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No. 9

Senate

The Senate met at 10 a.m. and was called to order by the Honorable EDWARD J. MARKEY, a Senator from the Commonwealth of Massachusetts.

PRAYER

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

Let us pray.

Eternal God, our hearts are steadfast toward You. Lead us safely to the refuge of Your choosing, for You desire to give us a future and a hope. Today give our Senators the power to do Your will as they realize more fully they are servants of heaven and stewards of Your mysteries. May faithfulness be the litmus test by which they evaluate each action. May they never be careless about their spiritual and moral growth as You make them Your instruments for achieving lasting peace and justice in troublesome times.

We pray in Your sacred Name. Amen.

PLEDGE OF ALLEGIANCE

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

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

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

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

The legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, January 15, 2014.

To the Senate:

Under the provisions of Rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable EDWARD J. MARKEY, a Senator from the Commonwealth

of Massachusetts, to perform the duties of the Chair.

PATRICK J. LEAHY,
President pro tempore.

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

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader.

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

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

The 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 President, I ask unanimous consent that the order for the quorum call be rescinded.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 ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

HOMEOWNER FLOOD INSURANCE AFFORDABILITY ACT OF 2013—MOTION TO PROCEED

Mr. REID. I move to proceed to Calendar No. 266.

The ACTING PRESIDENT pro tempore. The clerk will report.

The legislative clerk read as follows:

Motion to proceed to Calendar No. 266, S. 1846, a bill to delay the implementation of certain provisions of the Biggert-Waters Flood Insurance Reform Act of 2012, and for other purposes.

Mr. REID. Mr. President, on this issue we have a bipartisan coalition that badly wants to get this done. So we are going to do everything we can to move forward. At this stage the Republicans have not cleared the proposed consent agreement. I have indicated to the Republican leader that later today I would ask that. But also, to stopgap, we have started a rule XIV procedure which in just a minute I will move to, and we will have a second reading so that, if we can't work any-

thing out on the consent agreement, we will tee this up so this will be the first vote we have when we get back after our recess.

Mr. McCONNELL. Will the majority leader yield for a question?

Mr. REID. Certainly.

Mr. McCONNELL. The majority leader is correct. There is substantial bipartisan support for the flood insurance bill. We are not in a position to clear it yet, but Senator ISAKSON, who has taken the lead on this issue on our side, is working with our Members. Hopefully, we will be able to figure out a way forward here in the not too distant future.

Mr. REID. On our side, Senator LANDRIEU has been persistent for months now. So she and Senator ISAKSON, I hope, can work something out so we can maybe work on this before we leave.

SCHEDULE

Mr. President, following my remarks, and those of the Republican leader, the time until noon will be equally divided and controlled between the two of us or our designees. At noon the Senate will begin consideration of H.J. Res. 106, which is the short-term continuing resolution. At 12:15 there will be a rollcall vote on the joint resolution. Just before coming here I was told the vote in the House will be between 3 and 5 o'clock this afternoon. So we should get that at a reasonable hour today.

We expect to begin consideration of the omnibus bill when it is received from the House, as I have indicated, later today.

MEASURES PLACED ON THE CALENDAR—S. 1917
AND S. 1926

Mr. REID. Mr. President, there are two bills at the desk due for a second reading.

The ACTING PRESIDENT pro tempore. The clerk will report the bills by title for the second time.

The clerk read as follows:

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



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S335

A bill (S. 1917) to provide for additional enhancements of the sexual assault prevention and response activities of the Armed Forces.

A bill (S. 1926) to delay the implementation of certain provisions of the Biggert-Waters Flood Insurance Reform Act of 2012 and to reform the National Association of Registered Agents and Brokers, and for other purposes.

Mr. REID. Mr. President, I object to further proceedings on either one of these measures at this time.

The ACTING PRESIDENT pro tempore. Objection having been heard, the bills will be placed on the calendar under rule XIV.

UNEMPLOYMENT INSURANCE BENEFITS

Mr. REID. Mr. President, last night's vote to block emergency unemployment insurance was, I am sorry to say, what goes on and has been going on for a number of years here. It was blocked by the Republicans. It is really a tragedy for millions of Americans who are relying on Congress to help them get through these hard times. Today's long-term unemployment is double what it was at any other time Congress has allowed emergency benefits to lapse. Yet Republicans refuse even to allow an up-or-down vote on our plan to restore benefits to 1.5 million Americans, and there are 2.3 million children.

I thought we had satisfied every complaint and demand my Republican colleagues made throughout the week. They said they wouldn't vote on an extension which would provide an average of \$300 a week to families struggling to get by unless the bill was paid for. So we proposed an offset. That wasn't unique for us. It was originally proposed by Congressman PAUL RYAN, chairman of the Budget Committee in the House and the Republican candidate for Vice President in the last election.

Then Republicans said they couldn't vote for an extension of unemployment insurance without reforms to the program. We also did that. What we did will prevent double dipping and reduce the number of weeks recipients could receive unemployment benefits. Then Republicans said they couldn't vote to extend unemployment benefits unless they were allowed to offer amendments. So Democrats agreed to vote on up to 20 amendments, 10 on each side. They again refused.

So, Mr. President, unless Democrats agree to vote on an unlimited number of unrelated, irrelevant minority amendments, the minority will filibuster the bill that will help people who have been looking for work for a long time. This callous vote yesterday proves Republicans want it to seem like they support an extension of unemployment insurance even though they didn't vote and wouldn't vote for an extension. The minority has hidden behind one process argument after another as they voted to end a program that has been successful for millions of Americans, including, as I indicated, more than a half million children, which has kept them out of poverty in recent years.

Middle-class Americans can see right through these flimsy Republican excuses. They see last night's vote for what it was—a slap in the face to almost 1.5 million Americans, including tens of thousands of veterans; a slap in the face for 18,000 Nevadans who are still looking for work, and 2.3 million children whose parents don't have jobs; and a slap in the face for 70,000 more people who will lose their unemployment benefits each week until Congress acts.

But the fight is not over. We are not going to give up on Americans struggling to get back on their feet. We are working on other proposals. We can move forward at any time on a 3-month extension, unpaid for, and that is really what we should have done 2 weeks ago, so that during this 3-month period we could continue working on a long-term solution.

We must take up this short-term continuing resolution, which, by the way, is bipartisan. Senator HELLER from Nevada joined with Senator REED of Rhode Island—the two States who lead the Nation in unemployment. The economy can't afford another manufactured crisis over whether the U.S. Government will stay open for business or pay its bills. But soon Republicans will be faced with the same choice: Put their middle-class constituents first or keep playing political games.

I received a letter this week from a Nevadan who, by the way, is a lifelong Republican. Here is what happened to him. After 13 years at a job he loved, this 54-year-old man was laid off, through no fault of his own. He hasn't been able to find work for 10 months, despite having applied for dozens and dozens of jobs. He is appalled at the way his own party has treated him and other unemployed Americans. This is what he wrote: "I am shocked and dismayed and outraged at how Republicans have dealt with this matter."

Let me read this again:

I am shocked and dismayed and outraged at how Republicans have dealt with this matter. The Republican leadership has talked about people like me as if we're thieves, not worthy of help. That will cost Republicans their jobs and should cost them their jobs.

This Nevadan is not alone. People all over America feel the same way. Republicans around the country support the extension of unemployment benefits.

Mr. DURBIN. Would the majority leader yield for a question?

Mr. REID. Sure.

Mr. DURBIN. I would like to ask the majority leader through the Chair for clarity: Is the Senate Republican filibuster holding up unemployment benefits for 1.3 million Americans?

Mr. REID. It is actually now up to about 1.5 million.

Mr. DURBIN. Again, addressing the majority leader through the Chair, so the refusal of the Senate Republicans to allow us to vote on the extension of unemployment benefits is denying, on

average, about \$300 a week to 1.4 million or 1.5 million Americans; is that a fact?

Mr. REID. That is true, Mr. President.

Mr. DURBIN. I would like to ask the majority leader this question: Is it not true that the initial complaint of the Senate Republicans was that this payment of unemployment benefits was not paid for?

Mr. REID. That is true.

Mr. DURBIN. Is it also true that Democrats came up with a pay-for that would have paid for the unemployment benefits, as the Republicans requested?

Mr. REID. And the pay-for was originally discovered by PAUL RYAN.

Mr. DURBIN. I would like to ask the majority leader: After the Democrats came up with the pay-for, the first demand of the Senate Republicans to stop their filibuster, did the Senate Republicans then join us in calling this measure for passage?

Mr. REID. Would my friend repeat the question?

Mr. DURBIN. After we came up with a pay-for, which the Senate Republicans insisted on, did they stop their Senate Republican filibuster on unemployment benefits and allow us to move forward?

Mr. REID. No.

Mr. DURBIN. I would like to ask the majority leader if this followed: It was my understanding the Senate Republicans then came up with a new demand, and the demand was they be allowed to offer amendments to the unemployment insurance benefit package before they would drop their Senate Republican filibuster that was stopping unemployment benefits for 1.4 million Americans.

Mr. REID. That is true. And the biggest advocate we had for that on this side of the aisle was the whip, the senior Senator from Illinois.

Mr. DURBIN. I would like to ask the majority leader this question: Is it not true that yesterday, in response to this Republican demand, the majority leader offered a unanimous consent that would have given up to 10 amendments on each side of the aisle—Democrats and Republicans—to this measure and that the Democrats did not specify what the amendments would be; that it would really be the decision of the Republicans to offer those amendments? Did the Senate majority leader offer that to the Senate Republicans so they would stop their filibuster of unemployment benefits?

Mr. REID. The answer is yes. And in addition to that, there would be available on each side, if they wanted, five side-by-sides, as we call them here. So that could be a total of 10 amendments on each side, so 20.

Mr. DURBIN. So the Senate Republicans insisted on a pay-for, and the Senate Democrats provided it. The Senate Republicans still refused to stop their filibuster. Then the Senate Republicans insisted on amendments. We offered up to 10 amendments on each side.

Can the Senate majority leader say, after offering that unanimous consent, whether the Republicans agreed to it and stopped their filibuster of unemployment benefits?

Mr. REID. I am sorry to say they did not.

Mr. DURBIN. I ask the majority, at this point in time what are we waiting for? What are the Senate Republicans now demanding to stop their filibuster of providing unemployment benefits to 1.4 million people across America?

Mr. REID. I have no idea.

Mr. DURBIN. I would say to the Senate majority leader that it strikes me as unfair, if not cruel, that we are holding 1.4 million unemployed Americans hostage to this continued political negotiation where each day the Republicans come up with a new demand before they will stop their Senate Republican filibuster.

I ask the Senator from Nevada, our majority leader, does he believe that a majority of the Members of the Senate would vote for the extension of unemployment benefits to these 1.4 million Americans if the Senate Republicans would drop their filibuster?

Mr. REID. No question about that.

Mr. DURBIN. I thank the majority leader.

Mr. REID. Finally, let me say that the man from Nevada is not alone. There are 1.4 million people just like him in this country. Sadly, that number will grow every week Congress fails to act. And my Republican colleagues denigrate or ignore these hard-working Americans at their own political peril. I suggest the absence of a quorum.

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

The legislative clerk proceeded to call the roll.

The ACTING PRESIDENT pro tempore. The majority leader.

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

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

RECOGNITION OF THE MINORITY LEADER SENATE PROCEDURE

Mr. McCONNELL. Mr. President, let me say in response to the colloquy we just heard that it used to be the assistant majority leader's view that, as he put it, if you don't want to fight fires, don't become a firefighter, and if you don't want to cast tough votes, don't come to the Senate. Obviously, those days have changed.

What really happened over the last week is the refusal to have an open amendment process, the refusal to treat both sides the same. The final proposal we objected to yesterday requiring all the amendments to get 60 votes but final passage only 51 still does not restore the Senate to the way it has formerly functioned. Any Member of the Senate ought to be able to have a fair chance to get his or her amendment adopted. That is the way it used to be around here before the ma-

jority leader decided to dictate everything everyone does.

So what we are seeking is fundamental fairness and, on this particular bill, an open amendment process and an opportunity to pay for it. I think the real concern was that the majority leader was afraid that some of the Republican amendments might actually pass, might actually enjoy bipartisan support.

So we will get back to that bill. It is a very important bill. But if anybody had any doubts that Washington Democrats wanted to see the unemployment insurance bill fail, well, I think we had those doubts erased yesterday and by the comments just made. It is just the latest example of Senate Democrats putting politics over policy. And in this case it is doubly tragic because this time they are putting politics over struggling families who deserve some certainty from Congress.

Look. It is no secret that our Democratic friends plan to spend the year exploiting folks who are still struggling in this economy for political gain. They have been telling reporters that for weeks. That is no secret, but that doesn't make it any less disturbing. It is still wrong.

I would probably want to be talking about something other than ObamaCare too, if I had voted for it. They want to talk about anything other than ObamaCare. But to create a conflict where the possibility of agreement was so close while more than 1 million people are stuck in the middle is just simply outrageous—making pawns out of these people stuck in the middle of this political game.

Here is the larger issue. Here we are in the sixth year of this administration, and we are still talking about emergency unemployment benefits—6 years into the Obama administration. After all the stimulus bills and all the other big-government solutions we were told would help the little guy, we are still looking at record long-term unemployment. We are still looking at hundreds of thousands of able-bodied men and women basically giving up on finding work in this economy in the last month alone, in just 1 month. One report I saw even suggested that about half of our Nation's counties have yet to return to their prerecession economic output—half the counties in America.

The bottom line: The Obama economy isn't working for middle-class Americans.

Democrats tell us again and again that their policies will help people who are struggling. Yet we always seem to end up in the very same situation—debating whether to provide more emergency help instead of talking about how to provide a long-term solution and a stable economy that doesn't require permanent life support from Washington.

What is needed is a fundamental course correction. What is needed is for our colleagues to finally acknowledge

what has failed and then actually work with us on the underlying problem. That is what Republicans are saying in this debate. What we are saying is, how about actually trying to create jobs for a change?

That will be the President's challenge today when he speaks in North Carolina. We hear he might lay out some ideas to get the private sector moving again. If that is the case, then maybe he will be taking a step in the right direction—a step away from big-government policies that have failed so many Americans for so many years—because if he is truly serious about getting the economy back on track and creating jobs, he will do more than just talk about job creation or bipartisanship today; he will actually work with us on real bipartisan solutions to get there, and there are some simple ways he can show he means it.

The Republican-controlled House has sent over a number of bills that would give a boost to jobs and to our economy. A good start would be for the President to lean on Democrats who run the Senate to take up those for immediate consideration.

He could acknowledge the real pain ObamaCare is inflicting on middle-class families and then work with us to start over with real bipartisan reforms that actually lower costs and won't hurt the economy the way ObamaCare does.

He could call for true bipartisan tax reforms.

He could announce construction of the Keystone Pipeline. I see the Senator from Pennsylvania on the floor, who will remember that the President came to a lunch with Senate Republicans last year, and the President said he would make a decision on the Keystone Pipeline last year, sometime during 2013. Apparently, that was in the same category: If you have your policy and you like it, you can keep it. If you have your doctor and you like them, you can keep them. I will make a decision on Keystone Pipeline by the end of 2013. Well, we are still waiting.

He could actually deliver on one of the brightest spots of his economic agenda: trade. That means that instead of allowing the United States to lag behind our trading partners, the President could find a way to bring his party on board with a bipartisan bill introduced last week that would get the administration back in the game of helping American workers with increased exports.

These are just a few of the many areas where we could work together to get some good things done for the American people.

I hope he will be serious in his speech today. I hope he will focus on actually getting the job done instead of just providing another distraction from the pain of ObamaCare and the Obama economy because if this devolves into just another political exercise that is focused more on making a point than making a real difference in the lives of

people who are struggling, that is not going to help middle-class families get back on their feet. That won't help college graduates find full-time work. All it will do is continue a cycle of economic pain that the President needs to work with Republicans to stop.

Mr. President, I yield the floor.

RESERVATION OF LEADER TIME

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

Under the previous order, the time until 12 noon will be equally divided and controlled between the two leaders or their designees, with Senators permitted to speak for up to 10 minutes each.

The Senator from Pennsylvania.

UNEMPLOYMENT BENEFITS

Mr. TOOMEY. Mr. President, I rise to address this situation we find ourselves in on the unemployment bill.

I have to say that this most recent episode in which the majority leader refuses to permit an open process, refuses to allow debate, refuses to allow the kinds of amendments Republicans would like to offer to improve this bill is very disturbing and is now part of a very well-established trend.

It is actually shocking to me that over the last 6 months, since July of last year, through today, this body has voted on a grand total of four Republican amendments—four recorded votes on Republican amendments in 6 months.

Under every previous majority leader, under every previous majority the Senate didn't work this way. It would be routine to have four votes in a morning before we broke for lunch. We have had four votes on our ideas that have been permitted in 6 months. So we are systemically being shut out of the process.

What is particularly maddening about this is that my colleagues on the other side of the aisle know full well that the votes are there to pass an extension of unemployment insurance. They know it. If they would allow an open amendment process, we would have a few amendments, we would have a debate, and we would have some votes. In the course of an afternoon, maybe two, we would have finished up last week and we would have passed an extension of unemployment benefits.

Evidently that is not the goal of my colleagues on the other side of the aisle. They insisted on making sure we could not engage in this debate, offer the amendments, and do this in a way consistent with what the American people want us to do, which is move forward in the most sensible way possible.

I have an example this morning of the kind of very modest reform we would like. As for myself, I think that we should extend unemployment benefits for certain Americans who are in the really tough circumstances in which they find themselves provided that the cost of doing so is properly offset with a legitimate offset so we

don't simply add still more to our excessive deficit and debt; that we have some modest reforms; that we begin the process of fixing a program that doesn't work. If this is working, then why are there so many Americans who are unemployed for such long periods of time? Clearly, this program is not working.

Let me give one example of an amendment I think most Pennsylvanians think is common sense. It is an amendment Senator COBURN offered, and it would simply end Federal unemployment benefits for people who have an income of over \$1 million a year.

My guess is that most Pennsylvanians are shocked to discover that we extend unemployment benefits to millionaires. And I am not talking about a net worth of \$1 million, someone who maybe has a farm that is worth \$1 million on paper but they might have no income. No. I am talking about people who actually have earned income of over \$1 million and then they stop working and start collecting unemployment benefits. I think most people think that is ridiculous.

It is not as isolated as we may think. In 2011 there were over 3,200 households that reported income of over \$1 million, and yet they were paid \$30 million in unemployment benefits. In fact, there were over 100 households that had income of over \$5 million. And taxpayers are paying them unemployment benefits? This doesn't make sense, and it doesn't make sense to Members of this body.

In April of 2011 the Senate had a vote on the substance of this very amendment—ending unemployment benefits for millionaires and multimillionaires—and the vote was 100 to 0 in favor of making this modest reform to this program. Now, if we did actually enact this reform, it would save about \$300 million over 10 years, which could go to paying for benefits for the people who actually need extended unemployment insurance.

Of all of the Members of the Senate who are here today and were here at the time of this vote in 2011—that is the vast majority—everyone agreed. There is no dissent on this. There are bipartisan cosponsors of this amendment, Democratic and Republican alike, who recognize this is just common sense. So despite the fact this is not controversial, that it is germane and relevant, that it is a modest reform that makes sense and would save money and would free resources to pay unemployment benefits for the people who truly need it, despite all of those facts, we are blocked. We are not allowed to offer this amendment on the Senate floor.

We attempted it yesterday. The minority leader, the senior Senator from Kentucky, asked unanimous consent to offer this amendment. That consent was denied. So then he moved to table or to eliminate, if you will, the amendments the majority leader uses to block our opportunities to offer our

own, his blocking amendments, and the majority party defeated that attempt to do away with those blocking amendments. As we sit here this morning, the majority leader continues to block our opportunity to offer any amendments, even a modest, commonsense amendment with bipartisan support that passed this body 100 to 0.

I am going to make one more attempt to offer this amendment because I cannot for the life of me understand why we cannot have a vote on this little bit of common sense.

I rise to offer the Coburn amendment, No. 2606, to S. 1845.

The PRESIDING OFFICER (Ms. HEITKAMP). The amendment is not in order as the motion to proceed to S. 1846 is the pending question.

Mr. TOOMEY. I move to appeal the ruling of the Chair that the Coburn amendment is not in order.

The PRESIDING OFFICER. The appeal is debatable.

Mr. TOOMEY. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Ms. LANDRIEU. Madam President, I ask unanimous consent the order for the quorum call be rescinded.

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

Ms. LANDRIEU. Madam President, I come to the floor this morning to talk about another very important bill. There was an hour exchange about unemployment, which is extremely important for the Nation. I think people got to hear arguments on both sides. They can continue to try to process that.

I came to the floor this morning to talk about another very important piece of legislation that we do have very deep and very genuine bipartisan support for; that is, the flood insurance provision, the Homeowner Affordability Act, which will correct some of the more egregious provisions of a bill that passed a year-and-a-half ago called Biggert-Waters.

The bill, Biggert-Waters, that was passed, named for the two Members of the House who led that effort, was well intentioned. In fact, I have had many wonderful conversations with MAXINE WATERS, the absolutely distinguished Congresswoman from California whose name is carried on that bill.

She had wonderful intentions because California, like Louisiana, depends on a program to work that is sustainable and affordable, but she even recognized and has been so gracious with her time to come to Louisiana to say we intended for this to fix the problem, but I admit we made it worse; the way FEMA has interpreted some of the things we have done has made it worse and the fact that the Federal Government continues, despite our efforts, to recognize levees people have built. So she has agreed to help lead our effort to reform a bill she and Congresswoman JUDY BIGGERT passed a year-and-a-half ago.

I wish to start by commending the leadership. In the House, the effort is being led by Congresswoman WATERS and Congressman GRIMM. There are chairs of standing committees, working with them as we speak, to figure out how to move forward in the House.

But in the Senate we have been working so well together. Despite all of the commotion and adversarial positions on other issues, we put together a very excellent coalition of about 200 organizations. I am going to read those names in just a minute—200 organizations that have been working with us to fashion a reform bill that meets these objectives.

The Presiding Officer has spoken on the floor of the Senate now at least a half dozen times that I have listened to her speak on the floor, so she knows all this that I am going to say because she said it even better than I can. But the provisions that are in our reform bill for flood insurance meet important goals. First of all, it is affordable to the middle-class people who are required to have it. That is the most important thing about flood insurance, that it be affordable to the people required to have it.

Yes, there are some very wealthy families who live in mansions on beaches that are required to have it. They will have no problem paying a substantial premium. But there are millions of middle-class families—many of them in Louisiana—who do not live anywhere near the water and they most certainly do not live in mansions on the beach. They live in middle-class, blue-collar, working neighborhoods far from lakes, a distance from rivers, and nowhere near the ocean. They have found themselves caught up in paying premiums they cannot afford.

If we do not fix this, the premiums coming into the program will be less and less. People will be defaulting on homes. Banks, communities will take a downward economic spiral and the program itself will collapse.

We cannot have this program collapse. So even though our critics—and this has been in the newspapers—are saying we are trying to saddle taxpayers with a huge debt, nothing could be further from the truth. We are trying to save taxpayers from a big bailout by reforming a program that needs to be reformed and fixed so middle-class people can afford it, banks can operate well with it, homebuilders can build homes with it, realtors can sell the homes with the program, which they are not able to do now. Everyone can get back to work, anxiety can be reduced and give us some time to figure out how to reach those two important goals: so the taxpayers do not have to bail us out and homeowners and businesses can afford it. Is that too much to ask? I don't think so.

Happily, Senator MENENDEZ and Senator ISAKSON, two veteran leaders of the Senate, have put a very good bill together. We are ready to vote. We are

ready to vote. We could vote, actually, right now if we could just get a few matters worked out.

I would like to talk about what those few matters are publicly so people can start working them out because I think the more things that are transparent around here the better off we all are and things that are done in secret are usually problematic.

Let me say to the many people following this that the base bill is still basically in the order that everyone understands it to be. It is printed. It has been visible, public, for weeks now. That bill that is the basic essence of the compromises worked out by Senator MENENDEZ and Senator ISAKSON and, I might say, with Senator MERKLEY's extraordinary leadership as a subcommittee chair, that is the base bill. There are amendments that Senators want to offer. Happily they are all related to flood.

To my knowledge—and Senator ISAKSON has worked through this, as I have, and Senator MENENDEZ—there is a Hagan provision about escrow requirements that we think we should vote on. We are not sure how that vote will turn out, but we are happy to vote on it. There is a Blunt amendment the National Association of Home Builders has suggested we have an amendment on. We could vote on that as well. There is a Crapo amendment that is in the works. Some of these amendments have been filed and have language. Some of them are just in theory form. There is a Crapo amendment that would adjust the rate increases in the underlying bill. We could vote on that. There is a Reed amendment, Senator REED of Rhode Island. This would require FEMA to conduct a study on the viability of offering community-based flood insurance policies. My notes say there is broad support for that.

There is a Coburn amendment, which is an alternative to the NARAB. That amendment will probably not receive the votes required, but we are happy to talk about his amendment and have him offer it. There is a Merkley amendment that will subject NFIB policyholders to force-placed insurance policies if they let their policies lapse—it is a technical amendment—and also a Rubio-Nelson amendment that is being discussed.

Those are the only amendments we know about. If there is anybody else who has an amendment on flood who would like to offer it or have it considered, the next couple of hours would be the last opportunity to get those amendments in. I know everybody is busy. I cleared my calendar. I had meeting. I cleared my calendar to do this today because it is very important that we not just get so busy with other things that we leave this place and not get this done. We are working transparently, openly, so there are no games to be played by either side.

Again, I wish to repeat, there is a Hagan amendment pending—not pending but that we know of—a Rubio-Nel-

son, a Reed of Rhode Island, a Coburn, a Merkley, a Blunt, and then Toomey, who was just on the floor, the Senator from Pennsylvania, has indicated he wants to offer a substitute to what we are proposing.

I am not the manager of this bill so it is not my authority to make these definitive statements. Senator MENENDEZ and Senator ISAKSON will ultimately decide the strategy. But as far as I understand, because we have all been working very hard together to move this bill to final passage—as far as I understand, these are the only amendments people would like to offer and there does not seem to be any objection to offering them.

In addition, if people want 51 votes or if they want 60 votes, we are very open to that as well. We could pass the bill with 51 votes, we could pass the bill with 60 votes, so we are open. That is the game that is played here. You say we want 60, no, we want 51 or 51 and 60—we can take it in any arithmetic anyone wants to give us. You want 51 votes, we can deliver them. You want 60 votes, we can deliver 60 votes because we have done the homework on this bill, working with coalitions, working with homeowners and businesses from South Dakota and North Dakota to New Jersey and New York, Mississippi, Louisiana, California, and Oregon. There is no disagreement.

Well, there is some disagreement, but there is not enough disagreement to overcome the great coalition which was put together, which was evidenced by an extraordinary press conference a couple of days ago, where almost 20 Senators showed up, or they were represented by their staffs, saying we are ready to go. My message on the floor—I don't know how many more minutes I have.

The PRESIDING OFFICER. The Senator has used 12 minutes.

Ms. LANDRIEU. I would like another 5; I ask unanimous consent.

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

Ms. LANDRIEU. What was evidenced earlier—and the coalition knows this—there is broad consensus. There are a few Senators who want to vote against this bill. There are a few Senators who want to offer amendments. Fine. Let the record show these amendments could be offered—these amendments, germane to this bill and any that would come to us in the next hour or so that are germane to this bill, we can take these amendments and have a 51-vote, a 60-vote requirement, and final passage on 51 or 60. Let's just get this done.

There should be no confusion at all. I am glad no one on the opposite side is here debating me on this. That is a good sign for us that there truly is only one side to this story and this is the side.

I am trying to be as fair as I can. I have named the people who have amendments, to our knowledge. We, the Democrats, have said we have no

objection to them offering those amendments. If they want 51 or 60 votes, just let us know. I feel confident that our coalition can hold against any amendments that would try to gut this bill.

We will let people know what those amendments are and who has offered them because we think this is absolutely right for the country, for the States we represent, and for the taxpayer. Give us a little time to work together to figure out how to strengthen the National Flood Insurance Program without bankrupting 5 million families. If we don't stop this train that has already left the station—we have to stop it, reverse it, and put it back in the train barn because it is going down the track pretty fast. This is not a good place to be.

As I said, we probably should have never passed this bill, but it was put in a conference committee report that was unamendable and some provisions of it were indecipherable at the time. That is a little strong of a word, but they were not well understood. It wasn't that it was indecipherable; it was not well understood. After the bill was read and implemented, people thought, oh, my gosh, what have we done? This is not going to work. And they were right.

I am going to stay on the floor this morning. If anyone on the Republican side wants to come down and disagree and challenge what I have presented, please do so because I want this to be a very open process. There is nothing for us to hide from, and that is what a democracy is about.

There are some people who want to vote against our bill. Fine. Go ahead and vote against it. We have the votes to pass it. As I said, we have 60 votes. We may even have more than 60 votes. If we don't have the votes, all I can say is we tried our level best and we don't have the votes to correct it. I don't think that is the case.

I am not going to allow the smoke and confusion and all the hot air around here to confuse the coalition that has worked too hard, and they need to hear my voice very clearly, which is why I am here. There is clarity. There is no opposition on the Democratic side to this bill. We are waiting for a few clarifications from the Republican side. We hope to get those clarifications. The only Democrats who have amendments that I know of are Senator HAGAN, Senator REED from Rhode Island, and Senator MERKLEY. We have no objection on the Democratic side for this bill and there are only three Members who have amendments, and we are happy to have a vote on those amendments. They are not controversial. Somebody might have a problem with them and might vote no. Fine, but they don't gut the bill. There is no problem with the bill.

We are waiting on the Republican side for clarity. Again, I know how busy everyone is. I know the Senator from Pennsylvania is working very

hard. He was just here speaking about unemployment insurance, and I know that is a very important issue to the people he represents, and to Louisiana. If he could get a little time to work on the amendment that we think he wants to offer on flood whenever he can, we are happy to have his amendment, and we will vote on it.

Senators ISAKSON and MENENDEZ will decide when and how and what the number is—51 or 60. As far as I am concerned, it doesn't matter. If his intention is to gut the bill, the bill will not be gutted. If his intention is to strengthen the bill, then that is a definite possibility. People are desperate to get an answer from Congress now. We should have done this 4 months ago before these rate increases. Escrow accounts are being collected. Some people were paying \$500 a year and now they are paying \$5,000. According to the Biggert-Waters law, the banks have to get that \$5,000 and put it in the bank now to pay that insurance. That is a real hardship on people. We need to stop that and figure this out.

Madam President, I ask for 1 additional minute. I think I have extended my time already.

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

Ms. LANDRIEU. We have delayed this fix too long, and we need to go ahead and take care of it. I am going to stay on the floor this morning. I will periodically bring everyone up to date.

I will close by reminding people what we are talking about. These are the new flood maps in the United States. The purple shows where it is in effect, green shows the proposed areas, and yellow shows the new flood map. There is not a State that is exempt from what I am speaking about. The amazing thing is to see this cluster in Pennsylvania, New York, and in Ohio. Everyone thinks about this as a Texas, Florida, or Louisiana issue. But when we see the inland States being affected by flood maps—States that have never been issued before are being issued without good data because FEMA doesn't have the science, technology, or resources to do this correctly yet. The affordability study has not even been done, and they didn't do it even though the last bill asked them to do it.

We need to put this train back in the station. It is not ready for prime time. We need to bring it out in a way that, yes, rates may have to rise. No one is opposed to that. But rates have to rise in a way that people can afford them and can be notified.

From our standpoint, Louisiana would like levees to be recognized. Since we spent billions of dollars of the taxpayers' money building them, we would like them to be recognized. If you are behind a levee, you don't have to pay \$15,000 a year because you already paid for the levee. You don't pay twice. Taxpayers should not have to pay three times. They are happy to pay their fair share. Most everybody I

know is happy to pay their fair share. But under Biggert-Waters, it is not fair, it is not shared. It has to be not completely pushed back but it has to be delayed, which is what our bill does.

I will stay on the floor, and if someone comes to the floor, that is fine. I will talk about this. It is important to get this done. I am an appropriator. I am chair of Homeland Security. This is a big, important bill for our country. This bill is almost as important—don't get me wrong, it is not as important as the whole Appropriations bill, but there are 5 million people who are getting ready to lose their home or business, and it is really important to them. It is important for us since there doesn't seem to be any real objection to work hard to get it done.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Ms. LANDRIEU. Madam President, I ask unanimous consent that the time during the quorum call be equally divided between the Republicans and the Democrats.

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

The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. ISAKSON. 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. ISAKSON. Madam President, I just had a conversation with the distinguished Senator from Louisiana with regard to the flood control bill. I am the Republican sponsor of that bill and am very adamantly in support of that bill passing.

Senator MENENDEZ is the principal sponsor from the Democratic Party. Senator LANDRIEU, myself, and Senators all over this country who have coastlines and rivers and flood issues are all very concerned. I want, as much as anybody in the world, to expedite that bill going from where it is now to the floor, so we can expedite its processing.

I have been working with some who have objections to the bill or objections with part of the bill to get an agreement on amendments with the leadership on the Democratic side, so when we do that debate, we have a fair number of amendments that are equally divided in terms of the time and the vote threshold is at 51 votes.

I am close to getting there, but I am not there yet. So if a unanimous consent were propounded right now, there would be an objection, maybe even from me to let everyone know I am for this bill. I want this bill to pass. But I

want to make sure that those I have been working with to lift their holds are accommodated in terms of their opportunity to debate a germane amendment to the flood bill that is relevant to flood control.

So I come to the floor for only the purpose of education, to let everybody know that I am the Republican sponsor and am deeply involved and engaged in the passage of this bill. I also have respect in regard to those who have differences of opinion or have some technical corrections they want to make. I want to work to get those incorporated into an agreement before we get a UC, so when we have the UC, we know what the amendments are, we know what we are going through, and we can expedite the handling of this legislation and deal with the problem that is affecting many homeowners all over the United States of America in flood map areas.

I yield the floor.

The PRESIDING OFFICER. The Senator from Louisiana.

Ms. LANDRIEU. Madam President, may I say, before the Senator from Georgia leaves, how appreciative this coalition is of his leadership. He has been literally—I am not making this up—extraordinary in his time and effort to work through the final amendment process because this process has been going on for over a year.

We just did not start talking about this last week. He has given over a year of his time, and as the chief sponsor he has been phenomenal. I think he would agree with me—if he doesn't, then we could respectfully disagree—that it is time now for the Members that have been hearing about this and have been told about this for weeks, weeks and months, to get their amendments to Senator ISAKSON so that we can make some decisions about how many amendments we can have. We could have four. We could have six. We could have ten. We can have a 51-vote threshold. We are ready. The Democratic side has, for the most part, cleared the amendments we know about.

So the Senator is terrific. I thank him for coming. I do not intend to ask unanimous consent at this point. The leaders are still working together, Senator MCCONNELL and Senator REID.

I know the Senator from Georgia is trying to work through this. Would that be a generally good description of where we are?

Mr. ISAKSON. The Senator is correct. In fact, to be precise, there were seven concerns about the legislation when the first UC was propounded on our side, five of which involve potential amendments that need to be made to the bill or in their opinion need to be made. In the case of two of those, in working with the leadership on the Democratic side, they are acceptable and would be included in the base bill.

There are three that would be allowed to be debated with the time equally divided on the floor. They have asked for a 51-vote threshold. There is

the potential, as we all know, for a point of order. But amendments and points of order would be the only issues that I am aware of in all of those conversations. I continue to work at this very moment to get a final agreement so we can get a UC.

But we are just not there quite yet. I am going to continue to try to work toward that goal.

Ms. LANDRIEU. I am aware that we are not quite there yet. But I am also aware that the clock is ticking, that it is Wednesday, that we may be out of here on Saturday, and we need to pass an appropriations bill. This is something that also deserves a tremendous amount of attention.

I yield the floor and suggest the absence of a quorum and ask that the time in quorum calls be equally divided.

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

The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

UNEMPLOYMENT INSURANCE BENEFITS

Mr. DURBIN. Madam President, first, the state of play in the Senate is that we want to pass an unemployment insurance benefit bill for 1.4 million Americans who, on January 1, had their unemployment checks cut off. Unemployment checks are sent to those Americans who have lost their job through no fault of their own and who have to prove to us they are trying to find another one. So while they are looking for a job, they receive unemployment benefits.

These benefits come from a fund which employers and, in some way indirectly, employees, pay into while they are working. This insurance policy is there so that if you lose a job there will be, on average, \$300 a week to keep you and your family together while you look for your next job. It turns out that on January 1, 1.4 million Americans saw those checks cut off. In my State of Illinois, that affected 83,000 people.

These are people who have been unemployed for a while and are still looking for work. They have to because that is what the law requires. But here is the problem: The average period when someone is out of work when they lose a job in America is 38 weeks. That is the average. We cut off benefits at 27 weeks. That means that for 11 weeks a lot of people out of work get no unemployment benefits. What do they do? They turn to their friends, to their savings, and then they are out of luck. They may find themselves unable to make rent payments or mortgage payments, put food on the table, gas in the car to go look for work or pay for that cell phone they absolutely positively need if they are going to find a job.

So we came here and said: That isn't right. We are getting better. The economy is getting stronger. But the unemployment rate is too high. The national average is about 6.7 percent. It is over 8 percent in my State of Illinois, and in some States even higher, unlike the State of North Dakota, incidentally, which the Presiding Officer lives in and so doesn't worry about this at the present time. We came in and said: Let's extend unemployment benefits to these 1.4 million unemployed people in America so they can get by while they are looking for work.

This isn't a new idea. This is an old idea. It has happened over and over. In fact, under President Bush we did it five times, and the unemployment rate was even better than the one we have today. So it used to be bipartisan. Democrats and Republicans would say: Come on, give these folks a helping hand. These are workers facing tough times. We hear from them. They tell us their stories.

I ended up getting an email from a lady. For 34 years she had worked for the same company. She must be a pretty good employee, right? But now the company has laid her off and she can't find work. Another person had 9 years with the same company and lost his job. When he applies for a job, they look at his resume and say: Wait. You are way overqualified for this job. If we gave you this job, you would leave the first chance you get to get a better job. So there he sits, unable to find a job. He is trying, but he can't.

So these people are asking us: Can you help us keep our families together while we go through this tough period? And I think we should. So we want to call this bill to the floor of the Senate and pass it and extend unemployment benefits for 3 months. I would like to see it for 1 year, but even for 3 months we should extend these unemployment benefits so folks in this circumstance can get a helping hand.

The Republicans come in and say: No. We object to that. You cannot extend unemployment benefits unless you pay for them.

Well, that is new. Five times under President Bush they voted for their President's extension of unemployment benefits and didn't pay for it. Now they insist we pay for it. I don't like that. I think this is an emergency expenditure. But we live in a divided Congress, Democrats and Republicans. We have to find some common ground. So we came up with a pay-for. We came up with a way to pay for the benefits for this unemployment.

Then they said: No. We are still going to filibuster. We are still going to stop it unless you allow us to offer amendments. We have some ideas we want to bring to the floor and get them to a vote. Yesterday, the majority leader came to the floor and said: OK. We will give you amendments, up to 10 amendments on each side, to this unemployment issue. You pick the amendments. We are not going to pick them. They said: No. We still object.

So today we sit in the middle of a Republican filibuster stopping unemployment benefits for 1.4 million Americans. What used to be a bipartisan effort has now turned into an extremely partisan effort. That happens too much in this town. It happens too much on Capitol Hill. But it shouldn't happen at the expense of 1.4 million unemployed Americans.

That is why this floor is empty today. That is why we are giving speeches on a lot of different subjects. We are stuck in another Republican filibuster stopping unemployment benefits. I don't think that is right or fair. A lot of us believe we ought to extend these benefits and move on to deal with our economy and putting people to work, trying to find ways to make sure those who are working get a decent wage.

These are some of the things we ought to be taking up. But again, we are stuck in this filibuster, and so that is why I come to the floor to give a speech on two unrelated issues.

TOBACCO

Madam President, there is an issue that is very important to me personally, but it turns out it is important to a lot of people: Tobacco. I lost my father to lung cancer. He died when I was 14 years old. He smoked two packs of Camels a day and developed lung cancer at the age of 53 and died. I have to tell you it is one of the most profound events of my life, to be a high school student and to live through a parent dying slowly of lung cancer. My attitude toward tobacco and smoking, I am sure, is a product of that.

When I came to Congress, I decided that in some small way I was going to try to do something about it. I didn't believe I could solve the problem, but I thought I could help. So over 25 years ago I introduced a bill in the House of Representatives to ban smoking on airplanes. It is hard to believe—young people still don't believe it today—there was a time when half the airplane was smoking and half wasn't smoking. In fact, everybody was breathing secondhand smoke. We were successful. We passed the bill in the House of Representatives on a bipartisan vote. It came over to the Senate, before I was here, and Frank Lautenberg, the late Senator from New Jersey, took it up and did a great job, and the two of us together made it the law of the land.

We didn't know what we had done, other than to make airplane flight a little more convenient, safe, and comfortable. But it turns out it was a tipping point. It turns out that when we banned smoking on airplanes, people started asking questions 25 years ago: If it is not a good idea to smoke on airplanes, why is it a good idea to smoke on trains and buses and offices and hospitals and schools and restaurants and taverns and everywhere we go? So today, if you walked into a room and did what people did normally 25 years ago—pulled out a pack of cigarettes

and lit one up—people would say: Stop. What are you doing? You didn't say a word to me. You are going to smoke in front of me?

That used to be normal. Thank goodness it isn't any longer. What happens is Americans have a different attitude toward tobacco. The actual debate on this issue began 50 years ago—serious debate—because it was 50 years ago the Surgeon General of the United States of America issued a landmark report that for the first time conclusively linked tobacco to lung cancer and heart disease. Remember this: Tobacco is the No. 1 preventable cause of death in America today, and it has been for more than half a century.

When this report came out, it was at a time when people smoked in offices, airplanes, elevators, even in congressional hearings. In 1964, 42 percent of American adults smoked. It is hard to imagine, but until a few months before the report was released the Surgeon General himself was a smoker. We have certainly come a long way since that time, and the Surgeon General's report played a big role in changing America.

Today we expect measures such as warning labels on cigarettes, keeping cigarette commercials off television, taxes on cigarettes, and now “no smoking” signs almost everywhere. Thanks to these commonsense tobacco control measures, smoking among U.S. adults in 50 years has been cut in half. The report released by Surgeon General Luther Terry in 1964 was a turning point.

We still have a long way to go. Approximately 44 million Americans, nearly one out of every five, still smokes, and more than 440,000 Americans die each year from tobacco-related causes. Last week the Journal of the American Medical Association published a study that showed over the last 50 years about 8 million premature smoking-induced deaths were avoided thanks to tobacco control measures. However, the study also noted that despite this progress, more than 17 million Americans died prematurely from tobacco over the last 50 years.

According to the Surgeon General's report, released in March 2012, tobacco use among kids is a pediatric epidemic and is the No. 1 cause of preventable and premature death in America. The report also found that every day 700 young people become new regular smokers, and of these new smokers one-third will eventually die from it.

We have young people who come and visit us in our offices, in the Senate galleries, and other places. These young people are the targets of tobacco companies. If they can get a kid to start smoking at an early age, before they have the maturity to understand the seriousness of that decision, they become addicted. Nicotine is an addictive drug and it is in tobacco and so they are picking up new customers by recruiting kids.

I have yet to meet the first parent anywhere, any time, anyplace who has said to me: I have great news for you,

Senator. My daughter came home from school and she started smoking. I have never heard that. I don't think I ever will because we know intuitively it is a terrible thing and it could affect that young person's great young life.

The tobacco industry gets it. Our Nation pays the financial burden of tobacco use through \$96 billion in annual medical costs, \$97 billion in lost productivity of workers and, at the same time, these tobacco companies invent new ways to lure in these young customers and to entice people to buy their products.

Ninety percent of adult smokers began smoking before they graduated from high school—they were just teenage kids—which is why the tobacco companies continue to prey on children. They push products such as e-cigarettes. They just had the Golden Globe Awards, and some of these red-hot actors and actresses, whom we all love to watch in movies—Leonardo DiCaprio and others—were sitting there puffing away on their e-cigarettes. I looked at that and thought: You are killing the next generation of fans of your movies.

We have to bring an end to this. E-cigarettes—available in shopping malls—that release appealing fruit- and candy-flavored vapors so it is more of a candy experience than a tobacco experience is one of the new tactics. Unfortunately, it is working. Earlier this year, the Centers for Disease Control released new data showing the use of e-cigarettes among the Nation's kids is rising.

The report raises concerns that for young people, e-cigarettes could be a gateway to traditional cigarettes. More than 3.6 million kids under the age of 18 currently are smokers, and each day more than 3,500 kids try smoking a cigar or cigarette for the first time.

This graph I have shows how far we have come in reducing the use of cigarettes but also how much we have left to do. Between 2000 and 2011, the consumption of cigarettes in the United States decreased 33 percent—by one-third. During the same time, the use of loose tobacco and cigars increased 123 percent. Cigar smokers—why in the heck would a kid want to smoke a cigar? Because it is similar to smoking a candy bar. They flavor these cigars with cherry flavoring, sweet chocolate or grapes, and they are trying to get kids to start smoking.

Over the past 50 years we have seen the growing popularity of these candy-flavored tobacco products such as smokeless tobacco, e-cigarettes, and nicotine candies that look like breath mints. All these products are geared to luring the young into this addiction.

I have called on the U.S. Food and Drug Administration to expand and assert its authority over tobacco products, including e-cigarettes and flavored cigars. Unlike traditional cigarettes, e-cigarettes are not subject to Federal age verification laws. Kids can legally buy them in most places across

America. Although we do know that most e-cigarettes contain nicotine, we don't know what else is in them. Without FDA regulation, we will not.

This Congress Senator BLUMENTHAL of Connecticut joined me in introducing the Tobacco Tax Parity Act, a bill that closes the loopholes in how tobacco products are defined and taxed. It will end the exploitation of these loopholes by tobacco companies. It means taxing the roll-your-own loose tobacco we talked about and pipe tobacco at the same level. It means raising the tax on a container of smokeless tobacco from today's 11 cents to \$1, the same as a pack of cigarettes.

I would like to show this as well. This is a story about Sharon, a 52-year-old woman from my home State of Illinois. Sharon started smoking at the age of 13. She said it seemed as though everybody was doing it. After her first puff, she quickly went from being a casual user to a full-blown addict with an expensive tobacco habit. When Sharon reached the age of 37—she was diagnosed with stage IV throat cancer. Thankfully, radiation and surgery saved her life, but she had to have her voice box removed and now speaks through an electrolarynx.

Last year Sharon was courageous enough to allow her story to be used as part of the Centers for Disease Control's 12-week antismoking campaign, a federally funded national antitobacco campaign with hard-hitting ads. It sounds like a pretty good effort by the government. But compared to the \$10 billion a year the tobacco industry spends on marketing, the CDC campaign spent only \$50 million; the tobacco industry, \$10 billion.

CDC expects the campaign to help 50,000 people quit. One of those who called in to the quit line at CDC was a woman named Kim in Rockford, IL. She was watching an ad which showed the devastating effect on smoking on a North Carolina woman named Terrie. Kim said the commercial scared her, and that her son turned to her and said: Mom, you have just got to quit smoking. Kim called the Illinois tobacco quit line run by the American Lung Association and was connected to the nicotine replacement-patch program.

CDC's anti-smoking campaign is one of the many tobacco control and prevention measures that saves lives and shows we must continue investing in effective tobacco control measures.

This is a tough habit to break. One of my best friends in politics happens to be the President of the United States, who used to be a smoker. He is not now, thank goodness. His family is thankful and we are all thankful. But he still takes a little nicotine gum to chew from time to time to deal with the craving that is there. It is tough. But if people work hard, they can get it done.

This week we commemorate the importance of the first Surgeon General's Report on Smoking and Health and

many other legal and cultural changes in this country. But as we look around at the proliferation of new and dangerous products luring kids to tobacco, we still have a lot of work to do. With the right commitment, we can spare future generations from this deadly epidemic of tobacco use.

I yield the floor.

MAKING FURTHER CONTINUING APPROPRIATIONS FOR FISCAL YEAR 2014

The PRESIDING OFFICER (Ms. BALDWIN). Under the previous order, the Senate will proceed to the consideration of H.J. Res. 106, which the clerk will report.

The assistant legislative clerk read as follows:

A joint resolution (H.J. Res. 106) making further continuing appropriations for fiscal year 2014, and for other purposes.

The PRESIDING OFFICER. Under the previous order, there will be 15 minutes of debate equally divided.

The Senator from Florida.

Mr. NELSON. Madam President, I wish to speak on another matter pending in front of the Senate, the flood insurance bill.

I wish to say that Senator LANDRIEU has been a real champion here. We are still insisting that we be able to bring up the bipartisan bill to delay for several years the flood insurance hikes. In my State, where 40 percent of the policies are, we have seen spikes by tenfold of the rate on the flood insurance policies.

Thank goodness there was in this omnibus appropriations a provision which would provide some partial relief for some homeowners facing huge rate hikes. The estimate is it would only cover less than a quarter of all the flood insurance policies being affected by the huge rate hikes. That is why we need to move forward with passing the broad bipartisan bill which will delay these hikes for several years while FEMA does an affordability study. I told Senator LANDRIEU earlier that I wanted to come in and support her in comments she made earlier today.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Ms. MIKULSKI. Madam President, what is the pending business before the Senate?

The PRESIDING OFFICER. H.J. Res. 106 is the business pending before the Senate.

Ms. MIKULSKI. Which is?

The PRESIDING OFFICER. The short-term CR.

Ms. MIKULSKI. Madam President, I rise in support. This is a simple short-term extension of the continuing funding resolution we passed some weeks ago. This is Washington-speak and budget-speak for saying, as of today, the money that keeps the Federal Government in operation expires. However, being debated in the House this afternoon we have a consolidated appropria-

tions bill which will fund the government through fiscal year 2014 and will come to the Senate either late this evening or will be on the floor tomorrow morning.

I ask the Senate to pass the short-term extension because it is a technical situation. This isn't the usual delay, drama, and fiscal cliff situation. When the Budget Committee acted, and we passed the bill on a bipartisan, bicameral basis, we, the Appropriations Committee, were given a very stringent deadline of January 15 to produce an appropriations bill for fiscal year 2014. We have worked all the way through the holidays and all the way up to Sunday evening, and we have completed our work. It is now before the Senate and the House to be reviewed. It is on our Web site and so on. We just need a couple of hours to complete the job now.

I can assure my colleagues this very short extension is status quo. It makes no changes in funding levels. It makes no changes in conditions for the operation of the government. The Appropriations Committee worked over the holidays. The agreement was made public on Monday. The House will vote on the agreement this afternoon. As soon as the House completes its work, it will come to the Senate.

This is a short-term CR. It is for 72 hours. It will provide the time needed for the Senate to consider the agreement, for the paperwork to be prepared, and for the President to sign it. This is a very short-term extension which will enable us to complete our work and not even have a temporary shutdown. I urge my colleagues to allow the short extension to pass the Senate expeditiously so we can move on to the diligence we need to provide in debating the appropriations bill.

We will have a vote at 12:15. The vote at 12:15 is on the short-term extension of the current continuing funding resolution. It will be for 72 hours. It takes us through Saturday. I hope we are done before Saturday.

This is not a vote on the appropriations bill itself, nor should it be viewed as a proxy vote. It is just simply a technical time bridge to enable us to have adequate debate in the House and adequate debate and review in the Senate to do this.

I really hope my colleagues support this 72-hour extension so we do not have the usual drama we have of fiscal cliffs and shutdowns and so on. My colleague, the Senator from Alabama Mr. SHELBY, who is my vice chairman, is involved in other duties in the Senate, but he too supports this 72-hour extension. We have been working so diligently on our bill through the holidays so we could have a bill before the Senate, and I must say it has been characterized by diligence, determination, and courtesy. But it takes time. It takes time to review, and it takes time to scrutinize. Quite frankly, it took time to discuss the issues involved in the appropriations.

All 12 subcommittees are represented. But I will say more about it when we bring the actual bill to the floor.

Madam President, I yield the floor and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Ms. MIKULSKI. I ask now for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.

The yeas and nays were ordered.

The joint resolution was ordered to a third reading and was read the third time.

The PRESIDING OFFICER. Under the previous order, the joint resolution having been read the third time, the question is on passage of the joint resolution.

The yeas and nays have been ordered. The clerk will call the roll.

The legislative clerk called the roll.

The result was announced—yeas 86, nays 14, as follows:

[Rollcall Vote No. 11 Leg.]

YEAS—86

Alexander	Franken	Mikulski
Ayotte	Gillibrand	Moran
Baldwin	Graham	Murkowski
Baucus	Grassley	Murphy
Begich	Hagan	Murray
Bennet	Harkin	Nelson
Blumenthal	Hatch	Portman
Blunt	Heinrich	Pryor
Booker	Heitkamp	Reed
Boozman	Hirono	Reid
Boxer	Hoeben	Rockefeller
Brown	Isakson	Sanders
Burr	Johanns	Schatz
Cantwell	Johnson (SD)	Schumer
Cardin	Johnson (WI)	Sessions
Carper	Kaine	Shaheen
Casey	King	Shelby
Chambliss	Kirk	Stabenow
Coats	Klobuchar	Tester
Cochran	Landrieu	Thune
Collins	Leahy	Toomey
Coons	Levin	Udall (CO)
Corker	Manchin	Udall (NM)
Cornyn	Markey	Warner
Donnelly	McCain	Warren
Durbin	McCaskill	Whitehouse
Feinstein	McConnell	Wicker
Fischer	Menendez	Wyden
Flake	Merkley	

NAYS—14

Barrasso	Heller	Roberts
Coburn	Inhofe	Rubio
Crapo	Lee	Scott
Cruz	Paul	Vitter
Enzi	Risch	

The joint resolution (H.J. Res. 106) was passed.

Ms. MIKULSKI. Mr. President, I move to reconsider the vote, and I move to lay that motion on the table.

The motion to lie on the table was agreed to.

I note the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

HOMEOWNER FLOOD INSURANCE AFFORDABILITY ACT OF 2013—MOTION TO PROCEED—Continued

AMERICAN OPPORTUNITY AGENDA

Mr. SCOTT. Madam President, when I was growing up, my now 93-year-old granddaddy would hold the newspaper and read it while he drank his coffee. Every morning it seemed he was always focused on reading the paper. He looked like an executive, a doctor or an attorney, always making sure his grandsons saw him reading.

I learned several years later that my granddaddy couldn't read, but he was wise enough to model the behavior that he wanted his grandsons to follow. The circumstances of his life forced him out of the classroom at a very young age and into the cotton fields to help support his family. But granddaddy has now lived long enough to see a grandson elected to Congress and another grandson earn the rank of command sergeant major in the U.S. Army. Only 1 percent of NCOs reach that rank.

In a single lifetime, families can go from not having a fair chance to learn to read to seeing their kids graduate from college, as my grandfather has seen two of his grandsons graduate. That is the power of America. That is the power of opportunity.

Over the last several months, I have spent many hours talking and working with people from every walk of life, beginning when I was bagging groceries at the local Piggly Wiggly or waiting tables at the California Dreaming or 2 weeks ago when I took a ride on the public bus just to have an opportunity to sit back and talk with everyday Americans about their hopes, their dreams, and their fears or, last weekend, as I swept floors at the local Moe's restaurant. What I have heard is that people in America and throughout South Carolina are hungry for opportunity. They are working hard, but still they are struggling.

People want to work. They want to get ahead, and they still want a better life for their children and their grandchildren. So the questions for those of us in government are simple: Are we a part of the problem or are we a part of the solution? Do we make things more difficult or are we an ally in this struggle to get ahead? Are we trying the same tactics and getting the same results?

It has been said several times that insanity is doing the same things the same ways and hoping for different results. After a nearly 50-year government-led war on poverty, the poverty rates are increasing. Were this a military conflict, we would have changed our strategy decades ago, but somehow we fail to learn and continue to believe that next year it will be different. It has not been different in nearly half a century.

I propose a new way forward—a new way forward so a little girl can rise

from the depths of poverty and become the CEO of a Fortune 500 company, a new way forward that will create a place where young men raised in a single-parent household and living in the inner city housing projects can become a world-renowned surgeon, a new way forward so an intelligent young lady living in rural South Carolina who ages out of the foster care program can still afford a college education. I propose a new way forward, and our opportunity agenda does just that.

We will help to turn neglected neighborhoods ravished by poverty into centers of excellence. We will see that these amazing centers of excellence will become economic engines because of the creativity of the people living in the neighborhoods. We will see economic activity in a place that we once thought not possible.

Today, too many Americans are trapped in low-paying jobs because they lack the skills to improve their incomes. These folks are not asking for a handout; they are asking for a hand up. Every day Americans are struggling, working hard, looking for a way to change their destiny.

That is why we have introduced the SKILLS Act. With nearly 4 million jobs vacant in America today, we believe the skills gap can be covered because of the SKILLS Act.

Our second bill we have filed is called the CHOICE Act, Creating Hope and Opportunity for Individuals and Communities through Education. One of the opportunities we see within the CHOICE Act is for those kids who have special needs to have the opportunity to make their education dollars portable. I believe every single American deserves the opportunity to realize their full potential, but too many of these young kids—bright kids with special needs—do not receive the education that is best for them. So the CHOICE Act provides their parents with portability so they can choose the school that best fits the needs of their kids.

The American Opportunity Agenda encourages each of us to reach our full potential. In the coming months we will introduce legislation that encourages reform of our welfare programs. We will fight to change our Tax Code so small businesses can hire more people and not simply pay higher taxes. Finally, we will work with anyone, anywhere, at any time to reduce the regulatory burdens that stand in the way and close the doors of opportunity.

Last week we submitted an amendment that restores a 40-hour workweek that was destroyed in ObamaCare. The effort to restore the 40-hour workweek has been led by my colleague, the Senator from Maine SUSAN COLLINS, who understands the devastation caused by ObamaCare, where more than 20 million Americans face the loss of up to 25 percent of their income when they move from 40 hours a week to less than 30 hours a week. I applaud my colleague and others for standing strong

and standing tall to make sure we have a serious debate about the income inequality that is caused by ObamaCare. The effort to restore the 40-hour work-week should be something we all champion, realizing its massive impact on our economy.

I have lived a family's journey from cotton to Congress. I know the sense of empowerment and optimism it provides. Once the standard is set in a family, as my grandfather set it in our family, and once the standard is set in a community or a State, the generations to come will set even higher expectations for themselves because success is created almost anywhere in America today. It happens in studio apartments, at kitchen tables; it happens in garages and classrooms throughout America, but it doesn't often happen in government conference rooms in Washington. I believe, and I have experienced, that with a good education, strong work skills, and the help of our Heavenly Father, all things are truly possible.

I yield the floor.

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

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

APPROPRIATIONS

Mr. COONS. Madam President, today, this week, we have come together to consider an omnibus appropriations bill. That is a big mouthful—an omnibus appropriations bill—but I hope to lay out in plain language for our folks back home and for those in this Chamber why that matters, why I am excited about it, and why I support it.

This is first time since I joined this body 3 years ago that we have considered one, and it is a real step forward. The agreement we came to on the budget and the agreement I hope we will pass on this appropriations bill means no more shutdowns, no more crises, no more autopilot, at least not for this fiscal year. This bill helps us return to regular order and to the process that, once election day is over, it is our job as the representatives of the people, elected to come together to find common ground, to solve bigger problems together, and to move the Nation forward.

This appropriations bill is the result of a lot of hard work by Members and staff. I must begin first and foremost by thanking the Senate Appropriations Committee chair, Senator MIKULSKI, and the vice chair, Senator SHELBY, as well as the House chairman ROGERS, and the ranking member, Congresswoman LOWEY, who showed great leadership and worked together on a very tight deadline to craft such a vast and comprehensive bill. Their work follows on the leadership of Senator MURRAY,

chair of the Senate Budget Committee, and Congressman RYAN, of the House Budget Committee, after they came together on a bipartisan budget that paved the way for the Appropriations Committee to reach this deal this week.

I applaud their leadership and thank them for the example they have set. As a member of both the Budget Committee and the Appropriations Committee, it has been a privilege to work with them to craft these bills and ensure we meet our Nation's needs.

The bill before us is, of course, a compromise. It is the essence of a compromise that it is not perfect by any means. There are many who can find fault within it or disappointments aplenty among choices made or not made. It doesn't include—for example, to pick one thing of great importance to my State—enough funding to make real headway on Amtrak's critical infrastructure improvements that I think are essential—just in dealing with the \$6 billion backlog of investments needed in aging tunnels, bridges, and tracks.

So while this bill does provide adequate funding for Amtrak today, which I am very pleased about, it puts off those critically needed investments in repairing these essential elements of its infrastructure, which we will inevitably need to make. That is only one example, and in a bill this big there are hundreds, maybe even thousands, of the tough tradeoffs that had to be made between House and Senate, between the appropriators, and between the majority and the minority.

But as we consider our vote on this bill and how it does or doesn't meet our own priorities or our State's priorities, we can't let the perfect be the enemy of the good. We need to remember that at least in this case the alternative to this bill isn't our own individual or perfect vision of government—whatever view we might hold. The alternative is crisis after crisis, government that doesn't move forward with the country but treads water as the world passes us by in an increasingly competitive global environment.

What this bill does in a very real way is bring back some stability to our government, to our economy, and it allows us to make important investments in our country's growth. For instance, it takes a number of valuable steps for my home State of Delaware.

It funds meat and poultry inspectors, critical to Delaware's chicken industry and its 13,000 jobs. It funds the next stage of an Army Corps of Engineers project to deepen the Delaware River from 40 to 45 feet so that we are ready and can be competitive when the expansion of the Panama Canal nears completion.

It dedicates funding through the Victims of Child Abuse Act—and I am an original cosponsor of a bill reauthorizing the Victims of Child Abuse Act—for the three children's advocacy centers throughout my State. These cen-

ters are critical to delivering justice for the victims of child abuse without harming their healing process.

The bill maintains funding for the Bulletproof Vest Partnership, an initiative that has supplied Delaware police officers with nearly 1,000 bulletproof vests in the past 2 years. Two of those vests, I should add, saved the lives of two officers during a shooting at the New Castle County Courthouse only last spring.

These are only a few of the things for which I am grateful in this broad omnibus bill. Nationally, it also allows us to meet our key priorities of training our workforce for this century, making our communities safer, building a circle of protection around the most vulnerable in our society, and, in combination, making us safer, stronger, and more just.

The investments it makes in America's workforce by funding education programs can last a lifetime. Head Start Programs ensure kids don't fall behind before they have even had a chance. This bill increases that funding by \$1 billion to serve 90,000 more kids this year.

There is a competitive grant program to help States and communities find innovative ways to provide high quality preschool options for low- and middle-income families that I am particularly excited about.

In Delaware, we saw the power of this program when we competed for—and won—Federal funding on a competitive basis for high-quality early education only last year.

The Department of Education's first in the world initiative will help colleges to measure—and thus improve—outcomes, and it brings down costs for students and families. This bill increased our investment in job training programs such as Job Corps and the Veterans' Employment and Training Service, which help everyone from low-income Americans who failed to get on their feet in the job market to veterans who stood for us around the world and have earned our support upon their return.

Next, this bill includes crucial funding that makes our communities safer. We are upping our investment in the COPS program—first championed on this floor by my predecessor Senator JOE BIDEN. It will put 1,500 more officers on our streets and in our neighborhoods, keeping us safe.

The Violence Against Women Act, which we came together in a bipartisan manner to pass last year, is fully funded. We are taking important steps to stop the scourge of gun violence that affects each and every community: a new comprehensive school safety program I am excited about, new investments to improve background checks, and new training to help local law enforcement react and protect the public from active shooters.

Of course, the second part of making our communities safer is ensuring that justice is delivered in our courts when

crime does happen. Unfortunately, the sequester's cuts to our Federal courts cut the judiciary to the bone, imposing furloughs, and hurting our Nation's justice system by leading to layoffs of hundreds of experienced, seasoned, senior court staff. Yet, thankfully, the bill before us reverses these and many other cuts and will minimize the delays of justice that resulted and that are unacceptable to our Nation.

Finally, this bill allows us to build and sustain what I like to call a circle of protection around the most vulnerable in our society that reflects our shared commitment to each other. Our most basic values: Investments in the WIC Program, for women, infants, and children, will make sure 87,000 more mothers and children will have the food they need at a vital early stage of development. LIHEAP—or the Low-Income Heating and Energy Assistance Program—ensures that low-income families don't freeze during the coldest months of the year, and this bill's funding increases will ensure 400,000 more houses have this critical assistance. And lastly, when we pass this bill, which I pray we will by week's end, we will reverse the sequester's devastating cuts to housing programs and, as a result, prevent more than 100,000 American families from becoming homeless.

Each of these investments in our workforce, in our public safety, and in protection for our most vulnerable, together make up the foundation of a safer, a more just, and a more inclusive society. But when we also combine them with investments in research and innovation and infrastructure, we lay the groundwork for growth and shared prosperity today and tomorrow.

After the last 3 years, which in my experience have been mostly defined by bipartisan gridlock—stopgap budgets, crisis governance—this bipartisan Appropriations bill allows us to create some stability for our Nation and our economy. I think it reminds us we are a nation that is at its best when we are determined to be open to each other's ideas, to hear each other's concerns and criticisms, and to find ways to work together.

Although there are plenty of areas where I disagree with my Republican colleagues, as I have gotten to know them over the past 3 years we have found many more areas of common good and common work. Let me briefly mention a few of them as I celebrate what I think is the most important aspect of this bill, which is that it is truly bipartisan.

Senator MARCO RUBIO and I were both elected in 2010 and came to this Chamber at roughly the same time, and we found ways to work together to invest in STEM education and to open pathways to college for young Americans. Senator HATCH and I wrote a bill together called I-Squared—and we are joined by Senators KLOBUCHAR and RUBIO—and this is a bill that helps bring high-skilled workers to our

shores and helps invest in STEM education for American citizens. Senator KIRK and I have worked together to create a national manufacturing strategy that focuses our energy and resources on creating manufacturing jobs in America. And just this Monday Senator ROBERTS of Kansas and I announced our partnership on a new bill to make the research and development tax credit and its funding available to startups and to young innovative companies.

There are so many issues where we can work together to invest in our workforce, to protect the public, to sustain this storied circle of protection around the most vulnerable, to invest in long-term economic growth, and to lift up every community and every American.

I am incredibly thankful for the leadership of Senators MIKULSKI and SHELBY and the way they displayed that leadership with action through this process, by putting aside their differences and finding common ground. I wish to also close with a note of personal thanks to the countless committee staff on both sides who worked tirelessly throughout the holidays to make this bill a reality. With this Omnibus appropriations bill it is my sincere hope we are putting an end to a cycle of manufactured crises and we are sending to the American people and to our markets and to our communities the message that we can and will work together to confront the many challenges that remain here and in the future.

With that, Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. COBURN. Madam President, I came to the floor to spend some time on the unemployment insurance, but I have to comment, after hearing my colleague mention his esteemed favor of the bill that will be in front of us, I have to say my perspective is totally different.

We have a 1,500-page bill that nobody has read, other than my staff, and we have read it completely and outlined it completely. We have a bill that is dishonest, because you still have changes in mandatory funding and programs and you create \$17.9 billion out of nothing, which everybody on the Appropriations Committee knows allows you to spend \$17.9 billion but not pay for, and you transfer that sleight of hand to our children.

But it doesn't seem to bother anybody on the Appropriations Committee that we actually lie to the American public about how much we are actually going to spend. The bill actually spends about \$63 billion, the way you have written it, more than we did last year—about 6½ or 7 percent. The bill is loaded with parochial benefits, which is the pleasure of the appropriators, I understand, but it doesn't pass muster in terms of no earmarks.

But there is one point that I agree with. This has been an agreement be-

tween Republicans and Democrats to bring the bill to the floor. And it will pass because it is an agreement, because people did work together. Whether I like it or not, they worked together and came to a conclusion. The only problem is there are going to be no amendments, so no way to be honest with the American people on this \$17.9 billion that is supposedly paid but isn't. It is truly an untruth. It is dishonest. It has no integrity with it whatsoever. It undermines every Senator up here who is going to vote for this bill because you say one thing and you are going to do exactly the opposite.

I was just given a poll as of today. The No. 1 problem Americans see in our country is us—the U.S. Government. Twenty-one percent of the people in this country identify us as the problem. Is it any wonder, when we tell them we are going to do X and then we don't do X? For example: We had a budget agreement, and then we changed the budget agreement because we couldn't live within our means and we wouldn't raise the revenue to be able to do that. Then we come to a new budget agreement that is much higher—don't honor the previous budget agreement. Then we put an appropriations bill on the floor that is going to fund all the Federal Government until September 30 and nobody has totally read it. They pick out the things they like in it and then talk about it. Is it any wonder why 21 percent of the people think the Congress, politicians, poor leadership, corruption, and abuse of power in Washington are the No. 1 problem with our country?

You know what. They are right. It is an abuse of power to vote for a bill that you know spends \$18 billion—\$17.9 billion—more than what you are telling the American people it is going to spend. You do it through sleight of hand, and you pass muster with the powers that be, but it is not honest with the American public. So we are going to do it again. We are not going to have a government shutdown, everybody is going to get to go home on break and spend a week away from here and say: Oh, look at us, we are not at loggerheads anymore.

The only reason we are at loggerheads is because we have abandoned the process of the Senate through the majority leader who does not allow the Senate to force consensus. For the life of me, I don't understand why my colleagues on the other side of the aisle accept it. They get no amendments either. So we have 1 person out of 100 who decides what amendments will be acceptable and what will not.

Jefferson has to be spinning in his grave because he wrote the original rules for the Senate. It had nothing to do with one person deciding. As a matter of fact, until 1917, one person stopped everything in the Senate if they didn't have consensus. So the whole goal was to trade what you would like to do to give somebody else

the ability to do that. When we have a czar running the Senate, we no longer have that ability. The whole purpose for having a bicameral legislature, with a minority rights provision protecting it, was so we would generate consensus so that their views could then be sold to the American public.

This isn't about me being able to offer an amendment. This is about the 4 million people in Oklahoma not having a say in the Senate. I mean, there are some bright people in Oklahoma who have some good ideas. But those ideas cannot be heard in this body anymore. They are not my ideas. It is not my vote. It is their vote. And yet 54 of my colleagues on the other side of the aisle acquiesced their right for their States to offer their State's ideas as we debate issues in this body. They give that away and say one person gets to decide. It has never been that way in the Senate—never before.

The prime example of that is the unemployment bill. If this were really a priority for the majority leader, why are we doing it now instead of before it expired? All the weeks of time in quorum calls in the Senate we could have been doing this. It wasn't a priority. It is a political priority.

I actually think we ought to extend the unemployment insurance, but I think we ought to do it in a smarter way, and I certainly think we ought to pay for it. I can sit and show \$9 trillion of waste and spending reductions that 80 percent of average Americans would agree with. Yet we can't find \$20-some billion out of all this mess of a Federal Government to help people who are not employed.

My colleague from Delaware mentioned job training. The only thing that has happened based on the GAO reports of this government on duplication is that the House took it to heart and they took the job training programs and they converted the 47 job training programs, spending almost \$30 billion a year, and they passed the SKILLS Act, which consolidated those into 6 programs that actually have metrics.

When you study our job training programs, regardless of whether we fund them, here is what you find. All but three of them duplicate one another—all but three—and not one of them has a metric on whether they are actually training people to do a job, giving them a life skill. So the House passes that bill and we won't even take it up. You save money and you actually improve what the Federal Government is trying to do in terms of that. So if we were to expand unemployment insurance or continue the emergency in the sixth year, might we not want to do something about the quality of the jobs programs that are available for the people who are on unemployment? Might we also not want to give people back their dignity by having them do something in their community for the earning of that?

There have been no tax dollars paid by any worker for this program. They

didn't contribute anything to it through their past unemployment or FICA fees. Would we not do better if we did what Norway has done, where they show that people will start hunting for a job earlier if you plus up the benefits early and taper the benefits later so that they start looking for a job long before they run out of benefits? What the studies actually show, especially the three States that have now been disqualified from this, is their employment numbers went up, their unemployment went down, and the number of people needing assistance actually went down as well.

So it is one thing to say we want to help people; it is totally different when it is all in a political contest about the next election.

That brings me to my final point. I believe children need to have a good start toward school. But as the Senator from Delaware just mentioned, we are going to add \$1 billion to Head Start, and that is going to give us 90,000 new kids in Head Start. If anybody does the math on that, \$11,000 per year for a Head Start Program? Think about that. Give the money to the States and let them run it themselves outside of the Federal Government and they will do it for \$4,000 or \$5,000. Because it is a Federal program, it costs twice what it should. Or if you did it through the States, you could do \$180,000 versus what we are doing.

So we are going to have a debate. Hopefully we will get back to the unemployment insurance. But if we want to have that debate, it has to be paid for. We owe that to the very people we say we want to help. And, No. 2, you have to have the input of everybody, not just one person in the Senate.

I will finish up by saying this: When you see this poll, where 21 percent of the country thinks the biggest problem in the country is us, the government—the corruption, the abuse of power, and the poor leadership are the specific things that were mentioned in this poll—what we ought to do is look inside and ask ourselves: Why is that?

That is because we concentrate on the political and not on the people. We use them as pawns to advantage our own political careers, our own elections, and the long-term best interests of the country get sacrificed. What this poll shows is the American people are pretty darned smart, because they see the problem, they know what it is, and they know what is going to happen.

So we are going to pass a bill that is going to spend over \$1 trillion, with all sorts of favors in there—not truly earmarks, but as close to them as you can come—with new programs by the appropriators instead of the authorizing committee. That is the other thing in this bill, programs written by the Appropriations Committee instead of the authorizing committee. We are going to pass this bill, and this number is going to jump from 21 percent to 25 percent.

The jig is up. We can no longer come down here and say with honesty: Here

is what we are doing. Because what we are doing is not honest. And what the American people are saying with this is: Integrity matters, straightforwardness matters, truth in budgeting and spending matters.

At least if we are going to do this, let's own up to what we are doing. Let's not be dishonest with the American public about the numbers.

Mr. President, I yield the floor.
The PRESIDING OFFICER (Mr. COONS). The Senator from Washington.

Mrs. MURRAY. Mr. President, I wish to start by thanking my friend, the distinguished Senator from Maryland, as well as her counterpart in the House, Chairman ROGERS. They have shown great leadership in working across the aisle to accomplish this mammoth task we had given them on a very tight timeline, and I appreciate their efforts.

I am here today to talk about why it is important we pass this Omnibus appropriations bill and continue to build on the bipartisan steps we have taken so far.

Last week I spoke at a press conference on youth unemployment with a young man who was present. His name was James. Listening to James, it was pretty clear he was hard-working and ambitious. But he explained to me, as old as he is, in his twenties, he is still living at home with his parents because despite a lot of searching he has not been able to find a job.

What was clear to me from James' story and from a lot of others across the country is that even though the economy has made progress, far too many Americans still aren't feeling the benefits. Too many of them are working more hours and earning less or wondering whether they can afford to send their kids to college or worrying that they won't be able to save enough to retire. Those are the kinds of problems we need to be thinking about here and solving.

I hope our work this session, this year, will be entirely focused on doing everything we can to create more jobs and more opportunities for all Americans, especially those who are struggling in what is still a very tough economy. There is a lot we need to get done. If one lesson came out of the constant crises last year, it is that in a divided government the only way to get things done is through compromise and bipartisanship.

The budget deal Chairman RYAN and I worked together on and reached is a good example. It wasn't the bill I would have written on my own. It wasn't the bill Chairman RYAN would have written on his own either. But after hearing from families and communities in my home State of Washington, I knew we needed to do more to restore the critical investments that were being lost as a result of sequestration, and we needed to break out of the constant crises which have caused so much gridlock and dysfunction over the last several years. So I worked with Chairman RYAN to reach a compromise. I am

pleased that our agreement rolled back some of those automatic across-the-board cuts to priorities important to all of us, such as education, infrastructure, and research. We did that in a balanced way, without relying on spending cuts alone.

Importantly, in reaching that deal we were able to lay some groundwork so Chairman MIKULSKI and Chairman ROGERS could move forward on the important work of funding the government. Families and communities across the country will be better off as the result of their leadership. Their legislation invests in starting our children off strongly by expanding access to early Head Start for infants and families. It expands access to Pell grants to help more of our young adults today afford higher education. It supports other important priorities such as medical research, which help create jobs and spur innovation.

In my home State of Washington, I know all of these investments, as well as others, such as funding for the Columbia River Crossing Project, for repairs and improvements at Joint Base Lewis-McChord, are going to make a huge difference.

I wish to spend a few moments as chair of the Subcommittee on Transportation, Housing and Urban Development to talk about some of the important parts of that bill within this Omnibus.

That bill addresses critical challenges on everything from homelessness, affordable housing, to traffic congestion, and transportation safety. This bill represents a very firm commitment to providing housing and supporting services to families in need. It actually increases funding for the section 8 program which provides housing for our low-income families in this country. If funding had remained at the sequester level, more than 100,000 families today would be at risk of losing that assistance and becoming homeless. Under our bill, that will not happen.

I am also very proud that the bill includes \$75 million for vouchers for the joint HUD-Veterans Affairs supportive housing program. As a result of that funding, an additional 10,000 homeless veterans and their families will have access to housing and supportive services.

Our housing and transportation bill prioritizes job creation and economic growth by investing in transportation. It includes \$600 million in TIGER funding, which supports projects that improve transportation safety and reduce traffic congestion. That, by the way, is in addition to the \$41 billion in much-needed funding to repair our Nation's roads and bridges.

But our bill isn't just about roads and bridges. Americans are increasingly relying on public transit, so I am especially pleased our bill provides more than \$10.7 billion to support our public transit system.

Also, last year across-the-board spending cuts known as sequestration

forced the Federal Aviation Administration to enact a hiring freeze, which meant when employees such as our air traffic controllers left the agency, no one was hired to replace them. So our bipartisan bill ensures the FAA has the resources it needs to end that hiring freeze and hire and train new employees who can help our air travel be safe. This bill fully funds the Essential Air Service and contract tower programs on which so many of our communities depend.

We also include reforms to improve the programs we fund—for example, important section 8 reforms to reduce costs and create efficiencies.

In short, I am very pleased with what my colleagues and I in the Senate and House have been able to accomplish together on housing and transportation investments in this bill. I wish to take a moment and especially thank my colleague on the Senate transportation and housing appropriations bill, Senator COLLINS, for all of her great work and support during this entire process.

I am very proud to be part of the tireless effort of Chairwoman MIKULSKI. She has worked very hard to make sure we have a full appropriations bill and act considered, and not just another continuing resolution.

Just like Chairman RYAN and I said when we finished our deal, I am pretty sure Chairwoman MIKULSKI and Chairman ROGERS would each agree this package is not perfect. Each of them probably would have done certainly different things on their own. But because they were willing to compromise, they are delivering far more for the American people than either could have done if they had refused to work together.

If this legislation is passed into law—which I strongly believe it will be—we will have a choice to make: We can build on the bipartisan work which has been done so far and continue reaching agreements through compromises, as people across this country do every day, or we can see more of the all-or-nothing approach which caused so much damage last year.

I was in fact really disappointed that yesterday my colleagues rejected a good-faith offer to provide relief to workers and families who are still struggling in this country to get back on their feet, even after Democrats time and time again offered compromises to try to get a deal. We tried hard to reach a fair agreement that both sides could support, and we are going to keep trying. I hope today our Republican colleagues will think of the many families out there who need this lifeline and look at the great bipartisan work done on the appropriations bill, and I hope they will reconsider their return to all-or-nothing political tactics.

I know there are fundamental differences here between the two parties. I know compromise is never easy. But we can't afford to let those challenges get in the way of delivering for the families and communities we serve.

And we don't have to. The legislation Chairwoman MIKULSKI and Chairman ROGERS just completed is proof that there is a much better way to get things done. If both sides are willing to continue to make some tough choices, there is much more we can do together to create jobs, strengthen the recovery, and build the foundation for stronger, broader growth in the future.

I thank Chairwoman MIKULSKI and Chairman ROGERS again for their leadership. I hope we can all build on their bipartisan step forward by choosing to work together, and find opportunities for compromise and continue to deliver for the American people.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Kansas.

HEALTH CARE

Mr. ROBERTS. Mr. President, today I wish to stress the problems and impact the President's legacy program, the Affordable Care Act—known as ObamaCare—is having on Kansans and, for that matter, patients and people all over the country.

I know some of this has been repeated over and over. The problem is, it seems the administration continues to turn a blind eye, unfortunately, to some very egregious problems which plague the President's legacy program. Perhaps the title of my remarks should be "Promises Made and Promises Not Kept."

When I travel home to Kansas and talk to people involved in the rural and urban health care delivery system, folks who came to the townhall meetings because they were worried and concerned about ObamaCare to begin with, that concern turned to frustration, then it turned to fear, and now it switched back into anger. They have said: What on Earth can we do to solve some of these problems and these challenges which are directly affecting people in such an egregious way?

I think everybody now understands the rollout of the health care exchanges was a debacle. I think that is the favorite word of the people writing and providing news about this. But the point is the administration has failed to hold anyone at the Department of Health and Human Services accountable for the complete failure of the exchange, the waste of taxpayer dollars, and the confusion and headaches this has caused. I know the only one who has been held accountable—or terminated, if you will, fired—was the current contractor and they have hired a new contractor. There is news—which we would have to confirm—that the new contractor was recently fired by the National Health Service in Great Britain for being \$2 billion over on the contract. That doesn't bode well if we are going to actually fix this Web site.

At the time of the rollout, the refrain was that ObamaCare is certainly more than a Web site. Similar to NANCY PELOSI's words prior to passage, we were all told: Just wait and see. That is still what the refrain is, with the presumption that things are going to work

out, it will just take time, for the American people.

Unfortunately, what I and many of my colleagues have said is coming true and a lot of people back in Kansas have told me is coming true in what they are going through, and it is the polar opposite of what was promised by this President. Again, promises made, promises not kept.

Estimates are that over 5 million people have received cancellation of their health care policies and that is just in the 35 States for which we have estimates. So much for the promise, "if you like your plan, you can keep it," which has been highly publicized.

The President proposed a so-called fix to this problem, which caused insurance companies to scramble to delay things until after the midterm election, and the only person in America for whom this was convenient was the President. It is still not working.

What about the promise of less cost? A specific promise made by the President, of those people forced into the exchanges we continue to get reports—firsthand reports, I know, to everybody in the Senate and the House as well—reports that have received a lot of coverage with regard to the news media that the premiums are going up, not down, as promised by the President. There are reports of ObamaCare more than doubling people's costs and increasing deductibles by sevenfold. I am not sure that is the average, but that at least is a high one with regard to some of the reports that are still coming in, obviously becoming then more than people can afford.

It is no surprise that only 2.2 million have signed up, and 2 to 1 on that goes to Medicaid as opposed to the new program, so one can see where we are headed with regard to Medicaid and some of the challenges there. That is according to the recent estimates of the Department of Health and Human Services. That is far below what was expected.

Of those enrollees, only one-quarter of them are young and healthy individuals, and that is a problem. Without younger and healthier people in the exchanges to offset costs, we can only expect premiums to rise even higher. Once people are enrolled that is not the end of their problems, however. Some folks in Kansas are reporting that when they go to the doctor, they only then discover they do not have the insurance they thought they purchased. Some have had to cancel planned appointments with their doctors because their exchange coverage was not in order or could not be confirmed. In some of the worst cases, patients in the emergency room were forced between getting care they desperately needed or leaving to avoid high costs when their coverage could not be verified. That is exactly opposite of what the President promised—again, promises made and promises not kept.

Emergency rooms will face more problems in the future. Recent studies

have shown that instead of reducing emergency room utilization as the President promised, which has been identified as a crowning achievement, people with coverage are actually accessing the emergency room more than their uninsured counterparts.

Some weeks ago I spoke about one of my favorite topics, in that as a member of the HELP Committee and the Finance Committee, the amendments that I had dealt with rationing and the worry of rationing with regard to the Affordable Health Care Act or at that time what was called PPACA, now referred to as ObamaCare or the Affordable Care Act, depending on which side you are on.

These rationing boards represent some of the more frightening aspects of the law. I have always referred to them as the four rations. I think a colleague of mine, who is an expert on health care, actually said they are the "Four Horsemen of the ObamaCare Apocalypse."

Let me go down these four rations. It gets involved, but patients and people worried about their health care coverage have every reason to worry about them.

First is the CMS Innovation Center. We know what that stands for, the CMS Innovation Center. That allows CMS to use taxpayer dollars to invest in ways to reduce patient access to care that they may want. What this means for patients is the CMS has a new and expanded power over and above what they are already doing to cut payments to Medicare beneficiaries, with the goal to reduce program expenditures but the reality being they will reduce patient access to health care, to their doctor.

Second, rationing. The new authorities granted to the U.S. Preventive Services Task Force—that is a mouthful, USPSTF—I don't know how on Earth one would pronounce that acronym, but it is the U.S. Preventive Services Task Force. These folks are to determine what should and should not be covered by health insurance. It is some unelected group of bureaucrats deciding what should and should not be covered by health insurance. What this means for patients is that if the USPSTF, the mouthful acronym doesn't recommend it, then it will not be covered by your health care plan and you will bear the cost of the procedure.

Here is the third rationing. The Patient-Centered Outcomes Research Institute, that is the PCORI, if you are discussing health care policy with CMS or the Department of Health and Human Services, does comparative effective research—comparative, effective research, CER.

To me, that is a slippery slope—that I tried to amend back during consideration within the HELP Committee and the Finance Committee, unsuccessfully on a party-line vote—that will lead to the government deciding whether the care or a treatment a patient wants is

worth paying for. What this means for patients is that research could be abused to arbitrarily deny patients access to treatments or—and treatments by age or by gender or by race—services to save the government money.

If that was not enough, finally, the fourth horseman, there is everyone's nemesis, IPAB, the Independent Payment Advisory Board. We don't want to saddle up on this horse. This is a board made up of 15 unelected bureaucrats who will decide what gets to stay, what gets to go into Medicare coverage. We used to do that in this body and over in the House. It was alleged during debate that we could not make those decisions because we were too close to the people involved.

What is that all about? Isn't that what we are supposed to be doing in terms of representing the folks we represent? No, it has to go to this 15-member unelected board that will decide what gets to stay and what gets to go in Medicare coverage.

They will decide what treatments and services will be covered and which will not. The primary reason is to save money. Goodness knows we are all for saving money in the health care system—or saving money period, given our national debt and all that involves. This Board has no accountability. There is no confirmation process; they are appointed. There is no real transparency and we cannot do anything about it. I think the provision of the bill is we can say, wait a minute, they made the wrong decision on Medicare payments to hospitals or to any part of our health care delivery system, that we could by a supermajority, 67 votes, maybe change it, maybe not.

I have been talking about the four rations for a long time and what it means to patients. I will continue to talk about that. I will come to the floor after next week and see if we can't put this together in a little bit better way so people are alert to what is going on and people are alert to what dangers lurk for them in regard to the availability of their doctor and their current way of treating themselves and their family.

What is scary about this, as I watched all the other warnings and broken promises come true, is what is going to happen to Kansas constituents and those across the country when these new warnings about ObamaCare continue to come true. The bottom line? We need to protect, we truly need to protect the all-important relationship between the doctor and the patient, which now is at risk.

In order to do that, it seems to me that small fixes are not going to do this. We need to repeal and, most importantly, replace ObamaCare with real reforms that work, not only for Kansans but everybody across the country. The whole program needs to be repealed, replaced, defunded, delayed, not just the parts that are politically convenient for the President or the parts that have yet to be decided

by the President as the Lizzy Borden ax falls in regard to those decisions. I know Kansans and the American people certainly deserve better.

I am going to talk and talk about the four rationers again in more detail. This only serves as a warning and an alert about promises made, promises not kept, but people have to understand who these four rationers are, what they intended to do, and what the dangers are and why amendments to prevent rationing were not successful in the beginning when this bill was passed.

I yield the floor and it appears to me we do not have 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 (Mr. KING). Without objection, it is so ordered.

Mr. CORNYN. Mr. President, today the Gallup organization released a new poll that asked the American people a simple question: What do you think is the most important problem facing the country today? The results should not shock anyone. Twenty-one percent of the American people think the Federal Government is the problem. This is a quote from the poll: "Dissatisfaction with government/Congress/politicians; poor leadership/corruption/abuse of power."

Eighteen percent of the American people say the economy is the biggest problem facing the country. So 21 percent say it is Washington and the Federal Government, and 18 percent say it is the economy.

I would point out that, not coincidentally, Politico has a story this morning that highlights one of the sources of this dissatisfaction. It cites senior White House officials describing the Senate Democrats meeting with the President at the White House this afternoon to talk about their 2014 playbook, and some of it is going to be to cover the themes the President is going to talk about at his State of the Union speech. According to Politico, the aim is to highlight the differences with the GOP and to provide fodder for the Democrats along the campaign trail even though these measures stand little chance of passing in Congress.

There is nothing wrong with our Democratic friends having a philosophical difference with the Republicans, or political differences, for that matter, and it is logical that there would be different approaches to solving our Nation's problems. But this calculated effort—starting at the White House with the President of the United States having a team meeting with our Democratic friends to look at how they can contrast their agenda with that of the Republicans—strikes me as a shallow and cynical effort to distract people from the fundamental problems which are facing our country.

We know the President has been in office 5 years now. The economic recovery, after 2008, has been anemic. After the Federal Government has paid out almost \$¼ billion in deficit spending for unemployment benefits on an extended basis, you would think the kind of meeting the President would want to have—not with just Democrats but with Republicans—is to figure out what we can do together to deal with this anemic economic growth and get America back to work.

The President's promises about ObamaCare, one after another, have proven to be untrue. The statements he made about his health care plan—such as if you like what you have, you can keep it; the price of your health care will go down an average of \$2,500 a family; if you like your doctor, you can keep your doctor—have not proven to be true. None of it has proven to be true.

So why in the world can't we work together to try to address the problems? The problem about lack of access to health care isn't going to go away, but it looks as though all of this has been put on the shelf in an effort to try to drive a wedge between Americans for no other reason than to shore up his political base leading up to the 2014 midterm election. Why else would the President use his bully pulpit to stomp for legislation that has no chance of passing in Congress?

This last exercise—actually a very sad exercise—started about a week ago when the majority leader brought a bill to the floor that would extend long-term unemployment benefits. It wasn't paid for. In other words, it would add \$6 billion to the national debt, and it would be for 3 months.

Well, on Monday of last week when we had a vote—the Presiding Officer will remember we had a lot of bad weather—17 Senators were not able to be here for that vote. It was as if the majority leader intended to go forward knowing 17 Members of the Senate were not going to be here, because he really wanted the bill to fail, not to succeed. Well, I and others encouraged him to reconsider, and thankfully he did. So we had that vote on Tuesday a week ago, and we got on the bill.

The President ought to be bringing Americans together, not pitting them against one another. Of course, the President isn't the only one to blame for the people's dissatisfaction with government. I am sure there is plenty of blame to go around, but Majority Leader REID has to accept a major part of the responsibility for the dysfunction of the Senate and for the failure of the unemployment insurance extension bill.

Republicans, in an act of good faith, filed 36 amendments that we believe would have made that bill a better bill. The majority leader said, no, there will be no amendments, no votes. Take it or leave it. He then came back later on and said: We will make these other changes, but these are the only

changes we are going to make, and we are not going to have an open amendment process and vote. So instead of allowing the Senate to function, the majority leader filled the amendment tree and blocked every single Member of the Senate—Democrats and Republicans alike—from offering even the most reasonable amendments.

Senator COBURN, for example—Senator TOOMEY was down here talking about this today—had an amendment which would have ended unemployment compensation for millionaires and billionaires. What could be more common sense than that? Why can't the Senate—Republicans and Democrats alike—come together to vote on such amendments? Well, you will have to ask the majority leader about that because the Senate voted on a similar amendment in 2011 and voted 100 to 0, but the majority leader still decided to block this amendment on this bill even though it would have improved the integrity of the Unemployment Insurance Program.

Many other colleagues worked in good faith with the majority leader through the weekend to try to come up with another option. Senators COLLINS, HATCH, INHOFE, PAUL, SCOTT, THUNE, and PORTMAN all filed amendments which would have created jobs in a variety of ways and help grow the economy. What better way to deal with the problem of unemployment than to help grow the economy and create jobs? The alternative seems to be: Let's just give them unemployment compensation and they will be happy. I daresay there are very few people who are unemployed who are happy accepting unemployment compensation. They would much prefer the dignity and self-respect that comes along with working if they could simply find a job to do.

Irrespective of this demonstration of good faith by Republicans to try to improve the bill and help grow the economy and get people back to work, the majority leader's response was to block every single vote. He instead chose politics over commonsense proposals that would help get Americans back to work.

I must say this is in stark contrast with what we have seen happening in the House of Representatives. This is a shocking figure, but the House of Representatives has passed 170 pieces of legislation—many of which deal with the poor growth of the economy and the need to create jobs—that the majority leader has ignored. One hundred seventy pieces of legislation have passed the House. Basically all of them passed on a bipartisan basis, but the majority leader of the Senate has ignored them.

These include the Northern Route Approval Act, which approves the Keystone XL Pipeline. By the way, the President said he would announce his decision on whether to approve the connection of this pipeline which would connect the pipeline from Canada all the way down to Port Arthur, TX,

where refineries exist that would make this into gasoline and jet fuel and other byproducts.

The House passed a piece of legislation called the Keep the IRS Off Your Health Care Act, which prohibits the IRS from implementing ObamaCare. I understand that is controversial. The majority leader wants to try to protect ObamaCare, with all of its flaws, which are becoming apparent on a bipartisan basis.

Here is another one that should have enjoyed bipartisan support in the Senate. It is something called the SKILLS Act, which eliminates and consolidates Federal job training programs. There are over 40 different job training programs in the Federal Government. Can you imagine what might happen if those programs were consolidated so the money that is now used for overhead and administration could be used to actually train people and provide them the skills they need in order to qualify for many high-paying jobs that go without trained workers? If Senator REID were serious about that, he would have taken up that bill and allowed Democrats and Republicans to improve it with their amendments. Yet he refused to allow it to even be considered.

Then there is the REINS Act, which allows Congress to vote on major regulations that cost the economy over \$100 million a year.

One big frustration back where I come from in Texas, when I go home every weekend, is people ask: How come nobody seems to be held accountable? When things don't work, how come nobody gets fired? How come Congress and the President kick the can down the road?

Well, of course, one of the biggest challenges we have when it comes to accountability is the regulatory state—the bureaucracy, the people who are appointed by the President who have the authority to issue regulations. As the Presiding Officer knows, this isn't legislation that people vote on. These are regulations that are promulgated by administrative agencies. But when they have an impact of over \$100 million on the economy a year, doesn't it make sense that Congress—the only people the American people can hold accountable—would get a chance to actually vote on whether they should be approved and have a discussion on the cost-benefit analysis rather than have the regulatory agencies run amok and have litigation as our only recourse? Well, you get my point.

The majority leader has shut down every effort by the House of Representatives to pass legislation and have it come over here to the Senate to try to improve our anemic economic recovery since the great recession of 2008. That is the reason economists say this is an atypical, an unusual recovery from a recession, because usually it is kind of V-shaped. Once you hit bottom, you bounce back pretty quickly. What we have is a U-shaped recovery that is al-

most flat-lined with an economic growth that is not fast enough to keep up with the population increase. So not only do we have 7 percent or higher unemployment, we have—at least for the last 30 years—a historically lower percentage of Americans actually participating in the workforce.

One of the reasons the unemployment figures are coming down is not necessarily because the economy is getting that much better, but because people are giving up. They quit looking for work. That is an American tragedy.

The House is acting not only to try to earn the American people's trust and confidence but to get the government out of the way and to let the private sector create more jobs.

Conversely, the Senate, under the iron rule—and some might say the dictatorship—of the majority leader, is neither afforded the opportunity to actually consider this legislation that has passed in the House nor to offer amendments and improve legislation that is on the floor of the Senate, such as the long-term unemployment insurance bill that was on the floor this last week. That is one reason why I think Gallup says that 21 percent of the American people cite that as the biggest problem facing the American people today: dissatisfaction with government, poor leadership, and abuse of power. It doesn't have to be that way, and it won't be if the American people give our side of the aisle the majority in November. It will be different.

I thought the Republican leader, Senator MCCONNELL, gave a really important speech last week, saying if the voters give us the responsibility for leading in the Senate, we will return the Senate to its prior reputation as the world's greatest deliberative body. Whether a person is a Democrat or a Republican, whether I like an amendment or not, we will all have an opportunity to offer our ideas, and we will have a chance to vote them up or down. That is the way the Senate used to work. That is the way I think most Americans think it should work, and that is the way it will work if we are given that opportunity.

On the topic of the health care exchanges that opened on October 1 under ObamaCare, we learned that the first reports about the composition of the pool of people who signed up for ObamaCare has caused reasons for grave concern. The vast majority of people who signed up under the exchanges are older and sicker. That, of course, is their right. But many young people—necessary to provide the actuarial stability and success of these exchanges—have chosen to take a pass. We have asked for those numbers to be released on a weekly basis. As a matter of fact, the House is going to take up a bill that will increase transparency in these insurance exchanges so Congress and the American people can be better informed about what is exactly happening with the implementation of ObamaCare.

I remember 5 years ago I was out on the Capitol steps when the President, in his inaugural speech, told the American people—he said these words: "Transparency and the rule of law will be the touchstones of this Presidency." Those are stirring words. As an advocate of open government, transparent government, and freedom of information, I thought that was a very positive statement by the President. But, today, in light of what has happened since that time, they seem to be a bad joke.

ObamaCare is the most recent example. It has been 3½ months since these Federal exchanges officially came online, and the administration still won't provide the American people with reliable, detailed information on exchange enrollment numbers and the problems with the Web site. I don't have any doubt that the Web site problems are going to be and have been substantially repaired. One problem the House has pointed out is there is still no guarantee that if a person puts their personal information into the Web site, that it will be protected against cyber attacks and identity theft—something that ought to concern everybody. One would think that the majority leader was concerned about that too, that he would give us a chance to vote on the legislation that passed the House earlier this week.

In order to help Americans get better information about ObamaCare, Senator ALEXANDER, the senior Senator from Tennessee, has introduced legislation that would require the administration to provide weekly updates on exchange enrollment and Medicaid enrollment, as well as Web site problems and other issues. The cost of this legislation, according to the Congressional Budget Office, which is the gold standard when it comes to scoring the cost of legislation, is zero. It is a big goose egg. I am proud to be a cosponsor of that legislation. Unfortunately, the White House has already issued a statement saying it would veto the legislation if it passed because it would be "too costly." The majority leader and the President have been pursuing legislation this last week that would have increased the deficit and the debt by \$6 billion, but they are unwilling to consider this transparency legislation that would cost zero because they say it is too costly.

It is true the problems with ObamaCare go well beyond just a lack of transparency, as we all know. For starters, the President continues to treat ObamaCare as a law that means whatever he wants it to mean, whenever it is convenient for him, because he continues to change the law by executive waiver. This is another common question I get back home. People say: How can the President delay the employer mandate while the penalty against me as an individual—the individual mandate—remains the law of the land? How can he carve out or exempt certain parts of the population

from the application of the law? How can he claim executive privilege when it comes to cooperating with oversight investigations by the Congress? How can he do all of these things in a country that is founded on the rule of law and where no man and no woman is above the law, and no man and no woman is below the law? We are all entitled to equal protection of laws. How can the President choose which laws to enforce and which laws to ignore?

Sadly, I don't have a good answer for that. Congress has the authority to pass the law, but the executive branch, under our Constitution, is the one that is supposed to enforce the law. But when the executive branch refuses to enforce the law or ignores the law or purports to waive the law, there isn't a lot of recourse, other than private litigation which takes months and years to conclude. From my perspective, these waivers reflect an utter disregard for the constitutional duties of the executive branch of government. If the President feels as though certain aspects of ObamaCare have become unworkable, it is his duty to come to Congress and say: Work with me to change it. But he refuses to do that. I think some of the most popular words out of his mouth are: I will go it alone. I will issue an Executive order. I will ignore Congress and the constitutional coequal branches of government, and I will do it alone.

The President knows just how unpopular his signature legislative achievement, ObamaCare, has become, even among many Democrats. I talked about accountability a little earlier. Many Democrats who walked the plank with him on ObamaCare and actually believed and, indeed, repeated the promises he himself made about how the law would work are going to be up for election in 2014. He won't be on the ballot. He has been through his last election. There is no way to hold President Obama accountable for his broken promises on ObamaCare. But there is a way to hold the people who supported the President accountable and who repeated statements which have proven to be false about how ObamaCare would work. But if the President feels as though the law isn't working the way it should or if our Democratic colleagues feel as though—notwithstanding their hopes and their aspirations for how it might work—it didn't turn out that way, then what we ought to be doing is working together in order to fix the problem, not perpetuate it.

We know the President is acting as if he is above the law. He is acting as if he can selectively enforce the law based on political expediency. I don't think it is an exaggeration to say that this behavior is undermining our democracy and making the American people even more cynical about Washington, DC. Again, I don't think it is any coincidence that the Gallup poll cites the government as the single biggest problem in America today, accord-

ing to the people polled in this Gallup poll published January 15, 2014.

This administration was supposed to be defined by transparency and the rule of law. That is not what I said; those aren't my words. Those are the President's words. In reality, it has become an administration defined by obstruction, deception, and partisan power grabs, and that is a sad development. One of these power grabs, of course, is ObamaCare itself, which passed on a party-line vote in 2010. But, amazingly, it wasn't really implemented until 2013, starting in October, and people are just now beginning to see what ObamaCare is really like.

We know, as a historical fact, that it was muscled through on a party-line vote, despite major public opposition. Thus far, it has been a complete disaster on just about every level. First, the administration wanted us to believe it was all about the Web site: Yes, we have a bad Web site contractor, but we are going to fix it. These are glitches that can be repaired, and everything will turn out just fine.

But the reality is far different. Much of the regulatory confusion surrounding the President's health care law is a result of conscious decisions and politically motivated delays.

People don't have to take my word for it. The Washington Post reported last month that the White House "systematically delayed"—those are their words—"key provisions of ObamaCare"—and this again is another quote from the Washington Post—"to prevent them from becoming points of contention before the 2012 election."

There was a conscious decision to delay the implementation of ObamaCare until after the President ran for reelection, and now we have seen many aspects of ObamaCare unilaterally delayed until after the 2014 midterm elections.

What about accountability? While the White House is trumpeting a recent increase in signups for ObamaCare—as I said, they are unwilling to release on a real-time basis what the facts are—the number of signups is still dwarfed by the number of people who have had their health coverage canceled because of ObamaCare. If we look back to 2010, it was the very regulation that would result in the estimate by the Congressional Budget Office that tens of millions of Americans would lose their existing coverage under ObamaCare, primarily because of the mandate in terms of the coverage.

For example, a person has grandparents who are required to buy health insurance that includes maternity coverage they don't need and they don't want, so why should they have to pay for it? Well, because ObamaCare says they have to. Why should young people have to pay more for their health insurance when it doesn't really cost that much for them to get the medical care they need? Because they have to subsidize the older generation.

Perhaps no one other than the President has maneuvered more to cover up

ObamaCare's shortfalls than the person at the head of the Department of Health and Human Services, Kathleen Sebelius. My colleagues will recall that back in 2010, Secretary Sebelius threatened to ban certain insurance providers from ObamaCare if they communicated with their own customers. They wanted to tell their customers what would happen to their existing insurance coverage if this law passed, and they were threatened by the Secretary of Health and Human Services, who said: If you communicate with your own customers, you are going to be punished.

Last year, it came out that Secretary Sebelius later on was shaking down private insurance companies to help fund ObamaCare's implementation. For that matter, when Americans began to lose their existing coverage because of ObamaCare regulations, the President initially blamed it on what he called "bad apple insurers," even though this administration knew years ago that the law would force millions of people to forfeit their existing coverage. Yet the President—I think it was almost 30 times; certainly more than 20 times—said: "If you like what you have, you can keep it." But he said that knowing that tens of millions of Americans would lose their existing coverage, and many of them would lose the ability to continue to be treated by a doctor of their own choosing because they would no longer be part of their plan.

I submit that what I have just recited has contributed a lot to this poll which has said people think government is the biggest problem facing the country today. I have just a few final thoughts—I see the Senator from Missouri here—before I yield the floor.

I conclude by saying that the core conceit of ObamaCare, indeed, the most offensive part of it, is that the folks who supported it—from the President to those who voted it into law—understand that the health insurance needs of individuals are better decided by those individuals and their families and the doctor they trust. But as a result of this arrogance, millions of health plans have been canceled, and millions more will be in the future. The premiums and the cost of health care coverage have skyrocketed, together with huge deductibles, which essentially would leave people self-insured. Many people have been forced into ObamaCare plans that have \$5,000 deductibles. So for all practical purposes, people are self-insured.

We know that health care providers have also been forced to deal with enormous uncertainty. I hear it every day from the physicians and hospitals and health care providers in Texas.

We also know that America's already weak recovery has been made even weaker. As I said earlier, historically, a rebound after a recession is sort of V-shaped. After you hit the bottom, you bounce back, and you get a spurt of economic growth. But not this time, not with the ObamaCare recovery or lack thereof.

The National Bureau of Economic Research has said that ObamaCare may eventually “cause substantial declines in . . . employment,” and that seems very intuitive in what we are seeing happening today.

It did not have to turn out this way. How was ObamaCare sold to the American people? Well, under false pretenses. We know that because 90 percent of people polled said they liked their current coverage. That is why the President said: If you like what you have, you can keep it—which has proven to be false. But the premise of ObamaCare was everybody gets covered. But even under the Congressional Budget Office estimate, ObamaCare will leave 31 million people uninsured by 2023. So not even the underlying premise of universal coverage under ObamaCare is true.

Republicans believe that expanding health care choice and health care portability are important ways to reduce costs across the board, and really the reason why people are uninsured is because they cannot afford it. We need to bring down the cost, not to raise the cost, which has happened under ObamaCare.

I believe, and I believe my colleagues believe, that by adopting sensible, targeted reforms—not to undermine the coverage for 90 percent of the people who like what they have but to deal with the 10 percent who do not like what they have or do not have coverage they can afford—we need those kinds of targeted reforms to help the uninsured and help those with pre-existing conditions, without disrupting everyone else’s existing coverage, without throwing out the baby with the bath water.

We believe families understand better than the bureaucracy what the health care needs are in each family. If given the opportunity, we will start over, once ObamaCare collapses of its own weight or when finally there is a universal recognition in the halls of Congress that we have to start over and do better, but do it better by replacing ObamaCare with patient-centered reforms that I know the American people want and they deserve.

I yield the floor.

The PRESIDING OFFICER (Mr. COONS). The Senator from Missouri.

Mr. BLUNT. Mr. President, I want to follow right along with what my good friend, the Senator from Texas, was talking about.

First, I would like to say, I think one of the philosophies of government was so well stated in such a succinct way by Abraham Lincoln at Cooper Union in New York in 1860 when he said: Government should do for people only those things that people cannot better do for themselves.

There are some things in health care that government actually could do to then let people do things better for themselves. That is why our side, beginning in 2009—and before that—advocated things like buying across State

lines, a bigger marketplace. Organize a marketplace. Do not try to operate a system. Do not try to create an environment where people cannot make decisions about what they want and somehow that we think the government can make those decisions better.

As the Senator from Texas said, we all talk to people every day who had coverage they were happy with that met their needs, and now they are told by the government: Your new coverage is better. It does not matter if you do not have any children, you have pediatric dental care. It does not matter if you are retired and plan not to have children, you now have maternity coverage. It does not matter if you have always had insurance, this covers people with preexisting conditions.

The American people have figured this out, and they do not like it. The system we had at the workplace-based insurance was largely a system that developed by accident after World War II, but, interestingly, 85 percent of the people who had insurance, got it at work, and 90 percent of them were happy with it. I think that is going to be the next thing we find out as we walk down the road: how many people are no longer going to get their insurance at work.

But now we know the impact on people who generally did not have insurance at work or have insurance for the first time. I have some stories I want to share from people who have contacted our office in the last few days, and that is since I was here a week ago to talk about some stories I had then from people who were telling me.

Just earlier today—additional anecdotal evidence—I heard from somebody who, at age 27, left their family policy to get their own, first insurance policy ever, with the biggest insurance company in the country. They went to the doctor they had always gone to, and the receptionist, the people dealing with her, said: We don’t take that insurance here anymore. Then her request was: Well, I want to see the doctor I have always seen. Can I just pay cash? The answer was: No, you can’t pay cash because we now know you have insurance. Under the new Federal requirements, you cannot pay cash to see the doctor you want to see; you have to go somewhere that will take your insurance.

Surely that is not what we all really intended to do. Those people here who voted against the bill, even those who voted for the bill, even those who, like me, spoke against it, would not have anticipated that one of the prohibitions would be that you could not pay cash to see the doctor you want to see because you find out that your insurance does not cover your doctor. This is actually a step beyond: If you like your doctor, you can keep your doctor. This goes to: If you like your doctor, you cannot even pay your doctor to see your doctor, if the policies available to you did not let you see your doctor.

But here are some letters I got just this week and some email messages

and some text messages, but all from Missourians. Even though I am not going to give anybody’s last name, these happen to be all Missourians whom I think my staff has called and asked: Do you mind if we tell your story, just in case your neighbor figures out this must be you if you are, for example, Christina from Lee’s Summit, MO.

Christina says she is a single mother of two. She is working her way through school as a waitress, working 25 hours a week. She previously received insurance through her employer, but she was not allowed to renew that plan, and now the cost of her daughter’s deductible will go up from \$100 a year to \$2,500 a year—a 2,500 percent increase.

As the Senator from Texas said earlier, some of these deductibles for most families are like you do not have insurance at all. I do not know what Christina’s situation is, but I know somewhere there is a 25-hour-a-week waitress with two kids where if they are told their deductible is \$2,500, that means they really do not have any coverage because they do not have \$2,500, and they are not going to figure out how to get \$2,500, and they cannot get insurance that makes that difference.

Jeanna from Kansas City has a birth defect that eventually resulted in her having to have a hip replacement and hip revision. She has had health insurance every year of her life until this year. Her previous Blue Cross Blue Shield policy is no longer available, and policies on the exchange are just too expensive.

She says:

At this rate, we won’t be able to afford health insurance in our current situation. I want to go back to the old system! At least I know I have insurance and that I have my doctors too. My primary doctor retired due to Obamacare.

She says:

I’ve always had health insurance for me and my family. After 2014 I won’t.

I wish that was an unusual letter, but it is not. Surely, there have to be people benefiting from this system. Just the law of averages would catch up with you. Somebody has to be having coverage they did not have before. Maybe they could not get in the State high-risk pool. By the way, we could have expanded those. That was one of the proposals I made for people who had a preexisting condition.

The biggest challenge to reality, I think, of this whole debate has been that nobody else had any other ideas, that this was the only set of ideas out there. I brought a list to the floor the other day of the 10 or 12 bills I introduced as a House Member. The biggest one was 75 pages long. One that, according to Senator HARRY REID, the majority leader, has accounted for a third of the people who went on insurance because they were able to join their family’s policy—I introduced that bill in the House. It was 4½ pages. I guess if I had been really good at this—and that was a third of the people on

insurance—I could have come up with a bill that was about 12 or 13 pages, and we would have gotten everybody. We did not need 2,700 pages of legislation, if 4½ pages get a third of the people who are now covered.

Mitchell in Weston, MO, said he still has insurance. His premiums will go up over \$40 a month. Frankly, that is one of the better stories I have had—somebody who still has insurance, and it is \$40 a month higher. But he says:

This ObamaCare is not the answer for Americans with [or without] health care insurance. This is a national problem now.

He says:

My health insurance is going up only \$40.00 a month starting [in] January. But that is still \$120.00 a week for my wife and me.

He says:

Most of my friends' insurance rates are going up \$100.00 and more a week.

I do not know if that is a scientific survey, but that is Mitchell's view of what is happening with most of his friends.

Toney is a former owner of a hardware store. When he closed his store, he was not able to find insurance. Toney is from West Plains, MO.

He enrolled in the Missouri State Health Insurance Pool, the high-risk pool. But when it was terminated, he was told to enroll in the Federal health exchange. I think he has finally gotten that done. He just says it happens to cost him more than it cost him before. Remember, the high-risk pool—here is what Toney says in his letter:

When national health care became available the legislature—

This would be the Missouri legislature; I think this is what happened in most States—

voted to end the [Missouri High-Risk Pool] effective Dec. 31, 2013 and sent me a letter saying I should enroll in the Federal program. I began on the web site the first week in October and made some attempt to enroll every day thru October and November. I was finally successful in accessing the policy plans available just before December 1st.

Here is another point I want to make too. The rollout itself has had negative consequences on the makeup of people who have insurance. I think there are many reasons why young, healthy people will decide not to buy insurance. One is that it costs them relatively more than it ever has before under the law.

In December, in fact, if you were in your early twenties, you were paying about one-fifth of what someone was paying for health insurance in their early sixties. But in January, you had to pay at least one-third of what somebody was paying in their early sixties. People's insurance in their early sixties did not go down, but people's insurance in their early twenties went up. I just had a dad today tell me—and besides that, you tell young people—and you can get insurance if you have a serious health care problem because there is no prohibition if you have pre-existing conditions.

So if you are a young person, your insurance—this is the most uninsured

group: young healthy people who think they are young and healthy and probably do not need insurance because they are young and healthy, who should worry about an accident. I mean, I am a dad. I understand how you have these discussions: Now, wait a minute. That does not cover all of your potential problems.

But still, this is the biggest uninsured group. They are not signing up, and part of why they are not signing up—one of the smaller reasons, there are fundamental problems with the plan itself. But believe me, if you are wondering if you should get insurance every day, you are not going to do what Toney did. You are not going to be on the Web site every single day from October 1 until December 1 until you get insurance. At some point you are going to say: Well, I did not really think I needed this anyway. I am not going to keep beating my head against the wall to sign up for something that all of my friends tell me is a bad deal, and for sure is a worse deal than I would have gotten in December of last year because the law insisted it be a worse deal for young, healthy people.

The White House said last week that the number of people signing up—when they were challenged about the number of people signing up was not nearly enough, they said—well, I think the White House spokesman said: It is not the number of people; it is the mix of people that matters. I think the number they had out there is about 40 percent of the people who sign up need to be under 35 and hopefully healthy. That number is about 25 percent. So the mix is not working. The number is not working. The cost is not working.

According to Shawn from Independence, his premiums for his private policy went up 40 percent. If he elected to drop his private policy and sign up on the exchange, according to him his premiums and deductibles would more than double, and he would not qualify for any subsidies. So for Shawn the best deal was the 40-percent increase. He had a more than 100-percent increase if he went to the exchange and higher deductibles.

Lynn from Farmington, MO, says that at Mineral Area Regional Medical Center premiums increased even more than usual due to the Affordable Care Act requirements. We have increased the employee's portion of the health insurance premium in order to increase deductibles and copays due to the ACA-required new coverage that every plan has to include.

Barbara at Fulton, MO—Winston Churchill gave the famous "Iron Curtain" speech at Westminster College in Fulton—says: Her husband's Blue Cross Blue Shield plan was canceled because it was deemed "illegal" per the Affordable Care Act.

Her family—her husband and two daughters—is now paying more money for health insurance.

My husband had insurance that he liked, and then we received a letter from Blue

Cross Blue Shield that his plan was going to be discontinued due to requirements of the Affordable Care Act.

They were disappointed.

I was also told that my 4-year-old child should apply for state Medicaid and my 9-year-old child earned too much to qualify for insurance through healthcare.gov.

They qualify for neither of those programs, she says.

Because of ObamaCare, we, as a family, are paying much more for health insurance for our children and my husband is not currently fully insured.

My last letter is from Scott in Independence, MO, who says his employer dropped his retiree health plan for 2014 due to increased costs associated with the ACA.

I do not see here who his employer was. But we have seen big employers—IBM dropped their retiree health plan. UPS dropped their health care insurance for all of the spouses and dependents of their employees, in both cases saying: Well, now you have somewhere to go. You need to go to the exchange rather than the plan you had as part of being a retiree or part of being a spouse of someone who worked here.

Scott looked at plans on the exchange. For a plan that is worse than what he had under his employer, he will pay 280 percent more in premiums, and his out-of-pocket expenses—guess that means deductibles—will quadruple; four times the deductibles, 280 percent for the premiums.

He says—let me read one other thing here. He talks about being a disabled veteran.

Since I am also a disabled veteran and exempt from the ACA, I went to see what my cost would be for a policy for just my 9-year-old daughter. Unfortunately, I cannot enroll her unless I enroll. So my costs will go from \$159 dollars for a Cadillac policy, to \$459 per month for—

His description.

a horrible ACA policy this year. Essentially I was forced to buy a policy I neither want or need. It will cost me far more and provide far less than my cancelled employer plan.

Bigger marketplace with more choices, more ways to ensure you can take your insurance from one place of work to another, more ways to ensure that expanded high-risk pools would let people join those high-risk pools. By the way, if you are an insurance company, you have to participate in that in some way, at least you know that all of the other insurance companies are, too, and everybody in that group is somebody who had a preexisting condition as opposed to having to assume you are going to get less healthy people than hopefully you get.

I would just say that everybody in this country and everybody in the Congress knows more about health care than most people did 5 years ago. I think it would be a good time for us to take all of that new knowledge about health care and see if we can look at this again and do a better job.

I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent to speak as in morning business for about 15 minutes.

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

CLIMATE CHANGE

Mr. WHITEHOUSE. Mr. President, I am back now for the 55th time that the Senate has been in session, each week, to urge my colleagues to wake up to the toll that carbon pollution is taking on our atmosphere, on our oceans, and on our people.

While climate change deniers continue to gin up phony doubt to mislead the public, top American businesses and corporations recognize the risks posed by climate change. They are preparing for the economic fallout. Members of Congress bury their heads in the sand like the proverbial ostrich, hoping the issue will go away, wondering in some cases recently whether the recent cold front disproved decades of research and an overwhelming scientific consensus.

Business leaders in the real world, not the political world, not the polluter-paid, phony-doubt world, business leaders in the real world are doing what they do best; that is, taking steps to protect their bottom line and maintain their relationships with their customers.

Major corporations, even those with large carbon footprints, are taking voluntary action to lower their own carbon output. Some are joining broader efforts to support policies that reduce carbon emissions. Some of our largest and most sophisticated companies are even factoring the economic burden of climate change in their own accounting and their own long-term planning by—guess what—assigning an internal price to carbon.

The Bicameral Task Force on Climate Change, which I lead with Congressman WAXMAN, wrote to over 300 businesses and organizations seeking their views on actions the Federal Government could take to reduce carbon pollution and to strengthen our resiliency to climate change. The response from the business community was very encouraging. Some examples: Coca-Cola, headquartered in Georgia, wrote this:

We recognize climate change is a critical challenge facing our planet with potential impacts on biodiversity, water resources, public health and agriculture. Beyond the effects on the communities we serve, we view climate change as a potential business risk, understanding that it could likely have direct and indirect effects on our business.

That is Coca-Cola. Texas- and Maryland-based Lockheed Martin told the task force of the major headway it has made in reducing its greenhouse gas emissions. I will quote from Lockheed Martin:

From 2007 through 2011, Lockheed Martin reduced its absolute carbon emissions by 30 percent, and continues to focus on carbon emission reductions by championing energy conservation and efficiency measures in our facilities.

Lockheed Martin. Let's look at Walmart, founded and headquartered in Arkansas. Walmart wrote:

We are committed to reducing our carbon footprint and we are working with our suppliers to do the same.

Indeed, I met yesterday with the general counsel from Apple, doing exactly the same thing, working to reduce their carbon footprint, working with their suppliers to push for reductions on the part of their suppliers.

Walmart's 2009 sustainability report shows its longstanding commitment to fighting climate change. Here is what Walmart said:

Climate change may not cause hurricanes, but warmer ocean water can make them more powerful. Climate change may not cause rainfall, but it can increase the frequency and severity of heavy flooding. Climate change may not cause droughts, but it can make droughts longer. Every company has a responsibility to reduce greenhouse gases as quickly as it can.

That is Walmart.

That is why we are working in a number of areas to reduce our company's carbon footprint, and also working with our suppliers and customers to help them do the same. Currently we are investing in renewable energy, increasing energy efficiency in our buildings and trucks, working with suppliers to take carbon out of products, and supporting legislation in the U.S. to reduce greenhouse gas emissions.

That is Walmart. I also wish to commend the Walmart family foundation for the work they are doing on oceans as well as on the atmospheric aspects of carbon. Let's look at Mars, the Virginia-based candy company. Mars states:

We are committed to reducing our greenhouse gas emissions in absolute terms because this is the right thing to do. As climate change has implications for the production of agricultural ingredients, addressing it requires changes to the way we source materials and manufacture our products.

Mars, maker of the famous Mars bars and M&Ms. North Carolina's VF Corporation, which makes major apparel brands such as Lee and Wrangler, Nautica, and North Face says this:

We seek to conduct our business with the highest levels of honesty, integrity and respect. These values are embedded in our approach to sustainability, which reflects our commitment to operating our business so future generations can live with cleaner water and air, healthier forests and oceans and a stable climate.

Toy maker Hasbro, from my home State of Rhode Island, has issued its energy pledge:

Climate change mitigation is a pressing global issue and we aim to reduce our corporate carbon footprint by improving energy efficiency and reducing greenhouse gas emissions at our sites.

Hasbro was awarded a Climate Leadership Award by the EPA in 2012 for excellence in greenhouse gas management.

These companies and their products are household names in this country. They are major players in the American economy.

Lockheed Martin had annual revenue in 2012 of over \$47 billion. We trust

them with some of our most important defense contracts. Coke topped \$48 billion and may be the most recognizable corporate franchise in the world. Walmart is the world's second largest company, with 2012 revenue of more than \$443 billion.

These are serious companies, they are serious about their products, and they are serious about their returns. In part, they earn their impressive returns by being serious about science, and they understand the harm carbon-driven climate change causes. They see the unfair advantage big polluters get when those big polluters don't have to factor the costs of their carbon pollution into the price of the coal or oil.

That is why more and more leading businesses are calling on Congress to wake up and set new ground rules to even the energy playing field. Mars and VF Corporation, along with eBay, Gap, Levi's, Nike, Starbucks, and other name-brand American corporations, are members of the Business for Innovative Climate & Energy Policy coalition—BICEP—which is pushing for energy policies that will draw down carbon emissions and boost economic growth. BICEP is only one of the impressive initiatives organized by Ceres, a nonprofit organization that helps to mobilize investors and business leaders to build a sustainable global economy. If we in Congress are willing to take on the special interests, the polluting special interests that keep Congress barricaded, BICEP member companies and others will have our back.

What we need to do is to price carbon properly, to get a right price for carbon. That means making the big carbon polluters pay a fee to the American people to cover the cost of dumping their waste into our atmosphere and oceans. That is a cost they now happily push off onto the rest of us.

Because of the political control of the polluters over Congress, conditions do not presently allow us to price carbon. So Senator BOXER and those in our new Senate Climate Action Task Force are pushing to change those political conditions. While we are doing that—and we will do that because we have the public, the facts, the science, and the imperative, both moral and practical, on our side—while we are doing that, these big, name-brand American companies have begun to assess their own internal prices on carbon.

A recent report by the Climate Disclosure Project, which gauges carbon emissions and energy usage of major corporations, has identified 29 large companies that use internal carbon prices in their operations or their long-term planning. Some of those companies price carbon to drive energy efficiency. Others see it as a smart way to prepare their business practices for the likelihood of a national American carbon fee. Among those companies are some of the world's largest oil and gas companies, as well as major energy consumers. For example, ExxonMobil

estimates that a price of \$60 per metric ton of carbon dioxide will be assessed on carbon by 2030. BP's figure is \$40, and Devon Energy's is \$15. Some of the biggest carbon emitters in history are preparing for a price on carbon. Let that sink in for a second. The emitters have already baked into their planning a price on carbon—among other reasons, because they know it is the right outcome.

Who else is using internal carbon pricing? Well, Google assesses an internal carbon fee of \$14 per metric ton that it uses to invest in green initiatives.

Likewise, Microsoft charges each of its organizational divisions a quarterly carbon neutral fee of \$6 to \$7 per metric ton. The revenue from those divisions from that carbon fee goes—very similar to Google—to a central fund to support carbon offset projects. Microsoft even published a carbon fee playbook as a guide for businesses looking to establish their own internal carbon fees.

The Walt Disney Company—talk about a nameplate company—charges its subsidiary businesses a carbon fee based on their share of the company's overall footprint.

According to a company statement:

The higher the carbon footprint, the more they pay. We have built this into our capital planning process as well, so businesses have to take the price of carbon into account while planning new projects. The additional operational cost has started to incentivize businesses to seek methods to reduce their impact.

Walmart ran the numbers assuming an economy-wide carbon fee of \$18 per ton. The company finds that “Walmart's early action on emission reductions represents a competitive advantage over other retailers that have not performed such projects.”

Investors, who are behind a lot of these companies, are also voicing concerns about the exposure of their portfolios to the effects of climate change, and they are pushing for climate action. The Carbon Asset Risk Initiative—also coordinated by Ceres—is a coalition of 70 investors worth nearly \$3 trillion. They have pressured 45 of the world's top fossil fuel companies to disclose the climate risks facing their investments in those companies. Should the oil and gas interests prove, well, investors may soon have other resources at hand to evaluate the climate risk to their portfolios. Bloomberg News, for example, has developed for its readers the Bloomberg Carbon Risk Valuation Tool—a model which can describe the potential effect of carbon regulations on fossil fuel company earnings and share price.

Investors and corporate executives take climate change seriously because of how they see it will hurt the bottom line and because of how it will affect their relationship with their customers. They get it. Big nameplate American corporations get it—unlike this building, this institution and the

one down the hall, the Senate of the United States and the House of Representatives, which remain under the control and thrall of the polluting interests and won't take action like these big nameplate American corporations already have.

We can work with these big corporations. We have to work with them to break the campaign of polluter-paid denial that has Congress barricaded. That campaign of denial is as poisonous to our democracy as the underlying carbon pollution is to our atmosphere and oceans. We need to clean up both of them. We need a democracy that is clean of polluter-paid denial, and we need an atmosphere and oceans that are clean of polluter-emitted carbon.

It is time to push back on the misleading propaganda of the polluters. It is time to recognize that our allies are out there to work with us. It is time for us to wake up.

I yield the floor.

The PRESIDING OFFICER. The Senator from Alaska.

U.S. ENERGY EXPORTS

Ms. MURKOWSKI. Mr. President, I had an opportunity early last week to give a speech at the Brookings Institution about the significant opportunity of the United States when it comes to energy production and our opportunity as a nation to expand our energy trade.

I was able to present this speech based on a white paper I have recently released. It is entitled “A Signal to the World: Renovating the Architecture of U.S. Energy Exports.” This builds on a document that I presented to this body, to my colleagues, to folks who care about any aspect of what is going on within the energy industry within our country and our energy opportunities. It is a document that I entitled “Energy 20/20.” It is 115 pages of not legislation but really concepts, discussion points, areas where I think we as a nation have an opportunity to lead when it comes to our energy potential.

When we talk about energy in our country, it is very easy to talk about kind of “all of the above.” I did make a very concerted effort to address all forms of energy we in this country are blessed to have, whether it is our traditional fossil fuels, our oil, our natural gas, our coal resources, whether it is the enormous potential we have with our renewable fuel sources such as wind, solar, geothermal, ocean energy, marine hydrokinetic, our hydropower, the opportunities that present themselves with our biofuels, and the importance, the great significance of nuclear within our energy portfolio.

I didn't want that document to only be yet another document that somebody produces and other good ideas that are thrown out there to just founder. I have been working to present a series of these white papers. I had an opportunity to present one several months back on natural gas. This week it is a paper on the architecture of U.S. energy exports. In several weeks I plan on introducing yet another.

I come to the floor this afternoon to share my thoughts on energy exports with the Senate—all energy exports—and to enter my recommendations on this important subject into the CONGRESSIONAL RECORD. My point, again, is not to trot out legislation in one area or another but as a nation to have us focus on our energy potential—all of our energy potential—and our opportunity to utilize this energy potential to share this amazing wealth we have, whether it is within our traditional fuels or whether it is within our renewables or our nontraditional, to really focus on what it means as a nation to be a nation that enjoys energy abundance rather than a nation that faces energy scarcity.

I think it is fair to say that for far too long the conversation has been based from a position of energy scarcity. It is time to change that focus, it is time to shift that dialogue, that debate, to how do we perform, how do we operate, how do we take advantage of our relative abundance.

Before I start my comments and kind of summarize my white paper and the speech I gave, I want to pause for a quick note. This is the cover of my white paper, which will form the basis for my remarks today. I chose a U.S. Navy photograph that was taken aboard the USS *Carl Vinson*. It was taken by Mass Communications Specialist 2nd Class James R. Evans. I want to make sure he gets the proper credit for the photograph, because as I look at it, it gives me the sense of optimism that I think we should all have about the future of our energy trade. I think that future is bright. I think it is promising.

Let us start the discussion by looking exactly at the opportunity that we do have before us. Simply put, the United States is both producing and exporting more energy now than ever before. We are producing and we are exporting more than we ever have before. Net energy imports are at a 20-year low and projected to fall below 5 percent of total consumption by the year 2025.

To put this into perspective, when I came to the Senate, we were importing about 60 percent of our oil at that time. Net energy imports, now at a 20-year low, are projected to fall below 5 percent of total consumption by 2025. So this is all energy imports.

Energy exports are reducing our trade deficit, and they are boosting American commerce around the world. We have been talking all this week and last about unemployment insurance—how we can work to improve the economy for those who lack jobs or are underemployed. Let me tell you, this is an area of opportunity when it comes to our energy production.

So energy exports are helping us with our trade deficit and they are boosting commerce and jobs, but the regulatory architecture—the framework we are operating under—that governs energy exports is antiquated. It goes back to acts that were passed in the 1930s, in

the 1950s, and in the 1970s. Furthermore, they are applied unevenly across the sector. So my white paper proposes a series of recommendations to renovate our Nation's approach to energy trade and to strengthen America's global posture.

I know around here when you put an idea out on the floor, you also put a target on your back. But I think this is an important discussion for us to have. Again, I am not proffering legislation, but what I am pushing, what I am going to edge my colleagues toward is a greater discussion about energy and energy exports.

The first resource I wrote about in my white paper was coal. I think we have to acknowledge these are some pretty uncertain times for what has truly been the backbone of the U.S. energy supply. Coal is projected to remain the top source of electricity for the next two decades, but we know it faces competition from other energy sources.

There is clearly a regulatory effort that will make the construction of new plants an extremely difficult endeavor, but I think we can see here that net exports of coal are at their highest level on record, and as a share of their production, they are at their highest level in 30 years. Exports of coal are presently free of burdensome regulations. I think they should remain so. I think other Federal regulatory agencies should not require climate change studies in the course of their permitting process for any proposed facilities. I say this because coal is going to be consumed around the world regardless of U.S. trade policy. We know that. We see that. We can point to the countries where they are seeing increased coal imports. The only question here—the real question here—is whether the coal is produced here in North America. If it is produced here in North America, the environmental standards are going to be high—higher than they will elsewhere. So the real question is: Do you produce it where you have stronger environmental standards or are you going to get it from countries where their environmental standards are held to a lower level?

The next resource we are talking about is natural gas. There has been a great deal of discussion of late about natural gas. North America is quickly emerging as one of the world's most important hubs for the natural gas trade. Record levels are flowing to Mexico and Canada via pipeline. The buildup of seaborne export capacity, which requires the liquefaction of gas for loading onto cargo ships, is proceeding too slow under the watch of the Department of Energy. Other nations are approving capacity, they are securing financing, they are building projects, and they are contracting with customers. They are making these long-term contracts ahead of the United States. So a little more in-depth on this particular resource area, building on the white paper. I think

DOE should expedite its review process for applications to export LNG to non-FTA countries. The last time an application was approved was back in mid-November, over 2 months ago now. I don't see the reason for continued delay here.

I do think we have to monitor the role of the other agencies that are involved. We have the FERC, we have the Maritime Administration, and we have the Pipeline and Hazardous Materials Safety Administration. I think it is important to understand whether this process is as streamlined and as functional as it should be.

There are some who are suggesting there needs to be a pause button pushed here, whether it is at DOE, the FERC, or at any other agency. No new study should be commissioned as the NERA study from 2012 is more than adequate and DOE has access to all the latest EIA and the other market data when it issues its orders. Our allies overseas and American workers here at home have waited long enough. We can do more and we can do it in an expedient manner.

The third area is natural gas liquids. A variety of fuels is produced alongside oil and gas as part of the energy renaissance underway here in this country. There is butane, propane, and pentanes plus. These are known as natural gas liquids, and they have various uses. They have not typically represented a major source of either revenue or volume to American exporters. Since the energy renaissance has begun, we have seen exports of more of these products on the uptake. We have seen them surge.

The regulatory structures that surround NGL exports are working pretty well. They are working smoothly. I don't think they require modification. Trade in these products plays a valuable role in reducing volatility and creating additional demand to stimulate production.

Next is the issue of crude oil and condensates. Obviously, this generates a little more interest and discussion, and that is OK, because again, I want to have this discussion.

We are producing more oil in this country today than at any point in the past 20 years. What has happened is this increase has resulted in a plethora of what is known as light tight oil, and this is coming from the Bakken, from Eagle Ford, and from other places around the country. This crude is lighter and sweeter than the U.S. refinery system was built to accommodate. Existing capacity upgrades to existing refineries and logistical feats to transport that light crude to appropriate refineries on the east coast—instead of over on the gulf coast, where you have the heavy refining capacity that dominates—have allowed for new volumes of light crude to be refined and brought to global markets as product.

So you have a situation where under existing regulations the Department of Commerce may license the export of

crude oil under certain conditions, most notably if that oil is destined for Canada. But in addition, you have large amounts of condensates, another hydrocarbon, that cannot be exported, and these are also being produced along with the record levels of crude and natural gas.

Many producers fear that rising light crude production will soon exceed not only our light refining capacity but also the ability of our refiners to adapt to the new production slate. When this point is reached, when this mismatch occurs, the U.S. oil resurgence will collide with the de facto ban that we have on crude oil exports.

You are going to hear people say—the opponents will argue—that lifting the ban is somehow or other going to increase the price of gasoline. Well, coming from a State where we have probably some of the highest gas prices at the pump anywhere, that is not my interest. That is clearly not my interest. But I think there are a number of sound economic reasons why this is not going to be the case.

First, gasoline is a petroleum product and petroleum products are subject to global pricing, just as crude oil is. So to the extent that greater U.S. production of crude oil puts downward pressure on the international oil prices, then production increases have benefited U.S. consumers by marginally lowering the gasoline and the crude oil prices. American consumers are already generally paying a global price for petroleum products, including gasoline, and would also benefit to the extent that lifting the ban on crude oil exports would send a positive signal to oil producers to then increase production.

The second point here is the cost of inaction. Prohibition on the free trade of any product, with all things being equal, increases prices, it creates market distortions, it leads to misallocation of capital, and it has a deleterious impact on job creation. So to the extent the crude oil export ban contributes to supply disruptions and decelerating oil production, which affects unemployment, then the American consumer suffers these consequences. I have taken the position the status quo does not benefit the American consumer. In fact, not acting could actually negatively impact the Nation.

All sectors of the U.S. oil industry are global leaders. Upstream, American technology and expertise enables the growth in production. Midstream, a complex network of pipelines transports that oil across the country safely every day. And then, of course, downstream we have American refiners who are among the most advanced in the world. So lifting the de facto ban will strengthen this system by protecting jobs, boosting production, and enhancing efficiency and specialization.

I mentioned the Commerce Department earlier. They may retain sufficient statutory authority to lift the

ban on its own as part of a larger swap. Some have suggested trading U.S. light crude for Mexican heavy, which sounds interesting, but it is a little more complicated than that. The President may also make a national interest determination that the present regulatory structure, which generally prohibits crude oil exports, is unnecessary and counterproductive. White House action on this matter is of course the shortest way from point A to point B, and if the President is so inclined, he can call me. He can count on my full support on this.

If the White House disagrees with this interpretation of its authority or it chooses to maintain the prohibition on exports, then I think it would be appropriate for the Senate to update the laws to reflect 21st century conditions.

After crude oil and condensates is the growing success story of our petroleum products and their exports. An enormous expansion of the American export profile in global petroleum product markets has accompanied the crude oil resurgence. Exports of petroleum products must continue without burdensome regulations. The U.S. refining industry is the global leader and delivers gasoline, diesel, and other fuel to American friends and allies around the world. These fuels will be consumed whether or not they are imported from the United States, which, again, uses the strictest environmental standards.

Of course, when we are talking about energy production and our opportunities for exports, there is our renewable energy resource. There is renewable technology. Producers of wind turbines, solar panels, and other renewable technologies also help reduce the U.S. trade deficit through our exports. Again, it is very important to make sure, when we are talking about energy exports, to truly talk about all of them, including our renewable technologies. I think the general lack of trade restrictions on renewable energy technology products doesn't need to be modified. If renewable technology is the future, then it needs to be competitive.

Finally, the last area is nuclear technology. The United States has been the undisputed leader of nuclear technology throughout the world. We have produced more nuclear power than any other nation. As the global nuclear trade has developed, what we have seen is that the U.S. market share has declined. I think the Federal Government must continue its efforts to help develop small modular reactors, and I think we can do this without putting international security at risk or violating nonproliferation controls.

The energy resurgence has fueled a beneficial expansion of U.S. energy trade. The evidence is clear that exports can help facilitate enhanced production by opening U.S. supply to global markets. Trade is creating jobs, increasing supply, and enhancing our Nation's security, without doubt. Competition and efficiency are the

strengths of the American economic system. They are not defects. Trade and consumption will occur with or without us.

So the question is whether we can enhance or whether we will demote our global position. To the extent that American-made energy can displace other less clean sources, then the global environment will benefit from enhanced U.S. trade.

People come first, though. We recognize that. The Nation's opportunity to help us alleviate energy policy is one we should not miss.

I believe we need to send a powerful signal to the world that the United States is ready to reassert its role as a leader on energy, the environment, and trade. To me, that is a signal worth sending.

As I have said, this is a debate worth having in the Senate, in this new year, and I look forward to joining my colleagues. I know there are many on the other side who have differing views when it comes to our fossil fuels, but I think we would find alignment in other areas when we are talking about our energy exports and our great potential.

So as we are trying to build our Nation's economy, as we are trying to strengthen jobs across the country, let us not forget the enormous growth potential we hold when it comes to our energy production and potential for energy export.

I yield the floor.

The PRESIDING OFFICER (Mr. MERKLEY). The Senator from Ohio.

TOBACCO

Mr. BROWN. I always appreciate the comments of Senator MURKOWSKI, who is always thoughtful and works across the aisle. I appreciate the work she does.

Mr. President, I rise briefly, joining with Senator BLUMENTHAL of Connecticut and Senator MERKLEY, who is now in the Presiding Officer's chair but who will be joining us, to mark the 50th anniversary of Surgeon General Dr. Terry's groundbreaking report on the dangers of smoking.

The 387-page report released five decades ago concluded something that was almost revolutionary in its time, and was revolutionary in its impact, that said: "Cigarette smoking is a health hazard of sufficient importance in the United States to warrant appropriate remedial action."

We know how our views in this country have changed about smoking. But we also know that 400,000 people every year die from smoking-related illnesses. That says the tobacco companies have to find 400,000 new customers every year, and the people they have tried to seduce into smoking are not people my age. They are the pages' age or even younger. Those are the people they aim at to teach them to start smoking.

It is not just young people that tobacco companies are trying to get addicted to smoking; it is also what they are doing in the developing world.

I was in Poland in 1991 working for Ohio State University right after the Communist government in Poland fell. The first billboards all over Warsaw, Krakow, Lublin, and eastern Poland were tobacco—mostly American tobacco companies but also British tobacco companies. Those were the first billboards up.

So as the tobacco companies try to seduce young people in our country to smoke, they have, in some sense, attacked the developing Third World to get people to smoke there. One of the ways they have done this is by using our trade agenda to weaken public health laws in other countries. Some poor, developing countries have enacted public health antismoking laws, and U.S. tobacco companies and tobacco companies from other countries have tried to weaken—sometimes successfully—those laws.

It is important we close loopholes in our trade agenda which allow big tobacco corporations to undermine these global health standards. This administration's decision not to exclude any one product, including tobacco, from the TransPacific partnership—the proposed trade agreement among the United States and 11 other countries—is a disappointment: It opens years of anti-tobacco public health policies to attacks by Big Tobacco, because under the TPP's investor state provisions, tobacco companies can challenge public health laws in the United States and abroad, all under the guise of and in the name of free trade. A record number of investor state cases were filed last year, according to the U.N. Conference on Trade and Development.

So the public health campaign against tobacco continues in our country and Senator BLUMENTHAL has been a leader in this for well over a decade. It extends to our international politics, our international trade regimen.

We have a lot of work to do. That is why I am pleased to join Senator BLUMENTHAL and Senator MERKLEY in their discussion today honoring the 50th anniversary of Dr. Terry's report.

I yield to Senator BLUMENTHAL.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. BLUMENTHAL. Mr. President, I am proud to be with public health advocates such as the Presiding Officer, my very distinguished and eloquent colleague Senator BROWN, and Senator DURBIN, who was on the floor earlier today on this very subject which remains one of urgency and profound importance to the public health of this Nation.

Indeed, if there is a public health threat, enemy No. 1 in the United States of America, it continues to be tobacco use and nicotine addiction.

We talk a lot in this body, throughout the Congress and throughout the Nation, about reducing the costs of health care. If we were to cut tobacco use and nicotine addiction, it would drastically reduce diseases such as cancer and heart disease and lung problems which reduce the longevity of life

in this country but also create enormous costs in treating those medical diseases. Indeed, the cost of tobacco in health care for this country is about \$193 billion a year, not only in direct medical costs but lost productivity.

I am proud to have fought—and fought successfully—through many of my years as attorney general of the State of Connecticut, working in alliance with other attorneys general, with private health advocates such as the Campaign for Tobacco-Free Kids, the Heart and Lung Association, the American Cancer Society, and private advocates throughout the country who have achieved so much.

When we doubt our achievements on this 50th anniversary of the annual Surgeon General's Report on Tobacco and Health, we should remember the days when 43 percent of adults smoked cigarettes and were addicted to nicotine. We should look at "Mad Men," the very popular TV series, where tobacco use and smoking is ubiquitous. There is barely a scene without it. Those were days when doctors in their medical offices smoked cigarettes, the days when Big Tobacco fervently and vehemently denied that tobacco caused cancer or any of those other diseases.

In alliance with attorneys general and eventually the Department of Justice, we fought successfully to bring out the truth and to help not only change the ads and pitches and promotions of Big Tobacco but also eventually to pass the Family Smoking Prevention and Tobacco Control Act of 2009.

Yet for all the progress we have made—and, indeed, the rate of smoking has gone from 42 percent in 1965 to 18 percent in 2002 among adults—we are still lagging. We are way behind where we should be in preventing all those diseases that come from tobacco and protecting the public. The state of regulation and protection in this country is anemic compared to the danger and the threat.

Between 2000 and 2012, cigarette use declined nearly 35 percent. But in that same period of time, cigar use rose by 124 percent, and especially among young people cigar use is increasing. There are new fronts and new frontiers in the fight against tobacco addiction, and the public health consequences—the disasters and catastrophic health consequences that come from lifetimes of nicotine addiction and tobacco use.

Big Tobacco continues many of the tactics which caused so many people to become addicted and die. It is the only industry which makes the only product that kills its customer, and so it must replenish its customer base by luring new people, new users, and its target continues to be young people—young people who are lured into cigar use and then cigarettes by the use of flavors and all kinds of pitches and promotions which make these products seem more like candy and fruit than they do like the killers they are.

We must accept that a major part of the responsibility belongs to the FDA

and to the Federal Government because there are no deeming regulations, which are necessary to regulate cigars in this country. With 3,000 new people under the age of 18 trying cigar smoking each and every day, the fact that we do not have deeming regulations and strong regulations of tobacco products is simply unacceptable.

Deeming regulations forthcoming from the FDA would allow it to regulate these other forms of tobacco, whether it is cigars or spit tobacco—also known as chewing tobacco—all forms of tobacco and tobacco-like products that threaten the health of young people. I have been consistent, along with many of my colleagues, in calling on the FDA to issue these regulations and hope they will do so quickly.

Let me mention another growing new frontier and threat in this country involving e-cigarettes. These new products offer, in the rhetoric and pitches and promotion of the industry, a way to enable people to quit smoking. Yet they are often pitched to young people with flavors and other gimmicks. For those young people, they are a gateway to smoking and nicotine addiction.

Companies that make e-cigarettes, not coincidentally, are being purchased by Big Tobacco, the makers of tobacco cigarettes. The influence of these companies can be seen in the advertising, marketing pushes, and campaigns of these products which feature celebrities, are candy flavored, and purport to offer a safer alternative to smoking. The ability of big tobacco to market these products, just as they were able to market cigarettes to children, gives them the ability to create a new generation of people who are addicted to nicotine and susceptible to going to other forms of tobacco products.

I call on the FDA to act and to reach a determination that will enable it to regulate e-cigarettes and protect young people and all of us against the dangers and the costs of these new products. They are unknown in their ingredients. Many of them may contain the same or similar carcinogens. Somebody using e-tobacco products has simply no way of reliably knowing because they are unlabeled. The amounts of nicotine are also unknown and unlabeled. Studies of e-cigarettes have found that products claiming not to contain nicotine actually do contain it and the amounts of nicotine may vary widely across products.

What is known beyond any doubt is nicotine is highly addictive. In fact, it is probably one of the most addictive legal or illegal drug there is today. We cannot sit idly and allow this new product to addict a new generation of American children. I hope this year's Surgeon General's report will remind us of the accomplishments that have been made but the dangers and challenges ahead that we must confront.

I am proud to yield to one of the great public health advocates in this body, my colleague and friend Senator MERKLEY.

ORDER OF PROCEDURE

I ask unanimous consent that Senator MERKLEY and I be permitted to speak for up to 5 minutes, and that following our remarks the Senate stand in recess subject to the call of the Chair.

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

Mr. MERKLEY. Mr. President, I ask unanimous consent to utilize a visual aid.

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

Mr. MERKLEY. Mr. President, I am very pleased to be here with my colleagues, from Ohio, the Senator in the Chair, and the Senator from Connecticut who just spoke, to draw attention to this incredibly important health issue here in America: addiction to tobacco and the diseases that come from that addiction to tobacco. We are here to commemorate a report put out 50 years ago by Dr. Terry, the Surgeon General. His report was called "Smoking and Health." The contents of that report shocked the world because it was issued in defiance of a powerful and profitable industry that had repeatedly denied there was any link between smoking and disease. This report made national news by telling the American public things that we now take for granted: that smoking is bad for the heart and lungs; that smoking causes cancer; and that the lives of Americans are routinely cut short due to the use of tobacco products.

This single report created a powerful ripple throughout society, a ripple that has continued in the decades since, growing into a wave that has transformed public health in America and saved an astonishing number of lives. Thomas Friedan, the current Director of the Center for Disease Control, says no other single report has had as large an effect on public health. The Journal of the American Medical Association estimates that 8 million have been saved by the antismoking measures that were launched, directly or indirectly, because of this report. That is a reminder of how far we have come in identifying a significant risk, understanding it, educating the public, and reducing the consequences.

There would have been millions of lives lost had a brave Surgeon General not acted 50 years ago, in 1964. If that Surgeon General had said, as others before him, that is too sensitive, that is too provocative, it will be too much of an irritant to a powerful industry, how many lives would we have lost?

If we do not act now to address tobacco addiction from new forms of the product, how many more American lives will be lost? We must take the courage from 50 years ago and channel it into the courage of today to address a significant health risk and to educate the American public and to change the consequences.

The best way to save lives and improve the quality of life 20 or 30 years from now is to prevent young Americans from taking up tobacco products

today. But big tobacco knows this is true. They know the best way to create lifelong reliable customers for their deadly products is to get kids hooked as young as possible, because in general people do not take up tobacco products after the age of 21. These children are what the industry calls "replacement smokers." It is what I call children today who will suffer from tobacco addiction, disease, and death tomorrow.

The tobacco industry is working night and day to come up with new strategies to create more children as replacement smokers, to keep their industry alive. They have come up with quite a variety of strategies. I thought I would share some of them with you today.

This poster is of a product that is essentially presented as a mint. Here you have an Orb or a mint with a clever little dispenser, shaped like cell phones were shaped 6 years ago when they went in your pocket. The understanding is if kids have this in their pocket the teachers would think they have a cell phone and therefore they would not get busted at school.

It seems kind of incredible that dis-solvable tobacco has developed into mints to addict our children; that you eat them. I have one of these right here. These were marketed in Oregon as basically an experiment to see could you get young people to consume them and become addicts to tobacco.

How about toothpicks made out of tobacco, called "Sticks"? This is unbelievable. How about breath strips that you put under your tongue? How about flavors of all kinds?

I note that our time is running out. I ask the Chair for unanimous consent to speak for 3 more minutes.

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

Mr. MERKLEY. Mr. President, this is an example of the cigarillos my colleagues were talking about. This one is flavored apple. This one is flavored sweet cherry. How about this one. That is strawberry. These products are all about addicting our children.

Here is the long and short of it. In 2009, this Chamber and the House signed a bill that gave the FDA the power to regulate these products. The President signed that bill and, since then, the FDA, the Food and Drug Administration, has done nothing to utilize that power to regulate these addictive products that are going to destroy the health of our children in the years to come.

Finally, from June 2009 until October of last year—so more than 4 years—they finally sent a draft deeming regulation to GAO, the General Accounting Office, and there it sits.

To summarize, let us not accept inaction by the FDA. Let us not accept inaction by the GAO. Let's have the courage the Surgeon General had 50 years ago to take on dangerous products damaging the health of Americans so our children will live better lives.

I yield.

RECESS SUBJECT TO THE CALL OF THE CHAIR

The PRESIDING OFFICER. The time of the Senator has expired.

Under the previous order, the Senate stands in recess subject to the call of the Chair.

Thereupon, the Senate, at 4:24 p.m., recessed subject to the call of the Chair and reassembled at 7:33 p.m., when called to order by the Presiding Officer (Mr. HEINRICH).

The PRESIDING OFFICER. The majority leader.

SPACE LAUNCH LIABILITY INDEMNIFICATION EXTENSION ACT

Mr. REID. Mr. President, I ask the Chair to lay before the Senate a message from the House with respect to H.R. 3547.

The PRESIDING OFFICER laid before the Senate the following message from the House of Representatives:

Resolved, That the House concur in the Senate amendment to the title of the bill (H.R. 3547) entitled "An Act to extend the application of certain space launch liability provisions through 2014.", and be it further

Resolved, That the House agree to the amendment of the Senate to the text of the aforementioned bill, with an amendment.

(The amendment is printed in the proceedings of the House of Representatives in today's RECORD.)

MOTION TO CONCUR

Mr. REID. Mr. President, I move to concur in the House amendment to the Senate amendment to H.R. 3547.

The PRESIDING OFFICER. The clerk will report the motion.

The assistant legislative clerk read as follows:

The Senator from Nevada [Mr. REID] moves to concur in the House amendment to the Senate amendment to H.R. 3547.

CLOTURE MOTION

Mr. REID. Mr. President, I have a cloture motion at the desk, and I ask it be reported.

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

The 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, hereby move to bring to a close debate on the motion to concur in the House amendment to the Senate amendment to H.R. 3547, Space Launch Liability Indemnification Extension Act and the Omnibus Appropriations Act for Fiscal Year 2014.

Harry Reid, Barbara A. Mikulski, Benjamin L. Cardin, Christopher A. Coons, Patrick J. Leahy, Brian Schatz, Jack Reed, Tom Udall, Jeanne Shaheen, Tim Kaine, Patty Murray, Richard Blumenthal, Jeff Merkley, Mark Udall, Tom Harkin, Mark Begich, Mary L. Landrieu.

MOTION TO CONCUR WITH AMENDMENT NO. 2655

Mr. REID. Mr. President, I move to concur in the House amendment to the

Senate amendment to H.R. 3547, with an amendment.

The PRESIDING OFFICER. The clerk will report the motion.

The assistant legislative clerk read as follows:

The Senator from Nevada [Mr. REID] moves to concur in the House amendment to the Senate amendment to H.R. 3547 with an amendment numbered 2655.

The amendment is as follows:

At the end, add the following:

This Act shall become effective 1 day after enactment.

Mr. REID. Mr. President, I ask for the yeas and nays on my motion.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The yeas and nays were ordered.

AMENDMENT NO. 2656 TO AMENDMENT NO. 2655

Mr. REID. Mr. President, I have an amendment, which I believe is at the desk.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Nevada [Mr. REID] proposes an amendment numbered 2656 to amendment No. 2655.

The amendment is as follows:

In the amendment, strike "1 day" and insert "2 days".

MOTION TO REFER WITH AMENDMENT NO. 2657

Mr. REID. Mr. President, I move to refer the House message with respect to H.R. 3547, with instructions.

The PRESIDING OFFICER. The clerk will report the motion.

The assistant legislative clerk read as follows:

The Senator from Nevada [Mr. REID] moves to refer the House message on H.R. 3547 to the Committee on Appropriations with instructions to report back forthwith with an amendment numbered 2657.

The amendment is as follows:

At the end, add the following:

This Act shall become effective 3 days after enactment.

Mr. REID. Mr. President, I ask for the yeas and nays on my motion.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The yeas and nays were ordered.

AMENDMENT NO. 2658

Mr. REID. Mr. President, I have an amendment to the instructions, which is at the desk.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Nevada [Mr. REID] proposes an amendment numbered 2658 to the instructions of the motion to refer H.R. 3547.

The amendment is as follows:

In the amendment, strike "3 days" and insert "4 days".

Mr. REID. Mr. President, I ask for the yeas and nays on that amendment.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The yeas and nays were ordered.

AMENDMENT NO. 2659 TO AMENDMENT NO. 2658

Mr. REID. Mr. President, I have a second-degree amendment, which is at the desk.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Nevada [Mr. REID] proposes an amendment numbered 2659 to amendment No. 2658.

The amendment is as follows:

In the amendment, strike “4 days” and insert “5 days”.

MORNING BUSINESS

Mr. REID. Mr. President, I ask unanimous consent that the Senate now proceed to a period of morning business, with Senators allowed to speak therein for up to 10 minutes each.

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

BUDGET ACT ENFORCEMENT DETAILS

Ms. MURRAY. Mr. President, the Bipartisan Budget Act of 2013, which Congress passed last month, provides relief to families and the economy from the harmful effects of sequestration, more than offsetting the costs of providing that relief with savings elsewhere in the Federal budget. In addition to those changes, the Bipartisan Budget Act also establishes a congressional budget for 2014 and, if necessary, for 2015, authorizing the Chairmen of the Senate and House Budget Committees to file allocations, aggregates, and levels in the Senate and the House for budget year 2014.

Specifically, to provide for continued enforcement in the Senate, section 111 requires the chairman of the Budget Committee to file: No. 1, an allocation for fiscal year 2014 for the Committee on Appropriations; No. 2, allocations for fiscal years 2014, 2014 through 2018, and 2014 through 2023 for committees other than the Committee on Appropriations; No. 3, aggregate spending levels for fiscal year 2014; No. 4, aggregate revenue levels for fiscal years 2014, 2014 through 2018, and 2014 through 2023; and No. 5, aggregate levels of outlays and revenue for fiscal years 2014, 2014

through 2018, and 2014 through 2023 for Social Security.

In the case of the Committee on Appropriations for 2014, the allocation shall be set consistent with the discretionary spending limits set forth in the Bipartisan Budget Act, which imposes limits on the amount of budget authority that can be provided under both the revised security category and the revised nonsecurity category.

Both the discretionary spending limits and the allocation to the Committee on Appropriations can be revised for certain adjustments specifically authorized under the Budget Control Act of 2011. H.R. 3547, the Consolidated Appropriations Act, 2014, which the Senate will soon consider, includes several such adjustments. Consistent with the funding levels included in H.R. 3547, I am incorporating into the allocation to the Committee on Appropriations adjustments for overseas contingency operations and the global war on terrorism, disaster funding, and the program integrity initiative in the area of continuing disability reviews. I am also adjusting for a change in outlays previously designated as an emergency requirement. These adjustments are authorized by section 251 of the Balanced Budget and Emergency Deficit Control Act of 1985, as modified by section 101 of the Budget Control Act, and by section 314(a) of the Congressional Budget Act.

In the case of allocations for committees other than the Committee on Appropriations and for the revenue and Social Security aggregates, the levels shall be set consistent with the Congressional Budget Office's May 2013 baseline, adjusted to account for the budgetary effects of the Bipartisan Budget Act and other legislation enacted since the release of the May 2013 baseline. In other words, in these instances, the new allocations and levels are set equal to the updated May baseline.

In the case of the spending aggregates for 2014, the levels shall be set in accordance with the allocation for the Committee on Appropriations and the allocations for committees other than the Committee on Appropriations, as described previously.

Section 114 directs the chairman of the Budget Committee also to reset the

Senate pay-as-you-go scorecard to zero for all fiscal years. Pursuant to section 114, those revisions occurred immediately upon enactment of the Bipartisan Budget Act. I am now notifying the Senate and including the revised scorecard as part of the submission on revised enforcement for budget year 2014.

Finally, section 112 of the Bipartisan Budget Act establishes a point of order in the Senate against appropriations bills that provide advance appropriations. That act includes limited exceptions to this prohibition including up to \$28.852 billion in advance appropriations for programs, projects, activities, or accounts included in a statement submitted by the chairman of the Budget Committee in the CONGRESSIONAL RECORD. Pursuant to section 112, the list of allowable advance appropriations subject to the limit is as follows.

Accounts Identified for Advance Appropriations. Labor, Health and Human Services, and Education: Employment and Training Administration; Job Corps; education for the disadvantaged; school improvement; special education; and career, technical, and adult education. Financial Services and General Government: payment to Postal Service. Transportation, Housing and Urban Development: tenant-based rental assistance and project-based rental assistance.

My counterpart, the Chairman of the House Budget Committee, Congressman RYAN, similarly is filing allocations, aggregates, and levels in the House. The two filings will allow the House and the Senate to extend budget enforcement measures for 2014, an important principle of the bipartisan deal that Chairman RYAN and I agreed to last month.

I ask unanimous consent that the following tables detailing enforcement in the Senate for budget year 2014, including new committee allocations, budgetary and Social Security aggregates, as well as adjustments to those levels, and the pay-as-you-go scorecard, be printed in the RECORD.

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

SENATE COMMITTEE BUDGET AUTHORITY AND OUTLAY ALLOCATIONS PURSUANT TO SECTION 111 OF THE BIPARTISAN BUDGET ACT OF 2013 AND SECTION 302 OF THE CONGRESSIONAL BUDGET ACT—BUDGET YEAR 2014

[In millions of dollars]

Committee	Direct Spending Legislation		Entitlements Funded In Annual Appropriations Acts	
	Budget Authority	Outlays	Budget Authority	Outlays
Appropriations:				
Revised Security Category Discretionary Budget Authority*	605,882	n/a		
Revised Nonsecurity Category Discretionary Budget Authority*	504,843	n/a		
General Purpose Discretionary Outlays*	n/a	1,201,186		
Memo: on-budget	1,105,600	1,196,030		
off-budget	5,125	5,156		
Mandatory	834,636	818,871		
Total	1,945,361	2,020,057		
Agriculture, Nutrition, and Forestry	12,852	11,862	122,905	107,615
Armed Services	150,201	149,986	110	107
Banking, Housing, and Urban Affairs	22,231	1,767	0	0
Commerce, Science, and Transportation	15,648	10,850	1,460	1,478
Energy and Natural Resources	2,073	4,917	62	62
Environment and Public Works	43,717	3,310	0	0

SENATE COMMITTEE BUDGET AUTHORITY AND OUTLAY ALLOCATIONS PURSUANT TO SECTION 111 OF THE BIPARTISAN BUDGET ACT OF 2013 AND SECTION 302 OF THE CONGRESSIONAL BUDGET ACT—BUDGET YEAR 2014—Continued

[In millions of dollars]

Committee	Direct Spending Legislation		Entitlements Funded In Annual Appropriations Acts	
	Budget Authority	Outlays	Budget Authority	Outlays
Finance	1,311,988	1,304,815	602,099	602,061
Foreign Relations	29,118	26,085	159	159
Homeland Security and Governmental Affairs	102,892	99,882	9,234	9,234
Judiciary	20,481	12,651	811	801
Health, Education, Labor, and Pensions	-1,812	10,196	15,679	15,540
Rules and Administration	40	6	24	24
Intelligence	0	0	514	514
Veterans' Affairs	928	1,144	81,475	81,172
Indian Affairs	907	1,408	0	0
Small Business	0	0	0	0
Unassigned to Committee	-726,663	-716,686	104	104
Total	2,929,962	2,942,250	834,636	818,871

*Note: includes adjustments to the budget authority and outlay allocations to the Committee on Appropriations pursuant to sections 302 and 314(a) of the Congressional Budget Act of 1974.

SENATE COMMITTEE BUDGET AUTHORITY AND OUTLAY ALLOCATIONS PURSUANT TO SECTION 111 OF THE BIPARTISAN BUDGET ACT OF 2013 AND SECTION 302 OF THE CONGRESSIONAL BUDGET ACT, 5-YEAR: 2014–2018

[In millions of dollars]

Committee	Direct Spending Legislation		Entitlements Funded In Annual Appropriations Acts	
	Budget Authority	Outlays	Budget Authority	Outlays
Agriculture, Nutrition, and Forestry	68,964	66,695	618,290	548,862
Armed Services	803,939	803,677	522	514
Banking, Housing, and Urban Affairs	114,359	-3,763	0	0
Commerce, Science, and Transportation	84,098	60,727	8,338	8,106
Energy and Natural Resources	21,135	24,493	310	310
Environment and Public Works	219,493	20,409	0	0
Finance	7,664,235	7,646,654	3,494,218	3,494,377
Foreign Relations	130,444	125,264	795	795
Homeland Security and Governmental Affairs	547,584	534,512	45,791	45,791
Judiciary	64,652	66,854	4,349	4,329
Health, Education, Labor, and Pensions	55,361	76,283	85,937	85,569
Rules and Administration	189	71	130	130
Intelligence	0	0	2,570	2,570
Veterans' Affairs	4,062	5,177	437,999	436,484
Indian Affairs	3,626	5,527	0	0
Small Business	0	0	0	0

SENATE COMMITTEE BUDGET AUTHORITY AND OUTLAY ALLOCATIONS PURSUANT TO SECTION 111 OF THE BIPARTISAN BUDGET ACT OF 2013 AND SECTION 302 OF THE CONGRESSIONAL BUDGET ACT, 10-YEAR: 2014–2023

[In millions of dollars]

Committee	Direct Spending Legislation		Entitlements Funded In Annual Appropriations Acts	
	Budget Authority	Outlays	Budget Authority	Outlays
Agriculture, Nutrition, and Forestry	141,305	137,659	1,246,249	1,102,907
Armed Services	1,758,840	1,762,789	1,034	1,016
Banking, Housing, and Urban Affairs	207,543	-60,746	0	0
Commerce, Science, and Transportation	174,722	124,675	19,036	18,418
Energy and Natural Resources	47,131	50,524	620	620
Environment and Public Works	433,619	41,574	0	0
Finance	19,084,627	19,067,886	8,354,833	8,354,805
Foreign Relations	241,385	235,012	1,590	1,590
Homeland Security and Governmental Affairs	1,190,302	1,161,411	87,036	87,036
Judiciary	118,621	121,407	9,519	9,484
Health, Education, Labor, and Pensions	179,501	200,042	201,258	200,530
Rules and Administration	371	206	292	292
Intelligence	0	0	5,140	5,140
Veterans' Affairs	6,426	8,658	948,052	945,022
Indian Affairs	7,829	9,756	0	0
Small Business	0	0	0	0

BUDGETARY AGGREGATES

(Pursuant to section 111 of the Bipartisan Budget Act of 2011 and section 311 of the Congressional Budget Act of 1974)

\$s in millions	2014	2014–18	2014–23
Spending:			
Budget Authority	2,924,837	n/a	n/a
Outlays	2,937,094	n/a	n/a
Revenue:	2,311,026	13,699,478	31,095,742

n/a = Not applicable. Appropriations for fiscal years 2015–2023 will be determined by future sessions of Congress and enforced through future Congressional budget resolutions.

SOCIAL SECURITY LEVELS

(Pursuant to section 111 of the Bipartisan Budget Act of 2011 and section 311 of the Congressional Budget Act of 1974)

\$s in millions	2014	2014–18	2014–23
Outlays	705,515	3,996,404	9,403,107
Revenue	730,850	4,071,103	9,247,283

ADJUSTMENTS TO THE BUDGET AUTHORITY AND OUTLAY ALLOCATIONS TO THE COMMITTEE ON APPROPRIATIONS

(Pursuant to sections 302 and 314(a) of the Congressional Budget Act of 1974)

In millions of dollars	Initial Allocation/Limit	Adjustments	Adjusted Allocation/Limit
Fiscal Year 2014:			
Revised Security Category Discretionary Budget Authority	520,464	85,418	605,882
Revised Nonsecurity Category Discretionary Budget Authority	491,773	13,070	504,843
General Purpose Discretionary Outlays	1,154,816	46,370	1,201,186
Memorandum: Total Discretionary Budget Authority	1,012,237	98,488	1,110,725

DETAIL ON ADJUSTMENTS TO FISCAL YEAR 2014 ALLOCATIONS TO COMMITTEE ON APPROPRIATIONS PURSUANT TO SECTIONS 302 AND 314(a) OF THE CONGRESSIONAL BUDGET ACT

\$s in billions	Program in- tegrity	Disaster re- lief	Emergency	Overseas contingency operations	Total
Agriculture:					
Budget Authority	0.000	0.000	0.000	0.000	0.000
Outlays	0.000	0.000	0.000	0.000	0.000
Commerce-Justice-Science:					
Budget Authority	0.000	0.000	0.000	0.000	0.000
Outlays	0.000	0.000	0.000	0.000	0.000
Defense:					
Budget Authority	0.000	0.000	0.000	85.191	85.191
Outlays	0.000	0.000	0.000	43.140	43.140
Energy & Water:					
Budget Authority	0.000	0.000	0.000	0.000	0.000
Outlays	0.000	0.000	0.000	0.000	0.000
Financial Services:					
Budget Authority	0.000	0.000	0.000	0.000	0.000
Outlays	0.000	0.000	0.000	0.000	0.000
Homeland Security:					
Budget Authority	0.000	5.626	0.000	0.227	5.853
Outlays	0.000	0.281	0.000	0.182	0.463
Interior and Related Agencies:					
Budget Authority	0.000	0.000	0.000	0.000	0.000
Outlays	0.000	0.000	0.000	0.000	0.000
Labor-HHS-ED:					
Budget Authority	0.924	0.000	0.000	0.000	0.924
Outlays	0.832	0.000	0.000	0.000	0.832
Legislative Branch:					
Budget Authority	0.000	0.000	0.000	0.000	0.000
Outlays	0.000	0.000	0.000	0.000	0.000
MilCon-VA:					
Budget Authority	0.000	0.000	0.000	0.000	0.000
Outlays	0.000	0.000	0.000	0.000	0.000
State-Foreign Operations:					
Budget Authority	0.000	0.000	0.000	6.520	6.520
Outlays	0.000	0.000	0.000	1.885	1.885
Transportation-HUD:					
Budget Authority	0.000	0.000	0.000	0.000	0.000
Outlays	0.000	0.000	0.050	0.000	0.050
Total:					
Budget Authority	0.924	5.626	0.000	91.938	98.488
Outlays	0.832	0.281	0.050	45.207	46.370
Breakdown of Above Adjustments by Category:					
Revised Security Category Budget Authority	0.000	0.000	0.000	85.418	85.418
Revised Nonsecurity Category Budget Authority	0.924	5.626	0.000	6.520	13.070
General Purpose Discretionary Outlays	0.832	0.281	0.050	45.207	46.370

PAY-AS-YOU-GO SCORECARD FOR THE SENATE
(Pursuant to section 114(a)(1) of the Bipartisan Budget Act of 2013 *)

\$s in millions	Balances
Fiscal Years 2014 through 2018	0
Fiscal Years 2014 through 2023	0

* Note: pursuant to section 114, this change became effective upon enactment of the Bipartisan Budget Act of 2013.

FIRST SURGEON GENERAL’S REPORT ON SMOKING AND HEALTH

Mr. HARKIN. Mr. President, on January 11, 1964, 50 years ago this week, Dr. Luther Terry released the landmark Surgeon General’s report—the first of its kind—on smoking and health. The report established conclusive links between smoking and lung cancer, chronic bronchitis, emphysema, coronary heart disease, low fetal birthweight among women who smoked during pregnancy, and an overall 70 percent increase in the early mortality rate of smokers over nonsmokers. Today I would like to acknowledge the invaluable contribution of Dr. Luther in issuing that report. I want to applaud the historic, life-saving accomplishments that stemmed from it. And yes, I want to call attention to the work we have remaining in front of us to end the scourge of tobacco use once and for all.

Mr. President, this 50th anniversary gives us an opportunity to reflect on one of the monumental public health successes of our time. New research released just last week reports that, from 1964 to 2012, at least 8 million premature, smoking-related deaths were prevented. That’s eight million Americans who otherwise may not have lived

long enough to see their kids graduate from high school, to meet their grandchildren, or to enjoy retirement. In fact, among these 8 million people, they lived an extra 20 years, on average.

Successful tobacco prevention programs have led to dramatic reductions in smoking rates. In 1964, about 42 percent of all American adults smoked tobacco on a regular basis. By 2012, that number plummeted to 18 percent.

The Surgeon General’s report also served as an important catalyst for new research at Federal agencies on the effects of smoking—agencies including the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, and the National Institutes of Health.

Thanks to this research, we now know that smoking can damage almost every organ in the body; is implicated in at least 18 different types of cancer; is a major contributor to heart disease; can cause complications with pregnancy and prenatal development; and contributes to and exacerbates a host of other medical conditions. We also better understand the addictive nature of tobacco, and how to support our friends and loved ones who want to quit—because we also know that 7 out of 10 current smokers want to quit.

Because the Surgeon General’s report brought into the American consciousness just how dangerous smoking really is, we have made great strides in elevating smoking prevention as a national priority. Thirty states, as well as Washington, DC, Puerto Rico and

the U.S. Virgin Islands, plus hundreds of cities and counties, have enacted strong smoke-free laws that include restaurants and bars. At times, the days of smoky airplanes and conference rooms seem a blessedly distant memory.

In 1998, I was proud to introduce the first comprehensive, bipartisan bill to give the FDA authority to regulate tobacco—the precursor to the Family Smoking Prevention and Tobacco Control Act, which finally gave FDA that critical authority in 2009, along with banning candy and fruit-flavored cigarettes, and misleading health claims such as “light” and “low-tar.” Tobacco companies are now required to disclose the contents of tobacco products, and the FDA is empowered to require changes in tobacco products. There is perhaps nothing that will more significantly amplify our efforts to reduce tobacco use than FDA’s full implementation of this historic legislation.

The Affordable Care Act marked another turning point in the fight against tobacco, guaranteeing all Americans access to cost-free tobacco cessation services, and creating the Prevention and Public Health Fund—which has already supported more than \$200,000,000 in lifesaving tobacco prevention and control work. I am proud of the work I did to include those provisions in the health reform law, and I am confident that we will continue to see decreases in the rates of smoking for years to come as a result.

Yet even as we celebrate the success of these efforts, we cannot forget that our work is not done. In the last 50

years, at least 17.6 million deaths in this country were attributable to smoking, and 440,000 lives are claimed by smoking each year. In fact, smoking cigarettes kills more Americans than alcohol, car accidents, suicide, AIDS, homicide, and illegal drugs combined. Furthermore, more than 3,000 kids in the United States try their first cigarette every day, 700 of whom will become daily smokers into adulthood. In total, this results in more than 250,000 new underage daily smokers in the U.S. annually. The numbers are clear: the battle against the harm caused by tobacco use is far from over, and we need to do more to protect vulnerable youth from becoming addicted to tobacco.

With these remaining challenges in front of us, it's never been more important that we continue to make strides in tobacco prevention through innovative approaches, bold policies and programs, and a strengthened and sustained investment in public health. Today, in both the public and private sectors, we are continuing to make progress by expanding the number of smoke-free environments, supporting cutting-edge research on the effects of smoking, cracking down on unethical marketing practices, and using technology and social media to help people quit smoking. Tobacco prevention simply must remain a top public health priority.

As we reflect on these accomplishments on this 50th anniversary of the first Surgeon General's report on smoking and health, I urge my colleagues to continue this fight, so that 50 years hence, Americans will be able to look back on a full century of amazing progress in the fight against smoking and tobacco-related illnesses.

ADDITIONAL STATEMENTS

TRIBUTE TO LIZ RYAN

• Mr. CARPER. Mr. President, it is with great pleasure that I rise to honor the exemplary service of Liz Ryan, a Delawarean and founder, president and CEO of the Campaign for Youth Justice. Liz's love of helping others was inspired at a young age by her family's participation in a host program called the Ulster Project. The Ulster Project is designed to bring young Catholic and protestant youth from Northern Ireland to Wilmington, DE, where they live with Delaware families. The program allows these young potential leaders to build bridges in a safe environment and then return, hopefully to develop and maintain those bridges in their native Northern Ireland. Hopefully, they learn skills and attitudes that are needed to unite people when differences divide them. This program inspired Liz to work with children at risk both overseas and here in the United States. Bridging differences has become the hallmark signature of Liz's work.

I came to know Liz when she joined my congressional staff as a legislative

aide in the late 1980s, and she eventually rose to the position of legislative director. After I was elected Governor of Delaware in 1992, Liz worked on my transition team and then took on the assignment of setting up Delaware's first staffed Washington, DC, office. In addition to her work for our State, she also worked closely with the National Governors Association, where she was a respected contributor to the development and growth of that organization.

After establishing the Delaware office, which has continued to make valuable contributions to the administrations of the governors who followed me, Liz returned to Delaware as my Deputy Chief of Staff, where she focused her attention on the Cabinet Family Services Council. She worked to develop programs for special needs and at-risk children.

Liz's commitment and energy needed a bigger stage. She left Washington to become a VISTA volunteer, but eventually returned to continue her work advocating for children at the Children's Defense Fund, Juvenile Court Centennial Initiative, and the Youth Law Center before founding the Campaign for Youth Justice in 2005. The campaign under Liz's dynamic leadership focused on changing both state and federal laws and policies impacting on youth caught up in the adult criminal justice system. As a result, today there are several thousand fewer kids in the adult system, giving them a better prospect for a successful transition to adulthood. Through many years of work, she has become one of the most influential people in the field of juvenile justice today.

It is clear that children in Delaware and across the country have benefitted from Liz's steadfast work on their behalf. Even though she will be missed as she steps down from the Campaign for Youth Justice, she leaves beyond a strong and vibrant organization that will continue her valuable work. I am proud of the work Liz accomplished during her time on my staff and for her work for our nation's youth. I know Liz is not done, and I can't wait to see what comes next. Today I say thank you, Liz, and good luck in all that lies ahead.●

MESSAGES FROM THE HOUSE

At 10:31 a.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House passed the following bills, in which it requests the concurrence of the Senate:

H.R. 801. An act to amend the Securities Exchange Act of 1934 to make the shareholder threshold for registration of savings and loan holding companies the same as for bank holding companies.

H.R. 1233. An act to amend chapter 22 of title 44, United States Code, popularly known as the Presidential Records Act, to establish procedures for the consideration of claims of constitutionally based privilege against disclosure of Presidential records, and for other purposes.

H.R. 2274. An act to amend the Securities Exchange Act of 1934 to exempt from registration brokers performing services in connection with the transfer of ownership of smaller privately held companies.

H.R. 2860. An act to amend title 5, United States Code, to provide that the Inspector General of the Office of Personnel Management may use amounts in the revolving fund of the Office to fund audits, investigations, and oversight activities, and for other purposes.

ENROLLED BILL SIGNED

The President pro tempore (Mr. LEAHY) reported that he had signed the following enrolled bill, which was previously signed by the Speaker of the House:

S. 230. An act to authorize the Peace Corps Commemorative Foundation to establish a commemorative work in the District of Columbia and its environs, and for other purposes.

ENROLLED BILL AND JOINT RESOLUTION SIGNED

At 2:55 p.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the Speaker signed the following enrolled bill and joint resolution:

H.R. 3527. An act to amend the Public Health Service Act to reauthorize the poison center national toll-free number, national media campaign, and grant program, and for other purposes.

H.J. Res. 106. Joint resolution making further continuing appropriations for fiscal year 2014, and for other purposes.

The enrolled bill and joint resolution were subsequently signed by the President pro tempore (Mr. LEAHY).

At 4:50 p.m., a message from the House of Representatives, delivered by Mr. Novotny, one of its reading clerks, announced that the House agreed to the following concurrent resolution, in which it requests the concurrence of the Senate:

H. Con. Res. 74. Concurrent resolution providing for a correction in the enrollment of H.R. 3547.

The message further announced that the House concurs in the Senate amendment to the title of the bill (H.R. 3547) to extend the application of certain space launch liability provisions through 2014, and agrees to the amendment of the Senate to the text of the bill, with amendment, in which it requests the concurrence of the Senate.

MEASURES REFERRED

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

H.R. 801. An act to amend the Securities Exchange Act of 1934 to make the shareholder threshold for registration of savings and loan holding companies the same as for bank holding companies; to the Committee on Banking, Housing, and Urban Affairs.

H.R. 1233. An act to amend chapter 22 of title 44, United States Code, popularly known as the Presidential Records Act, to establish procedures for the consideration of claims of constitutionally based privilege against disclosure of Presidential records, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

H.R. 2274. An act to amend the Securities Exchange Act of 1934 to exempt from registration brokers performing services in connection with the transfer of ownership of smaller privately held companies; to the Committee on Banking, Housing, and Urban Affairs.

MEASURES PLACED ON THE CALENDAR

The following bills were read the second time, and placed on the calendar:

S. 1917. A bill to provide for additional enhancements of the sexual assault prevention and response activities of the Armed Forces.

S. 1926. A bill to delay the implementation of certain provisions of the Biggert-Waters Flood Insurance Reform Act of 2012 and to reform the National Association of Registered Agents and Brokers, and for other purposes.

MEASURES READ THE FIRST TIME

The following bill was read the first time:

S. 1931. A bill to provide for the extension of certain unemployment benefits, and for other purposes.

ENROLLED BILL PRESENTED

The Secretary of the Senate reported that on today, January 15, 2014, she had presented to the President of the United States the following enrolled bill:

S. 230. An act to authorize the Peace Corps Commemorative Foundation to establish a commemorative work in the District of Columbia and its environs, and for other purposes.

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-4286. A communication from the Assistant Secretary of the Army (Civil Works), transmitting, pursuant to law, the Great Lakes and Mississippi River Basin Study (GLMRIS) Report; to the Committee on Environment and Public Works.

EC-4287. A communication from the Chief of the Permits and Regulations Branch, Fish and Wildlife Service, Department of the Interior, transmitting, pursuant to law, the report of a rule entitled "Migratory Bird Permits; Delegating Falconry Permitting to 17 States" (RIN1018-BA01) received in the Office of the President of the Senate on December 19, 2013; to the Committee on Environment and Public Works.

EC-4288. A communication from the Chief of the Permits and Regulations Branch, Fish and Wildlife Service, Department of the Interior, transmitting, pursuant to law, the report of a rule entitled "Eagle Permits; Changes in the Regulations Governing Eagle Permitting" (RIN1018-AX91) received in the Office of the President of the Senate on December 19, 2013; to the Committee on Environment and Public Works.

EC-4289. A communication from the Director of Congressional Affairs, Nuclear Regulatory Commission, transmitting, pursuant to law, the report of a rule entitled "List of Approved Spent Fuel Storage Casks;

Transnuclear, Inc. Standardized NUHOMS Cask System" (RIN3150-AJ10) received in the Office of the President of the Senate on December 20, 2013; to the Committee on Environment and Public Works.

EC-4290. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Approval and Promulgation of Implementation Plans; Texas; Control of Air Pollution by Permits for New Construction or Modification; Permits for Specific Designated Facilities" (FRL No. 9905-07-Region 6) received during adjournment of the Senate in the Office of the President of the Senate on December 27, 2013; to the Committee on Environment and Public Works.

EC-4291. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Approval of Request for Delegation of Authority for Prevention of Accidental Release, North Dakota Department of Agriculture" (FRL No. 9904-88-Region 8) received during adjournment of the Senate in the Office of the President of the Senate on December 27, 2013; to the Committee on Environment and Public Works.

EC-4292. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Approval and Promulgation of Implementation Plans; Texas; Attainment Demonstration for the Houston-Galveston-Brazoria 1997 8-Hour Ozone Nonattainment Area" (FRL No. 9904-96-Region 6) received during adjournment of the Senate in the Office of the President of the Senate on December 27, 2013; to the Committee on Environment and Public Works.

EC-4293. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Approval and Promulgation of Implementation Plans; North Carolina: Non-interference Demonstration for Removal of Federal Low-Reid Vapor Pressure Requirement for the Raleigh-Durham-Chapel Hill Area" (FRL No. 9904-89-Region 4) received during adjournment of the Senate in the Office of the President of the Senate on December 27, 2013; to the Committee on Environment and Public Works.

EC-4294. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Hazardous Waste Management System: Conditional Exclusion for Carbon Dioxide (CO₂) Streams in Geologic Sequestration Activities" (FRL No. 9904-84-OSWER) received during adjournment of the Senate in the Office of the President of the Senate on December 27, 2013; to the Committee on Environment and Public Works.

EC-4295. 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, Antelope Valley Air Quality Management District, Mojave Desert Air Quality Management District, Monterey Bay Unified Air Pollution Control District, and South Coast Air Quality Management District" (FRL No. 9902-71-Region 9) received during adjournment of the Senate in the Office of the President of the Senate on December 27, 2013; to the Committee on Environment and Public Works.

EC-4296. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule en-

titled "Approval and Promulgation of Air Quality Implementation Plans; Connecticut; Ozone Attainment Demonstration for the Greater Connecticut Area" (FRL No. 9904-45-Region 1) received during adjournment of the Senate in the Office of the President of the Senate on December 27, 2013; to the Committee on Environment and Public Works.

EC-4297. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Ocean Dumping Regulations: Atchafalaya-West Ocean Dredged Material Disposal Site Designation; Calcasieu, Sabine Neches, and Atchafalaya-East Site Corrections" (FRL No. 9904-86-Region 6) received during adjournment of the Senate in the Office of the President of the Senate on December 27, 2013; to the Committee on Environment and Public Works.

EC-4298. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "National Emissions Standards for Hazardous Air Pollutants from Secondary Lead Smelting" (FRL No. 9904-38-OAR) received during adjournment of the Senate in the Office of the President of the Senate on December 27, 2013; to the Committee on Environment and Public Works.

EC-4299. 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; Approval of the 2002 Base Year Emissions Inventory for the Liberty-Clairton Nonattainment Area for the 1997 Annual Fine Particulate Matter National Ambient Air Quality Standard and Revisions to Regulations of Allegheny County" (FRL No. 9904-50-Region 3) received during adjournment of the Senate in the Office of the President of the Senate on December 27, 2013; to the Committee on Environment and Public Works.

EC-4300. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Approval and Promulgation of Air Quality Implementation Plans; Indiana; Disapproval of State Implementation Plan Revision for ArcelorMittal Burns Harbor" (FRL No. 9904-71-Region 5) received during adjournment of the Senate in the Office of the President of the Senate on December 27, 2013; to the Committee on Environment and Public Works.

EC-4301. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Approval and Promulgation of Air Quality Implementation Plans; Texas; Reasonable Further Progress Plan, Contingency Measures, Motor Vehicle Emission Budgets, and a Vehicle Miles Traveled Offset Analysis for the Houston-Galveston-Brazoria 1997 8-Hour Severe Ozone Nonattainment Area" (FRL No. 9904-72-Region 6) received during adjournment of the Senate in the Office of the President of the Senate on December 27, 2013; to the Committee on Environment and Public Works.

EC-4302. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Final Authorization of State Hazardous Waste Management Program Revisions" (FRL No. 9904-47-Region 1) received during adjournment of the Senate in the Office of the President of the Senate on December 27, 2013; to the Committee on Environment and Public Works.

EC-4303. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Amendment to Standards and Practices for all Appropriate Inquiries Under CERCLA" (FRL No. 9904-52-OSWER) received during adjournment of the Senate in the Office of the President of the Senate on December 27, 2013; to the Committee on Environment and Public Works.

EC-4304. 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; Update of the Motor Vehicle Emissions Budgets for the Lancaster 1997 8-Hour Ozone Maintenance Area" (FRL No. 9904-49-Region 3) received during adjournment of the Senate in the Office of the President of the Senate on December 27, 2013; to the Committee on Environment and Public Works.

EC-4305. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Approval and Promulgation of Implementation Plans; Tennessee; Bristol; 2010 Lead Base Year Emissions Inventory and Conversion of Conditional Approvals for Prevention of Significant Deterioration" (FRL No. 9905-13-Region 4) received in the Office of the President of the Senate on January 8, 2014; to the Committee on Environment and Public Works.

EC-4306. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Approval and Promulgation of Air Quality Implementation Plans; Texas; Environmental Speed Limit Revision for the Dallas/Fort Worth 8-Hour Ozone Nonattainment Area" (FRL No. 9905-16-Region 6) received in the Office of the President of the Senate on January 8, 2014; to the Committee on Environment and Public Works.

EC-4307. 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; Missouri; Reasonably Available Control Technology (RACT) for the 8-Hour Ozone National Ambient Air Quality Standard (NAAQS)" (FRL No. 9905-03-Region 7) received in the Office of the President of the Senate on January 8, 2014; to the Committee on Environment and Public Works.

EC-4308. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Approval and Promulgation of Air Quality Implementation Plans; Texas; Revisions to Rules and Regulations for Control of Air Pollution; Permitting of Grandfathered Facilities" (FRL No. 9905-05-Region 6) received in the Office of the President of the Senate on January 8, 2014; to the Committee on Environment and Public Works.

EC-4309. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Approval and Promulgation of Implementation Plans; Florida; Non-interference Demonstration for Removal of Federal Low-Reid Vapor Pressure Requirement" (FRL No. 9905-09-Region 4) received in the Office of the President of the Senate on January 8, 2014; to the Committee on Environment and Public Works.

EC-4310. 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; Wisconsin; Total Suspended Particulate Matter SIP Revision" (FRL No. 9905-32-Region 5) received in the Office of the President of the Senate on January 9, 2014; to the Committee on Environment and Public Works.

EC-4311. 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, El Dorado County Air Quality Management District" (FRL No. 9905-29-Region 9) received in the Office of the President of the Senate on January 9, 2014; to the Committee on Environment and Public Works.

EC-4312. 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 "2013 Cumulative List of Changes in Plan Qualification Requirements" (Notice 2013-84) received in the Office of the President of the Senate on December 19, 2013; to the Committee on Finance.

EC-4313. 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 "Update for Weighted Average Interest Rates, Yield Curves, and Segment Rates" (Notice 2013-85) received in the Office of the President of the Senate on December 19, 2013; to the Committee on Finance.

EC-4314. 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 "In-Plan Rollovers to Designated Roth Accounts in Retirement Plans" (Notice 2013-74) received in the Office of the President of the Senate on December 19, 2013; to the Committee on Finance.

EC-4315. 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 "Designation of Agent by Application" (Notice 2013-39) received in the Office of the President of the Senate on December 19, 2013; to the Committee on Finance.

EC-4316. A communication from the President of the United States, transmitting, pursuant to law, a report relative to designating Curacao as a beneficiary country for the purposes of the CBERA and CBTPA; to the Committee on Finance.

EC-4317. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Definitions and Reporting Requirements for Shareholders of Passive Foreign Investment Companies; Insurance Income of a Controlled Foreign Corporation for Taxable Years Beginning After December 31, 1986" (TD 9650) received during adjournment of the Senate in the Office of the President of the Senate on January 3, 2014; to the Committee on Finance.

EC-4318. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Definitions and Reporting Requirements for Shareholders of Passive Foreign Investment Companies; Insurance Income of a Controlled Foreign Corporation for Taxable Years Beginning After December 31, 1986" (TD 9650) received during adjournment of the Senate in the Office of the President of the Senate on January 3, 2014; to the Committee on Finance.

EC-4319. 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 "Final FFI Agreement for Participating FFI and Reporting Model 2 FFI" (Rev. Proc. 2014-13) received during adjournment of the Senate in the Office of the President of the Senate on January 3, 2014; to the Committee on Finance.

EC-4320. 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 "Cafeteria Plans, Flexible Spending Arrangements, and Health Savings Accounts—Elections and Reimbursements for Same-Sex Spouses Following the Windsor Supreme Court Decision" (Notice 2014-1) received during adjournment of the Senate in the Office of the President of the Senate on January 3, 2014; to the Committee on Finance.

EC-4321. 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 "Tax Credit Guidance" (Rev. Proc. 2014-12) received in the Office of the President of the Senate on January 6, 2014; to the Committee on Finance.

EC-4322. 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 "Procedures for Reinstating the Tax-Exempt Status of Organizations Revoked under IRC Section 6033(j)" (Rev. Proc. 2014-11) received in the Office of the President of the Senate on January 6, 2014; to the Committee on Finance.

EC-4323. A communication from the Secretary of Health and Human Services, transmitting, pursuant to law, a report entitled "Report to Congress on the Evaluation of the Medicaid Emergency Psychiatric Demonstration (MEPD)"; to the Committee on Finance.

EC-4324. A communication from the Secretary of Health and Human Services, transmitting, pursuant to law, a report entitled "Verification of Household Income and Other Qualifications for the Provision of Affordable Care Act Premium Tax Credits and Cost-Sharing Reductions"; to the Committee on Finance.

EC-4325. A communication from the Secretary of Health and Human Services, transmitting, pursuant to law, an annual report on the Child Support Program for fiscal year 2011; to the Committee on Finance.

EC-4326. A communication from the Program Manager, Centers for Medicare and Medicaid Services, Department of Health and Human Services, transmitting, pursuant to law, the report of a rule entitled "Medicare Program; Physicians' Referrals to Health Care Entities With Which They Have Financial Relationships: Exception for Certain Electronic Health Records Arrangements" (RIN0938-AR70) received during adjournment of the Senate in the Office of the President of the Senate on December 27, 2013; to the Committee on Finance.

EC-4327. A communication from the Program Manager, Centers for Medicare and Medicaid Services, Department of Health and Human Services, transmitting, pursuant to law, the report of a rule entitled "Medicare and State Health Care Programs: Fraud and Abuse; Electronic Health Records Safe Harbor Under the Anti-Kickback Statute" (RIN0991-AB33) received during adjournment of the Senate in the Office of the President of the Senate on December 27, 2013; to the Committee on Finance.

EC-4328. A communication from the Program Manager, Centers for Medicare and Medicaid Services, Department of Health and Human Services, transmitting, pursuant

to law, the report of a rule entitled “Medicare Program; State Plan Home and Community-Based Services, 5-Year Period Waivers, Provider Payment Reassignment, and Home and Community-Based Setting Requirements for Community First Choice and Home and Community-Based Services (HCBS) Waivers” (RIN0938-AO53; RIN0938-AP61) received in the Office of the President of the Senate on January 13, 2014; to the Committee on Finance.

EC-4329. A communication from the Chief of the Trade and Commercial Regulations Branch, Customs and Border Protection, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled “Extension of Import Restrictions Imposed on Certain Archaeological Material from China” (RIN1515-AD99) received in the Office of the President of the Senate on January 13, 2014; to the Committee on Finance.

EC-4330. A communication from the Secretary of Commerce, transmitting, pursuant to law, a report relative to the export to the People’s Republic of China of items not detrimental to the U.S. space launch industry; to the Committee on Foreign Relations.

EC-4331. A communication from the Secretary of Commerce, transmitting, pursuant to law, a report relative to the export to the People’s Republic of China of items not detrimental to the U.S. space launch industry; to the Committee on Foreign Relations.

EC-4332. A communication from the General Counsel, Pension Benefit Guaranty Corporation, transmitting, pursuant to law, the report of a rule entitled “Allocation of Assets in Single-Employer Plans; Benefits Payable in Terminated Single-Employer Plans; Interest Assumptions for Valuing and Paying Benefits” (29 CFR Parts 4022 and 4044) received in the Office of the President of the Senate on January 7, 2014; to the Committee on Health, Education, Labor, and Pensions.

EC-4333. A communication from the Director of Regulations and Policy Management Staff, Food and Drug Administration, Department of Health and Human Services, transmitting, pursuant to law, the report of a rule entitled “Citizen Petition Submission; Technical Amendment” (Docket No. FDA-2013-S-0610) received in the Office of the President of the Senate on December 20, 2013; to the Committee on Health, Education, Labor, and Pensions.

EC-4334. A communication from the Secretary of Health and Human Services, transmitting, pursuant to law, the report of a petition to add workers who were employed at the Rocky Flats Plant in Golden, Colorado, to the Special Exposure Cohort; to the Committee on Health, Education, Labor, and Pensions.

EC-4335. A communication from the Secretary of Health and Human Services, transmitting, pursuant to law, the report of a petition to add workers who were employed at the Sandia National Laboratories-Livermore in Livermore, California, to the Special Exposure Cohort; to the Committee on Health, Education, Labor, and Pensions.

EC-4336. A communication from the Secretary of Health and Human Services, transmitting, pursuant to law, a report entitled “Annual Report to Congress on the Prevention and Reduction of Underage Drinking”; to the Committee on Health, Education, Labor, and Pensions.

EC-4337. A communication from the Secretary of Health and Human Services, transmitting, pursuant to law, a report entitled “Report to Congress on the Geographic Variation in the Cost of Living: Implications for the Poverty Guidelines and Program Eligibility”; to the Committee on Health, Education, Labor, and Pensions.

EC-4338. A communication from the Director, Office of Congressional Affairs, Federal

Election Commission, transmitting, pursuant to law, a report relative to the Commission’s competitive sourcing efforts during fiscal year 2013; to the Committee on Rules and Administration.

EC-4339. A communication from the Secretary of Veterans Affairs, transmitting, pursuant to law, a report relative to expenditures from the Pershing Hall Revolving Fund for fiscal year 2013; to the Committee on Veterans’ Affairs.

EC-4340. A communication from the Director of the Regulation Policy and Management Office of the General Counsel, Veterans Benefits Administration, Department of Veterans Affairs, transmitting, pursuant to law, the report of a rule entitled “VA Compensation Service and Pension and Fiduciary Service Nomenclature Changes” (RIN2900-AO64) received in the Office of the President of the Senate on January 13, 2014; to the Committee on Veterans’ Affairs.

EC-4341. A communication from the Director of the Regulation Policy and Management Office of the General Counsel, Veterans Benefits Administration, Department of Veterans Affairs, transmitting, pursuant to law, the report of a rule entitled “Loan Guaranty: Minimum Property and Construction Requirements” (RIN2900-AO67) received in the Office of the President of the Senate on January 13, 2014; to the Committee on Veterans’ Affairs.

EC-4342. A communication from the Clerk of Court, United States Court of Federal Claims, transmitting, pursuant to law, the Court’s annual report for the year ended September 30, 2013; to the Committee on the Judiciary.

PETITIONS AND MEMORIALS

The following petition or memorial was laid before the Senate and was referred or ordered to lie on the table as indicated:

POM-187. A resolution adopted by the Legislature of the State of South Carolina repealing Joint Resolution 775 from 1976 and rescinding all previous calls for a constitutional convention; to the Committee on the Judiciary.

H. 3400

Whereas, the General Assembly of the State of South Carolina, acting with the best of intentions, at various times and during various sessions, has previously made applications to Congress to call one or more conventions to propose either a single amendment concerning a specific subject or to call a general convention to propose an unspecified and unlimited number of amendments to the United States Constitution, pursuant to the provisions of Article V thereof; and

Whereas, former Chief Justice of the Supreme Court of the United States of America Warren E. Burger, former Associate Justice of the United States Supreme Court Arthur J. Goldberg, and other leading constitutional scholars agree that such a convention may propose sweeping changes to the Constitution, any limitations or restrictions purportedly imposed by the states in applying for such a convention or conventions to the contrary notwithstanding, thereby creating an imminent peril to the well-established rights of the citizens and the duties of various levels of government; and

Whereas, the Constitution of the United States of America has been amended many times in the history of this nation and may be amended many more times, without the need to resort to a constitutional convention, and has been interpreted for more than two hundred years and has been found to be a sound document which protects the lives and liberties of the citizens; and

Whereas, there is no need for, rather, there is great danger in, a new constitution or in opening the Constitution to sweeping changes, the adoption of which would only create legal chaos in this nation and only begin the process of another two centuries of litigation over its meaning and interpretation. Now, therefore, be it

Enacted by the General Assembly of the State of South Carolina:

Repeal

SECTION 1. Joint Resolution 775 of 1976 is repealed.

Disavowed

SECTION 2. The General Assembly of the State of South Carolina disavows any other calls or applications for a constitutional convention made to Congress prior to the effective date of this act, by any means expressed, including, but not limited to, S. 1024 of 1978.

Copies forwarded

SECTION 3. The Secretary of State is directed to forward copies of this act bearing the Great Seal of the State to the following persons: The President and Vice President of the United States, the Speaker of the House of Representatives, and each member of the South Carolina Congressional Delegation in Washington, D.C.

Time effective

SECTION 4. This act takes effect upon approval by the Governor.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mrs. FEINSTEIN, from the Select Committee on Intelligence:

Special Report entitled “Review of the Terrorist Attacks on U.S. Facilities in Benghazi, Libya, September 11–12, 2012” (Rept. No. 113-134). Additional views filed.

By Mr. MENENDEZ, from the Committee on Foreign Relations, without amendment:

S. 1901. A bill to authorize the President to extend the term of the nuclear energy agreement with the Republic of Korea until March 19, 2016.

EXECUTIVE REPORTS OF COMMITTEES

The following executive reports of nominations were submitted:

By Mr. BAUCUS for the Committee on Finance.

*Sarah Bloom Raskin, of Maryland, to be Deputy Secretary of the Treasury.

*Rhonda K. Schmidlein, of Missouri, to be a Member of the United States International Trade Commission for a term expiring December 16, 2021.

By Mr. MENENDEZ for the Committee on Foreign Relations.

Michael G. Carroll, of New York, to be Inspector General, United States Agency for International Development.

*Mark E. Lopes, of Arizona, to be United States Executive Director of the Inter-American Development Bank for a term of three years.

*Janet L. Yellen, of California, to be United States Alternate Governor of the International Monetary Fund for a term of five years.

*Richard Stengel, of New York, to be Under Secretary of State for Public Diplomacy.

*Sarah Sewall, of Massachusetts, to be an Under Secretary of State (Civilian Security, Democracy, and Human Rights).

*Charles Hammerman Rivkin, of the District of Columbia, to be an Assistant Secretary of State (Economic and Business Affairs).

*Carolyn Hessler Radelet, of Virginia, to be Director of the Peace Corps.

*Tomasz P. Malinowski, of the District of Columbia, to be Assistant Secretary of State for Democracy, Human Rights, and Labor.

*Dana J. Hyde, of Maryland, to be Chief Executive Officer, Millennium Challenge Corporation.

*Daniel W. Yohannes, of Colorado, to be Representative of the United States of America to the Organization for Economic Cooperation and Development, with the rank of Ambassador.

*Crystal Nix-Hines, of California, for the rank of Ambassador during her tenure of service as the United States Permanent Representative to the United Nations Educational, Scientific, and Cultural Organization.

*Adam M. Scheinman, of Virginia, a Career Member of the Senior Executive Service, to be Special Representative of the President for Nuclear Nonproliferation, with the rank of Ambassador.

*Tina S. Kaidanow, of the District of Columbia, a Career Member of the Senior Foreign Service, Class of Minister-Counselor, to be Coordinator for Counterterrorism, with the rank and status of Ambassador at Large.

*Pamela K. Hamamoto, of Hawaii, to be Representative of the United States of America to the Office of the United Nations and Other International Organizations in Geneva, with the rank of Ambassador.

*Catherine Ann Novelli, of Virginia, to be United States Alternate Governor of the International Bank for Reconstruction and Development for a term of five years; United States Alternate Governor of the Inter-American Development Bank for a term of five years.

*Catherine Ann Novelli, of Virginia, to be United States Alternate Governor of the European Bank for Reconstruction and Development.

*Catherine Ann Novelli, of Virginia, to be an Under Secretary of State (Economic Growth, Energy, and the Environment).

*Larry Edward Andre, Jr., of Virginia, a Career Member of the Senior Foreign Service, Class of Counselor, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Islamic Republic of Mauritania.

Nominee Larry Edward Andre Jr.
Post: Mauritania.

(The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.)

Contributions, amount, date, and donee:
1. Self: None.
2. Spouse: Salma Rahman: None.
3. Children and Spouses: Ruhyyih Rahman Andre (no spouse): None.

4. Parents: Kathleen Ann Hoyt \$25, 09/2012, Obama for America; Larry Edward Andre Sr: \$2500, 10/22/2008, Our Country Deserves Better PAC; \$2500, 10/24/2008, McCain-Palin Victory 2008; \$2500, 10/27/2008, Republican National Committee; \$250, 10/25/2010, Super PAC for America; \$250, 10/25/2010, Broden for Congress; \$250, 10/25/2010, Bachman for Congress, \$250, 10/30/2010, Rossi for Senate; \$250, 11/01/2010, Friends of Sharon Angle; \$250, 11/01/2010, Joe Miller for U.S. Senate; \$250, 11/19/2010, Joe Miller for U.S. Senate; \$300, 06/30/2011, Bachman for President; \$218, 09/08/2012, Bongino, Daniel J/Cede No Ground; \$388, 09/08/2012, Citizens for Josh Mandel Inc.; \$294, 09/08/2012, Hoosiers for Richard Mourdock; \$240,

09/17/2012, Deb Fischer For U.S. Senate; \$231, 09/18/2012, George Allen for U.S. Senate; \$1000, 09/29/2012, Romney for President; \$2000, 09/29/2012, Senate Conservatives Fund; \$500, 09/29/2012, Bachman for Congress; \$500, 10/07/2012, Sarah Pac.

5. Grandparents: Ruth Eileen André (deceased), Phyllis Bushner (deceased), Harold Bushner (deceased), Sheldon Leo André (deceased).

6. Brothers and Spouses: Jara Hoyt (half-brother) and Kacey Hoyt (spouse): None.

7. Sisters and Spouses: Regina Kathleen André (no spouse): None.

*Anthony Luzzatto Gardner, of New York, to be Representative of the United States of America to the European Union, with the rank and status of Ambassador Extraordinary and Plenipotentiary.

Nominee: Anthony Luzzatto Gardner.
(The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.)

Contributions, amount, date, and donee:
1. Self: \$250, 01/02/2010, Gillibrand for Senate; \$500, 08/10/2011, Obama Victory; \$500, 08/10/2011, Obama for America.

2. Spouse: Alejandra Mac-Crohon, none.
3. Children and Spouses: Nicolas Gardner: none, Alejandra Gardner: none.

4. Parents: Richard Gardner: \$1,000, 04/25/2012, Elizabeth Warren; Danielle Gardner—deceased.

5. Grandparents: Bruno Luzzatto—deceased; Resy Luzzatto—deceased; Samuel Gardner—deceased; Ethel Gardner—deceased.

6. Brothers and Spouses: none.

7. Sisters and Spouses: Nina Luzzatto Gardner, \$1,000, 04/03/2012, Elizabeth Warren; \$250, 09/29/2010, Tom Perriello; \$250, 09/30/2012, Elizabeth Esty; \$250, 09/15/2009, Barbara Boxer; \$500, 06/15/2011, Elizabeth Esty; \$250, 09/27/2012, Dan Maffei; \$500, 09/30/2009, Dem Congrsl Campgn; Francesco Olivieri, none.

Kevin Whitaker, of Virginia, 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 Republic of Colombia.

Nominee: Kevin Michael Whitaker.
Post: Bogota.

(The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.)

Contributions, amount date and donee:
1. Self: \$500, Jan '00, John McCain; \$500, Feb '00, John McCain; \$500, Jan '08, John McCain; \$500, Feb '08, John McCain; \$500, Feb '08, John McCain; \$500, Jun '08, RNC.

2. Spouse: Elizabeth A. Whitaker—none.

3. Children and Spouses: Stuart M. Whitaker—none, unmarried; Thomas J. Whitaker—none, unmarried; Daniel A. Whitaker—none, unmarried.

4. Parents: Malvern R. Whitaker, deceased, 1998; Evelyn M. Whitaker, deceased, 1979.

5. Grandparents: Marion B. Whitaker, deceased, 1929; Bertha L. Whitaker, deceased, 1943; Francisco Marshall, deceased, 1939; Mary Marshall, deceased, 1958.

6. Brothers and Spouses: John M. Whitaker and Shirley P. Whitaker, none.

7. Sisters and Spouses: Patricia L. Priesing and Gerald Priesing (brother in law): \$250, Oct '08, Barack Obama.

*Karen Clark Stanton, of Michigan, 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 Democratic Republic of Timor-Leste.

Nominee: Karen Clark Stanton.
Post: Ambassador to the Democratic Republic of East Timor.

(The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.)

Contributions, amount, date, and donee:
1. Self: none.

2. William Stanton (spouse): none.

3. Children and Spouses: Katherine Stanton: none however she was a volunteer Hub Director for the Falls Church VA office of the Obama campaign in 2008; Elizabeth Stanton: none.

4. Parents: Lillian (mother): \$50, 2008, Obama; Nicholas Kopetzki: \$50, 2012, Obama, Clifford Clark (father): none; Arlene Clark (father's spouse) \$25, 5/2012, Obama, \$25, 9/2012, Obama.

5. Grandparents: Boise and Margaret Clark, Charles and Ruth Gibbons—all grandparents are deceased.

6. Brothers and Spouses: Douglas (brother) and Karen Clark: \$15, 2012, Obama; Doug also reports that he paid around \$500 to a local printer to print and place Obama Biden signs in St. Clair County Michigan in 2008. David (brother) and Christine Clark: none.

7. Sisters and Spouses: none.

*Robert A. Sherman, of Massachusetts, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Portuguese Republic.

Nominee: Robert A. Sherman.
Post: U.S. Ambassador to the Portuguese Republic.

(The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.)

Contributions, amount, date, and donee:
1. Self: Robert A. Sherman: \$5,000.00, 10/22/2012, Obama Victory Fund; \$5,000.00, 10/22/2012, Obama Victory Fund; \$5,000.00, 10/22/2012, Obama Victory Fund; \$2,500.00, 10/13/2012, Win Virginia 2012 (Tim Kaine); \$533.00, 09/28/2012, Toward Tomorrow PAC; \$1,000.00, 09/28/2012, Toward Tomorrow PAC; \$10,000.00, 06/30/2012, Obama Victory Fund; \$2,500.00, 03/31/2012, Joe Kennedy for Congress; \$2,500.00, 03/28/2012, Debbie Wasserman Schulz for Congress; \$2,500.00, 01/30/2012, Obama Victory Fund 2012; \$5,000.00, 01/05/2012, Obama Victory Fund 2012; \$5,000.00, 12/23/2011, Obama Victory Fund 2012; \$5,000.00, 12/23/2011, Obama Victory Fund 2012; \$1,000.00, 12/21/2011, RO for Congress, Inc.; \$500.00, 12/20/2011, Whitehouse for Senate; \$1,000.00, 12/13/2011, Christie Vilsack for Iowa; \$5,000.00, 08/10/2011, Obama Victory Fund 2012; \$2,500.00, 08/10/2011, Obama Victory Fund; \$2,500.00, 06/30/2011 Khazai for Massachusetts; \$1,000.00, 06/29/2011, Menendez for Senate; \$2,500.00, 06/29/2011, Kaine for Virginia; \$1,000.00, 12/13/2010, John Kerry for Senate; \$1,000.00, 12/13/2010, John Kerry for Senate; \$1,000.00, 09/29/2010, Friends of Blanche Lincoln; \$1,000.00, 09/16/2010, Sestak for Senate; \$250.00, 09/16/2010, Tommy Sowers for Congress; \$500.00, 06/23/2010, Patrick Murphy for Congress; \$250.00, 05/24/2010, Gillibrand for Senate; \$250.00, 05/24/2010, Mark Critz for Congress; \$1,000.00, 02/08/2010, Hodes for Senate; \$1,400.00, 02/08/2010, Hodes for Senate; \$5,000.00, 12/31/2009, DNC Serv Corp/Democratic Nat Comm; \$1,000.00, 12/22/2009, Martha Coakley for Senate Committee; \$250.00, 11/23/

2009, Patrick Murphy for Congress; \$500.00, 06/30/2009, Dem Senatorial Campaign Comm; \$500.00, 04/21/2009, NY-20 Victory Fund; \$1,000.00, 03/13/2009, Hodes for Senate.

2. Spouse: Kim Sawyer; \$2,500.00, 09/18/2012, Joe Kennedy for Congress; \$500.00, 09/28/2010, Emily's List; \$1,500.00, 04/13/2010, Obama Victory Fund; \$2,400.00, 10/08/2009, Martha Coakley for Senate.

3. Children and Spouses: Matthew Sherman (son) single, not married: none. Stephanie Sherman (daughter) single, not married: none.

4. Parents; Samuel Sherman (father): deceased; Rose Sherman (mother): deceased.

5. Grandparents: deceased.

6. Brothers and Spouses: none.

7. Sisters and Spouses: none.

*Cynthia H. Akuetteh, 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 Gabonese Republic, and to serve concurrently and without additional compensation as Ambassador Extraordinary and Plenipotentiary of the United States of America to the Democratic Republic of Sao Tome and Principe.

Nominee: Cynthia Helen Akuetteh

Post: Libreville.

(The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.)

Contributions, amount, date, and donee:

1. Self: \$50, 10/2012, Obama Victory Fund.

2. Spouse: N/A.

3. Children and Spouses: Nueteki Akuetteh: None; NiiNol Akuetteh: None.

4. Parents: Deceased.

5. Grandparents: Deceased.

6. Brothers and Spouses: Richard Louis Archie, III; None, Marilyn Archie: None.

7. Sisters and Spouses N/A.

*Eric T. Schultz, of Virginia, 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 Republic of Zambia.

Nominee: Eric T. Schultz.

Post: Ambassador to the Republic of Zambia.

(The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.)

Contributions, amount, date, and donee:

1. Self: None.

2. Spouse: None.

3. Children and Spouses: Aleksander: None; Adam: None.

4. Parents: Mary Ann Cotton: None; Dale W. Schultz: None.

5. Grandparents: (All deceased)

6. Brothers and Spouses: Mark and Karen Schultz: None; Brian Schultz: None; David and Pamela Schultz: None; Greg and Heidi Schultz: None.

7. Sisters and Spouses: Teresa Christener: None.

*Eunice S. Reddick, 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 Republic of Niger.

Nominee: Eunice S. Reddick.

Post: Niamey, Republic of Niger.

(The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.)

Contributions, amount, date, and donee:

1. Self: None.

2. Spouse: None.

3. Children and Spouses: Son, Gregory Wall: None; Spouse, Rona Cohen: None; Daughter, Sarah Wall: None.

4. Parents: Mother, Carrie Reddick: Deceased; Father, Ellsworth Reddick: Deceased.

5. Grandparents: (Maternal) Grandmother, Sarah Crawford: Deceased; Grandfather, Henry Crawford: Deceased.

6. Brothers and Spouses: N/A.

7. Sisters and Spouses: Helen Luchars: Deceased; Spouse, Robert Luchars: Deceased.

*Brian A. Nichols, of Rhode Island, 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 Republic of Peru.

Nominee: Brian Andrew Nichols.

Post: U.S. Ambassador to the Republic of Peru.

Nominated: June 24, 2013

(The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.)

Contributions, amount, date, and donee:

1. Self: \$1,250, 02/14/2008, Obama, Barack via Obama for America.

2. Spouse: Geraldine L. Kam: None.

3. Children and Spouses: Alexandra E. Nichols (minor, no spouse): None. Sophia E. Nichols (minor, no spouse): None.

4. Parents: Charles H. Nichols, father (deceased); Mildred T. Nichols, mother.

2008 Additions by Mildred T. Nichols 11/4/12—Contributions to Political Committees:

Obama for America:

01/09/08, \$100.00; 01/10/08, \$25.00; 01/25/08, \$50.00; 02/01/08, \$50.00; 02/07/08, \$50.00; 02/28/08, \$50.00; 03/19/08, \$50.00; 04/06/08, \$30.00; 04/30/08, \$100.00; 05/21/08, \$50.00; 05/28/08, \$50.00; 07/02/08, \$100.00; 07/09/08, \$50.00; 07/30/08, \$50.00; 08/12/08, \$100.00; 08/25/08, \$100.00; 09/12/08, \$100.00; 10/18/08, \$100.00; 11/03/08, \$100.00;

Total, \$1305.00.

Obama Transition Project:

11/22/08, \$50.00.

Total, \$50.00.

Hillary Clinton Committee:

12/08/08, \$50.00;

Total, \$50.00.

Democratic National Committee:

12 Monthly \$10.00 Contributions, 120.00;

10/12/08, \$50.00;

Total, \$170.00.

Democratic Congressional Campaign Committee:

05/22/08, \$50.00; 06/28/08, \$35.00; 08/25/08, \$35.00;

08/29/08, \$50.00; 09/13/08, \$50.00;

Total, \$220.00.

Democracy for America:

06/27/08, \$25.00;

Total, \$25.00.

21st Century Democrats:

08/18/08, \$25.00;

Total, \$25.00.

Grand Total 2008, \$1845.00.

2010 Contributions:

Tarryl Clark Minnesota House Race Friends

of Tarryl Clark.

07/09/10, \$50.00;

09/17/10, \$25.00;

Total, \$75.00.

Rhode Island Senate Victory 2012:

03/01/2012, \$250.00.

Obama, Barack via Obama for America

05/24/2011, \$300.00;

08/04/2011, \$250.00.

Cicilline, David N via Cicilline Committee:

12/05/2011, \$250.00;

05/21/2012, \$250.00.

Cicilline, David N via Cicilline Committee:

05/30/2011, \$250.00.

Total Contributions: \$1550.00.

Joint Fundraising Contributions:

These are contributions to committees who are raising funds to be distributed to other committees. The breakdown of these contributions to their final recipients may appear below.

Obama Victory Fund 2012:

09/24/2011, \$1000.00;

06/30/2012, \$250.00.

Rhode Island Victory:

10/15/2010, \$500.00.

Total Joint Fundraising: \$1750.00.

Recipient of Joint Fundraiser Contributions:

These are the Final Recipients of Joint Fundraising Contributions.

Whitehouse, Sheldon II via Whitehouse for Senate:

03/01/2012, \$250.00.

Democratic Congressional Campaign Committee:

10/15/2010, \$250.00.

Obama, Barack via Obama for America:

09/24/2011, \$1000.00.

Obama, Barack via Obama for America:

06/30/2012, \$250.00.

Obama, Barack via Obama for America:

09/07/2012, \$500.00.

Recipient Total: \$2500.00 (in regular installments).

Cicilline, David N via Cicilline Committee:

10/15/2010, \$250.00.

Cicilline, David N via Cicilline Committee:

09/09/2012, \$200.00.

Recipient Total: \$450.00.

5. Grandparents: Charles H. Nichols, Sr. (deceased); Julia King Nichols (deceased); Thomas E. Thompson, Sr. (deceased); Lillian Clark Thompson (deceased).

6. Brothers and Spouses: David G. Nichols (brother):

Obama, Barack via Obama for America:

04/28/2008, \$200.00.

Obama, Barack via Obama for America:

08/18/2011, \$208.00;

09/27/2011, \$250.00;

11/28/2011, \$208.00;

04/01/2012, \$208.00;

05/02/2012, \$208.00;

06/01/2012, \$208.00;

07/01/2012, \$208.00;

08/01/2012, \$208.00.

Obama, Barack via Obama for America:

02/01/2012, \$208.00;

03/01/2012, \$208.00.

Obama, Barack via Obama for America:

11/01/2012, \$208.00;

11/04/2012, \$208.00.

Obama, Barack via Obama for America:

09/01/2012, \$208.00;

10/01/2012, \$208.00.

David Nichols contributions are designed to contribute the maximum to the Obama campaign (i.e. \$2500 each for the primary and general election). He states that he contributed \$208 per month × 12 months for the primary and \$208 × 12 months for the general election. He is not able to provide further detail. The donations above are those that appear on the FEC website.

Total Contributions: \$5000.00.

Mikulski, Barbara via Mikulski for Senate Committee:

11/14/2009, \$500.00.

Mayme Boyd (spouse of David Nichols).

Contributions to Political Committees:
Kratovil, Frank M Mr. Jr via Frank Kratovil
for Congress:

07/07/2010, \$500.00, 10991889591.
Total Contributions: \$500.00.
Keith F. Nichols (Brother); Michele Pitts
Nichols (Spouse of Keith Nichols):
Joint Fundraising Contributions:
Emily's List:
02/13/2011, \$35.
Democratic Senate Campaign Committee:
05-13-11, \$15;
05-28-10, \$25.
Obama Victory Fund 2012:
09/26/2012, \$225.00.
Total Joint Fundraising: \$225.00.
Obama, Barack via Obama for America:
09/26/2012, \$225.00.
Recipient Total: \$225.00.
7. Sisters and Spouses: None.

*Carlos Roberto Moreno, of California, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to Belize.

Nominee: Carlos Roberto Moreno.
Post: Belize.
(The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.)

Contributions, amount, date, and donee:
1. Self: \$2500, 9/1/12, Obama Victory Fund; \$1000, 1/14/12, Obama Victory Fund; \$100, 5/20/12, Feinstein 2012.
2. Spouse: \$2500, 9/1/12, Obama Victory Fund.
3. Children and Spouses: Keiko Moreno, None; Nicholas Ray Moreno, None; Heather Rose Moreno, None.
4. Parents: Jesus Moreno—deceased; Luisa Brucklmaier—deceased.
5. Grandparents: all deceased, Karl and Luisa Brucklmaier; Pedro and Anastasia Moreno.
6. Brothers and Spouses: William Moreno—deceased; Peter Louis Moreno, None.
7. Sister and Spouses: Lupe Bobadilla—deceased; Glooria Hidalgo, None.

*Donald Lu, of California, 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 Republic of Albania.

Nominee: Donald Lu.
Post: Albania.
(The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.)

Contributions, amount, date, and donee:
1. Self: None.
2. Spouse: Ariel C. Ahart: None.
3. Children and Spouses: Kipling I. Lu: None, Aliya A. Lu: None.
4. Parents: David S. Lu: None, Allena Kaplan: None.
5. Grandparents: Abbie Fong: None.
6. Brothers and Spouses: Gene and Terry Lu: None.
7. Sisters and Spouses: Bonnie and Douglas Morgan: None.

*Helen Meagher La Lime, 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 Republic of Angola.

Nominee: Helen R. Meagher La Lime.

Post: Angola.

(The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.)

Contributions, amount, date, and donee:
1. Self: None.
2. Spouse: None.
3. Children and Spouses: Matthew C. La Lime, None; Adriana M. La Lime, None.
4. Parents: Teresa C. Meagher, None; Raymond F. Meagher—deceased.
5. Grandparents: Edward and Teresa Meagher—(deceased); Christina Bunsen Perez—(deceased).
6. Brothers and Spouses: None.
7. Sisters and Spouses: Rita Maria Meagher, None; Elizabeth A. Meagher, None.

*Amy Jane Hyatt, of California, 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 Republic of Palau.

Nominee: Amy Jane Hyatt.
Post—Palau.
(The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.)

Contributions, amount, date, and donee:
1. Self: None.
2. Spouse: N/A.
3. Children and Spouses: Emma Hyatt, None; Zachary Rishling, None.
4. Parents: Renée L. Hyatt—deceased; Ernest B. Hyatt—deceased.
5. Grandparents: Simon Hyatt—deceased; Rose Hyatt—deceased; Clara Lang—deceased; Milton Lang—deceased.
6. Brothers and Spouses: Glenn S. Hyatt, None; Suzanne Hyatt, None.
7. Sisters and Spouses: None.

*Michael Stephen Hoza, of Washington, 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 Republic of Cameroon.

Nominee: Michael S. Hoza.
Post: Embassy Yaounde, Cameroon.
(The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.)

Contributions, amount, date, donee:
1. Self: none.
2. Spouse: none.
3. Children and Spouses: Paul M. Hoza (single): none; Christopher Hoza (single): none.
4. Parents: Helen B. Hoza, none; Paul P. Hoza (deceased), none.
5. Grandparents: Stephen Hoza (deceased), none; Mary R. Hoza (deceased), none.
6. Brothers and Spouses: none.
7. Sisters and Spouses: Paula K. Hoza: \$27.50, 6/25/2012, Act Blue; \$25.00, 8/30/2012, Obama for America; \$25.00, 9/30/2012, Obama for America; \$25.00, 10/29/2012, Act Blue; \$35.00, 10/29/2012, People for the American Way; John Canary: none.

*John Hoover, of Massachusetts, a Career Member of the Senior Foreign Service, Class of Counselor, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of Sierra Leone.

Nominee: John F. Hoover.

Post: U.S. Ambassador to Sierra Leone.
(The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.)

Contributions, amount, date and donee:
1. Self: none.
2. Spouse: none.
3. Children and Spouses: Terrence Lin Hoover: none.
Patrick David Hoover: none.
4. Parents: Terrence David Hoover: \$50, 2012, Democratic Governor's Association, Ann Hoover: \$75, 2012, Obama campaign, \$25, 2012, Democratic Senate Committee.
5. Grandparents: Jacob Hoover—deceased; Louise Hoover—deceased; Catherine Fockler—deceased; Frederick Fockler—deceased.
6. Brothers and Spouses: David Hoover: none. Marion Proud: none. Andrew Hoover: \$200, 2012, Obama campaign. Kay Clarke: none.
7. Sisters and Spouses: Elizabeth Hoover: none.

*Bruce Heyman, of Illinois, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to Canada.

Nominee: Bruce Alan Heyman.
Post: Ambassador to Canada.
(The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.)

Contributions, amount, date, and donee:
1. Self: Bruce A. Heyman: \$5,000, 2009, Goldman Sachs Political Action Committee; \$5,000, 2010, Goldman Sachs Political Action Committee; \$5,000, 2011, Goldman Sachs Political Action Committee; \$5,000, 2012, Goldman Sachs Political Action Committee; \$2,400, 9/21/2009, Michael McMahon/Mike McMahon for Congress; \$2,400, 9/29/2009, Melissa Bean/Melissa Bean for Congress; \$1,000, 2/22/2010, Harry Reid/Friends for Harry Reid; \$1,000, 3/25/2010, Bill Foster/Bill Foster for Congress Committee; \$2,400, 7/13/2010, Melissa Bean/Melissa Bean for Congress; \$1,000, 9/27/2010, Scott Murphy/Scott Murphy for Congress; \$2,500, 3/8/2011, John Atkinson/Atkinson for Congress; \$2,500, 4/8/2011, Obama for America; \$2,500, 4/8/2011, Obama for America; \$30,800, 4/8/2011, Democratic National Committee—Obama Victory Fund 2012; \$2,500, 6/24/2011, John Atkinson/Atkinson for Congress (contribution returned); \$1,000, 8/30/2011, Tammy Duckworth for Congress; \$1,000, 9/14/2011, Timothy Kaine/Kaine for Virginia; \$1,000, 10/7/2011, Mike Quigley/Quigley for Congress; \$500, 10/24/2011, Kirsten Gillibrand/Gillibrand for Senate; \$30,800, 1/23/2012, Democratic National Committee; \$1,000, 2/2/2012, Debbie Wasserman Schultz/Debbie Wasserman Schultz for Congress.

2. Spouse: Vicki S. Heyman: \$1,000, 2/11/2009, Julie Hamos/Julie Hamos for Congress; \$750, 10/19/2009, Democratic National Committee; \$2,300, 12/11/2009, Cheryl Jackson/Cheryl Jackson for U.S. Senate; \$10,000, 4/19/2010, Democratic National Committee; \$2,400, 5/31/2010, Melissa Bean for Congress; \$1,000, 2/24/2011, Kirsten Gillibrand/Gillibrand for Senate; \$2,500, 3/8/2011, John Atkinson/Atkinson for Congress; \$30,800, 5/10/2011, Democratic National Committee—Obama Victory Fund 2012; \$2,500, 5/10/2011, Obama For America; \$2,500, 5/10/2011, Obama For America; \$1,000, 6/23/2011, Tim Kaine/Kaine for Virginia; —\$2,500, 6/24/2011, John Atkinson/Atkinson for Congress; \$1,000, 8/30/2011, Tammy

Duckworth/ Tammy Duckworth for Congress; \$4,000, 9/14/2011, Kirsten Gillibrand/ Gillibrand for Senate; \$1,000, 10/7/2011, Mike Quigley/Quigley for Congress; \$1,000, 11/2/2011, Women's Senate Victory Fund; \$2,000, 11/4/2011, Emily's List; \$1,000, 11/7/2011, Tammy Baldwin/Baldwin for Senate; \$1,000, 12/30/2011, Amy Klobuchar/Klobuchar for Minnesota 2018; \$2,500, 1/17/2012, Democratic National Committee; \$1,000, 2/2/2012, Debbie Wasserman Schultz/Debbie Wasserman Schultz for Congress; \$1,000, 3/2/2012, Claire McCaskill/McCaskill for Missouri 2012; \$500, 3/22/2012, Elizabeth Warren/Elizabeth for MA; \$2,500, 4/10/2012, John Tester/Montanans' for Tester; \$2,500, 5/7/2012, Brad Schneider/Schneider for Congress; \$1,000, 6/26/2012, Cheri Bustos/Friends of Cheri Bustos; \$40,000, 8/1/2012, Democratic Convention 2012; \$28,300, 5/31/2012, Democratic National Committee.

3. Children and Spouses: David C. Heyman, Son, none; Allison A. Heyman, Daughter-in-Law, none; Caroline L. Heyman, Daughter, none; Liza R. Heyman, Daughter, \$318, 9/11/2012, Democratic Party of Arkansas; \$235, 2/9/2012, Obama Victory Fund 2012.

4. Parents: Sherry M. Heyman, Mother, none; Miles B. Heyman, Father, Deceased.

5. Grandparents: Samuel Heyman, Grandfather, Deceased; Ray S. Heyman, Grandmother, Deceased; Jack Moldoff, Grandfather, Deceased; Lillian Baum, Grandmother, Deceased.

6. Brothers and Spouses: Richard S. Heyman, Brother, none; Alyse Heyman, Sister-in-Law, none.

7. Sisters and Spouses: Wendy Sabeti, Sister, \$200, 9/12/2011, Obama Victory Fund; Armin Sabeti, Brother-in-Law, 5/8/2012, Obama Victory Fund; \$120, 1/20/2013, The Lone Star Project.

*Matthew T. Harrington, of Virginia, a Career Member of the Senior Foreign Service, Class of Counselor, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Kingdom of Lesotho.

Nominee: Matthew T. Harrington.

Post: Lesotho.

(The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.)

Contributions, amount, date, and donee:

1. Self: None.

2. Spouse: None.

3. Children and Spouses: N/A.

4. Parents: Tracy/Judy Harrington: \$75, 2012, Obama campaign; \$20.35, 2012, Dem. Cong. Campaign Committee.

5. Grandparents: N/A

6. Brothers and Spouses: Luke/Margaret Harrington: \$235, 2012, Obama Campaign.

*Michael A. Hammer, 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 Republic of Chile.

Nominee: Michael A. Hammer.

Post: Ambassador to Republic of Chile.

(The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.)

Contributions, amount, date, and donee:

1. Self: None.

2. Spouse: Margaret Bjorgulfsdottir: None.

3. Children and Spouses: Monika Hammer, Mikael Hammer, Brynja Hammer: None.

4. Parents: Michael P. Hammer—Deceased; Magdalena Altares Hammer: None.

5. Grandparents: Edward and Lilly Hammer and Alberto Altares, Magdalena Altares Maria: Deceased.

6. Brothers and Spouses: N/A.

7. Sisters and Spouses: N/A.

*Thomas Frederick Daughton, of Arizona, 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 Republic of Namibia.

Nominee: Thomas F. Daughton.

Post: Ambassador to Namibia.

(The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.)

Contributions, amount, date, and donee:

1. Self: None.

2. Spouse: Melinda C. Burrell: \$200.00, 4/21/13, Democratic Party Cmte Abroad; \$26.15, 12/20/12, Feminist Maj'y Fdn; \$175.00, May–Nov/12, Brown, Sherrod; \$100.00, 09/04/12, Obama, Barack; \$50.00, 06/14/12, Color of Change; \$100.00, 05/16/12, McNeil for DCCC; \$250.00, 10/08/10, Perriello, Tom; \$1000.00, 04/21/10, Democratic Party Cmte Abroad; \$500.00, 11/10/09, Perriello, Tom.

3. Children and Spouses: None.

4. Parents: Donald F. Daughton: \$150.00, 10/26/12, Save Our Judges; \$250.00, 09/29/12, Carmona, Richard; \$200.00, 05/02/12, Walsh, James P.; \$500.00, 12/31/11, Bivens, Don. Helen M. Daughton: None.

5. Grandparents: Fred J. Daughton (deceased): None. Ethel E. Daughton (deceased): None. Tom B. Rollow (deceased): None. Helen K. Rollow (deceased): None.

6. Brothers and Spouses: Andrew M. Daughton: None. Theresa S. Daughton: None. James P. Daughton: None. Karyn Panitch Daughton: None.

7. Sisters and Spouses: Erin E. Daughton: \$68.00, Jul–Nov/12, Obama for America; \$5.00, 09/21/12, Act Blue MA; \$25.00, 10/26/12, Act Blue MA. Garth Katner: None.

*Mark Bradley Childress, of Virginia, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the United Republic of Tanzania.

Nominee: Mark B. Childress.

Post: U.S. Ambassador to Tanzania.

(The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.)

Contributions, Amount, Date, Donee:

1. Self: \$500, 9/7/2012, Tim Kaine.

2. Spouse: Katherine Childress, \$1000, 6/3/2013, Kay Hagan; \$1000, 10/22/2012, Tim Kaine; \$500, 1/13/2012, Tim Kaine; \$500, 9/7/2012, Tim Kaine; \$250, 3/31/2010, Charles Schumer.

3. Children and Spouses: none.

4. Parents: Gran Childress, none; Gayle Childress, none.

5. Grandparents: Gaylord Hancock, none; Alice Hancock, none.

6. Brothers and Spouses: none.

7. Sisters and Spouses: Susan McCracken, none; Randy McCracken, none; Leesa Sluder, \$50.00, 3/27/2012, DCCC; \$50.00, 6/30/2010, DCCC; \$50.00, 5/18/2010, DCCC; Todd Sluder, none.

*Dwight L. Bush, Sr., of the District of Columbia, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Kingdom of Morocco.

Nominee: Dwight Lamar Bush, Sr.

Post: Ambassador to The Kingdom of Morocco.

(The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.)

Contributions, Amount, Date, Donee:

1. Self: 2,500, 06/29/11, Joanne Dowdell, for Congress; 2,400, 06/20/10, Andre Williams, for Congress; 2,000, 03/19/13, The Markey Committee; 1,000, 03/12/09, Hillary Clinton, for President; 35,800, 05/17/11, Obama Victory Fund; 35,800, 06/28/12, Obama Victory Fund; 1,000, 04/12/12, Friends of Doug Gansler; 1,000, 09/15/10, Vincent Gray for Mayor; 1,000, 06/20/10, Kwame Brown, City Council; 2,000, 03/15/13, Mary Landrieu.

2. Spouse: 500, 12/31/12, ACTBLUE; 1,000, 09/26/11, Kaine for VA; 250, 03/12/10, Kendrick Meek, for Florida INC; 500, 10/04/11, Dan Inouye, for U.S. Senate; 500, 05/18/12, Friends of Sherrod Brown; 1,000, 07/31/12, John Kerry for Senate; 1,500, 10/31/11, Klobuchar for MN; 500, 08/09/11, Leahy for U.S. Senate CMTE; 500, 07/31/12, Leahy for U.S. Senate CMTE; 1,000, 04/10/12, Elizabeth for MA INC; 500, 09/23/11, Friends of Maria Cantwell; 500, 08/21/12, Friends of Maria Cantwell; 250, 08/18/10, Citizens for Eleanor Holmes Norton; 2,400, 07/31/90, Jessie Jackson Jr. for Congress; 500, 05/04/10, Jessie Jackson for Congress; 500, 02/23/12, Jessie Jackson for Congress; 35,800, 06/29/11, Obama Victory Fund.

3. Children and Spouses: Dwight Lamar Bush Jr., none; Jacqueline Dibble Bush, none.

4. Parents: Charlie W. Bush, none; Jessie Mae Bush, 2,500, 06/30/11 Obama Victory Fund; Mercer Cook, 1,000, 09/19/12, Obama for America; Ann Jordan, 250, 10/09/09, Leahy for U.S. Senate; Vernon E. Jordan, Jr., 500, 02/15/11, Klobuchar for MN; 1,000, 10/26/11, Maria Cantwell; 1,000, 03/22/10, Richard Blumenthal; 1,000, 03/02/09, Byron Dorgan; 500, 05/03/10, Barbara Mikulski; 500, 10/24/10, Michael Bennett; 2,000, 09/15/11, Dianne Feinstein; 500, 07/29/10, Patty Murray; 1,000, 06/29/12, Tim Kaine; 1,000, 10/15/12, Heidi Heitkamp; 1,000, 06/16/09, Harry Reid; 500, 05/18/10, Blanche Lincoln; 1,000, 03/15/13, Mary Landrieu; 500, 06/16/11, Sheldon Whitehouse II; 500, 08/11/2010, Barbara Mikulski; 2,400, 10/12/10, Charles Schumer; 1,000, 04/30/10, DNC; 1,000, 08/29/11, Obama for America; 1,000, 05/03/10, Terri Sewell; 1,000, 12/31/11, Debbie Wasserman Schultz; 250, 12/01/10, Eleanor Holmes Norton; 1,000, 02/28/12, Democratic Campaign Committee; 225, 07/24/12, Democratic Campaign Committee; 500, 10/11/10, Chet Edwards; 1,000, 07/24/09, James Clyburn; 300, 02/14/11, Charles Rangel; 500, 08/19/11, Charles Rangel; 1,000, 06/14/12, Charles Rangel; 213, 07/31/10, Democratic Congressional Campaign CMTE; 1,000, 10/20/10, Democratic Congressional Campaign CMTE; 1,000, 06/30/11, Democratic Congressional Campaign CMTE; 1,000, 09/24/10, AMERIPAC; 1,000, 07/26/12, AMERIPAC; 2,500, 09/10/12, Obama for America; 34,800, 11/29/11, Obama Victory Fund; 32,500, 09/28/12, Obama Victory Fund.

5. Grandparents: N/A.

6. Brothers and Spouses: Itez Bush, none; Darryl Bush, none; Althea Bush, none; Mercer Cook III, 250, 07/30/12, Obama for America; Janice Cook Roberts, 2,500, 09/23/11, Jared Polls; 500, 11/05/12, Sean Patrick Maloney; 1,000, 08/13/11, Joanne Dowdell; Richard Roberts, 250, 12/19/11, Obama for America; 250, 07/09/09, Terri Sewell.

7. Sisters and Spouses: Janice Cook Roberts, 2,500, 09/23/11, Jared Polls; 500, 11/05/11, Sean Maloney; 1,000, 08/13/11, Joanne Dowdell; Richard Roberts, 250, 12/19/11, Obama for America; 250, 07/09/09, Terri Sewell.

*Timothy M. Broas, of Maryland, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Kingdom of Morocco.

potentiary of the United States of America to the Kingdom of the Netherlands.

Nominee: Timothy M. Broas

Post: U.S. Ambassador to the Kingdom of the Netherlands

The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.

Contributions, amount, date, and donee:

1. Self \$2400, 3/2/09, Friends of Byron Dorgan; \$2400, 3/31/09, Patrick Murphy for Congress; \$500, 9/17/09, Friends of Patrick Kennedy Inc; \$500, 10/27/09, Campaign for Our Country; \$15200, 2/3/10, Democratic National Committee; \$1000, 2/28/10, John Kerry for Senate; \$1000, 6/22/10, John Kerry for Senate; \$500, 6/22/10, Friends of Schumer; \$15200, 7/30/10, Democratic National Committee; \$2400, 8/9/10, Bennet for Colorado; -\$25, 8/16/10, Democratic National Committee; \$1000, 9/30/10, Alexi for Illinois; \$1000, 9/30/10, Perriello for Congress; \$2400, 10/25/10, Patrick Murphy for Congress; \$2800, 12/22/10, John Kerry for Senate; \$35800, 4/8/11, Obama Victory Fund; \$30800, 4/8/11, Democratic National Committee, via The Obama Victory Fund; \$5000, 4/8/11, Obama for America; \$2500, 5/2/11, Kaine for Virginia; \$1000, 5/14/11, Campaign for Our Country 2012; \$2500, 5/12/11, Klobuchar for Minnesota; \$1500, 5/25/11, Montanans for Tester; \$2500, 6/17/11, Seth Warren for Senate; \$2500, 11/30/11, Kaine for Virginia; \$1000, 3/6/12, Friends of John Delaney; \$2500, 3/27/12, Andrei for Arizona; \$1000, 3/28/12, Elizabeth for MA Inc.; \$1000, 3/29/12, Hoyer's Majority Fund; \$2500, 3/28/12, Joseph Kennedy III for Congress; \$30,800, 3/31/12, Obama Victory Fund; \$30,800, 3/31/12, Democratic National Committee, via The Obama Victory Fund; \$1000, 04/01/13, Common Ground PAC; \$1000, 02/04/13, Ed Markey for US Senate; \$4000, 06/05/13, Common Ground PAC; \$500, 07/16/13, Udall for Colorado.

2. Spouse: Julie McAree Broas: \$2500, 10/17/12, Obama Victory Fund 2012; \$2500, 10/17/12; Obama for America via Obama Victory Fund 2012.

3. Children: Emily Broas: \$2500, 10/12/11, Obama for America, via Obama Victory Fund 2012; \$2500, 10/17/12; Obama for America via Obama Victory Fund 2012.

Allison Broas: \$2500, 10/17/12; Obama for America via Obama Victory Fund 2012.

Madeline Broas: \$2500, 10/17/12, Obama for America, via Obama Victory Fund 2012.

4. Parents: None.

5. Grandparents: None.

6. Brothers and Spouses: None.

7. Sisters and Spouses: None.

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

(Nominations without an asterisk were reported with the recommendation that they be confirmed.)

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. CARPER (for himself and Mr. BLUNT):

S. 1927. A bill to protect information relating to consumers, to require notice of security breaches, and for other purposes; to the

Committee on Banking, Housing, and Urban Affairs.

By Mr. RISCH (for himself, Mr. CRAPO, Mr. INHOFE, Mr. ROBERTS, Mr. ENZI, Mr. COBURN, Mr. CHAMBLISS, Mr. FLAKE, and Ms. MURKOWSKI):

S. 1928. A bill to require the Government Accountability Office to study the expenses incurred by the Pentagon to meet its renewable energy and energy efficiency mandates; to the Committee on Armed Services.

By Mr. BEGICH:

S. 1929. A bill to require the Secretary of the Interior to transfer to the State of Alaska certain land for the purpose of building a road between the community of King Cove and the all-weather airport in Cold Bay, Alaska; to the Committee on Energy and Natural Resources.

By Mr. PAUL:

S. 1930. A bill to repeal the annual adjustment of retired pay and retainer pay amounts for retired members of the Armed Forces under age 62, and for other purposes; to the Committee on Armed Services.

By Mr. HELLER (for himself, Ms. COLLINS, Mr. PORTMAN, Ms. AYOTTE, Mr. COATS, Ms. MURKOWSKI, Mr. ISAKSON, and Mr. HOEVEN):

S. 1931. A bill to provide for the extension of certain unemployment benefits, and for other purposes; read the first time.

By Mr. WYDEN (for himself and Mr. ISAKSON):

S. 1932. A bill to amend title XVIII of the Social Security Act to establish a Medicare Better Care Program to provide integrated care for Medicare beneficiaries with chronic conditions, and for other purposes; to the Committee on Finance.

By Mr. CARDIN (for himself, Mr. MCCAIN, Mr. LEVIN, Mr. WICKER, Mr. DURBIN, Mr. BLUMENTHAL, Mrs. SHAHEEN, and Mr. MARKEY):

S. 1933. A bill to impose sanctions with respect to foreign persons responsible for gross violations of internationally recognized human rights, and for other purposes; to the Committee on Foreign Relations.

By Mr. BARRASSO (for himself and Mr. ENZI):

S. 1934. A bill to direct the Administrator of General Services to convey the Clifford P. Hansen Federal Courthouse back to Teton County, Wyoming; to the Committee on Environment and Public Works.

ADDITIONAL COSPONSORS

S. 460

At the request of Mr. HARKIN, the name of the Senator from Washington (Ms. CANTWELL) was added as a cosponsor of S. 460, a bill to provide for an increase in the Federal minimum wage.

S. 646

At the request of Mr. WHITEHOUSE, the name of the Senator from Massachusetts (Mr. MARKEY) was added as a cosponsor of S. 646, a bill to create the National Endowment for the Oceans to promote the protection and conservation of United States ocean, coastal, and Great Lakes ecosystems, and for other purposes.

S. 862

At the request of Ms. AYOTTE, the name of the Senator from Arkansas (Mr. PRYOR) was added as a cosponsor of S. 862, a bill to amend section 5000A of the Internal Revenue Code of 1986 to provide an additional religious exemption from the individual health coverage mandate.

S. 948

At the request of Mr. SCHUMER, the name of the Senator from Arkansas (Mr. PRYOR) was added as a cosponsor of S. 948, a bill to amend title XVIII of the Social Security Act to provide for coverage and payment for complex rehabilitation technology items under the Medicare program.

S. 1174

At the request of Mr. BLUMENTHAL, the name of the Senator from California (Mrs. BOXER) was added as a cosponsor of S. 1174, a bill to award a Congressional Gold Medal to the 65th Infantry Regiment, known as the Borinqueneers.

S. 1204

At the request of Mr. COBURN, the names of the Senator from Georgia (Mr. CHAMBLISS) and the Senator from Georgia (Mr. ISAKSON) were added as cosponsors of S. 1204, a bill to amend the Patient Protection and Affordable Care Act to protect rights of conscience with regard to requirements for coverage of specific items and services, to amend the Public Health Service Act to prohibit certain abortion-related discrimination in governmental activities, and for other purposes.

S. 1358

At the request of Ms. KLOBUCHAR, the name of the Senator from New Hampshire (Mrs. SHAHEEN) was added as a cosponsor of S. 1358, a bill to establish an advisory office within the Bureau of Consumer Protection of the Federal Trade Commission to prevent fraud targeting seniors, and for other purposes.

S. 1431

At the request of Mr. WYDEN, the name of the Senator from Nebraska (Mrs. FISCHER) was added as a cosponsor of S. 1431, a bill to permanently extend the Internet Tax Freedom Act.

S. 1456

At the request of Ms. AYOTTE, the name of the Senator from Massachusetts (Mr. MARKEY) was added as a cosponsor of S. 1456, a bill to award the Congressional Gold Medal to Shimon Peres.

S. 1648

At the request of Mr. KIRK, the names of the Senator from Massachusetts (Mr. MARKEY) and the Senator from Massachusetts (Ms. WARREN) were added as cosponsors of S. 1648, a bill to amend title 36, United States Code, to encourage the nationwide observance of two minutes of silence each Memorial Day.

S. 1697

At the request of Mr. HARKIN, the name of the Senator from Rhode Island (Mr. WHITEHOUSE) was added as a cosponsor of S. 1697, a bill to support early learning.

S. 1706

At the request of Mr. BROWN, the name of the Senator from Maryland (Mr. CARDIN) was added as a cosponsor of S. 1706, a bill to amend the Internal

Revenue Code of 1986 to permit the Secretary of the Treasury to issue prospective guidance clarifying the employment status of individuals for purposes of employment taxes and to prevent retroactive assessments with respect to such clarifications.

S. 1719

At the request of Mrs. MURRAY, the name of the Senator from West Virginia (Mr. ROCKEFELLER) was added as a cosponsor of S. 1719, a bill to amend the Public Health Service Act to reauthorize the poison center national toll-free number, national media campaign, and grant program, and for other purposes.

S. 1738

At the request of Mr. CORNYN, the name of the Senator from Nebraska (Mr. JOHANNES) was added as a cosponsor of S. 1738, a bill to provide justice for the victims of trafficking.

S. 1778

At the request of Mr. BURR, the name of the Senator from Missouri (Mr. BLUNT) was added as a cosponsor of S. 1778, a bill to require the Attorney General to report on State law penalties for certain child abusers, and for other purposes.

S. 1798

At the request of Mr. WARNER, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 1798, a bill to ensure that emergency services volunteers are not counted as full-time employees under the shared responsibility requirements contained in the Patient Protection and Affordable Care Act.

S. 1827

At the request of Ms. MIKULSKI, her name was added as a cosponsor of S. 1827, a bill to award a Congressional Gold Medal to the American Fighter Aces, collectively, in recognition of their heroic military service and defense of our country's freedom throughout the history of aviation warfare.

S. 1844

At the request of Mrs. SHAHEEN, the name of the Senator from West Virginia (Mr. MANCHIN) was added as a cosponsor of S. 1844, a bill to restore full military retirement benefits by closing corporate tax loopholes.

S. 1869

At the request of Ms. AYOTTE, the names of the Senator from Kansas (Mr. MORAN) and the Senator from Arkansas (Mr. BOOZMAN) were added as cosponsors of S. 1869, a bill to repeal section 403 of the Bipartisan Budget Act of 2013, relating to an annual adjustment of retired pay for members of the Armed Forces under the age of 62, and to provide an offset.

S. 1896

At the request of Mr. BROWN, the names of the Senator from Maine (Mr. KING) and the Senator from Oregon (Mr. MERKLEY) were added as cosponsors of S. 1896, a bill to amend the Internal Revenue Code of 1986 to extend

the new markets tax credit and provide designated allocations for areas impacted by a decline in manufacturing.

S. 1902

At the request of Mr. BARRASSO, the names of the Senator from New Hampshire (Ms. AYOTTE), the Senator from Arkansas (Mr. BOOZMAN), the Senator from Iowa (Mr. GRASSLEY) and the Senator from North Dakota (Mr. HOEVEN) were added as cosponsors of S. 1902, a bill to require notification of individuals of breaches of personally identifiable information through Exchanges under the Patient Protection and Affordable Care Act.

S. 1908

At the request of Mr. CORNYN, the names of the Senator from Georgia (Mr. ISAKSON) and the Senator from Florida (Mr. RUBIO) were added as cosponsors of S. 1908, a bill to allow reciprocity for the carrying of certain concealed firearms.

S. 1909

At the request of Mr. SCOTT, the name of the Senator from Kentucky (Mr. MCCONNELL) was added as a cosponsor of S. 1909, a bill to expand opportunity through greater choice in education, and for other purposes.

S. 1919

At the request of Mr. PAUL, the name of the Senator from Texas (Mr. CRUZ) was added as a cosponsor of S. 1919, a bill to repeal the Authorization for Use of Military Force Against Iraq Resolution of 2002.

S. RES. 323

At the request of Mr. CHAMBLISS, the name of the Senator from Arkansas (Mr. BOOZMAN) was added as a cosponsor of S. Res. 323, a resolution expressing the sense of the Senate on maintaining the current annual adjustment in retired pay for members of the Armed Forces under the age of 62.

S. RES. 330

At the request of Mr. BLUMENTHAL, the name of the Senator from Oregon (Mr. WYDEN) was added as a cosponsor of S. Res. 330, a resolution recognizing the 50th anniversary of "Smoking and Health: Report of the Advisory Committee to the Surgeon General of the United States" and the significant progress in reducing the public health burden of tobacco use, and supporting an end to tobacco-related death and disease.

STATEMENT ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. WYDEN (for himself and Mr. ISAKSON):

S. 1932. A bill to amend title XVIII of the Social Security Act to establish a Medicare Better Care Program to provide integrated care for Medicare beneficiaries with chronic conditions, and for other purposes; to the Committee on Finance.

Mr. WYDEN. Mr. President, I rise today to show my strong support for

the Medicare Program with the introduction of the Better Care, Lower Cost Act with my colleague, Senator ISAKSON.

The Medicare Program, treasured by millions of Americans today, is now dominated by cancer, diabetes, heart disease, and other chronic conditions. It is time for reform that offers seniors with chronic health challenges better quality, more affordable health care.

Fortunately, there are several pioneering health care leaders already paving the way to reform. The bipartisan legislation we are offering is designed to remove the government's shackles on innovation so that the types of successful approaches discussed by health care leaders here this morning become the norm rather than the exception.

The good news is that when the Senate Finance Committee recently approved legislation to fix Medicare's broken system of reimbursing doctors, the bill locked in specific incentives to move away from fee-for-service medicine. As part of its markup, the Senate Finance Committee added the foundation for improving chronic care for seniors: reforms that guarantee many more seniors access to individual care plans tailored to their unique needs.

The Better Care, Lower Cost Act builds on that progress and introduces a bold new concept in Medicare: the idea that chronic care should come first. Here are a few things the legislation does to promote this idea:

First, the legislation creates the Better Care Program, allowing health practices to create better care practices and health plans to become better health plans that care for patients with teams led by nurses, doctors, and physician assistants that must adhere to the highest quality standards. These innovators will receive one payment for their collective efforts to meet the chronic health needs of the seniors enrolled. This will give providers the flexibility to deliver the right care at the right time in the right place.

Second, because most seniors lack access to coordinated, chronic care services today, the legislation sets aside the limiting Federal mandates—like the "attribution rule"—that prevent these teams from actively reaching out to the seniors who would benefit most from specialized chronic care. Our legislation also changes Federal law so that participating practices and plans are able to reward seniors who participate in the Better Care Program by lowering their out-of-pocket costs when they work with their health care team.

Third, this bill recognizes that seniors with chronic conditions live all over the country and sets out a plan for bringing providers and plans to every nook and cranny of America. And for those seniors and providers in rural or underserved areas, the legislation uses telemedicine and other technologies as resources to help to closely monitor and manage chronic conditions.

Finally, a word about the private sector. This bill recognizes the advances that have been made that prove that better care can be provided at lower cost. There should not be as many barriers when arriving at the gates of Medicare. In fact, in my hometown of Portland, OR, when seniors talk about their Medicare, they are really talking about plans like Kaiser and Providence that are fully integrated. Seniors should have those care choices no matter where they live.

In Washington, there is talk a lot about “Medicare delivery system reform” without mentioning why it is necessary or how it will actually help the people Medicare serves. The legislation Senator Isakson and I are introducing today is about giving seniors with chronic illnesses the focus and attention they need and deserve.

Every day Americans hear new statistics about the impact chronic illness has on families, productivity, and the economy as a whole. But I can't recall a legislative effort where all those involved have remained singularly focused on solutions to this big problem.

To be clear, this legislation is not driven by a simple desire to cut costs. Anyone can save money by cutting benefits, but this legislation would actually improve the care that seniors receive. I urge my colleagues to join us in this effort by cosponsoring this important legislation.

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

S. 1932

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Better Care, Lower Cost Act”.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings.
- Sec. 3. Medicare Better Care Program.
- Sec. 4. Chronic special needs plans.
- Sec. 5. Improvements to welcome to Medicare visit and annual wellness visits.
- Sec. 6. Chronic care innovation centers.
- Sec. 7. Curricula requirements for direct and indirect graduate medical education payments.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) The field of medicine is ever-evolving and we need a highly skilled, team-oriented workforce that can meet the health care needs of today as well as the health care challenges of tomorrow.

(2) The Medicare program should recognize the growing uses and benefits of health technology in delivering quality and cost-efficient care by encouraging the use of telemedicine and remote patient monitoring.

SEC. 3. MEDICARE BETTER CARE PROGRAM.

(a) IN GENERAL.—Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) is amended by adding at the end the following new section:

“MEDICARE BETTER CARE PROGRAM

“SEC. 1899B. (a) ESTABLISHMENT.—

“(1) IN GENERAL.—Not later than January 1, 2017, the Secretary shall establish an inte-

grated chronic care delivery program (in this section referred to as the ‘program’) that promotes accountability and better care management for chronically ill patient populations and coordinates items and services under parts A, B, and D, while encouraging investment in infrastructure and redesigned care processes that result in high quality and efficient service delivery for the most vulnerable and costly populations. The program shall—

“(A) focus on long-term cost containment and better overall health of the Medicare population by implementing through qualified BCPs (as described in paragraph (2)(A)) strategies that prevent, delay, or minimize the progression of illness or disability associated with chronic conditions; and

“(B) include the program elements described in paragraph (2).

“(2) PROGRAM ELEMENTS.—The following program elements are described in this paragraph:

“(A) A health plan or group of providers of services and suppliers, or a health plan working with such a group, that the Secretary certifies in accordance with subsection (e) as meeting criteria developed by the Secretary to recognize the challenges of managing a chronically ill population, including patient satisfaction and engagement, quality measurement developed specifically for a chronically ill population, and effective use of resources and providers, may manage and coordinate care for BCP eligible individuals through an integrated care network, or Better Care Program (referred to in this section as a ‘qualified BCP’). A group of providers of services and suppliers described in the preceding sentence may also be participating in another alternative payment model (as defined in subsection (k)).

“(B) Payments to a qualified BCP shall be made in accordance with subsection (g).

“(C) Implementation of the program shall focus on physical, behavioral, and psychosocial needs of BCP eligible individuals.

“(D) Quality and cost containment are considered interdependent goals of the program.

“(E) The calculation of long-term cost savings is dependent on qualified BCPs delivering the full continuum of covered primary, post-acute care, and social services using capitated financing.

“(3) TARGETED PARTICIPATION.—

“(A) IN GENERAL.—In certifying qualified BCPs throughout the country, the Secretary shall give priority to areas—

“(i) that do not have a concentration of accountable care organizations under section 1899; and

“(ii) with a high burden of chronic conditions.

“(B) INITIAL REQUIREMENT.—In the first 5 years of the program, at least 50 percent of all new qualified BCPs certified nationwide by the Secretary shall be from counties or regions, as determined by the Secretary, where the prevalence of the most costly chronic conditions is at or greater than 125 percent of the national average.

“(C) RESTRICTING THE NUMBER OF PARTICIPATING BCPs.—

“(i) IN GENERAL.—The Secretary shall take into account geography, urban and rural designations, and the population case mix that will be served, when selecting BCPs for participation.

“(ii) LIMITATION DURING THE FIRST FOUR PROGRAM YEARS.—During the first four years of the program, the total number of qualified BCPs certified by the Secretary shall not exceed 250.

“(iii) NO LIMITATION DURING FIFTH AND SUBSEQUENT PROGRAM YEARS.—During the fifth year and any subsequent year of the program, the Secretary may certify any BCP

that meets the requirements to be certified as a qualified BCP.

“(4) ALIGNMENT WITH APPROVED STATE PLAN WAIVERS.—In certifying qualified BCPs, the Secretary shall ensure alignment with other approved waivers of State plans under title XIX.

“(b) DEFINITION OF BCP ELIGIBLE INDIVIDUALS.—

“(1) DEFINITION.—For purposes of this section, the term ‘BCP eligible individual’ means an individual who—

“(A) is entitled to benefits under part A and enrolled under parts B and D, including an individual who is enrolled in a Medicare Advantage plan under part C, an eligible organization under section 1876, or a PACE program under section 1894; and

“(B) is medically complex given the prevalence of chronic disease that actively and persistently affects their health status, and absent appropriate care interventions, causes them to be at enhanced risk for hospitalization, limitations on activities of daily living, or other significant health outcomes.

“(2) DUAL ELIGIBLE INDIVIDUALS.—An individual who is dually eligible for Medicare and Medicaid shall not be excluded from enrolling in a qualified BCP. Dually eligible beneficiaries enrolled in a qualified BCP will see the full scope of their benefits under this title and title XIX (other than long-term care) managed by the qualified BCP.

“(c) NOTIFICATION AND ENROLLMENT.—

“(1) NOTIFICATION.—Not later than October 1 of each year, the Secretary shall use all available tools, including the notice mailed annually under section 1804(a) and State health insurance assistance programs, to notify BCP eligible individuals of qualified BCPs in their area for the upcoming plan year. Such information shall also be easily accessible on the Internet website of the Centers for Medicare & Medicaid Services.

“(2) ENROLLMENT.—The Secretary shall establish procedures under which BCP eligible individuals may voluntarily enroll in a qualified BCP at the following times:

“(A) During the annual, coordinated election period under section 1851(e)(3)(B).

“(B) During or following (for a length of time determined by the Secretary)—

“(i) an initial preventive physical examination (as defined in section 1861(wv)); or

“(ii) any subsequent visit where a chronic condition is identified or a previous condition is identified as having escalated to the level of a chronic condition.

“(d) PATIENT ASSESSMENT.—

“(1) STANDARDIZED FUNCTIONAL AND HEALTH RISK ASSESSMENT.—

“(A) MINIMUM GUIDELINES.—Not later than January 1, 2016, the Secretary shall publish minimum guidelines for qualified BCPs to furnish to enrollees a health information technology-compatible, standardized, and multidimensional risk assessment that—

“(i) assesses and quantifies the medical, psychosocial, and functional status of an enrollee; and

“(ii) includes a mechanism to determine the level of patient activation and ability to engage in self-care of an enrollee.

“(B) UPDATING.—Not less frequently than once every 3 years, the Secretary shall, through rulemaking, update such minimum guidelines to reflect new clinical standards and practices, as appropriate.

“(2) INDIVIDUAL PATIENT-CENTERED CHRONIC CARE PLAN.—

“(A) MODEL PLAN.—Not later than January 1, 2016, the Secretary shall publish minimum guidelines for qualified BCPs to develop individual patient-centered chronic care plans for enrollees. Such a plan shall—

“(i) allow health professionals to incorporate the medical, psychosocial, and functional components identified in the risk assessment described in paragraph (1)(A)(i);

“(ii) provide a framework that can be easily integrated into electronic health records, allowing clinicians to make timely, accurate, evidence-based decisions at the point of care; and

“(iii) allow for the provider to describe how services will be provided to the enrollee.

“(B) USE OF TECHNOLOGY FOR PATIENT SELF CARE.—

“(i) IN GENERAL.—Whenever appropriate, the individual patient-centered chronic care plan of an enrollee shall include the use of technologies that enhance communication between patients, providers, and communities of care, such as telehealth, remote patient monitoring, Smartphone applications, and other such enabling technologies, that promote patient engagement and self care while maintaining patient safety.

“(ii) COORDINATION AND DEVELOPMENT OF STREAMLINED PATHWAY.—The Secretary shall work with the Office of the National Coordinator for Health Information Technology and the Department of Health and Human Services Chief Technology Officer to develop a streamlined pathway for the use of mobile applications and communications devices that effectively enhance the experience of the patient while maintaining patient safety and cost-effectiveness. Such pathway shall not duplicate existing efforts.

“(e) QUALIFIED BCP PROVIDERS.—

“(1) CRITERIA.—

“(A) IN GENERAL.—Any health plan, provider of services, or group of providers of services and suppliers, who agrees to meet the requirements described in paragraph (2) and is specified in subparagraph (C) may form a multidisciplinary team of health professionals to be certified as a qualified BCP. Those providers may also choose to partner with a qualified insurer to become a qualified BCP.

“(B) NO PREEMPTION OF STATE LICENSURE LAWS.—Nothing in this section shall preempt State licensure laws.

“(C) GROUPS OF PROVIDERS AND SUPPLIERS SPECIFIED.—

“(i) IN GENERAL.—As determined appropriate by the Secretary, the following health plans, providers of services, or groups of providers of services and suppliers, that meet the criteria described in clause (ii) may be certified as qualified BCPs under the program:

“(I) Health professionals acting as part of a multidisciplinary team.

“(II) Networks of individual practices of health professionals that may include community health centers, Federally qualified health centers, rural health clinics, and partnerships or affiliations with hospitals.

“(III) Health plans that meet appropriate network adequacy standards, as determined by the Secretary, and that include providers with experience and interest in managing a population with chronic conditions.

“(IV) Independent health professionals partnering with an independent risk manager.

“(V) Such other groups of providers of services or suppliers as the Secretary determines appropriate.

“(ii) CRITERIA DESCRIBED.—The following criteria are described in this clause:

“(I) Demonstrated capacity to manage the full continuum of care (other than long-term care) for the specialized population of BCP eligible individuals.

“(II) Having a high rate of Medicare customer satisfaction, when applicable, or partnering with providers of services or suppliers with such a demonstrated high satisfaction rate.

“(2) REQUIREMENTS.—A qualified BCP shall meet the following requirements:

“(A) The qualified BCP shall be accountable for the quality, cost, and overall care of enrolled BCP eligible individuals and agree to be at financial risk for that enrolled population. A qualified BCP shall be established with the objective of serving BCP eligible individuals.

“(B) The qualified BCP shall be responsible for the full continuum of care (other than long-term care) for enrollees. This continuum shall include medical care, skilled nursing and home health services, behavioral health care, and social services. The qualified BCP may not actively restrict an enrollee's access to providers based on a practitioner's license or medical specialty based on cost alone.

“(C) The qualified BCP shall primarily consist of a care team tasked with responding to, treating, and actively supporting the needs of BCP eligible individuals. The care team shall also develop a care plan for each eligible BCP enrollee and use it as a tool to execute effective care management and transitions.

“(D) The qualified BCP shall include physicians, nurse practitioners, registered nurses, social workers, pharmacists, and behavioral health providers who commit to caring for BCP eligible individuals.

“(E) The qualified BCP shall enter into an agreement with the Secretary to participate in the program under this section for not less than a 3-year period.

“(F) The qualified BCP shall include adequate numbers of primary care and other relevant professionals that can effectively care for the number of BCP eligible individuals enrolled in the qualified BCP.

“(G) The qualified BCP shall provide the Secretary with such information regarding qualified BCP professionals participating in the qualified BCP necessary to support the enrollment of BCP eligible individuals in a qualified BCP, including evidence relating to high patient satisfaction when available, the implementation of quality reporting and other reporting requirements, and evidence to support a determination of capitated payments in accordance with subsection (g).

“(H) The qualified BCP shall have in place a structure that includes clinical and administrative systems, including health information technology, that supports the integration of services and providers across sites of care.

“(I) The qualified BCP may develop a collaborative partnership that supports the mission of the BCP with each of the following:

“(i) A regional or national Chronic Care Innovation Center under section 6 of the Better Care, Lower Cost Act.

“(ii) A regional or national Center of Innovation (COIN) of the Department of Veterans Affairs Health Services Research and Development Service to identify and implement best practices—

“(I) to increase access to, and implementation of, prevention and wellness tools;

“(II) to integrate physical and behavior health care with social services;

“(III) to promote evidence-based medicine and patient engagement;

“(IV) to coordinate care across providers and care settings;

“(V) to allow more patients to be cared for in their homes and communities;

“(VI) to reduce hospital readmissions;

“(VII) to improve health outcomes for patients with chronic conditions; and

“(VIII) to report on quality improvement and cost measures.

“(iii) A regional or national Telehealth Resource Center of the Health Resources and Services Administration (HRSA) Office for

the Advancement of Telehealth to create an interactive, online resource for qualified BCP professionals who may need additional training or assistance in managing the needs of a complex patient population, including—

“(I) continuing training and education and mentoring for qualified BCP professionals at any level of licensure;

“(II) clinician support for complex patients by an expert panel;

“(III) remote access to regional, national, and international experts in the field;

“(IV) forums for best practices to be discussed among qualified BCP professionals;

“(V) inter-professional education supporting optimal communication between members of a chronic care team; and

“(VI) continuing training on the use of telehealth, remote patient monitoring, and other such enabling technologies.

“(J) The qualified BCP shall demonstrate to the Secretary that it meets person-centeredness criteria specified by the Secretary in collaboration with accreditation organizations, including the use of patient and caregiver assessments and the use of individual patient-centered chronic care plans for each enrollee (as described in subsection (d)(2)).

“(K) The qualified BCP may identify and respond to unique cultural, social, and economic needs of a community that impact access to, and quality of, healthcare.

“(L) The qualified BCP shall provide care across settings, including in the home as needed.

“(M) The qualified BCP shall demonstrate financial solvency (as determined by the Secretary).

“(N) The qualified BCP shall demonstrate the ability to partner with providers of social and behavioral health services within the community.

“(O) The qualified BCP shall engage in continuing education on chronic care, on an ongoing basis (as determined necessary by the Chronic Care Innovation Center under the partnership under subparagraph (J)(i)), in collaboration with the Agency for Healthcare Research and Quality, the Health Resources and Services Administration, and the Department of Veterans Affairs.

“(f) IMPLEMENTING VALUE-BASED INSURANCE DESIGN.—

“(1) IN GENERAL.—

“(A) ELECTION.—A qualified BCP may elect to provide value-based Medicare coverage in accordance with this subsection.

“(B) INCLUSION OF ORIGINAL MEDICARE FEE-FOR-SERVICE PROGRAM BENEFITS.—Subject to subparagraph (C), enrollees in a qualified BCP that elects to provide value-based Medicare coverage under this subsection shall receive such coverage that includes items and services for which benefits are available under parts A and B to individuals entitled to benefits under part A and enrolled under part B, with cost-sharing for those items and services as described in subparagraph (C).

“(C) COST SHARING.—Cost-sharing described in this subparagraph, with respect to an enrollee in a qualified BCP that makes such an election, is varied cost-sharing approved by the Secretary to incentivize the use of high-value, high-quality services that have been clinically proven to benefit BCP eligible individuals.

“(D) CHANGES IN COVERAGE.—The Secretary, in consultation with experts in the field, shall establish a process for qualified BCPs to submit value-based Medicare coverage changes that encourage and incentivize the use of evidence-based practices that will drive better outcomes while ensuring patient protections and access are maintained.

“(E) NO REQUIREMENT FOR COVERAGE OF LONG-TERM CARE SERVICES.—In no case shall

a qualified BCP be required to provide to enrollees coverage for long-term care services.

“(2) QUALIFIED BCP PARTICIPATION.—

“(A) CONTINUED ACCESS.—Subject to subparagraph (B), enrollees in a qualified BCP shall continue to have access to all providers of services and suppliers under this title.

“(B) NO APPLICATION OF VARIED COST-SHARING FOR NONPARTICIPATING PROVIDERS OF SERVICES AND SUPPLIERS.—

“(i) IN GENERAL.—The varied cost-sharing under paragraph (1)(B) shall only apply to items and services furnished by qualified BCP professionals of a qualified BCP that makes an election under paragraph (1). In the case where items and services are furnished by a provider of services or supplier who is not such a qualified BCP professional, the cost-sharing applicable for those items and services will be the cost-sharing as required under parts A and B, or an actuarially equivalent level of cost-sharing as determined by the Secretary.

“(ii) NOTIFICATION.—A BCP eligible individual shall be notified and counseled prior to the time of enrollment on potential changes in out-of-pocket costs that may occur if care is provided by a provider of services or supplier that is not a qualified BCP professional.

“(3) LIMITATIONS ON OUT-OF-POCKET EXPENSES OUTSIDE A QUALIFIED BCP.—

“(A) IN GENERAL.—Out-of-pocket costs, including individual beneficiary copayments, with respect to items and services furnished by a provider of services or supplier who is not a qualified BCP professional shall not exceed what would otherwise have been paid with respect to the item or service under the original Medicare fee-for-service program under parts A and B for the same services or an actuarially equivalent level of cost-sharing as determined by the Secretary, or, in the case of a dual eligible individual, under the Medicaid program under title XIX.

“(B) PROHIBITION ON COVERAGE OF COST-SHARING FOR CERTAIN ITEMS AND SERVICES FURNISHED TO AN ENROLLEE OUTSIDE OF A QUALIFIED BCP UNDER MEDIGAP POLICIES.—For provisions relating to prohibition on coverage of cost-sharing for items and services (other than emergent services, as defined by the Secretary) furnished to an enrollee outside of a qualified BCP under medigap policies, see section 1882(z).

“(4) PRESCRIPTION DRUG COVERAGE.—

“(A) DRUG PLAN OPTION.—

“(i) IN GENERAL.—A health plan certified as a qualified BCP may provide enrollees with a drug plan option specifically designed to reflect the medication needs of enrollees.

“(ii) APPLICATION OF PART D PROVISIONS.—

“(I) IN GENERAL.—Except as otherwise provided in this section, the provisions of part D shall apply to a drug plan option offered by a qualified BCP under clause (i) in the same manner as such provisions apply to a prescription drug plan offered by a PDP sponsor under such part.

“(II) LIMITATION OF ENROLLMENT.—A qualified BCP offering such a drug plan option may limit enrollment in the drug plan option to enrollees in the qualified BCP.

“(III) WAIVER.—The Secretary may waive such provisions of part D as are necessary to carry out this section.

“(B) AGREEMENT WITH PRESCRIPTION DRUG PLANS.—A qualified BCP managed by a group of providers of services may enter into an agreement with a PDP sponsor of a prescription drug plan under part D to establish and encourage individuals enrolled in the qualified BCP to enroll in a prescription drug plan under such part that is better suited to the needs of chronically ill individuals.

“(C) LIMITATION.—A drug plan option offered by a qualified BCP under subparagraph (A)(i) shall not have the authority to in-

crease out-of-pocket limits otherwise applicable under part D.

“(g) PAYMENTS AND TREATMENT OF SAVINGS.—

“(1) PAYMENTS TO QUALIFIED BCPS ON A CAPITATED BASIS.—

“(A) IN GENERAL.—In the case of a qualified BCP under this section, the Secretary shall make prospective monthly payments of a capitation amount for each BCP eligible individual enrolled in the qualified BCP in the same manner and from the same sources as payments are made to a Medicare Advantage organization under section 1853. Such payments shall be subject to adjustment in the manner described in section 1853(a)(2) or section 1876(a)(1)(E), as the case may be.

“(B) CAPITATION AMOUNT.—The capitation amount to be applied under this paragraph for a qualified BCP for each enrollee for a year shall be $\frac{1}{2}$ of the benchmark rate under subparagraph (C)(ii) for the year (or the relevant rate under subparagraph (C)(i) for the first year of the program under this section) (referred to in this paragraph as the ‘per member per month payment’), as adjusted under clause (iii).

“(C) DETERMINING THE RATE USING RISK RELEVANT CONTROL GROUP.—

“(i) RELEVANT RATE.—

“(I) IDENTIFICATION OF BENEFICIARY GROUPING.—Using claims data, the Secretary shall identify a group of beneficiaries who have similar health risk characteristics, and have sought care in the same county, multi-county, or State level (as determined appropriate by the Secretary to establish a payment area) to the population the qualified BCP is tasked with serving. To the extent feasible for a statistically valid control group, the health risk of such group shall reflect social characteristics, such as income, as well as medical risk.

“(II) DETERMINATION OF RELEVANT RATE.—The per capita spending amounts under this title and, as appropriate, title XIX, of the group of beneficiaries identified under subclause (I) shall determine the ‘relevant rate’ that will serve as the basis of the benchmark for participating qualified BCPS.

“(i) BENCHMARK RATE.—The Secretary shall establish the benchmark rate for a qualified BCP service area for each year of the program by updating the relevant rate determined under clause (i) with the projected change in per capita spending for the group of beneficiaries identified under clause (i)(I) for the payment area described in such clause, as determined by the Chief Actuary of the Centers for Medicare & Medicaid Services.

“(iii) ADJUSTMENT FOR HEALTH STATUS.—

“(I) COMPARISON OF HEALTH STATUS.—The Secretary shall establish a risk score mechanism to compare the health status of an enrollee in a qualified BCP to the average health risk of group of beneficiaries identified under clause (i)(I).

“(II) INCLUSION OF NUMBER OF CONDITIONS.—The Secretary shall provide that a risk score under the mechanism under this clause, with respect to an individual, includes an indicator for the number of chronic conditions with which the individual has been diagnosed.

“(III) USE OF 2 YEARS OF DIAGNOSIS DATA.—The Secretary shall ensure that such risk score, with respect to an individual reflects not less than 2 years of diagnosis data, to the extent available.

“(IV) ADJUSTMENT FOR HEALTH STATUS.—The per member per month payment to the qualified BCP for each enrollee shall be adjusted depending on how the individual risk profile of the enrollee compares to the average health status of such group of beneficiaries. If an enrollee has a risk profile that is not as severe as the average health status

of such group of beneficiaries, then the per member per month shall be decreased to reflect the ‘healthier’ status of the enrollee. If an enrollee has a risk profile that is more severe, then the per member per month payment to the qualified BCP shall be increased to reflect the more acutely ill status of the enrollee.

“(D) SHARED RISK PAYMENTS FOR CERTAIN QUALIFIED BCPS DURING FIRST 3 YEARS OF THE PROGRAM.—

“(i) IN GENERAL.—This subparagraph shall only apply to qualified BCPS offered by a group of providers of services and suppliers during the first 3 years of the program under this section.

“(ii) SHARING OF RISK TO ALLEVIATE OUTLIERS.—The Secretary shall determine shared risk payments and recoupments under this subparagraph for a qualified BCP described in clause (i) as follows:

“(I) DETERMINATION OF GAIN OR LOSS.—The Secretary shall, for each of the first 3 years of the program under this section, determine the percentage of gain or loss for the qualified BCP in providing benefits to enrollees under this section.

“(II) GAIN OR LOSS GREATER THAN 5 PERCENT.—If the Secretary determines the qualified BCP has a gain or loss for the year of greater than 5 percent, the qualified BCP shall bear 100 percent of the risk or reward of such loss or gain.

“(III) GAIN OR LOSS OF NOT LESS THAN 2 AND NOT GREATER THAN 5 PERCENT.—If the Secretary determines the qualified BCP has a gain or loss for the year of not less than 2 percent but not greater than 5 percent—

“(aa) the qualified BCP shall bear 80 percent of the risk or reward, as applicable, of such loss or gain; and

“(bb) the Secretary shall bear 20 percent of the risk or reward, as applicable, of such loss or gain.

“(IV) GAIN OR LOSS BETWEEN 0 AND 2 PERCENT.—If the Secretary determines the qualified BCP has a gain or loss for the year of greater than 0 percent but less than 2 percent—

“(aa) the qualified BCP shall bear 50 percent of the risk or reward, as applicable, of such loss or gain; and

“(bb) the Secretary shall bear 50 percent of the risk or reward, as applicable, of such loss or gain.

“(iii) PROVISION OF INFORMATION.—A qualified BCP shall provide to the Secretary such information as the Secretary determines is necessary to carry out this subparagraph.

“(E) BID SUBMISSION.—Beginning with the fourth year of the program, a qualified BCP shall submit a bid for participation in the program for the year that reflects the experience of the qualified BCP—

“(i) in managing the care of the enrolled population; and

“(ii) in managing such care given the relevant rate determined under subparagraph (C).

“(F) QUALITY BONUS SYSTEM.—

“(i) IN GENERAL.—The Secretary shall establish a quality bonus system whereby the Secretary distributes bonus payments to qualified BCPS that meet the requirements described in clause (iii) and other standards specified by the Secretary, which may include a focus on quality measurement and improvement, delivering patient-centered care, and practicing in integrated health systems, including training in community-based settings. In developing such standards, the Secretary shall collaborate with relevant stakeholders, including program accrediting bodies, certifying boards, training programs, health care organizations, health care purchasers, and patient and consumer groups.

“(ii) DETERMINATION OF QUALITY BONUSES.—Quality bonuses to the BCP shall be based on

a comparison of the quality of care provided by the qualified BCP to enrollees to the quality of care provided to beneficiaries not enrolled in a qualified BCP or a Medicare Advantage plan under part C in the same region. For not less than the first 5 years of the program under this section, quality measures for the geographic region shall be based on local standards of care, and not on a national standard. For subsequent years, appropriate national standards shall be considered for inclusion in the comparison of the quality of care under this subparagraph.

“(iii) REQUIREMENTS.—A qualified BCP is eligible for quality bonuses under this subparagraph if—

“(I) the qualified BCP meets quality performance standards under subsection (h)(3); and

“(II) the qualified BCP meets the requirements under subsection (e)(2).

“(h) QUALITY AND OTHER REPORTING REQUIREMENTS.—

“(1) IN GENERAL.—The Secretary shall develop and implement, with assistance and input of relevant experts in the field and the National Strategy for Quality Improvement in Health Care, appropriate measures for BCP eligible individuals. The Secretary shall determine appropriate measures under this title and title XIX to assess the quality of care furnished by a qualified BCP, as well as those measures that are no longer appropriate and shall be removed from use. Such measures shall include measures—

“(A) of clinical processes and outcomes;

“(B) of patient and, where practicable, caregiver experience of care, including measurement that enhances patient activation and engagement;

“(C) of utilization (such as rates of hospital admissions for ambulatory care sensitive conditions);

“(D) of care coordination, management, and transitions; and

“(E) that appropriately align with the National Strategy for Quality Improvement in Health Care.

The Secretary may use existing measures under this title, title XIX, or any other health care program, as appropriate, under this paragraph.

“(2) REPORTING REQUIREMENTS.—A qualified BCP shall submit data in a form and manner specified by the Secretary which is not overly burdensome to the qualified BCP, on measures the Secretary determines necessary for the qualified BCP to report in order to evaluate the quality of care furnished by the qualified BCP. Such data reporting shall emphasize ‘patient-centered measurement’ and may include the functional status of patients, case management and care transitions across health care settings, including hospital discharge planning and post-hospital discharge follow-up by qualified BCP professionals, as the Secretary determines appropriate.

“(3) QUALITY PERFORMANCE STANDARDS.—The Secretary shall establish quality performance standards to assess the quality of care furnished by qualified BCPs. The Secretary shall seek to improve the quality of care furnished by qualified BCPs over time by specifying higher standards, new measures, or both for purposes of assessing such quality of care. The Secretary shall also include a process for retiring measures that are no longer adequately contributing to improving standards of care at the greatest possible value.

“(4) OTHER REPORTING REQUIREMENTS AND CALL FOR ALIGNMENT.—The Secretary shall, as the Secretary determines appropriate, incorporate and align reporting requirements and incentive payments related to the physician quality reporting system under section

1848, including those related to reporting on quality measures under subsection (m) of that section, reporting requirements under subsection (o) of that section relating to meaningful use of electronic health records, the establishment of a value-based payment modifier under subsection (p) of that section, and other similar initiatives under that section, and may use alternative criteria than would otherwise apply under section 1848 for determining whether to make such payments to qualified BCP professionals. The incentive payments described in the preceding sentence shall not be taken into consideration when calculating any payments otherwise made under subsection (g).

“(i) BENEFICIARY PROTECTIONS.—The Secretary shall ensure that, to the extent consistent with this section, a qualified BCP offers beneficiary protections applicable to beneficiaries under this title and, as applicable, title XIX.

“(j) PAYMENT OF MEDICARE COST-SHARING FOR DUAL ELIGIBLE INDIVIDUALS.—In the case of a dual eligible individual enrolled in a qualified BCP, the Secretary may provide for the payment of medicare cost-sharing (as defined in section 1905(p)(3)) that would otherwise be available under the State plan under title XIX if the individual was not enrolled in the qualified BCP.

“(k) DEFINITIONS.—In this section:

“(1) ALTERNATIVE PAYMENT MODEL (APM).—The term ‘alternative payment model’ means any of the following:

“(A) A model under section 1115A (other than a health care innovation award).

“(B) An accountable care organization under section 1899.

“(C) A demonstration under section 1866C.

“(D) A demonstration required by Federal law.

“(E) A qualified BCP.

“(2) HOSPITAL.—The term ‘hospital’ means a subsection (d) hospital (as defined in section 1886(d)(1)(B)).

“(3) QUALIFIED BCP PROFESSIONAL.—The term ‘qualified BCP professional’ means a certified and licensed professional of medical or behavioral health services that is participating in a qualified BCP.”

(b) FEDERAL ASSUMPTION OF MEDICAID COSTS FOR FULL BENEFIT DUAL ELIGIBLE INDIVIDUALS ENROLLED IN A QUALIFIED BCP.—Title XIX of the Social Security Act is amended by inserting after section 1943 the following new section:

“FEDERAL ASSUMPTION OF MEDICAID COSTS FOR FULL BENEFIT ELIGIBLE INDIVIDUALS ENROLLED IN A QUALIFIED BCP

“SEC. 1944. (a) STATE CONTRIBUTION.—

“(1) IN GENERAL.—The State shall provide for payment to the Secretary for each month in an amount determined under paragraph (2)(A) for each applicable dual eligible BCP enrollee for such State.

“(2) STATE CONTRIBUTION AMOUNT.—

“(A) IN GENERAL.—Subject to subparagraph (C), the amount determined under this paragraph for a State for a month in a year is equal to the product described in subparagraph (A) of section 1935(c)(1) for the State for the month, except that the reference in such subparagraph to the total number of full-benefit dual eligible individuals shall be deemed a reference to the total number of applicable dual eligible BCP enrollees.

“(B) FORM AND MANNER OF PAYMENT.—The provisions of subparagraphs (B) through (D) of section 1935(c)(1) shall apply to payment by a State to the Secretary under this paragraph in the same manner as such subparagraphs apply to payment under section 1935(c)(1)(A).

“(C) APPLICATION OF DIFFERENT FACTORS.—In applying subparagraph (A), the following shall be substituted under paragraphs (2) and (3) of section 1935(c):

“(i) The base year State Medicaid per capita expenditures for covered part D drugs described in subparagraph (A)(i)(I) of such paragraph (2) shall be deemed to be the per capita expenditures for health care items and services that would apply (including any medicare cost-sharing), with respect to an applicable dual eligible BCP enrollee, if such an individual received benefits only under title XVIII (and not the State plan under this title).

“(ii) Any reference to expenditures for covered part D drugs or for prescription drug benefits shall be deemed a reference to the expenditures for health care items and services described in clause (i).

“(iii) Any reference to 2003 or 2004 shall be deemed a reference to 2017 or 2018, respectively.

“(iv) Any reference to a full-benefit-dual-eligible individual shall be deemed a reference to an applicable dual eligible BCP enrollee.

“(v) The applicable growth factor under section 1935(c)(4) for a year, with respect to a State, shall be the average annual percentage change (to that year from the previous year) of the expenditures of the State under the State plan under title XIX.

“(vi) The factor described in section 1935(c)(5) is deemed to be 90 percent.

“(3) APPLICABLE DUAL ELIGIBLE BCP ENROLLEE.—For purposes of this section, the term ‘applicable dual eligible BCP enrollee’ means, with respect to a State, an individual described in subparagraph (A)(ii) of section 1935(c)(6) (taking into account the application of subparagraph (B) of such section) for such State who is enrolled in a qualified BCP under section 1899B. Such term includes, in the case of medical assistance for medicare cost-sharing under a State plan under this title, an individual who is a qualified medicare beneficiary (as defined in section 1905(p)(1)), a qualified disabled and working individual (described in section 1905(s)), an individual described in section 1902(a)(10)(E)(iii), or otherwise entitled to such medicare cost-sharing and who is enrolled in such a qualified BCP.

“(b) COORDINATION OF BENEFITS.—

“(1) MEDICARE AS PRIMARY PAYOR.—In the case of an applicable dual eligible BCP enrollee, notwithstanding any other provision of this title, medical assistance is not available under this title for health care items or services (or for any cost-sharing respecting such health care items and services), and the rules under this title relating to the provision of medical assistance for such health care items and services shall not apply. The provision of benefits with respect to such health care items and services shall not be considered as the provision of care or services under the plan under this title. No payment may be made under section 1903(a) for health care items and services for which medical assistance is not available pursuant to this paragraph.

“(2) COVERAGE OF LONG-TERM CARE SERVICES.—In the case of medical assistance under this title with respect to coverage of long-term care services furnished to an applicable dual eligible BCP enrollee, the State may elect to provide such medical assistance in the manner otherwise provided in the case of individuals who are not full-benefit dual eligible individuals or through an arrangement with such qualified BCP. In no case shall a qualified BCP be required to provide to enrollees coverage of long-term care services.”

(c) STATE MARKETING MATERIALS FOR DUAL ELIGIBLE INDIVIDUALS.—

(1) STATE PLAN REQUIREMENT.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(A) in paragraph (80), by striking “and” at the end;

(B) in paragraph (81), by striking the period at the end and inserting “; and”; and

(C) by inserting after paragraph (81) the following:

“(82) provide that any marketing materials distributed by the State that are directed at dual eligible individuals (as defined in section 1915(h)(2)(B)) include information on qualified BCPs offered under section 1899B.”.

(2) **EFFECTIVE DATE.**—The amendments made by this section shall apply to calendar quarters beginning on or after January 1, 2017, without regard to whether or not final regulations to carry out such amendments have been promulgated by such date.

(d) **PROHIBITION ON COVERAGE OF COST-SHARING FOR CERTAIN ITEMS AND SERVICES FURNISHED TO AN ENROLLEE OUTSIDE OF A QUALIFIED BCP UNDER MEDIGAP POLICIES.**—Section 1882 of the Social Security Act (42 U.S.C. 1395ss) is amended by adding at the end the following new subsection:

“(z) **PROHIBITION ON COVERAGE OF COST-SHARING FOR CERTAIN ITEMS AND SERVICES FURNISHED TO AN ENROLLEE OUTSIDE OF A QUALIFIED BCP AND DEVELOPMENT OF NEW STANDARDS FOR MEDICARE SUPPLEMENTAL POLICIES.**—

“(1) **DEVELOPMENT.**—The Secretary shall request the National Association of Insurance Commissioners to review and revise the standards for benefit packages under subsection (p)(1), taking into account the changes in benefits resulting from the enactment of the Better Care, Lower Cost Act and to otherwise update standards to include the requirements for cost sharing described in paragraph (2). Such revisions shall be made consistent with the rules applicable under subsection (p)(1)(E) with the reference to the ‘1991 NAIC Model Regulation’ deemed a reference to the NAIC Model Regulation as published in the Federal Register on December 4, 1998, and as subsequently updated by the National Association of Insurance Commissioners to reflect previous changes in law and the reference to ‘date of enactment of this subsection’ deemed a reference to the date of enactment of the Better Care, Lower Cost Act. To the extent practicable, such revision shall provide for the implementation of revised standards for benefit packages as of January 1, 2017.

“(2) **COST SHARING REQUIREMENTS.**—The cost sharing requirements described in this paragraph are that, notwithstanding any other provision of law, no Medicare supplemental policy may provide for coverage of cost sharing with respect to items and services (other than emergent services, as defined by the Secretary) furnished to an individual enrolled in a qualified BCP under section 1899B by a provider of services or supplier that is not a qualified BCP professional (as defined in section 1899B(k)).

“(3) **RENEWABILITY.**—The renewability requirement under subsection (q)(1) shall be satisfied with the renewal of the revised package under paragraph (1) that most closely matches the policy in which the individual was enrolled prior to such revision.”.

SEC. 4. CHRONIC SPECIAL NEEDS PLANS.

Section 1859 of the Social Security Act (42 U.S.C. 1395w–28) is amended—

(1) in subsection (f)(4)—

(A) by striking “In the case of” and inserting “Subject to subsection (h), in the case of”; and

(B) by adding at the end the following flush text:

“Notwithstanding any other provision of this section, on or after January 1, 2014, the Secretary shall establish procedures for the transition of those individuals to a Medicare Advantage plan qualified BCP in accordance with subsection (h).”;

(2) by adding at the end the following new subsection:

“(h) **MEDICARE ADVANTAGE PLAN QUALIFIED BCPs.**—

“(1) **IN GENERAL.**—A Medicare Advantage plan that is certified as a qualified BCP (referred to in this subsection as a ‘Medicare Advantage plan qualified BCP’)—

“(A) is deemed to be a specialized MA plan for special needs individuals described in subsection (b)(6)(B)(iii); and

“(B) may enroll such special needs individuals.

“(2) **SPECIALIZED BENEFIT PACKAGES.**—A Medicare Advantage plan qualified BCP shall have the flexibility to offer specialized benefit packages to enrollees described in subsection (b)(6)(B)(iii), consistent with the value-based insurance requirements under section 1899B(f).

“(3) **APPLICATION OF BCP REQUIREMENTS.**—A Medicare Advantage plan qualified BCP shall be subject to all requirements applicable to a qualified BCP under section 1899B, including enrollment periods under subsection (c) of that section, applicable criteria relating to network adequacy, requirements with respect to individual patient-centered chronic care plans under subsection (d)(2) of that section, applicable criteria with respect to care management processes, and quality reporting under subsection (h) of that section.

“(4) **APPLICATION OF PART C REQUIREMENTS.**—The provisions of this part, including the provisions relating to specialized MA plans for special needs individuals described in subsection (b)(6)(B)(iii), shall apply to a Medicare Advantage plan qualified BCP to the extent they are consistent with the provisions of section 1899B.”.

SEC. 5. IMPROVEMENTS TO WELCOME TO MEDICARE VISIT AND ANNUAL WELLNESS VISITS.

(a) **WELCOME TO MEDICARE VISIT.**—Section 1861(w)(1) of the Social Security Act (42 U.S.C. 1395x(w)(1)) is amended by adding at the end the following new sentence: “In the case of a BCP eligible individual (as defined in section 1899B(b)), such term includes a standardized functional and health risk assessment (as described in section 1899B(d)(1)) furnished by a qualified BCP professional (as defined in section 1899B(k)).”.

(b) **ANNUAL WELLNESS VISIT.**—Section 1861(h)(1) of the Social Security Act (42 U.S.C. 1395x(h)(1)) is amended—

(1) in subparagraph (A), by striking “and” at the end;

(2) in subparagraph (B), by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following new subparagraph:

“(C) in the case of a BCP eligible individual (as defined in section 1899B(b)), that includes a standardized functional and health risk assessment (as described in section 1899B(d)(1)) furnished by a qualified BCP professional (as defined in section 1899B(k)).”.

(c) **EFFECTIVE DATE.**—The amendments made by this section shall apply to services furnished on or after the date that is one year after the date of enactment of this Act.

SEC. 6. CHRONIC CARE INNOVATION CENTERS.

(a) **DESIGNATION.**—Not later than October 1, 2016, the Secretary, acting through the Agency for Healthcare Research and Quality, shall designate and provide core funding for not less than three Chronic Care Innovation Centers. The Secretary shall develop a process for entities seeking to become a Chronic Care Innovation Center, and shall ensure sufficient geographic representation among those entities selected. The main objectives of such Centers shall include the following:

(1) Improving the understanding of how to measure, monitor, and understand quality

and efficiency for a patient population with substantial disease burden.

(2) Rigorously examining alternative and innovative systems and strategies for efficiently improving quality and outcomes for common, serious, and chronic illnesses.

(3) Developing and applying improved methodologies for informing policymakers regarding heterogeneity in the effectiveness and safety of proposed interventions, and assessing barriers to the implementation of high-priority care.

(4) Studying organization and management practices that result in higher quality of care.

(5) Defining and improving quality of care for patients with the chronic diseases prevalent in primary care settings.

(6) Understanding the influence of race, ethnicity, and cultural factors on access, quality, and outcomes (such as clinical, patient-centered, health care utilization, and costs).

(7) Evaluating new technology to enhance access to, and quality of care (such as telemedicine).

(8) Assessing the use of patient self-management and behavioral interventions as a means of improving outcomes for Medicare beneficiaries with complex chronic conditions.

(9) Understanding how management of care is affected when patients have multiple chronic conditions in which evidence or recommended guidelines are lacking, conflict with, or complicate overall care management.

(10) Characterizing coordination of care within and across healthcare systems, including the Department of Veterans Affairs, the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), the Medicaid program under title XIX of such Act, and private sector programs for veterans with complex chronic conditions.

(b) **REQUIREMENTS.**—In order to be designated a Chronic Care Innovation Center under this section, each eligible entity must meet the following requirements:

(1) Develop and implement a sustained research agenda in the field of chronic care.

(2) Collaborate with local schools of public health and universities to carry out its mission.

(3) Actively engage in the development of new, best practices for the delivery of care to the chronically ill.

(4) Actively engage in the development and routine updating of quality measures for the chronically ill.

(5) Have the ability to convene experts practiced in the needs of a chronically ill patient, including pharmacologists, psychiatrists, cardiologists, pulmonologists, rheumatologists, nutritionists and dietitians, social workers, and physical therapists.

(6) Partner with the Secretary of Health and Human Services and the Secretary of Veterans Affairs (including the Center for Health Services Research in Primary Care of the Department of Veterans Affairs Health Services Research and Development Service), the medical community, medical schools, and public health departments through the Agency for Healthcare Research and Quality, the Health Resources and Services Administration, and the Association of American Medical Colleges to routinely develop new, forward thinking, and evidence-based curricula that addresses the tremendous need for team-based care and chronic care management. Such curricula shall include palliative medicine, chronic care management, leadership and team-based skills and planning, and leveraging technology as a care tool.

(c) **OVERSIGHT AND EVALUATION.**—

(1) IN GENERAL.—The Agency for Healthcare Research and Quality shall be responsible for oversight and evaluation of all Chronic Care Innovation Centers under this section.

(2) REPORTS.—Not less frequently than every 3 years, the Agency for Healthcare Research and Quality shall submit to the Secretary of Health and Human Services and to Congress a report containing the findings of oversight and evaluations conducted under paragraph (1).

(d) CONTRACT AUTHORITY.—In order to carry out this section, the Secretary may contract with existing Centers of Innovation (COINs) of the Department of Veterans Affairs Health Services Research and Development Service that meet the requirements described in subsection (c).

(e) AUTHORIZATION.—There are authorized to be appropriated such sums as are necessary to carry out this section.

SEC. 7. CURRICULA REQUIREMENTS FOR DIRECT AND INDIRECT GRADUATE MEDICAL EDUCATION PAYMENTS.

(a) DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS.—Section 1886(h) of the Social Security Act (42 U.S.C. 1395ww(h)) is amended by adding at the end the following new paragraph:

“(9) NEW CURRICULA REQUIREMENTS.—

“(A) DEVELOPMENT.—The Secretary shall engage with the medical community and medical schools in developing curricula that meets the following requirements:

“(i) The curricula is new, forward thinking, and evidence-based.

“(ii) The curricula addresses the need for team-based care and chronic care management.

“(iii) The curricula includes palliative medicine, chronic care management, leadership and team-based skills and planning, and leveraging technology as a care tool.

“(B) RURAL AREAS.—The curricula developed under subparagraph (A) shall include appropriate focus on care practices required for rural and underserved areas.

“(C) LIMITATION.—Notwithstanding the preceding provisions of this subsection, for cost reporting periods beginning on or after the date that is 5 years after the date of enactment of the Better Care, Lower Cost Act, if a hospital has not begun to implement curricula that meets the requirements described in subparagraph (A), payments otherwise made to a hospital under this subsection may be reduced by a percentage determined appropriate by the Secretary. For purposes of the preceding sentence, successful development and implementation of such curricula shall be determined by program accrediting bodies.”.

(b) INDIRECT GRADUATE MEDICAL EDUCATION PAYMENTS.—Section 1886(d)(5)(B) of the Social Security Act (42 U.S.C. 1395ww(d)(5)(B)) is amended—

(1) by redesignating clause (x), as added by section 5505(b) of the Patient Protection and Affordable Care Act (Public Law 111-148), as clause (xi) and moving such clause 6 ems to the left; and

(2) by adding at the end the following new clause:

“(xii) Notwithstanding the preceding provisions of this subparagraph, effective for discharges occurring on or after the date that is 5 years after the date of enactment of the Better Care, Lower Cost Act, if a hospital has not begun to implement curricula that meets the requirements described in subsection (h)(9)(A), as determined in accordance with subsection (h)(9)(C), payments otherwise made to a hospital under this subparagraph may be reduced by a percentage determined appropriate by the Secretary.”.

AMENDMENTS SUBMITTED AND PROPOSED

SA 2652. Mr. REED submitted an amendment intended to be proposed by him to the bill S. 1846, to delay the implementation of certain provisions of the Biggert-Waters Flood Insurance Reform Act of 2012, and for other purposes; which was ordered to lie on the table.

SA 2653. Mr. REED submitted an amendment intended to be proposed by him to the bill S. 1846, supra; which was ordered to lie on the table.

SA 2654. Mr. HELLER (for himself and Mr. LEE) submitted an amendment intended to be proposed by him to the bill S. 1846, supra; which was ordered to lie on the table.

SA 2655. Mr. REID proposed an amendment to the bill H.R. 3547, to extend Government liability, subject to appropriation, for certain third-party claims arising from commercial space launches.

SA 2656. Mr. REID proposed an amendment to amendment SA 2655 proposed by Mr. REID to the bill H.R. 3547, supra.

SA 2657. Mr. REID proposed an amendment to the bill H.R. 3547, supra.

SA 2658. Mr. REID proposed an amendment to amendment SA 2657 proposed by Mr. REID to the bill H.R. 3547, supra.

SA 2659. Mr. REID proposed an amendment to amendment SA 2658 proposed by Mr. REID to the amendment SA 2657 proposed by Mr. REID to the bill H.R. 3547, supra.

TEXT OF AMENDMENTS

SA 2652. Mr. REED submitted an amendment intended to be proposed by him to the bill S. 1846, to delay the implementation of certain provisions of the Biggert-Waters Flood Insurance Reform Act of 2012, and for other purposes; which was ordered to lie on the table; as follows:

At the end, add the following:

SEC. ____ STUDY OF VOLUNTARY COMMUNITY-BASED FLOOD INSURANCE OPTIONS.

(a) STUDY.—

(1) STUDY REQUIRED.—The Administrator shall conduct a study to assess options, methods, and strategies for making available voluntary community-based flood insurance policies through the National Flood Insurance Program.

(2) CONSIDERATIONS.—The study conducted under paragraph (1) shall—

(A) take into consideration and analyze how voluntary community-based flood insurance policies—

(i) would affect communities having varying economic bases, geographic locations, flood hazard characteristics or classifications, and flood management approaches; and

(ii) could satisfy the applicable requirements under section 102 of the Flood Disaster Protection Act of 1973 (42 U.S.C. 4012a); and

(B) evaluate the advisability of making available voluntary community-based flood insurance policies to communities, subdivisions of communities, and areas of residual risk.

(3) CONSULTATION.—In conducting the study required under paragraph (1), the Administrator may consult with the Comptroller General of the United States, as the Administrator determines is appropriate.

(b) REPORT BY THE ADMINISTRATOR.—

(1) REPORT REQUIRED.—Not later than 18 months after the date of enactment of this Act, the Administrator shall submit to the Committee on Banking, Housing, and Urban Affairs of the Senate and the Committee on

Financial Services of the House of Representatives a report that contains the results and conclusions of the study conducted under subsection (a).

(2) CONTENTS.—The report submitted under paragraph (1) shall include recommendations for—

(A) the best manner to incorporate voluntary community-based flood insurance policies into the National Flood Insurance Program; and

(B) a strategy to implement voluntary community-based flood insurance policies that would encourage communities to undertake flood mitigation activities, including the construction, reconstruction, or improvement of levees, dams, or other flood control structures.

(c) REPORT BY COMPTROLLER GENERAL.—Not later than 6 months after the date on which the Administrator submits the report required under subsection (b), the Comptroller General of the United States shall—

(1) review the report submitted by the Administrator; and

(2) submit to the Committee on Banking, Housing, and Urban Affairs of the Senate and the Committee on Financial Services of the House of Representatives a report that contains—

(A) an analysis of the report submitted by the Administrator;

(B) any comments or recommendations of the Comptroller General relating to the report submitted by the Administrator; and

(C) any other recommendations of the Comptroller General relating to community-based flood insurance policies.

SA 2653. Mr. REED submitted an amendment intended to be proposed by him to the bill S. 1846, to delay the implementation of certain provisions of the Biggert-Waters Flood Insurance Reform Act of 2012, and for other purposes; which was ordered to lie on the table; as follows:

At the end, add the following:

SEC. ____ STUDY OF VOLUNTARY COMMUNITY-BASED FLOOD INSURANCE OPTIONS.

(a) STUDY.—

(1) STUDY REQUIRED.—The Administrator shall conduct a study to assess options, methods, and strategies for making available voluntary community-based flood insurance policies through the National Flood Insurance Program.

(2) CONSIDERATIONS.—The study conducted under paragraph (1) shall—

(A) take into consideration and analyze how voluntary community-based flood insurance policies—

(i) would affect communities having varying economic bases, geographic locations, flood hazard characteristics or classifications, and flood management approaches; and

(ii) could satisfy the applicable requirements under section 102 of the Flood Disaster Protection Act of 1973 (42 U.S.C. 4012a); and

(B) evaluate the advisability of making available voluntary community-based flood insurance policies to communities, subdivisions of communities, and areas of residual risk.

(3) CONSULTATION.—In conducting the study required under paragraph (1), the Administrator may consult with the Comptroller General of the United States, as the Administrator determines is appropriate.

(b) REPORT BY THE ADMINISTRATOR.—

(1) REPORT REQUIRED.—Not later than 18 months after the date of enactment of this Act, the Administrator shall submit to the Committee on Banking, Housing, and Urban

Affairs of the Senate and the Committee on Financial Services of the House of Representatives a report that contains the results and conclusions of the study conducted under subsection (a).

(2) **CONTENTS.**—The report submitted under paragraph (1) shall include recommendations for—

(A) the best manner to incorporate voluntary community-based flood insurance policies into the National Flood Insurance Program; and

(B) a strategy to implement voluntary community-based flood insurance policies that would encourage communities to undertake flood mitigation activities, including the construction, reconstruction, or improvement of levees, dams, or other flood control structures.

(C) **REPORT BY COMPTROLLER GENERAL.**—Not later than 6 months after the date on which the Administrator submits the report required under subsection (b), the Comptroller General of the United States shall—

(1) review the report submitted by the Administrator; and

(2) submit to the Committee on Banking, Housing, and Urban Affairs of the Senate and the Committee on Financial Services of the House of Representatives a report that contains—

(A) an analysis of the report submitted by the Administrator;

(B) any comments or recommendations of the Comptroller General relating to the report submitted by the Administrator; and

(C) any other recommendations of the Comptroller General relating to community-based flood insurance policies.

SA 2654. Mr. HELLER (for himself and Mr. LEE) submitted an amendment intended to be proposed by him to the bill S. 1846, to delay the implementation of certain provisions of the Biggert-Waters Flood Insurance Reform Act of 2012, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ . AUTHORITY OF STATES TO REGULATE PRIVATE FLOOD INSURANCE.

Section 102(b)(7) of the Flood Disaster Protection Act of 1973 (42 U.S.C. 4012a(b)(7)) is amended to read as follows:

“(7) **PRIVATE FLOOD INSURANCE DEFINED.**—In this subsection, the term ‘private flood insurance’ means an insurance policy that—

“(A) provides flood insurance coverage; and

“(B) is issued by an insurance company that is licensed, admitted, or otherwise approved to engage in the business of insurance in the State or jurisdiction in which the insured building is located, by the insurance regulator of that State or jurisdiction.”.

SA 2655. Mr. REID proposed an amendment to the bill H.R. 3547, to extend Government liability, subject to appropriation, for certain third-party claims arising from commercial space launches; as follows:

At the end, add the following:

This Act shall become effective 1 day after enactment.

SA 2656. Mr. REID proposed an amendment to amendment SA 2655 proposed by Mr. REID to the bill H.R. 3547, to extend Government liability, subject to appropriation, for certain third-party claims arising from commercial space launches; as follows:

In the amendment, strike “1 day” and insert “2 days”.

SA 2657. Mr. REID proposed an amendment to the bill H.R. 3547, to extend Government liability, subject to appropriation, for certain third-party claims arising from commercial space launches; as follows:

At the end, add the following:

This Act shall become effective 3 days after enactment.

SA 2658. Mr. REID proposed an amendment to amendment SA 2657 proposed by Mr. REID to the bill H.R. 3547, to extend Government liability, subject to appropriation, for certain third-party claims arising from commercial space launches; as follows:

In the amendment, strike “3 days” and insert “4 days”.

SA 2659. Mr. REID proposed an amendment to amendment SA 2658 proposed by Mr. REID to the amendment SA 2657 proposed by Mr. REID to the bill H.R. 3547, to extend Government liability, subject to appropriation, for certain third-party claims arising from commercial space launches; as follows:

In the amendment, strike “4 days” and insert “5 days”.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON ARMED SERVICES

Mr. DURBIN. Mr. President, I ask unanimous consent that the Committee on Armed Services be authorized to meet during the session of the Senate on Wednesday, January 15, 2014, at 9:30 a.m., in closed session to receive a briefing on the situation in Iraq and Syria.

COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION

Mr. DURBIN. Mr. President, I ask unanimous consent that the Committee on Commerce, Science, and Transportation be authorized to hold a meeting during the session of the Senate on Wednesday, January 15, 2014, at 2:30 p.m., in room 253 of the Russell Senate Office Building. The committee will hold a hearing entitled “The Future of Unmanned Aviation in the U.S. Economy: Safety and Privacy Considerations.”

COMMITTEE ON FINANCE

Mr. DURBIN. Mr. President, I ask unanimous consent that the Committee on Finance be authorized to meet during the session of the Senate on Wednesday, January 15, 2014, at 10 a.m., in room SD-215 of the Dirksen Senate Office Building.

COMMITTEE ON FOREIGN RELATIONS

Mr. DURBIN. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on Wednesday, January 15, 2014, at 2 p.m., to hold a business meeting.

COMMITTEE ON FOREIGN RELATIONS

Mr. DURBIN. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the

Senate on Wednesday, January 15, 2014, at 2:15 p.m., to hold a hearing entitled “Implications of the Crisis in Ukraine.”

SPECIAL COMMITTEE ON AGING

Mr. DURBIN. Mr. President, I ask unanimous consent that the Special Committee on Aging be authorized to meet during the session of the Senate on Wednesday, January 15, 2014, to conduct a hearing entitled “Aging in Comfort: Assessing the Special Needs of America’s Holocaust Survivors.” The committee will meet in room 562 of the Dirksen Senate Office Building beginning at 2:15 p.m.

SUBCOMMITTEE ON FINANCIAL INSTITUTIONS AND CONSUMER PROTECTION

Mr. DURBIN. Mr. President, I ask unanimous consent that the Committee on Banking, Housing, and Urban Affairs Subcommittee on Financial Institutions and Consumer Protection be authorized to meet during the session of the Senate on Wednesday, January 15, 2014, at 2 p.m. in order to conduct a hearing entitled “Regulating Financial Holding Companies and Physical Commodities.”

MEASURE READ THE FIRST TIME—S. 1931

Mr. REID. I have been told there is a bill at the desk due for its first reading.

The PRESIDING OFFICER. The clerk will read the bill by title for the first time.

The legislative clerk read as follows:

A bill (S. 1931) to provide for the extension of certain unemployment benefits, and for other purposes.

Mr. REID. Mr. President, I now ask for a second reading in order to place the bill on the Calendar under the provisions of rule XIV, but then object to my own request.

The PRESIDING OFFICER. Objection is heard. The bill will be read for the second time on the next legislative day.

ORDERS FOR THURSDAY, JANUARY 16, 2014

Mr. REID. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 10 a.m. on Thursday, January 16, 2014; that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day; that following any leader remarks the Senate resume consideration of the House message to accompany H.R. 3547, which is the vehicle for the omnibus appropriations bill.

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

PROGRAM

Mr. REID. Mr. President, a few minutes ago I filed cloture on the House

message to accompany the omnibus bill. Under the rule, the vote will be Friday morning. I have had a number of requests to see if that can be moved forward. I am waiting to see if we can get consent to do that.

We also had a lot of activity on the floor today regarding flood insurance. On our side, Senator LANDRIEU has worked extremely hard with others, but she has been the lead person. On the other side, the Republicans have

had Senator ISAKSON working extremely hard.

I hope that we can move forward. We are going to move forward on it one way or the other. If we are not able to get an agreement to move forward on it, setting up the situation to have some amendments and move forward, which we have agreed to, then we will file cloture.

It is a shame that we would have to do that on a totally bipartisan bill. But

that is how things work around here sometimes.

ADJOURNMENT UNTIL 10 A.M.
TOMORROW

Mr. REID. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it adjourn under the previous order.

There being no objection, the Senate, at 7:39 p.m., adjourned until Thursday, January 16, 2014, at 10 a.m.