guaranteed better outcomes and a process by which we will help reduce the costs of health care by focusing on both the cost of health care and the outcomes. So my colleague entered into the RECORD tonight—and I want to thank him for that—a colloquy that addresses the issue of how those who are part of accountable care organizations who will be given the resources to focus on high-performing health care systems will be able to under this study equate exactly how well they can do and how well they should be rewarded in reducing costs and giving better outcomes.

My colleague from Oregon speaks of this because he and I come from a part of the country that literally delivers better outcomes in health care at lower costs than many other States in the United States of America. Our residents want to know why the rest of the country can't practice medicine the same way. We want those savings that you get from the health care system to be plugged in or used for other purposes. They could be part of tax reform even. But we also want the citizens of our State to get better health care. We want them to have better outcomes, and we think that moving off a fee-for-service system and onto a system that focuses on the outcome of patients is the best way for our country to move forward.

So this legislation before us today builds on that process we started in the Affordable Care Act, something that is called the value-based modifier that basically takes the fee-for-service system—when you think about it, fee for service is about volume, about ordering more tests—and we are saying we want physicians to be rewarded for the out-

come and the good performance and the focus on whether the patient actually gets well or is given the best health care delivery.

In essence, the value modifier seeks to emulate the success Washington and Oregon have had and give us better, healthy outcomes for patients and lower costs. This year the value-based modifier is the beginning which physicians for the first time will see an adjustment. And building on that progress, Sylvia Burwell, the Secretary of Health and Human Services recently announced that Medicare would aim to tie 90 percent of their Medicare fee-for-service payments to quality or value initiatives by 2018. So this is tying half of all Medicare fee-for-service payments to an alternative payment model and helping us move forward on, again, focusing on outcomes.

I thank my colleague for entering into the colloquy the ongoing analysis that we need to do to continue to make changes on the health care system and congratulate him on the significant success of getting this bill done. It means we can spend more time focusing on efficiency, on quality, on the best way to compensate physicians but also keeping the focus on the patients and making sure they get better outcomes.

I thank the Presiding Officer, and I yield the floor.

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

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

MORNING BUSINESS

Mr. CORNYN. 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.

POSITIVE TRAIN CONTROL AND RAILROAD SAFETY

Mr. BLUMENTHAL. Mr. President, I wish to state my opposition to S. 650 in its current form. This legislation would extend the deadline for installation of Positive Train Control, PTC, by 5 years. I cannot agree with allowing such an extension without addressing so many other critical rail safety matters.

As Joe Boardman, the head of Amtrak and former FRA Administrator has said, "PTC is the most important rail safety advancement of our time." The need for this technology was first brought to our attention over 45 years ago, sparked by a head-on train collision in Darien, CT in 1969. There have

been many other horrible crashes since, and within the past decade alone, the National Transportation Safety Board has completed more than two dozen train accident investigations that took 65 lives and injured over 1,100 people—all of this, according to the NTSB, could have been prevented by PTC.

One of those horrific crashes occurred in 2008 in Southern California, and 25 lives were lost. PTC could have saved those lives. Accordingly, soon after that tragedy, Congress took real, thoughtful, substantive action and gave railroads more than 7 years to implement the life-saving technology of PTC. Since then, there have been other major accidents, such as the horrific crash of a Metro-North train in the Bronx in 2013 in which four lives were lost. Metro-North did not have PTC, and the NTSB has said the technology could have prevented those four deaths. Now, as we near the end of the 7 years, S. 650 gives railroads an extension of 5 more years—and then an option for 2 more after that. So, again, we must wait and risk continued loss of life as we further put off proven, life-saving technology.

There may be issues with the deadline, and we should have a discussion about those issues. We should also have a discussion about the many other issues with PTC. These include the need for resources for commuter railroads, the need for greater transparency for all railroads and the need for dedicated spectrum to ensure commuter railroads have bandwidth to operate PTC. S. 650 doesn't address these other issues. Rather, the bill just focuses on the deadline. I want to make sure the bill solves all the other problems.

In the Commerce, Science, and Transportation Committee, I filed amendments that actually address these other outstanding issues. I want to make sure funding is available for cash-strapped passenger railroads and commuter lines. I want to bolster transparency and make sure we know where railroads truly are in the implementation process. I want to make sure commuter railroads have the frequency they need to build out PTC, and I do not want any bill to move to the floor that ignores these needs and shortchanges our commuter railroads.

Another issue I hold with S. 650 is the bill's lack of attention to other serious safety concerns that should be addressed hand-in-hand with the shortcomings PTC works to resolve. Over the past few years, we have witnessed an onslaught of other rail safety issues spurred by far too many preventable accidents. Many of these accidents have happened on Metro-North, the commuter railroad serving Connecticut, the State I proudly represent. From mid-2013 into early 2014, we witnessed five major incidents on our commuter railroad. Then, again in February 2015, we witnessed another horrific incident in which six lives were

lost. These accidents have raised a host of other needs: cameras on trains, sufficient crew size, improved rail inspections, close-call reporting systems, redundant signal protection, alerters on rail cabs, speed restrictions, better Federal oversight, and safer highway-rail grade crossings.

In the committee, I filed amendments that also advance these reforms. Those reforms must be a part of any real rail safety discussion. If we are even to consider a PTC deadline extension, it is imperative we take up other well-known measures that can improve safety while we work toward full PTC implementation. I appreciate the commitment from the chairman and ranking member of the Commerce, Science, and Transportation Committee to work with me to advance these reforms. I also appreciate the committee including a modified version of one of my amendments in the bill that passed out of the committee. Although I withdrew my other amendments in the committee, I look forward to working with all of my colleagues to improve this bill further. I am confident that together we can achieve important reforms and truly advance safety for all who depend on rail.

EVERY CHILD ACHIEVES ACT OF 2015

Mr. ALEXANDER. Mr. President, I ask unanimous consent to have printed in the RECORD a copy of my opening remarks at the markup of the Every Child Achieves Act.

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

EVERY CHILD ACHIEVES ACT OF 2015

We are meeting today to write legislation that will fix the problems with “No Child Left Behind,” the federal law causing confusion and anxiety in our country’s 100,000 public schools.

Working together the last few months, Senator Murray and I have found a consensus about the urgent need to fix these problems as well as a remarkable consensus about how to fix them.

That consensus is this: Continue the law’s important measurements of academic progress of students but restore to states, school districts, classroom teachers and parents the responsibility for deciding what to do about improving student achievement. This change should produce fewer tests and more appropriate ways to measure student achievement. It is the most effective path to advance higher state standards, better teaching, and real accountability.

We have drafted a bill based upon this consensus which we will offer as a starting point for our deliberations.

The problems with No Child Left Behind have been created by a combination of presidential action and congressional inaction. In 2001, President Bush and Congress enacted “No Child Left Behind,” requiring a total of 17 tests between reading, math and science during a child’s elementary and secondary education. The results of these tests must be disaggregated and reported according to race, ethnicity, gender, disability and other measures so parents, teachers and the community could see which children are being

left behind. The law also created federal standards for whether a school is succeeding or failing, what a state or school district must do about that failure, and whether a teacher was highly qualified to teach in a classroom.

If fixing No Child Left Behind were a standardized test, Congress would have earned a failing grade for each of the last seven years. “No Child Left Behind” expired in 2007 but Congress has been unable to agree on how to reauthorize it. As a result, the law’s original requirements have stayed in place and gradually became unworkable. This has caused almost all of America’s public schools to be classified as failing under the terms of the law. To avoid this bizarre result, President Obama’s Education Secretary offered waivers from the terms of the law. But the Secretary required each of the 42 states currently operating under waivers to adopt certain academic standards, take prescribed steps to help failing schools, and to evaluate teachers in a defined way.

So much new federal control of local schools has produced a backlash against “Common Core” academic standards, teacher evaluation, and against tests in general. Governors and chief state school officers complain about federal overreach. Infuriated teachers say that the U.S. Department of Education has become a “National Human Resources Department or, in effect, a national school board.”

In each of the last two Congresses, this Committee produced bills to fix No Child Left Behind. Basically, these bills divided our committee along party lines. Even so, two Congresses ago, Sens. Enzi, Kirk and I voted with the Democratic majority to report a bill out of committee so that the full senate could act. In the last Congress, the committee majority passed a partisan bill without any Republican votes, but I committed to support Chairman Harkin in taking the bill to the floor if there would be an open amendment process. Unfortunately, these bills never reached the senate floor.

In January, Sen. Murray suggested that the two of us work together to try to bridge the partisan divide and to recommend to the full committee a solution. I accepted her suggestion and I want to thank her for it. We have listened carefully to our senate colleagues, to teachers, principals, governors, chief state school officers, students and parents and the business and civil rights communities—and to each other.

I especially want to thank our staffs—Evan Schatz (pronounced SHOTS), Sarah Bolton, and Amanda Beaumont on Sen. Murray’s staff, and David Cleary, Peter Oppenheim, and Lindsay Fryer on my staff—for their hard work and the way that they worked, trying to strip aside the rhetoric and look for real solutions. I believe they, and we, have succeeded in that.

We found that no issue stirred as much controversy as testing. Our proposal maintains the reading, math and science tests and disaggregated reporting requirements established in 2001. The more we studied the problem; the issue seems not to be the 17 federal tests. A third grader, for example, is required to take only one test in math and one in reading during one year. Denver Public Schools superintendent Tom Boasberg testified before the committee that he’d like to keep math and reading tests to a total of 4 hours a year—that’s about what they are right now in Denver, according to our calculations.

Instead, the problem is the federal government’s accountability system for what to do about the results of these tests. This federal accountability system has greatly contributed to the exploding number of state and local tests.

Because of this, our proposal would end federal test-based accountability and restore state and local responsibility for creating systems holding schools and teachers accountable. State accountability systems must meet limited federal guidelines, including challenging academic standards for all students, but the federal government is prohibited from determining or approving state standards or even incentivizing states into adopting specific standards. In other words, whether a state adopts Common Core is entirely that state’s decision. This transfer of responsibility is why we believe our proposal will result in fewer and more appropriate tests.

Our proposal allows, but does not require, states to develop and implement teacher evaluation systems that link student achievement to teacher performance. States will be allowed to use federal funds to implement evaluations the way they see fit.

States will determine their lowest-performing schools and receive federal funds to assist those schools but the federal government will not mandate specific steps to fix those schools.

Sens. Murray and Isakson will propose and I will support an amendment for competitive planning grants to help states expand quality early childhood education by addressing the fragmentation of current early childhood federal, state, local, public and private programs.

In conclusion, I have this request for members of the committee: please exercise restraint and help us get to a result.

If we senators were students in a classroom, none of us would expect to receive a passing grade for unfinished work. Seven years is long enough to consider how to fix No Child Left Behind. The members of this committee are thoroughly familiar with the issues. Twenty of our 22 members were on the committee during the last Congress when we considered and reported a bill. Sixteen of our members were here in the previous Congress. Over the last 6 years and 3 months we have had 27 hearings on elementary and secondary education.

Knowing this, Sen. Murray and I have exercised restraint. Neither of us insisted on putting into our base bill every proposal about which we feel strongly, although we will offer some of these as amendments when we reach the senate floor. We know that to get a result we have to achieve consensus, which means more than sixty votes. We also know that in conference we will need to agree with the House of Representatives, which is of one political party, and then with the President, who is of another.

During our committee discussions, any germane amendment will be in order to the bipartisan agreement Sen. Murray and I will offer. Any amendment related to K-12 education will be in order on the senate floor. Nevertheless, I would ask each member of this committee to exercise restraint in search of a result. If we can agree on most things, let’s put aside the other things until another debate and another day.

And I would ask one other thing: in offering your amendments, please keep in mind the advice we received earlier this year from Carol Burris, New York’s 2013 High School principal of the Year:

“I ask that your committee remember that the American public school system was built on the belief that local communities cherish their children and have the right and responsibility, within sensible limits, to determine how they are schooled.

While the federal government has a very special role in ensuring that our students do not experience discrimination based on who they are or what their disability may be, Congress is not a National School Board.

Although our locally elected school boards may not be perfect, they represent one of the purest forms of democracy we have. Bad ideas in the small do damage in the small and are easily corrected. Bad ideas at the federal level result in massive failure and are far harder to fix."

In other words, our well-intended guidance from Washington is usually not as effective as a decision made in the home, classroom, and community by those closest to the children.

What we heard over and over again from Democrats as well as Republicans was that while continuing measurements of academic progress are important in holding schools and teachers accountable, we should respect the judgments of those closest to the children and leave to them most decisions about how to help 3.4 million teachers help 50 million children in 100,000 public schools improve student achievement.

Fifty years ago on Palm Sunday, President Lyndon B. Johnson signed the first Elementary and Secondary Education Act. A good way to celebrate that anniversary is to fix the problems with the most recent version of the act so that all our children can have the best possible opportunity to learn what they need to know and be able to do in an increasingly complex world.

ADDITIONAL STATEMENTS

TRIBUTE TO BISHOP WALTER SCOTT THOMAS

• Mr. CARDIN. Mr. President, this Sunday, I will be honored and pleased to participate in a celebration of Bishop Walter Scott Thomas' 40th anniversary as pastor of the New Psalmist Baptist Church in Baltimore, MD. Bishop Thomas is one of the great leaders of the faith community in Baltimore. When he became pastor of New Psalmist Baptist Church in 1975, the congregation numbered 200 or so people. Today, the church has over 7,000 active members. There are Bible study classes held every day of the week, a 3-year discipleship program, leadership classes, and a school for future ministers. New Psalmist has a nationally televised broadcast, "Empowering Disciples," that can be viewed locally on WJZ TV and on the Word Network. There are three worship services on Sundays and one on Wednesday. New Psalmist is committed to caring for community and for God's creation. Classes are held to teach members how to Go Green and conserve God's creation. Every year, the church helps over 500 families at Christmas, and feeds 100 disadvantaged families each month.

Bishop Thomas is known as a pastor's pastor. He makes himself available as a mentor and source of strength for other pastors. Ten years ago, 28 sons and daughters of the New Psalmist Baptist Church who pastor churches across the Nation gathered and voted unanimously to elect Bishop Thomas as president of Kingdom Association of Covenant Pastors and to the office of bishop. Later that year, Bishop Thomas was elevated to the office of bishop and presiding prelate of The Kingdom

Association of Covenant Pastors. That historic occasion was held at the First Mariner Arena in front of over 10,000 people. The Kingdom Association of Covenant Pastors is a newly established association consisting of men and women who have been influenced by the ministry of New Psalmist Baptist Church and Bishop Thomas.

Bishop Thomas isn't content just to lead New Psalmist Baptist Church. He served as the president of the Hampton University Minister's Conference from 1999 to 2002. Under his leadership, conference attendance doubled. Bishop Thomas is also an inspirational author of books such as "Spiritual Navigation for the 21st Century" and "Good Meat Makes Its Own Gravy". He is the editor of "Outstanding Black Sermons, Volume 4". Bishop Thomas received his bachelor of science degree from the University of Maryland in economics. He earned his master of divinity degree from the Howard University School of Religion in Washington, DC and a doctor of ministry degree from Saint Mary's Seminary & University in Baltimore. In addition to his earned degrees, Bishop Thomas was bestowed with an honorary doctor of divinity degree from Virginia Seminary and Bethune Cookman College. Bishop Thomas and his wife and committed partner in ministry, Patricia, have three children, Joi, Walter Jr., and Joshua.

New Psalmist Baptist Church has a rich history that spans over 100 years. The church was founded by Rev. Junius Gray in 1899 as the Right Independent Freewill Baptist Church. The first members—fewer than 20 people—met in the basement of a house on Russell Terrace. In 1901, the church purchased and moved to a two-story building at 1102 Parrish Alley. In 1911, the church, renamed Psalmist Baptist Church, purchased and remodeled property at Riggs Avenue and Woodyear Street. Reverend Gray pastored Psalmist Baptist Church for 47 years.

Rev. Frederick C. Atkins was called to pastor Psalmist Baptist Church in June 1948. Under his leadership, membership grew and, because of that growth, the church purchased and moved to a new building at Druid Hill and North Avenues in 1954. The \$56,000 mortgage was paid in full and burned in 1960 and the church was renamed the New Psalmist Baptist Church. Reverend Atkins served as pastor until his sudden death on March 16, 1974. Bishop Thomas, who was called to proclaim the Word of God in 1973 under the anointed leadership of Dr. Harold Carter, pastor of the New Shiloh Baptist Church in Baltimore, took over in 1975. In 1978, New Psalmist moved from Druid Hill and North Avenues to Cathedral and Franklin Streets. While in downtown Baltimore, New Psalmist grew tremendously. In 1994, New Psalmist broke ground and 2 years later, moved from Franklin and Cathedral Street to Old Frederick Road, a multi-million dollar worship center and ministry complex on 19 acres of

land. The church continued to grow and in the fall of 2010, it moved into a brand new 4,000-seat worship facility.

New Psalmist Baptist Church is a vibrant and welcoming place. Past attendees have included the Reverend Martin Luther King, Jr., the Reverend Jesse Jackson, the Reverend T.D. Jakes, former President Bill Clinton in 1998, and then-Senator Barack Obama in 2007. New Psalmist Baptist Church members walk in faith and work together for the common good. The church provides job training and a fitness and health ministry; donates school supplies to children; ministers to the deaf, homeless, and prisoners and their families; hosts blood drives; partners with 12 schools across Maryland to help students, parents, and school staff members succeed in their educational mission; and is an accredited organization under the United Nations Environment Program, which seeks to create global policies that will protect our planet.

I encourage my Senate colleagues to join me in congratulating Bishop Thomas and his family and friends on his 40th pastoral anniversary at New Psalmist Baptist Church and sending along best wishes to all the members of New Psalmist who know, as President John F. Kennedy said at his inauguration 54 years ago, "that here on earth God's work must truly be our own."•

TRIBUTE TO DR. GLENN STEELE

• Mr. CASEY. Mr. President, I rise today to honor the career of Dr. Glenn Steele upon his retirement from Geisinger Health System. Teddy Roosevelt once said, "Far and away the best prize that life has to offer is the chance to work hard at work worth doing." In his 14 years as CEO of Geisinger, Glenn Steele has been the embodiment of that idea.

Geisinger is located in Dansville, PA, and is the largest rural health services organization in the country, serving more than 3 million residents throughout 48 counties. Annually, Geisinger provides over \$400 million in community support, helping to meet the needs of all Pennsylvanians in the area, regardless of their ability to pay. Under Dr. Steele, Geisinger has been a leader in delivery system reform, improving quality of care and population health while reducing cost.

Dr. Steele is a trailblazer in the health care field. With a medical degree from New York University School of Medicine and a doctorate in microbiology from Lund University in Sweden, Dr. Steele brings a unique perspective to managing a health care system. He has authored and coauthored over 460 scientific and professional articles and has been widely recognized for his investigations into the treatment of liver cancer and colorectal cancer surgery. He is also a visionary in the area of health care delivery and financing, one of the achievements for which Geisinger is most well-known. Since

2012, Dr. Steele has served on the U.S. Congressional Budget Office's panel of health advisors, cementing his reputation as a national leader.

Dr. Steele has earned numerous awards over the years. He was named to Modern Health Care's list of the 50 Most Influential Physician Executives five times and the list of the 100 Most Influential People in Health care five times. He received the CEO IT Achievement Award in 2006, American Hospital Association's Grassroots Champion Award in 2007, the American Hospitals Association's Health Research & Education Trust Award and the HFMA Board of Directors' Award in 2011. Most recently, he was named to the Becker's Hospital Review's list of "40 of the Smartest People in Health care" for his work in health care reform. He also received the 2014 Gail L. Warden Leadership Excellence Award, which recognizes people for innovative approaches to bringing high-value and accessible health care to their communities, permanently transforming and improving the field. That final award is a testament to Geisinger's legacy and sums up Dr. Steele's vision of health care.

On behalf of the people of Pennsylvania, I wish Glenn Steele well in this new chapter. I have no doubt he will continue transforming health care and changing and improving the lives of people and the communities where they live.●

RECOGNIZING JILL LISTI DANCE STUDIO

● Mr. VITTER. Mr. President, among the best ways to introduce the arts into our local communities is through small businesses. Small businesses have the opportunity to harness the talent of their communities, fostering a culture of creativity and innovation. Such is the case with this week's Small Business of the Week: Jill Listi Dance Studio of Lafayette, LA.

When Jill Listi began teaching dance classes at the age of 15, she could not imagine where her love of dance would lead her. Opening her own studio at the age of 21, Listi has gained a reputation for training world-class, award-winning dancers of all ages and styles. A 25-year certified member of the Dance Masters of America organization, Listi continually innovates with the art of dance at her Lafayette studio. Many of Listi's dance groups, dance lines, and dance productions have won platinum medals and overall high point awards at their respective contests. With over 30 years of teaching experience, Jill Listi Dance Studio boasts a diverse and well-trained staff. Well known in the world of dance and continually expanding their knowledge of technique and style, Listi's team continues to produce and inspire top-quality dancers. Many of Listi's dancers have gone on to dance professionally in the United States as well as in Europe.

Listi's dance studio is committed to providing opportunities in the arts to

children and adults throughout Acadiana. The studio values the opportunity to introduce students to dance while instilling a firm foundation that promotes a respect and understanding for the art of dance. From professional dancer to first time student, Listi provides equal attention and instruction to all studio students. The Listi team believes that hard work produces achievement—a lesson that instills discipline in each studio student that translates into all aspects of life.

Congratulations again to Jill Listi Dance for being selected as Small Business of the Week. Thank you for being a champion for the arts in Louisiana.●

MESSAGES FROM THE PRESIDENT

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

EXECUTIVE MESSAGES REFERRED

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

(The messages received today are printed at the end of the Senate proceedings.)

PRESIDENTIAL MESSAGE

REPORT TO THE UNITED STATES CONGRESS WITH RESPECT TO THE PROPOSED RESCISSION OF CUBA'S DESIGNATION AS A STATE SPONSOR OF TERRORISM—PM 13

The PRESIDING OFFICER laid before the Senate the following message from the President of the United States, together with an accompanying report and papers, which was referred to the Committee on Foreign Relations:

To the Congress of the United States:

I transmit herewith a report to the Congress with respect to the proposed rescission of Cuba's designation as a state sponsor of terrorism.

BARACK OBAMA.

THE WHITE HOUSE, April 14, 2015.

MESSAGES FROM THE HOUSE

At 10:03 a.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House has agreed to the following concurrent resolution, in which it requests the concurrence of the Senate:

H. Con. Res. 9. Concurrent resolution authorizing the use of Emancipation Hall in the Capitol Visitor Center for a ceremony as part of the commemoration of the days of remembrance of the victims of the Holocaust.

At 11:45 a.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. 299. An act to amend the Federal Home Loan Bank Act to authorize privately insured credit unions to become members of a Federal home loan bank, and for other purposes.

H.R. 601. An act to amend the Gramm-Leach-Bliley Act to provide an exception to the annual privacy notice requirement.

H.R. 1259. An act to provide for an application process for interested parties to apply for an area to be designated as a rural area, and for other purposes.

H.R. 1265. An act to apply the requirements of the Federal Advisory Committee Act to the Bureau of Consumer Financial Protection.

H.R. 1367. An act to amend the Expedited Funds Availability Act to clarify the application of that Act to American Samoa and the Northern Mariana Islands.

H.R. 1480. An act to ensure access to certain information for financial services industry regulators, and for other purposes.

The message also announced that the House has agreed to the following concurrent resolution, in which it requests the concurrence of the Senate:

H. Con. Res. 34. Concurrent resolution authorizing the use of Emancipation Hall in the Capitol Visitors Center for a ceremony to present the Congressional Gold Medal to the American Fighter Aces.

MEASURES REFERRED

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

H.R. 299. An act to amend the Federal Home Loan Bank Act to authorize privately insured credit unions to become members of a Federal home loan bank, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

H.R. 601. An act to amend the Gramm-Leach-Bliley Act to provide an exception to the annual privacy notice requirement; to the Committee on Banking, Housing, and Urban Affairs.

H.R. 1259. An act to provide for an application process for interested parties to apply for an area to be designated as a rural area, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

H.R. 1265. An act to apply the requirements of the Federal Advisory Committee Act to the Bureau of Consumer Financial Protection; to the Committee on Banking, Housing, and Urban Affairs.

H.R. 1367. An act to amend the Expedited Funds Availability Act to clarify the application of that Act to American Samoa and the Northern Mariana Islands; to the Committee on Banking, Housing, and Urban Affairs.

H.R. 1480. An act to ensure access to certain information for financial services industry regulators, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

MEASURES DISCHARGED

The following bill was discharged from the Committee on Homeland Security and Governmental Affairs and referred as indicated:

S. 95. A bill to terminate the \$1 presidential coin program; to the Committee on Banking, Housing, and Urban Affairs.

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-1065. A message from the President of the United States, transmitting, pursuant to law, a report relative to the issuance of an Executive Order declaring a national emergency with respect to the unusual and extraordinary threat to the national security, foreign policy, and economy of the United States posed by the increasing prevalence and severity of malicious cyber-enabled activities originating from, or directed by persons located, in whole or in substantial part, outside the United States, received during adjournment of the Senate in the Office of the President of the Senate on April 1, 2015; to the Committee on Banking, Housing, and Urban Affairs.

EC-1066. A communication from the Secretary of the Treasury, transmitting, pursuant to law, a six-month periodic report on the national emergency with respect to the Central African Republic that was declared in Executive Order 13667 of May 12, 2014; to the Committee on Banking, Housing, and Urban Affairs.

EC-1067. A communication from the Secretary of the Treasury, transmitting, pursuant to law, a six-month periodic report on the national emergency with respect to Syria that was declared in Executive Order 13338 of May 11, 2004; to the Committee on Banking, Housing, and Urban Affairs.

EC-1068. A communication from the Senior Counsel for Regulatory Affairs, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Department of the Treasury Acquisition Regulations; Technical Amendments" (48 CFR Parts 1001, 1002, 1016, 1019, 1028, 1032, 1034, 1042, and 1052) received during adjournment of the Senate in the Office of the President of the Senate on April 8, 2015; to the Committee on Banking, Housing, and Urban Affairs.

EC-1069. A communication from the General Counsel and Senior Policy Advisor, Office of Management and Budget, Executive Office of the President, transmitting, pursuant to law, a report relative to a vacancy in the position of Deputy Director, Office of Management and Budget, received during adjournment of the Senate in the Office of the President of the Senate on April 8, 2015; to the Committee on the Budget.

EC-1070. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Secondary (C13-C17) Alkane Sulfonates; Exemption from the Requirement of a Tolerance" (FRL No. 9923-64) received during adjournment of the Senate in the Office of the President of the Senate on April 7, 2015; to the Committee on Agriculture, Nutrition, and Forestry.

EC-1071. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Pyraclostrobin; Pesticide Tolerances" (FRL No. 9925-02) received during adjournment of the Senate in the Office of the President of the Senate on April 7, 2015; to the Committee on Agriculture, Nutrition, and Forestry.

EC-1072. A communication from the President of the United States, transmitting, pursuant to law, a report relative to recommendations proposed by the Military Compensation and Retirement Modernization Commission; to the Committee on Armed Services.

EC-1073. A communication from the Under Secretary of Defense (Personnel and Readiness), transmitting a report on the approved retirement of Lieutenant General Brooks L. Bash, United States Air Force, and his advancement to the grade of lieutenant general on the retired list; to the Committee on Armed Services.

EC-1074. A communication from the Principal Deputy Under Secretary of Defense (Personnel and Readiness), transmitting the report of ten (10) officers authorized to wear the insignia of the grade of major general or brigadier general, as indicated, in accordance with title 10, United States Code, section 777; to the Committee on Armed Services.

EC-1075. A communication from the Executive Director, Federal Energy Regulatory Commission, transmitting, pursuant to law, the report of a rule entitled "Annual Update of Filing Fees" (RIN1902-AE97) received during adjournment of the Senate in the Office of the President of the Senate on April 8, 2015; to the Committee on Energy and Natural Resources.

EC-1076. A communication from the President of the United States, transmitting, pursuant to law, a recommendation that the Congress pass legislation making additions to the National Wilderness Preservation System and the National Wild and Scenic Rivers System that the Service proposed as part of the revised Comprehensive Conservation Plan and final environmental impact statement for the Arctic National Wildlife Refuge; to the Committee on Energy and Natural Resources.

EC-1077. A communication from the Executive Secretary, U.S. Agency for International Development (USAID), seven (7) reports relative to vacancies in the Agency for International Development (USAID), received during adjournment of the Senate in the Office of the President of the Senate on April 2, 2015; to the Committee on Foreign Relations.

EC-1078. A communication from the Director of Regulations Policy and Management Staff, Food and Drug Administration, Department of Health and Human Services, transmitting, pursuant to law, the report of a rule entitled "Listing of Color Additives Exempt From Certification; Synthetic Iron Oxide" (Docket No. FDA-2013-C-1008) received during adjournment of the Senate in the Office of the President of the Senate on March 31, 2015; to the Committee on Health, Education, Labor, and Pensions.

EC-1079. A communication from the Assistant Secretary for Legislation, Department of Health and Human Services, transmitting, pursuant to law, a report entitled "Fiscal Year 2012 Report to Congress on Community Services Block Grant Discretionary Activities—Community Economic Development and Rural Community Development Programs"; to the Committee on Health, Education, Labor, and Pensions.

EC-1080. A communication from the Assistant Secretary for Legislation, Department of Health and Human Services, transmitting, pursuant to law, a report entitled "Fiscal Year 2014 Performance Report to the President and Congress for the Biosimilar User Fee Act"; to the Committee on Health, Education, Labor, and Pensions.

EC-1081. A communication from the Assistant Secretary for Legislation, Department of Health and Human Services, transmitting, pursuant to law, a report entitled "2012 Regional Partnerships Grants to Increase the Well-Being of and to Improve the Permanency Outcomes for Children Affected by Substance Abuse: First Annual Report to Congress"; to the Committee on Health, Education, Labor, and Pensions.

EC-1082. A communication from the Chairman of the National Health Care Workforce

Commission, transmitting, pursuant to law, a report relative to the status of the Commission; to the Committee on Health, Education, Labor, and Pensions.

EC-1083. A communication from the Chairman of the Nuclear Regulatory Commission, transmitting, pursuant to law, the Commission's fiscal year 2014 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-1084. A communication from the District of Columbia Auditor, transmitting, pursuant to law, a report entitled "District of Columbia Agencies' Compliance with Fiscal Year 2015 Small Business Enterprise Expenditure Goals through the 1st Quarter of Fiscal Year 2015"; to the Committee on Homeland Security and Governmental Affairs.

EC-1085. A communication from the Director, Court Services and Offender Supervision Agency for the District of Columbia, transmitting, pursuant to law, the Agency's fiscal year 2014 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-1086. 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 California State Implementation Plan; San Joaquin Valley Unified Air Pollution Control District; Quantification of Emission Reductions From Incentive Program" (FRL No. 9924-69-Region 9) received during adjournment of the Senate in the Office of the President of the Senate on April 7, 2015; to the Committee on Environment and Public Works.

EC-1087. 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 California State Implementation Plan, Northern Sierra Air Quality Management District" (FRL No. 9925-33-Region 9) received during adjournment of the Senate in the Office of the President of the Senate on April 7, 2015; to the Committee on Environment and Public Works.

EC-1088. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Response to Vacatures of the Comparable Fuels Rule and the Gasification Rule" (FRL No. 9923-12-OSWER) received during adjournment of the Senate in the Office of the President of the Senate on April 7, 2015; to the Committee on Environment and Public Works.

EC-1089. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Approval and Promulgation of Air Quality Implementation Plans; Virginia-Prevention of Significant Deterioration; Amendment to the Definition of 'Regulated NSR Pollutant' Concerning Particulate Matter" (FRL No. 9925-96-Region 3) received during adjournment of the Senate in the Office of the President of the Senate on April 7, 2015; to the Committee on Environment and Public Works.

EC-1090. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Approval and Promulgation of Air Quality Implementation Plans; Pennsylvania; Redesignation of the Allentown Non-attainment Area to Attainment for the 2006

24-Hour Fine Particulate Matter Standard" (FRL No. 9925-94-Region 3) received during adjournment of the Senate in the Office of the President of the Senate on April 7, 2015; to the Committee on Environment and Public Works; to the Committee on Environment and Public Works.

EC-1091. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Approval and Promulgation of Air Quality Implementation Plans; District of Columbia; Infrastructure Requirements for the 2008 Ozone, 2010 Nitrogen Dioxide, and 2010 Sulfur Dioxide National Ambient Air Quality Standards; Approval of Air Pollution Emergency Episode Plan" (FRL No. 9925-93-Region 3) received during adjournment of the Senate in the Office of the President of the Senate on April 7, 2015; to the Committee on Environment and Public Works.

EC-1092. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Approval and Promulgation of Air Quality Implementation Plans; District of Columbia, Maryland, and Virginia; Attainment Demonstration for the 1997 8-Hour Ozone National Ambient Air Quality Standard for the Washington, DC-MD-VA Moderate Nonattainment Area" (FRL No. 9925-27-Region 3) received during adjournment of the Senate in the Office of the President of the Senate on April 7, 2015; to the Committee on Environment and Public Works.

EC-1093. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Additional Air Quality Designations and Technical Amendment to Correct Inadvertent Error in Air Quality Designations for the 2012 Primary Annual Fine Particulate (PM_{2.5}) National Ambient Air Quality Standards (NAAQS)" (FRL No. 9925-76-OAR) received during adjournment of the Senate in the Office of the President of the Senate on April 7, 2015; to the Committee on Environment and Public Works.

EC-1094. A communication from the Chief of the Listing Branch, Fish and Wildlife Service, Department of the Interior, transmitting, pursuant to law, the report of a rule entitled "Endangered and Threatened Wildlife and Plants; Taxonomy of the Hawaiian Monk Seal" (RIN1018-BA73) received during adjournment of the Senate in the Office of the President of the Senate on April 1, 2015; to the Committee on Environment and Public Works.

EC-1095. A communication from the Director, Office of Regulations and Reports Clearance, Social Security Administration, transmitting, pursuant to law, the report of a rule entitled "Revised Listings for Growth Disorders and Weight Loss in Children" (RIN0960-AG28) received during adjournment of the Senate in the Office of the President of the Senate on April 7, 2015; to the Committee on Finance.

EC-1096. A communication from the Assistant Secretary for Legislation, Department of Health and Human Services, transmitting, pursuant to law, a report entitled "Medicare National Coverage Determinations for Fiscal Year 2014"; to the Committee on Finance.

EC-1097. 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 "Announcement and Report Concerning Advance Pricing Agreements" (Announcement 2015-11) received during adjournment of the Senate in the Office of the President of the Senate on April 1, 2015; to the Committee on Finance.

EC-1098. 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 "Reporting Airline Payment Amount Rollovers Under Public Law 113-243" (Announcement 2015-13) received during adjournment of the Senate in the Office of the President of the Senate on April 1, 2015; to the Committee on Finance.

EC-1099. 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 "Instructions for Communications Pursuant to Section 1.1502-77" (Rev. Proc. 2015-26) received during adjournment of the Senate in the Office of the President of the Senate on April 1, 2015; to the Committee on Finance.

EC-1100. 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 "No Rule for Refined Coal" (Rev. Proc. 2015-29) received during adjournment of the Senate in the Office of the President of the Senate on April 1, 2015; to the Committee on Finance.

EC-1101. 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 "Modifications to Employee Plans Compliance Resolution System" (Rev. Proc. 2015-27) received during adjournment of the Senate in the Office of the President of the Senate on April 1, 2015; to the Committee on Finance.

EC-1102. 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 "Period of Limitations on Assessment for Listed Transactions Not Disclosed Under Section 6011" (RIN1545-BH37) (TD 9718) received during adjournment of the Senate in the Office of the President of the Senate on April 1, 2015; to the Committee on Finance.

EC-1103. 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 Revising Rules Regarding Agency for a Consolidated Group" (RIN1545-BH31) (TD 9715) received during adjournment of the Senate in the Office of the President of the Senate on April 1, 2015; to the Committee on Finance.

EC-1104. 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 "Certain Employee Remuneration in Excess of \$1,000,000 under Internal Revenue Code Section 162(m)" (RIN1545-BI65) (TD 9716) received during adjournment of the Senate in the Office of the President of the Senate on April 1, 2015; to the Committee on Finance.

EC-1105. 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 "Fringe Benefits Aircraft Valuation Formula" (Rev. Rul. 2015-6) received during adjournment of the Senate in the Office of the President of the Senate on April 1, 2015; to the Committee on Finance.

EC-1106. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Airworthiness Directives; Airbus Airplanes" (RIN2120-AA64) (Docket No. FAA-2014-0139) received

during adjournment of the Senate in the Office of the President of the Senate on March 31, 2015; to the Committee on Commerce, Science, and Transportation.

EC-1107. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Airworthiness Directives; Airbus Airplanes" (RIN2120-AA64) (Docket No. FAA-2014-0484) received during adjournment of the Senate in the Office of the President of the Senate on March 31, 2015; to the Committee on Commerce, Science, and Transportation.

EC-1108. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Airworthiness Directives; Airbus Airplanes" (RIN2120-AA64) (Docket No. FAA-2014-0189) received during adjournment of the Senate in the Office of the President of the Senate on March 31, 2015; to the Committee on Commerce, Science, and Transportation.

EC-1109. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Airworthiness Directives; Airbus Airplanes" (RIN2120-AA64) (Docket No. FAA-2014-0620) received during adjournment of the Senate in the Office of the President of the Senate on March 31, 2015; to the Committee on Commerce, Science, and Transportation.

EC-1110. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Airworthiness Directives; Bombardier, Inc. Airplanes" (RIN2120-AA64) (Docket No. FAA-2014-0491) received during adjournment of the Senate in the Office of the President of the Senate on March 31, 2015; to the Committee on Commerce, Science, and Transportation.

EC-1111. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Airworthiness Directives; Bombardier, Inc. Airplanes" (RIN2120-AA64) (Docket No. FAA-2014-0653) received during adjournment of the Senate in the Office of the President of the Senate on March 31, 2015; to the Committee on Commerce, Science, and Transportation.

EC-1112. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Airworthiness Directives; The Boeing Company Airplanes" (RIN2120-AA64) (Docket No. FAA-2014-0522) received during adjournment of the Senate in the Office of the President of the Senate on March 31, 2015; to the Committee on Commerce, Science, and Transportation.

EC-1113. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Airworthiness Directives; The Boeing Company Airplanes" (RIN2120-AA64) (Docket No. FAA-2008-0561) received during adjournment of the Senate in the Office of the President of the Senate on March 31, 2015; to the Committee on Commerce, Science, and Transportation.

EC-1114. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Airworthiness Directives; The Boeing Company Airplanes" (RIN2120-AA64) (Docket No. FAA-

EC-1137. A communication from the Management and Program Analyst, Federal

Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Modification of Air Traffic Service (ATS) Routes in the Vicinity of Baton Rouge, LA" ((RIN2120-AA66) (Docket No. FAA-2014-1124)) received during adjournment of the Senate in the Office of the President of the Senate on March 31, 2015; to the Committee on Commerce, Science, and Transportation.

EC-1138. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Amendment of Restricted Areas R-3801A, R-3801B, and R-3801C; Camp Claiborne, LA" ((RIN2120-AA66) (Docket No. FAA-2015-0265)) received during adjournment of the Senate in the Office of the President of the Senate on March 31, 2015; to the Committee on Commerce, Science, and Transportation.

EC-1139. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Revocation of Restricted Area R-2936, West Palm Beach, FL" ((RIN2120-AA66) (Docket No. FAA-2015-0264)) received during adjournment of the Senate in the Office of the President of the Senate on March 31, 2015; to the Committee on Commerce, Science, and Transportation.

EC-1140. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Amendment of Restricted Area Boundary Descriptions; Cape Canaveral, FL" ((RIN2120-AA66) (Docket No. FAA-2014-0875)) received during adjournment of the Senate in the Office of the President of the Senate on March 31, 2015; to the Committee on Commerce, Science, and Transportation.

EC-1141. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Air Carrier Contract Maintenance Requirements" ((RIN2120-AJ33) (Docket No. FAA-2011-1136)) received during adjournment of the Senate in the Office of the President of the Senate on March 31, 2015; to the Committee on Commerce, Science, and Transportation.

EC-1142. A communication from the Acting Director, Office of Sustainable Fisheries, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Fisheries of the Caribbean, Gulf of Mexico, and South Atlantic; Snapper-Grouper Resources of the South Atlantic; Trip Limit Reduction" (RIN0648-XD733) received during adjournment of the Senate in the Office of the President of the Senate on April 8, 2015; to the Committee on Commerce, Science, and Transportation.

EC-1143. A communication from the Acting Director, Office of Sustainable Fisheries, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Fisheries of the Caribbean, Gulf of Mexico, and South Atlantic; Coastal Migratory Pelagic Resources of the Gulf of Mexico and South Atlantic; 2015 Commercial Run-Around Gillnet Closure" (RIN0648-XD731) received during adjournment of the Senate in the Office of the President of the Senate on April 8, 2015; to the Committee on Commerce, Science, and Transportation.

EC-1144. A communication from the Acting Director, Office of Sustainable Fisheries, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Fisheries of the Exclusive Economic Zone Off Alaska; Pacific Cod in the Western Aleu-

tian Islands District of the Bering Sea and Aleutian Islands Management Area" (RIN0648-XD780) received during adjournment of the Senate in the Office of the President of the Senate on April 8, 2015; to the Committee on Commerce, Science, and Transportation.

EC-1145. A communication from the Director, Office of Sustainable Fisheries, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Fisheries of the Exclusive Economic Zone Off Alaska; Pacific Cod by Vessels Using Pot Gear in the Central Regulatory Area of the Gulf of Alaska" (RIN0648-XD714) received during adjournment of the Senate in the Office of the President of the Senate on April 8, 2015; to the Committee on Commerce, Science, and Transportation.

EC-1146. A communication from the Deputy Assistant Administrator for Regulatory Programs, Office of Sustainable Fisheries, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Fisheries of the Exclusive Economic Zone Off Alaska; Groundfish of the Gulf of Alaska; Groundfish of the Bering Sea and Aleutian Islands Off Alaska" (RIN0648-BD98) received during adjournment of the Senate in the Office of the President of the Senate on April 8, 2015; to the Committee on Commerce, Science, and Transportation.

EC-1147. A communication from the Deputy Assistant Administrator for Regulatory Programs, Office of Sustainable Fisheries, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Fisheries of the Caribbean, Gulf of Mexico, and South Atlantic; Shrimp Fishery of the Gulf of Mexico; Amendment 16" (RIN0648-BE46) received during adjournment of the Senate in the Office of the President of the Senate on April 8, 2015; to the Committee on Commerce, Science, and Transportation.

EC-1148. A communication from the Deputy Assistant Administrator for Regulatory Programs, Office of Sustainable Fisheries, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Magnuson-Stevens Fishery Conservation and Management Act Provisions; Fisheries of the Northeastern United States; Northeast Groundfish Fishery; Fishing Year 2014; Interim Gulf of Maine Cod Management Measures; Correction" (RIN0648-XD715) received during adjournment of the Senate in the Office of the President of the Senate on April 8, 2015; to the Committee on Commerce, Science, and Transportation.

EC-1149. A communication from the Assistant Administrator for Fisheries, Office of Sustainable Fisheries, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Magnuson-Stevens Act Provisions; Fisheries Off West Coast States; Pacific Coast Groundfish Fishery; 2015-2016 Biennial Specifications and Management Measures; Amendment 24" (RIN0648-BE27) received during adjournment of the Senate in the Office of the President of the Senate on April 8, 2015; to the Committee on Commerce, Science, and Transportation.

EC-1150. A communication from the Deputy Bureau Chief, Wireline Competition Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled "Protecting and Promoting the Open Internet" ((GN Docket No. 14-28) (FCC 15-24)) received during adjournment of the Senate in the Office of the President of the Senate on April 7, 2015; to the Committee on Commerce, Science, and Transportation.

EC-1151. A communication from the Staff Director, U.S. Sentencing Commission, transmitting, pursuant to law, a report relative to the compliance of federal district courts with documentation submission re-

quirements; to the Committee on the Judiciary.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. HATCH, from the Committee on Finance, without amendment:

S. 903. An original bill to amend the Internal Revenue Code of 1986 to improve access and administration of the United States Tax Court (Rept. No. 114-14).

S. 904. An original bill to amend the Internal Revenue Code of 1986 to remove bond requirements and extend filing periods for certain taxpayers with limited excise tax liability (Rept. No. 114-15).

S. 905. An original bill to amend the Internal Revenue Code of 1986 to increase the limitation on eligibility for the alternative tax for certain small insurance companies (Rept. No. 114-16).

S. 906. An original bill to amend the Internal Revenue Code of 1986 to modify the types of wines taxed as hard cider (Rept. No. 114-17).

S. 907. An original bill to amend the Internal Revenue Code of 1986 to prevent the extension of the tax collection period merely because the taxpayer is a member of the Armed Forces who is hospitalized as a result of combat zone injuries (Rept. No. 114-18).

S. 908. An original bill to amend the Internal Revenue Code of 1986 to provide for the deductibility of charitable contributions to agricultural research organizations, and for other purposes (Rept. No. 114-19).

S. 909. An original bill to amend the Internal Revenue Code of 1986 to exempt private foundations from the tax on excess business holdings in the case of certain philanthropic enterprises which are independently supervised, and for other purposes (Rept. No. 114-20).

S. 910. An original bill to amend the Internal Revenue Code of 1986 to clarify the special rules for accident and health plans of certain governmental entities, and for other purposes (Rept. No. 114-21).

S. 912. An original bill to amend the Internal Revenue Code of 1986 to exclude payments received under the Work Colleges Program from gross income, including payments made from institutional funds (Rept. No. 114-22).

S. 913. An original bill to amend the Internal Revenue Code of 1986 to provide an investment tax credit for waste heat to power technology (Rept. No. 114-23).

S. 914. An original bill to amend title 31, United States Code, to clarify the use of credentials by enrolled agents (Rept. No. 114-24).

S. 915. An original bill to amend the Internal Revenue Code of 1986 to exempt certain stock of real estate investment trusts from the tax on foreign investments in United States real property interests, and for other purposes (Rept. No. 114-25).

S. 916. An original bill to amend the Internal Revenue Code of 1986 to exclude certain compensation received by public safety officers and their dependents from gross income (Rept. No. 114-26).

S. 917. An original bill to amend the Internal Revenue Code of 1986 to equalize the excise tax on liquefied petroleum gas and liquefied natural gas (Rept. No. 114-27).

S. 918. An original bill to amend the Internal Revenue Code of 1986 to provide notice to charities and other nonprofit organizations before their tax-exempt status is automatically revoked (Rept. No. 114-28).

S. 919. An original bill to exclude from gross income certain clean coal power grants to non-corporate taxpayers (Rept. No. 114-29).

S. 920. An original bill to amend the Internal Revenue Code of 1986 to allow a credit against income tax for amounts paid by a spouse of a member of the Armed Forces for a new State license or certification required by reason of a permanent change in the duty station of such member to another State (Rept. No. 114-30).

By Mr. ENZI, from the Committee on the Budget:

Special Report entitled "Review of Legislative Activity During the 113th Congress" (Rept. No. 114-31).

By Mr. CORKER, from the Committee on Foreign Relations, with an amendment in the nature of a substitute:

S. 615. A bill to provide for congressional review and oversight of agreements relating to Iran's nuclear program, and for other purposes.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

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

By Mr. HATCH:

S. 903. An original bill to amend the Internal Revenue Code of 1986 to improve access and administration of the United States Tax Court; from the Committee on Finance; placed on the calendar.

By Mr. HATCH:

S. 904. An original bill to amend the Internal Revenue Code of 1986 to remove bond requirements and extend filing periods for certain taxpayers with limited excise tax liability; from the Committee on Finance; placed on the calendar.

By Mr. HATCH:

S. 905. An original bill to amend the Internal Revenue Code of 1986 to increase the limitation on eligibility for the alternative tax for certain small insurance companies; from the Committee on Finance; placed on the calendar.

By Mr. HATCH:

S. 906. An original bill to amend the Internal Revenue Code of 1986 to modify the types of wines taxed as hard cider; from the Committee on Finance; placed on the calendar.

By Mr. HATCH:

S. 907. An original bill to amend the Internal Revenue Code of 1986 to prevent the extension of the tax collection period merely because the taxpayer is a member of the Armed Forces who is hospitalized as a result of combat zone injuries; from the Committee on Finance; placed on the calendar.

By Mr. HATCH:

S. 908. An original bill to amend the Internal Revenue Code of 1986 to provide for the deductibility of charitable contributions to agricultural research organizations, and for other purposes; from the Committee on Finance; placed on the calendar.

By Mr. HATCH:

S. 909. An original bill to amend the Internal Revenue Code of 1986 to exempt private foundations from the tax on excess business holdings in the case of certain philanthropic enterprises which are independently supervised, and for other purposes; from the Committee on Finance; placed on the calendar.

By Mr. HATCH:

S. 910. An original bill to amend the Internal Revenue Code of 1986 to clarify the special rules for accident and health plans of certain governmental entities, and for other purposes; from the Committee on Finance; placed on the calendar.

By Mr. CASEY (for himself and Mr. TOOMEY):

S. 911. A bill to direct the Administrator of the Federal Aviation Administration to issue

an order with respect to secondary cockpit barriers, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. HATCH:

S. 912. An original bill to amend the Internal Revenue Code of 1986 to exclude payments received under the Work Colleges Program from gross income, including payments made from institutional funds; from the Committee on Finance; placed on the calendar.

By Mr. HATCH:

S. 913. An original bill to amend the Internal Revenue Code of 1986 to provide an investment tax credit for waste heat to power technology; from the Committee on Finance; placed on the calendar.

By Mr. HATCH:

S. 914. An original bill to amend title 31, United States Code, to clarify the use of credentials by enrolled agents; from the Committee on Finance; placed on the calendar.

By Mr. HATCH:

S. 915. An original bill to amend the Internal Revenue Code of 1986 to exempt certain stock of real estate investment trusts from the tax on foreign investments in United States real property interests, and for other purposes; from the Committee on Finance; placed on the calendar.

By Mr. HATCH:

S. 916. An original bill to amend the Internal Revenue Code of 1986 to exclude certain compensation received by public safety officers and their dependents from gross income; from the Committee on Finance; placed on the calendar.

By Mr. HATCH:

S. 917. An original bill to amend the Internal Revenue Code of 1986 to equalize the excise tax on liquefied petroleum gas and liquefied natural gas; from the Committee on Finance; placed on the calendar.

By Mr. HATCH:

S. 918. An original bill to amend the Internal Revenue Code of 1986 to provide notice to charities and other nonprofit organizations before their tax-exempt status is automatically revoked; from the Committee on Finance; placed on the calendar.

By Mr. HATCH:

S. 919. An original bill to exclude from gross income certain clean coal power grants to non-corporate taxpayers; from the Committee on Finance; placed on the calendar.

By Mr. HATCH:

S. 920. An original bill to amend the Internal Revenue Code of 1986 to allow a credit against income tax for amounts paid by a spouse of a member of the Armed Forces for a new State license or certification required by reason of a permanent change in the duty station of such member to another State; from the Committee on Finance; placed on the calendar.

By Mr. CARPER (for himself, Mr. COONS, Mr. BOOKER, Mr. MENENDEZ, Mr. CASEY, Mr. SCHUMER, and Mrs. GILLIBRAND):

S. 921. A bill to direct the Secretary of the Interior to establish a nonregulatory program to build on and help coordinate funding for restoration and protection efforts of the 4-State Delaware River Basin region, and for other purposes; to the Committee on Environment and Public Works.

By Mr. SANDERS:

S. 922. A bill to amend the Internal Revenue Code of 1986 to modify the treatment of foreign corporations, and for other purposes; to the Committee on Finance.

By Mr. GRAHAM (for himself, Mr. VITTER, Mr. THUNE, Mr. SCOTT, Mr. SESSIONS, and Mr. COATS):

S. 923. A bill to authorize the Secretary of Health and Human Services, acting through the Administrator of the Health Resources

and Services Administration, to award grants on a competitive basis to public and private entities to provide qualified sexual risk avoidance education to youth and their parents; to the Committee on Health, Education, Labor, and Pensions.

By Mr. HELLER (for himself and Mr. WARNER):

S. 924. A bill to require the National Credit Union Administration to hold public hearings and receive comments from the public on its budget, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

By Mrs. SHAHEEN:

S. 925. A bill to require the Secretary of the Treasury to convene a panel of citizens to make a recommendation to the Secretary regarding the likeness of a woman on the twenty dollar bill, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

By Ms. BALDWIN (for herself and Mr. VITTER):

S. 926. A bill to amend the patent law to promote basic research, to stimulate publication of scientific documents, to encourage collaboration in scientific endeavors, to improve the transfer of technology to the private sector, and for other purposes; to the Committee on the Judiciary.

By Mr. MORAN (for himself and Mr. TESTER):

S. 927. A bill to provide regulatory relief for certain financial institutions, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

By Mrs. GILLIBRAND (for herself, Ms. MURKOWSKI, Mr. KIRK, Mr. SCHUMER, Ms. WARREN, Mr. BLUMENTHAL, Mr. SANDERS, Mr. MENENDEZ, Mr. BOOKER, Mr. MURPHY, Ms. BALDWIN, Mrs. SHAHEEN, and Mr. CASEY):

S. 928. A bill to reauthorize the World Trade Center Health Program and the September 11th Victim Compensation Fund of 2001, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

By Mr. SHELBY:

S. 929. A bill to repeal the current Internal Revenue Code and replace it with a flat tax, thereby guaranteeing economic growth and fairness for all Americans; to the Committee on Finance.

By Mr. LEAHY (for himself, Mr. CASEY, Mr. MCCAIN, Mr. BLUNT, Ms. STABENOW, and Mr. COCHRAN):

S. 930. A bill to amend the Internal Revenue Code of 1986 to permanently extend and expand the charitable deduction for contributions of food inventory; to the Committee on Finance.

By Mr. LEAHY:

S. 931. A bill to amend the Internal Revenue Code of 1986 to provide that a deduction equal to fair market value shall be allowed for charitable contributions of literary, musical, artistic, or scholarly compositions created by the donor; to the Committee on Finance.

By Mr. LEAHY:

S. 932. A bill to amend the Internal Revenue Code of 1986 to provide a refundable tax credit for the installation of sprinklers and elevators in historic structures; to the Committee on Finance.

By Mr. ALEXANDER (for himself, Mr. ISAKSON, Mr. HATCH, Mr. CORNYN, and Mr. ROBERTS):

S. 933. A bill to amend the National Labor Relations Act with respect to the timing of elections and pre-election hearings and the identification of pre-election issues, and to require that lists of employees eligible to vote in organizing elections be provided to the National Labor Relations Board; to the Committee on Health, Education, Labor, and Pensions.

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

S. 934. A bill to amend the renewable fuel program under section 211(o) of the Clean Air Act to require the cellulosic biofuel requirement to be based on actual production, and for other purposes; to the Committee on Environment and Public Works.

By Mr. BOOKER:

S. 935. A bill to amend the Internal Revenue Code of 1986 and the Consumer Financial Protection Act of 2010 to regulate tax return preparers and refund anticipation payment arrangements, and for other purposes; to the Committee on Finance.

By Mr. BROWN:

S. 936. A bill to amend the Ohio & Erie Canal National Heritage Canalway Act of 1996 to repeal the funding limitation; to the Committee on Energy and Natural Resources.

By Mr. HATCH:

S. 937. A bill to amend the Federal Land Policy and Management Act of 1976 to authorize the Secretary of the Interior to enter into cooperative agreements with States to provide for State management of grazing permits and leases; to the Committee on Energy and Natural Resources.

By Mr. MENENDEZ:

S. 938. A bill to establish the America Star program within the Department of Labor, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

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

S. 939. A bill to require the evaluation and consolidation of duplicative green building programs within the Department of Energy; to the Committee on Energy and Natural Resources.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

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

By Mr. REID:

S. Res. 135. A resolution making minority party appointments for the 114th Congress; considered and agreed to.

ADDITIONAL COSPONSORS

S. 275

At the request of Mr. ISAKSON, the name of the Senator from New Hampshire (Ms. AYOTTE) was added as a cosponsor of S. 275, a bill to amend title XVIII of the Social Security Act to provide for the coverage of home as a site of care for infusion therapy under the Medicare program.

S. 313

At the request of Mr. GRASSLEY, the name of the Senator from Hawaii (Mr. SCHATZ) was added as a cosponsor of S. 313, a bill to amend title XVIII of the Social Security Act to add physical therapists to the list of providers allowed to utilize locum tenens arrangements under Medicare.

S. 358

At the request of Mrs. SHAHEEN, the name of the Senator from New Mexico (Mr. HEINRICH) was added as a cosponsor of S. 358, a bill to amend title 10, United States Code, to ensure that women members of the Armed Forces and their families have access to the contraception they need in order to

promote the health and readiness of all members of the Armed Forces, and for other purposes.

S. 394

At the request of Mr. CASEY, the name of the Senator from Mississippi (Mr. WICKER) was added as a cosponsor of S. 394, a bill to amend the Internal Revenue Code of 1986 to permanently extend the 15-year recovery period for qualified leasehold improvement property, qualified restaurant property, and qualified retail improvement property.

S. 423

At the request of Mr. MORAN, the name of the Senator from Montana (Mr. DAINES) was added as a cosponsor of S. 423, a bill to amend the Gramm-Leach-Bliley Act to provide an exception to the annual written privacy notice requirement.

S. 502

At the request of Mr. LEE, the name of the Senator from Connecticut (Mr. BLUMENTHAL) was added as a cosponsor of S. 502, a bill to focus limited Federal resources on the most serious offenders.

S. 586

At the request of Mrs. SHAHEEN, the name of the Senator from Delaware (Mr. COONS) was added as a cosponsor of S. 586, a bill to amend the Public Health Service Act to foster more effective implementation and coordination of clinical care for people with pre-diabetes, diabetes, and the chronic diseases and conditions that result from diabetes.

S. 599

At the request of Mr. TOOMEY, the name of the Senator from West Virginia (Mrs. CAPITO) was added as a cosponsor of S. 599, a bill to extend and expand the Medicaid emergency psychiatric demonstration project.

S. 615

At the request of Mr. CORKER, the names of the Senator from Arizona (Mr. FLAKE), the Senator from Maryland (Mr. CARDIN), the Senator from West Virginia (Mrs. CAPITO), the Senator from Delaware (Mr. COONS), the Senator from Ohio (Mr. PORTMAN), the Senator from Pennsylvania (Mr. CASEY), the Senator from Kansas (Mr. ROBERTS), the Senator from New Jersey (Mr. BOOKER), the Senator from Mississippi (Mr. WICKER), the Senator from Virginia (Mr. WARNER), the Senator from Arkansas (Mr. BOOZMAN), the Senator from Texas (Mr. CRUZ), the Senator from Texas (Mr. CORNYN), the Senator from Colorado (Mr. GARDNER), the Senator from Utah (Mr. LEE), the Senator from Iowa (Mrs. ERNST), the Senator from Idaho (Mr. CRAPO), the Senator from Missouri (Mr. BLUNT), the Senator from Alabama (Mr. SESSIONS), the Senator from Pennsylvania (Mr. TOOMEY), the Senator from Iowa (Mr. GRASSLEY), the Senator from South Dakota (Mr. THUNE), the Senator from Oklahoma (Mr. LANKFORD), the Senator from Alaska (Mr. SULLIVAN), the Senator from Georgia (Mr. PERDUE), the Senator from Nebraska (Mrs. FISCHER),

the Senator from Montana (Mr. DAINES), the Senator from Oklahoma (Mr. INHOFE) and the Senator from Georgia (Mr. ISAKSON) were added as cosponsors of S. 615, a bill to provide for congressional review and oversight of agreements relating to Iran's nuclear program, and for other purposes.

S. 637

At the request of Mr. CRAPO, the name of the Senator from Indiana (Mr. DONNELLY) was added as a cosponsor of S. 637, a bill to amend the Internal Revenue Code of 1986 to extend and modify the railroad track maintenance credit.

S. 662

At the request of Mr. HATCH, the name of the Senator from California (Mrs. BOXER) was added as a cosponsor of S. 662, a bill to amend title 17, United States Code, to ensure fairness in the establishment of certain rates and fees under sections 114 and 115 of such title, and for other purposes.

S. 707

At the request of Ms. AYOTTE, the name of the Senator from Pennsylvania (Mr. TOOMEY) was added as a cosponsor of S. 707, a bill to provide certain protections from civil liability with respect to the emergency administration of opioid overdose drugs.

S. 743

At the request of Mr. BOOZMAN, the names of the Senator from Minnesota (Ms. KLOBUCHAR), the Senator from West Virginia (Mrs. CAPITO) and the Senator from Minnesota (Mr. FRANKEN) were added as cosponsors of S. 743, a bill to amend title 38, United States Code, to recognize the service in the reserve components of the Armed Forces of certain persons by honoring them with status as veterans under law, and for other purposes.

S. 746

At the request of Mr. GRASSLEY, the name of the Senator from New Hampshire (Mrs. SHAHEEN) was added as a cosponsor of S. 746, a bill to provide for the establishment of a Commission to Accelerate the End of Breast Cancer.

S. 776

At the request of Mr. ROBERTS, the name of the Senator from West Virginia (Mrs. CAPITO) was added as a cosponsor of S. 776, a bill to amend title XVIII of the Social Security Act to improve access to medication therapy management under part D of the Medicare program.

At the request of Mrs. SHAHEEN, the name of the Senator from Delaware (Mr. COONS) was added as a cosponsor of S. 776, *supra*.

S. 801

At the request of Mr. ISAKSON, the name of the Senator from Idaho (Mr. RISCH) was added as a cosponsor of S. 801, a bill to amend the National Labor Relations Act to provide for appropriate designation of collective bargaining units.

S. 804

At the request of Mrs. SHAHEEN, the name of the Senator from Delaware

(Mr. COONS) was added as a cosponsor of S. 804, a bill to amend title XVIII of the Social Security Act to specify coverage of continuous glucose monitoring devices, and for other purposes.

S. 812

At the request of Mr. MORAN, the name of the Senator from Oklahoma (Mr. LANKFORD) was added as a cosponsor of S. 812, a bill to enhance the ability of community financial institutions to foster economic growth and serve their communities, boost small businesses, increase individual savings, and for other purposes.

S. 827

At the request of Ms. KLOBUCHAR, the name of the Senator from Oregon (Mr. MERKLEY) was added as a cosponsor of S. 827, a bill to amend the Communications Act of 1934 to ensure the integrity of voice communications and to prevent unjust or unreasonable discrimination among areas of the United States in the delivery of such communications.

S. 843

At the request of Mr. BROWN, the name of the Senator from New Hampshire (Mrs. SHAHEEN) was added as a cosponsor of S. 843, a bill to amend title XVIII of the Social Security Act to count a period of receipt of outpatient observation services in a hospital toward satisfying the 3-day inpatient hospital requirement for coverage of skilled nursing facility services under Medicare.

S. 860

At the request of Mr. THUNE, the name of the Senator from Montana (Mr. DAINES) was added as a cosponsor of S. 860, a bill to amend the Internal Revenue Code of 1986 to repeal the estate and generation-skipping transfer taxes, and for other purposes.

S. 862

At the request of Ms. MIKULSKI, the names of the Senator from Virginia (Mr. WARNER), the Senator from Missouri (Mrs. MCCASKILL), the Senator from New Jersey (Mr. MENENDEZ), the Senator from Montana (Mr. TESTER) and the Senator from Vermont (Mr. SANDERS) were added as cosponsors of S. 862, a bill to amend the Fair Labor Standards Act of 1938 to provide more effective remedies to victims of discrimination in the payment of wages on the basis of sex, and for other purposes.

S. 868

At the request of Mr. ISAKSON, the name of the Senator from Florida (Mr. NELSON) was added as a cosponsor of S. 868, a bill to establish a fund to make payment to the Americans held hostage in Iran, and to members of their families, who are identified as members of the proposed class in case number 1:00-CV-03110 (ESG) of the United States District Court for the District of Columbia, and for other purposes.

S. 875

At the request of Mrs. FISCHER, the names of the Senator from Maine (Ms.

COLLINS) and the Senator from Iowa (Mrs. ERNST) were added as cosponsors of S. 875, a bill to amend the Fair Labor Standards Act of 1938 to strengthen equal pay requirements.

S. 898

At the request of Mr. KIRK, the names of the Senator from Alaska (Ms. MURKOWSKI), the Senator from Maryland (Ms. MIKULSKI) and the Senator from West Virginia (Mr. MANCHIN) were added as cosponsors of S. 898, a bill to amend the Public Health Service Act to provide for the participation of optometrists in the National Health Service Corps scholarship and loan repayment programs, and for other purposes.

S.J. RES. 10

At the request of Mr. CRUZ, the name of the Senator from Alabama (Mr. SESSIONS) was added as a cosponsor of S.J. Res. 10, a joint resolution disapproving the action of the District of Columbia Council in approving the Reproductive Health Non-Discrimination Amendment Act of 2014.

S.J. RES. 11

At the request of Mr. CRUZ, the name of the Senator from Alabama (Mr. SESSIONS) was added as a cosponsor of S.J. Res. 11, a joint resolution disapproving the action of the District of Columbia Council in approving the Human Rights Amendment Act of 2014.

S. CON. RES. 4

At the request of Mr. BARRASSO, the names of the Senator from North Carolina (Mr. BURR) and the Senator from Louisiana (Mr. VITTER) were added as cosponsors of S. Con. Res. 4, a concurrent resolution supporting the Local Radio Freedom Act.

S. RES. 130

At the request of Mr. BURR, the name of the Senator from Pennsylvania (Mr. TOOMEY) was added as a cosponsor of S. Res. 130, a resolution designating March 29, 2015, as "Vietnam Veterans Day".

S. RES. 133

At the request of Mr. UDALL, the name of the Senator from North Dakota (Ms. HEITKAMP) was added as a cosponsor of S. Res. 133, a resolution supporting the goals and ideals of National Public Health Week.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. LEAHY (for himself, Mr. CASEY, Mr. MCCAIN, Mr. BLUNT, Ms. STABENOW, and Mr. COCHRAN):

S. 930. A bill to amend the Internal Revenue Code of 1986 to permanently extend and expand the charitable deduction for contributions of food inventory; to the Committee on Finance.

Mr. LEAHY. Mr. President, millions of Americans are racing against the clock to meet tomorrow's midnight deadline to file their taxes. In the closing hours of the 113th Congress, we came together to approve legislation to

extend for 1 year, just 1 year, several tax credits that are essential to small businesses and middleclass families. A 1 year extension of these tax credits was surely welcomed by many, but such a short extension leaves in place the uncertainty needed by so many families and small businesses as they look ahead to the coming year to plan large purchases, expansions, new home purchases, or even a family vacation. I hope that Congress will tackle meaningful tax reform legislation this year, so that we can protect hardworking families, hold corporations accountable, incentivize environmental protections, and encourage charitable giving.

So today, ahead of Tax Day, I am introducing three commonsense proposals, S. 930, S. 931, and S. 932, that will provide reasonable tax credits for such things as surplus food donations, art donations, and preservation of our historic buildings in communities and villages across the country.

The bipartisan Good Samaritan Hunger Relief Tax Incentive Extension Act expands upon a proven and effective tax incentive to encourage businesses and farms to donate surplus food to their local food banks. A 2011 study by the U.S. Department of Agriculture found that demand on food banks across the country has risen dramatically during and since the recent economic recession, with more than 50 million Americans living in food insecure households. Despite this, as much as 40 percent of the food that is produced, grown and transported in the United States goes unused as some businesses find it too costly to donate the excess food, amounting to 70 billion pounds of wasted food each year.

The Good Samaritan Hunger Relief Tax Incentive Act addresses this by permanently extending the same tax incentives to donate food now available to corporations to all businesses, including small businesses, farmers, ranchers and restaurant owners—many of whom often have large amounts of fresh food to donate. Since the most recent extension of this tax incentive through 2013, the restaurant industry alone experienced a 137 percent increase in the pounds of food donated. This bill—cosponsored by Senators COCHRAN, STABENOW, MCCAIN, CASEY, and BLUNT, is supported by many organizations including Feeding America, the American Farm Bureau Federation, the Food Marketing Institute, Grocery Manufacturers Association, the National Restaurant Association, Hunger Free Vermont, and the Vermont Food Bank.

The Artist-Museum Partnership Act was first introduced in 2000. This legislation would preserve cherished art works for the public by allowing artists to take a fair market deduction for works they donate to museums, libraries, colleges and other public institutions. Under current law, artists that donate their created work may only deduct the cost of supplies, while a collector of the same work that donates it

to qualified charitable institutions is allowed to take a tax deduction equal to the fair market value of the donated work.

Prior to 1969, artists and collectors alike were able to take a deduction equivalent to the fair market value of a work. Congress changed the law for artists more than 30 years ago in response to the perception that some taxpayers were taking advantage of the law by inflating the market value of self-created works. Since the law was changed with respect to artists, fewer and fewer of them have donated their works to museums and cultural institutions, while the government has cut down significantly on the abuse of fair market value determinations. The Artist-Museum Partnership Act would restore the law to pre-1969 and allow artists who donate their own paintings, manuscripts, compositions, or scholarly compositions to be subject to the same new rules that all taxpayers or collectors who donate such works follow.

The Artist-Museum Partnership Act is supported by such organizations as the Association of Art Museum Directors, American Alliance of Museums, Americans for the Arts, League of American Orchestras, OPERA America, Dance/USA, National Assembly of State Arts Agencies, the Vermont Arts Counsel, and the Shelburne Museum.

Finally, the Historic Downtown and Preservation and Access Act would create a refundable tax credit for the installation of fire sprinklers and elevators in older, multi-use buildings in historic downtowns. Each year fire destroys hundreds of vulnerable historic buildings that serve as the anchors of America's vibrant villages and downtowns, in many cases resulting in injury or loss of life. The Historic Downtown and Preservation and Access Act creates a 50 percent refundable tax credit capped at \$50,000 to encourage the installation of upfront but costly sprinkler systems in order to help prevent the loss of life, reduce property damage, and decrease Federal expenditures on rebuilding efforts after these fires.

This bill also incentivizes the installation of elevators in order to encourage the use of upper story office, retail, and housing space in historic downtown buildings that would otherwise go unused due to inaccessibility. The new refundable tax credit, modeled after the State of Vermont's highly successful downtown historic tax credit, would allow private entities with little tax liability and nonprofits alike to install these important property and life-saving devices in historic buildings.

Congress must have a meaningful debate about how we can best reform, simplify, and streamline our complicated tax system. These are just a few of the proposals I hope Congress will consider in this debate. It is time we start working to incentivize programs that stand to best help our communities, rather than protect the wealthiest among us from paying their fair share.

Mr. MCCAIN. Mr. President, I am proud to be an original cosponsor of the Good Samaritan Hunger Relief Act of 2015, which was introduced today by Senator PATRICK LEAHY and cosponsored by Senators BOB CASEY, THAD COCHRAN, DEBBIE STABENOW, and ROY BLUNT.

This bipartisan bill would benefit food banks and hunger charities around the nation. At its core, the bill would provide tax incentives for small and medium business who donate food or resources to food banks. This means restaurants, farms, and other food providers can do even more in their local communities to help fight hunger.

Speaking for my state, I can tell you that hunger is a very real problem in Arizona. Currently about one in five Arizonans live below the poverty line. In some parts of the State, one-in-four children and one-in-seven seniors live in poverty—particularly on Indian reservations where unemployment rates approach 75 percent, and in minority communities. Often these individuals are left to wonder where their next meal will come from.

I am proud that Phoenix, Arizona is home to the world's first food bank, the St. Mary's Food Bank. Since its founding in 1967, St. Mary's has grown into a leading hunger organization and has distributed more than 700 million pounds of food to people all over Arizona.

I believe this bill's projected cost to the Treasury can be offset by reducing unnecessary and wasteful agriculture subsidies. I would encourage my colleagues to look at the most recent Farm Bill that was signed into law in 2013 and is projected to cost over \$996 billion over the next 10 years. It is fraught with special interest farm subsidies that we could instead reduce or terminate and use the savings to pay for the important tax incentive programs provided by this bill.

For example, the Farm Bill includes crop insurance subsidies for tobacco products, which are estimated to cost taxpayers \$33 million each year. It also provides for the USDA Market Access Program, which has long been criticized by taxpayer watchdogs as a form of corporate welfare because it spends roughly \$200 million annually to subsidize advertising, market research and trade shows for large corporations overseas. The Farm Bill also includes an obscure set of USDA grants that subsidizes scientific research for large agriculture operations, such as \$25 million earmarked for the study of the health benefits of lima beans and peas, and \$1.3 million set-aside for genome sequencing of Christmas trees. Further, it calls for the creation of a USDA Catfish Office, which I have long criticized along with the Government Accountability Office and the Obama administration for being wasteful and duplicative of FDA's catfish inspection program and will ultimately cost the American taxpayer \$14 million a year. These are just a few of the many wasteful Farm Bill programs that could be eliminated to offset the estimated

costs of our proposed tax incentive legislation.

I encourage my colleagues to support this legislation and consider these and other Farm Bill spending offsets as the bill moves through the legislative process.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 135—MAKING MINORITY PARTY APPOINTMENTS FOR THE 114TH CONGRESS

Mr. REID OF NEVADA submitted the following resolution; which was considered and agreed to:

S. RES. 135

Resolved, That the following be the minority membership on the following committee for the remainder of the 114th Congress, or until their successors are appointed:

COMMITTEE ON FOREIGN RELATIONS: Mr. Cardin, Mrs. Boxer, Mr. Menendez, Mrs. Shaheen, Mr. Coons, Mr. Udall, Mr. Murphy, Mr. Kaine, and Mr. Markey.

COMMITTEE ON SMALL BUSINESS AND ENTREPRENEURSHIP: Mrs. Shaheen, Ms. Cantwell, Mr. Cardin, Ms. Heitkamp, Mr. Markey, Mr. Booker, Mr. Coons, Ms. Hirono, Mr. Peters.

AMENDMENTS SUBMITTED AND PROPOSED

SA 1114. Mr. CORNYN proposed an amendment to the bill H.R. 2, to amend title XVIII of the Social Security Act to repeal the Medicare sustainable growth rate and strengthen Medicare access by improving physician payments and making other improvements, to reauthorize the Children's Health Insurance Program, and for other purposes.

SA 1115. Mr. BENNET (for himself, Mr. BROWN, Ms. STABENOW, Mr. WYDEN, Mr. CASEY, Mr. REID, Ms. WARREN, Mr. MENENDEZ, Mr. REED, Mrs. SHAHEEN, Mr. WHITEHOUSE, Ms. BALDWIN, Mr. BLUMENTHAL, and Ms. MIKULSKI) proposed an amendment to the bill H.R. 2, *supra*.

SA 1116. Mr. LEE (for himself, Mr. SESSIONS, Mr. CRUZ, Mr. CRAPO, and Mr. SASSE) proposed an amendment to the bill H.R. 2, *supra*.

SA 1117. Mrs. MURRAY (for herself, Mr. WYDEN, Mr. BROWN, Ms. BALDWIN, Mr. BENNET, Mr. BLUMENTHAL, Mrs. BOXER, Ms. HIRONO, Ms. MIKULSKI, Mr. MENENDEZ, Mr. MURPHY, Mr. SANDERS, Ms. STABENOW, Mrs. SHAHEEN, Mr. FRANKEN, Mr. REID, Mr. WHITEHOUSE, Ms. CANTWELL, Ms. WARREN, and Mr. BOOKER) proposed an amendment to the bill H.R. 2, *supra*.

SA 1118. Mr. COTTON proposed an amendment to the bill H.R. 2, *supra*.

SA 1119. Mr. CARDIN (for himself, Mr. VITTER, Mr. REID, Mr. WHITEHOUSE, Ms. HIRONO, Mr. CASEY, Mrs. SHAHEEN, Mr. MENENDEZ, Ms. MIKULSKI, Mr. BROWN, Ms. STABENOW, Mr. REED, Mr. LEAHY, Ms. CANTWELL, Mr. BENNET, Mr. BOOKER, Ms. WARREN, and Ms. KLOBUCHAR) proposed an amendment to the bill H.R. 2, *supra*.

SA 1120. Mr. MCCONNELL (for Mr. CORNYN) proposed an amendment to the bill S. 178, to provide justice for the victims of trafficking.

TEXT OF AMENDMENTS

SA 1114. Mr. CORNYN proposed an amendment to the bill H.R. 2, to amend

title XVIII of the Social Security Act to repeal the Medicare sustainable growth rate and strengthen Medicare access by improving physician payments and making other improvements, to reauthorize the Children's Health Insurance Program, and for other purposes; as follows:

At the appropriate place, insert the following:

SEC. ____ RESTORING INDIVIDUAL LIBERTY.

Sections 1501 and 1502 and subsections (a), (b), (c), and (d) of section 10106 of the Patient Protection and Affordable Care Act (and the amendments made by such sections and subsections) are repealed and the Internal Revenue Code of 1986 shall be applied and administered as if such provisions and amendments had never been enacted.

SA 1115. Mr. BENNET (for himself, Ms. WARREN, Mr. MENENDEZ, Mr. REED, Mrs. SHAHEEN, Mr. WHITEHOUSE, Ms. BALDWIN, Mr. BLUMENTHAL, and Ms. MIKULSKI) proposed an amendment to the bill H.R. 2, to amend title XVIII of the Social Security Act to repeal the Medicare sustainable growth rate and strengthen Medicare access by improving physician payments and making other improvements, to reauthorize the Children's Health Insurance Program, and for other purposes; as follows:

Strike sections 301 through 304, and insert the following:

SEC. 301. 4-YEAR EXTENSION OF THE CHILDREN'S HEALTH INSURANCE PROGRAM.

(a) FUNDING.—

(1) IN GENERAL.—Section 2104(a) of the Social Security Act (42 U.S.C. 1397dd(a)) is amended—

(A) in paragraph (17), by striking “and” at the end; and

(B) by striking paragraph (18) and inserting the following new paragraphs:

“(18) for fiscal year 2015, \$21,061,000,000;

“(19) for fiscal year 2016, \$19,300,000,000;

“(20) for fiscal year 2017, \$20,300,000,000;

“(21) for fiscal year 2018, \$21,300,000,000; and

“(22) for fiscal year 2019, for purposes of making 2 semi-annual allotments—

“(A) \$2,850,000,000 for the period beginning on October 1, 2018, and ending on March 31, 2019; and

“(B) \$2,850,000,000 for the period beginning on April 1, 2019, and ending on September 30, 2019.”

(2) PREVENTION OF DUPLICATE APPROPRIATIONS FOR FISCAL YEAR 2015.—Notwithstanding any other provision of law, insofar as funds have been appropriated under subsection (a)(18) or (m) of section 2104 of the Social Security Act (42 U.S.C. 1397dd), or under section 108 of the Children's Health Insurance Program Reauthorization Act of 2009 (Public Law 111-3), as such subsections and section are in effect on the day before the date of the enactment of this Act, to provide allotments to States under the State Children's Health Insurance Program established under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.) (whether implemented under title XIX, XXI, or both, of the Social Security Act) for fiscal year 2015—

(A) any amounts that are so appropriated that are not so allotted and obligated before the date of the enactment of this Act, are rescinded; and

(B) any amount provided for CHIP allotments to a State under this section (and the amendments made by this section) for such fiscal year shall be reduced by the amount of such appropriations so allotted and obligated before such date.

(b) ALLOTMENTS.—

(1) IN GENERAL.—Section 2104(m) of the Social Security Act (42 U.S.C. 1397dd(m)) is amended—

(A) in the subsection heading, by striking “THROUGH 2015” and inserting “AND THEREAFTER”;

(B) in paragraph (2)—

(i) in the paragraph heading, by striking “2014” and inserting “2018”; and

(ii) by striking subparagraph (B) and inserting the following new subparagraph:

“(B) FISCAL YEAR 2013 THROUGH 2018.—Subject to paragraphs (4) and (6), from the amount made available under paragraphs (16) through (21) of subsection (a) for each of fiscal years 2013 through 2018, respectively, the Secretary shall compute a State allotment for each State (including the District of Columbia and each commonwealth and territory) for each such fiscal year as follows:

“(i) REBASING IN FISCAL YEAR 2013 AND EACH SUCCEEDING ODD-NUMBERED FISCAL YEAR.—For fiscal year 2013 and each succeeding odd-numbered fiscal year, the allotment of the State is equal to the Federal payments to the State that are attributable to (and countable toward) the total amount of allotments available under this section to the State in the preceding fiscal year (including payments made to the State under subsection (n) for such preceding fiscal year as well as amounts redistributed to the State in such preceding fiscal year), multiplied by the allotment increase factor under paragraph (5) for such odd-numbered fiscal year.

“(ii) GROWTH FACTOR UPDATE FOR FISCAL YEAR 2014 AND EACH SUCCEEDING EVEN-NUMBERED FISCAL YEAR.—Except as provided in clause (iii), for fiscal year 2014 and each succeeding even-numbered fiscal year, the allotment of the State is equal to the sum of—

“(I) the amount of the State allotment under clause (i) for the preceding fiscal year; and

“(II) the amount of any payments made to the State under subsection (n) for such preceding fiscal year, multiplied by the allotment increase factor under paragraph (5) for such even-numbered fiscal year.

“(iii) SPECIAL RULE FOR FISCAL YEAR 2016.—For fiscal year 2016, the allotment of the State is equal to the Federal payments to the State that are attributable to (and countable toward) the total amount of allotments available under this section to the State in the preceding fiscal year (including payments made to the State under subsection (n) for such preceding fiscal year as well as amounts redistributed to the State in such preceding fiscal year), but determined as if the last two sentences of section 2105(b) were in effect in such preceding fiscal year and then multiplying the result by the allotment increase factor under paragraph (5) for fiscal year 2016.”

(C) in paragraph (3)—

(i) in the heading, by striking “2015” and inserting “2019”; and

(ii) in subparagraph (A)—

(I) by striking “paragraph (18)” and inserting “paragraph (22)”; and

(II) by striking “section 108 of the Children's Health Insurance Program Reauthorization Act of 2009” and inserting “section 301(b)(2) of the Medicare Access and CHIP Reauthorization Act of 2015”;

(iii) in subparagraph (B), by striking “paragraph (18)” and inserting “paragraph (22)”; and

(iv) in subparagraph (C)—

(I) by striking “2014” each place it appears and inserting “2018”; and

(II) by striking “2015” and inserting “2019”; and

(v) in subparagraph (D)—

(I) in clause (i)—

(aa) in subclause (I), by striking “subsection (a)(18)(A)” and inserting “subsection (a)(22)(A)”; and

(bb) in subclause (II), by striking “section 108 of the Children's Health Insurance Program Reauthorization Act of 2009” and inserting “section 301(b)(2) of the Medicare Access and CHIP Reauthorization Act of 2015”; and

(II) in clause (ii)(II), by striking “subsection (a)(18)(B)” and inserting “subsection (a)(22)(B)”; and

(D) in paragraph (4), by striking “2015” and inserting “2019”; and

(E) in paragraph (6)—

(i) in subparagraph (A), by striking “2015” and inserting “2019”; and

(ii) in the second sentence, by striking “or fiscal year 2014” and inserting “fiscal year 2014, fiscal year 2016, or fiscal year 2018”; and

(F) in paragraph (8)—

(i) in the paragraph heading, by striking “2015” and inserting “2019”; and

(ii) by striking “for a period in fiscal year 2015” and inserting “for a period in fiscal year 2019”.

(2) ONE-TIME APPROPRIATION FOR FISCAL YEAR 2019.—There is appropriated to the Secretary of Health and Human Services, out of any money in the Treasury not otherwise appropriated, \$16,700,000,000 to accompany the allotment made for the period beginning on October 1, 2018, and ending on March 31, 2019, under section 2104(a)(22)(A) of the Social Security Act (42 U.S.C. 1397dd(a)(22)(A)) (as added by subsection (a)(1)), to remain available until expended. Such amount shall be used to provide allotments to States under paragraph (3) of section 2104(m) of such Act (42 U.S.C. 1397dd(m)) (as amended by paragraph (1)(C)) for the first 6 months of fiscal year 2019 in the same manner as allotments are provided under subsection (a)(22)(A) of such section 2104 and subject to the same terms and conditions as apply to the allotments provided from such subsection (a)(22)(A).

(c) CHILD ENROLLMENT CONTINGENCY FUND.—

(1) IN GENERAL.—Section 2104(n) of the Social Security Act (42 U.S.C. 1397dd(n)) is amended—

(A) in paragraph (2)—

(i) in subparagraph (A)—

(I) in the matter preceding clause (i), by striking “and (D)” and inserting “, (D), and (E)”; and

(II) by striking clause (ii) and inserting the following:

“(ii) for each of—

“(I) fiscal years 2010 through 2014, such sums as are necessary for making payments to eligible States for such fiscal year, but not in excess of the aggregate cap described in subparagraph (B); and

“(II) fiscal years 2015 through 2018 (and for each of the semi-annual allotment periods for fiscal year 2019), such sums as are necessary for making payments to eligible States for such fiscal year or period.”; and

(ii) by striking subparagraph (B) and inserting the following:

“(B) AGGREGATE CAP.—The total amount available for payment from the Fund for each of fiscal years 2010 through 2014, taking into account deposits made under subparagraph (C), shall not exceed 20 percent of the amount made available under subsection (a) for the fiscal year. In the case of fiscal years 2015 through 2018 (and for each of the semi-annual allotment periods for fiscal year 2019), there shall be no limit on the amount available for payment from the Fund.”;

(iii) in subparagraph (D)—

(I) by inserting “before fiscal year 2015” after “fiscal year or period”; and

(II) by striking “for any succeeding fiscal year”; and

(iv) by adding at the end the following subparagraph:

“(E) TRANSFERS.—Notwithstanding any other provision of this title, the following amounts shall also be available, without fiscal year limitation, for making payments from the Fund:

“(i) UNOBLIGATED NATIONAL ALLOTMENT FOR FISCAL YEARS BEGINNING WITH FISCAL YEAR 2014.—

“(I) FISCAL YEAR 2014 ALLOTMENT.—As of December 31 of fiscal year 2015, the portion, if any, of the amount appropriated under subsection (a) for fiscal year 2014 that is unobligated for allotment to a State under subsection (m) for such fiscal year.

“(II) SUCCEEDING FISCAL YEAR ALLOTMENTS.—As of December 31 of fiscal year 2016, and each succeeding fiscal year, the portion, if any, of the amount appropriated under subsection (a) for the preceding fiscal year that is unobligated for allotment to a State under subsection (m) for such preceding fiscal year.

“(ii) UNEXPENDED ALLOTMENTS NOT USED FOR REDISTRIBUTION.—As of December 31 of fiscal year 2015, and as of November 15 of each succeeding fiscal year, the total amount of allotments made to States under subsection (a) for the second preceding fiscal year that is not expended or redistributed under subsection (f) during the period in which such allotments are available for obligation.

“(iii) UNEXPENDED PERFORMANCE INCENTIVE FUNDS.—As of January 1, 2016, and as of January 1 of each succeeding calendar year, the portion, if any, of the amount appropriated under section 2105(a)(3)(E)(iii) for the preceding fiscal year that is not expended or obligated under such section.”; and

(B) in paragraph (3)—

(i) in subparagraph (A)—

(I) by redesignating clauses (i) and (ii) as subclauses (I) and (II), respectively, and realigning the left margins accordingly;

(II) by striking “If a State’s” and all that follows through “2015,” and inserting the following:

“(i) FOR FISCAL YEARS 2009 THROUGH 2014.—If a State’s expenditures under this title in fiscal year 2009, fiscal year 2010, fiscal year 2011, fiscal year 2012, fiscal year 2013, or fiscal year 2014”;

(III) by striking “or period” each place it appears;

(IV) in subclause (II) (as so redesignated), by striking “(or in which the period occurs)”;

(V) by adding at the end the following clause:

“(ii) FOR FISCAL YEARS AFTER 2014.—

“(I) IN GENERAL.—For each of fiscal years 2015 through 2018 (and for each of the semi-annual allotment periods for fiscal year 2019), if the Secretary determines that a State is a shortfall State described in subclause (II) for that fiscal year or period, the Secretary shall pay to the State from the Fund, in addition to any other payments made to the State under this title for the fiscal year or period, an amount equal to the amount described in subclause (III).

“(II) SHORTFALL STATES DESCRIBED.—For purposes of this clause, with respect to a fiscal year or semi-annual allotment period, a shortfall State is a State for which the Secretary estimates, on the basis of the most recent data available to the Secretary, that the projected expenditures for the State and fiscal year or period under this title (including in the form of coverage described in paragraph (1) or (2) of section 2101, or both) will exceed the sum of—

“(aa) the amount of the State’s allotments for any preceding fiscal year that remains available for expenditure and that will not

be expended by the end of the immediately preceding fiscal year;

“(bb) the amount (if any) that will be redistributed to the State under subsection (f) for the fiscal year or period;

“(cc) the amount (if any) to be paid to the State in the first quarter of the fiscal year under section 2105(a)(3); and

“(dd) the amount of the State’s allotment for the fiscal year or period.

“(III) AMOUNT DESCRIBED.—With respect to a State and fiscal year or period, the amount described in this subclause is equal to the amount by which the projected expenditures for the State under this title for the fiscal year or period (estimated by the Secretary on the basis of the most recent data available to the Secretary) exceed the sum determined under subclause (II) for the State and fiscal year or period.

“(IV) RETROSPECTIVE ADJUSTMENT.—The Secretary may adjust the determinations made under this clause with respect to a State and fiscal year or period as necessary on the basis of the amounts reported by States not later than November 30 of the succeeding fiscal year, as approved by the Secretary.”;

(i) in subparagraph (B)(ii), by striking “(or semi-annual period occurring in a fiscal year)”;

(iii) in subparagraph (C)—

(I) in the matter preceding clause (i), by striking “subparagraph (A)(ii)” and inserting “subparagraph (A)(i)(II)”;

(II) in clause (ii), by striking “(or semi-annual period occurring in a fiscal year)”;

(iv) in subparagraph (G), by inserting “the expenditures under the State child health plan and” after “regarding”.

(2) CONFORMING AMENDMENT.—Section 2104(f)(2)(A)(ii) of the Social Security Act (42 U.S.C. 13957dd(f)(2)(A)(ii)) is amended by inserting “only in the case of a fiscal year before fiscal year 2015,” before “the amount”.

(d) EXTENSION AND UPDATE OF PERFORMANCE INCENTIVE PAYMENTS.—

(1) EXTENSION THROUGH FISCAL YEAR 2019.—Section 2105(a)(3) of the Social Security Act (42 U.S.C. 1397ee(a)(3)) is amended—

(A) in subparagraph (A)—

(i) by striking “2013” and inserting “2019”;

(ii) in the second sentence, by inserting “, except that payment under this paragraph may be made to a State for fiscal year 2014 as a single payment not later than December 31, 2015” before the period;

(B) in subparagraph (E)—

(i) in clause (ii)—

(I) by striking subclause (I) and inserting the following:

“(I) UNOBLIGATED NATIONAL ALLOTMENT FOR FISCAL YEARS 2009 THROUGH 2013.—As of December 31 of fiscal year 2009, and as of December 31 of each succeeding fiscal year through fiscal year 2013, the portion, if any, of the amount appropriated under section 2104(a) for such fiscal year that is unobligated for allotment to a State under section 2104(m) for such fiscal year or set aside under subsection (a)(3) or (b)(2) of section 2111 for such fiscal year.”;

(II) in subclause (III), by striking “2013” and inserting “2014”;

(ii) by redesignating clause (iii) as clause (iv); and

(iii) by inserting after clause (ii) the following new clause:

“(iii) APPROPRIATION FOR FISCAL YEARS 2015 THROUGH 2019.—Out of any money in the Treasury not otherwise appropriated, there are appropriated \$500,000,000 for each of fiscal years 2015 through 2019 for making payments under this paragraph. Amounts appropriated for a fiscal year under this clause shall remain available for making payments under this paragraph until January 1 of the fol-

lowing fiscal year. Any amounts of such appropriations that remain unexpended or unobligated as of such date shall be transferred and made available for making payments under section 2104(n).”; and

(C) in subparagraph (F)(iii), by striking “2013” and inserting “2019”.

(2) UPDATED PERFORMANCE INCENTIVE CRITERIA FOR FISCAL YEARS 2015 THROUGH 2019.—Section 2105(a) of the Social Security Act (42 U.S.C. 1397ee(a)) is amended—

(A) in paragraph (3)(A), by inserting “or (5)” after “paragraph (4)”;

(B) in paragraph (4)—

(i) in the heading, by inserting “FISCAL YEARS 2009 THROUGH 2014” after “FOR CHILDREN”;

(ii) in the matter preceding subparagraph (A), by striking “for a fiscal year if” and inserting “for fiscal years 2009 through 2014 if”;

(C) by adding at the end the following new paragraph:

“(5) ENROLLMENT AND RETENTION PROVISIONS FOR CHILDREN FOR FISCAL YEAR 2015 AND SUCCEEDING FISCAL YEARS.—

“(A) IN GENERAL.—For purposes of paragraph (3)(A), a State meets the condition of this paragraph for fiscal year 2015 and any succeeding fiscal year if it is implementing at least 4 of the enrollment and retention provisions specified in subparagraph (B) (treating each clause as a separate enrollment and retention provision) throughout the entire fiscal year.

“(B) ENROLLMENT AND RETENTION PROVISIONS.—The enrollment and retention provisions specified in this subparagraph are the following:

“(i) CONTINUOUS ELIGIBILITY.—The State has elected the option of continuous eligibility for a full 12 months for all children described in section 1902(e)(12) under title XIX under 19 years of age, as well as applying such policy under its State child health plan under this title.

“(ii) EXPRESS LANE ELIGIBILITY.—The State is implementing the option described in section 1902(e)(13) under title XIX as well as, pursuant to section 2107(e)(1), under this title.

“(iii) PRESUMPTIVE ELIGIBILITY.—The State provides medical assistance to children during a presumptive eligibility period by implementing section 1920A under title XIX as well as, pursuant to section 2107(e)(1), under this title, and ensures that such period begins with the determination by any qualified entity that the family income of the child does not exceed the applicable level of income eligibility under the State plan. A State shall not satisfy this provision if the only type of entity recognized by the State as a qualified entity is a hospital that has elected to be a qualified entity under section 1902(a)(47)(B).

“(iv) PREMIUM ASSISTANCE FOR EMPLOYER-SPONSORED PLANS.—The State has opted to offer a premium assistance subsidy for qualified employer-sponsored coverage by implementing section 1906A under title XIX or the option described in section 2105(c)(10) under this title.

“(v) ELIMINATION OF WAITING PERIODS.—The State does not impose a waiting period for coverage of any individual under the State child health plan and ensures that no waiting period applies in the case of coverage provided to any individual eligible for coverage under the State child health plan through coverage purchased by the State under section 2105(c)(3) or employer-sponsored coverage subsidized by the State under section 1906A of title XIX or section 2105(c)(10) of this title.

“(vi) AUTOMATED TRACKING OF COST SHARING OR LOWER CAP ON COST SHARING.—In the

case of a State child health plan that imposes premiums, deductibles, cost sharing, or similar charges that could (as determined by the Secretary) cause families that include an individual receiving assistance under the plan to have out-of-pocket expenses that exceed the limit imposed under section 2103(e)(3)(B), the State has either—

“(I) established, or, in the case of a State child health plan that provides child health assistance through managed care entities or organizations, required such entities or organizations to coordinate with the State agency responsible for implementing the State child health plan under this title in establishing—

“(aa) an electronic process for tracking such expenses that does not rely on documentation provided by the individual or the family; and

“(bb) a system for notifying each such family of the aggregate monthly or quarterly limits on out-of-pocket expenses applicable to the family under section 2103(e)(3)(B) and explaining to each such family that no such expenses shall be imposed on any individual in the family for the remainder of any month or quarter with respect to which the family has reached the applicable aggregate monthly or quarterly family limit imposed under such section; or

“(II) elected to eliminate deductibles, copayments, coinsurance, or other forms of cost-sharing (other than premiums) imposed under this title with respect to any individual receiving coverage under the State child health plan.

“(vii) REAL-TIME ELIGIBILITY DETERMINATIONS THROUGH THE USE OF ENHANCED DATA SOURCES.—With respect to applications and renewals for medical assistance under title XIX or child health assistance under this title for a fiscal year, the State meets the following criteria for all income determinations made using modified adjusted gross income under section 1902(e)(14)(A):

“(I) The State relies on enhanced data sources (which may include, but shall not be limited to, the data sources available under section 1137 or the federal Data Services Hub) to make the determinations.

“(II) In the case of initial applications, the State makes at least 50 percent of the determinations within 24 hours of receiving the application. If a State successfully makes the required minimum percentage of timely determinations for a fiscal year, such State shall not receive credit for meeting this provision in any subsequent fiscal year unless the State makes a percentage of timely income determinations that is at least 5 percentage points higher (or, if at least 75 percent of the State's determinations in a previous fiscal year were timely, 1 percentage point higher) than the percentage that the State achieved in the last fiscal year in which the State received credit for meeting this provision.

“(III) In the case of renewals, the State makes at least 50 percent of the determinations within 24 hours of receiving the renewal. If a State successfully makes the required minimum percentage of timely determinations for a fiscal year, such State shall not receive credit for meeting this provision in any subsequent fiscal year unless the State makes a percentage of timely income determinations that is at least 5 percentage points higher (or, if at least 75 percent of the State's determinations in a previous fiscal year were timely, 1 percentage point higher) than the percentage that the State achieved in the last fiscal year in which the State received credit for meeting this provision.

“(viii) ELIMINATION OF PREMIUMS OR RETROACTIVE REINSTATEMENT UPON PREMIUM PAYMENT.—The State has elected to either—

“(I) impose no premiums for coverage under the State child health plan; or

“(II) in the case of an individual whose coverage under the State child health plan has been terminated for failure to make premium payments, provide assistance to such individual for purposes of immediate reenrollment of the individual upon payment of outstanding premiums, with coverage retroactive to the beginning of the most recent month for which an outstanding premium has been paid, and shall not impose any waiting period or fee as a condition of such reenrollment.”.

(e) EXTENSION OF QUALIFYING STATES OPTION.—Section 2105(g)(4) of the Social Security Act (42 U.S.C. 1397ee(g)(4)) is amended—

(1) in the paragraph heading, by striking “2015” and inserting “2019”; and

(2) in subparagraph (A), by striking “2015” and inserting “2019”.

(f) EXTENSION OF CERTAIN PROGRAMS AND DEMONSTRATION PROJECTS.—

(1) QUALITY CARE FOR CHILDREN DEMONSTRATION PROJECT.—Section 1139A(d)(1) of the Social Security Act (42 U.S.C. 1320b-9a(d)(1)) is amended in the matter before subparagraph (A) by inserting “, and during the period of fiscal years 2016 through 2019, the Secretary shall award not more than 10 grants,” before “to States”.

(2) CHILDHOOD OBESITY DEMONSTRATION PROJECT.—Section 1139A(e)(8) of the Social Security Act (42 U.S.C. 1320b-9a(e)(8)) is amended by inserting “, and \$25,000,000 for the period of fiscal years 2015 through 2019” after “2014”.

(3) PEDIATRIC QUALITY MEASURES PROGRAM.—Section 1139A(i) of the Social Security Act (42 U.S.C. 1320b-9a(i)) is amended in the first sentence by inserting before the period at the end the following: “, and there is appropriated for each of fiscal years 2016 through 2019, \$45,000,000 for the purpose of carrying out this section (other than subsections (e), (f), and (g)).”.

(4) OUTREACH AND ENROLLMENT GRANTS; NATIONAL CAMPAIGN.—Section 2113 of the Social Security Act (42 U.S.C. 1397mm) is amended—

(A) in subsection (a)(1), by striking “2015” and inserting “2019”; and

(B) in subsection (g), by inserting “, and \$80,000,000 for the period of fiscal years 2016 through 2019, to remain available until expended,” after “2015”.

(g) EXPRESS LANE ELIGIBILITY.—Section 1902(e)(13)(I) of the Social Security Act (42 U.S.C. 1396a(e)(13)(I)) is amended by striking “September 30, 2015” and inserting “September 30, 2019”.

(h) AUTHORITY TO USE INCOME DETERMINATION MADE UNDER CERTAIN PROGRAMS.—Section 1902(e)(14) of the Social Security Act (42 U.S.C. 1396a(e)(14)) is amended—

(1) in subparagraph (A), in the first sentence, by striking “subparagraph (D)” and inserting “subparagraphs (D) and (J)”; and

(2) by adding at the end the following new subparagraph:

“(J) USE OF INCOME DETERMINATION MADE UNDER CERTAIN OTHER PROGRAMS.—

“(i) IN GENERAL.—For purposes of determining income eligibility for medical assistance under the State plan or under any waiver of such plan, a State may use a determination of income made by—

“(I) the State program funded under part A of title IV; or

“(II) the supplemental nutrition assistance program established under the Food and Nutrition Act of 2008.

“(ii) SUNSET.—Clause (i) shall not apply after September 30, 2019.”.

SA 1116. Mr. LEE (for himself, Mr. SESSIONS, Mr. CRUZ, Mr. CRAPO, and Mr. SASSE) proposed an amendment to

the bill H.R. 2, to amend title XVIII of the Social Security Act to repeal the Medicare sustainable growth rate and strengthen Medicare access by improving physician payments and making other improvements, to reauthorize the Children's Health Insurance Program, and for other purposes; as follows:

On page 261, strike line 21 and all that follows through page 262, line 4.

SA 1117. Mrs. MURRAY (for herself, Mr. WYDEN, Mr. BROWN, Ms. BALDWIN, Mr. BENNET, Mr. BLUMENTHAL, Mrs. BOXER, Ms. HIRONO, Ms. MIKULSKI, Mr. MENENDEZ, Mr. MURPHY, Mr. SANDERS, Ms. STABENOW, Mrs. SHAHEEN, Mr. FRANKEN, Mr. REID, Mr. WHITEHOUSE, Ms. CANTWELL, Ms. WARREN, and Mr. BOOKER) proposed an amendment to the bill H.R. 2, to amend title XVIII of the Social Security Act to repeal the Medicare sustainable growth rate and strengthen Medicare access by improving physician payments and making other improvements, to reauthorize the Children's Health Insurance Program, and for other purposes; as follows:

At the appropriate place, insert the following:

TITLE —WOMEN'S ACCESS TO QUALITY HEALTH CARE

SEC. 01. SHORT TITLE.

This title may be cited as the “Women's Access to Quality Health Care Act”.

SEC. 02. RENEWAL OF APPLICATION OF MEDICARE PAYMENT RATE FLOOR TO PRIMARY CARE SERVICES FURNISHED UNDER MEDICAID AND INCLUSION OF ADDITIONAL PROVIDERS.

(a) RENEWAL OF PAYMENT FLOOR; ADDITIONAL PROVIDERS.—

(1) IN GENERAL.—Section 1902(a)(13) of the Social Security Act (42 U.S.C. 1396a(a)(13)) is amended by striking subparagraph (C) and inserting the following:

“(C) payment for primary care services (as defined in subsection (jj)) at a rate that is not less than 100 percent of the payment rate that applies to such services and physician under part B of title XVIII (or, if greater, the payment rate that would be applicable under such part if the conversion factor under section 1848(d) for the year involved were the conversion factor under such section for 2009), and that is not less than the rate that would otherwise apply to such services under this title if the rate were determined without regard to this subparagraph, and that are—

“(i) furnished on or after January 1, 2013, and before January 1, 2015, by a physician with a primary specialty designation of family medicine, general internal medicine, or pediatric medicine; or

“(ii) furnished on or after January 1, 2015, and before January 1, 2017—

“(I) by a physician with a primary specialty designation of family medicine, general internal medicine, or pediatric medicine, but only if the physician self-attests that the physician is Board certified in family medicine, general internal medicine, or pediatric medicine;

“(II) by a physician with a primary specialty designation of obstetrics and gynecology, but only if the physician self-attests that the physician is Board certified in obstetrics and gynecology;

“(III) by an advanced practice clinician, as defined by the Secretary, that works under the supervision of—

“(aa) a physician that satisfies the criteria specified in subclause (I) or (II); or

“(bb) a nurse practitioner or a physician assistant (as such terms are defined in section 1861(aa)(5)(A)) who is working in accordance with State law, or a certified nurse-midwife (as defined in section 1861(gg)) who is working in accordance with State law;

“(IV) by a rural health clinic, Federally-qualified health center, or other health clinic that receives reimbursement on a fee schedule applicable to a physician, a nurse practitioner or a physician assistant (as such terms are defined in section 1861(aa)(5)(A)) who is working in accordance with State law, or a certified nurse-midwife (as defined in section 1861(gg)) who is working in accordance with State law, for services furnished by a physician, nurse practitioner, physician assistant, or certified nurse-midwife, or services furnished by an advanced practice clinician supervised by a physician described in subclause (I)(aa) or (II)(aa), another advanced practice clinician, or a certified nurse-midwife; or

“(V) by a nurse practitioner or a physician assistant (as such terms are defined in section 1861(aa)(5)(A)) who is working in accordance with State law, or a certified nurse-midwife (as defined in section 1861(gg)) who is working in accordance with State law, in accordance with procedures that ensure that the portion of the payment for such services that the nurse practitioner, physician assistant, or certified nurse-midwife is paid is not less than the amount that the nurse practitioner, physician assistant, or certified nurse-midwife would be paid if the services were provided under part B of title XVIII.”.

(2) CONFORMING AMENDMENT.—Section 1905(dd) of the Social Security Act (42 U.S.C. 1396d(dd)) is amended by striking “January 1, 2015” and inserting “January 1, 2017”.

(b) ENSURING PAYMENT BY MANAGED CARE ENTITIES.—

(1) IN GENERAL.—Section 1903(m)(2)(A) of the Social Security Act (42 U.S.C. 1396b(m)(2)(A)) is amended—

(A) in clause (xii), by striking “and” after the semicolon;

(B) by realigning the left margin of clause (xiii) so as to align with the left margin of clause (xii) and by striking the period at the end of clause (xiii) and inserting “; and”; and

(C) by inserting after clause (xiii) the following:

“(xiv) such contract provides that (I) payments to providers specified in section 1902(a)(13)(C) for primary care services defined in section 1902(jj) that are furnished during a period specified in section 1902(a)(13)(C) and section 1905(dd) are at least equal to the amounts set forth and required by the Secretary by regulation, (II) the entity shall, upon request, provide documentation to the State, sufficient to enable the State and the Secretary to ensure compliance with subclause (I), and (III) the Secretary shall approve payments described in subclause (I) that are furnished through an agreed upon capitation, partial capitation, or other value-based payment arrangement if the capitation, partial capitation, or other value-based payment arrangement is based on a reasonable methodology and the entity provides documentation to the State sufficient to enable the State and the Secretary to ensure compliance with subclause (I).”.

(2) CONFORMING AMENDMENT.—Section 1932(f) of the Social Security Act (42 U.S.C. 1396u-2(f)) is amended by inserting “and clause (xiv) of section 1903(m)(2)(A)” before the period.

SEC. 03. INCREASING ACCESS TO SAFETY-NET PROVIDERS.

Title X of the Public Health Service Act (42 U.S.C. 300 et seq.) is amended by inserting after section 1003 the following:

“SEC. 1003A. GRANTS FOR FACILITIES IMPROVEMENTS.

“(a) IN GENERAL.—The Secretary is authorized to award grants to, and enter into contracts with, public or nonprofit private entities to plan, develop, or make improvements to facilities carrying out family planning service projects, and to expand preventive health services, under section 1001.

“(b) FUNDING.—There is authorized to be appropriated, and there is appropriated, out of any monies in the Treasury not otherwise appropriated, \$500,000,000 for each of fiscal years 2016 through 2019, to enable the Secretary to expand access to family planning services and to provide enhanced funding for the family planning program under section 1001.”.

SEC. 04. STRENGTHENING AND IMPROVING COMMUNITY HEALTH CENTERS, THE NATIONAL HEALTH SERVICE CORPS, AND TEACHING HEALTH CENTERS.

(a) IN GENERAL.—The Medicare Access and CHIP Reauthorization Act of 2015 is amended by striking section 221.

(b) FUNDING FOR COMMUNITY HEALTH CENTERS AND THE NATIONAL HEALTH SERVICE CORPS.—

(1) COMMUNITY HEALTH CENTERS.—Section 10503(b)(1)(E) of the Patient Protection and Affordable Care Act (42 U.S.C. 254b-2(b)(1)(E)) is amended by striking “for fiscal year 2015” and inserting “for each of fiscal years 2015 through 2019”.

(2) NATIONAL HEALTH SERVICE CORPS.—Section 10503(b)(2)(E) of the Patient Protection and Affordable Care Act (42 U.S.C. 254b-2(b)(2)(E)) is amended by striking “for fiscal year 2015” and inserting “for each of fiscal years 2015 through 2019”.

(c) EXTENSION OF TEACHING HEALTH CENTERS PROGRAM.—Section 340H(g) of the Public Health Service Act (42 U.S.C. 256h(g)) is amended by inserting “, and \$100,000,000 for each of fiscal years 2016 through 2019” before the period.

SEC. 05. INVESTING IN PRIMARY CARE, NURSE PRACTITIONERS.

Part B of title VIII of the Public Health Service Act (42 U.S.C. 296j et seq.) is amended by adding at the end the following:

“SEC. 812. DEMONSTRATION GRANTS FOR NURSE PRACTITIONER TRAINING PROGRAM.

“(a) ESTABLISHMENT OF PROGRAM.—The Secretary shall establish a demonstration program (referred to in this section as the ‘program’) to award grants to eligible entities for the training of nurse practitioners specializing in women’s health care for careers as providers in health centers that receive assistance under title X (referred to in this section as ‘health centers’).

“(b) PURPOSE.—The purpose of the program is to enable each grant recipient to—

“(1) provide new nurse practitioners with clinical training to enable such practitioners to serve as providers in health centers;

“(2) train new nurse practitioners to work under a model of care that is consistent with the principles set forth by the Report Providing Quality Family Planning Services of the Centers for Disease Control and Prevention; and

“(3) establish a model of training for nurse practitioners that specialize in women’s health care that may be replicated nationwide.

“(c) GRANTS.—Under the program, the Secretary shall award 3-year grants to eligible entities that meet the requirements established by the Secretary, for the purpose of operating the nurse practitioner programs described in subsection (a) at such entities.

“(d) ELIGIBLE ENTITIES.—To be eligible to receive a grant under this section, an entity shall be—

“(1) a health center that receives funding under section 1001; and

“(2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(e) ELIGIBILITY OF NURSE PRACTITIONERS.—

“(1) IN GENERAL.—To be eligible for acceptance into a training program carried out by an eligible entity under a grant under this section, an individual shall—

“(A) be licensed, or eligible for licensure, in the State in which the program is being carried out as an advanced practice registered nurse or advanced practice nurse and be eligible or board-certified as a nurse practitioner; and

“(B) demonstrate commitment to a career as a provider in a health center.

“(2) PREFERENCE.—In accepting individuals into a training program under this section, a grant recipient shall give preference to bilingual applicants that meet the requirements described in paragraph (1).

“(f) GRANT AMOUNT.—Each grant awarded under this section shall be in an amount not to exceed \$600,000 per year. A grant recipient may carry over funds from 1 fiscal year to another without obtaining approval from the Secretary.

“(g) TECHNICAL ASSISTANCE GRANTS.—The Secretary may award technical assistance grants to 1 or more health centers that have demonstrated expertise in establishing a nurse practitioner residency training program. Such technical assistance grants shall be for the purpose of providing technical assistance to other recipients of grants under subsection (c).

“(h) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated \$10,000,000 for each of fiscal years 2016 through 2019.”.

SA 1118. Mr. COTTON proposed an amendment to the bill H.R. 2, to amend title XVIII of the Social Security Act to repeal the Medicare sustainable growth rate and strengthen Medicare access by improving physician payments and making other improvements, to reauthorize the Children’s Health Insurance Program, and for other purposes; as follows:

Beginning on page 5, strike line 22 and all that follows through page 127, line 6, and insert the following:

(2) UPDATE OF RATES FOR 2015 AND SUBSEQUENT YEARS.—Subsection (d) of section 1848 of the Social Security Act (42 U.S.C. 1395w-4) is amended by striking paragraph (16) and inserting the following new paragraphs:

“(16) UPDATE FOR JANUARY THROUGH JUNE OF 2015.—Subject to paragraphs (7)(B), (8)(B), (9)(B), (10)(B), (11)(B), (12)(B), (13)(B), (14)(B), and (15)(B), in lieu of the update to the single conversion factor established in paragraph (1)(C) that would otherwise apply for 2015 for the period beginning on January 1, 2015, and ending on June 30, 2015, the update to the single conversion factor shall be 0.0 percent.

“(17) UPDATE FOR JULY THROUGH DECEMBER OF 2015.—The update to the single conversion factor established in paragraph (1)(C) for the period beginning on July 1, 2015, and ending on December 31, 2015, shall be 0.5 percent.

“(18) UPDATE FOR 2016 AND SUBSEQUENT YEARS.—The update to the single conversion factor established in paragraph (1)(C) for 2016 and each subsequent year shall be 0.5 percent.”.

SA 1119. Mr. CARDIN (for himself, Mr. VITTER, Mr. REID, Mr. WHITEHOUSE, Ms. HIRONO, Mr. CASEY, Mrs. SHAHEEN, Mr. MENENDEZ, Ms. MIKULSKI, Mr. BROWN, Ms. STABENOW, Mr. REED, Mr.

LEAHY, Ms. CANTWELL, Mr. BENNET, Mr. BOOKER, Ms. WARREN, and Ms. KLOBUCHAR) proposed an amendment to the bill H.R. 2, to amend title XVIII of the Social Security Act to repeal the Medicare sustainable growth rate and strengthen Medicare access by improving physician payments and making other improvements, to reauthorize the Children's Health Insurance Program, and for other purposes; as follows:

Strike section 202 and insert the following:
SEC. ____ . MEDICARE PAYMENT FOR THERAPY SERVICES.

(a) REPEAL OF THERAPY CAP AND 1-YEAR EXTENSION OF THRESHOLD FOR MANUAL MEDICAL REVIEW.—Section 1833(g) of the Social Security Act (42 U.S.C. 1395l(g)) is amended—

(1) in paragraph (4)—

(A) by striking “This subsection” and inserting “Except as provided in paragraph (5)(C)(iii), this subsection”; and

(B) by inserting the following before the period at the end: “or with respect to services furnished on or after the date of enactment of subsection (aa)”; and

(2) in paragraph (5)—

(A) in subparagraph (A), in the first sentence, by striking “March 31, 2015” and inserting “the date of enactment of the Medicare Access and CHIP Reauthorization Act of 2015”; and

(B) in subparagraph (C), by adding at the end the following new clause:

“(iii) Beginning on the date of enactment of subsection (aa) and ending on the day before the date of the implementation of such subsection, the manual medical review process described in clause (i), subject to subparagraph (E), shall apply with respect to expenses incurred in a year for services described in paragraphs (1) and (3) (including services described in subsection (a)(8)(B)) that exceed the threshold described in clause (ii) for the year.”; and

(3) in paragraph (6)(A)—

(A) by striking “March 31, 2015” and inserting “the date of enactment of the Medicare Access and CHIP Reauthorization Act of 2015”; and

(B) by striking “the first three months of 2015” and inserting “the period beginning on January 1, 2015, and ending on such date of enactment”.

(b) TARGETED REVIEWS UNDER MANUAL MEDICAL REVIEW PROCESS FOR OUTPATIENT THERAPY SERVICES.—

(1) IN GENERAL.—Section 1833(g)(5) of the Social Security Act (42 U.S.C. 1395l(g)(5)) is amended—

(A) in subparagraph (C)(i), by inserting “, subject to subparagraph (E),” after “manual medical review process that”; and

(B) by adding at the end the following new subparagraph:

“(E)(i) In place of the manual medical review process under subparagraph (C)(i), the Secretary shall implement a process for medical review under this subparagraph under which the Secretary shall identify and conduct medical review for services described in subparagraph (C)(i) furnished by a provider of services or supplier (in this subparagraph referred to as a ‘therapy provider’) using such factors as the Secretary determines to be appropriate.

“(ii) Such factors may include the following:

“(I) The therapy provider has had a high claims denial percentage for therapy services under this part or is less compliant with applicable requirements under this title.

“(II) The therapy provider has a pattern of billing for therapy services under this part that is aberrant compared to peers or otherwise has questionable billing practices for

such services, such as billing medically unlikely units of services in a day.

“(III) The therapy provider is newly enrolled under this title or has not previously furnished therapy services under this part.

“(IV) The services are furnished to treat a type of medical condition.

“(V) The therapy provider is part of a group that includes another therapy provider identified using the factors determined under this subparagraph.

“(iii) For purposes of carrying out this subparagraph, the Secretary shall provide for the transfer, from the Federal Supplementary Medical Insurance Trust Fund under section 1841, of \$5,000,000 to the Centers for Medicare & Medicaid Services Program Management Account for fiscal years 2015 and 2016, to remain available until expended. Such funds may not be used by a contractor under section 1893(h) for medical reviews under this subparagraph.”.

(2) EFFECTIVE DATE.—The amendments made by this subsection shall apply with respect to requests described in section 1833(g)(5)(C)(i) of the Social Security Act (42 U.S.C. 1395l(g)(5)(C)(i)) with respect to which the Secretary of Health and Human Services has not conducted medical review under such section by a date (not later than 90 days after the date of the enactment of this Act) specified by the Secretary.

(c) MEDICAL REVIEW OF OUTPATIENT THERAPY SERVICES.—

(1) MEDICAL REVIEW OF OUTPATIENT THERAPY SERVICES.—Section 1833 of the Social Security Act (42 U.S.C. 1395l) is amended by adding at the end the following new subsection:

“(aa) MEDICAL REVIEW OF OUTPATIENT THERAPY SERVICES.—

“(1) IN GENERAL.—

“(A) PROCESS FOR MEDICAL REVIEW.—The Secretary shall implement a process for the medical review (as described in paragraph (2)) of outpatient therapy services (as defined in paragraph (10)) and, subject to paragraph (12), apply such process to such services furnished on or after the date that is 12 months after the date of enactment of this subsection, focusing on services identified under subparagraph (B).

“(B) IDENTIFICATION OF SERVICES FOR REVIEW.—Under the process, the Secretary shall identify services for medical review, using such factors as the Secretary determines appropriate, which may include the following:

“(i) Services furnished by a therapy provider (as defined in paragraph (10)) who, in a prior period, has had a high claims denial percentage or is less compliant with other applicable requirements under this title.

“(ii) Services furnished by a therapy provider whose pattern of billing is aberrant compared to peers or otherwise has questionable billing practices, such as billing medically unlikely units of services in a day.

“(iii) Services furnished by a therapy provider that is newly enrolled under this title or has not previously furnished therapy services under this part.

“(iv) Services furnished to treat a type of medical condition.

“(v) Services identified by use of the standardized data elements required to be reported under section 1834(r).

“(vi) Services furnished by a therapy provider who is part of a group that includes a therapy provider identified by factors described in this subparagraph.

“(vii) Other services as determined appropriate by the Secretary.

“(2) MEDICAL REVIEW.—

“(A) PRIOR AUTHORIZATION MEDICAL REVIEW.—

“(i) IN GENERAL.—Subject to the succeeding provisions of this subparagraph, the

Secretary shall use prior authorization medical review for outpatient therapy services furnished to an individual above one or more thresholds established by the Secretary, such as a dollar threshold or a threshold based on other factors.

“(ii) ENDING APPLICATION OF PRIOR AUTHORIZATION FOR A THERAPY PROVIDER.—The Secretary shall end the application of prior authorization medical review to outpatient therapy services furnished by a therapy provider if the Secretary determines that the provider has a low denial rate under such prior authorization. The Secretary may subsequently reapply prior authorization medical review to such therapy provider if the Secretary determines it to be appropriate.

“(iii) PRIOR AUTHORIZATION OF MULTIPLE SERVICES.—The Secretary shall, where practicable, provide for prior authorization medical review for multiple services at a single time, such as services in a therapy plan of care described in section 1861(p)(2).

“(B) OTHER TYPES OF MEDICAL REVIEW.—The Secretary may use pre-payment review or post-payment review for services identified under paragraph (1)(B) that are not subject to prior authorization medical review under subparagraph (A).

“(C) RELATIONSHIP TO LAW ENFORCEMENT ACTIVITIES.—The Secretary may determine that medical review under this subsection does not apply in the case where potential fraud may be involved.

“(3) REVIEW CONTRACTORS.—The Secretary shall conduct prior authorization medical review of outpatient therapy services under this subsection using medicare administrative contractors (as described in section 1874A) or other review contractors (other than contractors under section 1893(h) or other contractors paid on a contingent basis).

“(4) NO PAYMENT WITHOUT PRIOR AUTHORIZATION.—With respect to an outpatient therapy service for which prior authorization medical review under this subsection applies, the following shall apply:

“(A) PRIOR AUTHORIZATION DETERMINATION.—The Secretary shall make a determination, prior to the service being furnished, of whether the service would or would not meet the applicable requirements of section 1862(a)(1)(A).

“(B) DENIAL OF PAYMENT.—Subject to paragraph (6), no payment shall be made under this part for the service unless the Secretary determines pursuant to subparagraph (A) that the service would meet the applicable requirements of such section.

“(5) SUBMISSION OF INFORMATION.—A therapy provider may submit the information necessary for medical review by fax, by mail, or by electronic means. The Secretary shall make available the electronic means described in the preceding sentence as soon as practicable, but not later than 24 months after the date of enactment of this subsection.

“(6) TIMELINESS.—If the Secretary does not make a prior authorization determination under paragraph (4)(A) within 10 business days of the date of the Secretary's receipt of medical documentation needed to make such determination, paragraph (4)(B) shall not apply.

“(7) CONSTRUCTION.—With respect to an outpatient therapy service that has been affirmed by medical review under this subsection, nothing in this subsection shall be construed to preclude the subsequent denial of a claim for such service that does not meet other applicable requirements under this Act or any other provision of law.

“(8) BENEFICIARY PROTECTIONS.—In the case where payment may not be made as a result of application of medical review under this subsection, section 1879 shall apply in the

same manner as such section applies to a denial that is made by reason of section 1862(a)(1).

“(9) IMPLEMENTATION.—

“(A) AUTHORITY.—The Secretary may implement the provisions of this subsection by interim final rule with comment period.

“(B) ADMINISTRATION.—Chapter 35 of title 44, United States Code, shall not apply to medical review under this subsection.

“(C) LIMITATION.—There shall be no administrative or judicial review under section 1869, section 1878, or otherwise of the identification of services for medical review or the process for medical review under this subsection.

“(10) DEFINITIONS.—For purposes of this subsection:

“(A) OUTPATIENT THERAPY SERVICES.—The term ‘outpatient therapy services’ means the following services for which payment is made under section 1848, 1834(g), or 1834(k):

“(i) Physical therapy services of the type described in section 1861(p).

“(ii) Speech-language pathology services of the type described in such section though the application of section 1861(l)(2).

“(iii) Occupational therapy services of the type described in section 1861(p) through the operation of section 1861(g).

“(B) THERAPY PROVIDER.—The term ‘therapy provider’ means a provider of services (as defined in section 1861(u)) or a supplier (as defined in section 1861(d)) who submits a claim for outpatient therapy services.

“(11) FUNDING.—For purposes of implementing this subsection, the Secretary shall provide for the transfer, from the Federal Supplementary Medical Insurance Trust Fund under section 1841, of \$35,000,000 to the Centers for Medicare & Medicaid Services Program Management Account for each fiscal year (beginning with fiscal year 2015). Amounts transferred under this paragraph shall remain available until expended.

“(12) SCALING BACK.—

“(A) PERIODIC DETERMINATIONS.—Beginning with 2019, and every two years thereafter, the Secretary shall—

“(i) make a determination of the improper payment rate for outpatient therapy services for a 12-month period; and

“(ii) make such determination publicly available.

“(B) SCALING BACK.—If the improper payment rate for outpatient therapy services determined for a 12-month period under subparagraph (A) is 50 percent or less of the Medicare fee-for-service improper payment rate for such period, the Secretary shall—

“(i) reduce the amount and extent of medical review conducted for a prospective year under the process established in this subsection; and

“(ii) return an appropriate portion of the funding provided for such year under paragraph (11).”

(2) GAO STUDY AND REPORT.—

(A) STUDY.—The Comptroller General of the United States shall conduct a study on the effectiveness of medical review of outpatient therapy services under section 1833(aa) of the Social Security Act, as added by paragraph (1). Such study shall include an analysis of—

(i) aggregate data on—

(I) the number of individuals, therapy providers, and claims subject to such review; and

(II) the number of reviews conducted under such section; and

(ii) the outcomes of such reviews.

(B) REPORT.—Not later than 3 years after the date of enactment of this Act, the Comptroller General shall submit to Congress a report containing the results of the study under subparagraph (A), together with recommendations for such legislation and ad-

ministrative action as the Comptroller General determines appropriate.

(d) COLLECTION OF STANDARDIZED DATA ELEMENTS FOR OUTPATIENT THERAPY SERVICES.—

(1) COLLECTION OF STANDARDIZED DATA ELEMENTS FOR OUTPATIENT THERAPY SERVICES.—Section 1834 of the Social Security Act (42 U.S.C. 1395m) is amended by adding at the end the following new subsection:

“(r) COLLECTION OF STANDARDIZED DATA ELEMENTS FOR OUTPATIENT THERAPY SERVICES.—

“(1) STANDARDIZED DATA ELEMENTS.—

“(A) IN GENERAL.—Not later than 6 months after the date of enactment of this subsection, the Secretary shall post on the Internet website of the Centers for Medicare & Medicaid Services a draft list of standardized data elements for individuals receiving outpatient therapy services.

“(B) CATEGORIES.—

“(i) IN GENERAL.—Such standardized data elements shall include information with respect to the following categories, as determined appropriate by the Secretary:

“(I) Functional status.

“(II) Demographic information.

“(III) Diagnosis.

“(IV) Severity.

“(V) Affected body structures and functions.

“(VI) Limitations with activities of daily living and participation.

“(VII) Other categories determined to be appropriate by the Secretary.

“(ii) ALIGNMENT WITH CATEGORIES FOR REPORTING OF ASSESSMENT DATA UNDER IMPACT.—The Secretary shall, as appropriate, align the functional status category under subclause (I) of clause (i) and the other categories under subclauses (II) through (VII) of such clause with the categories described in clauses (i) through (vi) of section 1899B(b)(1)(B).

“(C) SOLICITATION OF INPUT.—The Secretary shall accept input from stakeholders through the date that is 60 days after the date the Secretary posts the draft list of standardized data elements pursuant to subparagraph (A). In seeking such input, the Secretary shall use one or more mechanisms to solicit input from stakeholders that may include use of open door forums, town hall meetings, requests for information, or other mechanisms determined appropriate by the Secretary.

“(D) OPERATIONAL LIST OF STANDARDIZED DATA ELEMENTS.—Not later than 120 days after the end of the period for accepting input described in subparagraph (C), the Secretary, taking into account such input, shall post on the Internet website of the Centers for Medicare & Medicaid Services an operational list of standardized data elements.

“(E) SUBSEQUENT REVISIONS.—Subsequent revisions to the operational list of standardized data elements shall be made through rulemaking. Such revisions may be based on experience and input from stakeholders.

“(2) SYSTEM TO REPORT STANDARDIZED DATA ELEMENTS.—

“(A) IN GENERAL.—Not later than 18 months after the date the Secretary posts the operational list of standardized data elements pursuant to paragraph (1)(D), the Secretary shall develop and implement an electronic system (which may be a web portal) for therapy providers to report the standardized data elements for individuals with respect to outpatient therapy services.

“(B) STAKEHOLDER INPUT.—The Secretary shall seek input from stakeholders regarding the best way to report the standardized data elements under this subsection.

“(3) REPORTING.—

“(A) FREQUENCY OF REPORTING.—

“(i) IN GENERAL.—Subject to clauses (ii) and (iii), the Secretary shall specify the frequency of reporting standardized data elements under this subsection.

“(ii) STAKEHOLDER INPUT.—The Secretary shall seek input from stakeholders regarding the frequency of the reporting of such data elements.

“(iii) ALIGNMENT WITH FREQUENCY FOR REPORTING OF ASSESSMENT DATA UNDER IMPACT.—The Secretary shall, as appropriate, align the frequency of the reporting of such data elements with respect to an individual under this subsection with the frequency in which data is required to be submitted with respect to an individual under the second sentence of section 1899B(b)(1)(A).

“(B) REPORTING REQUIREMENT.—Beginning on the date the system to report standardized data elements under this subsection is operational, no payment shall be made under this part for outpatient therapy services furnished to an individual unless a therapy provider reports the standardized data elements for such individual.

“(4) REPORT ON NEW PAYMENT SYSTEM FOR OUTPATIENT THERAPY SERVICES.—

“(A) IN GENERAL.—Not later than 24 months after the date described in paragraph (3)(B), the Secretary shall submit to Congress a report on the design of a new payment system for outpatient therapy services. The report shall include an analysis of the standardized data elements collected and other appropriate data and information.

“(B) FEATURES.—Such report shall consider—

“(i) appropriate adjustments to payment (such as case mix and outliers);

“(ii) payments on an episode of care basis; and

“(iii) reduced payment for multiple episodes.

“(C) CONSULTATION.—The Secretary shall consult with stakeholders regarding the design of such a new payment system.

“(5) IMPLEMENTATION.—

“(A) FUNDING.—For purposes of implementing this subsection, the Secretary shall provide for the transfer, from the Federal Supplementary Medical Insurance Trust Fund under section 1841, of \$7,000,000 to the Centers for Medicare & Medicaid Services Program Management Account for each of fiscal years 2015 through 2019. Amounts transferred under this subparagraph shall remain available until expended.

“(B) ADMINISTRATION.—Chapter 35 of title 44, United States Code, shall not apply to specification of the standardized data elements and implementation of the system to report such standardized data elements under this subsection.

“(C) LIMITATION.—There shall be no administrative or judicial review under section 1869, section 1878, or otherwise of the specification of standardized data elements required under this subsection or the system to report such standardized data elements.

“(D) DEFINITION OF OUTPATIENT THERAPY SERVICES AND THERAPY PROVIDER.—In this subsection, the terms ‘outpatient therapy services’ and ‘therapy provider’ have the meaning given those term in section 1833(aa).”

(2) SUNSET OF CURRENT CLAIMS-BASED COLLECTION OF THERAPY DATA.—Section 3005(g)(1) of the Middle Class Tax Extension and Job Creation Act of 2012 (42 U.S.C. 1395i note) is amended, in the first sentence, by inserting “and ending on the date the system to report standardized data elements under section 1834(r) of the Social Security Act (42 U.S.C. 1395m(r)) is implemented,” after “January 1, 2013.”

(e) REPORTING OF CERTAIN INFORMATION.—Section 1842(t) of the Social Security Act (42

U.S.C. 1395u(t)) is amended by adding at the end the following new paragraph:

“(3) Each request for payment, or bill submitted, by a therapy provider (as defined in section 1833(aa)(10)) for an outpatient therapy service (as defined in such section) furnished by a therapy assistant on or after January 1, 2017, shall include (in a form and manner specified by the Secretary) an indication that the service was furnished by a therapy assistant.”.

SA 1120. Mr. McCONNELL (for Mr. CORNYN) proposed an amendment to the bill S. 178, to provide justice for the victims of trafficking; as follows:

Strike section 101 and insert the following:
SEC. 101. DOMESTIC TRAFFICKING VICTIMS' FUND.

(a) IN GENERAL.—Chapter 201 of title 18, United States Code, is amended by adding at the end the following:

“§ 3014. Additional special assessment

“(a) IN GENERAL.—Beginning on the date of enactment of the Justice for Victims of Trafficking Act of 2015 and ending on September, 30 2019, in addition to the assessment imposed under section 3013, the court shall assess an amount of \$5,000 on any non-indigent person or entity convicted of an offense under—

“(1) chapter 77 (relating to peonage, slavery, and trafficking in persons);

“(2) chapter 109A (relating to sexual abuse);

“(3) chapter 110 (relating to sexual exploitation and other abuse of children);

“(4) chapter 117 (relating to transportation for illegal sexual activity and related crimes); or

“(5) section 274 of the Immigration and Nationality Act (8 U.S.C. 1324) (relating to human smuggling), unless the person induced, assisted, abetted, or aided only an individual who at the time of such action was the alien's spouse, parent, son, or daughter (and no other individual) to enter the United States in violation of law.

“(b) SATISFACTION OF OTHER COURT-ORDERED OBLIGATIONS.—An assessment under subsection (a) shall not be payable until the person subject to the assessment has satisfied all outstanding court-ordered fines and orders of restitution arising from the criminal convictions on which the special assessment is based.

“(c) ESTABLISHMENT OF DOMESTIC TRAFFICKING VICTIMS' FUND.—There is established in the Treasury of the United States a fund, to be known as the ‘Domestic Trafficking Victims' Fund’ (referred to in this section as the ‘Fund’), to be administered by the Attorney General, in consultation with the Secretary of Homeland Security and the Secretary of Health and Human Services.

“(d) TRANSFERS.—In a manner consistent with section 3302(b) of title 31, there shall be transferred to the Fund from the General Fund of the Treasury an amount equal to the amount of the assessments collected under this section, which shall remain available until expended.

“(e) USE OF FUNDS.—

“(1) IN GENERAL.—From amounts in the Fund, in addition to any other amounts available, and without further appropriation, the Attorney General, in coordination with the Secretary of Health and Human Services shall, for each of fiscal years 2016 through 2019, use amounts available in the Fund to award grants or enhance victims' programming under—

“(A) sections 202, 203, and 204 of the Trafficking Victims Protection Reauthorization Act of 2005 (42 U.S.C. 14044a, 14044b, and 14044c);

“(B) subsections (b)(2) and (f) of section 107 of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7105); and

“(C) section 214(b) of the Victims of Child Abuse Act of 1990 (42 U.S.C. 13002(b)).

“(2) GRANTS.—Of the amounts in the Fund used under paragraph (1), not less than \$2,000,000, if such amounts are available in the Fund during the relevant fiscal year, shall be used for grants to provide services for child pornography victims under section 214(b) of the Victims of Child Abuse Act of 1990 (42 U.S.C. 13002(b)).

“(3) APPLICATION.—Amounts transferred from the Fund pursuant to this section for each of fiscal years 2016 through 2019 are subject to the requirements contained in Public Law 113-235 for funds for programs authorized under sections 330 through 340 of the Public Health Service Act (42 U.S.C. 254b-256).

“(f) TRANSFERS.—

“(1) IN GENERAL.—Effective on the day after the date of enactment of this section for Victims of Trafficking Act of 2015, on September 30 of each fiscal year, all unobligated balances in the Fund shall be transferred to the Crime Victims Fund established under section 1402 of the Victims of Crime Act of 1984 (42 U.S.C. 10601).

“(2) AVAILABILITY.—Amounts transferred under paragraph (1)—

“(A) shall be available for any authorized purpose of the Crime Victims Fund; and

“(B) shall remain available until expended.

“(g) COLLECTION METHOD.—The amount assessed under subsection (a) shall, subject to subsection (b), be collected in the manner that fines are collected in criminal cases.

“(h) DURATION OF OBLIGATION.—Subject to section 3613(b), the obligation to pay an assessment imposed on or after the date of enactment of the Justice for Victims of Trafficking Act of 2015 shall not cease until the assessment is paid in full.

“(i) AUTHORIZATION OF APPROPRIATIONS.—

“(1) WRITTEN CERTIFICATION.—Not later than September 30, 2016, and each September 30 thereafter, the Attorney General shall submit to Congress a written certification as to the total amount in the Fund.

“(2) AUTHORIZATION OF APPROPRIATIONS.—In any fiscal year for which a written certification submitted under paragraph (1) indicates the total amount in the Fund is less than \$30,000,000, there is authorized to be appropriated to the Fund an amount equal to \$30,000,000 minus the total amount indicated in the certification.”.

(b) TECHNICAL AND CONFORMING AMENDMENT.—The table of sections for chapter 201 of title 18, United States Code, is amended by inserting after the item relating to section 3013 the following:

“3014. Additional special assessment.”.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON ARMED SERVICES

Mr. THUNE. Mr. President, I ask unanimous consent that the Committee on Armed Services be authorized to meet during the session of the Senate on April 14, 2015, at 9 a.m.

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

COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION

Mr. THUNE. Mr. President, I ask unanimous consent that the Committee on Commerce, Science, and Transportation be authorized to meet during the session of the Senate on April 14, 2015, at 9:30 a.m., in room 253

of the Russell Senate Office Building to conduct a hearing entitled “Federal Aviation Administration Reauthorization.”

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

COMMITTEE ON FINANCE

Mr. THUNE. Mr. President, I ask unanimous consent that the Committee on Finance be authorized to meet during the session of the Senate on April 14, 2015, at 10 a.m., in room SR-215 of the Dirksen Senate Office Building to conduct a hearing entitled “Creating a More Efficient and Level Playing Field: Audit and Appeals Issues in Medicare.”

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

COMMITTEE ON FOREIGN RELATIONS

Mr. THUNE. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on April 14, 2015, at 2:15 p.m.

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

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

Mr. THUNE. Mr. President, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions be authorized to meet during the session of the Senate on April 14, 2015, at 2:30 p.m., in room SH-216 of the Hart Senate Office Building.

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

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

Mr. THUNE. 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 April 14, 2015, at 9:30 a.m., to conduct a hearing entitled “Reducing Unnecessary Duplication in Federal Programs: Billions More Could Be Saved.”

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

SELECT COMMITTEE ON INTELLIGENCE

Mr. THUNE. Mr. President, I ask unanimous consent that the Select Committee on Intelligence be authorized to meet during the session of the Senate on April 14, 2015, at 2:30 p.m.

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

SUBCOMMITTEE ON AIRLAND

Mr. THUNE. Mr. President, I ask unanimous consent that the Subcommittee on Airland of the Committee on Armed Services be authorized to meet during the session of the Senate on April 14, 2015, at 2:30 p.m.

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

SUBCOMMITTEE ON EMERGENCY THREATS AND CAPABILITIES

Mr. THUNE. Mr. President, I ask unanimous consent that the Subcommittee on Emergency Threats and Capabilities of the Committee on Armed Services be authorized to meet during the session of the Senate on April 14, 2015, at 2:30 p.m.

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

AUTHORIZING USE OF EMANCIPATION HALL

Mr. CORNYN. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of H. Con. Res. 9, which is at the desk.

The PRESIDING OFFICER. The clerk will report the concurrent resolution by title.

The senior assistant legislative clerk read as follows:

A concurrent resolution (H. Con. Res. 9) authorizing the use of Emancipation Hall in the Capitol Visitor Center for a ceremony as part of the commemoration of the days of remembrance of victims of the Holocaust.

There being no objection, the Senate proceeded to consider the concurrent resolution.

Mr. CORNYN. Mr. President, I ask unanimous consent that the concurrent resolution be agreed to and the motion to reconsider be laid upon the table with no intervening action or debate.

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

The concurrent resolution (H. Con. Res. 9) was agreed to.

MAKING MINORITY PARTY AP- POINTMENTS FOR THE 114TH CONGRESS

Mr. CORNYN. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. Res. 135, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The senior assistant legislative clerk read as follows:

A resolution (S. Res. 135) making minority party appointments for the 114th Congress.

There being no objection, the Senate proceeded to consider the resolution.

Mr. CORNYN. Mr. President, I ask unanimous consent that the resolution be agreed to and the motion to reconsider be made and laid upon the table with no intervening action or debate.

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

The resolution (S. Res. 135) was agreed to.

(The resolution is printed in today's RECORD under "Submitted Resolutions.")

DISCHARGE AND REFERRAL—S. 95

Mr. CORNYN. Mr. President, I ask unanimous consent that S. 95 be discharged from the Committee on Homeland Security and Governmental Affairs and be referred to the Committee on Banking, Housing, and Urban Affairs.

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

ORDERS FOR WEDNESDAY, APRIL 15, 2015

Mr. CORNYN. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 9:30 a.m., Wednesday, April 15; 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; that following leader

remarks, the Senate be in a period of morning business for 1 hour, with Senators permitted to speak therein for up to 10 minutes each, and that the time be equally divided, with the Democrats controlling the first half and the majority controlling the second half. I further ask that the Senate recess from 12:30 p.m. until 2 p.m. for the bipartisan luncheon; finally, that the Senate observe a moment of silence at 2:49 p.m. in honor of the victims of the Boston Marathon bombings.

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

ADJOURNMENT UNTIL 9:30 A.M. TOMORROW

Mr. CORNYN. 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.

There being no objection, the Senate, at 10:11 p.m., adjourned until Wednesday, April 15, 2015, at 9:30 a.m.

NOMINATIONS

Executive nominations received by the Senate:

DEPARTMENT OF STATE

GLYN TOWNSEND DAVIES, OF THE DISTRICT OF COLUMBIA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE KINGDOM OF THAILAND.

FEDERAL LABOR RELATIONS AUTHORITY

CAROL WALLER POPE, OF THE DISTRICT OF COLUMBIA, TO BE A MEMBER OF THE FEDERAL LABOR RELATIONS AUTHORITY FOR A TERM OF FIVE YEARS EXPIRING JULY 1, 2019. (REAPPOINTMENT)