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Senate

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

PRAYER

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

Let us pray.

O Lord, as our lips are open in prayer, so may our hearts be open to receive Your Spirit. Help us to bow to Your will and live lives devoted to Your providential leading.

Lord, bless our Senators in their work. Let faith, hope, and love abound in their lives. Help them to seek to heal the hurt in our Nation and world and to be forces for harmony and goodness. Remind them that they will be judged by their fruits and that You require them to be productive and faithful. May they seek to serve rather than be served, following Your example of humility and sacrifice. Open their minds and give them a vision of the unlimited possibilities available to those who trust You as their guide.

We pray in Your mighty Name. Amen.

PLEDGE OF ALLEGIANCE

The President pro tempore led the Pledge of Allegiance, as follows:

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

RECOGNITION OF THE MAJORITY LEADER

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

OBAMACARE

Mr. McCONNELL. Mr. President, ObamaCare was sold to the American people with a lot of promises and a lot

of fanfare—speech after speech, promise after promise, splashy PR campaigns, quirky YouTube videos.

But the American people never bought it, and the law never worked out the way it was promised. It opened up big problems and crashed computers on day one. Millions lost their health care plans and the doctors they were promised they could keep. Things only got worse from there. We have all gotten the calls and the letters. We have all seen the pain in our constituents' eyes. We all know how harmful this failed partisan experiment has been for those we represent.

We also understand our united mandate to do something about it.

The American people have hardly been subtle—hardly subtle—in their negative view of ObamaCare. That is borne out in the polling we have seen since the passage of this law 7 years ago. This past November, they again called out to Washington. Please help us, they said. Please get rid of this law that is hurting my family.

About eight in 10 favor changing ObamaCare significantly or replacing it altogether.

My message to the American people is this: We hear you. We hear you. We will act.

It is my sincere hope that Democrats will include themselves in that “we.”

I hope they will help us bring relief to the American people today and better health care solutions going forward. We want their ideas. We want their input. We value their contributions in the construction of durable, lasting, and effective reforms.

While I am not the kind of guy who believes history takes sides, I know some of our Democratic friends are, and by now, they must surely have concluded that the ObamaCare-or-nothing crowd cannot be anywhere but on the wrong side of history. There is no future with that crowd.

These are the guys who say ObamaCare's innumerable, well docu-

mented, clearly apparent problems are just a case of bad PR. They tried to laugh them off, literally. They tried to blame Republicans, blame the media, blame the American people themselves. They have even taken to denying reality altogether.

They say that ObamaCare has been “wonderful for America.” They call its implementation “fabulous.” Just before the election, President Obama actually said this: “The parade of horrors the Republicans have talked about haven't happened.” He really said that. He went further: “None of what they've said has happened.”

Really? So costs haven't gone up, then? Premiums just skyrocketed by double-digit increases—as high as 50 percent in some places. Deductibles have risen 10 times faster than inflation and nearly 6 times faster than paychecks.

So choice hasn't gone down then? Insurers are fleeing the exchanges, with more than half the country poised to soon have no more than one or two insurers to pick from. Americans are continuing to lose access to doctors and hospitals and health plans they like and were promised. Oh, they were promised they could keep those health care plans.

ObamaCare supporters may not like it, but these are simply the realities of this partisan law.

Now, you will notice they hardly talk about ObamaCare lowering costs or expanding choice anymore. They are down to just one or two talking points now, and even those are slipping away pretty fast. That is because, as Americans have unfortunately learned firsthand, having health insurance under ObamaCare is hardly the same thing as having health care. That is especially true for many who have been forced into Medicaid.

Let's just look at my home State as an example. Kentucky was once held up as a shining jewel of ObamaCare—well, no longer. ObamaCare predictably

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



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has become a mess in Kentucky, just as it has across the Nation. That has proved a bit confounding to some of our friends over on the left.

The technical rate of the insured ticked up, they say. So why are so many Kentuckians upset? Why are they upset? Well, when you force Kentuckians into ObamaCare plans that many of their doctors won't accept, what did you think would happen? When you shoehorn folks with modest incomes into a plan with ever-growing premiums and deductibles so high they are afraid to get sick, what do you expect?

In fact, across the Nation, about 4 in 10 adults in ObamaCare aren't even sure they will be able to afford care if they really need it.

ObamaCare isn't truly solving problems or making our country healthier. It is a box-checking regime devoid of true compassion or empathy, a green-eyeshade exercise that misses something important—the lives of real people.

So ObamaCare is making things worse, and we now have a moral imperative to repeal and replace it—to bring relief to families now.

I hope every Member of this body will consider their role in that process because the pain Americans are experiencing is deeply personal. The betrayal middle-class families are feeling is clearly palpable, and, unless we do something soon, Americans will continue to lose their health plans. They will continue to get stuck with insurance that costs more and offers less. Costs will continue to rise unsustainably. Choices will continue to shrink uncontrollably. No amount of ObamaCare happy talk—no amount of it—or reality denial is going to change that.

Some will just never accept the facts, though. They will say we need only to tinker around the edges of ObamaCare. Everything will be fine. Others will try to claim that the failure of ObamaCare is a mandate for even more ObamaCare. They will claim that the solution is actually to move to the kind of fully government-run single-payer system that already collapsed in one of the most leftwing States in the Nation—the same system that 80 percent of voters just rejected in Colorado. Others will say we need only to install a massive new ObamaCare 2.0 system—ObamaCare 2.0—one that is mostly government-run.

We heard a lot of this so-called “public option” talk when Democrats thought they were on track to take the Senate and the White House. It was never a serious solution—just another admission of ObamaCare's failure. In the words of one of our Democratic colleagues, it was a distraction as well. Of course, you can't fix ObamaCare by piling on more ObamaCare.

Now, I am sure that won't stop some from trying to convince us otherwise, but even amid the din, traces of reality continue to break through.

Consider what the Clintons said during the election. Former President Clinton called ObamaCare “the craziest thing in the world.” That is Bill Clinton.

Secretary Clinton said “lots of Americans” have insurance “too expensive for them to actually use.” That was the Democratic candidate for President of the United States.

The Democratic Governor of Minnesota said that “the Affordable Care Act is no longer affordable for increasing numbers of people.”

So reality is beginning to break through. Despite his ObamaCare pep rally yesterday, even the law's namesake hasn't been immune to sporadic admissions of the obvious. President Obama recently admitted that ObamaCare has “real problems,” he has bemoaned the human impact of his law as “premium increases” and “lack of competition and choice,” and admitted that, 7 years after ObamaCare's passage—this is President Barack Obama of ObamaCare—“too many Americans still strain to pay for their physician visits and prescriptions, cover their deductibles, or pay their monthly insurance bills; struggle to navigate a complex, sometimes bewildering system, and remain uninsured.”

That pretty well sums it up. It is an indictment as damning as anything any Republican has said. It is something to keep in mind when you hear the predictable attacks from the far left.

Now, look, we already know their central contention is that Republicans somehow want to go back to the way things were before ObamaCare, which everyone, of course, knows is not true. It is an argument that conveniently leaves out the fact that things are now worse for many than they were before ObamaCare. That is not all we can expect to hear either. We will hear that repeal will cause insurers to flee the exchanges, which, by the way, news flash, is already happening. We will hear that repeal will plunge ObamaCare into a death spiral, which, they might have missed, is here already and fast approaching terminal velocity—the death spiral—right now.

We long warned that ObamaCare would eventually collapse under its own weight. That is exactly what is happening. Democrats chose to rip apart our health care system 7 years ago and give us the chaos we are seeing, and things will only continue to get worse unless we act now.

It is time to finally bring relief. The status quo is simply unsustainable. The reality is, that by any measure, ObamaCare has failed. It didn't deliver on its core promises. It hurt more than it helped. Many are finding they can't even use the insurance they now have.

History will record ObamaCare as a failed partisan experiment, an attack on the American middle class, a lesson to future generations about how not to legislate. Let's be clear. ObamaCare's failure is the fault of ObamaCare and

those who forced it on our country, not the American people, not the Republicans. We didn't cause this problem, but we are now determined to provide relief. We are determined to live up to our promise to the American people and repeal this failed law.

Starting today, we will begin repairing the damage by passing the legislative tools necessary to repeal ObamaCare and begin to transition to more sensible health care solutions. We just laid down the ObamaCare repeal budget resolution this week. We will take it up soon, but repeal is only the first step. It clears the path for a replacement that costs less and works better than what we have now. Once repeal is enacted, there will be a stable transition period to a patient-centered health care system that gives Americans access to quality, affordable care.

We plan to take on this challenge in manageable pieces, not with another 2,700-page bill. That was one of ObamaCare's initial mistakes and one we do not intend to repeat. Some of our friends across the aisle have mused publicly about their role in this process. I hope they will work with us. We hardly need another tired slogan from Democratic colleagues—after all, how does that move us ahead—but we do want their ideas, and we do want to work together to improve our health care system. That is the best way forward. That is certainly the way I prefer.

I hope our Democratic colleagues will join us in taking an important step forward soon by confirming TOM PRICE as HHS Secretary and Seema Verma as CMS Administrator. Some of you may remember the “redtape tower” we used to wheel around here. It represented the fact that while the ObamaCare bill may have run about 2,700 pages, its regulations run to tens of thousands of pages. That is what PRICE and Verma can get to work on once confirmed, stabilizing the health care market and bringing relief.

It isn't going to be easy. It is going to take time. There will be bumps along the way, but we are going to do everything we can to heal the wounds of ObamaCare and move forward toward real care. We are going to move step-by-step. We want the widest possible coalition working to achieve real solutions for the people who are hurting and calling for our help.

Let's give them that help. Let's give them some hope. Let's leave ObamaCare in the past and work together instead on reforms and outcomes we can all be proud of.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The Democratic leader is recognized.

AFFORDABLE CARE ACT

Mr. SCHUMER. Mr. President, first, I appreciate the remarks of my colleague the Republican leader. I understand the Republican leader's discomfort. There is a cry from his side to repeal, but it has been 6 years and they have no plan to replace. Repeal without replace leaves 20 million Americans who have had health care in the lurch; leaves college students who are 21 to 26 and have been on their parents' plan in the lurch; leaves women who are now getting equal health care treatment to men in the lurch; and leaves those who have families who have preexisting conditions, and now can get insurance but without ObamaCare couldn't, in the lurch.

I understand the Republican leader's discomfort. Replace is not available because they can't come up with a plan. I appreciate his request to work with us. He has two choices. Our Republican colleagues have two choices: Either, once they repeal, come up with a replacement plan, and we will give it a look—they haven't been able to do it for 6 years; they are squirming right now because they don't have one; they are leaving so many Americans who need health care in the lurch—or don't repeal and come talk to us about how to make some improvements. We are willing to do that.

I will note that yesterday the vote to repeal without replace was totally partisan. My colleagues decried that the vote originally for ACA was partisan. This is equally partisan, and it is going to create huge trouble for our colleagues. Again, I will say to my Republican colleagues, your job is not to name call but to come up with a replacement plan that helps the people who need help—people who are now helped by the ACA but who will be left in the lurch once it is repealed.

CABINET NOMINATIONS

Mr. SCHUMER. Mr. President, I have another subject I wish to talk about, and maybe this one will be a little more constructive right now in terms of my Republican leader's response because he and I yesterday had a constructive meeting on the matter of processing the President-elect's nominations to the Cabinet. We are still working out several details, but on this issue I want to express my appreciation for the majority leader's willingness to have a dialogue and work in good faith toward a process both sides of the aisle can live with.

Our caucus thinks it is absolutely essential that the Senate has a chance to appropriately vet the nominees, and the American people deserve to hear their views and qualifications in public hearings, especially for the most powerful Cabinet positions. We all know Cabinet officials have enormous power and influence over the lives of everyday Americans. They run massive government agencies that do the actual

work of implementing our laws, keeping our Nation safe from terrorism, protecting the environment and civil rights, promoting clean energy and affordable housing—on and on. Every facet of public life is governed by a very powerful Cabinet official.

It is only right that we in the Senate—and by extension the American people—get to thoroughly vet their baseline acceptability for these jobs. That means getting their financial records to make sure they don't come into public office with standing conflicts of interest, and if potential conflicts of interest are found, making sure they have a plan to divest the assets in question, making sure the FBI has had the time to complete a full background check. It means making sure the independent ethics officers of each agency can sign off on them.

All of these benchmarks are standard protocol. All were done by about this time 8 years ago by the Obama administration. They are not onerous requirements. They are necessary requirements to prevent conflicts of interest.

I remind my colleagues again, every Obama Cabinet nominee had an ethics agreement in before their hearing. Every Obama Cabinet nominee underwent a full FBI background check before the Senate considered their nomination. For such positions of influence in our government, it is the responsibility of the Senate to guarantee that we have all the information we need on each nominee and in a timely fashion.

Truth be told, the slate of nominations selected by President-Elect Trump has made this process—standard for nominees of Presidents of both parties—immensely difficult. There are several nominees who have enormous wealth and own stock of enormous value. We have a CEO of one of the largest oil companies in the world, a billionaire financial services executive financier—oh, and another billionaire financial services executive.

Leaving aside for a moment what that says about the President-elect's priorities for his incoming administration, these nominees have potential conflict of interest challenges of epic proportions. At the very least—at the very least—they owe the American people the standard paperwork, and in fact we believe many of these nominees, given their financial holdings, should go one step further and provide their tax returns.

The minority only has ethics agreements in for four of the nominees so far. We only have financial disclosure forms from four of the nominees so far. We only have tax returns for four of the nominees so far. None of our committees has been notified that any nominees' FBI background check has been fully completed. Briefings have started, but they are far from complete.

As I said earlier, I hope the majority leader and I can work out an arrangement that works for both of our cau-

cuses to process these nominees in a fair but thorough fashion. It certainly shouldn't be the case, as seems to be planned now, that six hearings—several on very important nominees—all occur on the same day and on the same day as a potential vote-arama. That is mostly unprecedented in the modern era of Cabinet considerations, happening only once in history. That is not the standard, but right now that is the case on January 11.

There are Members who sit on multiple committees. One of our Members chairs one of the committees, Judiciary, but has been very active on the Intelligence Committee—both nominees in a single day. That is unfair, not only to her, with her great knowledge, but to the American people. Each member deserves plenty of time to question each nominee, and if questions remain, they should be brought back for a second day of hearings.

After all, they are going to hold incredibly powerful positions for potentially the next 4 years. To spend an extra day or two on each nominee, if it takes a few weeks, several weeks, to get through them all in order to carefully consider their nominations, that is certainly worth it to the American people and, I would argue, to the new administration.

I have made these points to the majority leader, and I must say he has respectfully listened. I am hopeful we can find an agreement that alleviates the crunch and gives Senators and committees the opportunity to process these nominations with the proper care and oversight, with all of the proper paperwork in place, thoughtfully and thoroughly.

I yield the floor.

CONCURRENT RESOLUTION ON THE BUDGET, FISCAL YEAR 2017

The PRESIDING OFFICER. The clerk will report the concurrent resolution.

The bill clerk read as follows:

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

The PRESIDING OFFICER. The assistant Democratic leader.

Mr. DURBIN. Mr. President, the pending business in the U.S. Senate is to set the stage procedurally so the Republican majority of 52 to 48 can repeal ObamaCare, the Affordable Care Act. That is what we are about. That is the business of the day, the week, and probably the weeks to come. So we are addressing that issue and others related to the budget.

I would like to start by sharing a story that was told to me by a family who I represent, Richard and Mary Laidman, who live in Naperville, Illinois. They told me a story, and I will recount it to you.

My 13-year-old son Sam was diagnosed with leukemia one day after the "no pre-existing conditions exclusions for children"

protection went into effect [under the Affordable Care Act]. The good news is that the form of leukemia has, so far, been effectively controlled by a magic-bullet drug. My son is currently a very robust young man and in otherwise good health (while the drug keeps him alive). The bad news is that the drug, as I understand it, costs [Blue Cross Blue Shield] about \$10,000 a MONTH! Without even going into the issue of "Big Pharma" pricing—

They wrote—

this means that it would take about \$6 million to get my son into his 60's. Obviously we are feeling dependent on all the clauses of the [Affordable Care Act] right now—no pre-existing conditions exclusions, no caps on benefits, allowing Sam to stay on our health insurance plan till [he reaches] age 26.

Mr. President, the bottom line according to the Laidman family of Naperville, IL, is that the Affordable Care Act is critical to their family's health and financial survival. That is what this debate is about. It is not about talking about promises made in campaigns or slogans one way or the other. It is about families like the Laidman family in Naperville who understand that were it not for the provisions in the Affordable Care Act, their son might not be here today or they may be penniless.

That is what it was like in the old days. If you had a son with leukemia and wanted to buy a family health insurance plan, good luck. If they would sell it to you, you probably couldn't afford it. And secondly, many policies had limits on how much they would pay. Listen to what she tells us: \$10,000 a month just for this drug that keeps her son alive. There were policies that had \$100,000 limits on the amount they pay each year. Oh, they were affordable and cheap enough. What would the Laidman family have done if that is all they had to turn to?

Sadly, we know thousands, perhaps millions, of families across America face that. That is why the Affordable Care Act made a difference. That is why it is inconceivable that the Republicans are coming to the floor, saying they want to repeal the Affordable Care Act without any replacement.

They have had 6 years to come up with a better idea, 6 years to come up with a list of improvements, and they have failed and failed miserably. Why? Because it is hard. It is difficult. We found that when we wrote this law.

Let me concede a point to the Republican leader who was on the floor this morning. I am ready to sit down. I think other Democrats are as well. If you want to change and improve the Affordable Care Act to make sure that American families like the Laidmans of Naperville have a chance for these protections in a better situation, I want to be part of it, and I have wanted to be part of it for 6 years. But the Republican approach has been very simple: All we will propose is repeal. We will not come up with an alternative.

It is catching up with them this week in Washington. Have you noticed? Senators on the Republican side of the

aisle and even some House Republicans are saying publicly: You know, we really ought to have a replacement.

It is not fair for us to say to America: We're going to repeal the only protection you have. Trust us. Some day in the future we might come up with a better plan.

The atmospherics have changed—maybe even changed with the President-elect. Remember a few weeks ago when he said he thought that provision about the preexisting conditions was a good idea? Well, he is right, and so is the provision to make sure you don't have limits under the policy, the provision that allows the Laidmans to keep their son under their family health insurance plan until he reaches the age of 26.

Yesterday, Mrs. Kellyanne Conway, Senior Advisor to President-Elect Trump, was on a morning show, and she said: "We don't want anyone who currently has insurance to not have insurance." That is a good statement. Then, when she was asked about whether the Republicans should come up with a replacement, she went on to say: "That would be the ideal situation. Let's see what happens practically."

Well, I don't know Mrs. Conway, but her observations square with what we feel on this side of the aisle, and more and more Republicans are starting to say publicly that it is irresponsible for us to repeal the Affordable Care Act without an alternative. It invites chaos. We know what is likely to occur. We know that if there is no replacement that is as good or better, people are going to lose their health insurance.

Illinois' uninsured rate has dropped by 49 percent since the Affordable Care Act was passed. A million residents in my State now have health insurance who didn't have it before the Affordable Care Act. Illinois seniors are saving on average \$1,000 a piece on their prescription drugs because we closed the doughnut hole in the Affordable Care Act, which the Republicans now want to repeal. More than 90,000 young people in Illinois have been able to stay on their parents' health plan until age 26 under our current health care system, and 4.7 million Illinoisans, such as the Laidman family, no longer have annual or lifetime caps on benefits, and that protects them when there is a sick member of their family and they need it the most. Under our current health care system, 5.6 million Illinoisans with preexisting conditions no longer have to fear denial of coverage or high premiums.

I am going to close with this brief reference. Remember the first thing President-Elect Trump did when he went to visit the State where they were going to keep 800 jobs and not transfer them overseas? He took justifiable pride in the fact that he had jawboned the company into deciding to keep at least some of the jobs in the United States—800 jobs. That is good.

America needs companies to make the decision to keep jobs here. We need all the good-paying jobs we can get, particularly in manufacturing. But do you know what the repeal of the Affordable Care Act means to jobs in Illinois? Well, the Illinois Health and Hospital Care Association knows. They told us that it would have a devastating impact on hospitals in Illinois. That includes many rural downstate hospitals, the major employers in their community. They estimate that we would lose between 84,000 and 95,000 jobs with the repeal of the Affordable Care Act. We could have a press conference for saving 800 jobs at Carrier, but are they going to have a press conference and celebrate when they are killing 84,000 jobs in Illinois with the repeal of the Affordable Care Act? They shouldn't. They should do the responsible thing.

Let's work together. Let's make the Affordable Care Act better, more affordable. We can do it, but the notion of repealing it first and then promising to get around to a substitute later invites chaos. That is going to make America sick again.

Mr. President, I yield.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Mr. President, first I want to thank Senator DURBIN for his comments about the policy of repealing the Affordable Care Act and not knowing what comes next, the impact it is going to have on people from Illinois. I am going to talk about people in Maryland. I have received similar letters showing that people are going to be adversely impacted.

I want to share with my colleagues the conversation I had with the secretary of health from Maryland. Maryland has Governor Hogan, a Republican Governor, and his secretary of health met with me several weeks ago to express his concerns about the impact on the people of my State of Maryland if the Affordable Care Act were repealed. What I heard from the secretary of health of Maryland was similar to what I heard from many of the health care stakeholders from the hospital association to physician groups, to health care advocates, to ordinary Marylanders who have contacted me about their concerns about what happens if we see a repeal of the Affordable Care Act.

Let me just give you some examples of how the Affordable Care Act is working in my State and, as Senator DURBIN indicated, in his State. The uninsured rate in Maryland has dropped from 12.9 percent to 6.6 percent. That is about a 50-percent drop in the uninsured rate. That benefits all Marylanders—all Marylanders. Yes, 400,000 Marylanders now have health coverage who didn't have health coverage before, and for those 400,000, that is a big deal. That means they can see a doctor and get a physical examination. If they are ill, they can get treated and know there are doctors and hospitals that will want to take care of them because they have third-party reimbursement. They

no longer have to show up in emergency rooms because that is the only place they could get to. They can now go to a doctor and get a physical examination.

Mr. President, it benefits more than just those 400,000 Marylanders, who, thanks to the Affordable Care Act, have health coverage. It affects all Marylanders because we no longer have the amount of cost shifting of those who have health insurance paying for those who don't have health insurance because they use the system and don't pay for it. That dislocation has been dramatically changed in my State. So all Marylanders are benefiting from having 400,000 Marylanders who now have health coverage, but it goes beyond that. Many Marylanders who had health insurance didn't have adequate health insurance. They had restrictions on preexisting conditions. They had caps on their policies. It didn't cover preventive health care. They now have quality health coverage.

All of that is at risk. All of that is at risk because of what we are talking about doing, if I understand correctly. Quite frankly, I am still trying to figure out what the Republicans are doing to the Affordable Care Act, but if I understand it, they are going to repeal it, and they are not going to tell us right now how they are going to replace it. So everything that is included in the Affordable Care Act is at risk.

I will give you one more example of costs because I think this is an important point. Under the Affordable Care Act, if an insurance company wants to increase rates more than 10 percent, there are certain procedures they have to go through, certain public disclosures. We have a much more public process, but the number of claims of those who wanted to increase their policies by 10 percent have dropped from 75 percent before the Affordable Care Act to now 14 percent nationally. We have seen one of the lowest growth rates in health care costs in modern history. Yes, the Affordable Care Act has helped us do that. Why? Because individuals who had insurance now have coverage for preventive health care and are saving us money. Those who didn't have health care coverage now have health care coverage, and they are seeing doctors, and they are saving us money because if they have a disease, it is being caught at an earlier stage, being treated in a more aggressive way, and they are saving more intensive health care costs. All that is benefiting the people of Maryland and our country.

Senator DURBIN mentioned several people in his State—a person in his State—and letters. I want to talk about people in Maryland whom I have talked to over the last several years about the impact of the Affordable Care Act and why they are so concerned about the policy now of repealing the Affordable Care Act.

I want to go back to 2007. That is a date that Marylanders know very well.

I want to go back to a 12-year-old, Deamonte Driver. Deamonte Driver was a 12-year-old who lived about 10 miles from here. His mom tried to get him to a dentist, but he had no insurance coverage, and she couldn't find a dentist. She couldn't find a dentist who would take care of him. Deamonte Driver needed about \$80 of oral health care. He had an abscessed tooth that needed to be removed. It would have cost \$80, and he couldn't find care in 2007 in the wealthiest country, in America. As a result, his tooth became abscessed and it went into his brain. He had thousands of dollars of health care costs, and he lost his life. As a result of that incident, I, along with other members of Congress, took up the cause of pediatric dental care to make sure every child in America has access to pediatric dental care. That is included in the Affordable Care Act as an essential health benefit.

Before the Affordable Care Act, very few health policies included pediatric dental; therefore, families were at risk as to whether they would actually use dental services because they did not have the money to pay for them. That was changed under the Affordable Care Act. That is at risk. That is at risk because, if I understand what is being suggested here, we are going to repeal the Affordable Care Act and the essential health benefits. We can't allow any more tragedies like Deamonte Driver in America, and yet we will be putting our children at risk if we repeal the Affordable Care Act.

There was another provision I worked very hard to get into the Affordable Care Act that I think is extremely important. We now have a National Institute of Minority Health and Health Disparities at the National Institutes of Health. We have agencies that deal with minority health and health disparities in all of our health care agencies thanks to the Affordable Care Act. That means we are now acknowledging that historically we have not done right for minority health in America. We looked at a lot of the research dollars; they were not spent in areas that minorities were impacted by. We see that access to care in certain communities is much more challenging because of minority status. We are looking at these issues and taking action.

The Institute sponsored a study in my home city of Baltimore. That study showed that depending on what ZIP Code you live in, your life expectancy could be as different as 30 years—a generation. Just your ZIP Code. We are taking steps to change that in Baltimore thanks to the National Institutes and the Institute on Minority Health and Health Disparities. Are the Republicans telling us that is not needed anymore, that we are going to repeal our efforts to look at minority health and health disparities? That is unconscionable. Yet, if I understand correctly, that is the course we are going to follow.

Mental health parity is another area we have talked about at great length here. We know we still have not reached that goal to make sure mental health receives the same attention as any other health need, but in the Affordable Care Act, we did amazing things to expand access to coverage for mental health and drug addiction. By expanding the Medicaid population, we have 1.6 million Americans who now have expanded coverage for mental health and substance abuse.

We have had great discussions in this body. I am very proud of the Cures Act, where we expanded coverage for drug addiction. Now Republicans are talking about taking a major step backward by repealing Medicaid expansion that allows access to coverage for mental health and drug addiction. To me, that is something that is unthinkable. Yet we are moving on that path by the legislation that is before us.

Let me share a letter I received from Lillian from Baltimore. In 2008 she lost her job. She has a history of abnormal mammograms. She could not get coverage. She could not get an insurance company to cover her because of the preexisting concerns. She wrote: The Affordable Care Act has worked. I have coverage.

No preexisting conditions. No longer is being a woman considered a preexisting condition in America. Are we now going to turn our backs on the women of America and allow these discriminatory practices that existed before the Affordable Care Act to come back? I will tell you, I am going to fight to do everything I can to make sure that does not happen, and I would hope my colleagues on both sides of the aisle feel the same. But you are marching down a path that puts women at risk, that puts Americans at risk.

We know about the caps that were in the law before the Affordable Care Act. What do I mean by caps? That is the maximum amount your health insurance policy will pay you. Some 2.25 million Marylanders had caps on their policies before the Affordable Care Act—not just the 400,000 new people who have come into the system, 2.25 million Marylanders will be impacted if we eliminate the protection against arbitrary caps.

The tragedy about caps is that when you really need coverage, that is when you are impacted. You get insurance to cover you. You discover you have cancer. It is extremely expensive to treat cancer in an aggressive way. All of a sudden, you are in the middle of treatment and you reach your cap. What do you do? What do you do? There are real, live examples from before we passed the Affordable Care Act. We are going to go back to those days in the United States of America? That is what repealing the Affordable Care Act means for 2.25 million Marylanders who are being put at risk.

Rebecca from Baltimore told me about her daughter Eva, who is 18 months of age and has severe congenital heart defects and has gone

through numerous operations. If caps are in place, she cannot get adequate care for her 18-month-old daughter. Those are real, live examples of people who are impacted by the Affordable Care Act. She also told me: Thank you for the 26-year-old provision where you can stay on your parent's policy. At least she knows Eva will be able to stay on her policy until she is 26.

I heard from Nichole, who is a 22-year-old student at Towson University. She could not get affordable health coverage and was able to stay on her parents' policy. That is an important provision which is being repealed by the Affordable Care Act.

I helped work on the provision in the Affordable Care Act that provides preventive care coverage—immunizations, cancer screening, contraception, no cost sharing. That saves money. Preventive health care saves money. It makes our health care system more cost-effective. That is why we decided to put a focus on preventive health care and expand it dramatically. Now, 2.95 million Marylanders benefit from the preventive health care requirements of the Affordable Care Act that is included in every health policy. That will be repealed, if I understand correctly what the Republicans are attempting to do on their repeal of the Affordable Care Act. We don't have a replacement. We don't know what it is going to look like. It is not easy to figure out how to put the pieces back together again.

There is a provision in the Affordable Act that deals with prevention and public health funds and that provides dollars to deal with some of the real challenges we have out there—obesity, tobacco abuse. My State is getting funds so that we can deal with healthy eating that will not only provide a better quality of life for those who have weight issues but also lead to a more cost-effective health care system. That will be gone with the repeal of the Affordable Care Act.

Let me talk for a moment about health centers because I know we made that a priority in the Affordable Care Act. Qualified health centers are centers that are located in, in many cases, challenging communities where it is hard to get doctors and hospitals to locate. We provide access to care for people who have limited means. The Affordable Care Act did two things that are extremely important in regard to health centers. First, it provided some significant new direct resources for those programs. Secondly, because they are in challenging neighborhoods, they have a much higher number of people who have no health coverage who go into these centers; therefore, their third-party reimbursement is much lower than other health centers that are located in better neighborhoods or more affluent neighborhoods.

The Affordable Care Act has worked in expanding dramatically the capacities of these qualified health centers. We have 18 that are located in Mary-

land. I could talk about all of them, but I have been to the Greater Baden Medical Services center several times. It is located in Prince George's County. They also have a center in St. Mary's County. I have been to them many times. I have seen their new facilities thanks to the Affordable Care Act. I have seen the building in which they provide mental health services and pediatric dental care and actually adult dental care also. They provide those services to the community thanks to the Affordable Care Act. They told me that in the very first year alone of the Affordable Care Act, they were able to reduce their uninsured rates by 20 percent, meaning they get a lot more money coming in and they can provide many more services. All of that will be gone if the Affordable Care Act is repealed. I can't be silent about that. This center is providing incredible services. It is one thing to have third-party coverage; it is another thing to have access to care. We provided both in the Affordable Care Act. We are not going to go back.

I heard Senator DURBIN talk about Medicare. I just want to underscore this. This is not just about those under 65. It is about our seniors. It is about those on disability who are covered by Medicare.

We heard about the doughnut hole. We all understood. We were getting numerous letters from people who fell into that doughnut hole. Guess what. Those letters are tailing off dramatically. Why? Because the Affordable Care Act closes the doughnut hole for prescription drug coverage. In my own State of Maryland, 80,000 Marylanders benefited in 2014 from the Affordable Care Act and better coverage for prescription drugs, amounting to \$82 million, averaging over \$1,000 per beneficiary benefit. Those over 65 have better coverage for prescription drugs. You repeal the Affordable Care Act, and all of a sudden seniors figure out they have to pay another thousand dollars a year for prescription drugs. In my State, they don't have the money to do that. You are going to again hear about prescription drugs left on the counter at the pharmacy because of the repeal.

Guess what. It even does more than that. The Affordable Care Act provided greater solvency for the Medicare system. I have heard my Republican colleagues say: We are not going to do anything to hurt Medicare. Repealing the Affordable Care Act hurts Medicare. It hurts the coverage and it hurts the solvency. I don't want to be part of that. I would hope my colleagues don't want to be part of that. Yet repealing the Affordable Care Act does that.

Let me talk for a moment about affordability. It is one thing to have coverage; it is another thing whether you can afford that coverage. We heard all of these stories about the increased premiums, and we know, of course, that insurance premiums in America have gone up at a slower growth rate

than they did before the Affordable Care Act. That is a fact. But we do hear about the individual market within the exchanges and how that has gone up by a significant amount, mainly because of the way it was originally rated. We have heard about that. But perhaps what many people don't know is that in my State and around the Nation, 75 percent of the people who qualify for private health insurance within the exchanges are eligible for credits. In other words, we are helping them with the affordability of their health care. In my State, that was \$200 million a year to help Marylanders pay for health insurance. That will be gone with the repeal of this Affordable Care Act. That is wrong.

I received many letters from small business owners. One of the proud parts of the Affordable Care Act is that it helped our small business owners. Why? If you ran a small business, you wanted health insurance for your employees because you wanted to keep them well. You were discriminated against before the Affordable Care Act. You didn't have a big pool. God forbid one of your employees gets really sick during the year; your insurance premium goes through the roof. That is what was happening before the passage of the Affordable Care Act. Are we going to go back to the days where we tell small companies: You really can't get health insurance because if someone gets sick, you lose your policies basically. That is what we are talking about.

Annette of Bel Air, MD, wrote to me. She said she has saved significant money as a small business owner as a result of the Affordable Care Act. Tim from Laurel, MD, told me that in his small business, he saved \$7,000 a year thanks to the Affordable Care Act. The reason is simple: You have broader pools, and you get the same type of rates larger companies get now. You will lose that with the repeal of the Affordable Care Act.

Let me tell you about one of the tragedies of this that will happen immediately, affecting America's competitiveness and entrepreneur spirit. We know that a lot of people who work for big companies have great ideas, and they want to start out on their own. I have seen that over and over again in the biotech industries of Maryland. I go down the 270 corridor, the 95 corridor. I see small entrepreneurs who used to work for one of the giant defense contractors, and now they are pulling out and coming up with new ideas, doing things in a great way. That is what makes America a great nation. That is how we create jobs and how we deal with innovation.

Here is the situation. You are a 30-something-year-old, ready to leave that company and go out on your own. Your spouse has cancer. What do you do? You are not going to be able to get coverage. You are locked into that job. That will be a consequence of the repeal of the Affordable Care Act. We are

dealing with real people and real people's lives. It is irresponsible to repeal the Affordable Care Act and not tell that young entrepreneur what he or she can expect. That is what is at stake.

There is one last point I want to talk about, and that is the Patients' Bill of Rights. I helped draft the Patients' Bill of Rights. It was not easy to pass the Patients' Bill of Rights. We were able to get it in the Affordable Care Act. We were able to get in the right that—you go to an emergency room. Under a prudent layperson standard, you did the right thing. You find out you didn't have that heart attack even though you had chest pains. Then you wake up the next morning and find out your insurance company is not paying the bill because you didn't have that heart attack. We changed that in the Affordable Care Act.

Are we going back, eliminating those protections, the right to appeal decisions or are we going to repeal that part of the Affordable Care Act? Are we going to go back to medical loss ratios, where insurance companies can make obscene profits and not rebate those excess profits to their policyholders when we have millions of people receiving rebates today? All of that is gone with the repeal of the Affordable Care Act.

Mr. President, I could go on and on, but I see my colleague Senator Kaine is here and others who want to speak on this issue.

Let me conclude with this. This is the wrong way to go about this. I heard the leader say that for 6 or 7 years—for 6 or 7 years—Democrats have been trying to work with Republicans to make the law even better.

We have never passed a major law that didn't need to be revisited. We understand that. We have been working to try to improve the law—not repeal it—improve it, build on it, make it better, and we have gotten no help from Republicans, not any help whatsoever.

Republicans have blocked efforts to improve this law. Instead, they are stuck on this repeal without knowing what the replacement is going to be. That is wrong. We should be working together to improve our health care system, but to pass a repeal, to put Americans at risk will lead to uncertainty, which will lead to insurance companies abandoning the market, giving consumers less choice rather than more choice. To hurt millions of Americans is wrong, and I urge my colleagues to reject this approach.

I yield the floor.

The PRESIDING OFFICER. The Senator from Virginia.

AMENDMENT NO. 8

Mr. Kaine. Mr. President, I call up amendment No. 8, which I send to the desk on behalf of Senator Murphy, me, and other Senators as well.

The PRESIDING OFFICER. The clerk will report.

The bill clerk read as follows:

The Senator from Virginia [Mr. Kaine] proposes an amendment numbered 8.

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

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

The amendment is as follows:

(Purpose: To prohibit legislation that makes America sick again)

At the end of title IV, add the following:

SEC. 4. DON'T MAKE AMERICA SICK AGAIN.

(a) IN GENERAL.—It shall not be in order in the Senate to consider any legislation that makes America sick again, as described in subsection (b).

(b) LEGISLATION MAKING AMERICA SICK AGAIN.—For purposes of subsection (a), legislation that makes America sick again refers to any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that the Congressional Budget Office determines would—

(1) reduce the number of Americans enrolled in public or private health insurance coverage, as determined based on the March 2016 updated baseline budget projections by the Congressional Budget Office;

(2) increase health insurance premiums or total out-of-pocket health care costs for Americans with private health insurance; or

(3) reduce the scope and scale of benefits covered by private health insurance, as compared to the benefits Americans would have received pursuant to the requirements under title I of the Patient Protection and Affordable Care Act (Public Law 111-148; 124 Stat. 130) and the amendments made by that title.

(c) WAIVER AND APPEAL.—This section may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under this section.

Mr. Kaine. Mr. President, I rise to offer this amendment, amendment No. 8, with Senator Murphy and other Senators, to the budget resolution we are currently considering, and the purpose of amendment No. 8 would be to create a point of order against considering any legislation that would either strip Americans of health insurance coverage, make health care more expensive, or reduce the quality of health coverage.

Our amendment creates a high hurdle to any legislation that would make America sick again, and basically that is what we are trying to do. If we are going to either strip coverage from people or make health insurance more expensive or reduce the quality of health coverage for Americans that they currently have, we shouldn't make that easy to do. We should have a high hurdle in place so we consider it before we do it.

The point of order is necessary because the entire purpose of this budget resolution is not to really address the budgetary matters facing the country. I say that as a member of the Budget Committee. In fact, the budget process was basically ignored in the last Congress.

This budget is only before us to set up a pathway to pass a fast-track repeal of the Nation's most consequential health care program in decades, a pro-

gram that affects millions of people and a repeal being fast-tracked that would strip health care from millions of Americans.

I will come back to the health points in a second, but I want to address how we got to where we are on the budget question that was in the province of the Budget Committee.

I think it is a little strange that halfway into Fiscal Year 2017, which began in October 2016, we are going to be setting budget levels now. A budget resolution is a tool to set forth the guidelines for spending in Congress.

We know, in the history of this body, we are not always successful in passing a budget through both Houses of Congress and approving that budget through a conference process, but at least some progress is usually made; for example, both Houses doing their budget resolutions. As you know, that did not happen in 2016. Last year, our GOP counterparts in each House decided, for the first time in the modern budget era, not to hold a hearing on the President's submitted budget, not to have any activity on a budget in the Senate, either in the committee or on the floor.

To begin, I have to ask, if the budget wasn't important enough for us to consider last year, why is it now so important for us to be taking up a budget? The answer is obvious. We are debating a budget for the sole purpose—the sole purpose—of setting in motion a process to repeal health care coverage for tens of millions of Americans. This is really about an attack on people's health care.

I and many of my colleagues have said there is a significant need to make improvements to the Affordable Care Act and, more generally, to our health care system.

Mr. President, you were a chief executive of a State, just like I was. I learned something in my first year as Governor of Virginia, which was, when I looked at all the bills that were put on my desk for signature, amendment, or veto at the end of my State's legislative session, three-quarters of the bills were not new legislation or not repeals of legislation; three-quarters of the bills were improvements of existing law. That is the work of a legislative body. Overwhelmingly, it should be improvements to existing law. The Affordable Care Act needs significant improvement, just as other health care laws do, just as virtually everything we do needs improvement.

There is no reason, while we acknowledge the need for improvement, to repeal a law outright without having a sense of what the replacement will be because, by doing so, what we do is create chaos in the economy, chaos in the health insurance market, and especially chaos in the most intimate and important area of people's lives, their health.

Actually, on that subject, there was a wonderful letter that was sent on January 3 by the American Medical Association to the congressional leadership on

this very point, don't do a repeal that creates chaos for people. I am going to read some sections of the letter.

The AMA supported passage of the Affordable Care Act because it was a significant improvement on the status quo at that time.

We continue to embrace the primary goal of the law to make high-quality, affordable health care coverage accessible to all Americans. We also recognize that the ACA is imperfect, and there are a number of issues that need to be addressed.

Continuing the quote:

It is essential that gains in the number of Americans with health insurance coverage be maintained.

The letter concludes, from the American Medical Association, the largest organization representing American physicians:

Consistent with this core principle, we believe that before any action is taken, through reconciliation or other means, that would potentially alter coverage, policymakers should lay out for the American people, in reasonable detail, what will replace current policies. Patients and other stakeholders should be able to clearly compare current policy to new proposals so they can make informed decisions about whether it represents a step forward in the ongoing process of health reform.

The amendment Senator MURPHY and I propose is designed to accomplish exactly the goal, exactly the goal the AMA has specified in the letter of January 3.

We would create a 60-vote point of order against any legislation that would, first, reduce the number of Americans who are enrolled in public or private health insurance coverage, so there would be a 60-vote point of order against any proposal that would reduce coverage for Americans; second, the point of order would also lie against any plan that would increase health care premiums or total out-of-pocket health care costs for Americans with private health insurance; and, third, the point of order would lie against any proposed plan on the table that would reduce the scope and scale of benefits offered by private health insurance because the ACA was not only about affordable care and it was not only about coverage, it was also about the quality of care.

Could your coverage discriminate against you because you are a woman? Could your coverage expire once you get diagnosed with an illness and now have a preexisting condition?

These bill of rights protections for patients were an important and integral part of the Affordable Care Act, and the budget point of order that we would put on the table would establish a 60-vote threshold for considering any legislation if it triggered one of those three concerns: reduction in coverage, increase in cost, reduction in quality.

The point of order actually goes right to promises that the President-elect has made. In September of 2015, President-elect Trump said:

I am going to take care of everybody. I don't care if it costs me votes or not. Every-

body is going to be taken care of much better than they are taken care of now.

He has made a promise to the American public that we will not rush into a new health care chapter that reduces coverage, that reduces quality, or that increases costs.

Just 2 days ago, the key spokesperson for the President-elect Kellyanne Conway said: We don't want anyone who currently has insurance to not have insurance.

She is not setting a threshold of 1 million people or 100,000 people or 10,000 people or 10 people. She is saying the threshold is this: We do not want anyone who has insurance to have that insurance jeopardized by actions of Congress.

This is what a repeal of the Affordable Care Act, without a replacement plan, will mean. It will have three significant consequences, and then I want to finish with some personal stories.

First, a repeal with no replacement will inflict a significant wound on the American economy. Health care is one-sixth of the American economy, one-sixth. You cannot inject uncertainty into one-sixth of the American economy without having significant negative effects on our Nation.

Congress should be in the business of increasing certainty, not increasing uncertainty, and if we go into the biggest sector of the American economy with a repeal, without any replacement strategy, it is the equivalent of, "I am now going to jump off a cliff and I will figure out how to land once I am in midair." This will be economic malpractice to affect that many people.

Second, the effect of the repeal of the Affordable Care Act is sort of an under-the-table tax cut for the wealthiest Americans. Millionaires, if the Affordable Care Act is repealed—there are two taxes on high earners that are part of the financing of the Affordable Care Act, and these taxes on high-earning Americans would expire, and this is hundreds of billions of dollars over 10 years of a tax cut. Millionaires would get 53 percent of the tax cuts from a repeal, which is more than double the same group's share of the 2001 and 2003 tax cuts that were done during the Bush administration.

Just to put that in some context, Americans in the top 0.1 percent economically would get an average tax cut of \$197,000 if the Affordable Care Act is repealed. That is one way to sort of look at this repeal without a replacement. It is essentially a tax cut for the wealthiest, financed by reductions of health care on the people who are most in need.

Third, the impact that is the most significant is the impact on the health care of average Americans. The Urban Institute did a study in December and said: If there is a repeal with no replacement or a repeal with a delayed replacement to something that we know not what it will be, there will be 30 million Americans who will lose their health insurance. About 20 mil-

lion will be people who got health insurance under the Affordable Care Act, and an additional 10 million will be people who will lose their insurance because of the chaos created in the insurance market.

I want to put that number, 30 million, into a context because numbers can just sound big and mysterious. Here is what 30 million people is. The number of people who would lose health insurance because of an ACA repeal is equal to the combined population of 19 States: Wyoming, Vermont, North Dakota, Alaska, South Dakota, Delaware, Montana, Rhode Island, New Hampshire, Maine, Hawaii, Idaho, Nebraska, West Virginia, New Mexico, Nevada, Utah, Kansas, and Arkansas. Nineteen States' combined populations, that is 30 million people, and that is who is going to lose health care coverage if we go forward with a repeal without a replacement.

Eighty-two percent of these 30 million who would become uninsured are working families, 38 percent will be between the ages of 18 and 34, and 56 percent are non-Hispanic Caucasians. Eighty percent of the adults becoming uninsured are people who do not have college degrees. There will be 12.9 million fewer people who have Medicaid or CHIP coverage in 2019 if the repeal goes through. These are some sobering statistics. These statistics show that, at a minimum, what we are doing here is very, very consequential and very, very important and should not be rushed into in a partisan 51-vote budget reconciliation process.

I want to conclude and tell a couple of stories from Virginians of people who are going to be impacted by this. When we essentially recessed in the Senate on December 9—between then and now—I went around the State and talked to people. I heard a story that I want to share, and then I will tell a couple of quick ones.

I met with Ashley Hawkins, a young mother in Richmond, a mother of two kids. We sat around a conference table in a federally chartered community health center in Richmond and talked to stakeholders. Ashley told her story. She had a preexisting health condition. Before the Affordable Care Act, health insurance was unaffordable. After the Affordable Care Act passed, she could suddenly get insurance.

Ashley owns a small business. She runs a nonprofit group that provides community arts education that serves others. Because of the ACA, she has been able to sign up on exchanges and get health insurance. Because of her income, she can receive subsidies to make that health insurance affordable. She makes \$45,000 a year.

Without health insurance, the recent hospital bill for the birth of her youngest child would have been close to \$16,000. With the Affordable Care Act, she receives a subsidy, and she is able to access high quality health insurance for her and her two kids for \$280 a month. That is the difference between

not being able to afford to go to a hospital and deliver a child and to be able to afford, as a small business owner, a health insurance policy that covers her and her two kids for less than \$300 a month.

This is what she said as we sat around the table and talked about what it means to have affordable insurance. She said: "It has to do with self esteem and security and well-being."

Having health insurance is about security, even when you are not sick. Obviously, when you are sick or when you are delivering a child, health insurance is needed. But when you are a mother of two children, even if you are at the peak of your health and even if your children are at the peak of their health, you would go to bed at night—and Ashley described this—wondering: What will happen tomorrow if my child gets sick? What will happen tomorrow if I am in an accident? Not having health insurance for a parent is a continuous agitating voice in your mind, an anxiety creator, about what is going to happen to my family if we get sick or get in an accident, which is something that happens to virtually every family. It has to do with self-esteem, with security, and with well-being. Without the protection for people with preexisting conditions, without the subsidies in the marketplace, people like Ashley will go back to not being able to afford coverage for their families.

After the Affordable Care Act passed, I happened to be in a position where I was trying to buy health insurance in the open market without an employer subsidy for the first time in my life. When I say I was doing this, what I mean is that my wife was doing all the work because she is the one who does all the work. She talked to two insurance companies who said: Hey, sorry, Anne, we can't afford your entire family because of preexisting conditions. One company would not cover me. One company would not cover one of my children. My wife said: Hold on a second. The Affordable Care Act just passed. You can't turn somebody down on a preexisting condition now.

In each case the insurance company said: I have to talk to my supervisor. They had to call back and say: You are right; we are wrong. We have to provide insurance for your entire family.

Can I tell you this? My family is the healthiest family in the United States. At the time my wife was making those phone calls, of the five of us, the only time any of us had ever been hospitalized was in the three occasions my wife went to the hospital to give birth to our kids. We are a healthy family, and we were turned down twice because of a preexisting condition by insurance companies that had to say: We are wrong, and because of the Affordable Care Act, now we can write a policy for your entire family.

I had a woman write me a letter—a Virginian from Williamsburg—a couple of years ago who said: My husband and

I are self-employed, and we could never afford insurance. Because we couldn't afford insurance, we decided that we couldn't have children. We couldn't pay a hospital bill. This is what the Affordable Care Act has meant to them. We often talk about life and death issues in the sense of illnesses, sicknesses, cancer diagnoses, and preexisting medical conditions. They can be life or death issues, but they can also be life issues, in the sense of this couple who wrote and said that because they could now get insurance as self-employed individuals with subsidies to make it affordable, they are now going to start a family because of the Affordable Care Act. They could start a family.

Finally—and I will always remember this because this gives me great motivation—as I was getting outside of my native Virginia and exploring other States on an interesting 105-day summer vacation as part of a national ticket, I went to the Iowa State Fair. I told this story once before on the floor, but I am going to tell it again. A grandfather came up with a little boy in his arms. I said: What is that child's name? Jude. Jude, the patron saint of lost causes. There is St. Jude Children's Research Hospital in Memphis, a place where children have been able to go to get medical care.

I knew there must be a story. I said: Hey, Jude, tell me about Jude. Jude was a 3½-year-old who was diagnosed with a congenital heart defect and by age 3½—as his grandfather told me the story, now mom and dad were coming around me as well—Jude had to have multiple heart operations at the Children's Hospital in Omaha. The grandfather said to me that Jude would not have been able to have those operations and Jude would be uninsurable for the rest of his life if it were not for the Affordable Care Act.

Then Jude's father put his hand on my shoulders. He was a big guy. He said to me: You have to tell me that you will do everything you can to make sure that Jude isn't stripped away and consigned again into the outer reaches of preexisting conditions and uninsurable, with an uncertain future for my son. I made a pledge to him. I said: I am only one person. I don't know what, at the end of the day, I can do, but I can tell you this. I can stand up to make sure that your child and other children—such as Ashley's two kids and the family that wrote me about wanting to have children—will not be left high and dry and without the security of health insurance in the wealthiest and, to my way of thinking, still the most compassionate Nation on the face of this planet.

I encourage every Member of this body to ask their constituents for stories like Ashley's, like Jude's, like my family's, and like the family in Williamsburg about how an ACA repeal with no plan would impact them.

I will go back to the purpose of the amendment. The ACA is not perfect. We ought to be talking about reform. If

Republicans want to call it replace and we want to call it reform or improvement, I don't care what we call it. We should have the AMA, hospitals, patients, and Members of Congress from both parties around the table to lay down what are our concern, what are our problems, and talk about how to fix them. There is so much we can do. There is so much we can improve. But by pushing an immediate repeal through a partisan budget process, we won't have the opportunity to work together to build on that common ground.

This is not a game. Sometimes we get into a budget vote-arama, and it has a little bit of a game aspect to it. I have been here until 2 a.m. or 3 a.m. when amendments are put on the table, there are 1-minute presentations of why it is good or bad, and we have a vote. It has a little bit of a feeling of a game. This is not a game. This is life and death.

Is there anything more important to someone than their health, because their health forms the foundation of their relationship with their spouse or their loved ones or their children? Health is what keeps a parent up at night worrying about the family. Health is what keeps a child worrying about an elderly parent. This is the most important thing to any person in this country, regardless of party, regardless of State, regardless of political persuasion. The worst thing we can do on a value of such importance is to rush and create chaos in the lives of millions of people.

So I conclude by saying that the amendment that Senator MURPHY, I, and others offer would seek to protect what we have—protect coverage, protect costs, protect quality—by making it harder to enact legislation that would strip these important items away from tens of millions of Americans.

We should be sitting down at the table to talk about reforms. So many of us want to do that. But we should not be rushing into a repeal that would jeopardize people's lives.

I urge my colleagues to please support amendment No. 8.

Thank you, and I yield the floor.

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

Mr. ENZI. Mr. President, I ask unanimous consent that all time be considered time on the resolution.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. ENZI. Mr. President, I ask unanimous consent that during the periods of a quorum call, the time be equally divided between the two sides.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

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

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

Mr. MURPHY. Mr. President, what is happening on the floor right now is absolutely extraordinary. It is absolutely extraordinary that Republicans are using the budget process, the reconciliation process, in between the swearing in of the new Congress and the swearing in of a new President, to rip away from 20 million Americans health care insurance, to drive up rates for one-third of consumers in this country who have some form of preexisting condition—a sickness that without this law would make their rates go higher—and to throw the entire health care marketplace into chaos.

It is absolutely exceptional what is happening right now. No one in this body should normalize it. No one outside of this body should perceive this to be just politics as usual.

I was here when the Affordable Care Act passed. I was in the House of Representatives. Since then, I have heard my Republican friends say over and over and over again that they want to repeal the Affordable Care Act and replace it. I can't tell you the hundreds of times I have heard that phrase, "repeal it and replace it."

President-Elect Trump talked about that throughout the campaign, and then 2 days after he won the election, on Thursday night, he went on national television to double down on the promise that there would be an immediate replacement. He said: There will not be 2 hours between the Affordable Care Act being repealed and it being replaced with something better.

That is the second part of the argument the Republicans have made. The Affordable Care Act, in their minds, was deficient, despite the fact that there are 20 million people who have insurance today who wouldn't have it otherwise and despite the fact that there are hundreds of millions of Americans across the country who don't have to worry about them and their loved ones having their insurance rates jacked up because they are sick, and despite the fact that seniors are paying thousands of dollars less in prescription drugs than they were.

The Affordable Care Act isn't perfect—it never was—but the enthusiasm of Republicans to take away from Americans their health insurance and to drive rates up for millions more is really unthinkable.

We heard over and over again that the priority was to repeal it and replace it. Now we are repealing the Affordable Care Act with no plan for what comes next. We are driving forward with a repeal vote with no plan for how we keep the health care system together, how we prevent it from falling into chaos, how we continue to insure the millions of Americans who rely on it.

There is a cruelty to this enthusiasm for immediate repeal that is a little bit

hard to understand—it is really hard to understand.

I think about somebody like Jonathan Miller. He lives in my State. He lives in Meriden, CT. He was born with cystic fibrosis. He is insured today through the Affordable Care Act. Here is what he said:

For me, I was able to live a relatively normal life growing up, wonderful family and friends, but health has always been the most important thing in my life. I spend even in a good health year probably one or two hospitalizations each year that require IV antibiotics, I am on a whole suite of medications, each day I take about 15 to 20 medications, some of those are pills, some are breathing treatments, and then there are the shots. Healthcare is the number one priority in my life, it's more important than income, more important than anything else, being able to maintain my health.

He is insured by the Affordable Care Act today, but he also receives the benefit of the insurance protections because Jonathan, without the Affordable Care Act, even if he had insurance, would lose it—probably a couple of months into the year—because of a practice prior to the Affordable Care Act of capping the amount of money you would be covered for in a given year or in a lifetime. Jonathan would have blown through that in a heartbeat.

It is not hyperbole when he says: "Without the Affordable Care Act, I'd probably be dead within months."

That is the reality for millions of people across this country. Without health insurance, they cannot survive. They can't afford their medication.

So this isn't just about politics, this isn't just about the words on the page, these are people's lives. This is about life or death, and the casualness of throwing out a law without any concept of what comes next—I have read so many quotes in the paper over the last few days of Republicans admitting they don't know yet what they are going to do in its place, but they still feel the need right now, in the lame-duck session, to begin the process of repealing this law without any concept of what comes next.

Why do it now? Why not take one step back? Why not reach across the aisle to Democrats and say: Let's try to work to make this better. Let's try to answer the concerns the Republicans have, that President-Elect Trump has. Let's take some time to work through this, reform it in a bipartisan way. No. Instead, we are rushing forward with repeal, stealing health care for millions of Americans, plunging the health care system into chaos, with no guarantee that there is anything that is going to emerge in its place.

Senator Kaine and I have a very simple budget point of order. Senator Kaine has talked about it. It would prohibit the consideration of any legislation as part of budget reconciliation that would, No. 1, reduce the number of Americans who are enrolled in health insurance; No. 2, increase premiums or total out-of-pocket costs for those peo-

ple with private insurance; or, No. 3, reduce the scope and scale of benefits that people have.

I have heard my Republican friends say: We are going to repeal the Affordable Care Act, and we are going to replace it with something better. We are not even committing you to replacing it with something better. We are just saying, if you are going to replace it, let's guarantee now that legislation is not going to take anybody's health care insurance away who has it now who wants it, it is not going to raise costs, and it is not going to reduce benefits.

I am going to be honest. The replacement isn't coming. It is not coming, and even if it comes, it can't meet those three tests. There is no way there is a replacement coming that is going to maintain the 20 million people who have insurance now, that is going to maintain cost controls and maintain benefits. It is not happening.

News flash to the American public: This law is being repealed under a budget reconciliation process that shuts out Democrats, and it is not going to be replaced by something that is equal in quality or better. At the very least, we can all put our names and our votes to a budget point of order that commits Republicans to the promise that they have made for 6 years, which is that if they repeal this, they will not put a piece of legislation before this Congress that doesn't guarantee that everybody keeps their health insurance, costs don't go up, and benefits don't come down.

I urge, when this comes up for a vote, a positive vote from my colleagues, and I urge my Republican friends to honor the promise they have made.

I thank Senator Kaine and others for joining me in offering it.

I yield the floor.

The PRESIDING OFFICER. The majority whip.

Mr. CORNYN. Mr. President, I would just say, I had the pleasure of sitting here listening to the Senator from Connecticut talk about his concerns about repealing ObamaCare, and I would say it strikes me that their posture is that we sold the American people a lemon, and we insist they keep it.

Our position is that ObamaCare has been a failure. It has been a grand—in terms of scale—experiment, a national experiment that has failed.

Yesterday I talked about the fact that my constituents are writing me and telling me that their premiums, in many instances, have doubled, and their deductible has gotten to the point that they are effectively self-insured so their insurance does them virtually no good.

We will vote to repeal ObamaCare, but obviously we are not going to leave people hanging out to dry. We are going to make sure they have coverage that they choose and that they can afford. I welcome the assistance of our colleagues on both sides of the aisle to try to craft a bipartisan reform.

The biggest failure of ObamaCare was the fact that when our Democratic friends had 60 votes in the Senate and they had President Obama in the White House and a majority in the House, they jammed it down the throats of the American people. That is really why ObamaCare is unsustainable—because it was purely a partisan political exercise. We need to start over by repealing ObamaCare and then reforming our health care system so people can buy the coverage they want at a price they can afford. We are going to work very carefully to make sure the transition is thought out, methodical, and very carefully done.

NOMINATIONS

Soon, Mr. President, we will be considering and confirming men and women nominated by the President-elect to fill leadership roles throughout the administration. This is crucial to ensuring a smooth transition from one President to another, and it is important to make sure the next President has the people and resources he needs to help lead our country.

I have had some of the reporters in the hallway say: How in the world can you process so many nominees at the same time, so quickly?

I said: It is the tyranny of the calendar. We are going to have a new President on January 20, and wouldn't you want—for example, the President's CIA Director choice, the Attorney General, the Secretary of Defense, the head of the Department of Homeland Security, the Director of National Intelligence—wouldn't you want all of those key national security positions filled as soon as possible in case some of our adversaries decide to take advantage of this transition to try to threaten the United States?

It makes sense to me that we would work in an orderly sort of way with our colleagues across the aisle to make this transition a smooth one from President Obama to President Trump. President Obama has said that is what he is working to do, and you would think it would make sense for us to be a part of the solution and not a part of the problem.

Holding up confirmations just for delay's sake is irresponsible and it is dangerous. As I speak, there is a hearing going on on the foreign cyber threats in the Senate Armed Services Committee. People are justifiably concerned about what our adversaries are doing in cyber space. But it is not related to just cyber space, it is related to nuclear threats from countries such as North Korea, obviously the ongoing humanitarian crisis and civil war going on in Syria and elsewhere, the threats from Russia not only in cyber space but also to our NATO allies in Europe, and I could go on and on talking about Iran and its nuclear aspirations, its ballistic missile capability.

This is a dangerous world we are living in, and why in the world would we want to make it even more dangerous just to let our colleagues delay for

delay's sake. President-Elect Trump getting to fill his Cabinet, particularly these important national security offices? The truth is, when it comes to wanting what is best for America, we are all on the same team. We should all want what is best for our country. It doesn't do our Democratic colleagues a bit of good to delay the inevitable because, thanks to former Democratic leader Harry Reid and the so-called nuclear option that changed the Senate confirmation rules, we know that President-Elect Trump's Cabinet members will be confirmed. It is going to happen because it takes 51 votes. Just delaying for delay's sake out of partisan pique really doesn't do anything to accomplish any goal but, rather, makes our country more dangerous and denies the President-elect the Cabinet he has chosen.

When President-Elect Obama was nominated to office, we acted very quickly. In fact, on the day he was inaugurated—January 20, 2009—seven of his Cabinet members were confirmed. We were not happy about the outcome of the election on this side of the aisle. We wished a different electoral outcome had occurred. But once the voters had spoken, we accepted their verdict, and we worked cooperatively to see a smooth transition from the Bush administration to the Obama administration. I believe it is our duty to do that. Nearly all of President Obama's Cabinet-level nominees were confirmed within the span of 2 weeks. We came together, understood that the people had spoken, and we went to work to cooperate in good faith, not necessarily because we were happy about the outcome but because it is our responsibility to do so.

Then there are some of the statements from some of our colleagues across the aisle that they now appear to be walking away from. In the spring of 2015, Senator STABENOW, the senior Senator from Michigan, said: "When a President wins an election, they have the right to have their team." She said that on April 20, 2015. I hope that not only the Senator from Michigan but her other colleagues remember that position they took then and simply reciprocate in good faith during this transition.

Senator STABENOW is right, by the way. No matter which side you are on, we know that the voters have spoken. As President-elect, he has the authority to surround himself with those he sees fit to advise him and help him as he serves our country.

For some of our colleagues to suggest that keeping the President understaffed is somehow in the best interest of the American people is palpably false. It is ridiculous. I mentioned the national security nominations the President-elect has indicated. One of those first ones was Senator SESSIONS, our colleague here in the Senate, the junior Senator from Alabama, to serve as Attorney General of the United States. The Attorney General is not

only the head of the Department of Justice and has an important law enforcement role, the Attorney General also has a very important anti-terrorism national security portfolio as well. So it is very important that people like Senator SESSIONS, the Attorney General nominee, be put in place on a timely basis for the safety of our community.

Talking about the nomination of Attorney General Loretta Lynch not even 2 years ago, the senior Senator from Vermont urged a quick confirmation, saying: "Confirming the top law enforcement position should be an urgent priority of the Senate." And he is right.

As the minority party is now considering the political strategy of obstruction, delay, and stall tactics, what has changed except that your preferred candidate did not win and our preferred candidate did win? That is the only thing that has changed.

Another nominee the Senate will consider is the President-elect's choice to fill the Supreme Court vacancy left by the death of Justice Scalia. Last year, after the death of Justice Scalia, we promised the American people that the next President, whether it was a Republican or a Democrat, would nominate the successor to Justice Scalia. We didn't say we would only vote to confirm a Republican President's nominees; we said that the American people had a right to a voice in who would make that choice, recognizing that the next Justice on the Supreme Court could serve 25 or 30 years.

Here we are 15 days before the President-elect is sworn in to the White House and the minority leader is already threatening to deny the voices and the vote of the American people from last November by blocking any nominee indefinitely.

As shocking as it sounds, on Tuesday night, just hours after the 115th Congress was sworn in, Senator SCHUMER, the Democratic leader, was asked in an interview on MSNBC if he would "do his best to keep the seat open." He answered with one word: "Absolutely." Despite months of calling for a full Supreme Court, all nine members, even using the hashtag "We need nine," the Democratic leader is now threatening indefinite obstruction.

Republicans were clear with the American people: We would respect their voice in whom they wanted to pick the next Supreme Court Justice, whether it was a Democrat or Republican in the White House, and we would move forward with that nominee in the new Congress.

I hope our Democratic friends don't slow-walk President-Elect Trump's nominees. It is one thing to obstruct, but it becomes an even bigger problem when they intentionally try to keep President Trump from doing the job the voters have given him the responsibility to do.

The American people made clear in November that they are done with

business as usual here in Washington, DC. Frankly, I don't think it was a robust endorsement of either one of the political parties. We got an unconventional President-elect, and I think the American people expect him to shake this place up, and I think he will. We intend to work with him to make sure there is a positive outcome for the American people. I don't think they are interested in political stunts or delay for delay's sake, nor do they want us to return to the dysfunctional do-nothing Congress of the past. They want results, and they want a path forward toward a brighter future for themselves and their families.

Let's not keep from President Trump the men and women he has chosen to work alongside him. That would only make us less safe, our economy more fragile, and the government less efficient. After all, we are paying the bills as taxpayers. Why would we want a less efficient or less effective government? In short, it will not serve the interests of the American people well.

I know we are ready on this side of the aisle to roll up our sleeves and get to work. As I have learned through hard experience, the only time anything ever gets accomplished in the Senate is when we work together. I am not talking about people sacrificing their principles. We ought to fight like cats and dogs when it comes to our basic principles. There are a lot of things that are outside of the realm of principles where we can find common ground and work together and build consensus. I think we ought to take advantage of this historic opportunity to do just that, starting with confirming the President's Cabinet and letting them get to work to help his administration as soon as possible.

I yield the floor.

The PRESIDING OFFICER. The Senator from Missouri.

Mr. BLUNT. Mr. President, I am going to talk about the resolution we are moving to that will allow us to repeal and begin the replacement for the President's health care plan.

A little over 3 years ago, President Obama hailed the start of the ObamaCare exchanges as a life-changing opportunity for Americans. For most Americans, it was life-changing, but it didn't turn out to be an opportunity. It was a life-changing experience because in many cases the insurance they had was no longer affordable, what they thought met their family's needs was no longer available, and the cost continues to go up.

When President Obama pushed the health care law through Congress without a single Republican vote, he repeatedly assured Americans that they would be able to keep the plans they had, that they would be able to keep the doctors they had, and that every family would have a significant reduction in their health care costs. He continued to make every one of those commitments until the plan actually was put in place and it was obvious those

commitments were not going to be what happened. By the end of 2013, at least 4.7 million Americans had their plans canceled because they didn't meet the law's mandatory requirements. Remember, these were plans that 4.7 million people thought met their individual needs, and they could afford those plans. That is why they bought them. They might not have been perfect. They might have still been a stretch on their budget, but they decided: This is insurance I can afford, and it is insurance that meets the needs that I can afford to meet with the insurance I can buy.

The President's claims about everybody being able to keep their policies and keep their doctor were so far from reality that PolitiFact rated it as the lie of the year. I don't like to use that language as it relates to the President of the United States. I would say it must be really easy to become isolated in the Oval Office, and the President may get lots of information that sounds to him as if his plan is working, but the truth is that the President is not entitled to his own facts. He is entitled to his own opinion. He is entitled to his vision of what he thinks health care in America should look like, but he is not entitled to his own facts. If it is not happening the way he thinks it is happening, somebody needs to tell him. But, of course, in just a few days there will be a new President, and we have to deal with the chaos, frankly, that has been created under the old law.

President Obama said this law would mean more choice, more competition, and lower costs for millions of Americans. Nobody can find those Americans. A number of Americans got on Medicaid, another government program, who weren't on Medicaid before. But there aren't millions of Americans who have more choices, and there aren't millions of Americans who have more competition for their business, and there aren't millions of Americans who have lower costs. In fact, just the opposite would be the case in Missouri, where I live. A number of insurers pulled out of the exchange totally. Our neighboring States all have the same experience and, in some cases, even worse experience, but the competition, the choices, just aren't there because the system doesn't work.

We have 115 counties in our State, and in 97 of them, you have one choice; you have one insurer offering insurance. That one insurer may offer three different plans, but there is no competition for whatever level you are shopping for. There is only one place to get that level. This would be as if there is one shoe store in town and none of the shoes fit and they all cost too much, but if you didn't buy the shoes in that shoe store—and the chairman of the Budget Committee knows a lot about shoe stores—you would have to pay a penalty for not buying shoes that were available at that one location. Everybody would think: Well, that is un-

acceptable; you ought to at least be able to drive to another community and look for shoes. But that is not the case in 97 places, 97 counties. The vast majority of our State and a couple of States have no counties on the individual exchange that have competition. We went from several—every county a year ago in Missouri had at least two companies offering insurance, so there was at least a competitor. Some had more than two companies offering insurance. Now 97 have one company.

The promise was to bend the cost curve. The cost curve bent, but it bent the wrong way. The cost curve went up; it didn't go down. In our State, again, increased premiums have been as high as 40 percent.

In a number of States, they are in the 70-percent category. In one State, there is a 100-percent increase—not from when ObamaCare started but from last year—in places where the cost of insurance for individuals and families had too often already doubled, and now another add-on.

I was with somebody the other day, and I asked them about their insurance. He was a healthy guy in his mid-40s. His wife and two daughters were healthy. I said: What are you doing for insurance?

He said: I am self-employed. In 2009, there were four of us. We had insurance we thought met our needs. We were paying \$300 a month. Now we are paying \$1,190 a month, and we have a \$7,500 deductible. If two of us are sick, we have to submit that deductible twice before we get any assistance from the insurance company—a \$15,000 deductible if two people in the family are sick with a \$1,190 monthly premium.

This is a family that had no health care problems. This is not a response to somebody who has a policy that they were using. This is a policy that wasn't being used and, of course, with a \$7,500 deductible unlikely to be used unless that family really has a catastrophic situation occur. What I believe that family found out a few months after I visited with them was that their policy went up closer to \$2,000 than \$1,190.

The average deductible for a mid-level plan—there are the gold plan, silver plan, the bronze plan. For the silver plan, the average deductible in the exchange last year was \$3,000. The average deductible in the bronze plan was \$5,000, and it is higher than that for many people.

To make matters worse, if you aren't able to afford the few options available on the exchange, you pay a penalty. So you have no competition. You are required to buy the product, and if you don't buy the product, there is a penalty. It could have been as much this year as \$2,045, but if your option is to pay \$15,000 or \$20,000 for insurance that has this high deductible, that is what many people have decided to do.

I have heard a lot of Missourians from the day this was initiated through today talking about the individual challenges they have seen. For

example, Dave, a small business owner in Columbia, said that the premiums for his employees have doubled. Why would that be the case? One, the standards necessary for a policy change and, two, if you're losing all this money in the individual marketplace, the insurance companies make that up somewhere. So his premiums have doubled. At the same time, they have continually had to raise deductibles and seriously reduce benefits. The cost goes up and the coverage goes down. I think that is what President Clinton said when he said this is a crazy system. It is costing more all the time and covering less. That is what Dave has found out in his business, and he was told late last year that he should expect a 40-percent increase this year. He said: If that happens another time, we are no longer in the employee-employer provided insurance marketplace.

Another location that serves our State and happens to be headquartered also in Columbia is the Older Americans Transportation System, a not-for-profit. They provide critical transportation services to older Missourians, and they have it other places in the country—older Missourians to low-income people, to underserved parts of our State that don't have other transportation options. The costs to insure their drivers have gone up by half a million dollars. The paperwork to comply with the law's requirements, as the executive director told me, is so complex and cumbersome, they had to spend additional money to hire a consultant to implement a software program to help them keep up with the new mandates. It suddenly got even harder to be a not-for-profit and break even.

Families and small businesses shouldn't be penalized because the law did not live up to its promise: If you like your health care, you can keep it. If you like your doctor, you can keep your doctor. Family costs will go down by \$2,500 after this plan is put in place. Those things didn't happen.

We are in a chaotic situation now, and it is time to move in a new direction. We will have a bill before us very shortly that will allow us to begin that transition to do things that will prevent Washington from getting in between health care providers and their patients. We will do things that will break down barriers that artificially restrict choice and prevent Americans from picking insurance that meets their family's needs that they can still pay for. What a concept that would be.

This is basically the system we had before. It wasn't a perfect system, and I will say the biggest straw man put forward in that system was that nobody else had any ideas. There were plenty of other ideas, ideas that would better serve American families, American job creators, American job holders, people—plans that would have allowed small businesses to band together and become a bigger group to seek group insurance for a number of

businesses instead of just one business's health savings account, better use of health savings accounts, buying across State lines, and things that I proposed specifically on letting your family stay on your insurance a little bit longer. Frankly, that was a 4-page bill that adds 3 million people to insurance every year so you can stay on your family policy until you are 26. There are four pages with a lot of white space. This does not have to be that complicated. There is no cost to taxpayers. Frankly, you are adding young, healthy people, not much cost to anybody but fundamentally no cost to taxpayers. It is just an additional way to look at things like buying insurance across State lines would be. There are solutions here, but we have been prevented from moving to those solutions.

I urge my colleagues to support the resolution that will allow us to move forward. We will begin to eliminate the chaos of ObamaCare and restore the focus of health care to patients, people, the doctors they want to have, and the places they want to go to get their health care.

I yield the floor.

THE PRESIDING OFFICER (Mrs. FISCHER). The Senator from Wyoming.

Mr. ENZI. Madam President, I ask unanimous consent that at 2:45 p.m. today, the Senate vote in relation to amendment No. 8.

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

Mr. ENZI. I yield the floor.

THE PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Madam President, I want to begin my remarks this morning by taking stock of how the 115th Congress, led by my Republican colleagues, seems to be coming out of the gate. Here is what is coming if the budget process that began this week plays out: 30 million Americans from Portland, OR, to Portland, ME, will be in danger of being kicked off their health care plans; sharply rising health care costs for everybody else, even those who get their insurance through their employer; broken campaign promises about a replacement coming on day one. With this resolution, Republicans in the Congress are building a Trojan horse of tax cuts for the most fortunate in America.

I want to discuss each of those issues this morning, but first let us recognize the bottom line. What is at stake in this debate is whether or not America is going to go back to the dark days when health care was reserved for the healthy and wealthy. For nearly 7 years and through 4 punishing campaigns, Americans have heard and felt the steady, partisan drumbeat of repeal and replace from the other side. Dozens and dozens of show votes to repeal the Affordable Care Act have been held in either Chamber. There have been countless press conferences, speeches, and hearings, even a government shutdown, and the message is always the same. The President-elect himself said

that repeal and replace would happen—his words, not mine—simultaneously.

The replacement plan was coming. It would be fully written, ready to plug in—no gap, no harm relevant to anyone in our country. The same words, "Coming Soon," have sat on that marquee for 7 years now. It seems to me it is time to admit that the show will not open. This is a broken promise, plain and simple. Americans are no longer looking at repeal and replace; now it is repeal and run. The consequences will be serious and immediate for tens of millions of Americans, both in access to health care and the bottom line for family budgets across the country. In short, it is a plan that will make America sick again. According to independent analysis, nearly 30 million Americans will lose their health insurance quickly after repeal. The first act of a new Congress: Kicking 30 million people off the insurance rolls—that is seven times the population of my home State.

The overwhelming majority of those 30 million Americans are not wealthy people. They are not in a position to be able to afford to go out and pick an expensive plan once the insurance companies get back in the driver's seat. Millions come from working families who will lose tax cuts for health insurance. Millions of others toil, often working multiple jobs, but still what they bring home is just barely enough to keep them out of poverty.

For many, signing up for Medicaid brought an end to the years when they had to choose between visiting a doctor and putting food on the table. If repeal goes forward, Americans all over the country are going to face that dilemma once again. I think it is important to remember that the danger of repeal does not end with Americans getting kicked off their insurance plans.

Repeal will send costs skyrocketing for everyone across the board, even those Americans who get their insurance through work, including a lot of folks who say the Affordable Care Act has not touched them at all. They are going to get a gut punch, a gut punch with higher premiums and higher out-of-pocket costs. When you kick tens of millions off the insurance rolls and send the markets into chaos, there is going to be a ripple effect. Everyone is going to feel those harmful effects, even those who have had the same plan from a particular employer for years or decades. Rising costs are going to eat into paychecks, crowding out the pay raises that our people need so desperately.

Colleagues, if you are watching this budget debate at home, I am sure you are going to say: Why in the world would any lawmaker go forward with this plan? I am going to go back to what I just said. In my view, this is a Trojan horse of tax cuts for the wealthy and the most fortunate.

When you look at both sides of the ledger, you see how exceptionally unfair this scheme actually is. On one

side, tens of millions of Americans lose insurance and suffer economic pain. That is the typical family. On the other side, there are substantial tax breaks for those at the top of the income scale.

One of the questions I am asked nearly every day in these halls, and I am asked this by many in the press and elsewhere, is whether Democrats are going to take part in this effort and what ideas Democrats would put forward. I want to take just a minute to describe why that question is so off the mark. First, you have to look at the nature of the reconciliation process itself. Budget reconciliation is inherently a partisan exercise. Inherently, it is not a process that brings people together. It is a process that drives people apart. It is inherently partisan.

A typical proposal that comes to the Senate floor is subject to unlimited debate and unlimited amendments. Usually it takes 60 Senators, Members from both parties to come together and pass legislation. It is very rare that a party builds that kind of supermajority on its own, so the two sides have to work together. That is the Senate at its best.

I see my friend, the distinguished chairman of the Budget Committee, Senator ENZI. He and I have served on the Finance Committee. At its best, that is what the Finance Committee has always been about—trying to find common ground, working together to get a proposal that can get 60 votes.

Reconciliation throws those unique characteristics of bringing Senators together; basically, reconciliation just trashes it, throws it out the window. In my view, when you use reconciliation the way it is being used here, you are telling the other party you neither need nor want their votes. It puts a one-sided proposal on the fast track to passage, tight limits on debate and amendments, a bare majority of votes required to actually pass it.

I am very concerned that what is at issue now is a serious misuse of the reconciliation process. This is not a simplified procedure to address a budget issue; this is an effort to ram through repeal and run. Second, this is not your run-of-the-mill congressional debate where you have both sides bringing their best ideas forward to tackle a policy issue.

For years, my Democratic colleagues and I have said that we are ready to work on a bipartisan basis to solve this country's health care challenges. I think I have spent about as much time as anybody in the Senate working to try to find bipartisan solutions to the country's big health challenges. Back in 2008, 2009, we had a bipartisan proposal: seven Democrats, seven Republicans. We had never had that before. I can tell you, we Democrats are ready to work on a bipartisan basis to solve the country's health care challenges.

For me, essentially what I have tried to make my top priority for public service—health care is one-sixth of the

American economy. It has always been the issue that Americans care the most about because if you and your loved ones don't have health, nothing else much matters. So we ought to be working on a bipartisan basis to solve the country's health care challenges, finding ways to bring costs down for families, making prescription drugs more affordable, upholding the promise of Medicare, and strengthening its guaranteed benefits.

When I was director of the Gray Panthers at home, a senior citizens group, we always said that Medicare was a promise. It was a promise of guaranteed benefits. We ought to strengthen that promise, particularly updating it to incorporate changes in the program that reflect the needs of the Americans who face chronic health conditions, which is where the vast majority of Medicare dollars are going.

That is what we ought to be doing, upholding the promise of Medicare, working together in a bipartisan way. But that is not what is happening here. From the other side, what we have heard again and again is repeal and replace, dozens of partisan votes producing legislation that burned out in the Senate or met the veto pen.

Now, with a new administration, the Trump administration coming in, the Republicans kick off a procedural scheme that slashes taxes for the most fortunate, raises costs for typical Americans, and takes insurance coverage away from tens of millions of people. No Democrat is going to buy in to that proposition. The reason they won't is that the American people are not going to buy into that proposition.

This scheme is going to bring on a manufactured crisis that does harm to millions of Americans across the land, rocks our health care sector, our providers, our plans—all of those who make up this health care system. One side is pushing it, but the other side is saying: No, let's not create this catastrophe.

That is why, in my view, the questions about Democrats signing on to flawed, bad proposals miss the point. Everyone recognizes that the strict and immovable strategy adopted by the other side 8 years ago paid dividends in elections. But politics is different from governing. Politics is different from governing because there are serious life-and-death consequences to actions that deprive Americans of health insurance. Families are going to feel economic pain when premiums and deductibles jump.

I believe Americans are going to speak out. They are going to rally against an unfair, unbalanced bill that cuts taxes for the most fortunate, while putting insurance companies back again in the driver's seat. What is at stake here is pretty simple; it is whether or not America is going to turn back the clock and go back to those dark days when health care in our Nation was reserved for the healthy and the wealthy.

My colleagues and I say no way. We are going to fight that unfair, imbalanced approach in every way we can.

I yield the floor.

The PRESIDING OFFICER. Who yields time?

If no one yields time, time will be charged equally to both sides.

Mr. ENZI. Madam President, today I have been listening to the diatribes against the repeal resolution we are working on, and I think some things need to be answered.

The Republicans are not trying to throw 30 million people off of their insurance. What we have seen over the time of ObamaCare is that there were 30 million people who were uninsured when we started that debate, and today there are 30 million people who are uninsured. Now it is a different 30 million people. The 30 million people who couldn't get insurance have insurance, and we want them to have insurance. And the 30 million people who are now off insurance used to have insurance, but they can no longer afford it. There has been a huge increase in the cost of health care. That is not how it was supposed to be. The prices were supposed to come down.

Yesterday we took the first step in fulfilling the promise of repealing ObamaCare, which will pave the way for real health care reforms to strengthen the doctor-patient relationships, expand choices, lower health care costs, and improve access to quality, affordable, innovative health care.

As I discussed yesterday, while Republicans will start by repealing ObamaCare immediately, we will ensure a stable transition in which those with insurance will not lose access to health care coverage. This will allow us to move step by step to a new set of reforms, listening carefully to the advice of millions of Americans affected and making sure we proceed wisely, doing no harm.

There is a common misconception that some of my friends across the aisle have promoted. It is the idea that ObamaCare was a success and that repeal will be tearing down a functioning program. That is not true. ObamaCare has put our health insurance markets on the brink of collapse in many parts of the country. And what Republicans face now is an imperative to do something that the Democrats couldn't bring themselves to do when they had control, and that is to fix the problems they created.

ObamaCare became the epitome of a sacred cow for them, and any changes, as you can see, unless done by Executive action, were out of the question.

Interestingly, President Obama recently admitted in October 2016 at Miami Dade College that the law has real problems and that, in his words, "There are going to be people who are hurt by premium increases or a lack of competition and choice." That is the President of the United States talking about ObamaCare. In that same speech, he went on to call these issues "growing pains." I think that is a troubling

blind spot about this law that he and many of my Democratic colleagues share. Millions are facing impossibly high health insurance premiums for plans they may not even want to have. Costs are going up, and they can't afford it. Somehow these casualties of ObamaCare don't deserve relief, apparently; they are just written off as growing pains by the authors of the law.

My colleagues will recall ObamaCare architect Jonathan Gruber, who was paid in a number of different ways, who was famously exposed in 2014 for stating, amongst other things, that while crafting this bill, he believed that "the lack of transparency is a huge political advantage" and that it "was written in a tortured way to make sure the CBO did not score the mandate as taxes." Mr. Gruber may have succeeded in masking the consequences of ObamaCare to obtain passage, but there is no way to hide the results.

A recent poll by the Gallup organization showed that more Americans continue to disapprove—53 percent—than approve—42 percent—of the law and that a majority of Americans want to see the law changed. Let me highlight that point again. A majority of Americans want to see ObamaCare either changed or replaced altogether. In fact, since passage of ObamaCare in 2010, there has never been a majority of Americans supporting the law. A quick glance around the Nation quickly explains why. For more and more Americans, there is only a single insurer from which they can select health plans, a monopoly. In fact, on Federal exchanges, one in five consumers will only be able to select plans from a single insurer. Many residents across the country only have one choice of health insurer. That is including my home State of Wyoming as well as the entire State of Alaska.

What does this lack of competition mean? Prices are surging for hard-working families who now have to choose between unreasonable insurance rates or an unreasonable fine. That doesn't even include the deductible problem we have. That doesn't even include the additional taxes and prices people are paying as a result of other things that are built into the law, which I will go into later—not in this speech.

The irony of a Democrat-led effort to help resulting in the creation of a lose-lose proposition for families ran true to voters in the most recent election when they voted for change. In Wyoming, some families would be forced to pay more than 30 percent of their total income on premiums to obtain health care coverage, which often includes deductibles of over \$1,000. One family faced premiums of more than \$1,600 per month. That is one family, \$1,600 a month. As an alternative, their tax penalty for not carrying coverage was only \$1,700 for the whole year. So guess what they did. They paid the fine because they couldn't afford the insur-

ance premium. They could also see no way that they were going to be able to get a benefit from that.

For those lucky enough to be able to afford insurance, particularly in the individual market, under the new health law, premiums are expected to increase faster in 2017 than in previous years. Some States will see insurance premiums rise by as much as 53 percent. I think that makes it truly an emergency.

After discussing the why, it is important to talk about how we are going to do this. Passing the repeal resolution we are currently debating today will allow Republicans to use the budget reconciliation process to untangle the country from this unworkable, unpopular, and unaffordable law. This is the exact same procedure congressional Democrats and President Obama used to secure passage of portions of ObamaCare. Let me say that again. This is the exact same procedure congressional Democrats and President Obama used to secure passage of portions of ObamaCare.

After Congress passes this repeal resolution, it can then move forward on reconciliation legislation that will provide for the repeal of ObamaCare and pave the way for real health care reforms. I think Members are looking forward to an open and serious debate about the future of America's health and its health care system and the importance of restoring the trust of hard-working taxpayers. I think that is something both sides can agree on, and that is what will happen.

This resolution we are debating does two things. It recognizes the point in the budget we are at considering the points of order and things that happened up to this point in time. We are just recognizing that is where this budget is. It still keeps in place the points of order to maintain some control over our spending, but the significant part is the repeal part. That is where we institute the reconciliation, and all that is, is an instruction to two committees on the Senate side and two committees on the House side. The two on the Senate side were the Finance Committee—they are the ones who deal with all of the taxes and the finance and the Medicare and the Medicaid, and they need to save \$1 billion over 10 years. That is peanuts around here. They will do much better than that, I am certain. And then the HELP Committee—Health, Education, Labor, and Pensions—also has an instruction to save \$1 billion. That is it.

This isn't a debate over what the changes are going to be to ObamaCare; this is a debate about whether we are going to give two committees, which have jurisdiction over this situation, the ability to consider it and bring us something. It has to conform with the budget requirements, and that is going to save some money. That is why we have a very low threshold, each of them saving \$1 billion. That is the time when we will have the debate on what

is happening with health care. If somebody wants to raise the threshold of the \$1 billion for each of the two committees, that would be perhaps acceptable—unnecessary but perhaps acceptable. If somebody wants to change the budget, we are going to have an actual chance to change the budget right after we finish this process because there is a budget for 2018. We are already a third of the way through 2017, and there are no spending bills approved. That is wrong, but that is what this budget reflects. That is where we are at this point in time on our spending. Hopefully, we will do well on the new budget and come up with a plan that is going to pull the United States out of the hole that we are in on our deficit spending, which results in huge debt.

I would like to make that distinction. Deficit is our overspending. Debt is the amount that we owe that we have to pay interest on—like pouring money down a hole—and that interest rate is going up. We get to make decisions on about \$1 trillion each year, and the interest rate right now spends \$200 billion right now by itself—that is at about 1 percent. If it goes to 5 percent, which is the norm for the United States, that would be \$1 trillion dollars. That is the amount we get to make decisions on. What shape will our country would be in if we have to spend \$1 trillion dollars on interest and that is all we have to make decisions on?

We have to do something. Health care is affecting more people in this country than anything else. So we will start immediately. We normally have a recess that would begin from the time we reorganize until the time the President is sworn in, but Republicans recognize that this is an emergency. This is something that needs to be taken care of. So we are going to stay around and get it solved.

We are going to do the processes we have to do. This is the first of the processes. There is another more important step, which has to be the actual savings part in order to do the reconciliation, and we are going to do that.

We will hear all kinds of stories of ways that people have been helped by health care, and we will hear stories about how people have been hurt by this health care. We need to fix it for both of them.

So I think Members are looking forward to an open and serious debate—I hope, a serious debate—about the future of America's health care system and the importance of restoring the trust of the hardworking taxpayers. I hope that is something we can both agree on.

Thank you. I yield the floor.

The PRESIDING OFFICER. Who yields time?

If no one yields time, time will be charged to both sides.

The PRESIDING OFFICER (Mrs. ERNST). The Senator from Kansas.

Mr. MORAN. Madam President, in 2010 the American people were promised a number of things, but among

those things was affordable, accessible, and quality health care. They were promised that if they liked their health care plans, if they liked their insurance, they could keep those insurance policies. They were promised a system that could get more folks covered at lower costs.

Instead, unfortunately, the Affordable Care Act has failed us and has failed to keep its promises. Canceled policies, elimination of certain plans, difficulties in identifying new plans, massive premium increases, sky-high deductibles, and limited options for doctors have really become a new standard for many American families.

At the end of last year, I completed another round of 105 townhall meetings in our State. There are 105 counties in Kansas. On occasion—it is pretty rare but on occasion someone will say: The Affordable Care Act was helpful to me and my family. My response to that is: I am glad, but surely we can come up with a proposal—a plan—that isn't so damaging to so many other people for the benefits that you claim you have acquired under the Affordable Care Act. Surely, we can come up with a plan that doesn't increase premiums, increase deductibles, increase copayments, eliminate plans, reduce the choice of the physician you see, and reduce your ability to keep the health care plan that you like. Because I am opposed to the Affordable Care Act does not mean I am opposed to trying to make sure Americans have better options and more affordable care.

I have also visited all 127 hospitals in our State. I have had conversations with the chief financial officer, the CEO, the trustees, the doctors, the nurses, and almost without exception the conversation is about how bad debt expenses increase, the ability for their patients—people who are admitted to the hospital—to pay their bills is less, not more, and that is because they can't afford the copayments and deductibles.

Unfortunately, ObamaCare—the Affordable Care Act—has taken away the freedom to make health care decisions from Americans, from us as individuals, and given way too much authority to the Federal Government. Kansans continue to ask me to help them get back to their former health care plans, to find a better way to do this, a plan that is more affordable with better coverage.

Over the last 6 years, I have advocated for a number of changes to our health care plan to help American families. Even before President Obama was President, we were talking about what we ought to do.

I had ideas of what we could do to improve the chances that people across Kansas and around the country would have a better opportunity to provide health care insurance for themselves and their family members. I am proud of some of the successes we have had in recent time.

I am a member of the Senate Appropriations Committee and a supporter of

funding for NIH, or the National Institutes of Health. This is research that is essential to saving and improving lives, growing our economy, and maintaining America's role as a global leader, but, most importantly, it saves lives and improves health care. In addition, it saves money—the cost of health care—if we can find the cure and treatment for cancer, for diabetes, for Alzheimer's. One of the ways we can help reduce the cost of health care and make it more affordable is to make certain that we make the necessary investments in finding those cures and treatments.

Last year, I supported, and this Senate and Congress passed, the 21st Century Cures Act. This takes us in additional directions in the way of finding those cures for life-altering diseases and, in the process, helps us to save our families' dollars. We have also worked hard to try to maintain the funding for Federal programs and agencies that work with universities and medical schools to train and recruit medical professionals who then go on to serve particularly in medically underserved areas. It is very typical of your State and mine, Madam President, in which we are experiencing the constant shortage of the necessary professionals to provide the necessary health care.

While this is progress, with a new Congress, a new year, and a new administration, we now have a tremendous opportunity to provide real substantive reform to our health care system. I mentioned the conversations I have had in townhall meetings. In addition to the health care side of the Affordable Care Act and the problems it has created for affordable and accessible health care, we have also had the challenges on the economic side—the job creation side—that the Affordable Care Act has unfortunately caused—the conversation about whether or not to expand a business, whether or not to exceed the 50-employee threshold. Those aspects of the Affordable Care Act are very damaging and need to be addressed and cured as well.

As we as a Senate, we as a Congress, and we as a country look for a replacement strategy, for something different—significantly different than the Affordable Care Act—we ought to focus on the practical reforms that embrace increased flexibility and allow American men and women to decide what is right for them and their individual family health care needs.

As we take this matter up in Congress, I wish to again put forth some specific ideas I have offered over the years as a blueprint for reform that we should try to put in place.

First, we should maintain preexisting condition protections for those with continuous coverage. Individuals with debilitating diseases and chronic conditions who have purchased health care should be reassured that their coverage will not be stripped in any future health care changes to our system.

Second, we can increase coverage by enabling Americans to shop for plans

from coast to coast, no matter what State they live in. This will lower the premiums by spurring greater competition in the insurance market.

Third, we should extend tax savings to those who purchase health care coverage, regardless of their employment. To assist low-income Americans, we can offer tax credits to help them obtain the private insurance of their choice. We also can expand access to care by supporting community health centers and other primary care access points.

Fourth, instead of limiting the choice of plans, let's give small businesses and organizations the ability to pool together in order to offer health insurance at lower premiums, similar to corporations and labor unions. We also need to make it possible for health insurance to travel with workers when they move from one job to another job throughout their careers.

Fifth, we ought to increase the incentives available to individuals to save now for their future and for long-term care needs by empowering them to utilize health savings accounts and other incentive plans. Doing so enables individuals to take ownership in their health, and that is important as well.

Sixth, we need not accept the idea that costs for currently available medical treatments will inevitably rise. Instead, let's continue to support those things that bring down the cost of health care by finding cures and treatments, as I mentioned, with the National Institutes of Health. Advancing lifesaving medical research and spurring innovation can help us accomplish health care savings, reducing the financial burden for those with diseases and their family members who care for them.

Seventh, we need to address shortages in our medical workforce by promoting education and programs at our universities and our medical schools that train physicians, nurses, and other health care officials and encourage them to practice in underserved areas through scholarship and loan repayment programs. Kansas is an example, as is your State, Madam President, where those rural areas and, additionally, those core centers of our cities lack so often the necessary health care providers.

Eighth, in order to curb the preventable costs that often occur through unnecessary emergency room visits and untreated symptoms of disease, we should provide coverage to low-income Americans, despite their limited financial means, in a financially sustainable way that ends up saving money in the long run. For all of us, the best reduction in health care costs is wellness, fitness, diet, and nutrition. That also means early preventive care. It means early diagnosis, and we make certain that Americans have access to that diagnosis and that early treatment. Ensuring access to quality care with a focus on preventive health is an effective way to limit high-cost health visits that place burdens on hospitals,

physicians, our economy, and our health care system as a whole.

Lastly, we can reform our medical liability system and reduce frivolous lawsuits that result in inflated premiums and the practice of defensive medicine, where doctors order every possible test out of fear of potential lawsuit. Doing so can save tens of billions of dollars each year and make health care more affordable for more people.

The bureaucracy that goes with the providing of health care needs to be simplified. I have often looked behind the desk when I go see my family physician and wonder what all the people who are working there are doing. So much of it is not about patient care but navigating the system by which your health care bill, at least in part, gets paid. There is all the variety of insurance forms. I know this in my life—the ability to understand that insurance document that arrives in the mail and sits on our kitchen table waiting for my wife or me to figure out what this means. I have seen this with my own parents when they were living—the amount of documents, paperwork, and forms and checks for \$13.19 that arrived in my dad's mailbox and trying to figure out with my parents: What does that mean? Why am I getting this?

So much cost savings and so much anxiety and angst could be eliminated if we had a system that was much more uniform in its presentation, simplifying the way in which our health care bill gets paid by our insurance provider, by Medicare, by Medicaid, or out of our own pocket. I would defy most Americans to be able, unfortunately, to understand what is the stuff that comes in the mail and what it means to them.

As we move forward with trying to replace and improve access of Americans to health care—to affordable health care—I believe there are reforms that will provide us with a good blueprint for how to start helping Kansans and all Americans across the country who have suffered under the deficiencies and the costs and the damage that comes from ObamaCare.

I look forward to working with my colleagues—Republicans and Democrats—to find solutions to take advantage of this opportunity that we have. The American people—many American people, most American people—are hurting under this law, and they have spoken clearly numerous times. It is time for us to bring to them the changes that improve their lives by improving their health care, by improving their health, and by making sure that no American is worried about whether or not the necessary health care that they need or their family member needs is outside of their reach.

Mr. CARPER. Will the Senator yield?

Mr. MORAN. I yield.

Mr. CARPER. It is great to see my friend from Kansas on the floor and looking forward to serving the next 6 years.

One of the things I focused on as a member of the Finance Committee on the Affordable Care Act was the idea that we have doctors, hospitals, and nurses who in some cases provide entirely too many tests and procedures and so forth that are needed to treat somebody just in order to cover—as Naval aviation used to say—our 6 o'clock. You didn't want to have somebody come up from behind you to shoot you down. So we talked about covering our 6 o'clock. Doctors, hospitals, and nurses spend a lot of time covering the 6 o'clock, as my friend knows.

I am an Ohio State boy. I am going to say something nice about Michigan, which is really out of character here. In Michigan, the University of Michigan Medical School and hospital came up with a policy called Sorry Works. If a doctor, hospital, or nurse made a mistake that adversely affected a patient, they apologized. The idea was to apologize, make up for it, make them whole, help them get well, cover their financial costs and so forth. It is called Sorry Works. It is a good idea.

I met a guy who is a doctor and a lawyer—a Republican—from Illinois who took the idea of Sorry Works and he put it on steroids and they called it Seven Pillars. It has been a great example of what actually works to reduce the incidents of medical mistakes in hospitals and nursing homes and also to get better health care outcomes. You reduce medical malpractice costs, and you also get more satisfaction from the patient side.

We have taken that idea in Delaware—Seven Pillars—at Christiana Care, which is the big health care delivery system in our State. We have taken that and have begun to incorporate it in the way they work. If I am your doctor and you are my patient and I perform a procedure on you, if you are harmed or hurt—not your fault, my fault—the idea is I apologize. I meet with you privately—no lawyers—and apologize for what has happened and try to make you whole. If you lost wages, if you have pain and suffering, they pay your health care costs and make you whole. Don't hide it. Don't put it under the rug but take full acceptance, responsibility. That is one of the approaches being used to try to deal with medical malpractice costs. I think it is a good one. It is not the only good one, but it is one.

I happened to be walking through the Chamber and heard my friend speaking, and I thought I would share that with you, with everyone.

When I was Governor of Delaware, we used to meet with my Cabinet. We would be talking about a particular problem or challenge we faced in Delaware. I would say to my Cabinet: Some other State or some other Governor has actually addressed this issue. They figured out how to deal with this this. Our challenge is to find out what works and do more of that and to see if it can be transferred to Delaware.

Sorry Works is a Michigan idea. It morphed into Seven Pillars in Illinois,

and now it is being incorporated in my own little State in our big health care delivery system. It is something that works. I am not sorry that it works. I am glad that it works, and I am happy to share it with my friend from Kansas and whoever else might be interested.

I yield.

Mr. MORAN. I thank the Senator from Delaware, and I appreciate his comments. He did walk in just as I was talking about that particular issue of a series of things that I believe would improve the cost and affordability of health care. I thank the Senator for sharing his experience in Delaware and elsewhere and use that as an opportunity to indicate that the cost savings that comes from that kind of reform is a positive, but we also want to make sure those who, through no fault of their own, are actually harmed are made whole to the best of our ability that this can be accomplished.

Finally, I would use this as an opportunity to point out that this Senate ought to work in a way in which the ideas of all 100 Members are considered in a respectful way as we try to find solutions to the access and affordability of health care.

Again, I thank you for the time on the floor.

Mr. CARPER. Madam President, if I could speak through the Chair.

I failed to mention one thing about Sorry Works, Seven Pillars, and what we are doing in Delaware. If we have that meeting between the patient who had been harmed, the physician and provider, and they have the need where there is an apology and an offer to try to make the patient whole—no attorneys involved—if the patient says no, I am not interested in doing that, nothing that is said in that conversation between the two of them can be used in a court of law, which I think is an interesting approach. We are anxious to see how it works over the next couple of years.

Ironically, I was probably the only Democrat—maybe the only member of the Finance Committee—who was trying to get included in the Affordable Care Act provisions dealing with medical malpractice. I had this idea—not to let a thousand flowers bloom or ideas like that—to figure out five or six good ideas and put them on steroids to see if they actually work on a larger scale. I could not get a cosponsor on the other side of the aisle, which blew my mind. It still does. I could never understand that. In the meantime, the ideas are starting to crop up and flourish, and, hopefully, we can find out what works and do more of that.

Thank you.

Mr. MORAN. Madam President, I would welcome a membership on the Finance Committee, but I don't have one at this stage or with my time in the Senate. Under either circumstance—membership on the Finance Committee or here in the entire Senate—I look forward to working with my friend and colleague, the diligent Senator from Delaware.

I yield my time.

The PRESIDING OFFICER. The Senator from Louisiana.

Mr. CASSIDY. Madam President, I hear my Democratic colleagues praising ObamaCare. I had to smile yesterday. I heard a colleague talking about how ObamaCare was addressing high pharmaceutical costs. I had to start laughing—and kind of a bitter laugh. Tell that to a senior who is paying \$6,000 for her medicine, which before ObamaCare passed was a fraction of that.

We hear how great it is that ObamaCare has given so many people coverage. Say how great that coverage is to someone who has a \$6,000 deductible—a \$6,000 deductible—who does not have \$400 in her checking account. There is a friend of mine—people don't believe it so I put it on my Facebook page. He got his quote for him and his wife. They are 60 and 61 years of age. Their premium for 1 year was \$39,000, each of them with \$6,000 deductibles. Again, it is on my Facebook page because otherwise no one would have believed me.

So when people speak about the affordable health care act, I have to laugh. If this is affordable, what would be unaffordable? We can clearly do better than this.

I begin this speech by calling into question my Democratic colleague's defense of ObamaCare, but we can have common ground. I applauded and still applaud the goals of those who support the Affordable Care Act. They wish to have coverage for all. Now, that is important. For over 30 years, I have worked as a physician in a hospital for the uninsured. My medical practice has been geared toward bringing coverage, to bringing care to those who otherwise would not have it.

As I look at this issue, I have to thank them for their motivation but have to recognize that the Affordable Care Act has not achieved that in a way which most Americans find affordable. The other thing about ObamaCare is that it coerces Americans. It takes power from patients and States and gives it to Washington, DC, coercing the individual with mandates and penalties, taking away her right to choose. That is not where the American people wish to be.

I would like to believe Republicans and Democrats can find common ground. I have introduced a replacement plan that would give States the power. I am willing to concede, the minority leader believes that ObamaCare is working just fine in his State of New York. In my plan, we repeal ObamaCare on a Federal level, but if a State like California or New York thinks ObamaCare is working for them, God bless them.

Under my plan, a State legislature would have the right to stay on ObamaCare. So here Congress would pass the legislation giving States the choice, and the State would either have the option we advance, which I think is

superior—but when Republicans say that you can keep your health insurance if you wish, and we mean it, we mean it. If a State decided they wished to stay on ObamaCare, they could or if a State truly decides they want to have nothing at all to do with any of this, they can totally opt away from the Medicaid expansion, from any help for others in their State to purchase insurance, period.

I think this recognizes that if the minority leader wants to claim it is working in New York, they can keep it, but clearly ObamaCare is not working in some other States. We can talk about Arizona, where briefly a county did not have a single insurance company providing insurance and where premiums increased by as much as 100 percent. We can look at Louisiana, my State, where that quote I gave earlier—a fellow and his wife, \$39,000 for 1 year's premium.

Clearly, ObamaCare markets are failing there. So let's repeal ObamaCare, give the States the power, allowing them to choose the system that will work for them. Now, health care cost is important. Under our bill, we make health care more affordable by giving the patient the choice, the power, if you will, of price transparency. Under ObamaCare, we have seen prices rise out of control. A lack of price transparency keeps providers from having to compete which takes away the consumer's power of choice.

You can see this power of choice price transparency. Fifteen years ago, LASIK surgery cost \$1,000 an eye or \$875 an eye, with more for astigmatism. Now you can drive down the street and you see a billboard—a billboard—that says: LASIK surgery \$275 an eye. So over a period of time, when everything has increased, LASIK surgery has come down—the power of price transparency.

Another example I like to use is of a woman, a physician, went for her mammogram. She wanted to pay cash. They talked her out of it. No. No. No. We don't even know what to charge you.

OK. I won't pay cash.

They billed her insurance company. She later found that if she had paid cash for her mammogram, it would have cost her \$90. As it turns out, they billed the insurance company \$500. Her deductible was \$100. She was actually out \$10 because they billed her insurance company. She should have known that price going into it.

One more example. If a doctor orders a CT scan, the cash price, according to an LA Times article a few years ago in the Los Angeles Basin, varied from \$250 to \$2,500. Unless you are an investigative reporter for the LA Times, able to call up and get that cash price, you otherwise would not know. I guess maybe it sometimes helps to have another example. Would anyone buy a car if they did not know the price of the car beforehand? Yet that is routinely done with health care.

Under the legislation I and Senator COLLINS have introduced in the Senate,

and I and PETE SESSIONS have introduced in the House of Representatives, people will know what the cash price is. I have found, working in a hospital for the uninsured, that when you give the patient the information and power they need to know to make the better decisions, you get better outcomes.

By the way, we have been told that Republicans don't have a plan. The plans I am speaking of now are drafted in legislative language—legislative language, again, that would repeal ObamaCare, put in price transparency, and return decisionmaking power to the patient. We should repeal the individual mandate, repeal the employer mandate, prevent the Federal Government, the long arm of the Federal Government from reaching into someone's household, forcing them to do something they don't wish to do.

There should be an alternative. Under both the World's Greatest Health Care Plan—the bill I introduced with PETE SESSIONS—or the Patient Freedom Act that I have SUSAN COLLINS as a cosponsor, we take all of the money a State would receive had they done the Medicaid expansion and those eligible to be signed up for the ObamaCare exchanges, and we give that money to the State to allow them to give tax credits to those who are eligible.

These tax credits could only be used for health insurance. If the patient did nothing, she would have a health savings account, catastrophic policy with a pharmacy benefit. She could use the health savings account as first-dollar coverage.

Now, under ObamaCare, \$6,000 deductible. Under our plan, the patient has first-dollar coverage, so if her daughter has an earache and she takes her daughter to the urgent care center, she can cover that visit with a health savings account that would be funded with this credit. They also have catastrophic major medical coverage, so if they get in that car wreck, take them to the emergency room, sky-high pricing, they are protected from medical bankruptcy.

Under our replacement plan, we also give States the option to say that if someone in our State is eligible, they are automatically enrolled. I smile when I say that covers two populations, the person who may live under a park bench and does not have his life together to otherwise do it, and the other population would be my 22-year-old son and those like him, those young folks who never think they are going to get ill so they never sign up for insurance. Without them being in the pool, we end up with a sicker pool. That is what has happened with ObamaCare.

By the way, it would be easy to imagine you could end up with 95 percent enrollment of those eligible should the State decide to go this way. The timeframe for our replacement would be simple. In year one, say 2017 Congress

passes the enabling legislation, which in year 2018 allows the State to choose between these three options; in 2019, the State would implement the option it chooses; and by the end of 2019, we have made the transition from repeal to replace, to implementation.

Folks ask: Would I lose my coverage? I am a physician. I am going to give my perspective: a patient I might see who has breast cancer. She does not like ObamaCare. She voted for Donald Trump, but she is on the bubble financially. She is not sure she can afford coverage, but she has breast cancer. As bad as ObamaCare is, at least she is getting some care.

Now she is having to put out all this money first, but still she is getting some care. If we keep her in the prism through which we look at this problem so that in the transition from ObamaCare to better coverage she continues to have her therapy, so at the end of this, not only does she have better coverage, but she has health and recovery from breast cancer, we have done our job. That is our Republican goal, to keep our prism as that woman who is vulnerable from a sickness she has now. In our transition, she does not lose coverage; she merely moves to better coverage.

I introduced the Patient Freedom Act with 12 Senate cosponsors in 2015 and then again teamed up with Representative PETE SESSIONS in 2016 to introduce the World's Greatest Health Care Plan. That is truly its name. TOM PRICE, our soon-to-be HHS Secretary, first introduced his Empowering Patients First Act to the House of Representatives in 2014. Speaker PAUL RYAN, Representative FRED UPTON, Senators RICHARD BURR, and ORRIN HATCH have also outlined plans for comprehensive health care reform.

All of these plans create a new system that returns power of choice to patients and to States. Simple provisions as I have described such as health savings accounts, instituting free market values, if we put them into a replacement plan now, we will quickly have an effect upon millions. Republicans have worked hard to lay the groundwork to repeal and replace ObamaCare.

President-elect Trump has said he wants repeal and replace to happen at the same time. He promised both. We should fulfill both promises. Our majority leader has said we can do a better job as Republicans covering more people. We have the principles, the ideas, and the plans ready to go so let's put them to use. We owe it to the American people to carry out that replacement now with a smooth transition so the insured population can grow without anyone losing coverage in the process.

Republicans are committed to creating and passing effective health care legislation to replace ObamaCare and to bring real coverage to all Americans. Now is the time to do so.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Utah.

Mr. HATCH. Madam President, I rise today in support of S. Con. Res. 3 and the ongoing effort to repeal the most harmful elements of the so-called Affordable Care Act.

While our friends on the other side of the aisle have been trying to convince the American people that there is nothing to see here and that this poorly named law is working according to plan, the vast majority of our citizens know the truth: ObamaCare just doesn't work.

According to the results of a recent Gallup poll, 80 percent of Americans want Congress to either change the Affordable Care Act significantly or repeal and replace it altogether. Let me repeat that. Eight out of every 10 people in this country agree that the status quo is unacceptable and that we need a major change in what is going on around here.

We need a major course correction in our health care system. It is not hard to see why this is the case. After all, under ObamaCare, the cost of health insurance has increased dramatically and will continue to do so well into the future. Under ObamaCare, individuals and families are being left with fewer and fewer choices when it comes to buying health insurance. Under ObamaCare, patients have fewer options and reduced access to health care providers. Under ObamaCare, the American people have been hit with steep taxes, burdensome mandates, and a health care system that simply does not meet their needs.

This year alone, premiums in the benchmark plan for the ObamaCare exchanges have gone up by an average of 25 percent, and in some parts of the country, the increases have been significantly larger than that. In addition, over the past 2 years, insurance plans have been dropping out of markets all over the country. As a result, it is estimated that more than half of the counties in the United States will have two or fewer available health insurance plans on the exchanges—and that is this year—and about a third of them have only one available option.

I am quite certain that every single Member of this Chamber has heard from a number of their constituents about these problems, about the problems they have faced as the Affordable Care Act has been implemented. I know I have. A number of Utahns have written to me to express their concerns about the increases in their insurance premiums. For example, last month, Austin from Provo, UT, told me that due to the growing cost of his insurance plan, "I'm going to have to drop the insurance and face the penalty next year. I'm worried because, as a young husband and father, I'm barely making ends meet, and I'm not sure I can afford to pay the penalty for not having insurance." Similarly, Eryn from Spanish Fork, UT, noted that because her family's previous insurer dropped out of the Utah marketplace, the remaining plan that best met her fam-

ily's needs was "a plan with a small list of in-network providers and no coverage for out-of-network providers." She continued, saying that under this new plan, "We will have a higher deductible (\$13,000 for the family), we will have to pay the full cost of any visit to the doctor . . . and we will not be able to save as much money in our Health Savings Account each month because of the high premiums, which add up to \$11,000 a year. . . . The premium is basically another mortgage payment for us, only we have no property to show for it. This is too much."

No family should have to choose between paying their mortgage and paying for their health insurance. Yet, with all of ObamaCare's failures and broken promises, families throughout the country are currently having to make those kinds of choices.

Unfortunately, it does not get any better from here, not without a major change to the status quo. In fact, I think it is safe to say that if we fail to act, the worst is yet to come. Therefore, it is only fitting that we begin this new Congress by repealing ObamaCare and setting the stage for workable reforms that will actually bring down costs, provide more options, and let the American people—and not Washington bureaucrats—make their own health care choices. The budget resolution before us is the first step in this effort.

As we all know, the resolution contains reconciliation instructions to the relevant committees, including the Senate Finance Committee, which I chair, to draft legislation to repeal ObamaCare. So after approving this resolution, the next step will be for the Finance Committee, the HELP Committee, as well as the Ways and Means and Energy and Commerce Committees over in the House, to get to work on putting together a repeal package. This process will be more difficult than it sounds. We don't want to be reckless, and we don't want to inflict more harm on the American people or our health care system; therefore, in addition to repealing ObamaCare, the legislation we draft pursuant to this budget resolution will have to include a stable transition period to give us the time and space we need to provide more sensible reforms.

Under the budget resolution, the legislation to repeal ObamaCare and provide that transition period will need to be reported to the Budget Committee by January 27. Then both the House and Senate will debate the legislation, hopefully passing it by simple majority votes and sending it to the desk of the incoming President. Once we pass this repeal legislation, we will come to the most important step in the process: replacing ObamaCare with a health care system worthy of the American people.

This will not be a simple endeavor. It is going to take a great deal of work, and it will almost certainly require the efforts of people from both parties. The Finance Committee is going to have a

major role to play throughout this process of repealing ObamaCare, providing for a secure transition, and replacing the law with more effective reforms. Our committee has jurisdiction over all the major Federal health programs, including Medicare and Medicaid. In addition, we will have jurisdiction over the tax provisions, which include all of ObamaCare's harmful taxes as well as the premium tax credits provided to purchase plans in the ObamaCare exchanges.

I have spoken at length to my Republican colleagues on the Finance Committee about these issues, and all of them are ready and willing to do whatever is necessary to put our Nation's health care system on a more responsible path. We are going to get it done. In that I have no doubts.

To be sure, the first few steps in this effort are going to happen quickly. Once again, the plan is to produce repeal legislation before the end of this month. This, of course, is how it has to be. The American people don't have the time for us to wait around on these issues, and we don't have the luxury of sitting back and watching the problems get worse over time. The problems facing our health care system are growing by the day. We need to take the swiftest possible action.

We intend to act quickly and methodically to begin providing relief for the millions of Americans who are currently suffering as a result of ObamaCare and the unworkable system it has created. As I noted, if that effort is going to be successful, it should be bipartisan. Both Congress and the incoming administration will need to work together.

CABINET NOMINATIONS

On that point, Madam President, I do want to note that my friends on the other side of the aisle have as recently as this morning made a number of statements and issued several demands with regard to the process for considering and confirming the President-elect's Cabinet nominees. According to my colleagues' statements, they want multiple rounds of hearings on every nominee, which, by the way, is unprecedented. This morning, they even went further, issuing demands that certain preconditions be met before hearings could even be held on a particular nomination. These tactics are, to put it bluntly, preposterous. My colleagues are certainly free to oppose any nominee and to try to convince others to do the same. It is unfortunate that they have decided to go further by politicizing the process by which we consider nominations.

Speaking for the Senate Finance Committee, I have to say that we have an established set of vetting procedures for all executive branch nominees. Republicans and Democrats alike have those particular procedures. That process has been in place for decades and has traditionally been bipartisan.

By all accounts, the Finance Committee's longstanding vetting process

is exceptionally thorough and fair, and it is deeply regrettable that some of our colleagues would try to undermine that process and not provide the incoming Trump administration's nominees the same respect and regard our committee has provided for nominees in the Obama administration and prior administrations as well. As chairman, I take this process very seriously. I have made no efforts to abbreviate or short-circuit our procedures for any nominee and have no intention of doing so in the future. I am certain all of our chairmen here in the Senate can say the same thing.

My hope is that my colleagues will stop politicizing this process at every step and allow the Senate to function as it has under both Republican and Democratic administrations. My friends on the other side may not like the results of the recent election, but their disappointment of the outcome is no justification for reinventing the way we do business here in the Senate.

I hope we will all take this into consideration and we will start cooperating with each other and get this government moving again and that we will support and sustain these people who are qualified and good people who are being chosen by the Trump-elect administration. I think it is important that we do these things and do them carefully and that we treat each other with the respect that is well deserved in this body. I hope that the petty, cheap politics will be discontinued.

Mr. President, with that, I yield the floor.

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

Mr. PORTMAN. Mr. President, I enjoyed listening to the comments of my colleague from Utah about the Affordable Care Act, and I wanted to expand on that a little if I could. I know we are having a discussion right now about whether to repeal and replace the Affordable Care Act, and we are focused a lot on what the timeframe might be and what the replacement might be, which is appropriate, but we also have to remind ourselves as to how we got here.

We got here because the Affordable Care Act has not met its promises and has let down the people of Ohio and people around the country. Millions of these families have already had a tough time experiencing really a middle-class squeeze of flat wages, even declining wages, on average, over the last decade or so, and now higher costs. That squeeze is accelerated by the cost of health care which has gone up dramatically.

In my own State of Ohio, the Ohio Department of Insurance has reported a 91-percent increase in the individual market in Ohio in the last 6 years, an 80-percent increase for small businesses that are purchasing Affordable Care Act-compliant plans. This is since the Affordable Care Act went into effect. Think about that. There has been almost a doubling of health care pre-

mium costs. Who can afford that? People certainly can't afford that as their wages are flat or even declining.

According to the Kaiser Family Health Foundation, average family premiums since the Affordable Care Act was put into place have increased by more than \$4,700. Recall that one of the promises of the Affordable Care Act was that costs would go down, on average, \$2,500 per family. Exactly the opposite has happened. In fact, there has been an almost doubling, with a \$4,700 increase. I don't think families got that kind of pay increase to be able to afford that. They certainly haven't in Ohio.

So this is a huge problem. To make matters worse, we think these cost increases are continuing to escalate in our State and around the country. In Ohio, premiums grew this year in 2017—on average, 13 percent higher than in 2016. So there have been double-digit increases in 1 year. With two plans in particular, premiums went up by 39 percent in Ohio. So for some families it was much worse than that. We have had good leadership in Ohio with Governor Kasich and Lt. Gov. Mary Taylor, who is also the insurance commissioner in our State, and because of that we have done a better job of trying to control these costs, but in many parts of the country, the situation is getting even worse.

Nationally, premiums are increasing by 25 percent just this year. In Arizona, they are doubling. In Tennessee, they are rising 63 percent. In Pennsylvania, right next door to Ohio, they are rising 32 percent. I can go on and on. I am sure North Dakota has had similar problems, as the Presiding Officer can tell us about. Some people might be able to afford these higher premiums, but I think we just can't afford it.

I heard Senator HATCH talk about having to make a choice between paying your rent or being able to pay your premium. That is what I hear in Ohio as I talk to people who are struggling and are now being hit with these huge expenses. Unless we take action, there is no light at the end of the tunnel.

The Congressional Budget Office, which is a nonpartisan group in Congress, and also the Joint Committee on Taxation projected that unless we do something to change the status quo, premiums will continue to skyrocket. They say they will grow by at least 5 percent per year over the next decade. By the way, that is far faster than they assume wages are going to grow so the squeeze will continue.

The law was advertised as something that would "bend the cost curve," meaning we would begin to see a reduction in the costs of health care, but health care costs have gone up, not down, and on top of that, American people had to pay hundreds of billions of dollars every year in taxes for this new law. There are 19 tax increases in the Affordable Care Act. Some of these, like the Cadillac tax, are very unpopular, even among Democrats and Republicans. So we are hoping we can deal

with that with any kind of repeal effort immediately.

Another goal of this law, we were supposed to be increasing access to health care. Let's talk about that for a second. We heard different things on the floor about that. About 6 million people lost health insurance they liked as a direct result of this law going into effect. About 6 million Americans were told their coverage is no longer adequate because it didn't meet the mandates so they will lose their coverage. President Obama told the American people, I am told, 37 different times that if they liked their doctor, they could keep their doctor. Of course, that turned out not to be true. When you lose your health care plan and lose your doctor, you don't feel like those promises have been kept.

The outside fact checker called PolitiFact rated that as the Lie of the Year for 2013. That is the outside group that looks at what we elected officials say is going to happen and then compares it to what actually happens. By the way, it still is not true. One in five ObamaCare customers were forced to find a new insurance company for this year.

So the Congressional Budget Office that I mentioned and the Joint Committee on Taxation, these nonpartisan groups, now project that 27 million Americans are still uninsured today. Under the status quo, if we don't take action, they say that will be the case for the next decade. So this notion that everybody is going to get covered just hasn't happened. By the way, that is about 1 in 10 people in our workforce, even after hundreds of billions of dollars of taxpayer dollars have been spent on the Affordable Care Act, including these 19 new tax increases.

A lot of people have told me: ROB, I have health insurance, but I really don't because my deductible is so high. So, forgetting the premiums for a second, to pay for health care, just the annual deductible has gone out of sight. There are some plans where a deductible for a family might be \$8, \$9, \$10,000 a year. That is not really health care because you end up paying all that money out of pocket. The average deductible for a midlevel plan for ObamaCare, according to the Kaiser Family Foundation, went up to \$2,500 the year before last, 2015, to more than \$3,000 last year, an increase of about 25 percent in just 1 year. You see that in increases in deductibles and copays, not just in the premiums.

National insurers have lost billions of dollars on the Affordable Care Act exchanges, and a lot of them pulled their plans from the States. This is a real problem because if you don't have competition or choice out there, you will not get the costs down. I see in my own State of Ohio we lost one-third of the companies on the exchanges just this year. We have gone from 17 companies offering insurance on the exchanges in 2016, last year, to this year having just 11—so 17 companies going

down to 11 companies. We now have 20 of our counties—there are 88 counties in Ohio—20 of our counties have only 1 insurer. This is also true nationally. About one-third of the counties around the United States only have one insurer. Again, this leads to higher costs, less choice, less competition. Quality also goes down because you don't have competition for the beneficiaries. It also affects the issue of premiums going up, deductibles going up, copays going up, and the middle-class squeezed.

So the President's health care law certainly failed at its own goals that were laid out in the promises that were made. It was supposed to create jobs, too, which is a different issue. What is the economic effect of this? Having more people covered is a good thing. We all want that. But what is the economic impact on the way the Affordable Care Act was put into place? We are looking at the weakest recovery in the history of our country from a recession still. Unfortunately, we haven't seen the strong economic growth we hoped for and had anticipated after a deep recession. Some of the reason for that, in my view, is health care. Health care costs went up dramatically. People are paying a lot more for health care, not being able to get ahead, small businesses having higher and higher costs.

If you look at the latest jobs report, it is interesting. The Bureau of Labor Statistics tells us that 5.7 million Americans now are stuck in part-time work who want full-time work. These are people who are looking for a full-time job but only have a part-time job. Why is that? The economy is not working as it should. It is not generating enough growth to create job opportunities full-time, but it is also because of these mandates under the Affordable Care Act. I can tell you, economists may differ on the impact of this, but go talk to people about it.

I was in Chillicothe, OH, and someone came up to me and asked: Can you help me; because my employer is saying I can only work 28 hours a week. I figured out what it was about. She was a fast-food employee. I asked her: What did they say? And she said it was because of health care. What does that mean? It means that under ObamaCare, if you work under 30 hours a week, you are not covered by the mandates and the new costs, so some employers are going to say we are keeping you under 30 hours a week. That has led to more part-time work.

In this particular case, the woman said: I have to find another part-time job and I have kids at home and this is tough. And I said: Well, the answer to this, in part, is to change the health care law; that is, to take out some of the mandates and requirements and make it more pro-growth and pro-job rather than the current situation.

There are tens of thousands of new pages of regulations in this new law. It forces small businesses—and I am a

small business person. I can tell you that I have burned a lot of time and effort to try to figure it out. You can go to consultants and pay them a bunch of money, and they will tell you they are not sure what it means either. This is one of the big issues that doesn't get talked about much with the Affordable Care Act; that it is really hard for businesses to figure out what they are supposed to do, particularly small businesses that don't have that kind of expertise inhouse. Those costs could go toward having more employees, they could go into reinvesting in business, plants and equipment, but they are going into trying to figure this thing out.

I don't doubt the good intentions of my colleagues on the other side of the aisle who support this legislation. We all want to see more coverage and see health care costs go down, but that is not what is happening.

Before the Affordable Care Act went into effect, the CBO estimated that 26 million Americans would be enrolled in a plan in 2016. That is what they estimated. The Congressional Budget Office said 26 million would be enrolled in a plan in 2016. The actual number was 12.7 million, less than half. So, again, it hasn't met its own promises and projections.

The co-ops are another failure. There was a debate on the floor just before I got elected about should there be a public option so everybody would have an option to get into an exchange. We said let's put together these co-ops. They will be nonprofit. They will work great. We will set up co-ops around the country. There were 23 co-ops set up, including 1 in Ohio. We now see that 15 of the 23 co-ops have gone insolvent.

I will tell you that last spring, when 22,000 Ohioans lost their health care because the co-op went belly up, it was tough because they had to scramble and find a new health care plan quickly. More than 860,000 Americans—people who were encouraged by this law to sign up for these co-op plans—had to scramble to find new coverage because of a failed co-op. It is tough on these families.

It is also tough on the taxpayer. We did an investigation of this under the Permanent Subcommittee on Investigations, and we looked at what was happening to these families and we also looked at what was happening to the taxpayer. At that time, when only about half of the co-ops had gone under, rather than two-thirds, \$1.2 billion of taxpayer money had already been spent on these co-ops. That money isn't coming back to the Treasury, meaning this is money that will probably never be repaid. Again, part of the problem with our deficit is that ObamaCare and the Affordable Care Act is so expensive, and the co-ops in particular just wasted money. Among the surviving co-ops, 3 have not yet enrolled 25,000 members. In other words, they are not enrolling enough members even if they are surviving. So the nonpartisan Government Accountability

Office, GAO, issued a report in March which confirmed the results of our investigation, and it indicates that this money, the \$1.2 billion, has now increased substantially because more of the co-ops have gone under.

Many of those 22,000 Ohio families who were in the co-op had already paid deductibles in the plans they thought they could count on. Think about it. They paid hundreds of thousands of dollars in health care costs to get up to their deductible, and then all of a sudden they found out that they had to go to a new plan and they had to start all over again. So it is adding insult to injury. They lost their plan and they had to scramble to find one and then they found out they have all these out-of-pocket expenses again because although they met their deductible under the old plan, they have to start again in the new plan. This is not the way it ought to be. It is just not fair. These families did nothing wrong. All they did was what they were told to do, to sign up for these co-ops.

I think these are just symptoms of the problem. The diagnosis is clear. The Affordable Care Act is a bad law, bad economics, and bad health care policy. It hasn't worked. I think it is difficult to make the other argument. The President's health care law hasn't worked, not because it didn't have good intentions but because it tried to achieve those good intentions by forcing millions of people to buy a product they didn't want after losing a product they did want, including a \$2 billion taxpayer-funded Web site that didn't work. If you recall, they had problems with the Affordable Care Act Web site and unfortunately potentially exposed a lot of personal information of many of these individuals to hackers.

As I talked about, even those who have insurance often have limited access to providers because the deductible is so high that they can't afford their health care.

With higher costs and fewer choices, the American people, by and large, are dissatisfied with the plan, the Affordable Care Act, just as they were when it was enacted. A CBS poll last month has shown that more people disapprove of the law than approve of it. A Gallup poll in November found that 8 in 10 Americans want the law repealed or significantly changed—8 in 10 Americans. Why? Because they have seen it.

By the way, most Americans were not in the exchanges, but they still felt it. Think about this. When a company is involved in the exchanges and losing money, and many of these companies are losing hundreds of billions of dollars a year, what they are doing is they are cost-shifting onto private plans, onto employer-based plans, and raising the costs for other Americans. This is part of the reason health care costs have gone up generally, not just in the exchanges but overall.

I have certainly seen this firsthand in Ohio. Constituents have been contacting me for the last 6 years to tell

me how this health care law has affected them. There is a father of five who wrote to me after the cost of the family's insurance doubled. Another man saw his \$100 deductible soar to \$4,000 while his premiums hit \$1,000 a month.

I still remember the letter I received from Dean from Sandusky. He lost his job in 2009 as so many other Americans did during the recession. Because he lost his job, he had to go on the individual market to buy health insurance. He picked out a plan that worked for him and his family. He liked it and he bought it. Once the President's health care law went into effect, that plan was discontinued because it didn't meet the mandates and requirements of the new law. He found himself high and dry. He, too, had to buy another plan that was twice as expensive, and it cost him more than half of his pension—because that is his income. It is his pension. So not only did he lose his job, but then he was saddled with a plan he couldn't afford and a much more expensive cost of living. He didn't do anything wrong, but because of a failed, mistaken approach that Congress took to health care reform, he has now had to struggle to make ends meet.

Susan from Batavia also wrote to me. She is a single mom. She lost the plan she liked because of the President's health care plan. She wrote and said: I stay in shape. I watch my diet. I exercise regularly. I do all the right things. I had a high-deductible, low-cost plan, but under the President's new health care law, I had to change my plan.

Her coverage, by the way, was for double the price of the premium. A single mom; tough to afford it.

Another, Susan from Columbus, OH, wrote to me and told me that she works for a small business of 12 employees. When the health care law went into effect, their rates went up nearly 30 percent in 1 year. Small businesses and new businesses cannot afford that. I cannot tell you how many small businesses I have been to where I asked them: What have your premiums done over the last several years, and they tell me: Double digit, ROB. Double digit. If we get an increase in the low double digit, that is a good thing. Again, there is no place for that to come from except for wages and benefits and cutting back on employees—in some cases, again, not expanding a plan that they otherwise would have because of this health care law.

It doesn't have to be this way. We can enact real health care reform that uses the market forces that help to increase competition, that requires insurance companies to compete for our business, that allows people to get the plan they want, looking all around the country for what works best for them. This burdensome health care law is standing in the way of real reforms right now. It is hurting families in Ohio and across the country.

The health care market was far from perfect before this law so I am not ar-

guing that the status quo is acceptable. I think we have to do things not just to repeal ObamaCare but to replace the Affordable Care Act with reforms that make better sense. We had issues before, but it has gone to worse, not better. It accelerated the problems.

I hope that over the next couple of months, as we talk about this, we will be able to come up with a replacement plan that makes sense. Republicans and Democrats alike need to come to the table on this because, again, I have listed today all the reasons the current law is not working. The status quo is not acceptable. I think it is very hard to argue that it is. That means all of us have a responsibility to say: OK. How do we fix this? How do we come together, Republicans and Democrats alike—not on a partisan basis as was done last time—to figure out a way to do it together? We need to come together to make sure the people we represent have the chance to get the health care they want for them and their families, that fits them, where they can have costs that are affordable, where they can have quality health care that is good for them and their families, where it can be patient-centered, and we can give people the affordable care they deserve.

I thank the Chair, and I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, I ask unanimous consent that at 2:45 p.m. there be 2 minutes of debate, equally divided in the usual form, prior to the vote in relation to Kaine amendment No. 8.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. ENZI. I yield the floor.

AMENDMENT NO. 8

The PRESIDING OFFICER. There will now be 2 minutes of debate equally divided prior to a vote in relation to amendment No. 8, offered by the Senator from Virginia, Mr. KAINE.

The Senator from Virginia.

Mr. KAINE. Mr. President, I have spoken about this previously. The budget that is on the floor really isn't a budget; it is more of a focused attack on health care for millions of Americans. Amendment No. 8, which I have offered with Senator MURPHY and others, is an attempt to stop the majority from passing a health care repeal through a fast-track process. The amendment does one thing: It creates a budget point of order against any legislation that would either reduce the number of Americans enrolled in public or private health insurance, increase health insurance premiums, or reduce the scope and quality of benefits provided.

I ask for the yeas and nays on the amendment.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The yeas and nays were ordered.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, this amendment is corrosive to the privilege of the budget resolution, meaning that it is outside the scope of what is appropriate for a budget resolution. Any inappropriate amendment could be fatal to the privilege of this resolution, which would destroy our efforts to repeal ObamaCare. In other words, a vote in favor of this amendment is a vote against repealing ObamaCare.

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

The PRESIDING OFFICER. The Senator from Virginia.

Mr. KAINE. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974, I move to waive section 305(b) of that act for purposes of the pending amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

The yeas and nays resulted—yeas 48, nays 52, as follows:

[Rollcall Vote No. 2 Leg.]

YEAS—48

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

NAYS—52

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

The PRESIDING OFFICER (Mr. CASIDY). On this vote, the yeas are 48, the nays are 52.

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

The point of order is sustained and the amendment falls.

Who yields time?

If no one yields time, the time will be charged equally to both sides.

The PRESIDING OFFICER. The Senator from Texas.

UNITED NATIONS RESOLUTION ON ISRAEL

Mr. CRUZ. Mr. President, in the final days of the Obama administration's second term, with all eyes focused on the President-elect, the temptation to try to take a dramatic action to seal a cherished policy legacy must have been almost irresistible. So it proved for President Obama on December 23, 2016, when he betrayed decades of robust bipartisan American support for Israel at the United Nations by abstaining from a completely biased resolution that condemns our close friend and ally Israel and condemns all the so-called settlement activity, defined as any construction in any territory won by Israel in the Six-Day War.

U.S. policy for decades has been to stand up for Israel at the United Nations, a hot bed of anti-Semitism that discriminately condemns Israel more than any country in the world, particularly when resolutions are being offered up that are outrageously biased, that attempt to predetermine the outcome of negotiations, that prejudice the basis for negotiations, or that try to dictate terms to Israel.

We have seen this pattern of appealing to the United Nations from the Obama administration over and over with disastrous deals—the nuclear deal with the Islamic Republic of Iran, as well as the U.N. Convention on Climate Change, two international agreements that significantly threaten the security and prosperity of the United States. Both of them should have been submitted to this body, the Senate, as treaties.

But the President chose instead to try to impose them through the United Nations because he knew that they would never be ratified by the Senate, even when this Senate had a Democratic majority. So the Obama administration's strategy, instead, has been to curb American power by subjugating our national interests to the globalist agenda of the U.N., a policy that he is now attempting to extend to Israel.

Here are some of the main problems with UNSC Resolution 2334. First, it is an attack on Israeli sovereignty, as it falsely defines as illegal under international law building activity within Israel's own borders, which should be an internal Israeli issue. The historical connection of the Jewish people to the land of Israel did not begin in 1967.

Let us not forget that the Six-Day War was a defensive war fought almost 50 years ago by the Jewish state against the Palestinians and their Arab enablers, who were gathering in a concerted effort to wipe Israel off the map. Against all odds, Israel won quickly

and decisively and the map was redrawn to ensure that Israel was not endangered by its own borders, the weakness of which Israel's enemies had attempted to exploit.

Of course, the defeated party, the Palestinians, have not accepted this outcome. Israel has time and again invited them to negotiate a resolution—just one that involves Israel's continued existence as a Jewish state, something that the Palestinian Authority has over and over refused to acknowledge or accept.

Therein lies the bottom line for Israeli security. The pre-1967 lines proved indefensible. So rather than, as the Obama administration, treat them as some sort of gold standard, Israel's security interest has deemed them intolerable and any resolution to this issue should not be dictated by the United States or the United Nations but rather should be negotiated and decided upon directly by the sovereign nation of Israel and by the Palestinians.

Secondly, the resolution falsely claims that Israel's sovereignty over the eastern part of Jerusalem and areas that it controls after the Six-Day War, including Judea and Samaria, are supposedly "occupied Palestinian territory". This is nothing short of absurd. What that means is that, under the terms of the United Nations resolution that the Obama administration acquiesced to—indeed, there are considerable reports that the Obama administration, President Obama, and John Kerry actively encouraged and facilitated it—the Jewish Quarter, the Old City of Jerusalem, is illegal and illegitimate and not justifiably a part of Israel. Under the terms of that resolution, the location of holy sites for the Jewish people, including the most important holy site, the Temple Mount, is illegal and illegitimate to be a part of Israel. Under the terms of the resolution, the Western Wall, where Jews from all over the world go to pray, is deemed "occupied Palestinian territory," illegal and illegitimate.

It is more than a little ironic that President Obama went to the Western Wall to place a yarmulke there, pretending to show respect to Israel, and yet his administration, in an outgoing act of contempt, declares the Western Wall not part of the nation of Israel.

This couldn't be further from the truth. It was also an affront to Jews around the world that the resolution was adopted on the eve of Hanukkah. For 8 days, Jews lit candles all over the world to remember the miracle that happened there, and to commemorate the heroic battle fought by the Maccabees that liberated Jerusalem and restored their right to worship freely and the rededication of the Temple in Jerusalem. How ironic it is that on the eve of a celebration liberating Jerusalem and rededicating the Temple in Jerusalem, the Obama administration and the United Nations would declare that Jerusalem and the Temple are not legitimately part of Israel.

How disgraceful—the United States should be not be facilitating the adoption of a resolution that at its core attempts to distort and rewrite recent history as well as the historical connection of the Jewish people to the land of Israel that goes back thousands of years.

Third, the resolution will also help fuel the Palestinian diplomatic, economic, and legal warfare campaign against Israel, particularly because of its provision that calls on states to make a distinction in their dealings with Israel between pre-1967 Israel and Israel beyond the 1967 lines, encouraging boycotts, divestments, and sanctions against Israel and potentially leading to Israelis and Americans being brought in front of the International Criminal Court.

Palestinian leaders are already promising to use this resolution to push the International Criminal Court to launch a formal investigation against Israel.

That was not an unintended consequence of this action. That was precisely the intent of the United Nations and the Obama administration—to facilitate assaults on the nation of Israel.

Yet even after this disgraceful United Nations resolution, it was clear that the administration was not yet done, with Secretary of State John Kerry delivering just days later a truly shameful speech attacking Israel. His speech, very much like Kerry's 2014 remarks likening Israel to an apartheid state, will only enflame rising anti-Semitism in Europe. It will encourage the mullahs, who hate Israel and hate America, and it will further facilitate "lawfare," the growing assaults on Israel through transnational legal fora.

President Obama and John Kerry's actions were designed to secure a legacy, and in that, they have succeeded. History will record and the world will note that Barack Obama and John Kerry are relentless enemies of Israel.

Kerry's speech drew a stunning moral equivalence between our great friend and ally Israel and the Palestinian Authority, which is currently formed by a "unity" government with the vicious terrorists of Hamas.

Secretary Kerry declared the Hamas regime and Gaza "radical" in the same way that he declared the duly elected Government of Israel "extreme." That moral equivalence is false, and it is a lie.

The IDF, defending the people of Israel, protecting people, and keeping them safe, is not the same moral equivalent of terrorists who strap bombs to their bodies and seek to murder innocent women and children.

Kerry declared the vicious terrorism sponsored by Hamas equal to the Israeli settlements in the West Bank, and he equated Israel's celebration of its birth with the Palestinian description of this event as the "disaster."

Unlike Barack Obama and John Kerry, I do not consider the existence and creation of Israel to be a disaster,

and the Government of the United States should not be suggesting such a thing.

Kerry's speech attempted to lay out a historic and seismic shift toward the delegitimization of our ally Israel. It is a sign of their radicalism and refusal to defend American interests that Obama and Kerry chose to attack the only inclusive democracy in the Middle East—a strong, steadfast ally of America—while simultaneously turning a blind eye to the Islamic terrorism that grows daily.

Unfortunately, President Obama still has 2 weeks left in his Presidency, and he may not yet be done betraying Israel.

Next week, on Sunday, January 15, France is convening a conference with 70 other nations designed to serve as an extension of the U.N. resolution and the Kerry speech—an all-out assault on Israel. I am deeply concerned that what is decided at this conference will be used to try to further impose parameters or even audaciously to recognize a so-called independent Palestinian state through another Security Council resolution. The Security Council is scheduled to meet on January 17—conveniently, 3 days before Obama and Kerry leave office.

Let me speak a moment to our friends and allies across the globe.

When the President of the United States, when the administration of the United States attempts to encourage you to support their positions in the United Nations, that can be highly persuasive. It has been an arena, a forum that Barack Obama has flourished in, even as he has shown condescension and contempt for the Congress of the United States and the people of the United States.

But to our friends and allies, let me remind you: The Obama administration is coming to an end on January 20. If you desire to continue being a friend to America, if you desire a continued close working relationship with America, then I call upon our allies: Do not join in attacking Israel on January 15 in France or on January 17 at the Security Council.

The new administration—President-Elect Trump—has loudly condemned the U.N. resolution and the Obama administration's complicity in its passage.

I would encourage our friends and allies not even to attend the January 15 conference, or, if they do choose to attend, to oppose and stand up and speak out against any further attempts to attack or undermine or delegitimize America or Israel.

I want to commend my colleagues on both sides of the aisle for offering resolutions to repudiate this administration for their actions of the last few weeks. It says something when you see Republicans and Democrats in Congress coming together, united to say: This action by the Obama administration is beyond the pale.

Let me underscore again to our friends and allies, to our Ambassadors,

to heads of state, to friendships and relationships that we value so much: Listen to the bipartisan consensus of Congress, and do not go along with the bitter, clinging radicalism of the Obama administration, attempting to lash out and strike out at Israel with their last breath in office.

As commendable as these resolutions are, I believe the Senate and the Congress need to go further—that we need to take concrete steps so that there will be repercussions and consequences for the United Nations and the Palestinians for their behavior. That is why I am working with my colleague Senator LINDSEY GRAHAM on introducing legislation, along with other Members of this body, designed to cut the funding to the United Nations—designed to cut U.S. taxpayer funding going to the U.N.—unless and until they repeal this disgraceful anti-Israel resolution.

We know, previously, that one way to get the U.N.'s attention is to cut off their money. We know from the failure of other U.N. organizations to recognize so-called Palestine as a member-state after American tax dollars were withheld from UNESCO for doing so in 2011 that the U.N. over and over values its pocketbook over its leftist values.

However unintentionally, President Obama's misguided foreign policy has led to an unprecedented rapprochement between Israel and America's Arab allies, such as Egypt, Jordan, and the UAE. We have also seen hopeful signs of shifting positions at the United Nations, as countries such as Brazil, Mexico, Italy, and Australia have recently signaled that they may no longer vote reflexively in favor of the Palestinians.

Great Britain, although it voted for the resolution, has recently demonstrated an unprecedented degree of support for the Jewish state.

These changes represent a significant opportunity for the United States to bolster one of our most important allies, an opportunity we can preserve for the President-elect by not letting Mr. Obama squander it on the way out the door.

America should be leading the charge at the United Nations and around the world to rally burgeoning support for Israel, not trying to stab the Jewish state in the back.

Just over a week ago, I spoke with Israeli Prime Minister Netanyahu. I told the Prime Minister that, despite the disgraceful actions of the United Nations, America stands resolutely with the nation of Israel, that the American people stand with Israel, and that I believe there is a very real possibility that the extreme and radical actions of Obama and Kerry will, in fact, backfire.

It is not accidental that they waited until after the election to do this. They could have tried to do that this summer, but Obama and Kerry knew well that the American people do not support their attempting to attack Israel. So they waited until after the election.

They waited until they were on their way out the door.

Kerry, in his speech, said Israel cannot be both democratic and Jewish—one or the other, but not both.

This is an inanity that is deemed profound only in Marxist faculty lounges.

Israel is Jewish, it is democratic, and it is and should remain both. I believe that by revealing just how extreme they are, by removing the fake mask of support for Israel that Obama and Kerry have chosen to do in the last several weeks, it will help to galvanize support in this body and across the world for our friend and ally, the nation of Israel.

Israel is not only our friend and ally, but it is a partner of the United States. That alliance benefits the vital national security interest of America. Israel's military benefits the national security of the United States of America. The Israeli intelligence services benefit the United States of America. Israel's steadfastness against radical Islamic terrorism, which has declared war on both Israel and America, benefits the national security interests of this country.

It is Israel—the thriving, one and only Jewish state—that stands on the frontlines for America and, more broadly, Western civilization against the global threats we face. Our commitment to Israel must be restored and strengthened. I look forward to taking action with my colleagues—I hope on both sides of the aisle—in the near future to repudiate Obama's shameful attack on Israel, to repudiate the United Nations' efforts to undermine Israel, and to reaffirm America's strong and unshakable friendship and support for the nation of Israel.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

AMENDMENT NO. 1

(Purpose: In the nature of a substitute)

Mr. ENZI. Mr. President, I call up amendment No. 1 and ask unanimous consent that it be reported by number.

The PRESIDING OFFICER. Without objection, the clerk will report the amendment by number.

The legislative clerk read as follows:

The Senator from Wyoming [Mr. ENZI], for Mr. PAUL, proposes an amendment numbered 1.

(The amendment is printed in the RECORD of January 4, 2017, under "Text of Amendments.")

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, with the permission of the chairman, I would like to ask unanimous consent to speak as in morning business for up to 20 minutes.

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

Mr. ENZI. Mr. President, would the Senator mind if it comes off of the resolution time?

Mr. WHITEHOUSE. I have no objection to that.

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

CLIMATE CHANGE

Mr. WHITEHOUSE. Mr. President, this is the 152nd time I have come to the floor for my "Time to Wake Up" speech, warning about the perilous effects of climate change. I am going to continue this in the new Congress, continuing to present the latest and most compelling scientific evidence of the changes that are coming our way driven by carbon pollution.

Nobody should take my word for it. I urge my colleagues to listen to their own home State's climatologists, their own home State's university researchers, their own home State's public health officials, and their own constituents who are out there fighting to protect their communities from the changes that are already happening right before their eyes.

In Rhode Island, we have a lot of fishermen, just as Louisiana has, Mr. President. The president of the Rhode Island Commercial Fishermen's Association is Chris Brown. Just this past week, he was the subject of a New York Times article. "Climate change is going to make it hard on some of those species that are not particularly fond of warm or warming waters," he told the Times. "We used to come right here"—where he was on his boat, *The Proud Mary*—"and catch two, three, four thousand pounds a day, sometimes 10." But the whiting, the fish he was after, have moved north to cooler waters.

The Times reports that two-thirds of marine species off the northeast coast have moved from their traditional ranges into deeper and cooler water.

John Manderson is a biologist at NOAA's northeast fisheries science center, and he told the Times in that article that public policy needs to keep pace with the rapidly changing oceans, where species are shifting northward in response to warming 10 times as quickly as they do on the land. "Our ideas of property rights and laws are purely land-based," he said, "but the ocean is all about flux and turbulence and movement."

In Rhode Island, fishermen are getting clobbered by that flux.

Captain Dave Monti is a member of the Rhode Island Marine Fisheries Council. He wrote in the Providence Journal this week:

I often think about the fish and how important it is to grow them to abundance so there are more fish for all to catch and eat. . . . In 2017 we need a fish-first agenda, or someday there may be no fish left to catch. Climate change, acidification, overfishing by world nations, and changing federal strategies could make it the worst of times for fish in 2017. . . . We need to make an effort to understand what is happening to the environment and the fish, and then take that second step of communicating it to others to affect policy.

That is what I am being asked.

The Providence Journal also recently wrote about how in Rhode Island the sea is moving higher and farther inland, as it is in Louisiana, which is the State losing ground fastest to the

ocean of all the 50. They reported on StormTools, a program developed by Rhode Island's Coastal Resources Management Council director Grover Fugate and University of Rhode Island emeritus professor of ocean engineering Malcolm Spaulding. StormTools provides 3D maps of the potential flooding damage along Rhode Island's coast. The Journal described the project as "one of the most sophisticated models developed anywhere to project future damage from storm surges and sea level rise." And we are taking the results seriously.

The Journal quoted William DePasquale, who is the director of planning in one of our cities, Warwick, RI. He said, "When I saw some of those scenarios, my jaw hit the ground." That is what we are looking at, and Warwick is now using those maps to prepare for the future.

The Providence Journal has also recently written about Matunuck Beach in South Kingstown. Town manager Stephen Alfred warns that if the sea takes out Matunuck Beach Road, 240 homes will be totally cut off, without a water supply or access to emergency services.

The article features Kevin Finnegan, who owns the Ocean Mist, a renowned local establishment. The Journal said:

The Ocean Mist has occupied the same spot under different names since Prohibition ended in 1933. But the ocean has moved. Where once beach bathers had to plan a trek across sand to reach the water from the Mist, waves now flood the supports holding up the tavern's deck.

Finnegan and the town of North Kingstown are scrambling to build seawalls. Engineer Bill Ladd, who works for Finnegan and who the Providence Journal reports had his first beer at the Ocean Mist back when the drinking age was 18, estimates that the two walls may only buy Matunuck Beach 20 or 30 more years against the oncoming ocean. That is because, as *The Independent*—a local newspaper in the southern part of Rhode Island—reported in December, about 4 feet of Matunuck Beach is eroding every year. According to Director Fugate of the CRMC, that erosion will more than double by the end of the century. Rhode Island is not a big State. We cannot afford to have this much reclaimed by the ocean.

The Independent article quotes North Kingstown Town Council president Kerry McKay, who says that climate change threatens the property values of his community's coastal homes, which is a significant portion of the town's revenue base.

He said historical values "will have to change" as coastal concerns rise, and residents "have to be more receptive" to redoing building infrastructure, such as through elevating houses.

He also said that homes "may not be there" in 20 years, resulting in a "major revenue loss."

Another Providence Journal article last week featured Tanner Steeves, a

wildlife biologist with the Rhode Island Department of Environmental Management, which has to tear up roads and parking lots along the Sakonnet River as the seas rise. The Journal writes:

As the barrier beach just south of Sapowet Point has narrowed—losing nearly 100 feet since 1939—the salt marsh on the other side has become more susceptible to flooding.

The Independent made Rhode Island's case for climate action in a December editorial. They said:

The signs are clear, if not immediately visible to most.

There are the well-documented, widely publicized shifts with global impact, such as the loss of polar ice and the growing frequency of extreme weather events. Locally, there are changes in the ecology of Narragansett Bay, and locations at which the effects of a rising sea level—sometimes subtle, sometimes less so—may be plainly seen. . . . But we encourage all Rhode Islanders, from coastal communities and beyond, to remain attuned to the situation—in terms of both what the sea is telling us and what is being proposed to prepare for coming changes. The stakes are enormously high, and the broadest possible effort is required to meet the challenge.

That is the message to me from Rhode Island. That is why I give these speeches.

As I continue to push for honest debate on this issue in Congress, I also tour around the country to see folks on the ground in other States. I have now been to 15 States. In the closing months of 2016, I hit Texas and Pennsylvania.

In Texas, I joined Representative Eliott Naishtat, the advocacy group Public Citizen Texas, and Texas environmental advocates at a public event in Austin to call out Congressman LAMAR SMITH, Republican chairman of the House Science, Space, and Technology Committee, for his abuse of congressional power to harass public officials and climate scientists, including subpoenas demanding that States attorneys general divulge their investigative materials relating to their inquiries into ExxonMobil's potentially fraudulent climate misinformation. The committee is also harassing the Union of Concerned Scientists, 350.org, Greenpeace, and various university scientists because they are exposing Exxon for years of misleading the public on its understanding of climate change. Texans are taking notice. The San Antonio Express-News, which had previously always endorsed Congressman SMITH for reelection, decided not to endorse him in this latest election cycle. The paper cited his "bullying on the issue of climate change" as behavior that "should concern all Americans."

I joined a panel discussion with leading scientists from Texas universities to discuss their research into climate change in Texas. The panel included Dr. John Anderson from Rice University, Dr. Andrew Dessler from Texas A&M University, Drs. Charles Jackson and Kerry Cook from the University of Texas at Austin, and Dr. Katherine Hayhoe from Texas Tech University.

They had a unified voice on the dangers of climate change.

Dr. Hayhoe said Texans are seeing changes all around them.

We get hit by drought. We get hit by heat. We get hit by storms. We get hit by sea level rise. And we're starting to see those impacts today. . . . Texas is really at the forefront of this problem.

Dr. Anderson of Rice agreed that the Texas climate is already changing. He said:

Accelerated sea-level rise is real, not a prediction. Its causes are known—thermal expansion of the oceans and melting of glaciers and ice sheets—and it is causing unprecedented change along the Texas coast.

Dr. Dessler from Texas A&M laid out what he called "the fundamental and rock-solid aspects of climate science: humans are loading the atmosphere with carbon, this is warming the climate, and this future warming is a huge risk to our society and the environment. We should insist that our elected representatives rely on this sound science when formulating policy."

I returned to Austin in November to speak to the Association of Public and Land-grant Universities. President David Dooley of the University of Rhode Island had invited me to join a panel that he moderated with, among others, Dr. John Nielsen-Gammon, Texas State climatologist and professor at Texas A&M University.

The bottom line was simple: Climate change is real, and the scientists at our universities will be increasingly forced to defend good science, academic freedom, and climate action. University leadership will have to defend their scientists against the onslaught of FOIA requests and personal attacks that are the modus operandi for climate deniers and against the phony science fronts propped up by the fossil fuel industry to spread calculated misinformation. The American scientific community faces a real threat from that operation.

On to Pennsylvania, I had the opportunity to spend a day traveling with my friend and colleague BOB CASEY around southeastern Pennsylvania getting a firsthand look at the effects of climate change and hearing about the work Pennsylvanians are doing to address it. At the University of Pennsylvania's Morris Arboretum, leaders from Children's Hospital of Philadelphia's Community Asthma Prevention Program, Moms Clean Air Force, Physicians for Social Responsibility, and other groups talked about kids with asthma and other conditions that worsen when temperatures and pollution levels are high.

In Malvern, we toured the LEED platinum North American headquarters of Saint-Gobain, the world's largest building materials company. The company is demonstrating that green building materials and technologies can be married with stylish design to produce stunning results. With operations in Rhode Island, Pennsylvania, and around the globe, Saint-

Gobain is developing innovative technologies to reduce pollution, generate clean energy, and improve air quality for millions of people.

From there, we visited the John Heinz National Wildlife Refuge, which is the Nation's first urban wildlife refuge and Pennsylvania's largest freshwater tidal wetland. Lamar Gore, the refuge manager, showed us how the refuge is at risk from the saltwater pushed in by rising sea levels. The refuge is adjacent to the Philadelphia International Airport, along the Delaware River.

As you can see from these graphics reproduced from the New York Times, at 5 feet of sea level rise, some of the city goes underwater and the refuge is in real trouble. Water encroaches upon the Philadelphia airport. At 12 feet of sea level rise, 6 percent of the city—including the refuge, airport, and parts of downtown Philly—is underwater. Projections that parts of Philadelphia will one day be uninhabitable due to sea level rise are one of the major drivers for forward-looking climate mitigation and adaptation policies of Philadelphia's Office of Sustainability. Senator CASEY and I met with them too.

Being in Pennsylvania gave me a chance to connect with Dr. Robert Brulle of Drexel University. He is the scholar who documented the intricate propaganda web of fossil fuel industry-funded climate denial, connecting over 100 organizations, from trade associations, to conservative think tanks, to plain old phony front groups. The purpose of this climate denial apparatus is, to quote Dr. Brulle, "a deliberate and organized effort to misdirect the public discussion and distort the public's understanding of climate."

I will wrap up with a special thank-you to one of the folks who helped organize my Texas trip: Tom Smith, who has been director of Public Citizen of Texas for more than 30 years. Known by his friends and colleagues as Smitty and known for his signature straw hat, over his career he has testified more than 1,000 times before the Texas Legislature and Congress—Mr. Uphill Struggle indeed. He was successful, though, and central in creating the Texas Emissions Reduction Program, which led to wide-scale deployment of solar and wind across Texas. A true environmental champion, Smitty retires this year.

I ask unanimous consent to have printed in the RECORD a recent tribute from the Texas Tribune entitled: "Analysis: 'Smitty,' a Texas Lobbyist for the Small Fry, Retiring after 31 years."

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

[From the Texas Tribune, Sept. 21, 2016]

ANALYSIS: "SMITTY," A TEXAS LOBBYIST FOR THE SMALL FRY, RETIRING AFTER 31 YEARS

(By Ross Ramsey)

Tom "Smitty" Smith, a colorful lobbyist and liberal activist who turned Public Citizen Texas into a strong voice on environmental, utility, consumer and ethics issues, is hanging up his spurs after 31 years.

In the early 90s—the heyday of consumer rights legislation and regulation in Texas—Robert Cullick, then a reporter at the Houston Chronicle, gave Tom “Smitty” Smith of Public Citizen Texas an unofficial title: Everybody’s Third Paragraph.

Smith, 66, announced his retirement Tuesday from his official post after 31 years, ending a long run of organizing and lobbying on behalf of consumers and citizens on a range of issues like utilities, insurance and political ethics. He was often the voice of the opposition in legislative fights and in the media, which earned him that reporter’s epithet.

He’s from that part of the Austin lobby that doesn’t wear fancy suits, doesn’t drive the latest luxury cars and doesn’t spend its time fawning over and feeding elected officials. Smitty has a beard, an omnipresent straw hat and, often, a colorful sheaf of flyers making his points on whatever cause he’s pushing at the time.

Smitty has been a leading voice for government intervention and regulation of big industries and interests in the capital of a state with conservative, business-friendly politicians from both parties who pride themselves on light regulation, low taxes and a Wild West approach to money in politics.

For the most part, Smith seems to have disagreed strongly, vociferously, but agreeably. He doesn’t wear his wins or his losses on his sleeve.

“The thing that I learned time after time, story after story, is that people standing up does make a difference,” Smith says. “It does change policy.”

“Citizen activism does matter, and it’s the only known antidote to organized political corruption and political money,” he says.

His causes over the years have included food security, decommissioning costs of the nuclear reactors owned by various Texas utilities, insurance regulations, ethics and campaign finance laws. He’s lobbied on environmental issues and product safety.

He counts the ethics reforms of 1991 as one of his big wins. As unregulated as Texas political ethics and campaign finance might seem today, things were a lot looser before reformers used a flurry of scandals and attendant media coverage to force changes. Smith is proud of a medical bill of rights that gave consumers some leverage with their doctors and their health insurers.

Public Citizen was a key player in the creation of the State Office of Administrative Hearings, which took administrative courts out of several regulatory agencies and put them in a central office, farther from the reach of regulated industries and elected officials. Smith now points to the Texas Railroad Commission, which still has its own administrative hearings, as an example of a too-close relationship between regulators, the companies they regulate and the judges supposed to referee their differences.

He was an early and noisy advocate for renewable energy, urging regulators and lawmakers to promote wind and solar generation—and transmission lines to carry their power—as an alternative to coal plants and other generating sources. That looks easier from a 2016 vantage point than it did in 1989, when an appointed utilities regulator derided alternative energy in an open meeting by saying that he hadn’t smoked enough dope to move the state in that direction.

That regulator is gone now, and Texas leads the nation in wind energy. Chalk one up for the environmental advocates.

Smitty is leaving with unfulfilled wishes. He’d like to have made more progress on Texas emissions and climate change, on campaign finance reforms and conflict-of-interest laws.

The ethics reforms of 1991 included creation of the Texas Ethics Commission and a number of significant regulations on the behavior of the Texans contending for and holding state office. There is always more, of course. Smith had a list of 13 reforms that year, and eight made it into law. Some of the remaining items remain undone 25 years later.

“All the time I’ve been working here, Texas politics has been largely controlled by organized businesses pooling their money together and making significant contributions to key legislators,” Smith says. “Legislators are more concerned about injuring their donors than they are about injuring their constituents.”

He illustrates that with stories, like one about a legislator asking, during a House debate, if his colleagues knew the difference between a campaign contribution and a bribe. “You have to report the campaign contribution.” And another, when a member—former state Rep. Eddie Cavazos, D-Corpus Christi, who went on to become a lobbyist—was making a plea for cutting the influence of big donors. Cavazos recalls telling a story about getting simultaneous calls from a big donor and from someone who wasn’t a political friend. He says he told his colleagues, “You know which one you’re going to answer first.”

“I’m sorry to see Smitty go,” Cavazos said Tuesday. “He provided a large voice in the Legislature that was needed—a balancing voice. He’s a good guy.”

Mr. WHITEHOUSE. Mr. President, in the article, he is quoted as saying: “The thing that I learned time after time, story after story, is that people standing up does make a difference. It does change policy.”

Good words to end the speech by. Thank you, Smitty.

Mr. President, I ask unanimous consent that the time during quorum calls be charged equally to both sides.

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

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mr. BOOKER. Mr. President, I am really proud to stand here, having represented New Jersey now a little bit over 3 years in the U.S. Senate. I have to say that I have developed a great respect for my colleagues on both sides of the aisle. I have a deep belief that this is a body that can do good things for the American people. We don’t always agree, and too many things are not getting done, but I have seen this body at its best. I have seen our ability to rise to the occasion. Along the way, I have made friendships and found respect for people and my colleagues across the aisle, as well as fellow Democrats.

I have witnessed occasions where Members of both parties have put principle before partisanship and evidenced a willingness to actually embrace personal political risk to stand up for what they believe is right and honor-

able and in the best interest of our country. Given this, this is a day in which I rise with painful disappointment. Frankly, I feel a deep sense of astonishment and even a sense of crisis. Thus, I feel a deepened determination to fight with everything I have against the efforts of my Republican colleagues that I believe will harm our country as a whole but particularly the most vulnerable people in our country.

This is about the Republican push, really the race—what I believe is a reckless race—to repeal the Affordable Care Act without putting forth any legislation, any proposal, any plan on how they intend to replace it. This is fundamentally dangerous, and it will hurt millions of Americans. I have heard over the past month people rightfully saying: Well, this is how the Affordable Care Act was implemented.

I understand the frustrations that have resulted from that, and people think this was jammed through along partisan lines many years ago using similar legislative tactics. The truth is, that is simply not the case. The Affordable Care Act went through a long and arduous process and received input from doctors, nurses, patient groups, medical specialists, medical professionals of all types.

The Affordable Care Act started with listening sessions, then hearings, then came the advice and counsel of policy experts, businesses, market experts, insurance companies, health nonprofits, hospitals—literally thousands and thousands of people over thousands of hours, often through public discourse, putting forth ideas that actually shaped and changed legislation. I wasn’t in the body then. I was a mayor in Newark, NJ, but I know this occupied months of debate.

Years later, Republicans are seeking to undo this work with a kind of plan to move forward. They are saying that they have a plan, but no plan exists.

I am a big believer that there are things we can and we must do to improve health care in America, to improve the Affordable Care Act, but what I have to make clear is that it is profoundly irresponsible to repeal the Affordable Care Act and not put anything in place. There is no plan.

This is at a time that everyone agrees—people in the Republican Party and Democratic Party continue to talk about the achievements of the Affordable Care Act, things that they want to maintain, things they believe make a real difference. Those are things I have heard Republicans praise and even say again they want to protect. These things are making a lifesaving difference for millions of Americans.

Let’s be clear. The overwhelming majority of Americans believe that we should not give the power back to insurance companies to deny people health insurance because of a pre-existing condition. Let’s be clear. Most people believe that we should allow young people, young adults to stay on their parents’ plans up to the age of 26.

We also believe that requiring health plans cover preventive services is a profoundly important thing to do for individuals in this country, but it actually saves Americans money by pushing people to do preventive care—mammograms, birth control, and mental health care—without cost sharing. These are logical things that the majority of Americans believe in, such as closing the prescription drug coverage gap, which too many seniors on Medicare and people with disabilities have had to face, known as that doughnut hole. We believe in prohibiting insurance companies from charging women more money simply because of their gender. The overwhelming majority of Americans believe in requiring the insurance companies to spend more on patient care and less on administrative costs, and the insurance companies shouldn't be allowed to gouge the American people while making massive profits at the same time.

There is so much that people believe in and want to have preserved, and these are tremendous things for America. There are bank account savings; there are lifesaving policies, all of which are popular with Democrats, Republicans, and Independents. They are popular with people on both sides of the aisle in this body.

Some Republicans have said that what they are doing will not threaten these accomplishments, but this couldn't be any further from the truth. The way they are going about this puts the health care system in a perilous position. The health care system is complicated in nuance, and to think you can repeal something without replacing it right away shows a lack of understanding of what is going to happen and what the consequences will be.

What the Republicans are doing now is quite contrary to what the Democrats did before the ACA passed in 2010. Republicans are not putting forth a proposal. They are not speaking to the health care needs of all Americans. They are not inviting professionals from all different backgrounds to help shape a plan for America. They are not even fulfilling what I heard countless Republicans on the campaign trail, including our President-elect, say: They would repeal and then replace. They are just not replacing.

The replace part put forth by the mantra of many Republicans has not materialized. It doesn't exist. There is no plan to replace, no statement of principles, no outline of features, no framework for a plan, no explanation of how they would pay for the things they claim they like. There is no specific timeline for when a plan might materialize or even any substantive hint of what many Republican colleagues plan on doing to address the crisis—the crisis that will surely come as a result of repealing the Affordable Care Act without giving forth any replacement.

I say time and again: Show us the plan before you repeal this legislation.

If you do not do that, you will be responsible for pain, suffering, chaotic markets, and for many Americans' health care problems. There are many people who don't understand this. They listen to the political rhetoric, and they think: Hey, you might be that one who, if you are wealthy enough or secure enough, if you are a Member of this body, in fact, this concept of repealing and maybe figuring out a replacement down the road might sound good. But if you are one illness away from bankruptcy, if you know and remember the challenges of having a child with a preexisting condition, if you know that one injury, one unexpected fall could place your family in peril but for the insurance you have, if you are one of the 20 million Americans who used to be uninsured and now you have insurance, you know how perilous this moment is. You know that you can't afford the recklessness of any politician—a Republican move that equates to jumping off a cliff and then packing your parachute on the way down.

Repealing without replacing is simply irresponsible, it is dangerous, and it is threatening to our country's well-being. People—families, children, the elderly—will suffer.

This is a moment where we need Republican leaders to tell the truth and say: We want to improve our health care system. We may not believe in ObamaCare, but we can't tear it down unless we do the responsible thing and put forth a replacement.

Right now, what we have is political rhetoric that is not just rhetoric. It is perilous. It is dangerous. It is threatening to our Nation. This will inflict immediate catastrophe upon families, causing millions to lose their health insurance, and it will unleash chaos with market uncertainty and cost spikes.

There is no defense for what is being done. I don't understand it. There is no logic here whatsoever. Elections were won. You now have the floor and the ability to put forth your great vision for health care in America, but doing it backward and repealing something and not offering up a plan is truly putting politics before people. This is a move of grand political theater that comes with profound public consequences affecting millions.

As a Democratic Senator, some people will say that this is just political rhetoric, but these are not just partisan words. This is the truth and don't take my word for it. Look at the words of other more thoughtful—other very thoughtful people, Democrats and Republicans, businesspeople and nonprofit leaders, conservative think tanks and nonpartisan groups, speaking with a chorus to the point I am making. Experts across sectors, across industries, and across the country are taking a hard look at what a repeal will mean for the American people without a replacement. People from all across sectors of our country are saying what the

Republicans are doing is reckless, and the consequences are dire.

Take the American Medical Association, the preeminent association of physicians. Mind you, this is an organization that opposed the enactment of the Affordable Care Act. They have urged—this chorus of doctors has urged that “before any action is taken, policymakers should lay out for the American people, in reasonable detail, what will replace current policies. Patients and other stakeholders should be able to clearly compare current policy to new proposals so they can make informed decisions.”

The American Medical Association isn't a political organization. They are thoughtful people whose fundamental concern is the doctors in this Nation and the health care of the people. Another respected organization representing American hospitals made it clear. The American Hospital Association warned that Republican action of repealing without a plan would result in an “unprecedented health care crisis.”

Are Republicans listening to doctors and hospitals or are they rushing forth, willing to risk a crisis for our country, and for what? They are a President for 4 years, a Congress for 2. What is the rush to put forth a plan and just repeal? Will they listen to these experts? What about the president of America's leading cancer group, the American Cancer Society? Will they listen to them? They urge Congress to “consider the future of the Affordable Care Act. It is critically important that cancer patients, survivors and those at risk of the disease don't face any gap in coverage of prevention or treatment. . . . Delaying enactment of a replacement for 2 or 3 years could lead to the collapse of the individual health market with long-term consequences.”

This organization is respected by people on both sides of the aisle and is not playing partisan games. They are calling out the truth; that it is a reckless Republican move to repeal without replacing. Will Republicans listen to the American Diabetes Association? Folks with diabetes are Independents, Republicans, and Democrats, and this is an organization respected by people on both sides of the aisle. They say:

The Association strongly opposes going back to a time when . . . treatment for pre-existing conditions like diabetes could be excluded from coverage; when people could find their insurance coverage was no longer available just when they needed it most.

What is the Republican plan to address these concerns and to pay for these concerns? Will they listen to private businesspeople? They, too, join in the chorus of Americans urging that Republicans not endanger the lives and livelihoods of millions.

The Main Street Alliance. We all have main streets in our States and our communities. A group representing these small businesses from across the country urges lawmakers to consider the devastating effect a repeal without

replace would have on small businesses:

Small business owners depend on healthy and vibrant communities to keep us profitable in the engines of economic growth. . . . Changes to our current health care system are needed, but not in the form of cuts to critical programs or through taking away our health coverage.

There are some Senators who are speaking out. It is not the entire Republican caucus. There are some who are saying exactly what I am saying. Yet we are still rushing toward a vote, even with Republican Senators having the courage to stand up. Just yesterday Republican Senator RAND PAUL of Kentucky, before voting to proceed to this measure, said: "It is imperative that Republicans do a replacement simultaneous to a repeal." I respect my Republican colleague for saying what is common sense and speaking up against the reckless actions being taken by the Republican Party as a whole, and some fellow Republican Senators have joined him in similar statements, including LAMAR ALEXANDER, the chair of the Health, Education, Labor, and Pensions Committee. The Republican from Tennessee, who noted in an interview in November 2016 that when it comes to the ACA, "what we need to focus on first"—Senator ALEXANDER said—"is what would we replace it with and what are the steps that it would take to do that?"

Republican Senator SUSAN COLLINS of Maine shared in an interview last month that she was "concerned about the speed in which this is occurring" and expressed concern over what would happen to her constituents in Maine who had signed up for insurance through the ACA, saying: "You just can't drop insurance for 84,000 people in my State."

I not only talk about Republicans in this body, but there are conservative think tanks focused on our country that are speaking out now as well. The American Enterprise Institute said in a 2015 report that "repealing the law without a plausible plan for replacing it would be a mistake."

So here we have it from all over the country, people across the political spectrum, experts, market analysts, insurance executives, doctors, nurses, hospital leaders, patient groups; these people in our country who are beyond politics and even beyond their opinions of the Affordable Care Act when it was enacted are now speaking in a chorus of conviction in one voice: Don't repeal the Affordable Care Act without a clear plan to preserve the things that are making America healthier and more financially strong and secure. Don't recklessly rush into a politically motivated move that would endanger the health care of millions of Americans, increase the costs for millions of Americans, throw insurance markets into chaos, endanger our hospitals' financial stability, and put our most vulnerable Americans into crisis: our seniors, people in nursing homes, retired coal

miners, people recovering from drug addiction, the poor and other underserved communities.

We are America, and this is a time that we must call, not to party rhetoric but to who we are and what we stand for. We cannot let this repeal without replacement happen. We must know what the Republican plan is so experts, market analysts, insurance folks, doctors, everyone understands what will happen. Americans will be hurt. It is time to put our country and the people first. There is no rush. The voters gave this body 2 years. It gave the Presidency 4 years. We must now fight these efforts. We must resist. We must call to the conscience of neighbors and appeal to the moral compasses of our Republican leaders to do what they said they would do—put forth your plan. Let the American people know what they are going to do and do not thrust millions of your fellow country men and women off a cliff and shout promises to them as they fall: "Hey, don't worry. We will figure something out before you hit the ground." Where is the honor in that strategy? Call the public together, gather your experts, put forth a thoughtful process, and develop what you think is better, what improves upon what we have now, what doesn't diminish our unassailable gains that we have had but build upon them. Give us a plan, not empty promises. Give America hope. Don't plunge millions into despair and uncertainty. Show decency, not costly craven politics. We know who we are as a country. Profound are the words, "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.—That to secure these rights, Governments are instituted among Men. . . ."

This government, this body, the United States Senate, led by Republicans here and in the House and in the White House, must stand for these ideals. Health care is critical to life. We must stand for these ideals. Health care is critical to liberty, our freedom from fear, our freedom from illness, our freedom from deprivation. We must stand for these principles. Health care is critical to the happiness, the joy, the greatness of America. To secure these rights, governments are instituted, and we were elected to stand for the American people, by the American people, to fight to defend our brothers and sisters. This government and actors must put our ideals first, not partisanship and not theater. Do not attack these ideals through a rash and reckless repeal. Be thoughtful. Be kind. Be magnanimous. The well-being of our Nation is in the balance.

May God bless us in this time of crisis. May wisdom prevail over politics.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

TRIBUTE TO STEPHEN HIGGINS

Mrs. FISCHER. Madam President, I rise today to offer my warmest wishes to my legislative director, Stephen Higgins, as he begins the next chapter of his truly remarkable professional career. It is a career that is characterized by unshakable dedication to the common good and supreme attention to detail. These qualities make Stephen Higgins a true professional. His service is a labor of love for our country and this institution in particular.

Stephen has worked in the Senate longer than all but nine of its current Members, serving this Chamber for 23 years. Stephen still remembers his first day on payroll: March 21, 1994. He began with Senator William Cohen of Maine as a counsel on the Juvenile Justice Subcommittee of the Judiciary Committee. There he began what would become a decades-long mission: to advance crime victims' rights.

A year later, Stephen joined the office of Senator Jon Kyl of Arizona, where he would distinguish himself as a committed, talented lawyer over the next 18 years, serving as chief counsel in Senator Kyl's personal office and for 14 years as chief counsel on his Judiciary Committee staff. During that time, Stephen played the lead role, supporting efforts to pass a bipartisan crime victims' rights constitutional amendment. The end result: After 8 years of hard work, a landmark statute was passed by a vote of 96 to 1. This is one of Stephen's proudest accomplishments. "We did something significant to help crime victims," he said. "We enshrined into law the rights of crime victims to be informed, present, and heard."

To put it simply, Stephen Higgins helped humanize America's criminal justice system. This work reflects his sincere beliefs about that system. "The criminal justice system is about seeking the truth," he said. "The truth matters."

For Stephen Higgins, the truth has always mattered. He is a man of high character and great personal integrity. These attributes made him exceptionally well-suited for work in another critical realm of the Senate: judicial nominations. "Judges hold people's lives in their hands," Stephen said. "Their decisions have life-altering consequences."

Most recently, Stephen played a key role in the nomination of Omaha attorney Bob Rossiter to serve as U.S. district court judge for the District of Nebraska, and last year, the Senate confirmed Judge Rossiter unanimously. This was a beautiful capstone to Stephen's Senate career.

He leaves the Senate now for a new position: managing director of the

Human Ecology Institute at the Catholic University of America. This is an interdisciplinary research institute that will apply the rich intellectual tradition of the Catholic Church to contemporary problems in our society. As Stephen said, "I love the Senate. The only institution I love more is the Catholic Church." Sounds like a match made in Heaven. As he takes his new post, I know Stephen will work like it all depends upon him and pray like it all depends upon God.

I thank Stephen's wife of 18 years, Lauren, and their two children, James and Elizabeth, for loaning him to us here in the Senate, because it is a sacrifice. I know they are proud of you, Stephen, as are your parents, Joe and Shelley, and your brother, David.

So, Stephen, thank you so much for all you have done for my office, for the Senate, and for the people of this country. Good luck. God bless.

Madam President, I yield the floor.

The PRESIDING OFFICER. If no one yields time, the time will be divided equally.

The Senator from Utah.

BEARS EARS NATIONAL MONUMENT

Mr. LEE. Madam President, on January 20 of this year, change is coming to the White House. But until that day, it appears that President Obama will desperately cling to the status quo and continue to do what he has done on far too many occasions: abuse his Executive powers to put in place unpopular policies without the cooperation of Congress and then pretend as if everyone somehow supports him.

The most recent case in point involves President Obama's recent decision to designate as a new national monument some 1.35 million acres of public land in San Juan County, UT—the poorest county in the State of Utah, nearly the size of Delaware. This is a small county that is tucked into the southeast corner of our State. It includes—and the national monument is named after—the region's distinctive Bears Ears buttes, which mark the ancestral homeland and sacred site of many members of the Navajo and Ute Tribes who live in San Juan County, UT.

President Obama announced the Bears Ears National Monument on December 28, right between Christmas and New Year's Eve, as most Americans were busy enjoying the holiday season and when he was still enjoying time with his family in Hawaii. That same day, his administration released an explanatory document that was officially christened a "Fact Sheet." It was christened that way by the White House officials who wrote it. But, in reality, it reads much more like an elaborate book of fiction.

Of all the falsehoods peddled in this bogus fact sheet, the most egregious—and, in many ways, the most insulting—is the claim that the residents in San Juan County, including local members of the Navajo Nation and members of the Ute Tribe, supported the Presi-

dent's decision to turn Bears Ears into a national monument.

The document says:

The creation of the Bears Ears National Monument in Utah [. . .] follow[s] years of robust public input from tribes, local elected officials, and diverse stakeholders, and draws from legislation introduced in Congress. In addition to protecting more land and water than any administration in history—

And here is the kicker—

President Obama has taken unprecedented steps to elevate the voices of Native peoples in the management of our national resources.

"Unprecedented steps to elevate the voices of Native peoples." Nothing could be further from the truth in this situation. Perhaps if we replace the word "elevate" with the word "exploit," that sentence might apply to the situation in Bears Ears.

Now, there is no denying that many Native American people supported President Obama's designation of the Bears Ears National Monument. But the inconvenient truth too often ignored by the Obama administration and its supporters is that virtually all of this tribal support came from Native Americans residing outside of Utah, not inside Utah, and certainly not within San Juan County where this 1.35 million-acre designation occurred.

In fact, the most prominent Native American group that advocated for a national monument in Utah is actually an alliance called the Bears Ears Inter-Tribal Coalition, which is made up of several tribes, and most of its members reside outside of the State of Utah.

Yet, national monument advocates routinely invoke the Inter-Tribal Coalition as the authoritative mouthpiece of all Native Americans in the Southwestern United States.

So how did a coalition of Native American tribes from Colorado, Arizona, and New Mexico rise to such a position of prominence in a debate over a national monument in a remote corner of Utah? Well, part of the answer can be found in the cozy relationships between well-funded environmental advocacy groups, powerful outdoor retail companies, and tribal organizations.

Recent investigative reporting by the Deseret News shows how radical wealthy environmental organizations, supported by the outdoor recreational industry, channeled millions of dollars to the Bears Ears Inter-Tribal Coalition only after they realized that "hitching [their] success" to the Navajo Nation was the only way they could achieve their longstanding goal of creating a national monument in Southeastern Utah.

The ability of uber-rich environmentalists to essentially buy a national monument in Bears Ears explains why the people of San Juan County—including the Navajo residents, whose lives and livelihoods are intricately linked to the Bears Ears Utes—stand united in opposition to a monument designation.

For the people of the Navajo Nation who live in San Juan County, taking

care of their ancestral land—protecting and preserving it for the next generation—isn't optional, it is a sacred duty. It is part of their faith. It is part of who they are.

The same is true in many respects in my own faith. As a member of the Church of Jesus Christ of Latter-day Saints, I share many of these views. My church teaches that the Earth is a divine creation that belongs to God. This means that human beings have a spiritual responsibility—an obligation to God—to be wise stewards over the Earth, to conserve it for our children and our grandchildren.

The Navajo people of San Juan County have always faithfully fulfilled their responsibility in the Bears Ears region, and so have the Utes who reside in the area. Caring for their homelands—and respecting it as their forefathers did—is the cultural lifeblood of the Native American people of Southeastern Utah. Take away their access to their land—restrict their stewardship over the Earth's bounty for the sake of increasing the access of wealthy urbanites who use the outdoors for their own purposes—and it won't be long before their culture begins to fade away.

The people of San Juan County understand this. They have seen their worst nightmares become reality in other Utah counties as a result of Presidential national monument designations. That is why on December 29, the day after President Obama announced the Bears Ears monument, a crowd of Utahns assembled to hold a protest on the steps of the San Juan County Courthouse.

Braving the frigid weather of that day, they gathered together to demonstrate that they—the individuals and the families who will be most directly affected by a Bears Ears national monument—believe that the President has no business seizing vast stretches of land to be micromanaged and mismanaged by distant Federal land agencies.

But the protesters weren't just angry. They were resolute, confident about the future, and determined to keep fighting for their right to participate in the management of the land in their community—the land that most directly affects them.

Of course, environmentalists and national monument advocates want the people of San Juan County to believe that this fight is simply over, that they have lost, that there is nothing they can do about something that affects them in a very real, very personal, very intimate way. In their view, President Obama's proclamation of the Bears Ears National Monument is permanent. It is irreversible, as if it were carved into stone. As one White House official recently told the Washington Post: "We do not see that the Trump administration has authority to undo this."

But they say this only because they are not looking hard enough. The truth is what can be done through unilateral

Executive action can also be undone the same way. Such is the impermanence of Executive power in our constitutional republic, where major policy changes require broad consensus, forged through legislative compromise, to endure the test of time.

In a recent Wall Street Journal article, two prominent constitutional scholars, Todd Gaziano and John Yoo, explain this point as it relates specifically to President Obama's use of the Antiquities Act to designate the Bears Ears National Monument. The Antiquities Act of 1906, as they explain, does not create an irreversible monument. When a President uses it, its use is not necessarily indelible.

Gaziano and Yoo write:

After studying the President's legal authority [under the Antiquities Act], we conclude that he can rescind monument designations [. . .] the law's text and original purposes strongly support a president's ability to unilaterally correct his predecessor's abuses.

In other words, starting on January 20, President-Elect Trump can use his Executive powers to rescind President Obama's designation of the Bears Ears National Monument. I have asked the future Trump administration to do precisely that.

I have also recently cosponsored Senator MURKOWSKI's bill, the Improved National Monument Designation Process Act, which would require all future Presidents to obtain congressional and State approval prior to designating a national monument. I have done these things, and I will do more, because I believe the preponderance of evidence proves that President Obama abused his powers—the powers granted to him under the Antiquities Act—in designating the Bears Ears National Monument.

This isn't just my opinion. It is the opinion of most of my fellow Utahns, including those patriots who assembled on the county courthouse steps in the rural town of Monticello on December 29.

These are the people who were ignored by the Obama administration. These are the people who were cut out of the decisionmaking process that produced this particular national monument designation. These are the voices that were stifled by the wealthy, out-of-State, well-connected environmental groups that spent millions of dollars to lock up our land for their exclusive use.

So it is fitting to let one of them—one of the residents of San Juan County—have the last word today. I think Suzy Johnson put it best when she said:

Mr. Obama, you have failed the grassroots natives. A true leader listens and finds common ground. The fight for our land is not over. Your name will blow away in the wind.

I yield the floor.

The PRESIDING OFFICER (Mr. SASSE). The Senator from Maryland.

Mr. VAN HOLLEN. Mr. President, I ask that the time I use be charged against the resolution.

The PRESIDING OFFICER. The Senator is recognized.

Mr. VAN HOLLEN. Mr. President, this is the first time I have risen to speak on this Senate floor. I want to start by thanking my fellow Marylanders for the honor of representing them in this great United States Senate. I want to thank my colleague Mr. CARDIN, the senior Senator from Maryland, for joining us. I thank the new Senator from California, Ms. HARRIS, for joining us as well. I want to say to my fellow Marylanders that I look forward to working every day for their benefit and for the benefit of our Nation. I want to say to my new colleagues in the Senate—Republicans and Democrats alike—I look forward to working with all of you in the years to come for the good of our Nation.

I understand it is somewhat unusual for a new Member to speak so soon on the Senate floor, but what we are witnessing today in the Senate is not business as usual, and these are not ordinary times. Having served as the lead Democrat on the House Budget Committee, I know that never before has the Senate rushed out of the gate so quickly to enact a budget procedure to deny the minority party—and by extension, hundreds of millions of Americans—their rights in this United States Senate. Yet here we are, speeding to use the budget process to fast-track a so-called reconciliation bill that will destroy the Affordable Care Act and, in doing so, wipe out access to affordable care for over 30 million Americans and create total chaos throughout the American health care system. That is reckless. It is irresponsible, and it violates the traditions of this institution.

I may be new to the Senate, but I am not new to the way this Senate has proudly been described by its Members, both Democrats and Republicans, both current and former Members. My colleague Senator HARRIS will attest that one piece of advice we all received from both Republican and Democratic Members of this Senate was to read the chapter in Robert Caro's book about Lyndon Johnson entitled "The Desks of the Senate," where Robert Caro talks about the burnished mahogany tops, and he tells the story of the Senate through the Senators who were protagonists in great debates throughout our history. He highlights the idea that this Senate is supposed to be a deliberative body that reflects on issues with a thoughtful exchange of ideas. Unfortunately, that certainly does not describe the Senate of this moment. Having just arrived from the House of Representatives, what we are witnessing today is much more like the tyranny of the majority characteristic of that body.

This Senate is supposed to be different, but at least for now it seems very much like the House I just left.

As a result of the fast-track process in the Senate, we will be overriding and roughshodding over the will of a majority of the American population,

and Americans are just now waking up to learn about the bait-and-switch scheme that has been perpetrated on them. For more than 6 years, Republicans in this Senate and in the House of Representatives have said repeatedly that they would repeal ObamaCare but replace it—replace it with something, they said, that will be much better. Now we know, as the clock ticks down, that has been a farce. There is no Republican replacement bill to provide the kind of coverage and benefits of the Affordable Care Act, and the consequences of that failure are going to be devastating for the country.

Let us take a moment to look at the human toll. First, there are the 22 million Americans who previously had no health insurance before the Affordable Care Act but are now covered through the health care exchanges and through expanded Medicaid. These are people who have been denied access to coverage because they had preexisting conditions or their kids had preexisting conditions—whether it was asthma, diabetes, heart conditions—so they were either outright denied by insurance companies or priced out of the market. That 22 million may be a big number, hard to comprehend, but behind that number are many families like Carlos and Isabelle Martins, who live not far from where I live in Silver Spring, MD. They could no longer afford health insurance through their employer. Shortly before the Affordable Care Act was enacted, Carlos was told he needed a liver transplant to survive. His wife Isabelle said that without the Affordable Care Act, he would never have received that lifesaving treatment.

There is the case of Diane Bongiorno, who now lives in Hyattsville, MD. She previously had open-heart surgery. When her Cobra expired, it was only because of the Affordable Care Act that she was able to get coverage and not be denied because of that earlier, relevant preexisting condition. Days after she was on the Affordable Care Act, a cardiologist told her one of her heart valves was failing and she would need another surgery immediately, and she has told us that she "would have died" had she not had that coverage.

In addition to Diane and Carlos and the other 22 million Americans who would have been denied affordable health care before the Affordable Care Act and Medicaid expansion, there are an additional 7 million Americans on the health care exchanges today who are projected to totally lose that coverage if Republicans pull the plug on the Affordable Care Act. That is over 30 million Americans who will lose access to affordable care directly.

There is no doubt that in those health care exchanges, we have seen increases in premiums and some of the copays, and we need to do something about it, which is why I and many of my colleagues have put forward ideas to address the increases we are seeing in the health care exchanges in terms of costs. We put those ideas on the

table, and we would welcome our Republican colleagues to join us to improve the Affordable Care Act. You don't fix a health care system, you don't fix those problems by blowing up the entire Affordable Care Act. That is not a solution.

I also want to focus for a moment on the tens of millions of Americans who are not included in that 30 million who benefit directly from the Affordable Care Act but who are benefitting right now from ObamaCare. They may not realize it now, but mark my word they are going to face very unpleasant and unexpected consequences if the Affordable Care Act is ripped apart.

First, let us take a look at the overwhelming number of Americans who get their health care not on the health care exchanges but through their private employer—most Members of this body, most Americans. The premiums in those plans have actually risen much more slowly since the Affordable Care Act was enacted than before. The overwhelming number of Americans who are on those plans have benefited dramatically from the reduction of costs. Why did that happen? Because all those people who had been previously denied access to health care who are in the ObamaCare exchanges, they used to show up in the hospital as their primary care provider or, since they weren't getting any care at all because they couldn't afford the bill, they were showing up at those hospitals when there was an emergency, when cost was most expensive. We don't deny people care in an emergency, and then they get the bill and they can't pay the bill. That is why so many people were going bankrupt in America before the Affordable Care Act. But somebody pays. Who pays? Well, everybody else in the system pays. Everybody else who has private insurance through their employer pays or taxpayers in States pay for the uncompensated care that hospitals would otherwise have to carry. In the end, people's premiums were going up really fast, but by providing the health care system through ObamaCare for those exchanges, however imperfect, it has helped those other tens of millions of Americans. Let us look at Medicare beneficiaries, millions of seniors. Watch out. Their costs are going to rise in three and maybe four ways right away.

First of all, their Part B premiums that every senior on Medicare pays are going to go up. Why is that? Because as part of the Affordable Care Act, we got rid of some of the overpayments, the excessive subsidies that were being paid to certain providers, including some of the managed care providers who were paid, on average, 115 percent more than fee for service. We said that makes no sense. That is a waste of Medicare beneficiaries' money. So we reformed that by saving the Medicare system money. We also save the Medicare beneficiaries money in their premiums because those premiums are set

partly to the overall cost of Medicare. If you reduce the cost of Medicare in a smart way, you reduce those premiums. That is why seniors have seen such slow increases in their Part B premiums since the enactment of the Affordable Care Act. Those will go right back up.

Second, seniors on Medicare no longer have to pay for preventive health screenings, cancer screenings, diabetes screenings, other kinds of preventive health care because we want to encourage them to identify the problems early and solve them for their own health care purposes but also because it saves money in the system. You get rid of the Affordable Care Act, those seniors are going to be paying premium copays for those preventive health services.

Prescription drug costs. Seniors—and there are millions and millions of them who face high prescription drug costs—are benefiting today from the fact that we are steadily in the process of closing the prescription drug doughnut hole. We had an absolute crisis in this country where so many seniors were faced with the difficult choices of getting the medications they needed to live day-to-day and keep a roof over their head. That is why we are closing the prescription drug doughnut hole. You get rid of the Affordable Care Act, all those seniors who, on average, have saved thousands of dollars with the Affordable Care Act are going to see their costs go up.

Finally, if you enact the plan that has been put forward by the Speaker of the House, PAUL RYAN, and by the person who President-Elect Trump has nominated to be his Secretary of Health and Human Services, TOM PRICE—I encourage every American to look at their plan because they want to voucherize Medicare, and they want to save the Medicare system money by raising the prices and the risks on every Medicare beneficiary. That is the result of that plan.

The Affordable Care Act benefits 30 million people directly, and we need to make sure we don't put them in harm's way, but it also benefits all these other people in the system, the people on the employer-provided health plans who have seen historically low premium increases and seniors on Medicare.

Rural hospitals will be particularly hard hit by repealing the Affordable Care Act. So the proposed Republican action is going to hit those 30 million Americans, including my neighbors in Silver Spring. It is also going to hit those other tens of millions of Americans who right now may not realize the extent to which they are benefiting from the Affordable Care Act. Yet our Republican colleagues have not put forward a single plan to help either the 30 million or all the other Americans who are benefiting from the Affordable Care Act. Instead, we see a rush to generate chaos throughout the health care system. That is counter to what the President-elect has said he wants. Here is

what Donald Trump said on “60 Minutes”:

Everybody's got to be covered.

Everybody.

I am going to take care of everybody.

Well, it is really important that the majority in the Senate and the House talk to the President—elect because they are not on the same road when it comes to that commitment. When the President-elect was asked about finding a way to keep the ObamaCare rules that prevent discrimination based on preexisting conditions, he said, “I like those very much.” When he was asked about the provision that allows children to stay on their parents' insurance plans until they are 26 years old, he said, “We're going to very much try to keep that.”

Here is the dirty little secret. Many people—Republicans and Democrats in this Chamber—know there are only a very few ways you can design a health care system that meets those conditions. One way, which many Democrats have historically supported, is the idea of Medicare for all. The other way is the ObamaCare model. It was not always known as the ObamaCare model.

The foundation for ObamaCare actually had its roots in the conservative Heritage Foundation think tank reports. It was an idea long promoted by Republicans, including many Republican Senators, some of them still here today. It is an idea rooted in the concept of personal responsibility, the idea that every American needs to do their part and help pay for their health insurance, otherwise, if they don't pay, they are going to force other people to pay when they go seek that care in the emergency room or wherever it may be. In order for that idea to work, the idea that was put forward by the Heritage Foundation, the idea in ObamaCare, everyone needs to have coverage because it would not make a lot of sense for us to be paying out all the time if we were able to wait until we got sick and then decide to pay. That is the idea of having everyone in the pool have insurance. The idea is, you don't want to use it, but you buy that protection. If other people don't buy the protection, then the rest of the folks feel like they are being taken advantage of, which is why everyone has to be in the pool, which is why it was an idea that came out of the Heritage Foundation.

In fact, I have the Heritage official report right here: Critical issues—a national health care system. This was back in 1989.

I want to read the three elements in the Republican plan.

Element No. 1, every resident in the United States must by law be enrolled in an adequate health care plan that covers major health care costs.

No. 2, for working Americans, obtaining health care protection must be a family responsibility.

No. 3, the government's proper role is to monitor the health market, subsidize needy individuals to allow them

to obtain sufficient services, and encourage competition.

That sounds like a description of ObamaCare. It is—which is why, of course, it was dubbed “RomneyCare” when they adopted this model for the State of Massachusetts. He adopted it based on the Republican’s Heritage model.

So here is the problem: Republicans can’t come up with an alternative. That is why it has not happened for 6 years, because if you are going to come up with an alternative, you have to go to either one of two models. One is Medicare for all. The other is the idea that every American has to be in the system and the idea based on personal responsibility, which at its start was a Republican idea. When President Obama adopted it, for many months, some Republican Senators were willing to go along, but then the politics overtook them, and since then, we have had the Republicans opposing their own proposed model for providing health care. So rather than repeal and replace, since there is no replace, it is repeal and run.

Here is the problem for our colleagues politically, but more importantly, here is the problem for all Americans and all our constituents: No one is going to be able to hide from the devastating consequences of undoing the Affordable Care Act, which is going to hurt not just the 30 million Americans who are directly benefiting through the exchanges and the Medicare expansion, the Medicaid expansion, but also all those seniors on Medicare and the others getting health care through their private employers.

As I said at the outset, it is truly sad to see the Senate at this point and in this state, especially because of the terrible consequences it is going to have on the American people.

You know, the very first time I was ever on the floor of the Senate was in 1985. I was not thinking of running for office myself at that time. It was the farthest thing from my mind. I was actually working—it was in the middle of the Cold War. I was working on national security and foreign policy issues for a moderate Republican Senator by the name of “Mac” Mathias from the State of Maryland.

I talked about the desks of the Senate at the outset of my remarks. Senator Mathias sat right there, one seat behind the seat Senator BOOKER is sitting in right now.

Great to see you.

That is where Senator Mathias sat. The reason I happened to be sitting next to him that day is he was working with Senator Kennedy that day. Senator Kennedy was at a desk back there, I believe. It was the second from the aisle. It had been his brother Jack Kennedy’s desk in the Senate before him. Even though there were many desks between the desk of Senator Kennedy and the desk of Senator Mathias and the center aisle between them, they were able to work together for the good

of the country, just as many Senators from both parties have done since. That is the way the Senate is supposed to work. That is the way the Senate was described in the Robert Caro book that Republicans and Democrats alike told us to read as new Members before we came here.

I am really glad to be here. I am excited to get to work on behalf of Marylanders and work for the good of our State and the country. I wish it could have been at a moment when the Senate was not hellbent on breaking the very traditions that have made it great, the tradition of being a deliberative body and not using right out of the gate, the very first thing, a process to short-circuit the will of the minority party. That is not what any of us were taught the Senate was about.

It is particularly troubling that the Senate is engaged in breaking that tradition in order to undermine affordable health care for tens of millions of Americans and generate chaos in our health care system. I will fight every day to prevent that from happening.

I will also fight every day to try to live up to the true tradition of the Senate, which is people trying to work together for the good of the country. It is disappointing to be here at a time when the Senate is embarked on violating that tradition in order to strip Americans of their health care. I hope we will not let that happen. I will fight every day to prevent that from happening and then work with my colleagues to try to make sure we address the real priorities and concerns of the American people.

I thank my colleagues for joining me on the floor.

The PRESIDING OFFICER (Mr. SULLIVAN). The Senator from Iowa.

Mr. GRASSLEY. Mr. President, because—

Mr. CARDIN. Mr. President, may I ask my colleague to yield for just one moment?

The PRESIDING OFFICER. Will the Senator from Iowa yield?

Mr. GRASSLEY. Yes, for one moment.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Thank you. I appreciate the courtesy. I just wanted to take this time to welcome Senator VAN HOLLEN to the Senate. Senator VAN HOLLEN gave his maiden speech from the desk that was held by Senator Mikulski. I know Senator Mikulski would be very proud of what he said here on the floor and very proud of Senator VAN HOLLEN being here in the Senate. I look forward to working with him.

I want to tell the people of Maryland and the people of this Nation that what you heard tonight, you heard a person who is committed to making our system work, who is committed to working with every Member of the Senate. But he will stand up for the principles and will stand up on behalf of the people of Maryland.

Again, welcome. It is wonderful to have him here in the Senate.

The PRESIDING OFFICER. The Senator from New York.

Mr. SCHUMER. Mr. President, I just want to add my commendation. It was such a well done, brilliant, articulate, carefully thought out speech. But it is not a surprise because our new Senator, the junior Senator from Maryland, is like that. We are so excited to have him and our freshman class—some of his colleagues came here today. We wish it had been larger in quantity, but they sure make up for it in quality, as Senator VAN HOLLEN’s speech showed. And parenthetically, maybe he will be able to increase that quantity in one of his other new jobs.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. GRASSLEY. Mr. President, it is because of ObamaCare that the health insurance markets in this country are badly damaged. They have gotten worse each year. They are now near collapse.

You were told 8 years ago that if you like your health insurance, you can keep it. Millions can’t. If you like your doctor, you can keep your doctor. Millions of Americans were not able to keep their doctor. You were told that your health insurance premiums would go down \$2,500. They have actually gone up probably \$3,500. Some people don’t have a choice in plans. Some counties don’t even have a plan in the exchange. If you could get a plan, you might not be able to afford it. If you could afford the plan, you might not be able to use it because of the high co-payments you have to have. So it is not a very good situation.

It took 6 years for the health insurance market to get as bad as I just described. It will take time for those markets to be restored. The next few years in health care will be challenging if ObamaCare is repealed or even if it is not repealed. If ObamaCare is not repealed, it will be even longer before Americans have access to a functioning health insurance market and the insurance plans they want.

When it comes to health care, every second counts. We owe it to the American people who are sick or who could get sick, as well as families and businesses trying to plan for the future, to start fixing that problem right now. That is the result of the election. That is what the Senate is going to do.

The Affordable Care Act, which could more appropriately be called the Unaffordable Care Act, has been a case of over-promise and under-delivery. People were told that their premiums would go down and that if they liked their doctor, their hospital, or their health care plan, they could keep all of it. The reality is much different. More than half of the country had two or fewer insurance plans from which to choose this year. Some regions had no insurance plans available at all. Even those who were strong supporters of the health care law, like the Minnesota Governor whom I like to quote, have

said the Affordable Care Act “is no longer affordable to many Americans.”

In my State of Iowa, the Affordable Care Act premium increases this year were over 40 percent for many individuals. Few people, of course, can afford that. Families that did manage to purchase Affordable Care Act insurance found that they could no longer afford to use it.

One Iowan recently called my office and told me that his premiums have increased 400 percent in 3 years. He also said that his deductible went up to—can you believe it—\$14,000. Last year, one of his children had a major medical problem, and they had to pay for all of that care out of their pocket—not from the insurance. The family paid \$12,000 for the Affordable Care Act insurance, which did not pay for any health care. Of course, that just doesn't make any sense whatsoever.

The problem is that the Affordable Care Act did nothing to address the underlying causes of the high cost of health care; that is, what it costs for a hospital or a doctor to purchase or maintain medical equipment, purchase medicines, carry malpractice insurance, and a lot of other costs they have.

Rather than address the actual cost to care, President Obama and his colleagues chose to bypass real health care reform for an unsustainable entitlement and bureaucratic mandates that have priced people out of the health insurance market, rather than provide those same people with affordable and quality coverage.

So we are at it now. It is time for real health care reform, not the misguided policies that we were promised 8 years ago that now have turned out to be what I describe as misguided policies. It is time to deliver to Americans what we were promised. It is time to provide accessible, affordable health care to all Americans. But my colleagues on the other side of the aisle need to work with us. They know that the Affordable Care Act is falling apart. They know it is unaffordable.

As we have heard in speeches this week, the other side is trying to distract attention from the Affordable Care Act collapse by using scare tactics, like you recently heard. It is time for the Democrats to step up, instead of doubling down. It is time for statesmanship, not gamesmanship. It is time for the Democrats to stop defending the “un-Affordable Care Act” and deliver Americans what was promised.

I look forward to working with my colleagues and the Trump administration to deliver affordable health care to all Americans in the tradition of the Senate, which is what didn't happen in 2009. It was strictly a one-party program put before the Congress to pass. That is why it has failed—because so many of the people who could have made a good bill pass in 2009 were shut out of the process because this body had 60 Democratic Members and they didn't have to pay any attention to Republicans.

They spent maybe 8 or 9 months trying to work with the Republicans to negotiate a bipartisan deal. But before that was completed, they said: Take it or leave it. The Republican minority at that time was not going to be dictated to, and we were pushed out of the room.

Then what ended up being the Affordable Care Act was written in the big black hole of Senate Majority Leader Reid's office, without the bipartisan input which has made so many social programs in America successful. I would name the Social Security Act. I would name civil rights legislation, Medicare legislation, and Medicaid legislation, which all had broad bipartisan support to get them passed. In the case of the Civil Rights Act, a higher proportion of Republicans voted for it than Democrats voted for it—just one example.

That is the tradition of the Senate when you have major social legislation that has been successful, and that is why the Affordable Care Act was not successful—because it was strictly a partisan approach that was used to have it become law.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

Mr. MCCONNELL. Mr. President, I ask unanimous consent that at 5:30 p.m. on Monday, January 9, the Senate vote in relation to the Paul amendment No. 1; further, that the Senate vote in relation to the Sanders amendment No. 19 at 2:30 p.m. on Tuesday, January 10.

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

Mr. MCCONNELL. Mr. President, it is my understanding that we will have a side-by-side amendment to the Sanders amendment, and we will circulate that amendment as soon as possible.

TO CONSTITUTE THE MAJORITY PARTY'S MEMBERSHIP ON CERTAIN COMMITTEES FOR THE ONE HUNDRED FIFTEENTH CONGRESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of S. Res. 7, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The bill clerk read as follows:

A resolution (S. Res. 7) to constitute the majority party's membership on certain committees for the One Hundred Fifteenth Congress, or until their successors are chosen.

There being no objection, the Senate proceeded to consider the resolution.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the reso-

lution be agreed to and the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

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

The resolution (S. Res. 7) was agreed to.

(The resolution is printed in today's RECORD under “Submitted Resolutions.”)

The PRESIDING OFFICER. The minority leader.

TO CONSTITUTE THE MINORITY PARTY'S MEMBERSHIP ON CERTAIN COMMITTEES FOR THE ONE HUNDRED FIFTEENTH CONGRESS

Mr. SCHUMER. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. Res. 8, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The bill clerk read as follows:

A resolution (S. Res. 8) to constitute the minority party's membership on certain committees for the One Hundred Fifteenth Congress, or until their successors are chosen.

There being no objection, the Senate proceeded to consider the resolution.

Mr. SCHUMER. Mr. President, I ask unanimous consent that the resolution be agreed to and the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

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

The resolution (S. Res. 8) was agreed to.

(The resolution is printed in today's RECORD under “Submitted Resolutions.”)

The PRESIDING OFFICER. The majority leader.

Mr. MCCONNELL. Mr. President, these committee resolutions reflect the fact that Senator BLUNT will remain chair and Senator SCHUMER will remain ranking member of the Rules Committee until the inaugural ceremonies have been completed.

It is my understanding that following the inauguration, Senator SHELBY will become chair and Senator KLOBUCHAR will become ranking member of the Rules Committee.

The PRESIDING OFFICER. The minority leader.

Mr. SCHUMER. Thank you, Mr. President.

We have just agreed to the committee resolution numbers on each committee. I would make just a couple of points, if I might.

Our caucus has some serious concerns about letting the Intelligence Committee and Armed Services Committee exclusively handle the issue of Russia's interference in the election.

While much of the information relating to Russia's interference in our election can be pulled together by the Intelligence and Armed Services Committees, the legislative actions that

will be required to respond fully to Russia's interference need to be a wide-ranging endeavor that can only be done by a select committee.

I have spoken with Leader McCONNELL. I have told him that we will let the committee organizing resolution go forward, but I did put the majority leader on notice that if the work of the Intelligence and Armed Services Committees is deemed insufficient or incomplete or taking too long, this matter may well need to be revisited before the committee funding resolution comes up in February.

Also, I understand additional information with respect to Russia's interference in our election will be released in the coming days, and that could also change our view as to the way we ought to proceed.

I have spoken to the majority leader about these concerns. He carefully listened, and we will keep a careful eye on how things are going in the Intelligence and Armed Services Committees with regard to Russia's interference in the election.

The PRESIDING OFFICER. The majority leader.

Mr. McCONNELL. Mr. President, I ask unanimous consent to engage in a colloquy with the Democratic leader.

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

COMMITTEE FUNDING

Mr. McCONNELL. Mr. President, in the 112th Congress the Senate adopted a new funding allocation for Senate committees. This approach has served the Senate well for the past three Congresses. I believe this approach will continue to serve the interests of the Senate and the public, regardless of which party is in the majority, by helping to retain core committee staff with institutional knowledge. This funding allocation is based on the party division of the Senate, with 10 percent of the total majority and minority salary baseline going to the majority for administrative expenses. However, regardless of the party division of the Senate, the minority share of the majority and minority salary baseline will never be less than 40 percent, and the majority share will not exceed 60 percent. It is my intent that this approach will continue to serve the Senate for this Congress and future Congresses.

Mr. SCHUMER. Mr. President, this approach met our needs for the last three Congresses, and I too would like to see it continue. In addition, special reserves have been restored to its historic purpose. We should continue to fund special reserves to the extent possible in order to be able to assist committees that face urgent, unanticipated, nonrecurring needs. Recognizing the tight budgets we will face for the foreseeable future, it is necessary to continue to bring funding authorizations more in line with our actual resources while ensuring that committees are able to fulfill their responsibilities.

I look forward to continuing to work with the majority leader to accomplish this.

Mr. McCONNELL. Mr. President, I ask unanimous consent that a joint leadership letter be printed in the RECORD.

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

JOINT LEADERSHIP LETTER

We mutually commit to the following for the 115th Congress:

The Rules Committee is to determine the budgets of the committees of the Senate. The budgets of the committees, including joint and special committees, and all other subgroups, shall be apportioned to reflect the ratio of the Senate as of this date, including an additional ten percent (10%) from the majority and minority salary baseline to be allocated to the chairman for administrative expenses.

Special Reserves has been restored to its historic purpose. Requests for funding will only be considered when submitted by a committee chairman and ranking member for unanticipated, non-recurring needs. Such requests shall be granted only upon the approval of the chairman and ranking member of the Rules Committee.

Funds for committee expenses shall be available to each chairman consistent with the Senate rules and practices of the 114th Congress.

The division of committee office space shall be commensurate with this funding agreement.

The chairman and ranking member of any committee may, by mutual agreement, modify the apportionment of committee funding and office space.

CONCURRENT RESOLUTION ON THE BUDGET, FISCAL YEAR 2017—Continued

The PRESIDING OFFICER. The Senator from Vermont.

AMENDMENT NO. 19

Mr. SANDERS. Mr. President, I call up amendment No. 19, which is at the desk.

The PRESIDING OFFICER. Is there objection to setting aside the pending amendment?

Without objection, it is so ordered.

The clerk will report.

The bill clerk read as follows:

The Senator from Vermont [Mr. SANDERS] proposes an amendment numbered 19.

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

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

The amendment is as follows:

(Purpose: To prevent the Senate from breaking Donald Trump's promise that "there will be no cuts to Social Security, Medicare, and Medicaid")

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD BREAK DONALD TRUMP'S PROMISE NOT TO CUT SOCIAL SECURITY, MEDICARE, OR MEDICAID.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would—

(1) result in a reduction of guaranteed benefits scheduled under title II of the Social Security Act (42 U.S.C. 401 et seq.);

(2) increase either the early or full retirement age for the benefits described in paragraph (1);

(3) privatize Social Security;

(4) result in a reduction of guaranteed benefits for individuals entitled to, or enrolled for, benefits under the Medicare program under title XVIII of such Act (42 U.S.C. 1395 et seq.); or

(5) result in a reduction of benefits or eligibility for individuals enrolled in, or eligible to receive medical assistance through, a State Medicaid plan or waiver under title XIX of such Act (42 U.S.C. 1396 et seq.).

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

AMENDMENT NO. 20

Mr. SANDERS. Mr. President, I ask unanimous consent to set aside the pending amendment and call up amendment No. 20.

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

The clerk will report.

The bill clerk read as follows:

The Senator from Vermont [Mr. SANDERS], for Ms. HIRONO, proposes an amendment numbered 20.

Mr. SANDERS. I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To protect the Medicare and Medicaid programs)

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD PRIVATIZE MEDICARE OR LIMIT FEDERAL FUNDING FOR MEDICAID.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would—

(1) privatize the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) or turn the program into a voucher system;

(2) increase the eligibility age under the Medicare program; or

(3) block grant the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), impose per capita spending caps on State Medicaid programs, or decrease coverage under such program from current levels.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

MORNING BUSINESS

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

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

FOREIGN CULTURAL EXCHANGE JURISDICTIONAL IMMUNITY CLARIFICATION BILL

Mr. HATCH. Mr. President, in the final hour of our legislative business early last December 10, we passed a remarkable bill. It had no ideological division, did not cost the taxpayers a dime, and will benefit Americans in every part of the country. And, like the House did, we passed it unanimously.

This bill had the somewhat unwieldy title of the Foreign Cultural Exchange Jurisdictional Immunity Clarification Act. While not lending itself to a catchy acronym, it is accurately descriptive. For more than 50 years, a Federal law has provided legal protection for art loaned by foreign governments for exhibition in the United States. Confidence in that protection is an essential piece of the complex arrangements that can take years to complete in order to bring wonderful exhibits to American museums for everyone to enjoy.

America has hundreds of museums of all sorts. The art museum at Brigham Young University, for example, is one of the largest and best attended in the Mountain West. When it began working on a major exhibition of art from Islamic countries, some of its loan requests were unexpectedly denied. It turns out that a 2007 Federal court decision had made such loans risky, rather than secure. After that court decision, the act of lending, even after State Department review and approval, could actually lead to a new category of lawsuits against the foreign lenders.

This legislation, now signed into law, reverses that court decision and clarifies that lending art after State Department review does not raise the possibility of new litigation. Foreign governments can once again have confidence that lending art for exhibition will improve cultural understanding and enrich people's lives without the threat of new lawsuits.

The bill has two narrow exceptions. I want to thank Dr. Wesley Fisher, director of research at the Conference on Jewish Material Claims against Germany, and Rabbi Andrew Baker, director of International Jewish Affairs at the American Jewish Committee, for their help in drafting the exception for Nazi-era claims. The second exception covers comparable state-sponsored coercive campaigns of cultural plunder. Art that was looted in such a campaign should not be given protection for exhibition in the United States.

The senior Senator from California, Mrs. FEINSTEIN, was my principal partner in this effort. She and her staff have been patient, thoughtful, and dedicated; in particular, I want to thank her chief counsel, Eric Haren, and counsel Lartase Tiffith for working so diligently with my own chief counsel, Tom Jipping. The problem to

be solved was clear, but it was challenging to find the right language to solve that problem without unintended consequences.

I also want to thank the Association of Art Museum Directors, their director of government affairs Anita Difanis, and their special counsel Josh Knerly. They have been committed to this goal from the start, and their effort began with educating many of us about this unique area of law and policy. They mobilized hundreds of art institutions and associations to support this bill. And they were flexible about many things while staying focused on the essentials.

I gratefully acknowledge the consistent support for this legislation from the BYU Museum of Art, the Utah Fine Arts Museum, and the Utah Museums Association. We have a vibrant art community in Utah, and this legislation means that these fine institutions have additional opportunities to bring new experiences to the people in our great State.

Mr. President, I ask unanimous consent to have printed in the RECORD following my remarks a letter from James S. Snyder, director of The Israel Museum in Jerusalem. He writes that the risk of new lawsuits has been "a disincentive to lend works to American museums," but that this legislation "will ensure that museums worldwide can continue to lend to American museums in the precise spirit of international cultural cooperation that U.S. Immunity from Seizure protection was intended to provide." That, in a nutshell, is the problem and the solution we are enacting today.

This legislation restores the confidence that foreign governments need to lend art for exhibitions that Americans across the country can enjoy. That is something we can all be proud of.

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

THE ISRAEL MUSEUM,
Jerusalem, March 17, 2013.

Hon. ORRIN HATCH,
U.S. Senate,
Hart Office Building, Washington, DC.

DEAR SENATOR HATCH: I am Director of The Israel Museum, Jerusalem, an encyclopedic museum embracing the history of material world culture from pre-historic archaeology of the ancient Holy Land through the rise of Judaism, Christianity, and Islam; Jewish world culture; and the fine arts of the Western and non-Western traditions. Our collections comprise over 500,000 objects, and our 600,000 sq. ft. campus sits on a signature 20-acre site in Jerusalem. We are internationally active as producers of temporary exhibitions in Jerusalem and internationally and as major borrowers and lenders from sister institutions worldwide.

Our international museum community, which enjoys a close and collegial relationship with our American counterparts, is concerned about the trend toward a weakening of the Immunity from Seizure protection customarily offered by U.S. museums when they request loans from foreign museums. These concerns are two-fold:

First, that foreign museums risk being sued in connection with works loaned to an

American exhibition if there is a question that works on loan are held by their lending institutions in violation of international law. The act of lending can therefore be used as the basis to seek damages in a U.S. court, which is counter to the premise that Immunity from Seizure protects works on loan from legal action while they are on loan; and Secondly, foreign museums that loan works with clear provenance to an American exhibition may nonetheless be sued with regard to other works in their collections that may lack full provenance. In this regard, the simple act of lending, in the spirit of international exchange, opens us to possible claims with regard to any and all works in our collections.

Each of these potential circumstances raises troubling concerns, and, taken together, they are a disincentive to lend works to American museums, given the potential risk of suit in U.S. courts. And this prospect is exactly what U.S. Immunity from Seizure was originally established to avoid.

Anything that you can do to strengthen Immunity from Seizure in the U.S. will ensure that museums worldwide can continue to lend to American museums in the precise spirit of international cultural cooperation that U.S. Immunity from Seizure protection was intended to provide.

Please let me know if I can answer any further questions in this matter.

Sincerely,

JAMES S. SNYDER,
Director.

TRIBUTE TO SARAH R. SALDAÑA

Mr. CORNYN. Mr. President, today I would like to pay tribute to a dedicated public servant and Texan, Sarah R. Saldaña. Ms. Saldaña is stepping down as Director of U.S. Immigration and Customs Enforcement, ICE, and retiring after many years of Federal service.

Born as the youngest of seven children to working-class parents in Corpus Christi, TX, Director Saldaña learned the importance of hard work and education at a young age. After she graduated from W.B. Ray High School in 1970, Director Saldaña attended Del Mar Junior College and graduated summa cum laude from Texas A&M, formerly Texas A&I, University in 1973. Shortly thereafter, she began her career as an 8th grade language arts teacher at D.A. Hulcy Middle School in Dallas. Later, she worked as a technician for the Equal Employment Opportunity Commission, EEOC, and as an investigator and management intern for the Department of Housing and Urban Development, HUD. Additionally, she worked as a Federal Representative for the Department of Labor Employment and Training Administration until 1981.

Ms. Saldaña then decided to pursue a legal education at Southern Methodist University, SMU, in Dallas, TX, where she earned her J.D. in 1984. Following graduation, she clerked for the Honorable U.S. District Judge Barefoot Sanders. As a trial attorney, Director Saldaña was an associate for the law firms of Haynes and Boone, and then Baker Botts, where she became partner in their trial department.

In 2004, she returned to public service and became an assistant U.S. attorney for the Northern District of Texas, where she prosecuted a variety of criminal cases. She also served as the deputy criminal chief in charge of the district's major fraud and public corruption section.

In 2011, Ms. Saldaña was nominated and confirmed to become the first Latina United States attorney in the history of Texas and only the second woman to hold that position in the 135-year history of Texas' Northern District—a region that includes the Dallas-Fort Worth Metroplex and spans 100 counties and stretches across 95,000 square miles.

In 2014, Ms. Saldaña was confirmed to lead the U.S. Immigration and Customs Enforcement. As ICE's Director, she helped to oversee the largest investigative agency within the Department of Homeland Security and to protect the safety and security of the United States.

Throughout her career, she has served with integrity and character. Ms. Saldaña has served the people of Texas and the United States with honor—fighting illegal immigration, public corruption, organized crime, sexual predators, and other dangerous criminals.

Her legacy will continue to benefit the American people and I join with her family, friends, and coworkers in saying that her experience and dedication to public service will be missed.

I offer my appreciation to Sarah R. Saldaña for her service to our Nation and send my best wishes for the years ahead.

TRIBUTE TO DR. BETH BELL

Mrs. MURRAY. Mr. President, today I wish to recognize an exceptional public servant, Dr. Beth Bell, who is retiring from the directorship of the National Center for Emerging and Zoonotic Infectious Diseases, NCEZID, at the Centers for Disease Control and Prevention, CDC.

Dr. Bell began her career with the CDC in 1992, in my home State, as an epidemic intelligence service, EIS, officer assigned to the Washington State Department of Health, where she led a seminal investigation into E. coli infections. After completing her EIS training, she moved to CDC Atlanta to join the hepatitis branch in the division of viral and rickettsial diseases, later serving as chief of the epidemiology branch in the division of viral hepatitis. During her 13 years working on viral hepatitis, she led important efforts to better understand the epidemiology of hepatitis A in the United States, applying this knowledge to the development and implementation of hepatitis A vaccination policy. These extraordinary efforts contributed to reductions in national hepatitis A incidence of more than 95 percent. She also worked on implementation of global infant hepatitis A and B vaccination

programs during the early days of the Global Alliance for Vaccines Initiative. She later served as the acting deputy director of the National Center for Immunization and Respiratory Diseases during the H1N1 influenza pandemic before being appointed director of the newly formed Center for Emerging and Zoonotic Infectious Diseases, NCEZID, in 2010.

In that role, Dr. Bell has been at the forefront of the agency's critical and complex emergency response efforts. In 2014-2015, Dr. Bell was called upon to lead the center through the largest Ebola epidemic in history. After reaching a near breaking point where, according to CDC Director Dr. Tom Frieden, it was "spiraling out of control" in late 2014, the epidemic was contained through the aggressive use of proven outbreak-control measures such as patient isolation and contact tracing.

In 2016, Dr. Bell found herself leading the response to yet another pandemic as Zika exploded in South and Central America, Puerto Rico and the Caribbean, and Florida. The impact of Zika on women and children through microcephaly, a life-threatening condition in which children are born with unusually small heads, was heart-breaking and historically significant—never before has a mosquito-borne infection caused such devastating birth defects. CDC's early alert—under Dr. Bell's leadership—to people traveling to countries with Zika likely prevented an untold number of infections among women of child-bearing age; and, continuing through her very last day of Federal service, Dr. Bell was critical in CDC's support for U.S. territories, cities, and States—as well as other impacted countries.

In addition, Dr. Bell oversaw the Center's response to chikungunya spreading throughout the Americas in 2013-14, the second-largest outbreak of West Nile virus disease in the United States in 2012, and hundreds of outbreaks of foodborne disease. Her leadership of the Center during each of these outbreaks has been remarkable, and all Americans have benefited from her steady hand and commitment to service. Dr. Bell also held leadership roles during CDC responses to the 2001 anthrax attacks and Hurricane Katrina in 2005. Her outstanding leadership, scientific judgment, and expertise have been critical to the success of the Center in these endeavors.

In 2012, she was called upon to lead the Center's response to the fungal meningitis outbreak associated with contaminated steroid products—America's largest healthcare related outbreak ever. The New York Times called it "one of the most shocking outbreaks in the annals of American medicine." Following her testimony before the Senate HELP committee, Dr. Bell was lauded for CDC's prompt and decisive role in the response, which likely prevented many hundreds of infections and deaths among patients who would

otherwise have received injections of fungus-contaminated medication.

She also directed two new cross-cutting infectious disease initiatives that have already shown benefits to the field of public health: the Advanced Molecular Detection, AMD, and the Antibiotic Resistance Solutions Initiatives. Together, these initiatives are helping scientists better understand how infections spread and transforming our national capacity to detect, respond, contain, and prevent drug-resistant infections. Because of Dr. Bell's leadership, our Nation will be better equipped to address the growing threat of antibiotic resistance, as well as a myriad of other public health threats.

Dr. Bell exemplifies steadfastness and courage in protecting the Nation's health. She has demonstrated an unwavering level of dedication and passion for public health at all levels, recognizing the important roles of State, local, county, tribal, and Federal partners.

Dr. Bell has been a true public servant. I ask that we honor Dr. Bell today for her invaluable leadership to the CDC and America's public health efforts.

TRIBUTE TO RAY MABUS

Ms. COLLINS. Mr. President, today I wish to congratulate Secretary Ray Mabus on his retirement as the 75th Secretary of the Navy. It has been a great pleasure to work with Secretary Mabus during his impressive and storied tenure as the longest serving Secretary of the Navy since World War I.

Since his confirmation in 2009, Secretary Mabus has continually reaffirmed his commitment to ensuring America's naval forces are second to none. During his more than 7 years of service, Secretary Mabus has also demonstrated an unwavering commitment to building our naval fleet and supporting America's shipbuilding industrial base. He has put 84 ships under contract across the country, more than the last three Navy secretaries combined, and invested significantly in our aging shipbuilding infrastructure.

Secretary Mabus's focus on increasing shipbuilding has allowed the men and women at Bath Iron Works, BIW, to continue building high-quality destroyers, which are the workhorses of our Navy. To allow the Navy to operate these ships to their fullest potential while remaining mindful of the budget constraints faced by our military, Secretary Mabus supported energy initiatives to reduce dependence on fossil fuels. His focus on power-saving technologies, like diesel-electric plants in new ships, has reduced the Navy and Marine Corps' fuel expenses by 30 percent.

In Maine, Portsmouth Naval Shipyard, PNSY, has received approximately \$100 million in modernization funds since 2009, enabling it to maintain its status as the gold standard for public naval shipyards and further

hone its efficiency and effectiveness in submarine repair.

While advancing these reforms, Secretary Mabus visited Navy and Marine Corps installations across the globe, traveling over 1.3 million miles to over 150 countries and territories and all 50 States. When measured in distance, Secretary Mabus has travelled to the moon and back almost three times. In 2009, he and I visited the hard-working men and women at BIW and PMSI together. Since that first visit, Secretary Mabus has worked tirelessly to support our shipbuilding industrial base and ensure our Navy and Marine Corps have the tools they need to succeed.

In addition, Secretary Mabus's leadership in 2010 on the Gulf Coast's long-term recovery plan following the Deepwater Horizon oil spill was exemplary. His work securing the future of the Gulf Coast made Americans and certainly his home State of Mississippi proud.

Finally, his emphasis on platforms, power, and partnerships allowed our Navy to grow in strength, but Secretary Mabus never forgot those who make the system work: the people.

Secretary Mabus was instrumental in advancing the repeal of don't ask, don't tell in 2011, a harmful policy that barred Americans from serving their country simply because of their sexual orientation. His efforts helped to ensure that all patriots who willingly answer the call to arms may proudly serve their Nation.

Similarly, as discussions on military integration have evolved with a new focus on women in combat, Secretary Mabus again stepped up to become a leader on gender equality in the military. His support for integration of women into the Navy and Marine Corps, in all occupations and specialties, and his expansion of maternity leave have ensured that women can serve in the military jobs they love.

Secretary Mabus has also taken steps to support career flexibility, continuing education, and family well-being for all members of the Navy and Marine Corps. He worked to ensure that all those who serve in uniform are provided the mental health care they need and deserve. By supporting and empowering a dedicated, intelligent, and committed personnel base, Secretary Mabus has enabled our Navy to remain the powerful fighting force that it is today.

With his retirement, we lose a true patriot who served his country as a civilian, as well as in uniform, and we lose a visionary leader who saw how our Armed Forces could be better—and did everything in his power to make it happen. It has been a personal and professional pleasure to work with Secretary Mabus, and I wish him fair winds and following seas.

ADDITIONAL STATEMENTS

TRIBUTE TO JOHN AND STEPHANIE HEKKEL

• Mr. DAINES. Mr. President, today I have the honor of recognizing John and Stephanie Hekkel of Anaconda in celebration of the rebuilding of Club Moderne.

The bar had been considered an area landmark since its founding in 1937 and was truly a sight to behold. With its rounded front facade and Carrara glass panels, it reflected the Art Deco style of the time of its founding. It was designed by Bozeman-based architect Fred Willson and built by local carpenters and craftspeople under the direction of the first owner, John "Skinny" Francisco.

Until recently, the Club Moderne had changed very little since its opening day, and in 1986, it was added to the National Register of Historic Places.

In 1997, the Francisco family sold the bar to a close friend, longtime bartender, and Anaconda native John Hekkel who continued its legacy as a flagship watering hole, especially for area law enforcement and firefighters, while maintaining its retro atmosphere.

A recent Yelp review described taking a step inside "like walking inside a time capsule!"

Last April, it also won the top award in The Big Tap: 2016 Historic Bars Tournament Championship, an online contest sponsored by the National Trust for Historic Preservation.

Unfortunately, Club Moderne was destroyed in a fire in October, a tragic loss to the Anaconda community.

The night the fire happened, I understand John Hekkel stayed at the bar until 4:00 in the morning and, after the fire was extinguished, grabbed a shovel and physically helped with the cleanup.

Just this week, I was thrilled to hear the Hekkel announce plans to rebuild the bar and restore this historic establishment.

This is a true Montana story. Montanans pull themselves up by their bootstraps, even in times of hardship or loss.

I invite fellow Montanans to stop by to try whatever's on tap or a Moscow Mule, which is an Anaconda specialty.

The Hekkel, through Club Moderne, have welcomed those just passing through our State and native Montanans alike for generations. As small business owners, they have brought their community together. I wish them all my best as they restore Club Moderne and renew it as a bright spot in the Anaconda community. I look forward to visiting with John and Stephanie there when they reopen.●

MESSAGES FROM THE PRESIDENT

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

EXECUTIVE MESSAGES REFERRED

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

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

MESSAGE FROM THE HOUSE

At 10:29 a.m., a message from the House of Representatives, delivered by Mr. Novotny, one of its reading clerks, announced that the House has passed the following bills and joint resolution, in which it requests the concurrence of the Senate:

H.R. 21. An act to amend chapter 8 of title 5, United States Code, to provide for en bloc consideration in resolutions of disapproval for "midnight rules", and for other purposes.

H.R. 69. An act to authorize the Office of Special Counsel, to amend title 5, United States Code, to provide modifications to authorities relating to the Office of Special Counsel, and for other purposes.

H.R. 70. An act to amend the Federal Advisory Committee Act to increase the transparency of Federal advisory committees, and for other purposes.

H.R. 71. An act to provide taxpayers with an annual report disclosing the cost and performance of Government programs and areas of duplication among them, and for other purposes.

H.R. 72. An act to ensure the Government Accountability Office has adequate access to information.

H.R. 73. An act to amend title 44, United States Code, to require information on contributors to Presidential library fundraising organizations, and for other purposes.

H. J. Res. 3. Joint resolution approving the location of a memorial to commemorate and honor the members of the Armed Forces who served on active duty in support of Operation Desert Storm or Operation Desert Shield.

MEASURES REFERRED

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

H.R. 21. An act to amend chapter 8 of title 5, United States Code, to provide for en bloc consideration in resolutions of disapproval for "midnight rules", and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

H.R. 69. An act to reauthorize the Office of Special Counsel, to amend title 5, United States Code, to provide modifications to authorities relating to the Office of Special Counsel, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

H.R. 70. An act to amend the Federal Advisory Committee Act to increase the transparency of Federal advisory committees, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

H.R. 71. An act to provide taxpayers with an annual report disclosing the cost and performance of Government programs and areas of duplication among them, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

H.R. 72. An act to ensure the Government Accountability Office has adequate access to

information; to the Committee on Homeland Security and Governmental Affairs.

H.R. 73. An act to amend title 44, United States Code, to require information on contributors to Presidential library fundraising organizations, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

H.J. Res. 3. Joint resolution approving the location of a memorial to commemorate and honor the members of the Armed Forces who served on active duty in support of Operation Desert Storm or Operation Desert Shield; to the Committee on Energy and Natural Resources.

PETITIONS AND MEMORIALS

The following petitions and memorials were laid before the Senate and were referred or ordered to lie on the table as indicated:

POM-1. A resolution adopted by the Senate of the Commonwealth of Pennsylvania urging the President of the United States and the United States Congress to review the changes to the Federal floodplain management regulations to assess whether exceptions should be made for potential building projects; to the Committee on Banking, Housing, and Urban Affairs.

SENATE RESOLUTION NO. 421

Whereas, Blight is a growing problem in many communities in this Commonwealth; and

Whereas, Changes made to the Federal floodplain management regulations were issued by executive order in January 2015; and

Whereas, Flood insurance is now required under the executive order, making the redevelopment and revitalization of older, blighted properties financially straining; and

Whereas, Federal agencies are obligated to apply these standards to all Federal actions, including federally approved permits, federally backed home loans and flood insurance regulations and many Housing and Urban Development programs, including the Low-Income Housing Tax Credit (LIHTC) program; and

Whereas, While these changes were intended to enhance the safety and security of citizens during floods and to diminish the risk of flood loss, the modifications to the Federal floodplain management regulations have hindered the ability of our older communities to develop creative, nonprohibitive ways to renovate abandoned buildings: Now, therefore, be it

Resolved, That the Senate of the Commonwealth of Pennsylvania urge the President and the Congress of the United States to review the changes to the Federal floodplain management regulations to assess whether exceptions should be made for potential building projects so that applications can be submitted to the Pennsylvania Housing Finance Agency for review and consideration under the Low-Income Housing Tax Credit program and so that the applications are not at an economic disadvantage; and be it further

Resolved, That copies of this resolution be transmitted to the President of the United States, to the presiding officers of each house of Congress and to each member of Congress from Pennsylvania.

POM-2. A resolution adopted by the Legislature of the State of Florida urging the United States Congress to enact legislation to promote economic recovery in the Commonwealth of Puerto Rico; to the Committee on Energy and Natural Resources.

HOUSE MEMORIAL 601

Whereas, the Commonwealth of Puerto Rico and the State of Florida share a strong

cultural bond and are important trade partners, and

Whereas, the Commonwealth of Puerto Rico has experienced a prolonged and difficult economic recession that has led to mass unemployment in Puerto Rico and decreased trade opportunities with the State of Florida, and

Whereas, the Commonwealth of Puerto Rico has public debts in excess of \$72 billion, which continue to cripple Puerto Rico's ability to improve and sustain economic growth, and

Whereas, the 1984 amendments to the United States Bankruptcy Code prohibit the Commonwealth of Puerto Rico from authorizing its municipalities and public utilities to file for bankruptcy relief under Chapter 9 of the code, and

Whereas, the United States Bankruptcy Code amendments require Puerto Rico's municipalities and public utilities to engage in piecemeal negotiations with each of their creditors, rather than consolidating debt and developing a comprehensive plan for repayment, and

Whereas, the citizens of Puerto Rico are suffering greatly due to their government's inability to renegotiate the terms of this debt under a comprehensive plan, and

Whereas, the United States Government has an obligation to promote and assist the economic prosperity of the Commonwealth of Puerto Rico as an important territory of our nation, and

Whereas, the United States Congress eliminated a tax exemption for manufacturers from Section 936 of the Internal Revenue Code, greatly contributing to an increase in unemployment in the Commonwealth of Puerto Rico, and

Whereas, the Commonwealth of Puerto Rico would greatly benefit from new ideas and programs that promote economic development to bring high paying jobs back to Puerto Rico, and

Whereas, the Commonwealth of Puerto Rico and the State of Florida would both benefit from Puerto Rico's renewed economic prosperity, and

Whereas, the national debt of the United States is currently more than \$19 trillion. Now, therefore, be it

Resolved by the Legislature of the State of Florida:

That the Congress of the United States is urged to enact legislation to promote economic recovery in the Commonwealth of Puerto Rico consistent with sound fiscal principles necessary to reduce the national debt; and be it further

Resolved, That copies of this memorial be dispatched to the President of the United States, to the President of the United States Senate, to the Speaker of the United States House of Representatives, and to each member of the Florida delegation to the United States Congress.

POM-3. A resolution adopted by the Senate of the State of Michigan urging the President of the United States and the United States Congress to curb and clarify the role and authority of the United States Department of Education as it relates to the "supplement not supplant" provisions in the Every Student Succeeds Act; to the Committee on Health, Education, Labor, and Pensions.

SENATE RESOLUTION NO. 214

Whereas, The federal Every Student Succeeds Act (ESSA) requires that federal Title I funding to low-income students supplements, rather than supplants, state and local dollars. This provision is intended to keep local school districts from using federal Title I dollars as a replacement for state and local dollars in low-income schools; and

Whereas, To enforce this provision, the U.S. Department of Education has proposed burdensome regulations to require school districts to show that average per-pupil state and local spending in Title I schools is at least equal to the average spending in non-Title I schools. The rules allow several different options for districts to calculate spending and demonstrate compliance with "supplement not supplant"; and

Whereas, The proposed regulations exceed the legal authority of the department and blatantly trample on explicit statutory prohibitions. Specific prohibitions in the "supplement not supplant" provisions include subdivision 1118(b)(4), which says, "Nothing in this section shall be construed to authorize or permit the Secretary to prescribe the specific methodology a local educational agency uses to allocate state and local funds to each school receiving assistance under this part"; and

Whereas, School district personnel have complained that the proposed regulations would be unworkable. The School Superintendents Association (AASA) stated that the proposed regulation "glosses over the realities of school finance, the reality of how and when funds are allocated, the extent to which districts do or do not have complete flexibility, the patterns of teacher sorting and hiring, and the likelihood that many students would experience the rule, as drafted, in a way that undermines true efforts aimed at increasing education equity". Now, therefore, be it

Resolved by the Senate, That we urge the President of the United States to direct the U.S. Department of Education to stop its federal overreach as it relates to the "supplement not supplant" provisions of the Every Student Succeeds Act; and be it further

Resolved, That we memorialize Congress to enact legislation that clarifies the Department of Education's role and authority as it pertains to "supplement not supplant" provisions; and be it further

Resolved, That copies of this resolution be transmitted to the President of the United States, the President of the United States Senate, the Speaker of the United States House of Representatives, the members of the Michigan congressional delegation, and the U.S. Department of Education as public comment on proposed rules.

POM-4. A resolution adopted by the Senate of the State of Michigan urging the United States Congress to pass the Americans with Disabilities Act (ADA) Education and Reform Act of 2015; to the Committee on Health, Education, Labor, and Pensions.

SENATE RESOLUTION NO. 204

Whereas, The ADA was enacted in 1990 to improve access and equality for disabled Americans. After 25 years in effect, the integrity of the ADA is in question because of the onslaught of lawsuits against small businesses due to minor and correctable infractions; and

Whereas, Small businesses provide goods and services that are vital to our economy and it is important that every effort is made to ensure disabled Americans have access to those goods and services. When there are minor and easily correctable ADA infractions, small businesses are increasingly being faced with lawsuits by individuals; and

Whereas, The threat or actual occurrence of a lawsuit places small business in the dilemma of choosing whether to settle the suit or face the potentially exorbitant cost of litigation in terms of both time and money. Additionally, plaintiffs who abuse the ADA system often file multiple cases, many with businesses and properties; and

Whereas, The ADA Education and Reform Act of 2015 proposes to provide business owners an opportunity to remedy alleged ADA violations before facing the cost of legal fees. The act would provide business owners a 120-day window within which to make the public accommodation corrections that they were cited for under the ADA. It restores the ADA to its original purpose of enabling access and accommodation to disabled Americans. Now, therefore, be it

Resolved, That we, the Senators of the 98th Legislature of the state of Michigan, on behalf of all citizens of this state, respectfully urge the U.S. Congress to pass the Americans with Disabilities Act (ADA) Education and Reform Act of 2015; and be it further

Resolved, That copies of this resolution be transmitted to the President of the United States Senate, the Speaker of the United States House of Representatives, and the members of the Michigan congressional delegation.

POM-5. A resolution adopted by the General Assembly of the State of New Jersey urging the United States Congress and the President of the United States to enact legislation to ensure that students from the State of New Jersey and throughout the United States have access to debt-free higher education at public colleges and universities; to the Committee on Health, Education, Labor, and Pensions.

ASSEMBLY RESOLUTION No. 183

Whereas, A college education is one of the most valuable investments a family can make, but it has never been more difficult for families to afford the dream of college as the cost has grown exponentially in recent decades; and

Whereas, According to the White House, the cost of college has risen more than 250 percent over the last three decades, while income for typical families grew by only 16 percent, making it difficult for a student to graduate without debt; and

Whereas, As a result, an increasing number of young Americans, including many from New Jersey, have been forced to borrow significant amounts to afford the cost of higher education. According to a study from LendEDU, New Jersey ranks ninth in the country in student loan debt, with the average student loan debt for New Jersey's public and private college and university graduates at over \$30,000 in 2016; and

Whereas, Student loan debt saddles the very students who most depend on a college degree to level the economic playing field with a burden that constrains their career choices, hurts their credit ratings, prevents them from fully participating in the economy, and threatens essential milestones of the American dream such as buying a home or car, starting a family, and saving for retirement; and

Whereas, Young people in the State of New Jersey and throughout the country should have the same opportunity offered to those who went to college in previous generations, including the ability to attend public colleges and universities without taking on burdensome debt; and

Whereas, Because of the importance of higher education to the nation's economy, the United States and its state governments should expand the opportunity to pursue and attain a college degree; and

Whereas, Public investment in higher education pays off, as evidenced by the fact that workers with college degrees earn more money, pay more taxes, and rely less on government services; and

Whereas, A national goal of establishing a debt-free public higher education system would include significant federal aid to

states, including New Jersey. Now, therefore, be it

Resolved by the General Assembly of the State of New Jersey:

1. This House urges Congress and the President of the United States to enact legislation to ensure that students from the State of New Jersey and throughout the United States have access to debt-free higher education at public colleges and universities.

2. Copies of this resolution, as filed with the Secretary of State, shall be transmitted by the Clerk of the General Assembly to the President and Vice-President of the United States, the Majority and Minority Leaders of the United States Senate, the Speaker and Minority Leader of the United States House of Representatives, and every member of Congress elected from this State.

POM-6. A memorial adopted by the Legislature of the State of Florida applying to the United States Congress to call a convention under Article V of the United States Constitution with the sole agenda of proposing an amendment to the United States Constitution to set a limit on the number of terms that a person may be elected as a member of the United States House of Representatives and to set a limit on the number of terms that a person may be elected as a member of the United States Senate; to the Committee on the Judiciary.

HOUSE MEMORIAL 417

Whereas, Article V of the Constitution of the United States requires Congress to call a convention for the sole purpose of proposing amendments to the Constitution upon application of two-thirds of the states; and

Whereas, a continuous and growing concern has been expressed that the best interests of the nation will be served by limiting the terms of members of Congress; and

Whereas, the voters of the State of Florida, by the gathering of petition signatures, placed on the general election ballot of 1992 a measure to limit the consecutive years of service for several offices, including the offices of United States Representative and United States Senator; and

Whereas, the voters of Florida incorporated this limitation into the State Constitution as Section 4 of Article VI, by an approval vote that exceeded 76 percent in the general election of 1992; and

Whereas, in 1995, the United States Supreme Court ruled in *U.S. Term Limits, Inc. v. Thornton*, 514 U.S. 779 (1995), a five-to-four decision, that the individual states did not possess the requisite authority to establish term limits, or additional qualifications, for persons elected to the United States House of Representatives or the United States Senate; and

Whereas, upon reflecting on the intent of the voters of this state and their overwhelming support for congressional term limits, the Legislature, in its 114th Regular Session since Statehood in 1845, did express through a memorial to Congress the desire to receive an amendment to the Constitution of the United States to limit the number of consecutive terms that a person may serve in the United States House of Representatives or the United States Senate; and

Whereas, the Legislature; in its 118th Regular Session since statehood in 1845, does desire to see a convention called under Article V of the Constitution of the United States with the sole agenda of proposing an amendment to the Constitution of the United States on the subject of congressional term limits as specified in this memorial. Now, therefore, be it

Resolved by the Legislature of the State of Florida:

(1) That the Legislature of the State of Florida does hereby make application to

Congress, pursuant to Article V of the Constitution of the United States, to call an Article V convention with the sole agenda of proposing an amendment to the Constitution of the United States to set a limit on the number of terms that a person may be elected as a member of the United States House of Representatives and to set a limit on the number of terms that a person may be elected as a member of the United States Senate.

(2) That this application does not revoke or supersede Senate Memorial 476 as passed by the 2014 Florida Legislature, but constitutes a separate, independent application addressing congressional term limits as specified in this application.

(3) That this application is revoked and withdrawn, nullified, and superseded to the same effect as if it had never been passed, and retroactive to the date of passage, if it is used for the purpose of calling a convention or used in support of conducting a convention to amend the Constitution of the United States with any agenda other than to set a limit on the number of terms that a person may be elected as a member of the United States House of Representatives and to set a limit on the number of terms that a person may be elected as a member of the United States Senate.

(4) That this application constitutes a continuing application in accordance with Article V of the Constitution of the United States until the legislatures of at least two-thirds of the several states have made application on the subject of congressional term limits as specified in this application.

(5) That this application be aggregated with the applications from other states on the same subject for the purpose of attaining the two-thirds majority needed to require Congress to call a limited Article V convention as specified in this application, but not be aggregated with any other applications on any other subject; and be it further

Resolved, That copies of this application be dispatched to the President of the United States, to the President of the United States Senate, to the Speaker of the United States House of Representatives, to each member of the Florida delegation to the United States Congress, and to the presiding officer of each house of the legislature of each state.

POM-7. A resolution adopted by the Mayor and Board of Aldermen of the Town of Boonton, New Jersey, expressing condemnation of publications and distribution of any and all images that purport to glorify or justify violence against law enforcement officers; to the Committee on the Judiciary.

POM-8. A resolution adopted by the Town Board of the Charter Township of Waterford, Michigan, relative to the Refugee Resettlement Program; to the Committee on the Judiciary.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

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

By Mrs. FEINSTEIN:

S. 32. A bill to provide for conservation, enhanced recreation opportunities, and development of renewable energy in the California Desert Conservation Area, and for other purposes; to the Committee on Energy and Natural Resources.

By Ms. MURKOWSKI (for herself, Mr. SULLIVAN, Mr. DAINES, Mr. HATCH, Mr. HELLER, Mr. FLAKE, Mr. LEE, Mr. MCCAIN, Mr. RISCH, Mr. GRASSLEY, Mr. TILLIS, Mr. MCCONNELL, Mr.

BLUNT, Mr. INHOFE, Mr. JOHNSON, Mr. CRUZ, Mrs. CAPITO, Mr. WICKER, Mr. SESSIONS, Mr. RUBIO, Mr. CASSIDY, Mr. CRAPO, Mr. ROBERTS, Mr. COCHRAN, Mr. ROUNDS, and Mr. BARRASSO):

S. 33. A bill to provide for congressional approval of national monuments and restrictions on the use of national monuments, to establish requirements for the declaration of marine national monuments, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. JOHNSON:

S. 34. A bill to amend chapter 8 of title 5, United States Code, to provide for the en bloc consideration in resolutions of disapproval for "midnight rules", and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

By Mr. THUNE (for himself, Mr. ROUNDS, and Mr. ENZI):

S. 35. A bill to transfer administrative jurisdiction over certain Bureau of Land Management land from the Secretary of the Interior to the Secretary of Veterans Affairs for inclusion in the Black Hills National Cemetery, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. INHOFE (for himself, Mr. GRASSLEY, Mr. CRUZ, Mr. COTTON, and Mr. BOOZMAN):

S. 36. A bill to amend the Immigration and Nationality Act to provide for extensions of detention of certain aliens ordered removed, and for other purposes; to the Committee on the Judiciary.

By Mrs. ERNST (for herself, Mr. GRASSLEY, Mr. SASSE, Mrs. FISCHER, Mr. THUNE, Mr. ROBERTS, Mr. MORAN, Mr. CRUZ, Mr. INHOFE, Mr. COTTON, Mr. WICKER, and Mr. CASSIDY):

S. 37. A bill to require U.S. Immigration and Customs Enforcement to take into custody certain aliens who have been charged in the United States with a crime that resulted in the death or serious bodily injury of another person, and for other purposes; to the Committee on the Judiciary.

By Mr. RUBIO:

S. 38. A bill to decrease the cost of hiring, and increase the take-home pay of, Puerto Rican workers; to the Committee on Finance.

By Mr. TESTER (for himself and Mr. DAINES):

S. 39. A bill to extend the Federal recognition to the Little Shell Tribe of Chippewa Indians of Montana, and for other purposes; to the Committee on Indian Affairs.

By Mr. HELLER:

S. 40. A bill to amend the Internal Revenue Code of 1986 to repeal the excise tax on high cost employer-sponsored health coverage; to the Committee on Finance.

By Ms. KLOBUCHAR (for herself, Mr. BLUMENTHAL, Mrs. SHAHEEN, Ms. BALDWIN, Mr. KING, Mr. BROWN, Mr. LEAHY, Mr. FRANKEN, and Mr. Kaine):

S. 41. A bill to amend part D of title XVIII of the Social Security Act to require the Secretary of Health and Human Services to negotiate covered part D drug prices on behalf of Medicare beneficiaries; to the Committee on Finance.

By Mr. HELLER:

S. 42. A bill to inspire women to enter the aerospace field, including science, technology, engineering, and mathematics, through mentorship and outreach; to the Committee on Commerce, Science, and Transportation.

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

S. 43. A bill to amend the Internal Revenue Code of 1986 to permit individuals eligible for Indian Health Service assistance to qualify for health savings accounts; to the Committee on Finance.

By Mr. HELLER:

S. 44. A bill to amend the Fair Labor Standards Act of 1938 to improve nonretaliation provisions relating to equal pay requirements; to the Committee on Health, Education, Labor, and Pensions.

By Mr. CRUZ (for himself, Mr. PERDUE, Mr. GRASSLEY, Mr. JOHNSON, Mr. RUBIO, Mr. INHOFE, Mr. SASSE, Mr. WICKER, Mr. BOOZMAN, and Mr. COTTON):

S. 45. A bill to amend the Immigration and Nationality Act to increase penalties for individuals who illegally reenter the United States after being removed and for other purposes; to the Committee on the Judiciary.

By Mr. HELLER (for himself, Mr. BLUNT, and Mr. BENNETT):

S. 46. A bill to amend title XVIII of the Social Security Act to strengthen intensive cardiac rehabilitations programs under the Medicare program; to the Committee on Finance.

By Mr. RUBIO (for himself, Mrs. FISCHER, and Mr. MORAN):

S. 47. A bill to prevent proposed regulations relating to restrictions on liquidation of an interest with respect to estate, gift, and generation-skipping transfer taxes from taking effect; to the Committee on Finance.

By Mr. HELLER (for himself, Ms. KLOBUCHAR, and Mr. LEAHY):

S. 48. A bill to amend the Internal Revenue Code of 1986 to allow a credit against income tax for the purchasing of hearing aids; to the Committee on Finance.

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

S. 49. A bill to provide a leasing program within the Coastal Plain, and for other purposes; to the Committee on Energy and Natural Resources.

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

S. 50. A bill to amend the Internal Revenue Code of 1986 to allow refunds for Federal motor fuel excise taxes on fuels used in mobile mammography vehicles; to the Committee on Finance.

By Mr. GRASSLEY (for himself, Mrs. ERNST, Mr. McCONNELL, Mr. LEE, Mr. CRUZ, Mr. MORAN, Mr. ROBERTS, Mr. SHELBY, Mr. INHOFE, Mr. WICKER, Mr. HATCH, and Mr. COTTON):

S. 51. A bill to make habitual drunk drivers inadmissible and removable and to require the detention of any alien who is unlawfully present in the United States and has been charged with driving under the influence or driving while intoxicated; to the Committee on the Judiciary.

By Mr. GRASSLEY (for himself, Mr. TILLIS, Mr. CRUZ, Mr. INHOFE, Mr. BOOZMAN, and Mr. COTTON):

S. 52. A bill to make aliens associated with a criminal gang inadmissible, deportable, and ineligible for various forms of relief; to the Committee on the Judiciary.

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

S. 53. A bill to authorize and strengthen the tsunami detection, forecast, warning, research, and mitigation program of the National Oceanic and Atmospheric Administration, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. BOOKER (for himself, Ms. WARREN, Mr. SCHATZ, Mr. MARKEY, Mrs. MURRAY, Mr. SANDERS, Mr. LEAHY, Mr. MERKLEY, Ms. HIRONO, and Mr. WYDEN):

S. 54. A bill to prohibit the creation of an immigration-related registry program that classifies people on the basis of religion, race, age, gender, ethnicity, national origin, nationality, or citizenship; to the Committee on the Judiciary.

By Mrs. GILLIBRAND:

S. 55. A bill to authorize the Secretary of the Interior to conduct a special resource study of Fort Ontario in the State of New York; to the Committee on Energy and Natural Resources.

By Mr. SULLIVAN:

S. 56. A bill to require each agency to repeal or amend 2 or more rules before issuing or amending a rule; to the Committee on Homeland Security and Governmental Affairs.

By Mr. CASSIDY (for himself, Mr. CRAPO, Mr. GRASSLEY, Mr. DAINES, Mr. FLAKE, and Mr. JOHNSON):

S. 57. A bill to require the Secretary of Veterans Affairs to revoke bonuses paid to employees involved in electronic wait list manipulations, and for other purposes; to the Committee on Veterans' Affairs.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

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

By Mr. McCONNELL:

S. Res. 7. A resolution to constitute the majority party's membership on certain committees for the One Hundred Fifteenth Congress, or until their successors are chosen; considered and agreed to.

By Mr. SCHUMER:

S. Res. 8. A resolution to constitute the minority party's membership on certain committees for the One Hundred Fifteenth Congress, or until their successors are chosen; considered and agreed to.

ADDITIONAL COSPONSORS

S. 16

At the request of Mr. PAUL, the name of the Senator from Georgia (Mr. ISAKSON) was added as a cosponsor of S. 16, a bill to require a full audit of the Board of Governors of the Federal Reserve System and the Federal reserve banks by the Comptroller General of the United States, and for other purposes.

S. 18

At the request of Mr. MORAN, the name of the Senator from Georgia (Mr. ISAKSON) was added as a cosponsor of S. 18, a bill to promote freedom, fairness, and economic opportunity by repealing the income tax and other taxes, abolishing the Internal Revenue Service, and enacting a national sales tax to be administered primarily by the States.

S. 21

At the request of Mr. PAUL, the names of the Senator from Mississippi (Mr. WICKER) and the Senator from Texas (Mr. CORNYN) were added as cosponsors of S. 21, a bill to amend chapter 8 of title 5, United States Code, to provide that major rules of the executive branch shall have no force or effect unless a joint resolution of approval is enacted into law.

S. 27

At the request of Mr. CARDIN, the names of the Senator from New Mexico (Mr. HEINRICH) and the Senator from Connecticut (Mr. BLUMENTHAL) were added as cosponsors of S. 27, a bill to establish an independent commission

to examine and report on the facts regarding the extent of Russian official and unofficial cyber operations and other attempts to interfere in the 2016 United States national election, and for other purposes.

S. 30

At the request of Mrs. FEINSTEIN, the name of the Senator from Utah (Mr. HATCH) was added as a cosponsor of S. 30, a bill to extend the civil statute of limitations for victims of Federal sex offenses.

S.J. RES. 1

At the request of Mr. BOOZMAN, the names of the Senator from North Carolina (Mr. TILLIS), the Senator from Oklahoma (Mr. INHOFE), the Senator from Kansas (Mr. MORAN) and the Senator from West Virginia (Mrs. CAPITO) were added as cosponsors of S.J. Res. 1, a joint resolution approving the location of a memorial to commemorate and honor the members of the Armed Forces who served on active duty in support of Operation Desert Storm or Operation Desert Shield.

S. CON. RES. 4

At the request of Mr. CARDIN, the name of the Senator from New York (Mrs. GILLIBRAND) was added as a cosponsor of S. Con. Res. 4, a concurrent resolution clarifying any potential misunderstanding as to whether actions taken by President-elect Donald Trump constitute a violation of the Emoluments Clause, and calling on President-elect Trump to divest his interest in, and sever his relationship to, the Trump Organization.

S. RES. 5

At the request of Mr. MORAN, the name of the Senator from Oklahoma (Mr. INHOFE) was added as a cosponsor of S. Res. 5, a resolution expressing the sense of the Senate in support of Israel.

S. RES. 6

At the request of Mr. RUBIO, the names of the Senator from Georgia (Mr. PERDUE), the Senator from Alaska (Ms. MURKOWSKI), the Senator from Montana (Mr. DAINES), the Senator from North Carolina (Mr. BURR), the Senator from North Dakota (Mr. HOEVEN), the Senator from Iowa (Mr. GRASSLEY), the Senator from Utah (Mr. HATCH), the Senator from Idaho (Mr. CRAPO) and the Senator from South Dakota (Mr. ROUNDS) were added as cosponsors of S. Res. 6, a resolution objecting to United Nations Security Council Resolution 2334 and to all efforts that undermine direct negotiations between Israel and the Palestinians for a secure and peaceful settlement.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mrs. FEINSTEIN:

S. 32. A bill to provide for conservation, enhanced recreation opportunities, and development of renewable energy in the California Desert Conservation Area, and for other purposes; to the Committee on Energy and Natural Resources.

Mrs. FEINSTEIN. Mr. President, today I am proud to introduce the Desert Protection and Recreation Act of 2017.

This bill, a decade in the making, charts a commonsense path forward for the California desert. The goal is simple: to manage California's fragile desert resources in a sustainable and comprehensive manner.

This bill provides something for everyone that appreciates the national treasure that is the California desert. That this bill provides something for everyone is a result of the painstaking effort to build consensus among the array of groups that use the desert, including: environmental groups; Federal, State, and local governments; the off-road community; cattle ranchers; mining interests; and energy companies and California's public utility companies.

As I will further describe later, the bill preserves 230,000 acres of wilderness and another 44,000 acres of national park land, each unrivaled for their unique natural landscapes. The bill also safeguards 77 miles of free-flowing rivers and the abundant life and rich biodiversity these rivers and streams often support.

Importantly, the bill provides certainty to off-road enthusiasts, establishing 142,000 acres of permanent off-highway recreation areas—a first for the Nation. I made a commitment to off-roaders to enact the entire bill, not just parts of the bill. I hope to fulfill that promise.

The efforts to protect the desert are a long time coming. This effort first began with the original California Desert Protection Act, signed into law more than twenty years ago.

Picking up where my predecessors left off, I introduced that bill only three months after I was sworn in as a senator. Through hard work and perseverance, we were able to pass that law on the last day of the 103rd Congress, and President Clinton signed the bill into law in October 1994.

The original Desert Protection Act was a crowning achievement for desert conservation, establishing 69 new Wilderness areas, creating the Mojave National Preserve, and converting Death Valley and Joshua Tree National Monuments into National Parks. All told, we were able to protect, or increase protections for, about 9.6 million acres.

It continues to attract millions of tourists to southern California, which is a boon for the economy.

It has ensured that these enduring landscapes will be preserved for future generations.

Since we passed the 1994 desert conservation bill, we've tried to build on this legacy of conservation. After years of collaboration with an array of stakeholders, we introduced new legislation in 2009.

The goal of that bill was simple: to help manage California's desert resources through a comprehensive ap-

proach that balanced conservation, recreation, energy production, among other needs.

After years of work, including two hearings in the Senate, we reached a major milestone this past February, when President Obama designated three new national monuments in the California desert: Castle Mountains, Mojave Trails, and Sand to Snow.

Those monuments, based on the legislation I had introduced, created one of the world's largest desert reserves, encompassing nearly 1.8 million acres of America's public lands.

Those monuments connect vital wildlife corridors and habitats, preserve cultural resources, and establish an important buffer to the inevitable changes climate change will usher in for these fragile desert ecosystems.

While the newly-designated desert monuments formed a cornerstone for future desert protection, our work is not complete. That is why I am introducing this legislation today.

While I supported President Obama's decision to create three national monuments in the Mojave Desert, his authority under the Antiquities Act did not allow him to include the many other valuable provisions in the original legislation.

Our intention has always been to balance the many uses of the desert through legislation, and that remains the case today. That is why I reintroduced that legislation immediately following the President's designation, and that is why I am introducing a bill again today: to make the rest of the provisions a reality.

The legislation I am introducing today therefore includes all of the provisions the President was not able to enact through executive action under the Antiquities Act.

These negotiated provisions—which represent our best attempt to achieve consensus among desert stakeholders—deserve to become law.

That legislation includes many additional conservation areas and provides permanent protection for five Off-Highway Recreation Areas covering approximately 142,000 acres. Off-roaders were a vital part of the coalition we put together, and unfortunately those lands could not be designated under executive action. Off-roaders deserve certainty about their future use of the land, just as there is now certainty for conservation purposes. I gave them my word that I would fight for them, and I intend to do so again in this new Congress.

This bill would also expand wilderness areas in the desert, by designating five additional wilderness areas that cover 230,000 acres of land near Fort Irwin.

The bill would ensure clean and free-flowing rivers, through the designation of 77 miles of rivers as Wild and Scenic Rivers; add to our national parks, by expanding Death Valley National Park Wilderness by 39,000 acres and Joshua Tree National Park by 4,500 acres; expand National Scenic Areas, by adding

18,610 acres to the Alabama Hills National Scenic Area in Inyo County; and protect 81,000 acres of land in San Bernardino and Imperial County, and requires the Department of the Interior to protect petroglyphs and other cultural resources important to the surrounding tribes and communities.

Lastly, the bill will facilitate renewable energy development in a way that protects delicate habitat.

I want to highlight some of the key provisions of this legislation:

By designating five new wilderness areas, this bill protects fragile desert ecosystems across 230,000 acres of wilderness near Fort Irwin. This includes 88,000 acres of Avawatz Mountains, 8,000-acre Great Falls Basin Wilderness, the 80,000-acre Soda Mountains Wilderness, and the 32,500-acre Death Valley Wilderness.

The desert's sweeping desert vistas and rugged mountain terrain not only provide for a truly remarkable backcountry experience, but also provide vital refuge for everything from bighorn sheep and desert tortoises to Joshua Trees and Native American artifacts.

This bill is more than just wilderness, however. It also designates four new Wild and Scenic Rivers, totaling 77 miles in length. These beautiful waterways, carved through the heart of the arid desert, are Deep Creek and the Whitewater River in and near the San Bernardino National Forest, as well as the Amargosa River and Surprise Canyon Creek near Death Valley National Park.

The bill also releases 126,000 acres of land from their existing wilderness study area designation in response to requests from local government and recreation users. This will allow the land to be made available for other purposes, including recreational off-highway vehicle use on designated routes.

We must also take into account another use of the desert land: renewable energy. I believe that we can honor our commitment to conservation while fulfilling California's pledge to develop a clean energy portfolio.

Balancing conservation, development and other uses is possible, we just need to come up with the right solutions. Thankfully, some of these compromises are already in place.

By April 2009, solar and wind companies had proposed 28 projects to be included in the Mojave Trails National Monument, including sites on former Catellus lands intended for permanent conservation. I visited some of those sites at the time, including one particularly beautiful area known as the Broadwell Valley, where thousands of acres of pristine lands were proposed for development. Seeing it first hand, I quickly came to the conclusion that those lands were simply not the right place for renewable energy development.

Since then, 26 of the 28 applications have been withdrawn. This is due in

part to the state and federal governments' efforts to develop and finalize the Desert Renewable Energy Conservation Plan—an ambitious effort to comprehensively manage renewable energy, conservation, and recreation on 22.5 million acres of California desert.

By working with our state to develop this Plan, the federal government has shown it can be an effective partner in the State's efforts to combat climate change, all while protecting the magnificent, yet fragile, California desert landscape.

The bill also makes use of about 370,000 acres of isolated, unusable parcels of State lands spread across the California desert. These small isolated parcels of State land in wilderness, national parks and monuments would be exchanged for Federal lands elsewhere that could potentially provide the State with viable sites for renewable energy development, off-highway vehicle recreation, or other commercial purposes.

This blueprint will help identify pristine lands that warrant protection and direct energy projects elsewhere.

This is a fair balancing of priorities, and I think it provides a clear path forward.

I strongly urge my colleagues to take a good look at this legislation. I hope they understand that the many stakeholders involved have made their voices heard.

As you can see, there are many diverse interests in California's desert lands, and it is not easy to bring them all into agreement. But after years of painstaking efforts, they have reached agreement on this bill.

Desert conservation has never been a partisan issue. Over the years, legislators have come together across party lines to preserve this great piece of land.

Given our past success, I am hopeful this Congress will take this legislation up and move it forward. Most importantly, I hope this body recognizes the simple fact that desert conservation has never been a partisan issue.

Over the years, legislators have come together across party lines to preserve this great piece of land. It's the right thing to do.

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

S. 49. A bill to provide a leasing program within the Coastal Plain, and for other purposes; to the Committee on Energy and Natural Resources.

Ms. MURKOWSKI. Mr. President, I rise today to once again open a small portion of the Arctic coastal plain, in my home State of Alaska, to oil and gas development. I am introducing the bill because, now more than ever, new production in northern Alaska is vital not only to my state's future, but also to our Nation's energy and economic security.

It has been known for more than nearly 4 decades that the 1.5 million acres of the Arctic coastal plain that

lie inside the northern one-eleventh of the Arctic National Wildlife Refuge are the most prospective lands in North America for a major conventional oil and gas discovery. The U.S. Geological Survey continues to estimate that this part of the coastal plain—which represents just 3 percent of the coastal plain in all of northern Alaska—has a mean likelihood of containing 10.4 billion barrels of oil and 8.6 trillion cubic feet of natural gas, as well as a reasonable chance of economically producing 16 billion barrels of oil. Even the relatively recent major finds in North Dakota's Bakken field and the recent estimates of shale oil in Texas' Wolfcamp formation pale in comparison, as ANWR is likely to hold over three times more conventional oil than any other onshore energy deposit in North America.

In the 1990s, opponents dismissed ANWR's potential and argued that the nearby National Petroleum Reserve-Alaska was forecast to contain almost as much oil. However, early this decade the U.S. Geological Survey significantly reduced its oil estimates in the 23 million acre reserve. Instead of containing somewhere between the 6.7 to 15 billion barrels as forecast in 2002, the USGS now forecasts a mean of 896 million barrels—a dramatic downward revision. While I still believe oil production must be allowed to proceed in NPRA and that development of satellite fields must be allowed to occur, the revised forecast means that opening a small area on shore to the east on the coastal plain, is now more vital than ever for America's economic and national security interests.

That is especially the case given that President Obama late last year closed almost all of Alaska's outer continental shelf oil and gas deposits to future exploration and development. That makes production of onshore deposits even more vital for Alaska's economic future, and for the Nation's long-term energy security.

America once received more than 10 percent of its daily domestic oil production from fields in Alaska. You heard correctly, production already occurs in Arctic Alaska, and has for nearly 40 years. We have successfully balanced resource development with environmental protection. Alaskans have proven, over and over again, that those endeavors are not mutually exclusive.

Today, however, we face a tipping point. Alaska's North Slope production has declined for years and now accounts for just under 5 percent of the Nation's daily production. It is now forecast to decline further to levels next decade that will threaten the continued operation of the Trans-Alaska Pipeline System. A closure of TAPS would shut down all northern Alaska oil production. This would devastate Alaska's economy, drag global oil prices even higher, and deepen our energy dependence on unstable petrostates throughout the world, especially once oil shale production peaks in the Lower 48 States.

Anyone who takes the long view on energy policy recognizes that no matter what energy policy our Nation pursues, we will use substantial amounts of oil well into the future. The more of that oil we produce at home, the better off our economy, our trade deficit, our employment levels, and the world's environment will be. To help meet future demand both here in America and throughout the rest of the world, and to help avoid a tremendous price spike in the event of supply disruptions, we need to take steps today to ensure new production is brought online, as soon as possible.

ANWR development will provide huge benefits for the U.S. Treasury. Let's examine this with some simple math. ANWR's mean estimate of over 10 billion barrels, at even today's \$50 per barrel price, means that there is half a trillion dollars worth of oil locked up beneath this small area in northern Alaska—and even more when prices rebound. That is half a trillion taxable dollars, and it is difficult to calculate or even fathom the corporate and payroll taxes that this would generate for our treasury. But we do know that there are hundreds of billions of dollars in pure Federal royalties since my bill devotes 50 percent of the value to a Federal share, rather than the 10 percent which current law allows.

As our Nation grapples with a huge budget deficit, nearly \$20 trillion in national debt, and a lack of capital to incentivize new energy development, it is folly for America to further delay new onshore oil development from Alaska. The question is no longer, "Should we drill in ANWR?" Today, it has become, "Can we afford not to?"

I understand that no matter what happens, some will remain opposed to development in this region. The outgoing administration has attempted to not only prohibit oil and gas development onshore in the coastal plain—proposing to forever lock the area up into formal wilderness—but also has proposed to impede oil and even natural gas development from vast portions of NPRA and from the offshore waters of the Beaufort and Chukchi Seas. This mindset ignores Alaska's economic realities, it ignores the Nation's looming energy challenges, and it ignores the fact that Arctic oil production can proceed without any significant environmental impact. Our development has coexisted productively with polar bears, and will not harm the Porcupine caribou herd or any other form of wildlife on the Arctic coast. The groups who oppose my legislation seem totally oblivious to strides made in directional, extended reach drilling, three- and four-dimensional seismic testing, and new pipeline leak detection technology, all of which permit Alaskan energy development to proceed safely without harm to wildlife or the environment.

For all these reasons, I am reintroducing legislation to open the coastal plain of ANWR to development. At the

same time, I am again focusing and narrowing that development so that just 2,000 acres of the 1.5 million acre coastal plain can be physically disturbed by roads, pipelines, wells, buildings or other support facilities. At most, just one-tenth of 1 percent of the refuge's coastal plain would be impacted. For comparison's sake, 2,000 acres is roughly the size of National Airport—compared to an area roughly three times the size of the state of Maryland. It is hardly a blip on the map.

Limiting development to such a small area is important. It will help guarantee—beyond any shadow of doubt—the preservation in a natural state of more than sufficient habitat for caribou, muskoxen, polar bear, and Arctic bird life. My legislation also includes stringent environmental standards.

The bill, named the Alaska Oil and Gas Production Act, AOGPA, which is being cosponsored by my colleague from Alaska, Senator DAN SULLIVAN, also includes guaranteed finding to mitigate any impacts in the region, and guarantees that the Federal Government will receive half of all revenues generated.

For decades, Alaskans, whom polls show overwhelmingly support ANWR development, have been asking permission to explore and develop oil in the coastal plain. Finally, technology has advanced so that it is possible to develop oil and gas from the coastal plain with little or no impact on the area and its wildlife.

At this time of unsustainable debt, and an unstable global environment, we need to pursue domestic development opportunities more than ever. My ANWR bill offers us a chance to produce more of our own energy, for the good of the American people, in an environmentally-friendly way. I hope this Congress, given the new administration that will soon take office, will have the common sense to allow America to help itself by developing ANWR's substantial resources. This is critical to my state and the Nation as a whole. And with this in mind, I will work to educate the members of this chamber about ANWR. I will show why such development should occur, why it must occur, and how it can benefit our Nation at a time when we need the domestic jobs and energy security that ANWR will produce.

By Mr. BOOKER (for himself, Ms. WARREN, Mr. SCHATZ, Mr. MARKEY, Mrs. MURRAY, Mr. SANDERS, Mr. LEAHY, Mr. MERKLEY, Ms. HIRONO, and Mr. WYDEN):

S. 54. A bill to prohibit the creation of an immigration-related registry program that classifies people on the basis of religion, race, age, gender, ethnicity, national origin, nationality, or citizenship; to the Committee on the Judiciary.

Mr. BOOKER. Mr. President, today, I introduced the Protect American Fam-

ilies from Unnecessary Registration and Deportation Act of 2017, or the Protect American Families Act. This critical bill would advance civil and human rights by ensuring we protect American immigrants from being wrongfully targeted by the Federal Government because of who they are or how they worship. I thank Senators ELIZABETH WARREN, BRIAN SCHATZ, ED MARKEY, PATTY MURRAY, BERNIE SANDERS, PATRICK LEAHY, JEFF MERKLEY, MAZIE HIRONO, and RON WYDEN for joining me on this important legislation.

Enshrined in the Constitution are the ideas that all people are free to practice the religion of their choice and that we will not discriminate because of your faith or national origin. Creating a Federal immigration program that requires people to register their status with the Federal Government on the basis of their religion, race, ethnicity, gender, age, nationality, national origin, or citizenship is contrary to those values. Because the United States is the world's beacon of democracy, we must lead by example and live the values we preach.

Yet, in troubling times we have not always stayed true to our values. During World War II, soon after Imperial Japan attacked United States Naval Base Pearl Harbor, President Franklin Roosevelt issued Executive Order 9066. That order authorized the Secretary of War to designate particular areas as military zones, which allowed for the removal of Japanese Americans from certain parts of the United States. Subsequently, more than 110,000 Japanese Americans were relocated to internment camps.

Similarly, in 2002, the year following the tragic terrorist attacks on September 11, the Federal Government created the National Security Entry-Exit Registration System, NSEERS. This Federal program required non-citizen visa holders from certain countries to register with the Federal Government. The registration process included fingerprinting, photographs, and interrogation. Once an individual registered, NSEERS required the person to regularly check in with immigration officials. Finally, NSEERS monitored people who registered with the program to ensure that no one remained in the country longer than the law permitted them.

Inconsistent with the American values of religious freedom and non-discrimination, the NSEERS program wrongly targeted males over 16 years old from the following countries: Afghanistan, Algeria, Bahrain, Bangladesh, Egypt, Eritrea, Indonesia, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, United Arab Emirates, Yemen, and North Korea. Thus, 24 out of the 25 countries listed in the NSEERS program were Arab and Muslim countries. This was another moment in our nation's history where our leaders succumbed to the politics of

fear and adopted a program that tore at the very fabric of our country.

Immigration-registry programs do not make the public more safe. The purpose of NSEERS was to identify and capture terrorists. Yet, despite registering over 83,000 people, the program yielded zero terrorism convictions. Without proof of a single terrorist related conviction, the NSEERS program did not do its job of keeping the homeland safe.

But immigration-registry programs do result in discrimination. The fact that NSEERS led to the forced registry, interrogation, and deportations of immigrants from predominantly Muslim or Arab countries is proof that broadly defined enforcement programs often result in racial and religious profiling. That is why the United Nations and major American civil rights groups condemned NSEERS for unfairly singling out Muslims. By targeting Muslims, NSEERS sent the wrong message that America does not welcome immigrants from certain lands.

While the Obama administration dismantled the NSEERS program, this alone will not prevent the incoming administration from attempting to follow through on its threats to create a registry based on religion or national origin. On the campaign trail President-elect Trump called for a "total and complete shutdown" of Muslim immigrants entering the United States. Additionally, he has called for "extreme vetting" of immigrants reminiscent of NSEERS. It is incumbent upon congressional leaders to ensure that the United States does not sacrifice its values in the face of fear.

Today, I introduce the Protect American Families Act to ensure that America protects the rights and liberties of American immigrants from overly broad, ineffective, and discriminatory registry programs. This bill would prohibit the Federal Government from requiring noncitizens to register or check in with the Federal Government simply because of their religion, race, ethnicity, age, gender, national origin, nationality, or citizenship. Banning the creation of a discriminatory registration program is not only consistent with our democratic values, but it allows law enforcement to focus resources on the real threats to our safety.

The bill has commonsense exemptions. Data collection is critical in our fight against terrorists, and the bill allows the government to collect routine data on the entry and exit of noncitizens. The bill would also protect important immigration programs like Temporary Protected Status, Deferred Enforced Departure, the Visa Waiver Program, and Deferred Action for Childhood Arrivals. This provision makes clear that legitimate Federal programs that confer immigration benefits are not prohibited by the ban on enforcement immigration programs that target immigrants and other vulnerable Americans.

In his First Inaugural Address, President Roosevelt said that "the only thing we have to fear is fear itself." Unfortunately, he failed to live up to that statement when he issued Executive Order 9066. But we have a chance to fulfill that vision. We have a chance to stand up against fear and stay true to our American values in the face of hardship. I am proud to introduce the Protect American Families Act today, and I urge my colleagues to support its speedy passage through the Senate.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 7—TO CONSTITUTE THE MAJORITY PARTY'S MEMBERSHIP ON CERTAIN COMMITTEES FOR THE ONE HUNDRED FIFTEENTH CONGRESS, OR UNTIL THEIR SUCCESSORS ARE CHOSEN

Mr. McCONNELL submitted the following resolution; which was considered and agreed to:

S. RES. 7

Resolved, That the following shall constitute the majority party's membership on the following committees for the One Hundred Fifteenth Congress, or until their successors are chosen:

COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY: Mr. Roberts (Chairman), Mr. Cochran, Mr. McConnell, Mr. Boozman, Mr. Hoeven, Mrs. Ernst, Mr. Grassley, Mr. Sessions, Mr. Thune, Mr. Daines, Mr. Perdue.

COMMITTEE ON APPROPRIATIONS: Mr. Cochran (Chairman), Mr. McConnell, Mr. Shelby, Mr. Alexander, Ms. Collins, Ms. Murkowski, Mr. Graham, Mr. Blunt, Mr. Moran, Mr. Hoeven, Mr. Boozman, Mrs. Capito, Mr. Lankford, Mr. Daines, Mr. Kennedy, Mr. Rubio.

COMMITTEE ON ARMED SERVICES: Mr. McCain (Chairman), Mr. Inhofe, Mr. Sessions, Mr. Wicker, Mrs. Fischer, Mr. Cotton, Mr. Rounds, Mrs. Ernst, Mr. Tillis, Mr. Sullivan, Mr. Perdue, Mr. Cruz, Mr. Graham, Mr. Sasse.

COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS: Mr. Crapo (Chairman), Mr. Shelby, Mr. Corker, Mr. Toomey, Mr. Heller, Mr. Scott, Mr. Sasse, Mr. Cotton, Mr. Rounds, Mr. Perdue, Ms. Tillis, Mr. Kennedy.

COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION: Mr. Thune (Chairman), Mr. Wicker, Mr. Blunt, Mr. Cruz, Mrs. Fischer, Mr. Moran, Mr. Sullivan, Mr. Heller, Mr. Inhofe, Mr. Lee, Mr. Johnson, Mrs. Capito, Mr. Gardner, Mr. Young.

COMMITTEE ON ENERGY AND NATURAL RESOURCES: Ms. Murkowski (Chairman), Mr. Barrasso, Mr. Risch, Mr. Lee, Mr. Flake, Mr. Daines, Mr. Gardner, Mr. Sessions, Mr. Alexander, Mr. Hoeven, Mr. Cassidy, Mr. Portman.

COMMITTEE ON ENVIRONMENT AND PUBLIC WORKS: Mr. Barrasso (Chairman), Mr. Inhofe, Mrs. Capito, Mr. Boozman, Mr. Wicker, Mrs. Fischer, Mr. Sessions, Mr. Moran, Mr. Rounds, Mrs. Ernst, Mr. Sullivan.

COMMITTEE ON FINANCE: Mr. Hatch (Chairman), Mr. Grassley, Mr. Crapo, Mr. Roberts, Mr. Enzi, Mr. Cornyn, Mr. Thune, Mr. Burr, Mr. Isakson, Mr. Portman, Mr. Toomey, Mr. Heller, Mr. Scott, Mr. Cassidy.

COMMITTEE ON FOREIGN RELATIONS: Mr. Corker (Chairman), Mr. Risch, Mr.

Rubio, Mr. Johnson, Mr. Flake, Mr. Gardner, Mr. Young, Mr. Barrasso, Mr. Isakson, Mr. Portman, Mr. Paul.

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS: Mr. Alexander (Chairman), Mr. Enzi, Mr. Burr, Mr. Isakson, Mr. Paul, Ms. Collins, Mr. Cassidy, Mr. Young, Mr. Hatch, Mr. Roberts, Ms. Murkowski, Mr. Scott.

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS: Mr. Johnson (Chairman), Mr. McCain, Mr. Portman, Mr. Paul, Mr. Lankford, Mr. Enzi, Mr. Hoeven, Mr. Daines.

COMMITTEE ON THE JUDICIARY: Mr. Grassley (Chairman), Mr. Hatch, Mr. Graham, Mr. Cornyn, Mr. Lee, Mr. Cruz, Mr. Sasse, Mr. Flake, Mr. Crapo, Mr. Tillis, Mr. Kennedy.

SELECT COMMITTEE ON INTELLIGENCE: Mr. Burr (Chairman), Mr. Risch, Mr. Rubio, Ms. Collins, Mr. Blunt, Mr. Lankford, Mr. Cotton, Mr. Cornyn.

SPECIAL COMMITTEE ON AGING: Ms. Collins (Chairman), Mr. Hatch, Mr. Flake, Mr. Scott, Mr. Tillis, Mr. Corker, Mr. Burr, Mr. Rubio, Mrs. Fischer.

COMMITTEE ON THE BUDGET: Mr. Enzi (Chairman), Mr. Grassley, Mr. Sessions, Mr. Crapo, Mr. Graham, Mr. Toomey, Mr. Johnson, Mr. Corker, Mr. Perdue, Mr. Gardner, Mr. Kennedy, Mr. Boozman.

COMMITTEE ON INDIAN AFFAIRS: Mr. Hoeven (Chairman), Mr. Barrasso, Mr. McCain, Ms. Murkowski, Mr. Lankford, Mr. Daines, Mr. Crapo, Mr. Moran.

JOINT ECONOMIC COMMITTEE: Mr. Lee (Vice Chairman), Mr. Cotton, Mr. Sasse, Mr. Portman, Mr. Cruz, Mr. Cassidy.

COMMITTEE ON RULES AND ADMINISTRATION: Mr. Blunt (Chairman), Mr. McConnell, Mr. Cochran, Mr. Alexander, Mr. Roberts, Mr. Shelby, Mr. Cruz, Mrs. Capito, Mr. Wicker, Mrs. Fischer.

COMMITTEE ON SMALL BUSINESS AND ENTREPRENEURSHIP: Mr. Risch (Chairman), Mr. Rubio, Mr. Paul, Mr. Scott, Mrs. Ernst, Mr. Inhofe, Mr. Young, Mr. Enzi, Mr. Rounds, and Mr. Kennedy.

COMMITTEE ON VETERANS' AFFAIRS: Mr. Isakson (Chairman), Mr. Moran, Mr. Boozman, Mr. Heller, Mr. Cassidy, Mr. Rounds, Mr. Tillis, Mr. Sullivan.

SELECT COMMITTEE ON ETHICS: Mr. Isakson (Chairman), Mr. Roberts, Mr. Risch.

SENATE RESOLUTION 8—TO CONSTITUTE THE MINORITY PARTY'S MEMBERSHIP ON CERTAIN COMMITTEES FOR THE ONE HUNDRED FIFTEENTH CONGRESS, OR UNTIL THEIR SUCCESSORS ARE CHOSEN

Mr. SCHUMER submitted the following resolution; which was considered and agreed to:

S. RES. 8

Resolved, That the following shall constitute the minority party's membership on the following committees for the One Hundred Fifteenth Congress, or until their successors are chosen:

COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY: Ms. Stabenow, Mr. Leahy, Mr. Brown, Ms. Klobuchar, Mr. Bennett, Mrs. Gillibrand, Mr. Donnelly, Ms. Heitkamp, Mr. Casey, Mr. Van Hollen.

COMMITTEE ON APPROPRIATIONS: Mr. Leahy, Mrs. Murray, Mrs. Feinstein, Mr. Durbin, Mr. Reed, Mr. Tester, Mr. Udall, Mrs. Shaheen, Mr. Merkley, Mr. Coons, Mr. Schatz, Ms. Baldwin, Mr. Murphy, Mr. Manchin, Mr. Van Hollen.

COMMITTEE ON ARMED SERVICES: Mr. Reed, Mr. Nelson, Mrs. McCaskill, Mrs. Shaheen, Mrs. Gillibrand, Mr. Blumenthal, Mr.

Donnelly, Ms. Hirono, Mr. Kaine, Mr. King, Mr. Heinrich, Ms. Warren, Mr. Peters.

COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS: Mr. Brown, Mr. Reed, Mr. Menendez, Mr. Tester, Mr. Warner, Ms. Warren, Ms. Heitkamp, Mr. Donnelly, Mr. Schatz, Mr. Van Hollen, Ms. Cortez Masto.

COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION: Mr. Nelson, Ms. Cantwell, Ms. Klobuchar, Mr. Blumenthal, Mr. Schatz, Mr. Markey, Mr. Booker, Mr. Udall, Mr. Peters, Ms. Baldwin, Ms. Duckworth, Ms. Hassan, Ms. Cortez Masto.

COMMITTEE ON ENERGY AND NATURAL RESOURCES: Ms. Cantwell, Mr. Wyden, Mr. Sanders, Ms. Stabenow, Mr. Franken, Mr. Manchin, Mr. Heinrich, Ms. Hirono, Mr. King, Ms. Duckworth, Ms. Cortez Masto.

COMMITTEE ON ENVIRONMENT AND PUBLIC WORKS: Mr. Carper, Mr. Cardin, Mr. Sanders, Mr. Whitehouse, Mr. Merkley, Mrs. Gillibrand, Mr. Booker, Mr. Markey, Ms. Duckworth, Ms. Harris.

COMMITTEE ON FINANCE: Mr. Wyden, Ms. Stabenow, Ms. Cantwell, Mr. Nelson, Mr. Menendez, Mr. Carper, Mr. Cardin, Mr. Brown, Mr. Bennet, Mr. Casey, Mr. Warner, Mrs. McCaskill.

COMMITTEE ON FOREIGN RELATIONS: Mr. Cardin, Mr. Menendez, Mrs. Shaheen, Mr. Coons, Mr. Udall, Mr. Murphy, Mr. Kaine, Mr. Markey, Mr. Merkley, Mr. Booker.

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS: Mrs. Murray, Mr. Sanders, Mr. Casey, Mr. Franken, Mr. Bennet, Mr. Whitehouse, Ms. Baldwin, Mr. Murphy, Ms. Warren, Mr. Kaine, Ms. Hassan.

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS: Mrs. McCaskill, Mr. Carper, Mr. Tester, Ms. Heitkamp, Mr. Peters, Ms. Hassan, Ms. Harris.

SELECT COMMITTEE ON INTELLIGENCE: Mr. Warner (Vice Chairman), Mrs. Feinstein, Mr. Wyden, Mr. Heinrich, Mr. King, Mr. Manchin, Ms. Harris and Mr. Reed (ex officio).

COMMITTEE ON THE JUDICIARY: Mrs. Feinstein, Mr. Leahy, Mr. Durbin, Mr. Whitehouse, Ms. Klobuchar, Mr. Franken, Mr. Coons, Mr. Blumenthal, Ms. Hirono.

COMMITTEE ON THE BUDGET: Mr. Sanders, Mrs. Murray, Mr. Wyden, Ms. Stabenow, Mr. Whitehouse, Mr. Warner, Mr. Merkley, Mr. Kaine, Mr. King, Mr. Van Hollen, Ms. Harris.

COMMITTEE ON RULES AND ADMINISTRATION: Mr. Schumer, Mrs. Feinstein, Mr. Durbin, Mr. Udall, Mr. Warner, Mr. Leahy, Ms. Klobuchar, Mr. King, Ms. Cortez Masto.

COMMITTEE ON SMALL BUSINESS AND ENTREPRENEURSHIP: Mrs. Shaheen, Ms. Cantwell, Mr. Cardin, Ms. Heitkamp, Mr. Markey, Mr. Booker, Mr. Coons, Ms. Hirono, Ms. Duckworth.

COMMITTEE ON VETERANS' AFFAIRS: Mr. Tester, Mrs. Murray, Mr. Sanders, Mr. Brown, Mr. Blumenthal, Ms. Hirono, Mr. Manchin.

SPECIAL COMMITTEE ON AGING: Mr. Casey, Mr. Nelson, Mr. Whitehouse, Mrs. Gillibrand, Mr. Blumenthal, Mr. Donnelly, Ms. Warren, Ms. Cortez Masto.

JOINT ECONOMIC COMMITTEE: Mr. Heinrich, Ms. Klobuchar, Mr. Peters, Ms. Hassan.

SELECT COMMITTEE ON ETHICS: Mr. Coons (Vice Chairman), Mr. Schatz, Mrs. Shaheen.

COMMITTEE ON INDIAN AFFAIRS: Mr. Udall (Vice Chairman), Ms. Cantwell, Mr. Tester, Mr. Franken, Mr. Schatz, Ms. Heitkamp, Ms. Cortez Masto.

AMENDMENTS SUBMITTED AND PROPOSED

SA 8. Mr. Kaine (for himself, Mr. Murphy, Mr. Durbin, Mr. Carper, Mr. Udall, Mr. Booker, Mr. Leahy, Mr. Blumenthal, Mr. Brown, Mrs. Shaheen, Mr. Markey, Ms. Baldwin, Mr. Van Hollen, Mr. Hassan, Mr. Cardin, Mr. Casey, Ms. Stabenow, Ms. Warren, Ms. Klobuchar, Mr. Franken, Mrs. Murray, Mrs. Feinstein, Mr. Whitehouse, Mr. Coons, Mr. Sanders, Ms. Hirono, Mr. King, Mr. Heinrich, Mr. Wyden, and Mr. Merkley) proposed an amendment to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026.

SA 9. Ms. KLOBUCHAR (for herself, Mr. Franken, Mr. Blumenthal, Mr. Leahy, Mr. Udall, Mr. Durbin, Ms. Stabenow, Mr. Van Hollen, Mr. Whitehouse, Mr. King, Mr. Brown, Ms. Baldwin, and Mrs. Shaheen) submitted an amendment intended to be proposed by her to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 10. Mr. MENENDEZ submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 11. Mr. MENENDEZ (for himself and Mr. VAN HOLLEN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 12. Mr. MENENDEZ (for himself, Mr. Carper, Mr. Casey, Ms. Stabenow, Mr. Blumenthal, Mr. Markey, Ms. Hassan, Mr. Durbin, Mr. Booker, Mr. Brown, Mr. Coons, Mrs. Gillibrand, Mr. Heinrich, Ms. KLOBUCHAR, Mr. Leahy, Mr. Murphy, Mr. Reed, Mr. Whitehouse, Mrs. Feinstein, Ms. Duckworth, and Mr. Franken) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 13. Mr. NELSON (for himself, Mr. Blumenthal, Mr. Van Hollen, Mr. Udall, Mr. Whitehouse, Mr. Menendez, Mr. Casey, Mr. Leahy, Mr. King, and Ms. KLOBUCHAR) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 14. Mr. VAN HOLLEN (for himself, Mr. Warner, and Mr. Bennet) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 15. Mr. VAN HOLLEN (for himself and Mr. Blumenthal) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 16. Mr. VAN HOLLEN submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 17. Mr. BLUMENTHAL (for himself, Mr. Udall, Mr. Coons, Mr. Markey, Mr. Van Hollen, Mrs. Gillibrand, Mrs. Murray, Mrs. Feinstein, Ms. KLOBUCHAR, and Ms. WARREN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 18. Ms. BALDWIN (for herself, Mr. Warner, Mr. Whitehouse, Mr. Kaine, Mr. Coons, Mrs. McCaskill, Mr. Van Hollen, Mr. King, and Mr. Wyden) submitted an amendment intended to be proposed by her to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 19. Mr. SANDERS (for himself, Mr. Brown, Mr. Booker, Mrs. Gillibrand, Ms. Stabenow, Mrs. Shaheen, Mr. Udall, Mr.

WHITEHOUSE, Ms. BALDWIN, Mr. MARKEY, Mr. LEAHY, Mr. VAN HOLLEN, Mr. MENENDEZ, Mr. REED, Mr. BLUMENTHAL, Mr. MERKLEY, Mr. CARDIN, Mr. CASEY, Mrs. FEINSTEIN, Ms. HASSAN, Mr. COONS, and Ms. KLOBUCHAR) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra.

SA 20. Ms. HIRONO (for herself, Mr. DONNELLY, Mr. BLUMENTHAL, Mr. CARDIN, and Mr. VAN HOLLEN) submitted an amendment intended to be proposed by her to the concurrent resolution S. Con. Res. 3, supra.

SA 21. Mr. PETERS submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 8. Mr. Kaine (for himself, Mr. Murphy, Mr. Durbin, Mr. Carper, Mr. Udall, Mr. Booker, Mr. Leahy, Mr. Blumenthal, Mr. Brown, Mrs. Shaheen, Mr. Markey, Ms. Baldwin, Mr. Van Hollen, Ms. Hassan, Mr. Cardin, Mr. Casey, Ms. Stabenow, Ms. Warren, Ms. KLOBUCHAR, Mr. Franken, Mrs. Murray, Mrs. Feinstein, Mr. Whitehouse, Mr. Coons, Mr. Sanders, Ms. HIRONO, Mr. King, Mr. Heinrich, Mr. Wyden, and Mr. MERKLEY) proposed an amendment to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; as follows:

At the end of title IV, add the following:

SEC. 4. DON'T MAKE AMERICA SICK AGAIN.

(a) IN GENERAL.—It shall not be in order in the Senate to consider any legislation that makes America sick again, as described in subsection (b).

(b) LEGISLATION MAKING AMERICA SICK AGAIN.—For purposes of subsection (a), legislation that makes America sick again refers to any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that the Congressional Budget Office determines would—

(1) reduce the number of Americans enrolled in public or private health insurance coverage, as determined based on the March 2016 updated baseline budget projections by the Congressional Budget Office;

(2) increase health insurance premiums or total out-of-pocket health care costs for Americans with private health insurance; or

(3) reduce the scope and scale of benefits covered by private health insurance, as compared to the benefits Americans would have received pursuant to the requirements under title I of the Patient Protection and Affordable Care Act (Public Law 111-148; 124 Stat. 130) and the amendments made by that title.

(c) WAIVER AND APPEAL.—This section may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under this section.

SA 9. Ms. KLOBUCHAR (for herself, Mr. Franken, Mr. Blumenthal, Mr. Leahy, Mr. Udall, Mr. Durbin, Ms. Stabenow, Mr. Van Hollen, Mr. Whitehouse, Mr. King, Mr. Brown, Ms. Baldwin, and Mrs. SHAHEEN) submitted an amendment intended to be proposed

by her to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title III, add the following:

SEC. 3. DEFICIT-NEUTRAL RESERVE FUND RELATING TO THE REPEAL OF THE MEDICARE PART D NONINTERFERENCE CLAUSE.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to the repeal of the noninterference clause under the Medicare part D prescription drug program in order to allow the Secretary of Health and Human Services to negotiate for the best possible price for prescription drugs by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

SA 10. Mr. MENENDEZ submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD AFFECT MEDICAID ENROLLMENT, BENEFITS, OR STATE SPENDING.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would affect the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) unless such legislation receives certification from the Congressional Budget Office and the Chief Actuary of the Centers for Medicare & Medicaid Services that the legislation would not result in—

- (1) a decrease in enrollment in such program;
- (2) a reduction in the benefits offered under such program, including benefits offered by States as optional additional services; or
- (3) an increase in State spending under such program.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

SA 11. Mr. MENENDEZ (for himself and Mr. VAN HOLLEN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary

levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD REDUCE MEDICAID BENEFITS.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would affect the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) unless such legislation receives certification from the Congressional Budget Office and the Chief Actuary of the Centers for Medicare & Medicaid Services that the legislation would not result in a reduction of the benefits provided under such program, including benefits that are offered by a State as an optional additional service.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

SA 12. Mr. MENENDEZ (for himself, Mr. CARPER, Mr. CASEY, Ms. STABENOW, Mr. BLUMENTHAL, Mr. MARKEY, Ms. HASSAN, Mr. DURBIN, Mr. BOOKER, Mr. BROWN, Mr. COONS, Mrs. GILLIBRAND, Mr. HEINRICH, Ms. KLOBUCHAR, Mr. LEAHY, Mr. MURPHY, Mr. REED, Mr. WHITEHOUSE, Mrs. FEINSTEIN, Ms. DUCKWORTH, and Mr. FRANKEN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD PENALIZE MEDICAID EXPANSION STATES.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would affect the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) unless such legislation receives certification from the Congressional Budget Office that the legislation would not result in—

- (1) decreased enrollment in such program in States which have opted to expand eligibility for medical assistance under such program for low-income, non-elderly individuals under the eligibility option established by the Patient Protection and Affordable Care Act under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act (42 U.S.C. 1396 et seq.); or
- (2) increased State spending on such program in such States.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

SA 13. Mr. NELSON (for himself, Mr. BLUMENTHAL, Mr. VAN HOLLEN, Mr. UDALL, Mr. WHITEHOUSE, Mr. MENENDEZ, Mr. CASEY, Mr. LEAHY, Mr. KING, and Ms. KLOBUCHAR) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD REPEAL THE HEALTH REFORMS THAT CLOSED THE PRESCRIPTION DRUG COVERAGE GAP UNDER MEDICARE.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would repeal health reform legislation that closed the coverage gap in the Medicare prescription drug program under part D of title XVIII of the Social Security Act (42 U.S.C. 1395w-101 et seq.).

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

SA 14. Mr. VAN HOLLEN (for himself, Mr. WARNER, and Mr. BENNET) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

On page 49, strike lines 4 through 11.

SA 15. Mr. VAN HOLLEN (for himself and Mr. BLUMENTHAL) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD REDUCE THE PREMIUM TAX CREDITS PROVIDED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would reduce the premium tax credits provided by the Patient Protection and Affordable Care Act.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling

of the Chair on a point of order raised under subsection (a).

SA 16. Mr. VAN HOLLEN submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

Strike title II.

SA 17. Mr. BLUMENTHAL (for himself, Mr. UDALL, Mr. COONS, Mr. MARKEY, Mr. VAN HOLLEN, Mrs. GILLIBRAND, Mrs. MURRAY, Mrs. FEINSTEIN, Ms. KLOBUCHAR, and Ms. WARREN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER AGAINST REDUCING FUNDING FOR DISEASE PREVENTION EFFORTS.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would—

(1) result in a reduction or elimination of funding under section 4002 of the Patient Protection and Affordable Care Act (42 U.S.C. 300u–11);

(2) reduce the Federal resources provided to communities to invest in effective, proven prevention efforts; or

(3) increase the prevalence of disease amongst children.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

SA 18. Ms. BALDWIN (for herself, Mr. WARNER, Mr. WHITEHOUSE, Mr. KAINE, Mr. COONS, Mrs. McCASKILL, Mr. VAN HOLLEN, Mr. KING, and Mr. WYDEN) submitted an amendment intended to be proposed by her to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

SEC. 4. SENATE POINT OF ORDER AGAINST RECONCILIATION LEGISLATION THAT WOULD INCREASE THE DEFICIT OR REDUCE A SURPLUS.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any reconciliation bill or reconciliation resolution, or an amendment to, motion on, conference report on, or amendment between the Houses in relation to a reconciliation bill or reconciliation resolution that would cause or increase a deficit or reduce a surplus in either of the following periods:

(1) The period of the current fiscal year, the budget year, and the ensuing 4 fiscal years following the budget year.

(2) The period of the current fiscal year, the budget year, and the ensuing 9 fiscal years following the budget year.

(b) SUPERMAJORITY WAIVER AND APPEAL IN THE SENATE.—

(1) WAIVER.—This section may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn.

(2) APPEAL.—An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required in the Senate to sustain an appeal of the ruling of the Chair on a point of order raised under this section.

(c) DETERMINATION OF BUDGET LEVELS.—For purposes of this section, the levels of deficit increases and reductions in a surplus shall be determined on the basis of estimates provided by the Committee on the Budget of the Senate.

SA 19. Mr. SANDERS (for himself, Mr. BROWN, Mr. BOOKER, Mrs. GILLIBRAND, Ms. STABENOW, Mrs. SHAHEEN, Mr. UDALL, Mr. WHITEHOUSE, Ms. BALDWIN, Mr. MARKEY, Mr. LEAHY, Mr. VAN HOLLEN, Mr. MENENDEZ, Mr. REED, Mr. BLUMENTHAL, Mr. MERKLEY, Mr. CARDIN, Mr. CASEY, Mrs. FEINSTEIN, Ms. HASSAN, Mr. COONS, and Ms. KLOBUCHAR) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; as follows:

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD BREAK DONALD TRUMP'S PROMISE NOT TO CUT SOCIAL SECURITY, MEDICARE, OR MEDICAID.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would—

(1) result in a reduction of guaranteed benefits scheduled under title II of the Social Security Act (42 U.S.C. 401 et seq.);

(2) increase either the early or full retirement age for the benefits described in paragraph (1);

(3) privatize Social Security;

(4) result in a reduction of guaranteed benefits for individuals entitled to, or enrolled for, benefits under the Medicare program under title XVIII of such Act (42 U.S.C. 1395 et seq.); or

(5) result in a reduction of benefits or eligibility for individuals enrolled in, or eligible to receive medical assistance through, a State Medicaid plan or waiver under title XIX of such Act (42 U.S.C. 1396 et seq.).

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

SA 20. Ms. HIRONO (for herself, Mr. DONNELLY, Mr. BLUMENTHAL, Mr. CARDIN, and Mr. VAN HOLLEN) submitted an amendment intended to be proposed by her to the concurrent reso-

lution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; as follows:

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD PRIVATIZE MEDICARE OR LIMIT FEDERAL FUNDING FOR MEDICAID.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would—

(1) privatize the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) or turn the program into a voucher system;

(2) increase the eligibility age under the Medicare program; or

(3) block grant the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), impose per capita spending caps on State Medicaid programs, or decrease coverage under such program from current levels.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

SA 21. Mr. PETERS submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD CAUSE VETERANS AND THEIR DEPENDENTS TO LOSE HEALTH CARE COVERAGE.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would repeal any provision in the Patient Protection and Affordable Care Act (Public Law 111-148) prior to the enactment of a law to ensure that no veteran or dependent that gained health care coverage through such Act's Exchanges or Medicaid expansion will lose coverage.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

AUTHORITY FOR COMMITTEES TO MEET

Mr. BLUNT. Mr. President, I have five requests for committees to meet during today's session of the Senate. They have the approval of the Majority and Minority leaders.

Pursuant to Rule XXVI, paragraph 5(a), of the Standing Rules of the Senate, the following committees are authorized to meet during today's session of the Senate:

COMMITTEE ON ARMED SERVICES

Mr. President, I ask unanimous consent that the Committee on Armed Services be authorized to meet during the session of the Senate on January 5, 2017, at 9:30 a.m.

COMMITTEE ON FOREIGN RELATIONS

Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on January 5, 2017 at 3 p.m., to conduct a classified briefing entitled "Recent Administration Actions in Response to Russian Hacking and Harassment of U.S. Diplomats."

SELECT COMMITTEE ON INTELLIGENCE

Mr. President, I ask unanimous consent that the Select Committee on Intelligence be authorized to meet during the session of the Senate on January 5, 2017, at 2 p.m. in room SH-219 of the Hart Senate Office Building.

PRIVILEGES OF THE FLOOR

Mr. WYDEN. Mr. President, I ask unanimous consent that the following legislative fellows in my office be given floor privileges for the remainder of this Congress: Sophia Vogt, Emily

Douglas, Kripa Sreepada, Katherine Tsantiris, Chris Jones, and Noah Ben-Aderet.

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

ORDERS FOR FRIDAY, JANUARY 6, 2017

Mr. McCONNELL. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 12:45 p.m., Friday, January 6; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, and the time for the two leaders be reserved for their use later in the day; further, that following the prayer and pledge, the Senate stand in recess, to then proceed as a body to the Hall of the House of Representatives under the provisions of S. Con. Res. 2, for the counting of the electoral ballots; further, that upon dissolution of the joint session, the Senate stand adjourned until 2 p.m., Monday, January 9; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, and the time for the two leaders be reserved for their use later in the day; finally, that following leader remarks, the Senate resume consideration of S. Con. Res. 3.

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

ADJOURNMENT UNTIL 12:45 P.M. TOMORROW

Mr. McCONNELL. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order.

There being no objection, the Senate, at 6:48 p.m., adjourned until Friday, January 6, 2017, at 12:45 p.m.

NOMINATIONS

Executive nominations received by the Senate:

STATE JUSTICE INSTITUTE

MARY ELLEN BARBERA, OF MARYLAND, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE STATE JUSTICE INSTITUTE FOR A TERM EXPIRING SEPTEMBER 17, 2018, VICE JONATHAN LIPPMAN, TERM EXPIRED.

DAVID V. BREWER, OF OREGON, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE STATE JUSTICE INSTITUTE FOR A TERM EXPIRING SEPTEMBER 17, 2019. (REAPPOINTMENT)

WILFREDO MARTINEZ, OF FLORIDA, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE STATE JUSTICE INSTITUTE FOR A TERM EXPIRING SEPTEMBER 17, 2019. (REAPPOINTMENT)

CHASE ROGERS, OF CONNECTICUT, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE STATE JUSTICE INSTITUTE FOR A TERM EXPIRING SEPTEMBER 17, 2018. (REAPPOINTMENT)

EXPORT-IMPORT BANK OF THE UNITED STATES

CLAUDIA SLACK, OF NEW YORK, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE EXPORT-IMPORT BANK OF THE UNITED STATES FOR A TERM EXPIRING JANUARY 20, 2019, VICE PATRICIA M. LOUI, TERM EXPIRED.