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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.

Gracious Lord, who has given us life, we praise You for Your faithful reliability.

Bless our lawmakers today in the work they will do. May they seek in all their labors to please and glorify You as You fill them with Your grace. May they not become weary in doing what is right, knowing that in due season they will reap if they faint not.

Lord, let Your peace flood their hearts and help them to realize that it is by Your permission that they will breathe their next breath. May they permit life's problems to make them more dependent on Your guidance and strength.

We pray in Your Holy 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. SASSE). The majority leader is recognized.

HEALTHCARE LEGISLATION

Mr. MCCONNELL. Mr. President, we have been debating ObamaCare's failures and what to do about them for so many years now. We have heard so many distress stories from constituents who have been hurt. Thankfully,

the Senate will soon have the chance to turn the page on this failed law.

As I said yesterday, the entire Senate Republican conference has been active and engaged on legislation to move beyond the failures of ObamaCare for quite some time. We have had many productive discussions on the way forward. We are united in our belief that the American people deserve better than ObamaCare's unsustainable status quo.

While it is disappointing that our Democratic colleagues decided early on that they didn't want to work seriously with us on finding solutions, Senate Republicans remain focused on the following: stabilizing insurance markets, which are collapsing under ObamaCare; improving the affordability of health insurance, which is spiking under ObamaCare; freeing Americans from ObamaCare's mandates, which force them to buy insurance they don't want; strengthening Medicaid for those who need it the most; and preserving access to care for patients with preexisting conditions.

Insurance markets are collapsing under ObamaCare. We want to stabilize them. ObamaCare's champions said that the law would bring more healthcare choices, but for far too many, just the opposite has occurred. In the years since ObamaCare's passage, we have read story after story about co-ops collapsing, insurers fleeing, families losing the plans they liked, and trusted doctors and hospitals slipping out of reach.

Today ObamaCare is nearing full collapse. Americans in nearly one of every two counties could find themselves left with just one option under ObamaCare next year—which of course really isn't a choice at all—or even worse, find themselves without any option, period. This long-term ObamaCare trend is not sustainable. We have to act, and we are.

Healthcare costs are spiking under ObamaCare. We want to improve af-

fordability. ObamaCare's champions said that the law would make healthcare more affordable, but for too many just the opposite has occurred.

In the years since ObamaCare's passage, we have received so many calls and letters from families who have been hit with soaring out-of-pocket costs and skyrocketing premiums. In fact, a recent Health and Human Services report showed that premiums in the individual market rose by an average of 105 percent since the law was fully implemented in 2013.

Today the situation continues to spiral out of control. Americans in States across the country could find themselves facing more double-digit premium increases next year—as high as 30 percent, we learned just yesterday, in Washington State or 32 percent in North Carolina or 40 percent in Maine.

Another recent report found that nearly 2 million Americans who selected an ObamaCare plan ended up canceling their coverage after just a few weeks, and the most common reason they cited for doing so was that it was too expensive. This long-term ObamaCare trend is not sustainable. We have to act, and we are.

Americans are being forced to buy insurance they don't want under ObamaCare. We want to free them from that mandate. When ObamaCare's champions pushed their health law on the American people, they enacted onerous mandates that forced too many families into plans they didn't like or couldn't afford. In the years since ObamaCare's passage, we heard from Americans who decided it was simply more affordable for them to take their chance and pay the fine and go without insurance altogether.

Today ObamaCare's collapse is making the situation even more unfair. Insurance markets are collapsing, leaving Americans with fewer options. Health costs are spiking, making many of the remaining options even more expensive. That means Americans could

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



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be left trapped, forced by law to purchase ObamaCare insurance but left without the means to do so. This long-term ObamaCare trend is not sustainable. We have to act, and we are.

These are just a few of the major areas that Senate Republicans are focused on as we continue working on legislative solutions to move away from ObamaCare. In doing so, we will also work toward strengthening Medicaid and preserving access to care for patients with preexisting conditions—two areas of concern for many across the Nation.

I regret that Democrats announced early on that they did not want to be part of a serious bipartisan process to move past the failures of this law. Their ObamaCare law is collapsing all around us. It is hurting Americans. It will continue to hurt even more if we allow the unsustainable status quo to continue. So we have a responsibility to act, and Senate Republicans are working together, guided by the principles I mentioned, and acting on behalf of Americans, who deserve better than the status quo, better than continuing the pain of ObamaCare.

RESERVATION OF LEADER TIME

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

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to resume consideration of the Mandelker nomination, which the clerk will report.

The legislative clerk read the nomination of Sigal Mandelker, of New York, to be Under Secretary for Terrorism and Financial Crimes.

The PRESIDING OFFICER. Under the previous order, the time until 11 a.m. will be equally divided between the two leaders or their designees.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

HEALTHCARE LEGISLATION

Mr. CORNYN. Mr. President, we continue to make progress on legislation to clean up the mess left by the meltdown of ObamaCare, at least insofar as

it affects the lives of millions of people who buy their insurance on the individual markets. These are individuals and small businesses that don't have the benefit of large employer healthcare plans, and they have been devastated by ObamaCare.

This is a rescue mission. ObamaCare is collapsing for millions of people, and we have to act in the interest of countless families and small businesses that are suffering tremendous harm.

I have told the stories myself; others have likewise told the stories. We have seen those reported in the media. For many people, healthcare costs, their insurance premiums are skyrocketing. We also know that because of the distortion in the insurance markets, many insurance companies are simply pulling out of counties and States around the country, so people have no choices when it comes to purchasing their healthcare on the exchanges. Of course, many people continue to lose access to their doctors.

We need to contrast this with what was promised when ObamaCare was passed. I know it sounds repetitive, but I am afraid that if we lose sight of what the promises were with ObamaCare, we can't actually calculate the tremendous harm and the deception that was involved in actually delivering on that promise.

President Obama said that if you liked your policy, you could keep it—not true. He said if you liked your doctor, you could keep your doctor—also not true. He also said that a family of four could see an average decrease in premiums of \$2,500 a year—also not true.

What is the response of our Democratic friends? We saw last night that they took to the Senate floor, and they gave impassioned speeches.

First of all, they criticized the Republicans for coming forward to try to rescue the people who were being hurt by the failures of ObamaCare. They criticized us for that. Then they said that it was a secret bill after they had rejected every entreaty—every request—for them to work with us on a bipartisan basis to rescue the people who are being hurt by the failures of ObamaCare. They rejected that.

What did they do? They came to the Senate floor. They said that they hate the bill that they have not seen yet. Then they said: Oh, it is secret. So I guess it should be one or the other. Either they hate it because they know what is in it or it is secret. It cannot be both.

The fact is that we are working hard to meet our own internal deadline because we want to make sure that the people who will be hurt in 2018, when the insurance companies raise their premiums by digits—and they are in the process of getting those approved. It will occur in the July-August timeframe when insurance companies will have to calculate what the premium is that they will have to charge. Then they will have to go to the State regu-

lators and get approval for that premium increase. What we are being told is that the 105-percent increase in premiums on the exchanges since 2013—that is right, a 105-percent increase—is going to go up 20 percent or more next year unless we come to the rescue of those who are being harmed by ObamaCare.

We would say to our Democratic colleagues: Please do not wear yourselves out by doing something that is going to accomplish nothing. Channel all of that energy and that passion into trying to do something that will actually help the people who are being hurt today by the failures of ObamaCare.

They went even further. They said, well, they may decide just to obstruct the Senate's business on other matters that are not healthcare related until they can see the bill, which they will get to see soon.

As soon as we see the final product, we will get it scored by the Congressional Budget Office. Then we will have, literally, a vote-arama, where there will be an opportunity to debate in a fulsome and comprehensive sort of way and an opportunity to offer dozens—if not hundreds—of amendments to the bill, and we will vote. We will vote, as that is what we do.

There is nothing happening in secret here. In the fullness of time, we will all see the product we have been working on. As a result of their refusal to work with us, we have been working on it the best we can to try to accomplish something better than the failed status quo of ObamaCare.

We are told that they may obstruct the Senate's other business, including committee work. That is unrelated to the healthcare debate but, I guess, is just their lashing out in trying to find some way that they can make life a little more difficult here in the Senate with regard to our accomplishing other important work as well.

I happen to serve on the Senate Intelligence Committee. One of the things that we are doing is a comprehensive investigation of Russia's active measures undertaken during the last election. We have a committee meeting this afternoon.

Are Democrats really going to obstruct the Senate Intelligence Committee's work in conducting and completing its investigation into Russian activities in the 2016 election? Are they really going to do that? It strikes me as nuts.

On Thursday, for example, we also have a Judiciary Committee meeting that is scheduled to consider a critically important bill that I introduced with my colleague from Minnesota, Senator KLOBUCHAR, to help fight human trafficking.

Are Democrats going to obstruct our ability to conduct our business and block our consideration of bills involving human trafficking and providing relief for the victims?

This bill reauthorizes key programs that support survivors, and it provides

additional resources to Federal, State, and local law enforcement officials who are on the frontlines of fighting this heinous crime.

Will the Democratic leader from New York jeopardize the committee's ability to actually consider and pass this law? Does he plan to block a Member of his own political party from advancing her bill to fight human trafficking as well?

This strikes me as wrong for a number of reasons, and I think it would actually be appalling if our Democratic colleagues, out of their frustration—frankly, borne out of their failure to do their job and work with us to find a solution to the meltdown of ObamaCare—lashed out in a way that affected victims of human trafficking and affected the Senate's ability to conduct its investigation into the Russian activities involved in our election.

Now is not the time to grandstand and make damaging, symbolic gestures like this because, while our Democratic colleagues talked a lot last night, we did not hear anything from them about the current realities of ObamaCare and how it has failed the American people. They seem to be whistling by the graveyard. We did not hear anything about rising costs or the lack of choices.

I talked to one of my Democratic colleagues this morning. He told me that his own son was looking at \$7,500 premiums a year and at a \$5,000 deductible. This friend, a Democrat—and I will not reveal his name because I do not think it would be appropriate to do so—told me that his own son had to spend \$12,500 out of pocket before his insurance actually kicked in. That is a disaster, not just for his son but for millions of people who are negatively affected by ObamaCare. Yet our friends across the aisle want to flail about and threaten to block trafficking legislation or an investigation into the Russian involvement in the election.

The only thing they have not done is offer a constructive alternative. That is the only thing they have not done. They have tried about everything else. You know why, of course. It is that we know what the alternative is.

Basically, they did ObamaCare all by themselves. I remember. I was here on the Senate floor, in 2010, on Christmas Eve. I think it was at about 7:30 in the morning when we had the vote out of the Senate that passed ObamaCare. It was a pure party-line vote. So the Democrats have had it all to themselves—the ability to design a healthcare system that they thought America should have. It has failed time and again.

Do you know what their current proposal is right now? It is a single-payer option that puts our country even more in debt and that we know does not work.

The reason we know it does not work is that it will, no doubt, emulate things like the British National Health Service, which has resulted in two-

tiered healthcare—healthcare for people who cannot otherwise afford to pay out of their pockets to get better healthcare, with all of the problems of government-run healthcare added to it, but far-left elements of the Democratic Party want a plan that goes even further than ObamaCare. That, I believe, could ultimately be their goal—one that would increase government spending on healthcare by \$518.9 billion just this year, ballooning to \$6.6 trillion between 2017 and 2026, according to the Urban Institute.

Take a look at the State of California, where a similar proposal—a single-payer system—was pushed at the State level there to enact a single-payer system that would add \$400 billion each year to the California State budget. I think that is roughly double the amount of the whole budget for the State of California—\$400 billion each year.

It strikes me that at least one conclusion you might draw from this is that our Democratic friends' solution, rather than trying to work with us in a bipartisan way to save people who are being hurt from the failures of ObamaCare, is to say: Let's throw more money at it. That is not going to work. What it will do is add to our national debt without solving the healthcare problem, and it will further burden future generations who will have to pay that money back at some point.

We already have about \$20 trillion in national debt. These young people up here who are serving as pages are going to have to deal with that, I guess, unless we have the courage to do it ourselves. It strikes me as profoundly immoral for us to spend the money today and say: Well, our kids and grandkids are going to have to pay it back later. That is immoral.

If we thought ObamaCare crushed any semblance of competition in the healthcare marketplace, the single-payer plan from our friend Senator BERNIE SANDERS, from Vermont, who is the chief spokesman for the Democrats in the Senate on what an alternative might look like, removes competition completely because it is a government takeover. It takes away even more authority from State and local governments, and it takes away choices from individuals. Forget "if you like your doctor, you can keep your doctor. If you like your plan, you can keep your plan." Forget all of that because it is the opposite of what American families have repeatedly asked for.

This is what the extreme factions in the Democratic Party want. They want to expand government. They want an even larger takeover of healthcare, and they want to simply throw more money at it—as if we are not spending enough money already. Throwing more money at the problem certainly will not fix it. I suggest that it will only make things worse.

We need to be realistic about what it will take to rework our healthcare system and put patients first. I am under

no illusion as to what Republicans are going to be able to come up with on our own, given the constraints of the fact that the Democrats will not work with us at all and appear not to be in the business of lifting a finger to help the millions of people who are being hurt. I am not under any illusion that what we are going to be able to come up with—and it is an interim step—is going to be perfect, as no legislation ever is, but I think we are obligated to do our best. The fact that our Democratic friends will not help at all makes it a lot harder, but I do not think we can say: It is too hard. We cannot do it. We give up.

We are committed on this side of the aisle and invite our colleagues on that side of the aisle to work with us to fix the problems that are caused by ObamaCare and to implement real healthcare reforms that will work.

First of all, we need to stabilize the market—I mentioned this earlier—and rescue millions of folks who are losing all of their access to coverage because insurance companies are simply quitting because they are bleeding money. They cannot charge a high enough premium that somebody will actually pay, so they leave the market. In Texas, alone, there are dozens of counties that have only one insurance marketplace option. If we do nothing, I fear there will be no choices. When there is only one choice, the economic backlash is pretty simple. There is no competition to drive down costs and improve the quality of coverage.

I think this is, really, in some ways, a test of our convictions. If you really do believe that competition in the marketplace improves quality and cost for the consumer, as I do, then going to a single-payer system or even trying to repair ObamaCare is the opposite of what we should do. We need to return the market to a competitive one so that families can have the ability to make choices about their healthcare, what suits their needs, not what government is going to force you to buy, and if you do not buy the government-approved plan, it is going to punish you by fining you. That is what the status quo is like under ObamaCare.

ObamaCare is so bad that, currently, we have almost 30 million people who are still uninsured. About 6.5 million of them simply pay the penalty—I think it is \$695 a year now—instead of buying the government-approved healthcare plan. They figure that paying the penalty is better than buying the insurance for them. Then there are others—millions more—who simply opt out because of hardship. If the goal of ObamaCare were universal coverage, it has failed that goal as well. So we need to stabilize the market.

Secondly, we need to address ObamaCare's skyrocketing premium increases. We all know that if ObamaCare stays in place, premiums will stand only to rise for consumers. That is something I think our friends across the aisle are missing as well.

Doing nothing is not an option because people are going to be even more priced out of the marketplace, assuming they can find an insurance company to sell them healthcare.

In Texas, a Houston-area insurer has asked for a 16-percent annual rate hike for its 2018 ObamaCare coverage—a 16-percent increase over this year they want for next year. That is what doing nothing will do. It warns it might even need a greater increase just to cover its costs.

Private businesses can't actually operate in the red like the Federal Government does. Private businesses can't just print more money or run up \$20 trillion in debt. So when they can't make money, they simply have to raise premiums or they have to quit the market.

The third thing we need to do is this. Remember, the first thing I said is stabilize the market. The second is attack premiums to bring them down, and the third thing we need to do is make sure we continue to protect American citizens from preexisting conditions. This is something I think everybody believes that needs to happen, without regard to political or ideological affiliation. No one should be denied basic healthcare because they have a preexisting condition, and we want to preserve those protections. That is the third goal.

The fourth goal is to make Medicaid, which is the medical safety net for millions of people, sustainable into the future. Right now we know it is not sustainable, like our other entitlement programs. The way we want to do that is by giving States more flexibility. We want to make sure that those who rely on the program don't have the rug pulled out from under them, and we want to make sure that it continues to grow year after year, but at a sustainable rate.

Right now, there is no cap, no rate of increase provided. So it is an unlimited entitlement. One of the suggestions from the House bill is to grow it each year at the rate of the consumer price index for medical costs; that is, medical inflation plus 1 percent. In other words, more money would be spent next year than this year. Even more money than next year will be spent the following year and so on, but it will be done at a sustainable rate.

Finally, we want to free the American people from the onerous ObamaCare mandates that require them to purchase insurance they don't want and can't afford. It shouldn't be a surprise to anybody that if you take the penalty away and don't force the American people to buy insurance they don't want, many of them—the younger, healthy ones, in particular—will decide not to buy it. That is called freedom of choice. That is not what ObamaCare did. ObamaCare forced people to buy something they didn't want and penalized them if they didn't. So many people will choose not to purchase it and decide to handle their

healthcare in other ways—perhaps, at the emergency room, where under Federal law everybody who comes in as a medical emergency is entitled to be treated. It is not what I would tell my daughters. It is not what I would recommend for anybody, but if somebody wants to make that choice, it is certainly their right.

So I would just conclude by observing that it is shameful that Members on the other side of the aisle sit on their hands and do nothing to fix a law that continues to hurt American families. We know that regardless of who won the last election—whether it was Hillary Clinton or whether it was Donald Trump—we would have to take steps to address this failed law. So I would implore our Democratic friends to listen to their own stories, which some have recounted to me in confidence. So I won't repeat their names here, but they know this is a problem. They have heard from their constituents just like we have. So we would implore them to work with us to try to help us help our constituents. That is what I thought we were here for.

Americans are ready for healthcare reform that actually works, and it is our responsibility to do our very best to provide that to them, and that is what we intend to do.

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

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

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The Democratic leader is recognized.

HEALTHCARE LEGISLATION

Mr. SCHUMER. Mr. President, I listened to the majority leader this morning saying that ObamaCare was collapsing and Republicans are on a rescue mission. Honestly, the gall it must take to say, after Republicans and President Trump have spent all year sabotaging the marketplace, that ObamaCare is collapsing. They have threatened to stop critical cost-sharing payments that help keep deductibles and premiums down, hurting millions of people and sowing uncertainty in the market.

There is an easy way to fix it. Instead of crying crocodile tears, Republicans should guarantee that the cost-sharing payments will be made. That is not just Democrats saying it. That is the insurers. Listen to the insurers. What do they want? They want to keep premiums down and prevent them from leaving the exchanges. They want cost-sharing, which our Republican colleagues refuse to do, and, then, in a cynical ploy, they try to blame ObamaCare.

Listen to AHIP, the Nation's largest trade group of insurers. It is non-

partisan. It is a business group. Listen to what they said about the uncertainty about cost-sharing payments. They said it was "the single most destabilizing factor in the individual market." A series of insurance companies, including Blue Cross Blue Shield and Anthem, have said explicitly that uncertainty caused by President Trump and Republicans about cost-sharing is causing them to pull out of certain markets.

So this idea, this cynical ploy—after sabotaging the bill and then blaming someone else other than themselves—is pitiful.

The House bill, of course, was so bad—TrumpCare was so bad—that our Republican friends are trying to switch the blame to ObamaCare. It is not true, and it will not work.

Now, last night, Democrats held the floor well into the night to discuss the Republican plan to pass a healthcare bill in just 2 weeks that no one in America has seen, without holding a single committee hearing or a robust debate on the floor. They want to bring the bill to the floor and rush it in the dark of night for a simple reason: They are ashamed of their bill. They don't want anybody to see it, least of all the public.

Last evening, I asked the majority leader if the minority would have more than 10 hours to debate and amend the final bill. He replied that "there will be ample opportunity to debate and amend the bill." So I asked again: Will we get more than 10 hours? Ten hours is the maximum the rules allow us under reconciliation. He could only reply that "There will be ample time."

I have a feeling the majority leader and I disagree on the definition of "ample," because 10 hours of debate time—a total of 10 hours of debate time on an issue this important—is a sham. It is a farce. We would have to read the bill, prepare amendments, and consider its consequences, all in 10 hours.

This is a bill that affects one-sixth of our economy, millions of Americans. For them, it is life and death, and we are supposed to rush it through.

The Affordable Care Act, for the sake of comparison, was debated for 25 consecutive days of Senate session and 169 cumulative hours of debate time, and that was after a robust hearing and committee process. Yesterday, the majority leader basically confirmed that we Democrats might only have 10 hours total—no committee hearings, no committee markups, no airing the bill—10 hours of debate. Can my colleagues believe it? This is supposed to be a democracy where we debate the greatest issues of our time.

I asked another question of the majority leader, and I ask him now and I hope he will answer: Will our 10 hours of debate time be on the House bill or will it be on the new Senate bill that he is crafting behind closed doors? Will he let us debate the full 10 hours on the new Senate bill—hardly enough—or is he even being more cynical and doing

the 10 hours of debate on the existing House bill and then putting a substitute in—the Senate bill they have written behind closed doors—and have no debate on that? With everything terrible that is happening, that could make it even worse. So I am asking the majority leader to publicly state what his plan is in that regard.

I have never heard of a more radical or a more reckless process in my entire career in politics—10 hours of total debate on a bill that would affect one-sixth of the American economy and millions of Americans. If the Senate bill, like the House bill, results in 23 million fewer Americans with insurance—23 million Americans losing their insurance—each hour of debate time would represent 2.3 million Americans losing their insurance. Each minute of debate time would represent 40,000 Americans losing their insurance. One minute, and 40,000 people's lives are changed; 40,000 people don't have the coverage they need.

It boggles the mind that the Republican leader is moving forward this way without letting anyone but Members of the Republican Senate caucus see the bill, and even many of them have said they haven't seen it. There is only one possible reason why my friends on the other side are going along with this process—only one reason: They are ashamed of the bill they are writing.

If they were proud of the bill, they would announce it. They would have brass bands going down Main Street America, saying: Look at our great bill. They can't even whisper what it is about, they are so, so ashamed of it. That is why they are hiding it. They must be ashamed that, just like the House bill, the Senate TrumpCare bill will put healthcare out of the reach of millions of Americans just to put another tax break into the pockets of the very wealthy.

President Trump likes to end many of his tweets with one word, almost like punctuation: "Sad," "unfair," "wrong." It turns out the President has one word to sum up his healthcare plan as well: "Mean."

Last week, at a White House lunch with Republican Senators, the President reportedly told them he thought the House-passed healthcare bill was mean. That is what Donald Trump said on June 13, 2017.

For once, on the topic of healthcare, I find myself agreeing with the President. His healthcare bill is mean. Cutting Medicaid to the bone is mean. Cutting treatment for opioid abuse is mean. Cutting support for families with someone in a nursing home is mean. Allowing insurers to once again discriminate against Americans with preexisting conditions is mean. Charging older Americans five times or more for their health insurance is mean.

Passing a law which would cause millions of Americans to lose their health insurance in order to give a tax break to the wealthiest among us is pretty much the textbook definition of a

mean bill—a mean bill—and even the President thinks so, but just like the Republicans in the Senate, President Trump doesn't want the American people to know what he really thinks of their healthcare plan. That is why he said it was mean behind closed doors at the White House, while in public a few weeks earlier he said it is a "great plan," "very, very incredibly well-crafted." Those are his words, the same bill—the same bill—out to the public: Great bill, great plan; while behind closed doors, what it really is: mean.

All the plaudits the President gave the House bill turned out to be flimsy salesmanship. Speaking candidly to fellow Republicans, the President didn't say: Take up and pass the House bill. He didn't say it was a great plan or that it was very, very incredibly well-crafted. He said it was mean. My Republican friends ought to take this to heart. Even President Trump thinks what Republicans are doing on healthcare is a cruelty to the American people.

As we on this side of the aisle have said before, there is a better way. Republicans shouldn't feel like this mean bill cooked up in secret is their only option. I have invited my Republican friends to meet in the Old Senate Chamber to discuss a bipartisan way forward on healthcare. The Republican leader seems to have foreclosed that option, but the invitation remains and the sentiment remains.

Democrats are willing to work with our Republican friends on improving our healthcare system. We have significant disagreements, sure, but Republicans haven't even tried to sit down with us to hash them out. We would like to try, but if Republicans continue down this path, ignoring the principles of transparency and the open debate that defined this legislative body, we Democrats will continue to do everything we can to shine light on what our Republican friends are doing.

I yield the floor.

The PRESIDING OFFICER (Mr. JOHNSON). The Senator from Idaho.

Mr. CRAPO. Mr. President, I ask unanimous consent to speak for up to 5 minutes.

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

Mr. CRAPO. Mr. President, I rise in support of Ms. Sigal Mandelker, President Trump's nominee to be Under Secretary of the Treasury for Terrorism and Financial Crimes.

Five weeks ago, at Ms. Mandelker's hearing, members of the Banking Committee were moved by her heartfelt story of her parents' escape from the Holocaust. As her father proudly sat behind her, she explained to the committee how, as Holocaust survivors who narrowly avoided death, her parents raised her to never take for granted our safety, security, or freedom.

It was this that motivated Ms. Mandelker to public service, where she had an impressive career in law enforcement and national security at the

Departments of Justice and Homeland Security before joining the private sector.

Like many Americans, she was compelled to action following 9/11 and joined to serve in Justice's counterterrorism and national security mission. Throughout the nomination process, it was obvious Ms. Mandelker would be a strong leader to defend our Nation against terrorism and illicit finance threats. She received bipartisan support from the Banking Committee in a 16-to-7 vote advancing her nomination.

Also, with bipartisan support, just last week the Senate voted on the Iran sanctions bill and our Russia sanctions amendment. Part of Ms. Mandelker's job as Under Secretary would be directly overseeing sanctions policy on Iran, Russia, North Korea, Syria, and some 25 other programs.

In fact, when asked what her top priorities would be in assuming office, she noted that, first and foremost, she will focus on the areas posing the greatest threats—those being North Korea, Iran, ISIS, Syria, and Russia. She also affirmed that she would work closely with the Banking Committee and Congress in carrying out her duties.

I don't need to stress the importance of confirming Ms. Mandelker's nomination so Treasury can carry out this important mission, especially given that the Senate vote on our sanctions package last week was so strong. The two leaders and many Senators of both parties were able to work together to pass this important, comprehensive sanctions legislation, as they should, to ensure Senate confirmation of this nomination.

Given Ms. Mandelker's strong qualifications, dedication to service and mission, and bipartisan support from this committee of jurisdiction, I urge my colleagues to support her nomination.

I yield the floor.

EXECUTIVE CALENDAR

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of the Long nomination, which the clerk will report.

The legislative clerk read the nomination of Brock Long, of North Carolina, to be Administrator of the Federal Emergency Management Agency, Department of Homeland Security.

The PRESIDING OFFICER. Under the previous order, the question is, Will the Senate advise and consent to the Long nomination?

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

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from South Carolina (Mr. GRAHAM).

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

The result was announced—yeas 95, nays 4, as follows:

[Rollcall Vote No. 148 Ex.]

YEAS—95

Alexander	Flake	Murray
Baldwin	Franken	Nelson
Barrasso	Gardner	Paul
Bennet	Grassley	Perdue
Blumenthal	Harris	Peters
Blunt	Hassan	Portman
Boozman	Hatch	Reed
Brown	Heinrich	Risch
Burr	Heitkamp	Roberts
Cantwell	Heller	Rounds
Capito	Hirono	Rubio
Cardin	Hoeven	Sanders
Carper	Inhofe	Sasse
Casey	Isakson	Schumer
Cassidy	Johnson	Scott
Cochran	Kaine	Shaheen
Collins	Kennedy	Shelby
Coons	King	Stabenow
Corker	Klobuchar	Strange
Cornyn	Lankford	Sullivan
Cortez Masto	Leahy	Tester
Cotton	Lee	Thune
Crapo	Manchin	Tillis
Cruz	Markey	Toomey
Daines	McCain	Udall
Donnelly	McCaskill	Van Hollen
Duckworth	McConnell	Warner
Durbin	Menendez	Whitehouse
Enzi	Merkley	Wicker
Ernst	Moran	Wyden
Feinstein	Murkowski	Young
Fischer	Murphy	

NAYS—4

Booker
Gillibrand

Schatz
Warren

NOT VOTING—1

Graham

The nomination was confirmed.

The PRESIDING OFFICER. Under the previous order, the motion to reconsider is considered made and laid upon the table and the President will be immediately notified of the Senate's action.

EXECUTIVE CALENDAR—Continued

CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The assistant bill clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Sigal Mandelker, of New York, to be Under Secretary for Terrorism and Financial Crimes.

Mitch McConnell, Roger F. Wicker, John Thune, Mike Rounds, Tim Scott, John Hoeven, Pat Roberts, Orrin G. Hatch, Tom Cotton, Thom Tillis, Michael B. Enzi, John Boozman, James M. Inhofe, John Cornyn, James Lankford, Cory Gardner, John Barrasso.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the nomination of Sigal Mandelker, of New York, to be Under Secretary for Terrorism and Financial Crimes shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The assistant bill clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from South Carolina (Mr. GRAHAM).

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

The yeas and nays resulted—yeas 94, nays 5, as follows:

[Rollcall Vote No. 149 Ex.]

YEAS—94

Alexander	Flake	Nelson
Baldwin	Franken	Paul
Barrasso	Gardner	Perdue
Bennet	Grassley	Peters
Blumenthal	Hassan	Portman
Blunt	Hatch	Reed
Boozman	Heinrich	Risch
Brown	Heitkamp	Roberts
Burr	Heller	Rounds
Cantwell	Hirono	Rubio
Capito	Hoeven	Sasse
Cardin	Inhofe	Schatz
Carper	Isakson	Schumer
Casey	Johnson	Scott
Cassidy	Kaine	Shaheen
Cochran	Kennedy	Shelby
Collins	King	Stabenow
Coons	Klobuchar	Strange
Corker	Lankford	Sullivan
Cornyn	Leahy	Tester
Cortez Masto	Lee	Thune
Cotton	Manchin	Tillis
Crapo	Markey	Toomey
Cruz	McCain	Udall
Daines	McCaskill	Van Hollen
Donnelly	McConnell	Warner
Duckworth	Menendez	Whitehouse
Durbin	Merkley	Wicker
Enzi	Moran	Wyden
Ernst	Murkowski	Young
Feinstein	Murphy	
Fischer	Murray	

NAYS—5

Booker
Gillibrand

Harris
Sanders

Warren

NOT VOTING—1

Graham

The PRESIDING OFFICER. On this vote, the yeas are 94, the nays are 5.

The motion is agreed to.

The Senator from Arkansas.

ORDER FOR RECESS

Mr. COTTON. Mr. President, I ask unanimous consent that the Senate recess from 12:30 p.m. until 2:15 p.m. for the weekly conference meetings and the time during the recess count postcloture.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from Arkansas.

EARLY RELEASE

Mr. COTTON. Mr. President, last year, a woman named Carol Denise Richardson was released from Federal prison after President Obama granted her clemency. She had been serving a life sentence for possessing and intending to distribute 50 or more grams of cocaine, on top of having an already lengthy criminal record. She had not done anything specifically violent, so, theoretically, we should have been able to release her early and see good results, at least according to the advocates of criminal leniency.

Unfortunately, nothing good has come from this decision. Now, less than a year later, Carol Richardson is going

back to prison. As part of her release, she was put on a 10-year probation, which meant she had to check in regularly with her probation officers, but she did not. She did not tell them she had left her job. She did not tell them she had moved. She did not even tell them she had been arrested.

Her latest offense, I should say, falls somewhere short of heinous. She was arrested in Pasadena, TX, for stealing \$60 worth of laundry detergent so she could buy drugs.

From everything I have read in the news, it seems clear that Carol Richardson is not a serious, violent menace to society, but it is also clear she was not prepared to reenter society. She still had not kicked her drug habit. She still could not keep and hold a steady job. She still could not meet the most basic requirements of citizenship and basic adulthood.

But the real question is, Why would she be ready? Why would we expect that of her? She never went through the rehab that could have given her a second chance at life. Instead we just threw her in the deep end and watched her sink. That is why I think this story is worth mentioning, because I believe we should give pause to every advocate of criminal leniency.

They like to argue that taking people out of prison both heals communities and saves money. But who was better off once Carol Richardson was released? Not her community; she committed a crime within months. Not the taxpayers; they are still paying for prison costs. And here is the thing: Neither was she. She is back in prison yet again.

But, sometimes, the consequences are worse than this sad story. They are horrifying. Last year, a man named Wendell Callahan brutally killed his ex-girlfriend and her two young daughters. A frantic 911 call from the scene said that the two girls' throats had been slit.

These murders were an atrocity, and they were completely avoidable. Wendell Callahan walked out of Federal prison in August of 2014 after his sentence had been reduced in accordance with the provisions of sentencing guidelines made by the Sentencing Commission. Callahan's original sentence should have kept him in jail until 2018. If he had been in jail instead of on the streets, a young family would be alive today.

What the Richardson case, on one hand, and the Callahan case, on the other hand, show us are two things: First, if we are going to reform the criminal justice system, we shouldn't focus on merely reducing sentences. That doesn't do all that much to help our society. Instead, we should focus on rehabilitating people while they are in prison, whatever the length of their sentence. They need serious help if they can ever hope to redeem themselves and, once they are out of jail, stay out for good. And we should give them that help, not only because it is

good for them—though it is—but because it is good for us as a society. This is why I support real reform that will make our prisons safer for inmates and correction officers alike and take real steps to help inmates leave their lives of crime behind once and for all.

The second lesson is this: We need to know far more than we do now about how many people we release early from prison go back to a life of crime. What types of crimes do they commit? How many murders? How many robberies? How many drug arrests? Those numbers can be small or they can be large, but we need to know them to understand the full scope of our problem. And having that information will help the President decide each case as he considers when and how to use his pardon power.

But, today, the Federal Government doesn't even compile these data.

That is why I, along with Senators HATCH, Sessions, and PERDUE, introduced a bill last year to require that the government collect and report on these numbers. Unfortunately, the bill did not pass into law. So I want to announce today that I intend to reintroduce the bill with a renewed sense of urgency. This is just one story, after all. We don't know how many people granted clemency are returning to crime. But that is all the more reason to start collecting more data. We need to thoroughly evaluate cold, hard evidence before we make any sweeping changes to our criminal laws.

Carol Richardson's story should warn us of the perils of letting ideology get the better of common sense. We owe it to our neighbors to keep their families safe, and we owe it to the Carol Richardsons of the world to give them a real and honest chance at life once they complete their sentence.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

HEALTHCARE LEGISLATION

Mr. MERKLEY. Mr. President, on May 4 of this year, there was a party at the White House, a celebration—a celebration that the House had passed TrumpCare. Indeed, the President wanted to invite people over and say what a great job they had done and what a great bill they had passed. He called it a “great plan.” He said the House plan was “very, very incredibly well-crafted.”

That was on May 4—a party at the White House, a celebration—but what a difference a month can make. A week ago, on Tuesday, June 13, the President had another gathering, and at this gathering he said that the bill from the House was “mean,” and he went on to use a very derogatory phrase to describe it.

So what happened between May 4 and June 13? Did the bill change in some way? Absolutely not. It had already been passed out of the House. Apparently what happened is that someone explained to the President what was in it, and he said: That is terrible. We

can't do that. It is a mean bill. And he used other vivid language to say just how bad it was.

What feature of the TrumpCare bill did the President get briefed on that made him say that it was mean? It certainly is a mean-spirited bill. It certainly is a hard-hearted bill. It certainly is destructive to the quality of life of millions and millions of Americans. So which aspect of the bill was he referring to?

I asked that question of the Secretary of Health and Human Services, Tom Price, when he came to the Senate for a hearing last week. I asked the Secretary if he shared the President's opinion that the TrumpCare bill was a mean bill. He didn't have an answer for that. He wouldn't say whether, as a leader in the administration on healthcare, he shared the President's opinion.

I asked whether he thought the President thought it was a mean-spirited bill because it ripped healthcare from 23 million Americans. The Secretary of healthcare didn't answer.

I asked whether it was mean because it eliminated essential health benefits like emergency care and rehabilitation services and mental health and addiction treatment and maternity coverage for women having a child. The Secretary again refused to answer.

And he proceeded to say things like “Well, I wasn't in the meeting,” and that he hadn't talked to the President about why the President didn't like the bill. One would think that the Secretary of Health and Human Services, upon hearing that the President thought that the bill he had advocated for was terrible, would actually go to him and say: What is it you thought was so terrible? That might inform the conversations here in the Senate. But he said that he hadn't talked to the President about it. The Secretary of Health and Human Services didn't want to know why the President disliked this bill.

I asked if the President thought that this was a mean bill because it has vast premium increases for older Americans. An individual in their mid-sixties, prior to the age for Medicare, a 64-year-old earning \$26,500—how much would they pay under current law and how much would they pay under TrumpCare? Under current law, the answer is about \$140 a month. And under TrumpCare from the House, the answer is \$1,200 per month—an eightfold increase. How can anyone earning a little over \$2,000 a month spend \$1,200 on health insurance? It is an impossible situation.

So, of course, those Americans in that situation would not be able to buy health insurance, would not be able to access healthcare. Is that why the President thought it was mean? Did the President get briefed on the damage it would do to our older Americans? Or was the President concerned about the impact on our older Americans who need to have care in a nurs-

ing home? Is the President finally aware that Medicaid pays for more than 6 out of 10 individuals who are in a nursing home because they need a level of care that can't be provided in the home?

I went and visited a nursing home over the weekend in urban Oregon and then visited one in rural Oregon, in Klamath County. In Klamath County they told me that almost 100 percent of their citizens in long-term care are paid for by Medicaid. Nationally, it is a little more than 6 out of 10, but in this rural community, almost 100 percent. I thought about the residents there and what happens to them. Under this bill, when Medicaid is slashed massively and 23 million folks lose access to it, what happens to them? One woman, Deborah, said: Senator, Medicaid pays for my bill and if it doesn't exist for me—if it is taken away—I am on the street, and that is a problem because I can't walk.

So picture an older American, a senior American who needs an intensive level of care that can't be provided in the home being thrown into the street in a wheelchair, unable to walk, and, by the way, no support structure because in order to qualify for Medicaid to pay your bill, you have to have spent down all your own resources, so it isn't like somebody has a backup plan. Maybe there are family members who will take them in and provide an intensive level of care. Maybe a few will have friends who will take them in and provide an intensive level of care. But for the vast majority, that support structure isn't there, and that means they are going to be on the street. Is that why the President said it was mean?

Was it because the bill said States can charge more, allow insurance companies to charge more for individuals with preexisting conditions? That is certainly a huge problem. Community pricing has given access to insurance at the same price to everyone in America, regardless of preexisting conditions, but, unfortunately, TrumpCare changes that.

I think we need to recognize that now, here in the Senate, 13 Senators are working to craft a Senate version of TrumpCare, and they are terrified—terrified of the public seeing their bill. It is a vampire bill. It is afraid of the sunlight—the sunlight of public commentary, input, even a public discussion from experts. They are afraid of their citizens. They are afraid of the expert commentary. And they want to hide it until the last second so they can bring it to the floor—next Thursday, a week from this Thursday—and try to pass it in a moment's time, less than a day.

I was fascinated that our Secretary of Health and Human Services—after there were more than 100 hearings and roundtables and walk-throughs of the healthcare bill in 2009, after consideration of more than 300 amendments in the Senate, after more than 100 Republican amendments that were adopted,

minority amendments adopted, after more than 25 days of debate on the Senate floor—complained that the bill and the process were not transparent. If that wasn't transparent, how do you score the transparency of a bill where there have been zero committee meetings, zero chance for legislators to weigh in, zero chance for public input by experts, zero chance for the citizens of the United States to see this bill and share their feelings, zero chance for us to go back to our own States and have townhalls and ask for input? Well, you give it an F. It is a process completely out of sync with the responsibilities that every Senator took when they took the oath of office to be a Member of a legislative body—not a secret body, a legislative body, which implies deliberation in committee and deliberation on the floor and deliberation with constituents back home.

There is a phrase for the Senate—probably not merited; in fact, I am sure it is no longer merited—that the Senate was the world's greatest deliberative body. But crafting legislation in secret that affects the quality of life of millions and millions of Americans, with no deliberation, that is not a legislative process. That is not what was envisioned under our Constitution, our “we the people” Constitution. It wasn't a “we the secret group of powerful folks accommodating powerful special interests, government by and for the powerful.” That wasn't the introduction to our Constitution. Perhaps Members might read the first three words of the Constitution. Perhaps folks might go back and look at our history of why we have this floor to debate the issues, because that is what a system of government of, by, and for the people is all about.

In my home State, the elimination of Medicaid expansion—that is, the Oregon Health Plan expansion—would throw 400,000 people off of healthcare. Stretching that timeline from a couple years to 7 years doesn't change the fact that 400,000 people lose healthcare. That is mean-spirited. That is hard-hearted. That is terrible healthcare policy.

It is not just those individuals who are affected. The uncompensated care rate has dropped enormously in Oregon, from 15 percent to 5 percent. The result is that there is much more income to our clinics and to our hospitals, and the result is better healthcare for everyone—everyone in our rural communities, everyone in our urban communities. Nonetheless, the majority persists in wanting to destroy this improvement.

I am hearing from people like Elizabeth from Portland, who wrote to say that the Oregon Health Plan saved her life. The Oregon Health Plan, or Medicaid, saved her life. She was in school, and she had some health problems that were getting worse because of stress. But she didn't have a job and didn't have insurance, and things were getting bad. Then the Affordable Care Act

came around, and it extended coverage. Since then, she has gotten her health problems under control, finished school, and was able to get a job. In Elizabeth's own words:

I am once again contributing to society. I just need a little bit of time and help and I'm back on my feet.

Isn't it the right thing to provide a foundation for every single American to have access to quality healthcare, so that when they get sick, it helps them get back on their feet?

Ask yourself: What is your value? Is it your value that every American should have access to affordable healthcare? That is my value. That is what I am fighting for. What are you fighting for? Are you fighting to destroy healthcare for millions of Americans? Is that your value—to make life difficult and hard and mean-spirited and hard-hearted and terrible and painful for millions of Americans? Is that your value? If so, then keep up with this secret plan to destroy healthcare for millions of Americans. But if you value your constituents' quality of life, if you value their peace of mind, then put a stop to this abomination, this anti-democratic process. Insist that there is at least a month of consideration of the bill so that citizens can weigh in, so experts can weigh in, so committees can deliberate, so committees can propose amendments and improvements. Insist on that.

We just need three Members of the majority party to believe in the responsibility of this Chamber to hold a public debate and insist that they will not vote to proceed to the bill unless we have at least a month of opportunity. That is only one-ninth of what we had in 2009. It is only a fraction of the committee meetings, roundtables, and walk-throughs we had in 2009. It would be only a fraction of the amendments offered in 2009. It would only be a fraction of the time here on the Senate floor we had in 2009. Don't you believe we should have at least a fraction of the public deliberation we had just 8 years ago before jamming this through and destroying healthcare for millions of Americans? What does peace of mind mean to you?

I will tell you what it means to my constituents. It means that when their loved one gets sick, their loved one will get the care they need. It means that when their loved one gets sick, they won't go bankrupt. That is the peace of mind we are talking about, and that is the peace of mind that is so profoundly disturbed when you have a secret group meeting with powerful special interests, devising a bill they are afraid to show to the public of the United States of America. I would never want to have to vote on such a major bill without being able to hear what my citizens in Oregon think. I don't think any Member of this Senate should agree to vote on a bill with no deliberation and no public hearing.

So we need three champions. Just three out of 52. It should be 52 out of 52

who insist on a quality public process. We have heard the comments in the hallways, many Members of the majority dislike the fact that there is a secret process that their majority leader is insisting on. We have heard that they don't like it. It is not right. But do you know what? Every Member here has a chance to say no to the secret operation, the secret committee of 13, and the last-second presentation of such a bill on the floor.

The issue of the changes in healthcare without public deliberation terrifies folks like Deborah from Hillsboro, OR. She was diagnosed with Crohn's disease 8 years ago and has to take regular injections and medications to keep it under control. She does a lot of things right. She doesn't smoke, she exercises, and she follows her doctor's recommended diet. Other than her regular medications, she lives a normal, healthy life, and she is looking forward to retiring in the near future with her husband. They have been working hard their whole lives. They have been saving up for it. It is so close that they can almost taste it. But it is a dream that could be shattered by the Republican healthcare plan—the TrumpCare plan—being concocted secretly by 13 Members of this body. As she says:

Without affordable coverage for pre-existing conditions I cannot even switch jobs easily. If Medicare is reduced or eliminated, as the GOP is trying to do, I may never be able to retire . . . we should not now, or ever, eliminate coverage for pre-existing conditions (or price that coverage such that most of us will never be able to afford it).

She is worried that changes that refer to Medicaid and the Oregon Health Plan will ruin her ability to retire and her ability to access healthcare.

I don't know exactly what the President was briefed on that made him call TrumpCare “mean” and then speak in a very derogatory fashion about the bill from the House. I don't know exactly what he learned. I don't know if it was because he learned that folks on long-term care could lose that long-term care and Medicaid pays for more than 6 out of 10 Americans who are in long-term care. I don't know if it was because he learned about preexisting conditions. I don't know if it was because he learned it would throw 23 million people out of the healthcare system. I don't know if it was because he learned this would have devastating consequences to rural healthcare because of the impact on the finances of clinics and hospitals.

Whatever he meant, he was right. He was right to make that transition from a month earlier when he held a celebration at the White House because this terrific, wonderful bill had been passed by the House, and when he sobered up and discovered that it was a mean-spirited, hard-hearted bill. But for all these reasons, no healthcare should be crafted and jammed through without deliberation. No significant bill affecting

the lives of Americans should be pushed through in this manner. Americans deserve better. They expect more from this Chamber than such a secret, callous, poorly informed process. They don't like that powerful special interests are meeting with the Senators in private—those private 13—to develop a plan, because here is what they have heard:

They know this bill gives huge tax breaks to powerful parts of the healthcare industry, that it gives huge amounts of money away to those who make medical equipment and huge amounts of money away to health insurance companies, meanwhile stripping healthcare from millions of Americans. They know it also gives a massive tax break to the richest Americans.

So here we are with a bill that Trump has called “mean,” giving away the Treasury to powerful special interests, meeting in private with my colleagues, giving away the Treasury to the richest Americans, while on the other hand lowering the boom on our seniors in long-term care, lowering the boom on struggling and working families, lowering the boom on 20 million or so Americans who would lose healthcare, and lowering the boom on the clinics and hospitals that provide care for everyone.

That is what they see: special favors for the powerful and thrown into the street the working and struggling families. That is morally wrong. That is wrong from a policy point of trying to improve the quality of life of Americans, and it is why every Senator here should absolutely say no to moving to this bill on the floor without a full month, at least, for committee deliberations and for the citizens of the United States to weigh in.

That is the difference between what happens in a dictatorship with no deliberation and a democratic republic with a legislative process that values deliberation and openness. That is the difference. Which model do my colleagues support?

Let's fight for the “we the people” vision of our Constitution, and let's fight for quality healthcare for every American, and let's say no to moving to any bill that hasn't had public deliberation and at least a full month of deliberation in this Chamber.

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

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

Mrs. MURRAY. Mr. President, I ask unanimous consent to speak for 6 minutes.

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

Mrs. MURRAY. Mr. President, I want to thank all of my colleagues for their

comments today on the damage TrumpCare would do. Democrats, patients, and families have been fighting back against TrumpCare and Republican efforts to jam it through Congress for months.

I want to take a moment and recall some of the promises President Trump and Republicans made at the very beginning of this process because there truly is a Grand Canyon between President Trump's promises and the TrumpCare bill he has now admitted himself is “mean.”

At the start, President Trump promised to provide insurance for everybody that was both cheaper and higher quality. When TrumpCare was introduced in the House, Secretary Price said that “no one would be worse off financially” under the law. And when Speaker RYAN was asked whether millions of people would lose their insurance coverage under TrumpCare, he said “no.”

Families were told again and again that TrumpCare would lower costs and keep people covered. As we know, TrumpCare would do the exact opposite. It will raise healthcare costs for people across the country, astronomically for those with preexisting conditions and for seniors, who could pay as much as 850 percent more in premiums. Medicaid would be gutted. Women and men would be unable to get care from the providers they trust and choose at Planned Parenthood. New mothers would pay as much as \$1,000 more a month just to get maternity care. Tens of millions of people would see their healthcare coverage taken away.

I could continue. And I want to be clear that those facts came from the nonpartisan, independent Congressional Budget Office.

Unfortunately and unsurprisingly, when TrumpCare passed the House, President Trump ignored those facts and doubled down on his broken promises. He championed TrumpCare, calling it “very, very well-crafted.” He promised to get TrumpCare through the Senate, predicting that it would be an unbelievable victory. His Secretary of Health and Human Services called this bill—which would take healthcare coverage away from 23 million people—a victory for the American people. Which people? Maybe President Trump. Maybe special interests who are going to get these massive tax breaks. But not the hundreds of thousands of people in Washington State who are rightly scared of TrumpCare or millions more across the country.

Democrats have come to the Senate floor with story after story about how our constituents would suffer under this legislation, workers who would not be able to make ends meet between jobs without losing health insurance, seniors who know they will go bankrupt if TrumpCare becomes law, moms who stay up at night worrying about whether their child who has a pre-existing condition will be priced out of coverage, patients fighting for their lives who are afraid that TrumpCare

will kill them and who are literally begging Congress not to do this.

To these patients and families, President Trump's decision to finally admit the incredibly obvious—that TrumpCare is “mean”—doesn't begin to cover it. To them, that bill is a gut punch. It is the bottom dropping out. It could be a death sentence. And this is especially true because, as hard as Senate Republicans have tried to keep their version of TrumpCare secret, behind closed doors, and in back rooms, as often as some have made promises just like those President Trump and House Republicans were making to try to reassure their constituents somehow that the Senate version of TrumpCare would be somehow less mean, the truth is, we know the Senate version of TrumpCare will be just as damaging.

Senate Republican leaders have already admitted that they expect their TrumpCare bill to mirror 80 percent of the House's. We have House conservatives writing letters to Senate Republicans making demands even meaner than many Senate Republicans want. And we all have a good idea how this is going to end up. “Mean” doesn't even begin to cover what TrumpCare would do to my constituents in Washington and to people across the country, but it is a start.

I haven't said this often, but I hope Senate Republicans listen to President Trump. This is a man who knows about mean—from making fun of a reporter with disabilities, to belittling our friend the junior Senator from Florida, to even impugning the senior Senator from Arizona, a war hero. When President Trump says something is mean, that certainly means something.

Mr. President, I hope they think about why he had to make that comment. They realize just how hard it will be to defend this truly appalling legislation, especially after it has been jammed through Congress, hidden from patients, and hidden from families without seeing the light of day. I hope they do what we tell preschoolers to do when they do something mean—apologize and make sure to do better next time. In Senate Republicans' case, that means dropping this effort to undermine families' healthcare once and for all and then joining with us to continue fixing healthcare for the people we serve by making healthcare more affordable, getting more families covered, and maintaining quality of care.

Democrats have ideas. We are at the table. We are ready to get to work as soon as Republicans are. It is not too late to make the right choice. The wrong choice is far more than mean. If my Republican colleagues do continue down this deeply harmful path, they should know they will own every bit of the hurt they cause, and they will be held fully accountable.

Mr. President, I yield the floor.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.

Thereupon, the Senate, at 12:37 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. PORTMAN).

EXECUTIVE CALENDAR—Continued

The PRESIDING OFFICER. The Senator from Montana.

Mr. DAINES. Mr. President, I ask unanimous consent that following my remarks, Senator LEAHY be recognized next.

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

NATIONAL GREAT OUTDOORS MONTH

Mr. DAINES. Mr. President, Montanans can tell you that nothing beats getting outdoors for hunting, skiing, fishing, backpacking—you name it; it is our way of life. In fact, after I graduated from Montana State University, I had to leave Montana to start my business career, but I came back to Montana while my knees were still good so I could spend my time enjoying all that Montana's outdoors have to offer. That is why I am excited that June is National Great Outdoors Month.

Montana's outdoors have a special meaning for me. In fact, I even proposed to my sweet wife Cindy some 31 years ago next month on the summit of Hyalite Peak, just south of Bozeman.

The value of Montana's outdoors is simply incredible. In fact, according to the Outdoor Industry Association, there are 64,000 Montanans whose jobs are directly tied to our outdoor recreation industry. In 2012, outdoor recreation generated almost \$6 billion in consumer spending in Montana alone. Nationally—taking this to the big picture of our great country—outdoor recreation generates \$887 billion in consumer spending each year and provides 7.6 million jobs.

Folks travel across our Nation, even from around the world, to come visit America's great outdoors. It is all right here in our backyard—in fact, for me literally. I grew up just about 90 miles from Yellowstone National Park. I went to kindergarten through college just 90 miles away from Yellowstone National Park, and I can tell you, I go back there every year with my family.

Whether it is hiking in Glacier National Park up in Northwest Montana, fly fishing the Gallatin River that Brad Pitt and Robert Redford made famous with that great movie "A River Runs Through It"—which runs right by my hometown—or skiing at Whitefish, Big Sky, or floating down the Madison on a hot summer day, we can take these things for granted. That is why it is so important to recognize the value of the outdoors during National Great Outdoors Month. If you visit one of our national parks or if you go on a white water rafting tour, you are not only

getting a great experience yourself, you know you are giving back to our local economy, and you are helping create jobs.

I want to encourage everyone to recognize National Great Outdoors Month by joining me and getting out there. Don't just talk about it. Get outdoors and experience all that the outdoors has to offer.

I yield my time.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. LEAHY. Mr. President, I thank my colleague from Montana. I have hiked in his State before, and it is a wonderful place. Their mountains are a tad higher than ours, but both my wife and I love hiking in the mountains, and I have enjoyed his State.

HEALTHCARE LEGISLATION

Mr. President, for the last 7 years, we have heard Republicans in Congress campaign on the pledge to repeal the Affordable Care Act. For 7 years they have said: We are going to repeal it and replace it. State to State, district to district, like President Trump, they pledged to repeal and replace the health reform bill that made access to affordable healthcare a reality for millions of Americans.

One would think—and what I get asked in Vermont is—when they campaigned for 7 years that they were going to repeal and replace it as soon as they were in power, you would think they would have a plan to do that. But it seems there is no plan. Instead, there are a dozen or so Republican lawmakers meeting behind closed doors. And they are shielded from public view. I don't think any other Members of Congress are allowed in their presence—lobbyists, but no Members of Congress. They say they have negotiated, finally, a grand plan to repeal the Affordable Care Act—and oh, by the way, a plan that makes devastating cuts to the Medicaid Program. And they have done this with no hearings, no debate, no process, no showing what the cost would be, and no bill. They are keeping a tight lid on the decisions they are making for the rest of America. What I get asked back home in Vermont is: What are they so afraid of? We are about to find out.

We hear they still intend to bring this yet-to-be-finalized bill to the Senate floor very soon under the expedited reconciliation process, without even the most basic vetting and transparency. Not only is this latest TrumpCare plan that is about to be foisted on the American people and on the Senate not ready for prime time; it is not fit for prime time. It is really nothing short of shameful.

Certainly, in my decades here in the Senate, I have never seen anything by either Republican or Democratic majorities done like this. In fact, I will give you an idea of how it can be done differently.

When the Democrats were in control, before we passed the Affordable Care Act, the Senate held over 100 hearings

on the issue. Republicans haven't held one. We had over 100 hearings. We had roundtables on health reform. Hundreds of amendments were considered by the Senate Finance and HELP Committees during an exhaustive markup process, with 160 amendments by Republican Senators adopted. The process itself stretched for so long—more than a year—in the vain hope that Republicans would come to the table and stay at the table. In fact, the final Senate bill included more than 145 Republican-authored amendments, and it was posted for every single person in America to see for nearly a week before the Finance Committee marked it up. The same can be said for the HELP Committee. Then, more than 160 hours were spent on this Senate floor in considering the Affordable Care Act. Everybody had an opportunity to speak on it. That is when the Democrats controlled the Senate.

What is happening with the Republicans? Will they have 100 hearings? No, they have not had one single hearing, and they are not having any debate and not having any process. We don't even know what this is going to cost. And as of right now, there is no bill.

In the House and now in the Senate, this charade boils down to bumper sticker politics. It is not a solid, seriously vetted, workable, fair and equitable plan or policy. Let's see what happens when you do it this way.

After this bill passed in the House—a bill that no one had read—even the Secretary admitted he hadn't read it. After it passed and people had a chance to see what was in it, what did we find out? That 23 million Americans were going to lose coverage. And then the President proposed a budget that assumes savings from the repeal of the Affordable Care Act through big, big cuts to the Medicaid Program.

Under the House-passed TrumpCare bill, the State of Vermont will spend hundreds of millions more on Medicaid to compensate for the loss of Federal funds targeted by President Trump and the House Republicans. Under the House-passed TrumpCare bill, premiums are expected to rise by 20 percent. Seniors—many of whom live on fixed incomes—will be charged five times more than younger enrollees under the House-passed TrumpCare bill. Well, that translates north of \$4,400 in increased healthcare costs for Vermonters between the ages of 55 and 64.

Notwithstanding the millions of people being thrown off the list, notwithstanding the cuts to Medicaid, President Trump joined Republicans at the White House, and he celebrated the House-passed bill. He celebrated. He said: Look what we can do with me as President. They all applauded, and they were all so happy.

Then somebody must have finally read the bill. Somebody at the White House must have read the bill and actually told the President what was in the bill that he was praising. And then,

in a sudden about-face, he described the House-passed bill as “mean.” “Mean” is what President Trump said of the House GOP healthcare plan.

Some back home may find it a surprise that I could be in agreement with President Trump, but do you know what? President Trump is right. I am saying it right here on the floor: President Trump is right. The House-passed bill that he praised is mean. It is mean because it would do so much harm to so many Americans.

It is untenable. It is unrealistic. And if Senate Republicans think they can fix it behind closed doors, they are wrong. We should be working together, Republicans and Democrats—together—to improve the Affordable Care Act. If there are parts where it is flawed, let's fix it. If there are parts where it could be improved, let's join together and strengthen it. Let's not double down on Americans at a time when their President is turning his back on the very programs that support our social safety net. Women and children and low-income Americans and small businesses alike are all going to suffer under his plans.

We 100, as representatives of our constituents—I think we have a responsibility to give voice to their concerns. We 100 Senators are elected to represent 350 million Americans. We are supposed to be the conscience of the Nation. Maybe it is time that each one of us, Republicans and Democrats alike, started listening to what Americans say about healthcare.

A family physician from Manchester, VT, wrote to me saying: “I do not support efforts to roll back or eliminate the patient-centered insurance reforms established in recent years that prohibit discrimination against patients due to their race, gender, health status, or geographic location. These reforms matter to the everyday lives of our patients.”

Someone from Brattleboro, VT, wrote: “I am writing to ask what I can do to help stop Medicaid from being changed to the system being promoted by the Republican majority.”

From Jericho, VT: “I had Hodgkin's lymphoma 3 years ago and was fortunate to have insurance to cover most of the roughly \$100,000 bill. Having had cancer is stressful enough without constantly worrying about severe financial consequences if it strikes again.”

From Bennington, VT: “Being patient-centered means we put the patient first. As a physician and advocate for my patients, I do not want any of them to be hurt by the actions Congress takes or fails to take.”

And then from Manchester Center, VT: “I will be one of the [20 million] people to lose their health insurance when the Trump administration almost certainly repeals the ACA in a few months. Tax credits will not help me to regain it.”

And from the small town of Sandgate, VT: “My son has a chronic illness that, without our insurance,

would cost \$1,000 per month in prescriptions alone. That doesn't even cover the regular checkups. Right now he is covered, but, as I'm sure you remember from when you first got out of college or high school, we know that he may not have as good coverage when he gets out on his own. The Republican plan is a death sentence for him.”

The Republican plan is a death sentence for him.

These are real people. These are real stories about their lives, and I am willing to guess that there are similar people in virtually every State in this country with more stories like these.

This isn't a political campaign. This is about life and death and access to healthcare. For these Vermonters and for millions of Americans across the country, the decisions we make here will have consequences—real consequences in their lives. Every Senator should think about that before we hastily undo years of progress to increase affordable access to healthcare for millions of Americans.

The Republican majority, led on, cheered on by President Trump, passed a bill which would take so many millions of people off of healthcare. It would devastate Medicaid. It would make it so much more difficult for people to get healthcare. Then the bill they fought so hard to pass, the bill they cheered on, the bill they celebrated in the Rose Garden with President Trump, finally, somebody read what they passed. What a novel idea. They had all voted on it. They had all gone home. The President had praised them. I remember the pictures of them beaming in the praise of the President. Well, somebody finally read the bill and told the President, and he said that bill is “mean.” The House GOP healthcare plan—that bill is “mean.”

Well, I agree with President Trump, but you know what they are pushing now—he and his administration—the Senate bill; yet nobody has seen the Senate bill. Nobody knows how many people are being cut off the roll. Nobody knows how many people are going to be without healthcare. Nobody knows how large the cuts will be to Medicaid. Nobody knows how much our 50 States are going to be hurt by it. Nobody knows which millions of Americans—good, hard-working, honest Americans—are going to lose healthcare in the wealthiest, most powerful Nation on Earth.

Will that be celebrated? Then, after it is passed, will somebody at the White House whisper to the President: The Senate bill is pretty mean, too. The Senate bill is pretty mean, but by golly, we got it passed. We had it on our bumper stickers that we would, and we got it passed. We are wealthy. We will have our healthcare. Too bad for those tens of millions of Americans who won't.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

REQUESTS FOR AUTHORITY FOR COMMITTEES TO MEET

Ms. MURKOWSKI. Mr. President, I have nine requests for committees to meet during today's session of the Senate. They do not have the approval of the Democratic leader; therefore, they will not be permitted to meet.

I ask unanimous consent that a list of committees requesting authority to meet be printed in the RECORD.

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

Committee on Armed Services
Committee on Energy and Natural Resources
Committee on Foreign Relations
Committee on the Judiciary
Committee on Intelligence
Subcommittee on Communications, Technology, Innovation, and the Internet
Subcommittee on Public Lands, Forests, and Mining
Subcommittee on Multilateral International Development, Multilateral Institutions, and International Economic, Energy, and Environmental Policy
Subcommittee on Crime and Terrorism
40TH ANNIVERSARY OF THE TRANS-ALASKA PIPELINE SYSTEM

Ms. MURKOWSKI. Mr. President, I have come to the floor this afternoon to mark the 40th anniversary of the first oil moving through the Trans-Alaska Pipeline System. In Alaska, we call it TAPS. This is an 800-mile-long engineering marvel that runs from the North Slope of Alaska to tidewater in Valdez.

Forty years is a good, long history. I recognize that, and so this afternoon, in the interest of time, I will abbreviate the history, but I want to start the story of our pipeline in the late 1960s. Believe it or not, this was a pretty bleak moment for oil exploration in Alaska. Despite great promise, many companies had given up on exploration on the North Slope. By some accounts, at that point in time, there were at least 14 dry holes that had been drilled before ARCO and Humble Oil Company decided they were going to sink just one last well. It was actually an ARCO executive who described it “more as a decision not to cancel a well already scheduled to go ahead.”

That well, Prudhoe Bay State No. 1, would prove to be a game changer for Alaska. We had discovered oil. We discovered oil on the North Slope and a lot of it. We quickly learned that Prudhoe Bay would be one of the largest oilfields in global history, by far the largest ever discovered in the United States. Early estimates, at that time, suggested as much as 9 billion barrels of oil could be recovered from it. We have learned over these intervening 40 years that we so far underestimated that.

Yet it was not just the issue of discovering the oil. Prudhoe Bay is located in a very remote part of the State, as far north as you can go—a pretty inhospitable area given the climate—far away from population centers in the lower 48. So a lot of challenges needed to be overcome before production could begin.

Initially, it was like, OK, how do we move significant quantities of oil? How do we transport this oil to market? It was Dan Yergin, in his book “*The Prize*,” who did a great job of describing the various choices that were out there.

He wrote: “Icebreaker tankers that would travel through the frozen Arctic seas to the Atlantic were seriously considered. Other suggestions included a monorail or fleet of trucks in permanent circulation on an eight-lane highway across Alaska.”

They then “calculated that it would require most of the trucks in America” to do this. There was also “a prominent nuclear physicist recommended a fleet of nuclear-powered submarine tankers that would travel under the polar ice cap to a deepwater port in Greenland—the port to be created, in turn, by a nuclear explosion. Boeing and Lockheed explored the idea of jumbo jet oil tankers.”

Obviously, none of those ideas came about, and some probably for very good reason, but after significant study and debate, a pipeline emerged as the best way to transport Alaska’s oil. While two routes were considered—one over land, which would run across Canada—an all-Alaska route was ultimately chosen as the best way to go.

Yet, even then, pipeline construction could not begin right away. There were serious debates in the State over issues like taxes and tariffs and pipeline ownership, and it really consumed our State’s legislature for years. The land claims of the Alaska Natives needed to be settled. This occurred in the landmark legislation that passed in 1971.

Then it was in 1973 that Congress took up the Trans-Alaska Pipeline Authorization Act. As part of that debate here on the Senate floor, Alaska’s Senators offered an amendment to deem the environmental impact statement for the pipeline to be sufficient and to shield it from what could have been decades of litigation by its opponents. This was a critically important aspect to the debate and really to the future of the pipeline in order to ensure that this construction would not be delayed by litigation.

The vote was as close as votes get here in the Senate. It was deadlocked 49 to 49, and sitting in that chair, the Vice President at the time, Spiro Agnew, cast the deciding vote in Alaska’s favor. So every time I see the bust out here of Vice President Agnew, I look at him. Other people reflect on Vice President Agnew in different ways. I reflect on that deciding vote that allowed us to proceed with our Trans-Alaska Pipeline.

The pipeline bill went on to pass the Senate on a strong bipartisan basis. Not long after that, then-President Richard Nixon signed it into law. This was tremendous news for Alaska because we would be allowed to move forward with the construction.

The construction of this pipeline was a monumental undertaking, but that monumental undertaking was also done with considerable speed. In April of 1974, construction on a 360-mile haul road began. We now call it the Dalton Highway. It was finished in 154 days.

For those of you who have heard my plea on the floor and to colleagues who have been in committees when I have talked about the history of my efforts to try to get a 10-mile, one-lane, gravel, noncommercial-use road for the people of King Cove, I think about what we were able to accomplish in 154 days with that haul road that allowed us to then help to facilitate the build-out of the pipeline.

The pipeline itself was the largest privately funded infrastructure project ever undertaken in America at the time. It was significant. It was significant for Alaska, of course, but it was significant for the Nation as well. Its total cost came to be about \$8 billion. In October of 1975, there were about 28,000 people who were working to make this pipeline a reality, and that pipeline was completed in 1977. Again, initial construction of the haul road began in 1974. It was completed in October 1977, which was just 3 years and 2 months after construction began. I am told it was actually 10 days ahead of schedule, according to one estimate, which is pretty remarkable.

The Trans-Alaska Pipeline—and I cannot find a picture that really shows the line well—an extraordinary line, which again, is 800 miles long, running from the North Slope to an ice-free Port of Valdez at tidewater. It crosses three mountain ranges, including Atigun Pass, which has an elevation of more than 4,800 feet. It reaches a grade of 55 degrees at one point in the Chugach Range. So it goes up incredible mountains and down the other side. It crosses more than 600 streams and rivers, and more than 400 miles of it are elevated above the ground.

We have it elevated aboveground here, but in certain areas, you can follow the pipeline either by air, or occasionally, you can see it from the road. It is probably one of the most photographed pipelines in the country, but you will see it go underground in many areas. About half of it is buried underground.

This was part of the engineering that allowed for the recognition that you are building in a permafrost area, so it is how you ensure that you are not having an impact in the ground and the area around it.

It crosses a major fault line, the Denali Fault. Back in November of 2002, we had a 7.9 magnitude earthquake just about 90 miles from Fairbanks on that Denali Fault. The pipe

moved 7½ feet horizontally—moving back and forth this way—and 2½ feet vertically. This pipeline was designed for an 8.5 earthquake. It allows for 20 feet of horizontal movement and 5 feet of vertical movement.

The engineers not only worked to cross some extraordinary terrain but also recognized that this was in an area in which earthquakes did happen. It is extraordinary to listen to the stories of the engineers who inspected every inch of that line after that earthquake in 2002 and to hear their comments about, truly, this engineering marvel.

There are so many stories about the construction of the pipeline just as Alaskans, as we have lived through those pipeline years. It is hard to really capture what it was like to be in Alaska during the time of the construction of that line. We saw our population boom as we saw new workers come into the State. I was living in Fairbanks at the time. I was a high school student and was going into college there. Obviously, that was my town. In my town, all of a sudden there were people from Louisiana, Texas, and Oklahoma. I can remember seeing guys in cowboy boots in Fairbanks in the winter on the ice and thinking that these guys are going to figure out how to change their footwear. But we worked to welcome these people who were there to really help make a difference.

There were pressures on our community. You could not find a hotel room. You couldn’t find a rental car. It was hard for the grocery stores to keep the shelves stocked in many of the towns. We saw a significant investment in our communities in many different ways. There were a lot of wild stories and tales, some which are appropriate to tell years afterward, some which still keep us smiling, but we do not talk too much about them. There are many good stories out there.

I am proud of this extraordinary infrastructure that we have in Alaska—an extraordinary energy asset—and to be celebrating the fact that, for 40 years now, this pipeline has been not only contributing to Alaska, but contributing to the Nation as something that, as Alaskans, we do look to with pride.

This pipeline is not just a piece of pipe; it is an economic lifeline for the State of Alaska. Over the course of 40 years, TAPS has become the veritable backbone of our State’s economy. It has helped us create jobs to the point at which our oil and gas industry either employs or supports fully one-third of the Alaskan workforce. So it is pretty significant in terms of its impact.

It has generated tremendous revenue for our State, some \$168 billion at last count, which has been used for everything from roads, to schools, to essential services. It really has helped build the State and continues to allow our State to operate.

TAPS has allowed us to create our permanent fund, which we have used to

convert the revenues from a nonrenewable resource—oil—into something that will make an enduring contribution to the growth and the prosperity of future generations.

Our pipeline has also allowed us to keep our tax burdens low, which is critical in a State like Alaska, where the cost of living is extraordinarily high. Alaska has one of the lowest tax burdens of any State, and that is thanks to the Trans-Alaska Pipeline System. It also allows us to keep other industries, whether it is fishing or tourism—keep their taxes much lower than they would otherwise be. The scale of this is often hard to imagine.

Dr. Terrence Cole, who is a history professor at the University of Alaska, put it this way back in 2004: “Prudhoe Bay oil was worth more than everything that has been dug out, cut down, caught, or killed in Alaska since the beginning of time. The discovery of the Prudhoe Bay oil field in the late 1960s fulfilled even the most optimistic dreams for statehood.”

From day one, Alaska’s pipeline has also strengthened the energy security of our Nation. Remember, TAPS began operating in the wake of the first Arab oil embargo. It helped tide us over during the 1979 oil crisis. It has insulated us from OPEC and has lessened our dependence on nations who do not share our interests. It has provided reliable and affordable energy that is needed by millions of Americans all up and down the west coast. It really is hard to imagine Alaska without the Trans-Alaska Pipeline. It is hard to imagine the consequences that America would have faced without the 17.5 billion barrels of oil that it has now safely carried to market. Think about that—17.5 billion barrels of oil over the past 40 years. It is no exaggeration to say that, while we built a pipeline, that pipeline helped us build our State.

Today, as we mark the 40th anniversary of TAPS, we can also take stock of the challenges that it faces. Many are a direct result of the decisions made—or perhaps not made—in this very Chamber. While our pipeline once carried 2.1 million barrels of oil per day, accounting for a full quarter of America’s supply, today, that amount has been crimped down to just over 500,000 barrels a day. It is not due to lack of resources—not at all—but instead it is due to our lack of access to those resources. Alaska has never lacked for energy, just the permission to produce it, despite the promises that had been made to us at statehood and beyond.

According to the Federal Energy Information Administration, we have at least 36.9 billion barrels of oil. That is enough to produce 1 million barrels a day for the next 100 years. We have prolific potential in our National Petroleum Reserve, which was specifically set aside for oil production. We have world-class resources in our offshore areas, in the Beaufort, and in the Chukchi Seas in our Arctic Outer Con-

tinental Shelf. We have what is believed to be North America’s largest untapped conventional oil field, which would occupy about one ten-thousandth of the nonwilderness 1002 Area within the Arctic National Wildlife Refuge. Again, this is an area that was specifically set aside for development, and the Federal Government recommended that it be opened for that purpose back in 1987—a 30-year anniversary there.

So while we have the resources, what we need are partners at the Federal level who will work with us to restore throughput to the Trans-Alaska Pipeline. I welcome the new administration and its commitment to helping us produce energy—energy for Alaska, energy for the Nation.

I want to end with a quote from the Fairbanks Daily News-Miner. This is an opinion piece by VADM Tom Barrett, who is the president of Alyeska Pipeline Service Company. This is the TAPS operator. He has written this opinion piece, and he states as follows: “Though there has been a lot of change on TAPS in 40 years, one unwavering constant remains: the commitment of the people who work on TAPS today to provide safe, reliable, operational excellence, 24 hours a day, seven days a week, resilient amid all of Alaska’s extreme geography and weather.”

I think about the men and women—the engineers, the workers, the contractors, and all those who do such an incredible job to deal with the day-to-day to keep that oil flowing safely. Again, as we recognize 40 years of safely transporting this oil, I want to repeat to my colleagues: TAPS, or the Trans-Alaska Pipeline System, is not just a pipeline; it is an economic lifeline for us. It is source of security and prosperity for us as a nation.

So I join my delegation and my colleagues—Senator SULLIVAN and Congressman YOUNG—and all of the Alaskans who are marking this anniversary today, as TAPS reaches 40 good years. We look back, and we appreciate the past, but we also look forward and set our sights on another good 40 years to come.

Mr. President, I thank you, and I yield the floor.

The PRESIDING OFFICER (Mr. HOEVEN). The Senator from New Mexico.

HEALTHCARE LEGISLATION

Mr. UDALL. Mr. President, I am happy to be joined today on the floor by Senator HEINRICH, who has been a real fighter for healthcare for New Mexicans, and I am looking forward to staying on the floor and hearing him talk about how he feels about this Republican healthcare bill as well.

I rise today for the third time this session to oppose plans by President Trump and the Republicans to gut our healthcare system and to throw millions of Americans off their health insurance.

On May 4 of this year, the day that House Republicans narrowly passed

their TrumpCare bill, the President held a celebration at the White House in the Rose Garden and pronounced the bill a great plan.

Well, TrumpCare may be a great plan if you are wealthy and healthy, because if you are wealthy you get big tax cuts and if you are healthy, your premiums may not go up, and may even go down—that is, until you are sick.

TrumpCare is not a great plan if you are over the age of 62, if you are a hard-working family trying to make ends meet, if you live in a rural area, if you have or have not had an illness like cancer or heart disease or diabetes, or if you are a woman. Twenty-three million Americans will be left high and dry—out of health insurance by 2026. They don’t think TrumpCare is a great plan. To them, it is a mean plan. Actually, those were President Trump’s own words several weeks after the Rose Garden celebration. President Trump came clean with the Senate Republicans, admonishing them that the bill is “mean” and needs to be more “generous, kind, and with heart.” For the first time since his inauguration, I agree with the President on healthcare.

Since day one of the 115th Congress, Republicans have had the Affordable Care Act in their sights, and so has the President. They have tried mightily to do away with the rights and benefits under the ACA. But there is good news. The American people have rallied. They have called, they have emailed, and they have gone to town halls. They have marched, they have made their views known, and they have shared their stories. So far, they have stopped Republicans from gutting our healthcare system.

Just this past Saturday in my home State, simultaneous rallies in opposition to TrumpCare took place in 20 counties. I say to them: Keep up the fight, and I will continue to fight as hard as I can. We need to do all we can to stop this attack on healthcare.

The consequences of upending our healthcare system are enormous. They are enormous for the 20 million Americans who now have healthcare because of the ACA through private insurance and through Medicaid expansion. TrumpCare hurts the most vulnerable—the elderly, the disabled, and those with fewer resources.

The consequences of gutting the ACA and restructuring Medicaid are enormous for our economy, one-sixth of which is related to healthcare. They are enormous for hospitals that rely on third-party reimbursements under the ACA and Medicaid expansion. These hospitals need those revenues, and even more so for rural hospitals that keep their doors open thanks to the ACA, as well as the Indian Healthcare Service facilities, which have reduced wait times and added services because of the ACA.

But the majority in Congress refuses to hold hearings, and they are blocking all public participation. This is unconscionable, and it is undemocratic.

Before Democrats voted on ObamaCare, the Senate held 100 committee hearings, roundtables, and walk-throughs. The final Senate bill included 147 Republican amendments. The majority leader has missed an opportunity for political and moral leadership on one of the most important issues we face. Senator MCCONNELL should have an honest and open process, including Senate committee hearings, with full public participation and a chance for patients to tell Congress how this proposal impacts them—not hidden meanings, not limited debate and a simple majority vote.

Americans deserve an open process from their elected leaders. That is why I introduced a bill last week with my Democratic colleagues called the No Hearing, No Vote Act. This bill would require a public committee hearing for any legislation that goes through the fast-track budget reconciliation process, including the TrumpCare legislation.

Members of Congress were elected to improve lives, not destroy them, and I believe we need bipartisan cooperation to ensure we don't do that.

If we wanted to improve on ObamaCare, we could: No 1, make sure that all Americans have healthcare; and No. 2, make healthcare more affordable.

So I will tell my colleagues what is really happening here. The American people don't want the benefits they have gained through ObamaCare to be repealed and replaced with an inferior plan. They do not support TrumpCare. Only 17 percent of Americans support the House Republicans' current bill. With this degree of public opposition, it is baffling that Republicans keep pushing the bill that kicks 23 million Americans off their healthcare.

But the moral underpinnings of TrumpCare are as bankrupt as Trump's New Jersey casinos. The winners of TrumpCare are the wealthy, and the Republicans are plainly serving those interests. The Republicans can keep trying to hide TrumpCare, but Americans understand that it is just plain wrong.

I want to talk about a few of the ways that it is just plain wrong. While women make up half of our population, no women serve on Senator MCCONNELL's healthcare working group. Yet women are uniquely affected by TrumpCare. For example, the range of cost-free preventive services under the Affordable Care Act includes screenings for breast cancer, including mammograms, bone density screenings, cervical cancer screenings, domestic violence screenings and counseling, breast feeding counseling and equipment, contraception, and folic acid supplements. All of these services were critical to maintaining women's health and the health of their babies as well.

New Mexico leads the Nation in the percentage of births that are covered by Medicaid at 72 percent of all births

in the State. So these services that are now available to every woman are essential.

TrumpCare would repeal the cost-free preventive care requirements for the Medicaid expansion population. Not only would this repeal risk the health of women and their babies, but it would result in increased medical care costs overall. Preventive medical services save money in the long run.

The Affordable Care Act requires insurance plans to provide a range of essential health benefits. For women, these required services include maternity and newborn child care. But TrumpCare would allow States to apply for a waiver to define their own essential health benefits beginning in 2020. So States could choose to exclude maternity and newborn care, and women would end up paying more for this care. The result is women not getting the care they need.

TrumpCare would cut Medicaid funding to Planned Parenthood for 1 year. Planned Parenthood provides preventive medical and reproductive health services to women and men, and Planned Parenthood funding provides a safety net to low-income women. According to the CBO, cutting off Medicaid payments to Planned Parenthood for 1 year would mean a total loss of access to services in some low-income communities because Planned Parenthood is the only public provider in some regions.

Take Elena from Albuquerque, NM. When she was 30 years old and in law school, Elena found out that she had the BRCA gene mutation, which puts her at a much higher risk for breast and ovarian cancer. The treatments for the BRCA gene mutation include a mastectomy and ovary removal—treatments she couldn't afford.

Thankfully, Elena qualified for Medicaid under the expansion. She got her breast cancer screenings and decided to have a mastectomy because of the cancer scare. Elena had three surgeries, costing thousands of dollars, covered by Medicaid, and now the chances of her getting breast cancer are very low. But Elena now worries that if she decides to have her ovaries removed and TrumpCare becomes law, she will not be able to have this potentially life-saving surgery. If she has had a lapse in Medicaid coverage, her Medicaid expansion coverage will be gone, and because TrumpCare would end the ban against insurance companies denying coverage for people with preexisting conditions, she may never be able to get insurance or surgery.

Public schools and schoolchildren will be hurt by TrumpCare. Schools are now eligible to receive Medicaid funds for necessary medical services for children with disabilities. Schools are reimbursed for vision, hearing, and mental health screenings. These services help children get services early so they can be ready to learn.

Right now, New Mexico schools are reimbursed \$18 million from Medicaid,

but under TrumpCare, States would not have to consider schools' Medicaid-eligible providers, and the costs would be on the public schools. The problem is, New Mexico public schools cannot take on these kinds of costs. That might mean hundreds of schoolchildren each year will go without vision, hearing, and mental health treatment because no one else will be able to provide them.

Dr. Lynn McIlroy, superintendent of the Loving Municipal Schools, a rural school district in Southeastern New Mexico, said:

Medicaid funding is vital to our continuum of care and service to the majority of our students. Often, our school nurse is the only medical professional our students ever see.

New Mexico has one of the highest percent Native American populations in the country, more than 10 percent of our residents. Even though many Native Americans receive healthcare through the Indian Health Service, IHS has not always been able to provide needed care due to a lack of funding. Medicaid expansion has changed that and changed that dramatically.

Dr. Valory Wangler, who works with the Zuni Pueblo, says: Since the Affordable Care Act, patients of Zuni have access to special services that were once difficult to fund and often delayed or denied.

An IHS physician working on the Zuni Reservation had a patient with severe arthritis that was making it difficult for her to stay physically active and work at a local school. She needed knee replacement surgery. Before Medicaid expansion, IHS had trouble funding knee replacements, and the surgery was denied for years because IHS could only afford to pay for life and loss of limb services. This patient is now on the Medicaid expansion. She was able to get a total knee replacement, is working full time, staying fit, and is no longer in pain.

One of the ACA's most popular provisions is the protection from discrimination if you have a preexisting condition. This is one of the most mystifying parts of TrumpCare. Republicans would end that protection by allowing States to waive out and set up high-risk pools.

All of us know someone with a serious illness or condition, like Kitt here. Kitt is 4½ years old and has type I diabetes that will require lifelong care. Her mother Dana is worried about TrumpCare. Dana says: It breaks my heart that elected officials are leaning toward dropping the Federal mandate to guarantee affordable health insurance for those with preexisting conditions. Sit down with a child who has an unbearable disease and be their warrior in DC to make everything possible for that special soul and their family to have an easier tomorrow.

I hope we will all be those warriors to protect that healthcare program which has been put in place for them.

I yield to Senator HEINRICH.

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. HEINRICH. 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. HEINRICH. Mr. President, I want to start by thanking my colleague from New Mexico, Senator UDALL, for his advocacy on behalf of the pieces and parts of our healthcare system that are so important to the State of New Mexico. Things like rural hospitals, opioid treatment, Indian Country, he has been an incredible champion on those. That is part of the reason why both of us come to the floor today, given what is at stake.

Last month, President Trump and House Republicans rushed through a disastrous healthcare bill that would leave average New Mexico families paying thousands of dollars more for less healthcare coverage. It would destroy the Medicaid Program as it currently exists in our State and throw our entire healthcare system into chaos. Now Senate Republicans are drafting their own version of a similar healthcare bill in complete secret, behind closed doors, with absolutely none—bipartisan input.

This lack of transparency and departure from regular order is unacceptable and deeply irresponsible, especially when every single American family's healthcare coverage is at stake if this bill ever becomes law.

While we don't know for sure what the Senate Republicans' version of TrumpCare will look like, media reports say it is shaping up to look more and more like the train wreck of a bill that President Trump and House Republicans celebrated in the White House Rose Garden just a couple months ago, a bill President Trump reportedly said in another closed-door meeting with Republican Senators last week was, in his words, "mean" and cold-hearted.

The House-passed TrumpCare bill is devastating to low-income families, to seniors, to Americans living with pre-existing conditions. This isn't so much a healthcare bill as it is a tax cut for the ultrarich masquerading as healthcare reform. You don't have to take my word for it. You can look at how the nonpartisan Congressional Budget Office described its projected impacts of the House-passed TrumpCare bill.

According to the CBO's analysis, TrumpCare would strip 14 million of their health insurance next year and 23 million by 2026, all to give tax breaks to the wealthiest of Americans. That is reckless, and frankly it is inexcusable by any measure.

How would the bill do that? The House-passed bill, which again seems to be the baseline for the ongoing secret negotiations here in the Senate, would slash funding for the Medicaid

Program by hundreds of billions of dollars and end the need-based tax credits for individual healthcare market plans under the ACA.

I have heard from so many New Mexicans who have told me how access to healthcare coverage has helped their families and, in some cases, even saved their lives.

I recently met with patients at the Ben Archer Health Center, a rural health clinic in Hatch, NM, and heard firsthand how important Medicaid coverage can be to families in Southern New Mexico. One of the New Mexicans I met there was Anna Marie, a Las Cruces native who worked for the Las Cruces public food service for 22 years.

Anna Marie's husband passed away in 2008, and when she found herself unable to keep working following a minor stroke, she could not afford healthcare coverage on her own. When she reached out to my office last year, she had bronchitis and walking pneumonia. My staff helped her enroll in Medicaid, and now she is able to get access to the care she needs.

I want to take a moment to explain why the Medicaid Program is so critical in my home State of New Mexico. As a Medicaid expansion State, New Mexico has seen dramatic gains over the last 5 years in coverage for the folks who need it the most. Stories like Anna Marie's illustrate just how important Medicaid can be for hard-working New Mexicans.

Medicaid currently provides affordable healthcare coverage to over 900,000 New Mexicans, including many schoolchildren, seniors in nursing homes and long-term care facilities, people with disabilities, and people who need treatment for mental health and addiction.

Just one example of the wide-ranging consequences of the Republican healthcare plan's drastic cuts to the Medicaid Program would be the end to any possible progress we have made so far in fighting the opioid and heroin epidemic. The opioid addiction epidemic has been deeply felt in communities across the State of New Mexico. For years, without adequate treatment resources, our State has suffered through some of the highest rates of opioid and heroin addiction in the Nation.

I would just note that today a story came out about how we hospitalized in the ER long-term care or hospital care 1.3 million Americans last year because of this epidemic. However, when provided with an opportunity to receive comprehensive treatment and rehabilitation, people who have suffered through the trials of opioid addiction can and do turn their lives around.

Evidence-based treatment works, but it is only possible when we devote real resources to pay for it. So much of that comes directly through the Medicaid Program. As we can see on this chart, Medicaid pays for 30 percent of opioid medication-assisted treatment in New Mexico—30 percent. It is the foundation to build on for opioid treatment.

In States like West Virginia, Ohio, and Kentucky, Medicaid pays for nearly half of opioid treatment payments. This came up just last Friday when the White House hosted its first meeting for President Trump's Commission on Combating Drug Addiction and the Opioid Crisis. The President's top advisers probably didn't hear what they would have liked to from the advocates who have been on the front lines of fighting the growing opioid crisis.

For example, Dr. Joe Parks, the medical director for the National Council for Behavioral Health, told the President's Commission:

Medicaid is the largest national payer for addiction and mental health treatment. Since the majority of increased opiate deaths and suicide occur in young and middle-aged adults, which is the Medicaid expansion population, the Medicaid expansions must be maintained and completed.

It is nothing short of hypocrisy for the Trump White House to claim it is taking steps to address the opioid epidemic when it is helping Republicans in Congress push through legislation that would end the Medicaid Program as we know it. Slashing hundreds of billions of dollars in Federal funding from the Medicaid Program will ultimately pass all of those costs on to the States. Let me give a sense for just how big a burden that would be.

In New Mexico, it is estimated that our State government would have to either come up with a way to raise \$11 billion of new taxes over the next decade or cut the equivalent amount of coverage for the hundreds of thousands of New Mexicans who rely on the program. That is a hit to the State budget of 1 billion-plus dollars a year. This would have an especially hard impact on our State's rural communities.

When you go to small towns in New Mexico, like Clayton, Raton, and Santa Rosa, as I did last fall on a rural healthcare listening tour, you see right away the vital role hospitals play in rural communities. In most cases, these hospitals are the only healthcare providers for many miles in any direction.

Hospitals are also often the major employer in these small towns. Rural healthcare providers face enormous challenges because it is financially difficult to provide care to populations that live over vast spaces and are, on average, older, less affluent, and more prone to chronic diseases than those in more urban and suburban communities.

Medicaid expansion and the need-based tax credits for individual healthcare market plans in the ACA have been critical financial lifelines for rural healthcare providers. Thanks to the coverage gains we have seen in New Mexico, instead of seeing uninsured patients coming to the emergency room during expensive medical emergencies, our rural healthcare providers are able to help New Mexicans live healthier lives with primary care and a preventive medicine approach.

When medical emergencies do arise, New Mexicans have coverage that helps rural healthcare providers cover those expenses. If President Trump and Republicans in the Senate pass their healthcare bill, all of that could go away, and some of our rural healthcare providers may very well have to close up shop.

Right now, more than one-third of rural hospitals are already at risk of closure. If you look at where the hospitals that have been forced to shut down in recent years are located, they are almost all in States that chose not to expand Medicaid. We should learn a lesson from that.

I know for a fact that if hospitals shut down, healthcare delivery in rural New Mexico would be decimated and economic impact would be severe in these small towns. It is estimated that when a single hospital closes in a small rural community, nearly 100 jobs are lost, taking more than \$5 million directly out of the local economy.

A recent report by the Economic Policy Institute estimates that if Congress passes TrumpCare into law, New Mexico alone would see a loss of almost 50,000 jobs by the year 2022. Thanks in large part to the major coverage gains that we have seen under the ACA, the healthcare sector has been New Mexico's strongest area of job growth for the last 5 years. New Mexico added over 4,000 healthcare jobs in 2015 alone.

A couple of months ago, I met with students at Central New Mexico Community College, CNM, in Albuquerque, who were training for those healthcare jobs. These bright young people want to make careers out of making their communities healthier and safer. With this dangerous legislation moving through Washington, they are all worried about what it might mean for their future career plans.

Why would we want to rip the rug out from under them by wreaking havoc on the Nation's healthcare system? Again, you really have to ask yourself why Republicans are so intent on rushing through a massive piece of legislation before we can even understand its potential harmful consequences.

As I said earlier, I have heard from literally thousands of New Mexicans who have called in or written or come up to me on the street to oppose this legislation. Many of them have told me how it will directly impact their families. I could pick any one of these stories to demonstrate what is at stake in this debate, but I will leave you with just one.

Brittany, from Aztec, NM, wrote me about her two young children who were diagnosed with a rare form of food allergies that created absolutely unaffordable costs through her husband's employer-provided healthcare plan.

Brittany said that she and her husband were averaging three doctors' visits a week and were "barely keeping [their] heads above water just from paying co-pays."

After applying for Medicaid, she and her husband have full coverage for their children's medical costs. Brittany wrote to me and said:

For us Medicaid is literally lifesaving. Please do not take away this program or any of the ACA! It may not be perfect and could use some work, but taking it away altogether would be catastrophic for so many people like my family.

That is what she wrote to me.

I want to urge President Trump and I certainly want to urge my Republican colleagues in the Senate to listen to that urgent message. It is time to turn the page on the disastrous policy path that is "repeal and replace" so we can finally get to work on actually fixing those things in the current healthcare system that we all agree need work.

Our common goal—regardless of whether we are Republicans or Democrats—that we should all be working toward is making quality healthcare more accessible, more affordable for all Americans.

I would welcome a good-faith effort to tackle that challenge because healthcare policies shouldn't be a political football. It should be about giving peace of mind to the millions of Americans like Anna Marie in Las Cruces, like Brittany in Aztec, who are only one diagnosis away from a crisis if we don't get this right.

I reserve the remainder of my time.

THE PRESIDING OFFICER. The Senator from Illinois.

Ms. DUCKWORTH. Mr. President, over the past few years, the Affordable Care Act has made tremendous strides in expanding healthcare coverage for hard-working Americans and the families who need it. I thank my colleague for his stories, and I would like to add some of my own.

While the law could certainly be improved, the way to do it is not by passing TrumpCare, which even President Trump has admitted is a "mean" bill. Unfortunately, Republican Senate leadership has indicated whatever it is that the Republicans are crafting in secret, behind closed doors, is going to be very similar to the version of TrumpCare that has passed the House. That is simply bad news.

The version of TrumpCare that passed the House could cost 23 million Americans, including 385,000 Illinoisans, to lose healthcare coverage. It would make it more expensive for older Americans and working people, especially those with preexisting conditions, to purchase insurance.

TrumpCare would cause their premiums and their out-of-pocket costs to simply skyrocket. The premiums of the average Illinoisan would increase by \$700.

TrumpCare would also make critical services like maternity care for new moms and mental health and substance abuse services significantly more expensive, even though they are desperately needed. That is extremely mean-spirited.

Making matters worse, it would also put veterans on the chopping block.

Specifically, TrumpCare would prohibit veterans who are eligible for VA healthcare from receiving tax credits to help them afford insurance in the individual marketplace. However, there is a big difference between being eligible for VA healthcare and being enrolled in VA. Oftentimes, that is not even a choice you can make.

According to the nonpartisan Congressional Budget Office, as many as 7 million of our veterans are eligible for VA care but are not enrolled. Preventing them from receiving tax credits would amount to a massive tax hike that would force them to pay thousands of dollars extra each year. That is not just mean; it is unacceptable.

There has been ample reporting indicating that Republicans knew exactly what they were doing. They could have included a fix to this but purposefully did not because that would have made their bill ineligible to be considered under the Senate's budget reconciliation process, which requires only 51 votes. That is because to remedy this huge flaw, the veterans tax credit language would need to be considered in committees of jurisdiction. That would entail holding public hearings and markups in committees, which would then reveal to the American people what exactly is in the Republican bill.

Apparently, the cost of public scrutiny is too high for Senate Republican leaders who are willing to raise taxes on veterans so they can hide this bad bill from the American people. As a result, the appalling flaws in their bill remain unfixed, and up to 7 million veterans remain on the chopping block.

That is not the only way TrumpCare would harm veterans either. Its massive cuts to Medicaid would have a direct impact on veterans, since nearly 2 million veterans across our country, including 60,000 veterans in my own home State of Illinois, rely on Medicaid for their healthcare coverage. That is 1 in 10 veterans.

For nearly 1 million of these veterans, Medicaid is their only source of coverage. Many of them are eligible for VA care only for the injuries they sustained in the military but not for any of their other health needs.

I shouldn't have to remind my colleagues that veterans are at a higher risk for serious health issues because of the sacrifices they made for our Nation. Yet, if TrumpCare becomes law, many of them will lose the coverage they gained from Medicaid expansion under the ACA.

Right now, 13 Republican Senators are sitting behind closed doors in some secret room on Capitol Hill, gambling with the lives of millions of Americans and people who have honorably served their country. One of those lives belongs to Robin Schmidt, a veteran from the North Side of Chicago.

Robin served during Desert Storm in Army military intelligence. Robin loved her job in the military because it had always been her dream to serve her country. As a 13-year-old girl, Robin

stood at the Vietnam Veterans Memorial Wall in Washington, DC. She knew that serving her country was her true calling. However, she was eventually forced to end her military career because, in her words, “the Army refused to allow my husband to come back overseas to live with me.”

When she was pregnant with her child, she was forced to leave the military in order to return home to Arkansas to be with her husband to raise their children. When she was stateside, the VA denied her benefits because they were not service-connected, thus forcing her and her husband to pay the costs of maternity care and childbirth out of pocket.

She faced medical complications and developed endometriosis, a preexisting condition, and had to have a Caesarean section during delivery. After she delivered her baby, she ended up with \$500,000 in hospital debt.

This enormous debt followed Robin and her husband throughout their marriage, and it eventually left them in divorce, medical bankruptcy, and with all of the repercussions that come from extreme financial hardship. She was also blocked from accessing affordable healthcare coverage because she now had a preexisting condition and could not afford good coverage on an \$8.50-an-hour wage, so she went without care.

Robin remained uninsured for a total of 22 years, until she remarried and gained healthcare coverage under her husband's insurance. This was especially devastating because in 2007, Robin was diagnosed with cancer. Even though Robin was covered by her husband's insurance, insurance companies were not required to cover chemotherapy in 2007, and chemotherapy was too expensive for Robin and her family to pay for out of pocket. Instead, she had to choose debilitating surgeries.

After her cancer diagnosis, Robin developed severe autoimmune arthritis. Her autoimmune treatments started at \$5,000 a month and soon increased to \$14,000 a month. Insurance companies wanted Robin to pay for her medication upfront, with no guarantee of reimbursement.

As her medical costs grew and grew, Robin had to choose between her medical care and her mortgage payment. After the Affordable Care Act became law, insurance companies were mandated to cover Robin's medications and treatments. They were no longer able to refuse her the medications she needed. Her insurance premium prior to the Affordable Care Act was \$1,600 a month, which was more than her family paid for their monthly mortgage and household bills. Now she pays just \$300 a month for her entire family. There was no more redtape, constant stress, or fear that she might not be able to work—or worse, might not be able to stay alive.

Unfortunately, the coverage, relief, and peace of mind the ACA brought to Robin and her family is now under attack by congressional Republicans.

Robin is afraid that if TrumpCare becomes law, she will once again become nothing more than an uninsurable preexisting condition. She is afraid she would be considered a high-risk pool patient who will be able to have insurance but will not be able to actually afford any of her treatments. She is afraid that if Republicans push through TrumpCare, she will not be able to walk, work, and will have absolutely no quality of life.

Her dream was to serve her country in our Armed Forces. She took two oaths to serve this country, and she kept those oaths—promises that she would defend this great Nation.

Robin may not be in uniform anymore, but she certainly deserves that we in Congress and here in the Senate defend her right to access quality healthcare.

For Robin and for nearly 7 million veterans, middle-class families, our seniors, and some of our most vulnerable Americans, I urge my Republican counterparts to stop these secret negotiations, take repeal off the table, and work with Democrats to improve our healthcare system. Just like Robin, each of these Americans has a story, a family, and a valued place in society. Robin's family and all Americans deserve better than having their coverage stripped away from them behind closed doors.

I yield back.

ORDER FOR RECESS

Mr. MCCAIN. Mr. President, I ask unanimous consent that the Senate recess, following my and Senator NELSON's remarks, until 5 p.m. for the all-Senators briefing and that the time count postcloture.

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

Mr. MCCAIN. Mr. President, I ask unanimous consent to be recognized to speak on issues not associated with the present subject of debate.

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

COUP ATTEMPT IN MONTENEGRO

Mr. MCCAIN. Mr. President, last week, the Senate voted 97 to 2 to strengthen sanctions against Vladimir Putin's Russia for its attack on America's 2016 election and its other aggressive and illegal behavior. I hope the other body will take swift action to send this legislation to the President's desk.

We need strong Russia sanctions now because it has been 8 months since the U.S. intelligence community said publicly that the Russian Government directed this attack on our democracy. Yet, in the last 8 months, the Russian Government has hardly paid any price for its aggression. Thus, Vladimir Putin has been learning all over again that aggression pays. He learned that in Georgia in 2008. He learned that in Ukraine in 2014. He has learned that in Syria since 2015. So Vladimir Putin remains on the offense. This year, Russia attempted to interfere in France's election. We have already seen attempts to

influence German public opinion ahead of elections in September. And there is every expectation that Russia will do the same thing in the Czech Republic, Italy, and elsewhere in future elections.

But perhaps the most disturbing indication of how far Vladimir Putin is willing to go to advance his dark and dangerous view of the world is what happened in October 2016 in the small Balkan country of Montenegro, when Russian intelligence operatives, in league with Serbia nationalists and others, attempted to overthrow the democratically elected Government of Montenegro and murder its Prime Minister on the country's election day. Why would Vladimir Putin go this far? To answer this, one must understand why Russia was so interested in the outcome of Montenegro's election.

Russia opposes the spread of democracy, human rights, and the rule of law across Europe, which is advanced by the European Union and protected by the NATO alliance. To Russia's great frustration, Montenegro's Government had committed the country to a Euro-Atlantic future and pursued membership in both the EU and NATO.

Indeed, NATO's invitation to Montenegro to join the NATO alliance in December 2015 was considered particularly insulting and threatening by Moscow. After all, Montenegro had once been part of Russia's traditional Slavic ally, Serbia. Montenegro has long been a favorite destination for Russian tourists. Russian politicians and oligarchs are reported to own as much as 40 percent of the real estate in that country. A few years ago, when it feared losing its naval base in Syria due to the civil war, Russia reportedly sought a naval base in Montenegro but was rejected. Now, if Montenegro joined NATO, the entire Adriatic Sea would fall completely within NATO's borders.

Montenegro's accession into NATO would also send a signal that NATO membership was a real possibility for other nations of the Western Balkans—Macedonia, Bosnia and Herzegovina, Kosovo, and, according to some optimistic voices in the region, perhaps even Serbia.

That is why Montenegro's October 16 election was no ordinary one. In Russia's eyes, it was a last chance to stop Montenegro from joining NATO, to thwart Montenegro's pursuit of a Euro-Atlantic future, and to reassert Russian influence in southeastern Europe. That is why there was little doubt that Russia would exert heavy pressure on Montenegro ahead of the election. Russia had already been accused of fomenting anti-government demonstrations and funding opposition parties. Yet few would have guessed how far Russia was willing to go. But now we know.

This April, as part of my visit to seven countries in southeastern Europe to reaffirm America's commitment to the region, I visited Montenegro and was briefed by Montenegrin officials on

the status of the investigation into the coup attempt. On April 14, Montenegro's special prosecutor filed indictments against 2 Russians and 12 other people for their roles in the coup attempt. This past weekend, a Montenegrin court accepted the indictments. As a result, the evidence before the court is now public.

I believe it is critically important that my colleagues and the American people are aware of the allegations made in these indictments. Pieced together, they reveal another blatant attack on democracy by the Russian Government—an attempt to smash a small, brave country that had the nerve to defy its will. And it is another unmistakable warning that Vladimir Putin will do whatever it takes to achieve his ambition to restore the Russian Empire.

According to the indictments, the coup planning got off to a slow start in March 2016. That was when opposition leaders in Montenegro allegedly sent an emissary known as Nino to Belgrade to meet with Slavko Nikic. In the first meeting at Slavko's office, Nino said that he had been doing business for years in Russia, and he claimed that he was in contact with powerful men in Russia. He claimed that one of the men with him was a Russian FSB agent in charge of special tasks. Nino tried to enlist Slavko and his men to lead a plot to destabilize Montenegro, and Slavko indicated he was able and willing to participate. Later, Nino and Slavko met on the Pupin Bridge in Belgrade, this time with the supposed FSB agent in tow. The Russian told Slavko it would be good if he traveled to Moscow.

After these encounters in Belgrade, Nino enlisted the help of Bratislav Dikic, the former chief of Serbia's special police and someone we will meet later in this story, to use his contacts to check into Slavko's reliability. He didn't pass the test, and this original version of the coup plot was abandoned.

It was at this point that the two Russians, Eduard Shishmakov and Vladimir Popov, stepped in to take control of the plans for destabilization operations in Montenegro. Both of these men are believed to be members of the Russian military agency, the GRU.

Shishmakov in particular already had a colorful past. In 2014, Shishmakov had been serving as deputy military attache in Russia's Embassy in Warsaw, Poland. After a scandal involving a Russian spy network within the Polish Government, the Polish Government identified Shishmakov as a GRU agent, declared him persona non grata, and ejected him from Poland.

Having taken over the Montenegrin operation, Shishmakov moved quickly to contact Sasa Sindjelic. The two had first met in Russia back in 2014, when they discussed their opposition to the EU and NATO. Shishmakov even offered to help support Sindjelic's orga-

nization, the Serbian Wolves, which promotes Pan-Slavism and close relations between Russians and Serbs and opposes NATO and the Government of Montenegro.

The two met again in Moscow in 2015. This time, Shishmakov had Sindjelic submitted to a polygraph test that lasted for hours. After the test went well, he sent Sindjelic home with \$5,000 and a promise to contact him if something urgent came up. That was in the spring of 2016. Shishmakov wrote that Montenegro's Prime Minister, Milo Djukanovic, and his government must be removed immediately and that the people of Montenegro must rebel in order for this to happen.

Then in September 2016, Shishmakov told Sindjelic to urgently come to Moscow. Shishmakov even sent \$800 to Sindjelic to buy his ticket. It was no trouble for Shishmakov to send the money—after all, he sent it from a Western Union conveniently located on the same street as GRU headquarters in Moscow. Once in Moscow, Shishmakov and Sindjelic discussed the planning and operation of the plot to overthrow the Montenegrin Government, install the opposition in power, and abandon all plans for Montenegro to enter NATO. Shishmakov said opposition leaders from Montenegro had already visited Moscow a number of times and were in agreement with the plan.

In total, Sindjelic received more than \$200,000 to support the operation. He used those funds to pay personnel, acquire police uniforms and equipment, and purchase weapons, including rifles, gas masks, bulletproof vests, electrical tranquilizers, and a drone with a camera. He was also provided encrypted phones to enable secure communications between the coup plotters and GRU agents.

Sindjelic and Shishmakov stayed in close touch as preparations continued ahead of the October elections. The plan was this:

On election day, the Montenegrin opposition was planning large protests in front of the Parliament, expecting to draw nearly 5,000 people. Sindjelic and his coconspirators, including Bratislav Dikic, the former commander of the Serbian special police, would recruit as many Serbian nationalists as they could to travel from Serbia to Montenegro to join the demonstrations. They were hoping 500 would join the protests and be ready to act when called upon.

As the protests were underway, a group of 50 armed men recruited by Shishmakov and wearing police uniforms provided by Sindjelic would ambush and kill the members of Montenegro's Special Anti-Terrorist Unit to prevent them from interfering with the coup. The armed men, still wearing their police uniforms, would then proceed to the Parliament building, where they would begin shooting at members of the police defending the Parliament building. They hoped to create the impression that some mem-

bers of the police were changing sides and joining the protesters against the government. As the coup plotters saw it, this was poetic justice—reminiscent of how former Serbian President and convicted war criminal Slobodan Milosevic had fallen from power.

Led by the coup plotters and the Serbian nationalists, who would wear blue ribbons to be recognizable to one another, the protesters would then storm the Parliament building and declare victory for the opposition. Within 48 hours, the new government would be formed and arrests would be made across the capital, including Prime Minister Djukanovic. If the Prime Minister could not be captured, he would be killed.

The coup plotters obviously wanted to create chaos, and it appears they may have had someone in mind to blame for the violence. Ahead of the election, the Montenegrin opposition hired a U.S. company to provide services, including countersurveillance and planning to extract personnel from the Montenegrin capital, around the time of the election. It is still unclear, the precise nature of this outreach to the U.S. company by the Montenegrin opposition or what services the company may have ended up providing, if any. Now, this is speculation, but if I know the Russians, American security personnel—some likely to have military or intelligence background—on the ground during the coup in the Montenegrin capital would have made excellent patsies for stories on Sputnik and Russia Today.

Fortunately—one might even say luckily—the plan never got off the ground. Four days before election day, one of the coup plotters got cold feet and informed the Montenegrin authorities. On election day, Montenegrin police arrested 20 Serbian citizens, including the on-the-ground leader of the nationalist protesters, Bratislav Dikic, the former commander of the Serbian special police. News of the arrests sparked fear among others involved in the plot, many of whom retreated to Serbia.

Furious that the plot had been disrupted, Shishmakov, the Russian GRU agent, grasped at straws for new ways of bringing down the Montenegrin Government. He ordered Sindjelic to procure an assassin to kill the Prime Minister. Sindjelic did not carry out that order and later turned himself into police, fearing he would be next for assassination by the GRU.

Shishmakov also ordered a false flag attack on the opposition party headquarters to create the appearance of an attack by the government. He even hoped to entice one of the political parties that was part of the Prime Minister's coalition to leave the government with a bribe using Russian money funneled through Chechnya. Again, fortunately none of this worked.

Montenegrin police made several arrests in the aftermath of this failed coup attempt, but those arrests did not

include the alleged GRU agents, Mr. Shishmakov and Mr. Popov. They were in Belgrade, Serbia's capital. Presumably, Montenegrin authorities hoped the Serbian Government would consider expediting the pair to Montenegro as the government had done with some of the lower level coup plotters, but that did not happen, and the two Russian agents returned to Moscow.

I know that sounded a little complicated. Every American should be disturbed by what happened in Montenegro. We should admire the courage of the country's leaders who resisted Russian pressure and persevered to bring Montenegro into the NATO alliance, which finally took place officially 2 weeks ago.

If there is one thing we should take away from this heinous plot, it is that we cannot treat Russia's interference in America's election in 2016 as an isolated incident. We have to stop looking at this through the warped lens of politics and see this attack on our democracy for what it is—just one phase of Vladimir Putin's long-term campaign to weaken the United States, to destabilize Europe, to break the NATO alliance, to undermine confidence in Western values, and to erode any and all resistance to his dark and dangerous view of the world.

That is why Putin attacked our 2016 election. That is why Putin attempted to overthrow the Government of Montenegro. That is why he tried to influence the election in France and will try the same in Germany and elsewhere throughout Europe. That is why it probably will not be long before Putin attempts some punitive actions in Montenegro to show other countries in the Western Balkans what happens when you try to defy Russia.

That is why it will not be long before Putin takes interest in another American election. The victim may be a Republican. It may be a Democrat. To Putin, it will not matter as long as he succeeds in dividing us from one another, weakening our resolve, undermining confidence in ourselves, and eroding our belief in our own values.

I urge my colleagues again that we must take our own side in this fight, not as Republicans, not as Democrats but as Americans. It is time to respond to Russia's attack on American democracy and that of our European allies with strength, with resolve, with common purpose, and with action.

I would like to finally add we will be holding a hearing in the Armed Services Committee on this whole situation that took place in Montenegro.

I yield the floor.

The PRESIDING OFFICER. The Senator from Florida.

Mr. NELSON. Mr. President, before the Senator from Arizona leaves the floor, he and I are very much in syncope on the question of what he has just eloquently addressed about the Russian attempts to interfere in other countries as well as in our country with regard to the elections.

I just wanted to pose a question to the Senator. Is the Senator aware, as he obviously is—but it is my rhetorical question—that the Russians have already intervened in the elections of other countries and indeed tried and it boomeranged against them against France and are probably in the midst of trying to interfere with the German election?

Mr. MCCAIN. Mr. President, every indication, I would say to my friend from Florida, a most valued member of the Armed Services Committee, they will continue to try to interfere in any election they possibly can. They are spending large amounts of money. They have certainly, to some degree, undermined confidence between countries in the NATO alliance, and that, coupled with the degree of uncertainty here in Washington, has probably put as great a strain on the NATO alliance as you have seen since its very beginning. I thank my colleague from Florida.

Mr. NELSON. Mr. President, one further question. Has the Senator been—well, he obviously is aware, and he has obviously been briefed—but can he help convey the gravity of the situation of Russia's interference in the upcoming elections in 2018 and 2020, where not only is it a question of whether they would change the vote count by getting in and hacking, but they could change the registration records so that a voter could show up to vote on election day and suddenly the registrar says: But you are not registered.

Mr. MCCAIN. Mr. President, I would just say to my colleague from Florida that when you look at their early attempts versus their latest attempts, they learn with every experience. It is a lot easier—as my colleague from Florida knows, it is a lot easier to play offense than defense.

We are going to have a hearing on this whole Montenegrin thing, and I know the Senator from Florida will play a very significant role. Every time we turn around, we have a new revelation of some of the activities that have been carried out, not just by Russian hackers but by Chinese, by Iranian, even by single individuals. This is probably the national security challenge that may not be the greatest, but I would say we are the least prepared for.

Mr. NELSON. Mr. President, this Senator certainly looks forward to that hearing in the Senate Armed Services Committee. I thank the chairman for his leadership in constantly bringing up and reminding the American people of the threat that is coming through cyber attacks into this Nation and others.

HEALTHCARE LEGISLATION

Mr. President, I wanted to speak about what is going on here in this Capitol at this moment. It has been the subject of a lot of discussion last night and again as we have been in session today; that is, trying to hatch a plan to overturn the Affordable Care Act and to find something that would replace it. In fact, it is being done in secret.

I would just merely pose the question, Why is it being done in secret if it is to be something that is to help the American people more than what the existing law is? Why wouldn't that be something you would want to expose to the light of day? If it is to improve the existing law, why in the world would that not want to be done on a bipartisan basis?

Yet we find ourselves confronting a situation where the majority leader has said he is trying to cobble together 50 votes to overturn the existing law, and it must be something that is not very palatable in what it is to overturn the existing law. Otherwise, it would be done in the open and in the sunshine.

Now, the existing law is not perfect so we ought to improve it, but the existing law, as we have heard in some of these dramatic townhall meetings, is the reason some people are alive today. It is the reason some folks no longer have to worry about being denied coverage for a preexisting condition.

By the way, that requirement of not allowing an insurance company to deny you coverage because you have a preexisting condition is not applicable just to those who are on the State and Federal exchanges. That is applicable to all insurance policies.

So if you have that kind of condition, which I can tell you might be a condition such as asthma, we are not going to insure you for the rest of your life because you had asthma or, if you want to go to the extreme—and it has been done—an insurance company saying: I am not going to insure you because you have had a rash. The flip side of that is insurance companies put a lifetime limit on it so if they pay out up to a certain amount—let's say \$50,000—the insurance policy stops, no more payouts.

That is not according to the existing law. In the existing law, they can't say you are going to lose your coverage because you hit that lifetime limit cap that their payout is.

Every day I hear from Floridians who tell me how the House-passed bill would affect them and what we speculate, since we don't know, that the Senate bill that is attempting to be brought out at the last minute next week—what we suspect is going to be in it. Every day I hear from people.

So take, for example, the lady from Sebring, FL, Christine Gregory. She has allowed me to use her name.

My daughter has Juvenile Diabetes (Type 1). She was diagnosed at age 15 . . . when the Affordable Care Act was signed into law. I absolutely rejoiced about the end of all the horrible things that come along with having a pre-existing condition. She no longer had to worry about cancellation of her insurance, waiting periods, denial of coverage, annual and lifetime limits, higher premiums, and the dreaded high-risk pools.

Then she continues to write:

Fast forward to 2017. All the fear and the worry are back. Our President and Congress plan to repeal and replace the Affordable Care Act. Now she has the very real prospect of having to enter a very expensive high-risk

pool. That could mean bankruptcy and denial of needed medicines and care.

Take, for example, an unnamed constituent from Florida's panhandle who wrote me. I got this today.

I have chronic and persistent illnesses that would be debilitating without affordable and comprehensive care. I have chronic back pain from degenerative disc disease in every part of my spine. I have had innumerable procedures to help manage the pain, including epidural and targeted nerve block injections at multiple levels.

This unnamed individual, a constituent of mine, continues:

I am now planning to get radio frequency ablation of the nerves. Using pre-ACA rules—

Before the existing law—

I would have hit my lifetime limit at least 1 year ago and been unable to continue getting pain-managing treatment. I often feel like I am a burden to my wife who is one of the most understanding and supportive people I know.

He concludes:

If the AHCA passes and our insurance and total health costs go up significantly, the burden I feel I am right now will become a reality. Please, I deserve more than to suffer from uncontrollable pain. And my wife deserves more than to have to care for me in that condition.

The existing law is not perfect, but it has given millions of people, including those with preexisting conditions like juvenile diabetes, access to healthcare they otherwise would not receive. This healthcare bill that passed the House that is the model for apparently something—for taking it out of that—if they are ever going to get an agreement between the two Houses, that Republican healthcare bill will take us back to the days when it was nearly impossible for people with a preexisting condition to get health insurance coverage. People with asthma could be forced to pay more than \$4,000 more because of that preexisting condition. People with rheumatoid arthritis could be forced to pay up to \$26,000, and people who are pregnant could pay more and more and more.

Let me tell you about another constituent from Volusia County who shared how the repeal of this would affect her.

She writes:

My husband, a 50-year-old leukemia survivor, would lose his ability to obtain comprehensive health insurance due to the lack of protections for people with preexisting conditions.

My daughter, who has asthma and rheumatoid arthritis, would lose her ability to obtain comprehensive health insurance due to the lack of protections for people with pre-existing conditions. Our family, all hard working, tax paying Americans, will once again be subjected to annual and lifetime limits which could easily bankrupt us.

My daughter, who is a young woman just starting her career, would lose her ability to purchase affordable health insurance and receive tax subsidies that she currently receives under the Affordable Care Act.

She goes on to say that she is afraid that TrumpCare would relegate them, if you change all of that, to second class citizens.

Why am I saying this about pre-existing conditions with regard to what was passed at the other end of this hallway, down at the House of Representatives? They say: No, no, pre-existing conditions are not eliminated down there. But that does not tell you the whole story. The whole story is that, in the House-passed bill, it is left up to the States, and the States see that as a way of so-called lowering their premiums. If you start doing that for some and do not keep it spread over the millions and millions of people who are now under the protection of the preexisting conditions, it is going to become a select few more, and it is going to spike the cost of that insurance.

I conclude by telling you another part of what happened down there in the House. In effect, they changed Medicaid as we know it by cutting out of it over \$800 billion over a 10-year period.

Donna Krajewski, from Sebastian, FL, wrote to me recently to tell me what Medicaid is for her family.

She writes:

I am writing this letter on behalf of my son . . . who has Down syndrome. . . . These blocks—

That is the technical term they are using in the House of Representatives. In other words, it is capping Medicaid to each of the States—

or caps [on Medicaid] will cause States to strip critical supports that my son needs to live, learn and work in the community.

These [Medicaid] funds have enabled him to participate in an adult supervised day program and transportation to and from the site. This program involves classes, such as daily living skills, social skills, and daily life skills. He is also able to go out once or twice a week to socialize. . . . He has become more confident and happy with his life.

We need to find ways to improve the healthcare system. We need to fix the existing law. We do not need to unwind all of the good things that we have done. We need to fix it in a bipartisan way so that, when folks come to me and ask, "Senator, what are we going to do to fix it?" what I will then say is that it is my responsibility to do something.

Last week, I filed a bill, with a number of other Senators, that would lower healthcare premiums for people in Florida by up to 13 percent. What it would do is help to stabilize the existing law's insurance marketplace by creating a permanent reinsurance fund that would lower the risk that insurance companies face—a risk pool, a reinsurance fund.

It is kind of like what we did back when I was the elected insurance commissioner of Florida in the aftermath of the monster hurricane—Hurricane Andrew. Insurance companies just simply could not take the risk that a category 5 would come along, hit directly on the coast, and just wipe out everything—wipe out all of the capital reserve the insurance companies had. What they did was to go to a reinsurance fund for hurricanes, which we actually created in Florida—the cata-

strophic reinsurance fund—so that the insurance companies could reinsure themselves against a catastrophic hurricane loss.

That is exactly what this proposal is. It would lower premiums by 13 percent and create a reinsurance fund—a permanent one—that would lower the risk to the insurance companies that are insuring people's health.

At least one Florida insurer estimates that this bill, if passed, would reduce premiums for Floridians who get their coverage from healthcare.gov by 13 percent between 2018 and 2020.

So you ask: What is a suggestion? I figured that it was my responsibility to come up with a suggestion on how to fix it. This is one of several fixes, and it is a tangible fix, and it is, in fact, filed as legislation.

What we are facing in the suggestion that I have made is not the ultimate solution to solving the healthcare system, but it is one small step in the right direction to making health insurance available and affordable for the people who need it the most.

How are we going to fix it?

You are not going to do it by running around in the dead of night, secretly putting together a plan that is only going to be a partisan plan. If you are going to fix the healthcare system, you are going to have to do it together, in a bipartisan way, building consensus. That is what I urge the Senate to do instead of what we are seeing happen behind closed doors.

Let's get together. Let's work together to make healthcare more affordable for people and stop all of this stuff behind the closed doors. The American people deserve better.

I yield the floor.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 5 p.m.

Thereupon, the Senate, at 4:25 p.m., recessed until 5 p.m. and reassembled when called to order by the Presiding Officer (Mr. JOHNSON).

EXECUTIVE CALENDAR—Continued

The PRESIDING OFFICER. The Senator from South Dakota.

HEALTHCARE LEGISLATION

Mr. THUNE. Mr. President, it is hard to argue that ObamaCare is not a failing law. Seven years after it became law, its laundry list of problems continues to grow: higher premiums, higher deductibles, customers losing healthcare plans, patients losing doctors, fewer choices, failed co-ops, unraveling exchanges. And, unfortunately, without action, that list will only get longer and the consequences will only become more severe. Republicans know that. Democrats know that. Unfortunately, many Americans know it firsthand.

The American people deserve better, and they rightly expect us to act. That

is why choosing to watch from the sidelines as ObamaCare fails is not an option.

To say that ObamaCare has created significant problems for the American people is an understatement. That is why Senate Republicans are working to fix the mess created by ObamaCare to provide real solutions to this failed law. We want to save the millions of hard-working families who are trapped by ObamaCare's taxes and mandates.

Average annual individual market premiums have increased by \$2,928—an increase of 105 percent—since 2013 in the 39 States that use healthcare.gov. And 62 percent of States using healthcare.gov, including my home State of South Dakota, saw premiums double between 2013 and 2017. We will help stabilize these collapsing insurance markets that have left millions of Americans with little or no options.

Today, one in three counties has only one insurer on its ObamaCare exchange. According to CMS, 47 counties nationwide are projected to have no insurers, which means Americans in these counties could be without coverage on the exchanges for 2018. As many as 1,200 counties—nearly 40 percent of counties nationwide—could have only one issuer in 2018. It is hard to argue that you have a market, that you have competition, when you have one option. That is 40 percent of the counties in America in 2018.

We will improve the affordability of healthcare by eliminating the ObamaCare taxes and mandates that are causing premiums to increase the most. These taxes and mandates have cost the American economy \$1 trillion—a cost that was ultimately incurred by patients in the form of higher costs and larger tax bills. Reversing these taxes will provide millions of American families and businesses with much needed tax relief.

We will also preserve access to care for individuals with preexisting conditions. There has been a lot of debate and misinformation, I might add, about this issue over the past few months. In the Senate, we will ensure that individuals with preexisting conditions continue to have access to the care they depend upon.

We will also safeguard Medicaid by giving States more flexibility, while ensuring that those who rely on this program will not have the rug pulled out from under them. States should have the flexibility to design and operate Medicaid programs in a fiscally responsible way and not be stymied by the Federal Government.

Making these critical reforms to Medicaid will empower States with the tools they need to implement healthcare programs that best meet their residents' needs.

We must also ensure that those Americans who already rely on this program will not be left in the lurch. Republicans recognize our responsibility to make sure that Medicaid continues to provide quality care for these

vulnerable citizens. We will balance the needs of the individuals who have Medicaid coverage, while ensuring sustainability of the Medicaid Program.

Finally, we will free the American people from the onerous ObamaCare mandates that, in some cases, forced them to purchase insurance they don't want or can't afford. These mandates have resulted in burdensome taxes that have been levied against most small businesses and the American people. The Republican healthcare plan will revoke these burdensome mandates and put the American people—not Washington—back in charge of their healthcare. This will be a huge leap in the right direction for hard-working families and small businesses.

Reforming America's healthcare system isn't easy, but that doesn't mean we shouldn't try. We have spent years—literally years—debating this issue, and we have had lots of ideas along the way. Now it is time to take action.

The core principles of the Republican healthcare plan are as follows: helping to stabilize collapsing insurance markets; improving the affordability of health insurance; preserving access to care for those with preexisting conditions; safeguarding Medicaid for those who need it the most; and freeing the American people from onerous ObamaCare mandates.

Without meaningful action, ObamaCare's problems aren't going anywhere. Without action, the individual market will continue to collapse, and more and more Americans will be without insurance options. Without action, Americans will continue to experience rising healthcare costs because of the law's costly taxes and mandates. Without action, States will continue to be hamstrung by Medicaid's bureaucracy, and we will not be able to put this critical program on a more sustainable path for the folks who need it the most. Without action, the "Washington knows best" approach to healthcare will live on.

We cannot let that happen, which is why we plan to deliver patient-centered healthcare reforms that lower costs and increase access to care for the American people.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. TESTER. 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. TESTER. Mr. President, we are about to embark on something that is pretty amazing to me. Next week, I am told, we are going to take up the Senate healthcare bill that is going to be the first cousin of the House bill. There are a lot of things that are referred to as putting lipstick on a pig, but this is truly putting lipstick on a pig, where

we are going to take healthcare away from millions of Americans.

We might make it a little better by extending some Medicare or Medicaid monies, but in the end that will go away. We will potentially set up some high-risk pools for people with preexisting conditions. I will tell you, from my time in the State legislature when we dealt with high-risk pools, that gives access to healthcare for the rich folks.

In essence, what we are going to do next week, because some folks in this body forgot to read the Affordable Care Act when it came up, is we are going to repeal it and we are going to replace it with a piece of garbage.

Today I rise on behalf of the 48 rural and frontier hospitals in Montana—48 rural and frontier hospitals that are the backbone of our State.

I rise for the 77,000 hard-working Montanans who now have healthcare because of Medicaid expansion, and the 41,000 jobs of our State of 1 million people sustained by our healthcare industry today.

I rise on behalf of every Montanan who deserves to know what is going on in Washington, DC. What is going on back there? Are you guys really talking about jerking my healthcare away from me? Are you guys actually talking about taking something up that is really not going to do much for the 30 million Americans getting pounded by high premiums and high deductibles? Are you doing this to give the top one-tenth of 1 percent of the Americans in this country a tax break?

Right now, the Senate majority in this body is playing Russian roulette with people's lives. A handful of Washington politicians are crafting a secret healthcare bill in a smoke-filled room, probably a little whiskey is involved, a few steaks. They are crafting a bill that will impact every man, woman, and child in this country.

I heard earlier today, they said these meetings were open. It would be nice to know where they are. I would love to go in and give my two bits on what rural America feels about how we need to move forward with healthcare in this country. This is a problem that is not going away unless we address it in a commonsense way.

So they are crafting this bill in secret. We don't know what is in it, but we have indication it is going to be very similar—a first cousin—to the American Health Care Act passed in the House so we should be deeply concerned. This is irresponsible legislation that jeopardizes healthcare for over 250,000 Montanans, denying coverage to over 150,000 Montanans who have a preexisting condition like cancer, heart disease, even high blood pressure, and, quite frankly, would put many of our rural hospitals at risk—at risk of closure; at the very best, changing the methods by which they deliver healthcare to these rural communities, by the way, that are hanging on by

their fingernails. This House bill is creating uncertainty in Montana, it is creating uncertainty across this Nation, it will fundamentally change our lives forever, and I do not believe it will be for the better.

My office has received over 3,600 pieces of correspondence related to the American Health Care Act. Many Montanans are terrified of the implications of this horrible bill. As elected officials, we are obligated to answer the tough questions, defend our positions, and advocate for our constituents. That is not what is happening here. As a result, the Senate, through their secret meetings and through a potential rushed-through healthcare bill next week—and I see no reason why it will not be—we are not doing right by our constituents.

The process and this bill are a disservice to folks like Julie Williams from smalltown Montana—Shepherd, MT. Julie was diagnosed with multiple sclerosis, MS, in 2011, 5 months before the Supreme Court was set to make their decision on the Affordable Care Act. She spent those 5 months terrified that she was in for a constant fight with insurance companies over coverage, but the Supreme Court upheld the ACA, and Julie has insurance and doesn't have to worry about being denied coverage if she moves, changes jobs, or—God forbid—becomes unemployed because she now has a pre-existing condition. Julie also doesn't have to worry about insurance companies cutting off her treatments because she happens to hit a lifetime cap, which is a very real concern for a healthy young woman with a disease like MS. She didn't have to worry—she didn't have to worry until now. If a bill like the American Health Care Act passes, Julie could be charged more because of her disease. She is unable to afford that coverage. The plan may not pay for the healthcare services she needs.

This legislation is also a disservice to a lady with the same last name, no relation, Jennifer Williams, of East Glacier, MT, one of the most beautiful parts of the world. Thanks to the preventive care provisions in the current healthcare system, Jennifer and her husband have been able to catch a few conditions early and avoid bigger problems in the future. That is going away.

Unfortunately, their premiums are rising. Congress needs to address that problem head on. I couldn't agree more. This bill that passed from the House doesn't do that. It will send folks like Julie and 250,000 Montanans on Medicaid out into the cold, no access to affordable care, jack up the cost of healthcare for folks with health insurance, and jack up the cost of healthcare for folks in their fifties and sixties. We can and should be working together to lower those costs for folks like Jennifer, Julie, and other Montana families. Instead, we are here scoring political points—or trying to—upending all the good things in the ACA and

the current healthcare system. Instead, we should be working together in Congress. The Senate should be working together—not in some back room but right here on the floor—to lower premiums, copays, and deductibles, while increasing access to lifesaving medical care.

Look, we have said it before, we will say it again: The Affordable Care Act isn't perfect, but it has a lot of good things. Let's fix the things wrong with it and keep the progress we have made, but instead, we hear in Washington, particularly the Republican majority, is creating chaos in the marketplace and driving costs up. This chaos is putting our rural hospitals and community health centers at risk. That is not just the statement. That is a statement of fact.

Every day, folks in rural communities rely on their local hospitals, clinics, everything from basic checkup to emergency treatments. Thanks to Medicaid expansion, in Montana, these hospitals and community health centers have seen a reduction in charity care, and they have been able to keep their doors open, but the American Health Care Act puts those funds at risk and puts these frontier medical centers on the chopping block. These medical professionals are sworn by oath to provide healthcare for folks. If Medicaid expansion goes away, the hospital will be forced to absorb those costs.

Over the last 10 months, I have held over a dozen listening sessions, eyeball-to-eyeball listening sessions with Montanans. We are going to be holding some more. The sessions have been over health. I have heard one thing loud and clear from people: If Medicaid expansion goes away, these rural frontier hospitals will have to fundamentally change how they deliver healthcare or they may be forced to shut down altogether. These hospitals operate on razor-thin margins, and they cannot afford to see these funds disappear.

Take my hometown, Big Sandy, MT. Back in 1910, my grandfather came out, took a look around, saw grass as tall as the belly on a horse, and said: "This is where we are going to homestead." He went back and got my grandmother. The farm that Sharla and I farm today was started, patented back in 1915. They worked together with their neighbors, the homesteaders of that area. They built barns, they built businesses, but it took them 50 years to build a hospital. In the mid-1960s, a hospital was finally built in Big Sandy, MT—50 years of people working together to get that hospital built.

I am going to tell you, if we don't do smart things in this body, if we take steps backward and not very many—and this bill I have seen from the House is horrible, and I don't think the bill in the Senate is going to be much better because it is a low bar. Hospitals like the hospital in Big Sandy will go away. I am going to tell you some-

thing, when that hospital goes away, Big Sandy goes away. Rural America goes away.

Big Sandy is just an example of hundreds of small towns in Montana and throughout this country that depend upon rural hospitals for healthcare. Without hospitals, Montana frontier communities will be forced to drive 100 miles to deliver a baby or take an expensive ambulance ride after an accident. People are not going to be able to afford or they are not going to choose to live there because of a lack of healthcare. They are not going to take that risk. They are going to move out of those small towns, and they are going to move to places where they have healthcare. In some cases, families who have lived in those house and on that property for generations will be forced to move. These hospitals just don't keep patients alive, they keep communities alive. The House bill would kill those rural hospitals and would be the death of rural America.

That is not the only uncertainty facing rural America. In Montana, insurance companies filed their proposed rates with the insurance commissioner last year, but these insurers are left without vital information for their proposals. They don't know if this administration will continue the cost-saving reduction payments that help make healthcare more affordable. Insurers have said if these payments go away, consumers will face double-digit rate increases. Montanans deserve to know from their elected officials what kind of impact this action has on premiums, and yet the insurance commissioners are leaving consumers and Montanans in the dark.

Transparency builds a more effective government. Hiding important information from the public is unacceptable at any level of elected official. We live in a country where citizens can hold their government accountable, and the American people make good decisions when they have good information, but right now, a select few in this body are shielding the American public from what is really going on. We hear about a bill that is going to impact one-sixth of the economy, we hear about a piece of legislation that will rip healthcare away from 23 million Americans, we hear about a bill that will take us back to the days when Montanans couldn't afford to get sick, but we haven't seen it.

Families across Montana are sitting at the kitchen table wondering if their healthcare coverage is going to go away. Folks are walking out of the doctors' offices with newfound conditions and wondering: Will I be able to get treatment if something similar to the American Healthcare Act is passed by the Senate? Children are being born prematurely, with asthma and cerebral palsy, and parents are left fearing their son or daughter will never be able to afford insurance.

These families deserve more from Congress. At a bare minimum, they deserve hearings. They deserve a panel of

experts discussing how we can lower premiums, reduce healthcare costs, and put transparency into prescription drugs. They deserve smart action, not political action. They deserve a Congress that will work together to improve the lives of all Americans, not one that works behind closed doors to draft secret legislation that will send shock waves through homes across this country.

Our Founders expected more from this body. Quite frankly, I expected more from this body before I got here. Montanans expect their U.S. Senate to work for them.

I am going to leave you with one story. I was in Butte, MT, at one of my listening sessions. A gentleman was sitting at the table. He was probably 45 years old. He said: You know, I have two kids and I can't work. I have had diabetes since I was a teenager. I have had some issues with mental health for a good portion of my adult life.

He said: I haven't been able to work, haven't been able to support my family, and then the Affordable Care Act came along, and the State of Montana was wise enough to pass Medicaid expansion. I was able to go to a doctor. I was able to get my diabetes handled because of Medicaid expansion. I was able to see a psychologist and get my mental health issues under control, and I was able to go back to work. I was able to support my family.

He said: And now you guys in Washington, DC, want to take all that away from me.

I will tell you, I will fight like hell to make sure that never happens. And if the majority leader wants to try to ram this down the people's throats, I will spend the rest of my life telling them why and who did what to them.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from New Jersey.

Mr. MENENDEZ. Mr. President, I come to the floor, like many of my colleagues, shocked at the Republican majority's brazen, secretive effort to hijack the legislative process and pass a bill that would hurt millions of Americans.

I have served in public office for more than four decades, and never once in my 45 years as a mayor, a State legislator, a Congressman, or a Senator has it been so hard to understand the motivations of an opposing party. What kind of problems are Republicans trying to solve with legislation that raises premiums, reduces coverage, decimates Medicaid, and increases costs for everyone? Certainly not any of the concerns I have heard in New Jersey. Never has someone come up to me at the local diner to say that their premiums are too low or that Medicaid covers too many children or that cancer patients don't pay enough out of pocket.

There is only one place in America where these bad ideas have any traction, and that is behind closed doors in Washington, where 13 Republican men

are working on a secret bill to take healthcare away from millions of people and raise costs on millions and millions more. They want no transparency, no bipartisan input, no hearings.

Those are the same Republicans who in 2009 and 2010 accused Democrats of ramming healthcare reform through Congress too quickly. In fact, it was the majority leader who said at the time: "This massive piece of legislation that seeks to restructure one-sixth of our economy is being written behind closed doors without input from anyone." Even the Vice President—a Congressman at the time—said it is "wrong for legislation that'll affect 100 percent of the American people to be negotiated behind closed doors." Mind you, all of these complaints came during what was a far more open, transparent process.

I sit on the Senate Finance Committee. I remember the process quite well. I remember our chairman at the time, Senator Baucus, bending over backward to get Republican input. We held 53 meetings—hearings, roundtables, briefings, and negotiations—on healthcare reform. Afterward, we held the longest Finance Committee markup in over 20 years—a markup that led to the adoption of nearly a dozen Republican amendments, on top of the two dozen amendments we accepted before the markup began.

Democrats also made huge bipartisan overtures on the Health, Education, Labor, and Pensions Committee. They, too, held a transparent process and adopted over 160 Republican amendments—160 Republican amendments.

Then and only then did we bring the bill to the floor of the Senate, and when we did, we spent 25 consecutive days in session debating the bill on the Senate floor in front of the American people.

In short, Democrats spent months making compromise after compromise in the hopes of getting Republicans on board, only to learn that they never had any intention of working with us at all. They never cared about expanding access to care or reducing prescription drug costs for seniors or making insurance affordable. They didn't work with us then, and they certainly are not working with us now.

Behind closed doors, 13 Republican men are debating just how many millions of Americans will lose their coverage under this bill. Is it 23 million? Is it 20 million? Is it 16 million? Behind closed doors, they are discussing just how high the age tax should be on middle-aged workers. Is it \$8,000 a year or \$10,000 a year or \$12,000 a year?

Behind closed doors, they are picking and choosing which consumer protections to gut. Should they bring back lifetime limits on coverage, which is a real problem if you have a serious disease? Before, there were lifetime limits. So you had coverage, and then all of a sudden, you hit that ceiling. If you

had challenges, for example, with cancer, and you expended all of your coverage, you still had an illness that needed to be treated. Now you were one illness away from bankruptcy.

Would you let patients with pre-existing conditions sink or swim in high-risk pools, allowing insurers to once again charge women more than men simply because they are women? Same age, same bracket, same geography.

It is easy to see why Republicans want to keep this bill out of the public eye. If it is anything like the House version passed earlier this year, it is going to be a terrible, mean-spirited bill—a bill that the Congressional Budget Office said would take insurance away from 23 million people. It would raise premiums by 20 percent a year and price middle-aged consumers out of the market. It is a bill that, according to reports, even President Trump said is too mean. I have to tell you something. If a bill is too mean for President Trump, it is certainly too mean for New Jersey.

Today, I understand that a comment was attributed to the President. He was meeting with a group of business leaders. He says he wants a health bill with heart—with heart. I can tell you, it is not this bill because the House bill—and, from what I am hearing, behind closed doors, the potential Senate bill—is a heartless bill.

I am not the only one with that view. I was glad that most of my New Jersey colleagues in the House of Representatives rejected this bill in a bipartisan way. Indeed, every House Democrat and nearly every House Republican in our delegation understood why this bill would devastate New Jersey.

This bill will price thousands of New Jerseyans out of the private health insurance market, especially those nearing retirement age. According to the Kaiser Family Foundation, premiums for a 60-year-old worker who earns \$20,000 a year in Monmouth County will see their premiums increase by 900 percent—900 percent. That is an increase of nearly \$9,000.

Every day, New Jerseyans are reaching out to tell me what is at stake in this debate and what this secretive effort will mean for their health and their financial security. Take Dr. Howard Fredrics, a 54-year-old constituent from Park Ridge who emailed to say:

Without subsidies provided under the ACA, my 51-year-old wife and I would have no insurance. . . . We could not afford premiums in excess of \$1100 a month. . . . Without these subsidies, millions will go uninsured and many of these people, myself included, will die.

Of course, my Republican colleagues like to say their plan will give Americans more choice. We don't know what the plan is, but they keep saying—at least the House plan—we are going to give Americans more choice. But if all the choices are unaffordable, what good are they? What good is it to have "more choices" if you can't afford any of the choices?

If they provide significantly less coverage, what good is it to say I have insurance when the moment I get sick, I don't have the coverage for it? So I have been paying for a policy that doesn't really help me at the moment I need it.

They also say their plan will give States more choice on how to run Medicaid. When you cut Medicaid by \$800 billion, you leave States no choice but to scale back the health services they provide. That is not choice. That is not choice.

Leaving nursing home patients out in the cold, ending respite care for children with disabilities, denying low-income children a fair shot of the American dream—that is not choice.

New Jersey alone will face \$30 billion in cuts to Medicaid over the next decade—cuts that will not only leave thousands of families uninsured but, according to the Milken Institute, will cost New Jerseyans more than 41,000 jobs. It is no wonder Senate Republicans are terrified of having to defend this bill. It is a terrible, mean bill, and they don't have the guts to tell the American people what is in it, even though they want to pass it next week. If only they had the courage that so many New Jerseyans have shown me in recent weeks as I have toured our State—hard-working Americans who have been willing to share their personal healthcare stories.

It is not easy to share a serious illness you have with everybody in the world, but so compelled are they and so courageous, I would add, that they do. People like Irma Rivera, a constituent I recently met in Jersey City, told me about her battle with uterine cancer nearly a decade ago. She was fortunate to survive, but without the Affordable Care Act, she would be blacklisted by health insurance companies for the rest of her life, simply because she is a survivor of that cancer. Today Irma is covered and receiving world-class care.

I also met with Samantha Williams, a young mother in Burlington City. She told me about her son's brush with a life-threatening asthma attack. They were uninsured so they avoided going to the emergency room, as so many people do. The illness gets worse and worse, more consequential to your life, more consequential to the cost, but eventually his breathing got so bad, she had no choice. The doctor said if they had waited any longer, her son might have never made it. She credits Medicaid with saving his life.

I also want to know how my Republican colleagues can reconcile their concern with the opioid epidemic with their plan to end the Medicaid expansion that is saving so many lives. Just yesterday, I received an email from Irene in Oakhurst, NJ. She writes:

My daughter is a recovering drug addict on the Medicaid program which pays for mental health care and services. . . . She's part of the opioid epidemic that has taken the lives of so many young people like her. She's been drug free for almost a year. Taking money

from this program would be disastrous not only for her but for so many people who cannot afford any other healthcare.

So I listen to those compelling stories. They are courageous to tell their stories to the whole world—very personal stories. Yet there isn't the courage here to come forth with a bill and let's debate it open, in public. This bill leaves millions of low-income Americans who depend on Medicaid expansion with no options at all. And for what? To give insurance health executives, real estate moguls, and hedge fund managers a massive tax cut they don't need. If there was ever such a thing as class warfare, this is it.

In my home State of New Jersey, 250 millionaires are slated to get a collective tax cut of \$14 million. You heard it right—250 millionaires get a tax cut, while over half a million New Jerseyans lose their healthcare coverage. That is a pretty awesome thought—an incredible thought. It is totally mean-spirited. It is certainly without heart. Many of them are people who work in some of the toughest jobs, but they don't get healthcare benefits at the job where they work, from dishwashers and cashiers and home health aides, just to mention a few. These were my neighbors growing up in the tenement in Union City—people who worked tirelessly to give their children a better life and so often put their own health on the back burner.

Many of us thought the cruel legislation Republicans passed through the House would be dead on arrival in the Senate. Instead, an incredibly unpopular bill has a new lease on life. Why? Because padding the pockets of the health insurance industry, capping Medicaid spending, and cutting taxes for millionaires have been at the top of Republican wish lists for years.

The notion that the GOP can pass this secret bill with no debate is insulting to our democracy, and the idea that they can dismantle this historic law without hurting millions of people is just not true because, make no mistake, when you take \$800 billion out of Medicaid, everyone feels the pain. When you add 23 million people to the ranks of the uninsured, everyone feels the pain. When you send more people back to the emergency room as their way of getting healthcare, saddle consumers with higher out-of-pocket costs, and end protections against insurance company abuses for patients, everyone feels the pain.

What really boggles my mind—what I just can't understand is, there is no shortage of problems in our healthcare system—real problems that need real solutions. Ask anyone, and I mean anyone, about our healthcare system. I will guarantee you will get an earful about what is wrong with it. You will hear from parents about deductibles that are too high, from workers about how hard it is to find in-network doctors, from seniors about generic drugs that suddenly cost thousands of dollars, police officers about the opioid

crisis tearing apart our communities, and hospital staff concerned about the nursing shortage, business owners, like the group I met from Cumberland County, NJ, yesterday who want Congress to work in a bipartisan way to lower employees' healthcare costs.

Imagine, just for a moment, how thrilled Americans would be if Republicans actually had a bill that solved some of their problems instead of bringing back old ones. Imagine how excited my Republican colleagues would be to show off a bill that improved, instead of endangered, people's lives, but my Republican friends are not excited to show off this bill because when you are excited to show a bill—when you have a great product, you want the whole world to know about it. When you have a terrible product, you don't want anyone to know about it, and they don't want to defend it because they know it is indefensible.

For 7 years, my Republican colleagues put politics over policy. For 7 years, they demonized ObamaCare, with no substance behind their rhetoric. Now their poll-tested platitudes have caught up with them, and they know it. That is why they let 13 Senators, who represent less than one-quarter of the country, meet behind closed doors, and that is why their hope is to keep this bill a secret until the very last minute.

So today I have come to the floor with a message for my Republican colleagues: If you want to have a debate about how to improve our healthcare system and about how to help more families get covered and about how to lower costs more and create a healthy, more productive nation, these are issues Democrats have been ready to have that debate on. I have said it in the Senate Finance Committee. We did remarkable things under the Affordable Care Act, but there is still room for improvement. We are ready to have that debate because Democrats know that while the Affordable Care Act was a historic law—a law that stopped insurance companies from dropping your coverage if you got sick, that covered 90 percent of Americans for the first time in our history, that required healthcare plans to cover essential health benefits like visits with specialists, prenatal care, mental health and addiction treatment, hospital stays, and more—despite all of the positive steps forward, in spite of all the good the Affordable Care Act did, Democrats have never stopped believing we could even make it better.

Before we can make our health system better, we must stop Republicans from making it worse. We cannot go back to a time when healthcare was a privilege granted only to those who could afford it, when it was always, I think, a right afforded to all Americans. The only way we can go forward is by working together with bipartisan input, with open debate, with full transparency on an issue that affects virtually every American, in full view

of the American people we were elected to serve. They deserve no less, but they are getting a lot less by the majority as it relates to this bill—behind closed doors, in secret, that even the President of the United States says is mean. The only thing I can agree with President Trump on is we need a bill with heart, and from what I have seen and heard so far, this is pretty heartless.

I yield the floor.

The PRESIDING OFFICER (Mr. RUBIO). The assistant Democratic leader.

Mr. DURBIN. Mr. President, let me thank my colleague from New Jersey for his excellent remarks on the Affordable Care Act and its future and really spotlight the point he made. He and I have been around legislatures for a long time, both at the local level, State level, and here in Washington. If you have something you are really proud of—a bill—you can't wait to roll it out. We have a place for a press conference about every 15 feet in the corridors around here. We have a press corps that fills the Gallery when they all show up, and they are anxious to hear our story. If you have something you are proud of—and each of us has had that legislation—you put it in a press release and do the social media and the whole number.

If you are unfortunate to be in the position to bring a bill to the floor you are not very proud of—you don't know how you can explain it back home—you keep it secret. You do it behind closed doors.

What the Senator has said is exactly the truth—and we know it, as our colleagues on the other side know it. They have, for the past several weeks, since the House passed their bill, been meeting behind closed doors. So 13 male Senators—why they couldn't invite the women Republicans in the Senate—it is their decision—I can't understand. They have not produced one thing for public consumption—nothing. Yet, Senator MCCONNELL, the Republican leader, tells us: Well, you have 10 days. We are going to pass the new healthcare system for the United States of America in 10 days, and pretty soon we are going to show you what we are going to propose.

It tells you the whole story. There is something in there that is painful, that hurts them politically, and that they can't really explain. After all these years—"Repeal ObamaCare, repeal ObamaCare," they can't come up with an alternative they can sell to the American people.

I thank the Senator for pointing out his experience, and the experience he is finding in New Jersey. I am finding the same thing back in Illinois.

I thank my colleague from New Jersey for his statement.

This last Saturday, I was invited to debate a Republican House Member from my hometown of Springfield, IL, on his vote in favor of TrumpCare—if you want to call it that—the Republican healthcare plan in the House. We

were invited by the Ministerial Alliance of Springfield, the African-American ministers. I accepted the invitation on a Saturday afternoon, and he did as well.

He put conditions on it. No. 1, no media coverage. This is not open to the public. Really? We are going to debate a healthcare system change for America that is going to affect millions of people, and we will not talk about it in public? But that was his ground rule. And then in the midst of it, he thought someone was taping him while it was going on and stopped full sentence and said: I don't want this taped. Well, here is a bill he voted for to change the healthcare system for the people he represents, including the folks in that room, and he didn't want to be on the record or public about that discussion. That tells me a lot as well.

It isn't just a secret bill we haven't seen, it is a lot of Republican House Members who voted for it—and they were all Republicans—passed by, I believe, two or three votes, and now they don't want to talk about it. Well, there is a message there.

Here is what I have concluded after looking at this in a lot of different ways. Where you stand on healthcare in America depends on where you start on the question: Do you believe every American has a right to affordable, quality healthcare? If the answer is, no, that is for people who are lucky or rich or have the right job, then you can reach the same conclusion they did in the House when they passed the Republican measure because, you see, their bill removed health insurance coverage from 23 million Americans, instead of expanding the percentage of Americans with health insurance coverage, which we set out to do with the Affordable Care Act. The Republicans have reversed field. They are taking away health insurance from more people than the Affordable Care Act gave.

Is that a press release from the Democratic National Committee I just quoted? No. It was the Congressional Budget Office—a bipartisan group here, an agency in Washington that analyzes our legislation and gives us their analysis. They looked at the Republican bill and said it will cost 23 million people in America their health insurance.

If you started with the position that healthcare is a right, you would stop at that point and say: Well, this bill clearly doesn't work because it takes away healthcare coverage instead of creating healthcare coverage.

Where you start is where you stand.

The second question is this: If you believe the highest priority of this effort is to cut taxes on wealthy people, then, of course, you would vote for what they passed in the House—\$700 billion in tax cuts. Now, that tax cut came right out of the healthcare system of America. That is the tax revenue that is used to expand Medicaid insurance coverage to those who are lower income workers. That is the money that is used to help subsidize

the premium payments of middle-income workers who can't afford the monthly premium.

But they believed—the Republicans who voted in the House—that there is a higher priority than helping those people to have health insurance, and that is cutting the tax burden of the wealthiest people in America. So if you start with that premise—that you have to cut taxes by \$700 billion regardless of what happens—this is what you end up with, the measure that came over from the House of Representatives. I don't know what the Senate Republicans will come up with in response to that, but clearly it must be parallel or close to what the House of Representatives did.

Let's take a close look at this measure and take a look at the history that brought us to this moment. As I mentioned, we still don't have the text of the Republican secret bill to repeal the Affordable Care Act. Six years and counting, they can't produce a replacement. It looks like we are going to vote on this in a few days. By congressional standards, this is a high crime and misdemeanor. To think that we are going to consider a bill within 10 days affecting every American, affecting one-sixth of the American economy—a bill that will say to some people: You are going to lose your health insurance, and to others: We are going to offer you a health insurance policy that really isn't worth the paper it is written on, and we haven't seen the bill.

Well, what is the history of this? Is this the way the Republicans always operate? Not really. In December 2009, Republican Senator MCCONNELL, their leader, said, when we were debating the Affordable Care Act: "This massive piece of legislation that seeks to restructure one-sixth of our economy is being written behind closed doors without input from anyone in an effort to jam it past, not only the Senate, but the American people." That was Senator MCCONNELL about the Affordable Care Act when it was being proposed by President Obama.

Well, what is the fact? During the passage of the Affordable Care Act, the Senate held over 50 bipartisan hearings on the bill. How many bipartisan hearings have we held on the new Republican healthcare proposal? None, not one.

At that time, 6 years ago, we had a week-long markup in the Finance Committee and a month-long markup in the HELP Committee. The Senate spent—and I remember this well—25 consecutive days in session on the floor of the Senate debating this bill. It is the second longest consecutive period of time ever spent on a bill in the Senate.

We considered on the floor of the Senate hundreds of amendments. You know, we ended up adopting 150 Republican amendments to the Affordable Care Act. Not a single one of them would vote for it, but we took their proposals to make it better seriously and adopted 150 changes.

How much of a chance will we have to amend the Senate Republican bill that may come before us as soon as this week? It remains to be seen. It could be what we call a vote-arama around here, which is a corruption of what this grand institution really established as a standard of operation for generations and centuries. The vote-arama lets you vote on an amendment offered to the bill, with 2 minutes of debate.

You are changing the healthcare system and you have 1 minute on each side to debate your amendment? Is that a serious undertaking with something that is that consequential for so many Americans? No one has seen this secret bill—not Democrats, not many Republican Senators.

I asked Secretary of Health and Human Services Tom Price last week in a hearing: Have you seen the bill? You are the one that is going to have to implement it.

He said: No, I haven't seen it either.

This weekend the Presiding Officer, Senator RUBIO, a Republican from Florida, said:

The Senate is not a place where you can just cook up something behind closed doors and rush it for a vote on the floor.

Mr. President, I couldn't agree more.

Senator RON JOHNSON, a Republican from Wisconsin, said:

I want to make sure the American people, I want to make sure the members of Congress have enough time to evaluate it. I want to have enough time to really take a look at what we're voting on.

That was Republican Senator RON JOHNSON of Wisconsin.

Senator BOB CORKER, a Republican Senator from Tennessee, said:

I've said from Day 1 and I'll say it again: The process is better if you do it in public. Obviously, that's not the route that is being taken.

I didn't pull these quotes from months and years ago. They are from the weekend. The comments were made over the weekend by Republican Members about their very own leadership and the process they are following in preparing to change America's healthcare system.

Let's talk about some numbers. Let's start with zero. How many hearings have we had on the Senate bill to repeal the Affordable Care Act? Zero. How many markups have we had? Zero. How much time has the Secretary of Health and Human Services, the man responsible for implementing this bill, spent on it to review it? Zero. How much Democratic input has been allowed for this secret negotiation? Zero. How many women Senators have been involved in crafting the bill? Zero. How many medical organizations or patient groups support the secret Senate bill? Zero. And most concerning of all, how much time has the public had to even read this bill? Zero.

Let's take a look at another number: 23 million. The Congressional Budget Office estimates that 23 million Americans will lose their health insurance

under the House-passed repeal bill—1 million in Illinois.

I have said it before, but I will say it again—and this is a driving factor in terms of my views on the subject: If you have ever in your life been the parent of a seriously ill child and didn't have health insurance, you will never forget it as long as you live. I know. I have been there.

I was a law student, newly married, with a brand new baby girl with a really serious health issue, and I had no health insurance. My wife and I sat in the charity section at Children's Hospital waiting for them to call our name so we could take our little girl in to the latest resident, with a hundred questions and who wanted to go through them all over again. I thought to myself: DURBIN, how did you ever reach this point where you don't have health insurance?

I fixated on health insurance from that point forward. From the time I got out of law school, for years afterwards while my daughter was growing up, I not only had health insurance, but I sometimes had two health insurance policies. I was so worried about having coverage if I ever really needed it.

So we want to take health insurance away from 23 million Americans? Do you want it to be your family, your son, your daughter? I sure wouldn't.

Here is another number: 750. Lower income older Americans would see their premiums increase 750 percent under the House-passed repeal bill, from \$1,700 under ACA to \$14,000 under the Republican plan. Now, how can that happen? How can you see the premiums go up that fast? We built into the affordable care bill a guaranteed protection for disparity in premium payments of no more than three to one. The most expensive health insurance policy cannot be more than three times the lowest cost policy. The Republicans changed that to five to one. Well, who does that affect?

If you are between 50 and 64 years of age, you are in a category of people not yet eligible for Medicare. If you are now facing chronic illnesses that could make health insurance more expensive, you will pay the higher premiums. The higher premiums, when calculated, are dramatically higher for this group. That is why the American Association of Retired Persons has come out four-square against the Republican TrumpCare, the Republican repeal bill. It is just unfair to those between the ages of 50 and 64.

Some 130 million, that is how many people nationwide have preexisting conditions. Almost half of the people in Illinois have a preexisting condition. Several weeks ago, I had a procedure for an atrial flutter. It worked out just fine. Now I have a preexisting condition. I am in that category. What does that mean? If you went out to buy health insurance with a preexisting condition, you are charged more, if you could buy insurance at all.

So when the Republican bill that passed the House does not guarantee, as the Affordable Care Act, that you cannot be discriminated against because of a preexisting condition, it makes millions of Americans—130 million—more vulnerable.

Is that what they wanted to achieve?

Where you stand depends on where you start. If you think everyone is entitled to health insurance, then you can't be standing for something that allows preexisting conditions to be used against you. A lot of the people whom I am talking about have employer insurance, but what about those who shop on the individual market or purchase individual insurance in the future? Under the House repeal bill, insurers would, once again, be allowed to charge people with preexisting conditions more money for insurance.

The next number is 33,000. Senator MENENDEZ referred to it. That is how many people are dying every year because of the opioid or heroin overdose—33,000, and 1,800 a year in Illinois.

Now, listen to this. The Republican bill dramatically cuts the Medicaid Program, the Nation's largest provider of substance abuse treatment services, and it allows insurers, once again, to refuse coverage for those needed services.

I have been here a few years, and I can remember that desk because that is where Paul Wellstone of Minnesota sat, and I remember that desk because that is where Pete Domenici of New Mexico sat. You couldn't ask for two more polar opposites politically. Paul Wellstone was a garrulous, proud liberal. Pete Domenici was a proud conservative. One was from Minnesota, and one was from New Mexico, and they came together on an issue.

Do you know what the issue was? Each of them had someone they loved in their family who suffered from a mental illness, and they said: Why in the world will health insurance companies refuse to write coverage for people with mental illness? They fought for years against the insurance companies, and they finally won.

We included, in the Affordable Care Act, the requirement that your health insurance policy cover not only physical illness but mental illness. It was a breakthrough. For the first time, we stopped treating mental illness like a curse and treated it like an illness that could be treated.

They added a section at the end that most of us didn't even notice: mental illness and substance abuse treatment. I didn't know it was there until the opioid crisis, and I started going to these rehab facilities and saying to these people there: How are you paying for this care? Some of them were under Medicaid, but those under private health insurance said: My policy covers it. It covers it because Wellstone and Domenici insisted on putting it in.

After that historic victory, you would think the Republicans would include mental illness and substance

abuse treatment as one of the basic essential services for health insurance, but they don't.

When they say we are going to write a bill that gives Americans more choice in their health insurance—oh, that sounds appealing—the choice is whether you want mental illness and substance abuse treatment or you don't.

Well, from where I am sitting, that is the kind of insurance coverage that should be basic to everyone. You never know whether that little girl that you are raising—that beautiful little girl—6 years from now is going to be struggling with an addiction. At that point, you better hope that your health insurance policy has some coverage so that you can save her life and bring her back from that addiction.

Now, 280,000 is the next number. That is how many children in Illinois depend on Medicaid for school-based health and medical services, from feeding tubes and handicapped buses to special education teachers. I made a point this last week when I was home to visit the schools in Chicago and Bloomington and hear firsthand what cuts in Medicaid meant to local school districts.

Many Senators don't realize this, but the kids with whom you are dealing who have learning disabilities and other disabilities, many of them are supported at your local schools by Medicaid dollars. The Medicaid dollars pay for the counselors, pay for the special buses, and pay for the feeding tubes for these kids to survive. So when you make a dramatic cut in Medicaid, as the Republican bill that came out of the House does, you endanger the very services and the very benefits that these special ed kids need. The school districts are mandated by law to help these kids, but if the money is cut off from Medicaid, what are they going to do?

The Republican repeal bill that every Republican Congressman in my State voted for slashes \$40 billion in Medicaid funding to Illinois, including money to school districts.

Three—this is the most important single number in the next 10 days in the Senate—3. That is the number of Republican Senators needed to stop this. Surely, there are three Republican Senators who are concerned enough about this secret, behind-closed-doors process that we are witnessing when it comes to rewriting healthcare in America—at least three Republican Senators who want to take time to properly review this legislation that affects one-sixth of our economy.

Just the Senators who have publicly stated their personal concerns about this process—if the three of them would come together, we could stop this and do it the right way.

I said privately to a Republican Senator last week, after the tragedy where a Republican Congressman was shot at a baseball practice: Isn't this the moment when we ought to get together quietly—Democrats and Republicans—

when we ought to sit down and write a bill we can both be proud of? I am hoping he was listening.

I am hoping that three Republican Senators, if they stand up for it, will help us achieve that goal. Surely there are three Republican Senators who are worried about the kids in their States like I am worried about the kids in mine, who do not want to make the opioid epidemic any worse, who want to make certain—underline the word "certain"—that they are protecting the people they represent from discrimination because of preexisting conditions. Surely there are at least three Republican Senators who do not want to throw millions of Americans off of health insurance coverage. Maybe some of the Senators who represent States that have been ravaged by the opioid epidemic will step forward. There are a lot of them. It only takes three to change this.

To Republican Senators, I say: Do not do this. Do not do this secret process. Democrats are willing to work with you to improve our healthcare system. I have said before that the only perfect law that I know of was carried down a mountain on clay tablets by Senator Moses. All of the other efforts can use some work, and in this case, we are willing to work with you. Take repeal off the table, and we will put a chair up to the table.

Over the past week, I have received thousands of emails and letters from Illinoisans who are worried about what is happening in the Senate today.

Helen, from River Forest, IL, is 47 years old. She is a primary caregiver for her parents. Her mom has Alzheimer's and is in a nursing home.

Here is what Helen writes:

Just before Thanksgiving, my dad's health deteriorated. He is now in hospice in the same nursing home. I have spent all of their savings—my mom and dad's savings—on healthcare. My mom is finally eligible for Medicaid. Without Medicaid, I would need to bring my parents to my home and quit my job to personally nurse them myself because I don't have the money myself to keep them in the nursing home and pay for private care. Please protect ObamaCare and Medicaid.

Here is Madeline from Chicago, who writes:

My younger sister is disabled. Before the Affordable Care Act went into effect, she was just about to hit the maximum lifetime limit on her private insurance policy.

That used to be the case. You would sign up for insurance, and you would say: Oh, great coverage—no copays, no extra charges. Then you would find in the fine print that there is a limit to the coverage of \$100,000. My friends, I can tell you that we are—each and every one of us—one diagnosis or one accident away from having more than \$100,000 in medical bills. It happens pretty quickly. That used to be built into insurance policies. We outlawed it under the Affordable Care Act. Now, in the name of "choice," the Republicans want to bring that back.

Madeline writes:

Before the ACA went into effect and my daughter was about to hit the maximum life-

time limit on her private insurance policy, she was going to have to apply to be part of a high-risk pool, but that was going to involve a long wait, without any insurance, plus high premiums if and when she was accepted into the pool. The Affordable Care Act came just in time for my sister and for our family.

When the Republicans in the House say not to worry about people with pre-existing conditions, that they have set aside \$8 billion to take care of them in private risk pools, it is sad and, in a way, tragic that they would say that. That is not nearly enough money, and there is no guarantee that private risk pools that never worked before the Affordable Care Act would work in the future. It is a way to give an answer to the obvious question of why they are dropping so many people with pre-existing conditions from guaranteed coverage.

The last note is from Erin of Chicago, who writes:

I implore you to force a public hearing on the ACA repeal that the Republicans are trying to sneak through. If this bill passes, many of my friends and family will lose coverage either due to preexisting conditions or because the deductibles are too high. Additionally, my parents are self-employed and getting older. Under the proposed act, their health insurance premiums will likely increase to \$14,000 a year. They cannot afford it. They just can't. They will not have coverage, will get sick, and be unable to afford care.

If the Republicans have a better idea than the Affordable Care Act, for goodness' sake, stop hiding it from the American people. Stop talking about it behind closed doors. If it is such a good idea, bring it out for the world to take a look at. There will be critics. There were certainly critics with regard to the Affordable Care Act. I remember that very well. Yet that is what this body is all about.

The Senate is supposed to be a place where we deliberate on the important issues of our time. Is there anything more important than your health, the health of the people whom you love, and your opportunity to get basic healthcare so that you can protect them?

I implore the Republicans and those who know that this is the wrong way to go to stand up and say so. It only takes three Republican Senators to do this a much different way so as to bring credit to this institution and create a bill—create a change—that makes healthcare more affordable, more accessible, and more fair to more Americans.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Mississippi.

USS "FITZGERALD" TRAGEDY

Mr. WICKER. Mr. President, before beginning my remarks about the requirement for a larger Navy, I do want to extend my deepest condolences to the loved ones of those who lost their lives aboard the USS *Fitzgerald* recently.

During Saturday morning's early hours, the USS *Fitzgerald*—a guided-

missile destroyer—collided with a Filipino merchant ship off the coast of Honshu, Japan. The USS *Fitzgerald* sustained significant damage, including the rapid flooding of three compartment areas, and seven sailors lost their lives. These young Americans were on board because they chose to serve their country, and they are heroes whose names will be added to the list of those who will be forever honored by our country.

Questions remain about the collision, and I am hopeful that they will be answered soon. Administrative and safety investigations into this tragedy are already underway, but we cannot change the horrific turn of events that occurred at 2 a.m. off the coast of Japan.

Our hearts go out to the loved ones who are dealing with the grief this accident has caused. We wish a quick recovery for those who were injured, and our gratitude goes to the many sailors who acted swiftly and resolutely to save lives and prevent further damage aboard.

Does the distinguished majority leader wish me to yield for some business?

Mr. MCCONNELL. If the Senator would yield so that I may do wrapup here.

Mr. WICKER. I would be delighted.

Mr. President, I yield to the distinguished majority leader.

Mr. MCCONNELL. I thank the Senator.

MORNING BUSINESS

TRIBUTE TO JOAN B. CLAYBROOK

Mr. DURBIN. Mr. President, I want to take a few moments to acknowledge my friend, Joan Claybrook. Joan is a legend. She is one of the most effective champions this Nation has ever seen—and she is still leading the charge. Last week, Joan celebrated her 80th birthday, and one thing is clear, Joan Claybrook isn't slowing down.

Like so many bright young people in Washington, Joan began her career right here in the U.S. Congress, working for Senator Walter Mondale and Representative James Mackay as a congressional fellow. In the summer of 1966, the Senate unanimously passed the National Traffic and Motor Vehicle Safety Act, the first major legislation to improve auto safety in this country. This effort was led by consumer advocate, Ralph Nader, and working right by his side was Joan Claybrook. It led to important safety standards we take for granted today: seatbelts, windshield wipers, outside mirrors, and dashboards. This landmark legislation also launched Joan's impressive career as a consumer advocate.

During the Carter administration, Joan served as the head of the National Highway Traffic Safety Administration, where she led efforts to improve vehicle safety and increased consumer access to safety information. Prior to her time with the National Highway

Traffic Safety Administration, she ran Congress Watch, worked for the Public Interest Research Group, National Traffic Safety Bureau, Social Security Administration, and the U.S. Department of Health, Education, and Welfare.

In 2009, Joan retired as president of Public Citizen, after nearly three decades of service championing consumer interests and campaigning on issues from campaign finance reform, to truck safety, and business regulation. Among her many accolades at Public Citizen, Joan was able to limit the number of triple- and longer double-trailer trucks on the road, and she helped to ensure that health, safety, and environmental agencies were able to continue its important work protecting the American people, but her proudest, and perhaps most impactful, achievement was winning a 20-year battle with the auto industry to install airbags in cars. Because of Joan's work, countless lives have been saved. I want to thank her for these contributions that improved the health and safety for so many across the country.

Joan Claybrook has been honored by numerous organizations, including the Philip Hart Distinguished Consumer Service Award from the Consumer Federation of America, an Excellence in Public Service Award from the Georgetown University Law Center, and an award for Superior Achievement from the National Traffic Safety Bureau—just to name a few. In her precious spare time, Joan serves on the board of Citizens for Tax Justice and Public Justice. She also cochairs the Advocates for Highway and Auto Safety and Citizens for Reliable and Safe Highways.

It is not simply Joan Claybrook's extraordinary resume that earned her such great respect; it was her approach to the job. Joan brought humility, integrity, and fairness to every challenge she faced. Her energy, passion, and optimism are infectious, and her continued drive to ensure all Americans have the chance to lead safe and equitable lives make her an inspiration. Joan may have retired, but her commitment to those values has never wavered. She is a force of nature.

I will close with this. I strongly believe in the role of public service to create change and make a difference. Joan Claybrook's years of service reflect these values and prove that, with the right approach, change is possible. I am lucky to count Joan as a friend. It is with great pride that I ask my colleagues to join me in celebrating Joan Claybrook's 80th birthday and congratulate her on an outstanding career. I hope Joan enjoys this special day, and I wish her many more wonderful years.

50TH ANNIVERSARY OF THE VERMONT LEAGUE OF CITIES AND TOWNS

Mr. LEAHY. Mr. President, in Vermont, we believe in forging resil-

ient communities through strong local governments and in fostering well-informed leaders to understand and respond to the many complex issues facing us today. The Vermont League of Cities and Towns, VLCT, embodies these principles and more, and I am delighted to contribute in honoring the league and its members on its 50th anniversary.

Established in 1967, the VLCT was created to help improve local governance. Local officials needed a way to help towns best serve their constituents and to connect members of their communities with their local governments. In response, a handful of municipalities formed the organization that provided these services. Beginning with VLCT's first executive director and continuing through today, this organization has consistently worked to represent the values of all Vermonters. For the first time in 1995, every city and town in Vermont had joined as members of VLCT, demonstrating how valuable this institution is for all of our communities regardless of their size.

For many years, I too have worked alongside VLCT to improve the lives of Vermonters. Whether through their efforts supporting the State's recovery from Tropical Storm Irene or improving the water quality of Vermont's rivers and streams, their dedication to Vermont's way of life and quality of life makes us all better. They provide direction and advice and support our municipalities in their timely and important but often underfunded responsibilities.

As a nonprofit, nonpartisan organization, VLCT will always be there to support us, to support Vermont communities. Our great State is made better by the involvement of organizations like the VLCT, and I wish them continued success over the next 50 years in bettering the lives of all Vermonters.

CBO COST ESTIMATE—S. 512

Mr. BARRASSO. Mr. President, in compliance with paragraph 11(a) of rule XXVI of the Standing Rules of the Senate, the Committee on Environment and Public Works has obtained from the Congressional Budget Office an estimate of the costs of S. 512, the Nuclear Energy Innovation and Modernization Act, as reported from the committee on May 25, 2017.

Mr. President, I ask unanimous consent that the cost estimate be printed in the RECORD.

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

S. 512—NUCLEAR ENERGY INNOVATION AND MODERNIZATION ACT

As reported by the Senate Committee on Environment and Public Works on May 25, 2017

SUMMARY

S. 512 would direct the Nuclear Regulatory Commission (NRC)—which licenses and regulates the use of radioactive materials at civilian facilities such as nuclear reactors—to

undertake certain activities related to establishing a regulatory framework for licensing nuclear reactors that use advanced technologies for either commercial or research-related purposes. The bill also would modify the NRC's underlying authority to charge fees to entities that the agency regulates and would authorize the Department of Energy (DOE) to provide grants to developers of advanced nuclear technologies to help pay for the costs of developing and licensing such technologies. Finally, S. 512 would amend ex-

isting law regarding the disposition of excess uranium materials managed by DOE. CBO estimates that implementing S. 512 would cost \$386 million over the 2018–2022 period, assuming appropriation of the necessary amounts. Pay-as-you-go procedures apply because enacting the bill would affect direct spending; however, CBO estimates that any such effects would be insignificant. Enacting S. 512 would not affect revenues. CBO estimates that enacting S. 512 would not increase net direct spending or on-budget

deficits in any of the four consecutive 10-year periods beginning in 2028. S. 512 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would impose no costs on state, local, or tribal governments. ESTIMATED COST TO THE FEDERAL GOVERNMENT The estimated budgetary effect of S. 512 is shown in the following table. The costs of this legislation fall within budget function 270 (energy).

	By fiscal year, in millions of dollars—						
	2017	2018	2019	2020	2021	2022	2017–2022
INCREASES IN SPENDING SUBJECT TO APPROPRIATION*							
Advanced Nuclear Energy Licensing Cost-Share Grants:							
Estimated Authorization Level	0	87	88	90	92	93	450
Estimated Outlays	0	26	53	80	90	91	340
Accelerated NRC Activities:							
Estimated Authorization Level	0	10	10	10	10	10	50
Estimated Outlays	0	7	9	10	10	10	46
Total Changes:							
Estimated Authorization Level	0	97	98	100	102	103	500
Estimated Outlays	0	33	62	90	100	101	386

Note: NRC = Nuclear Regulatory Commission.
* CBO estimates that enacting the bill would have no significant effect on direct spending.

BASIS OF ESTIMATE

For this estimate, CBO assumes that S. 512 will be enacted near the start of fiscal year 2018 and that amounts estimated to be necessary will be provided at the start of each year. Estimated outlays are based on historical spending patterns for affected activities. Advanced Nuclear Energy Licensing Cost-Share Grants

S. 512 would authorize DOE to provide grants to developers of advanced nuclear technologies to accelerate the development, licensing, and commercial deployment of those technologies. Such grants would be available for a range of costs related to those efforts, including fees charged by the NRC for licensing-related activities. Based on an analysis of information from DOE, CBO estimates that spending for such assistance under S. 512 would require appropriations totaling \$450 million over the 2018–2022 period. That estimate is in line with the total amount of funding provided by the Congress for a six-year effort, now largely completed, to support the development, certification, and licensing of small modular reactors (a type of advanced nuclear technology). Assuming appropriation of those amounts, CBO estimates that outlays would total \$340 million over the 2018–2022 period and \$110 million after 2022.

Accelerated NRC Activities

Funding for the NRC—which totals approximately \$1 billion in 2017—is provided in annual appropriation acts. Under current law, the agency is required to recover most of its funding through fees charged to licensees and applicants; CBO estimates that such fees, which are classified as discretionary offsetting collections, will total nearly \$900 million this year.

S. 512 would require the NRC to establish a regulatory framework for licensing advanced nuclear reactors, defined in the bill as reactors that involve significant technological improvements relative to those currently being constructed. The bill specifies that any funding provided to the NRC for activities related to developing that framework would be excluded from the portion of the agency's budget that is offset by fees the NRC collects. Based on an analysis of information from the NRC about the anticipated costs of establishing the proposed licensing regime within the timeframe specified by the bill, CBO estimates that implementing S. 512 would cost \$46 million over the 2018–2022 period, mostly for salaries and expenses for

technical experts required to develop the necessary analyses and regulations. In addition, starting in 2020, the bill would modify the existing formula used to determine the amount of NRC fees. CBO expects that the proposed modifications to the formula used to set regulatory fees charged by the NRC could change the amount of such fees collected in future years. Under both current law and S. 512, the amount of such fees would depend on the level of funding provided for a range of specific NRC activities. Because CBO has no basis for predicting how much funding will be provided for such activities in future years, CBO cannot determine whether the resulting fees would be higher or lower under S. 512 than under current law.

PAY-AS-YOU-GO CONSIDERATIONS

S. 512 would amend existing law regarding the disposition of uranium materials managed by DOE. Under the bill, DOE would be required to develop plans for marketing those materials and to comply with annual limits on the volume of uranium materials placed into commercial markets. Specifically, the bill would cap sales and transfers at 2,100 metric tons per year through 2025 and at 2,700 metric tons starting in 2026. The bill also would expressly authorize DOE to market materials derived from depleted uranium, which is one of the by-products of the uranium enrichment process.

According to DOE, uranium sales and transfers averaged about 2,450 metric tons a year over the 2012–2015 period, but fell to 2,100 metric tons in 2016. Using information from studies done for the department on uranium markets, CBO estimates that the quantity of uranium that will be disposed over the 2018–2027 period under current law probably will remain below 2,100 metric tons a year. Thus, CBO estimates that the caps on sales and transfers of uranium materials in S. 512 would have no significant effect on offsetting receipts from those activities over the 2018–2027 period. (Under current law, CBO estimates that the sales of those materials will total about \$800 million over the 2018–2027 period; however, CBO expects that only a portion of that value, or \$80 million, will be deposited in the Treasury as offsetting receipts because of uncertainty surrounding DOE's budgetary treatment of these transactions.)

INCREASE IN LONG-TERM DIRECT SPENDING AND DEFICITS

CBO estimates that enacting S. 512 would not increase net direct spending or on-budget

deficits in any of the four consecutive 10-year periods beginning in 2028.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

S. 512 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments.

PREVIOUS CBO ESTIMATE

On June 12, 2017, CBO transmitted a cost estimate for S. 97, the Nuclear Energy Innovation Capabilities Act of 2017, as ordered reported by the Senate Committee on Energy and Natural Resources on March 30, 2017. Both bills contain provisions that would authorize DOE to provide cost-share grants to support the expedited development, licensing, and commercial deployment of advanced nuclear technologies. Because those provisions are substantively the same and the estimated costs of implementing those provisions are the same in both bills. The estimated increase in spending subject to appropriation under S. 512 is greater than under S. 97 because the estimate for S. 512 includes additional costs for the NRC to meet new requirements specified by that bill.

ESTIMATE PREPARED BY:

Federal Costs: Megan Carroll and Kathleen Gramp; Impact on State, Local, and Tribal Governments: Jon Sperl; Impact on the Private Sector: Amy Petz.

ESTIMATE APPROVED BY:

H. Samuel Papenfuss, Deputy Assistant Director for Budget Analysis.

NOMINATION OBJECTION

Mr. GRASSLEY. Mr. President, I intend to object to any unanimous consent request at the present time relating to the nomination of Steven A. Engel, of the District of Columbia, to be the Assistant Attorney General for the U.S. Department of Justice Office of Legal Counsel until Mr. Engel responds to questions I posed to him in a June 12, 2017, letter concerning a May 1, 2017, opinion by the Office of Legal Counsel entitled, "Authority of Individual Members of Congress to Conduct Oversight of the Executive Branch."

The Senate Judiciary Committee approved Mr. Engel's nomination on June

8, 2017, and my objection is not intended to question the credentials of Mr. Engel in any way. However, at that time, no member had sufficient opportunity to pose questions to Mr. Engel concerning the May 1, 2017, OLC opinion. I believe each Member of my committee and of the Senate should have the benefit of his views on the opinion as they consider his nomination to lead the office that created it.

The opinion erroneously states that individual Members of Congress are not constitutionally authorized to conduct oversight. It creates a false distinction between oversight and what it calls “nonoversight” requests, and it relegates requests from individual Members for information from the Executive branch to Freedom of Information Act requests. I have written a letter to the President requesting that the OLC opinion be rescinded. The Executive branch should properly recognize that individual Members of Congress have a constitutional role in seeking information from the Executive branch and should work to voluntarily accommodate those requests.

My June 12, 2017, letter to Mr. Engel asks him several questions about the opinion, including whether the opinion met the OLC’s own internal standards requiring impartial analysis, whether individual Members of Congress are “authorized” to seek information from the Executive branch, and what level of deference the Executive branch should provide to individual Member requests. I ask unanimous consent that it be printed in the RECORD following my remarks. I look forward to Mr. Engel’s responses.

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

U.S. SENATE,
COMMITTEE ON THE JUDICIARY,
Washington, DC, June 12, 2017.

STEVEN A. ENGEL,
Care of the Office of Legislative Affairs, United States Department of Justice, Washington, DC.

DEAR MR. ENGEL: recently, the Committee obtained a copy of a May 1, 2017, Office of Legal Counsel (OLC) opinion entitled “Authority of Individual Members of Congress to Conduct Oversight of the Executive Branch.” That opinion asserts that individual Members of Congress in fact do not have that authority. Specifically, the opinion states, quite remarkably, that individual Members of Congress are not Constitutionally authorized to request information from the Executive Branch. It further states that requests from non-Chairmen essentially are subject to the same level of deference as a request submitted from a private, unelected member of the public pursuant to the Freedom of Information Act (FOIA).

As you know, the Constitution imposes significant responsibilities on each and every Member of Congress that require them to make informed decisions and cast votes in the best interests of their constituents on a vast array of matters. Those responsibilities in many instances require that the Members have access to Executive Branch information. The OLC opinion did not entertain this and other key points and did not attempt to address the significant and dangerous implications it creates for the separation of pow-

ers, bipartisan congressional oversight, transparency in government, and accountability to the American people. Your views on this opinion, its incomplete analysis, and its highly problematic conclusions are very important for “individual Members” of the United States Senate to carefully weigh as they consider your nomination.

Thus, please respond to the following questions by June 26, 2017. Please number your answers according to their corresponding questions.

1. Are you familiar with the May 1, 2017 OLC opinion?

2. In your view, does this opinion meet the standards described in OLC guidance that require impartial analysis of competing authorities or authorities that may challenge an opinion’s conclusions? If so, can you please point to the portion of the opinion which you believe fully discusses contrary authority or arguments for non-Chairmen’s need for information from the Executive Branch to carry out their constitutional function?

3. Do you believe that individual Members of Congress, who are not Chairmen of committees, are “authorized” to seek information from the Executive Branch to inform their participation in the legislative powers of Congress? Do you believe they are authorized by the Constitution? Why or why not? Do you believe that they are authorized by Congress? Why or why not?

4. In your experience, what percentage of congressional requests for information are answered by the Executive Branch on a voluntary basis?

5. In your view, what is an appropriate reason for withholding information requested by an individual Member of Congress?

6. In your view, does the Executive Branch have any Constitutional responsibility to respond to requests for information from individual Members of Congress as part of a process of accommodation in order to promote comity between the branches? If not, why not?

7. Is a request from an individual, elected Member of Congress entitled to any greater weight than a FOIA request, given the Member’s broad Constitutionally mandated legislative responsibilities? Why or why not?

Thank you for your cooperation in this important matter. Should you have questions, please contact DeLisa Lay of my Committee staff.

Sincerely,

CHARLES E. GRASSLEY,
Chairman, Committee on the Judiciary.

ADDITIONAL STATEMENTS

TRIBUTE TO LARRY VOYLES

• Mr. MCCAIN. Mr. President, I come to the floor today to congratulate Larry Voyles, the former executive director of the Arizona Game and Fish Department, for his 40 years of dedicated service to the State of Arizona and the Nation.

Larry recently retired from the helm of my home State’s wildlife management agency. He leaves with a litany of accolades and achievements that underscore a remarkable career. During his time at the department, Larry also served in a variety of national posts that advanced Federal policies important to outdoor sports and wildlife conservation, including as president of the Association of Fish and Wildlife Agencies.

Larry first began at the department as a district manager and eventually ascended to become the agency’s top training officer and later a regional director before being selected by the Arizona Game and Fish Commission to serve as the executive director for the past 8 years.

Faced with daunting challenges like regional drought and catastrophic wildfires, Larry proved time and again that the department understands how to care for the land and the large variety of animal life in the Grand Canyon State. Larry also knows the importance of safeguarding a State’s right to manage wildlife populations without undue interference from the Federal Government, and he remains a tireless advocate for sportsmen community and those pursuing meaningful wildlife conservation.

I thank Larry, my friend, for his honorable service at the Arizona Department of Game and Fish and wish him the best in his future endeavors.●

TRIBUTE TO DARYL DELABBIO

• Mr. PETERS. Mr. President, today I wish to mark the distinguished 40-year public service career of Daryl Delabbio of Kent County, MI. Mr. Delabbio is widely regarded as one of the Nation’s preeminent municipal managers, helping lead his region to growth and prosperity with an unwavering devotion to financial stability and customer service. Mr. Delabbio is retiring as the administrator of Kent County, a position he has held for the past 19 years. Prior to that role, he served as assistant Kent County administrator for 3 years and as manager of the city of Rockford, MI, for 11 years. Mr. Delabbio began his municipal career in 1977 as administrative coordinator for the city of Rockwood, before joining Garden City, MI, as director of administrative services.

Mr. Delabbio has presided over a county that emerged from Michigan’s historic economic downturn as the fastest growing county in the State. His success has stemmed from building important partnerships, while prioritizing excellent citizen services and encouraging diversity and inclusion throughout the county. He has distinguished himself by spearheading many of the successful public and private partnerships that have become the hallmark of Kent County’s prosperity. Mr. Delabbio was one of the founders of the Kent County/Grand Rapids Convention and Arena Authority, an organization whose work has greatly advanced the economic development of Kent County. The authority’s development of a downtown convention center and sports and entertainment arena have become catalysts for the economic vitality of Grand Rapids, Michigan’s second-largest city.

Mr. Delabbio has shown a dedication to lifelong learning by creating various educational programs for county staff and a strong commitment to diversity, equity and inclusion. In 2001, he helped

create the Cultural Insight Council. This self-directed, interdepartmental workgroup is comprised of employees from diverse backgrounds, representing all levels of the organization.

Under his stewardship as county administrator and controller, Kent County has attained the highest possible bond ratings for 19 consecutive years. These triple-A ratings have allowed the county to finance important community projects at the lowest cost possible. Kent County has achieved many milestones under Mr. Delabbio's tenure, from the construction of Millennium Park and the Kent County courthouse, to the expansion of the Kent County jail and the transition of the county Department of Aeronautics to a regional airport authority. Mr. Delabbio has worked with over 60 elected Kent County commissioners and is held in the highest regard by his peers around the country and globe. He has served as a regional vice president of the International City County Management Association, an organization with over 9,000 members worldwide, as well as a board member on many other organizations, including the Grand Valley Metropolitan Council, Experience Grand Rapids, and The Right Place, Inc.

Mr. Delabbio holds a bachelor of science degree in political science and master of management from Aquinas College, as well as a master of public administration from Wayne State University and a Ph.D. from Western Michigan University. He has been an adjunct professor at Davenport University and plans to continue teaching and sharing his expertise with others in his retirement.

Mr. Delabbio's colleagues in Kent County have praised him for work that has embodied what it means to be a public servant: resourceful, thoughtful, creative, and dedicated. Mr. Delabbio's decades of work have set the standard for excellence and integrity for municipal managers throughout the State of Michigan, while mentoring many others who share his passion for public service. Those that know him will also attest that Mr. Delabbio is a humble man of impeccable character.

I am honored to ask my colleagues to join me today in recognizing Daryl Delabbio for his decades of public service to the citizens of Kent County, MI. His selfless, quiet leadership has left behind a legacy of growth and achievement that will benefit them for decades to come.●

REMEMBERING JOHN BERLIN McCANTS

● Mr. SCOTT. Mr. President, I would like to take a moment to recognize and honor the life of a dear friend and a true American hero, Mr. John Berlin McCants of Goose Creek, SC.

He served around the world in the U.S. Army for 22 years before retiring in 1975 and settling in Goose Creek with his wife and children. In 1992, he

was elected to a seat on the Goose Creek City Council where he served for an outstanding 24 years. John was a lifetime leader with a compassionate spirit. He dedicated so much of his life helping those who cannot help themselves. For that, he will be remembered not only as a devoted public servant, but also an inspiration to so many people around South Carolina.

I can tell you that he certainly had a positive impact on my life. John was my political mentor. He taught me the ABCs of being an effective leader and a public servant who remains committed to the greater good of our State and country.

The A stands for personal accountability. John taught me that, as a Member, I should always be accountable for my decisions and choices. B is for backbone. John once told me that we seldom find that Members have backbones, and that it is critical for me to use it when necessary, to stand up for what is right. C is for common sense. He taught me that it is important to not let fear and political ideology deter me from common sense. These great lessons stick with me everyday as I walk the halls of the U.S. Capitol and make decisions on behalf of South Carolina and the entire Nation.

Simply put, John was a great person and a mentor to many; I am thankful to have known him. He truly did represent the very best of our State. To Christina, his wife, and their wonderful family, John is forever in our hearts, and I would like to add his legacy to our June 20, 2017, Congressional Record.●

REMEMBERING HAROLD HAUGLAND

● Mr. TESTER. Mr. President, today I wish to honor the life and legacy of a brave Montanan and American, Harold Haugland.

Harold's story begins in Glendive, MT, where he was born in 1928 to Peter and Alma Haugland. Harold and his family were well known in the community for their compassionate hearts and unrelenting work ethic. Harold took these Montana values to the U.S. Army in 1949, where he quickly became a highly decorated soldier, receiving a number of medals and citations.

In late November 1950, Harold joined the Company D, 15th antiaircraft Artillery Battalion, 7th Infantry Division.

Two thousand five hundred U.S. and 700 South Korean soldiers were deployed east of the Chosin Reservoir in North Korea when they were engaged by an overwhelming number of Chinese forces. By early December, the U.S. Army evacuated approximately 1,500 wounded servicemembers; the remaining soldiers had been either captured or killed in enemy territory.

Because Harold could not be accounted for by his unit at the end of the battle, he was reported missing in action as of December 2, 1950. Harold's

name did not appear on any prisoner of war lists, and no returning soldiers reported him as a prisoner of war. The U.S. Army declared him deceased as of December 31, 1953.

In 1954, a number of remains were recovered from north of the Korean Demilitarized Zone. However, Harold's remains were not included and he was declared nonrecoverable. After his death, Harold was awarded the Distinguished Service Cross for his heroism and leadership.

During a joint recovery operation in 2004, Harold's remains were found in a mass grave on the eastern bank of the Chosin Reservoir in North Korea. Thanks to recent technological advancements in forensic science, the U.S. Department of Defense positively identified one of the individuals as Harold Haugland. After nearly 66 years, an American hero has been brought home to Montana for a full and proper military burial.

Harold represents the very best that this Nation has to offer with his profound bravery and dedication to service. Like many before him and after him, Harold paid the ultimate sacrifice to protect the freedoms that make the United States the greatest Nation in the world.

To Harold and his family, on behalf of myself, Montana, and a grateful nation, I extend our deepest thanks for Harold's service, sacrifice, and valor.●

REMEMBERING FRANK MCCAULEY

● Mr. TESTER. Mr. President, today I wish to honor an American hero.

Frank McCauley passed away last week peacefully in Hamilton, MT. Frank was the oldest living fighter pilot ace from World War II.

He originally joined the Army at the beginning of America's entry into the war, but quickly then turned to the Air Force where he discovered his passion and skill as one of our Nation's first fighter pilots.

Frank flew his P-47 fighter "Rat Racer" on 46 missions while supporting B-17 bombers in the European Theatre, and he is credited with shooting down five and a half Nazi aircrafts. For this he received a Silver Star, Distinguished Flying Cross, and four Air Medals.

In 2015, Frank and his family were flown to Washington, DC, and he was awarded the Congressional Gold Medal, the highest civilian honor that Congress can bestow on an individual for his service during World War II.

After leaving the Air Force, Frank had three sons—Craig, Kirk, and Kevin—and he built a life on the west coast with a successful career in the construction business. In 1974, Frank retired, married the love of his life, Bobbie, and moved to the Bitterroot Valley in western Montana.

It was in Montana where Frank and Bobbie enjoyed their retirement years by traveling in their motor home and organizing numerous parties for their friends, family, and neighbors.

Frank McCauley embodies the Greatest Generation, and he is a symbol for the American dream.

He is survived by his wife, Bobbie McCauley; sons, Craig, Kirk, and Kevin; stepdaughter, Nancy Cook; and numerous grandchildren, great-grandchildren, and great-great-grandchildren.

To ensure Frank's life story is preserved and to honor the contributions he has made to our country, I am proud to enshrine his story in the CONGRESSIONAL RECORD.●

MESSAGES FROM THE PRESIDENT

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

EXECUTIVE MESSAGES REFERRED

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

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

EXECUTIVE AND OTHER COMMUNICATIONS

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

EC-1913. A communication from the Secretary of the Commodity Futures Trading Commission, transmitting, pursuant to law, the report of a rule entitled "Whistleblower Awards Process" (RIN3038-AE50) received in the Office of the President of the Senate on June 6, 2017; to the Committee on Agriculture, Nutrition, and Forestry.

EC-1914. A communication from the Acting Administrator of the Specialty Crops Program, Agricultural Marketing Service, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled "Marketing Order Regulating the Handling of Spearmint Oil Produced in the Far West; Saleable Quantities and Allotment Percentages for the 2017-2018 Marketing Year" (Docket No. AMS-SC-16-0107) received in the Office of the President of the Senate on June 14, 2017; to the Committee on Agriculture, Nutrition, and Forestry.

EC-1915. A communication from the Acting Administrator of the Livestock, Poultry, and Seed Program, Agricultural Marketing Service, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled "Beef Promotion and Research Rules and Regulations" (Docket No. AMS-LPS-15-0084) received in the Office of the President of the Senate on June 14, 2017; to the Committee on Agriculture, Nutrition, and Forestry.

EC-1916. A communication from the Under Secretary of Defense (Comptroller), transmitting, pursuant to law, a semiannual report entitled, "Acceptance of Contributions for Defense Programs, Projects, and Activities; Defense Cooperation Account" and a semiannual listing of personal property contributed by coalition partners; to the Committee on Armed Services.

EC-1917. A communication from the Senior Official performing the duties of the Under Secretary of Defense (Acquisition, Logistics and Technology), transmitting, pursuant to law, a report relative to an increase in the Program Acquisition Unit Cost (PAUC) for the Chemical Demilitarization—Chemical Weapons Alternatives (ACWA) Program; to the Committee on Armed Services.

EC-1918. A communication from the Senior Official performing the duties of the Under Secretary of Defense (Personnel and Readiness) transmitting, pursuant to law, the Armed Forces Retirement Home (AFRH) 2016 Accreditation Report; to the Committee on Armed Services.

EC-1919. A communication from the Acting Administrator of the Specialty Crops Program, Agricultural Marketing Service, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled "Changes to Reporting and Notification Requirements and Other Clarifying Changes for Imported Fruits, Vegetables, and Specialty Crops" (Docket No. AMS-SC-16-0083) received in the Office of the President of the Senate on June 14, 2017; to the Committee on Agriculture, Nutrition, and Forestry.

EC-1920. A communication from the Chief of the Regulations and Standards Branch, Bureau of Safety and Environmental Enforcement, Department of the Interior, transmitting, pursuant to law, the report of a rule entitled "Oil and Gas and Sulphur Operations in the Outer Continental Shelf-Lease Continuation Through Operations" (RIN1014-AA35) received in the Office of the President of the Senate on June 7, 2017; to the Committee on Energy and Natural Resources.

EC-1921. A communication from the Associate General Counsel for General Law, Department of Homeland Security, transmitting, pursuant to law, a report relative to a vacancy in the position of Commissioner, U.S. Customs and Border Protection, Department of Homeland Security, received in the Office of the President of the Senate on June 8, 2017; to the Committee on Finance.

EC-1922. A communication from the Chief of the Trade and Commercial Regulations Branch, Bureau of Customs and Border Protection, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled "Extension of Import Restrictions Imposed on Archaeological and Ethnological Materials from Peru" (RIN1515-AE29) received during adjournment of the Senate in the Office of the President of the Senate on June 2, 2017; to the Committee on Finance.

EC-1923. A communication from the Acting Assistant Secretary for Legislation, Department of Health and Human Services, transmitting, pursuant to law, a report entitled "Annual Report to Congress on the Open Payments Program"; to the Committee on Finance.

EC-1924. A communication from the Chief of the Border Security Regulations Branch, Bureau of Customs and Border Protection, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled "Merchandise Produced by Convict, Forced, or Indentured Labor; Conforming Amendment and Technical Corrections" (RIN1515-AE22) received in the Office of the President of the Senate on June 6, 2017; to the Committee on Finance.

EC-1925. A communication from the Chair of the Medicaid and CHIP Payment and Access Commission, transmitting, pursuant to law, a report entitled "Report to Congress on Medicaid and CHIP"; to the Committee on Finance.

EC-1926. A communication from the Deputy Director of Regulations and Policy Management Staff, Food and Drug Administra-

tion, Department of Health and Human Services, transmitting, pursuant to law, the report of a rule entitled "Humanitarian Use Devices; 21st Century Cures Act; Technical Amendment" (Docket No. FDA-2017-N-0011) received during adjournment of the Senate in the Office of the President of the Senate on June 9, 2017; to the Committee on Health, Education, Labor, and Pensions.

EC-1927. A communication from the Railroad Retirement Board, transmitting, pursuant to law, a report relative to the actuarial status of the railroad retirement system; to the Committee on Health, Education, Labor, and Pensions.

EC-1928. A communication from the Acting Chairman, Federal Maritime Commission, transmitting, pursuant to law, the Commission's Semiannual Report of the Inspector General and a Management Report for the period from October 1, 2016 through March 31, 2017; to the Committee on Homeland Security and Governmental Affairs.

EC-1929. A communication from the Director, Office of Government Ethics, transmitting, pursuant to law, the report of a rule entitled "Technical Updating Amendments to Executive Branch Financial Disclosure and Standards of Ethical Conduct Regulations" (RIN3209-AA00 and RIN3209-AA04) received in the Office of the President of the Senate on June 8, 2017; to the Committee on Homeland Security and Governmental Affairs.

EC-1930. A communication from the Administrator of the Small Business Administration, transmitting, pursuant to law, the Semiannual Report from the Office of the Inspector General for the period from October 1, 2016 through March 31, 2017; to the Committee on Homeland Security and Governmental Affairs.

EC-1931. A communication from the Federal Co-Chair, Appalachian Regional Commission, transmitting, pursuant to law, the Commission's Semiannual Report of the Inspector General for the period from October 1, 2016 through March 31, 2017; to the Committee on Homeland Security and Governmental Affairs.

EC-1932. A communication from the Acting Deputy Director, Office of Sustainable Fisheries, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Magnuson-Stevens Act Provisions; Fisheries Off West Coast States; Pacific Coast Groundfish Fishery; 2017-2018 Biennial Specifications and Management Measures; Inseason Adjustments" (RIN0648-BG86) received in the Office of the President of the Senate on June 7, 2017; to the Committee on Commerce, Science, and Transportation.

EC-1933. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled "Special Local Regulations and Safety Zones; Recurring Marine Events and Fireworks Displays within the Fifth Coast Guard District" ((RIN1625-AA08 and RIN1625-AA00) (Docket No. USCG-2017-0064)) received in the Office of the President of the Senate on June 14, 2017; to the Committee on Commerce, Science, and Transportation.

EC-1934. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled "Safety Zone; Detroit Symphony Orchestra Fireworks, Lake St. Clair, Grosse Pointe Shores, MI" ((RIN1625-AA00) (Docket No. USCG-2017-0349)) received in the Office of the President of the Senate on June 14, 2017; to the Committee on Commerce, Science, and Transportation.

EC-1935. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled

“Safety Zone; Lower Mississippi River, Vidalia, LA” ((RIN1625-AA00) (Docket No. USCG-2017-0451)) received in the Office of the President of the Senate on June 14, 2017; to the Committee on Commerce, Science, and Transportation.

EC-1936. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled “Safety Zone; PUSH Beaver County/Beaver County Boom, Ohio River, Miles 25.2 to 25.6, Beaver, PA” (Docket No. USCG-2017-0390) received in the Office of the President of the Senate on June 14, 2017; to the Committee on Commerce, Science, and Transportation.

EC-1937. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled “Safety Zones; Coast Guard Sector Ohio Valley Annual and Recurring Safety Zones Update” ((RIN1625-AA00) (Docket No. USCG-2017-0011)) received in the Office of the President of the Senate on June 14, 2017; to the Committee on Commerce, Science, and Transportation.

EC-1938. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled “Safety Zone; Upper Mississippi River, Minneapolis and St. Paul, MN” ((RIN1625-AA00) (Docket No. USCG-2017-0300)) received in the Office of the President of the Senate on June 14, 2017; to the Committee on Commerce, Science, and Transportation.

EC-1939. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled “Safety Zone; Mill Creek, Hampton, VA” ((RIN1625-AA00) (Docket No. USCG-2017-0075)) received in the Office of the President of the Senate on June 14, 2017; to the Committee on Commerce, Science, and Transportation.

EC-1940. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled “Safety Zone; Delaware River, Philadelphia, PA” ((RIN1625-AA00) (Docket No. USCG-2017-0399)) received in the Office of the President of the Senate on June 14, 2017; to the Committee on Commerce, Science, and Transportation.

EC-1941. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled “Safety Zone; Chicago River, Chicago, IL” ((RIN1625-AA00) (Docket No. USCG-2017-0347)) received in the Office of the President of the Senate on June 14, 2017; to the Committee on Commerce, Science, and Transportation.

EC-1942. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled “Safety Zone; Chincoteague Channel, Chincoteague Islands, VA” ((RIN1625-AA00) (Docket No. USCG-2017-0248)) received in the Office of the President of the Senate on June 14, 2017; to the Committee on Commerce, Science, and Transportation.

EC-1943. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled “Safety Zone; Columbia River, Goble, OR” ((RIN1625-AA00) (Docket No. USCG-2017-0488)) received in the Office of the President of the Senate on June 14, 2017; to the Committee on Commerce, Science, and Transportation.

EC-1944. A communication from the Attorney-Advisor, U.S. Coast Guard, Department

of Homeland Security, transmitting, pursuant to law, the report of a rule entitled “Safety Zone; Navy Underwater Detonation (UNDET) Exercise, Apra Outer Harbor, GU” ((RIN1625-AA00) (Docket No. USCG-2017-0412)) received in the Office of the President of the Senate on June 14, 2017; to the Committee on Commerce, Science, and Transportation.

EC-1945. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled “Safety Zone; Hope Chest Buffalo Niagara Dragon Boat Festival, Buffalo River, Buffalo, NY” ((RIN1625-AA00) (Docket No. USCG-2017-0275)) received in the Office of the President of the Senate on June 14, 2017; to the Committee on Commerce, Science, and Transportation.

EC-1946. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled “Special Local Regulation; Motor City Mile; Detroit River, Detroit, MI” ((RIN1625-AA08) (Docket No. USCG-2017-0372)) received in the Office of the President of the Senate on June 14, 2017; to the Committee on Commerce, Science, and Transportation.

EC-1947. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled “Safety Zone; East River and Buttermilk Channel, Brooklyn, NY” ((RIN1625-AA00) (Docket No. USCG-2017-0401)) received in the Office of the President of the Senate on June 14, 2017; to the Committee on Commerce, Science, and Transportation.

EC-1948. A communication from the Senior Official performing the duties of the Under Secretary of Defense (Policy), transmitting, pursuant to law, a report relative to the global defense posture (OSS-2017-0589); to the Committees on Armed Services; Appropriations; and Foreign Relations.

EC-1949. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Spirotetramat; Pesticide Tolerances” (FRL No. 9961-95) received in the Office of the President of the Senate on June 12, 2017; to the Committee on Agriculture, Nutrition, and Forestry.

EC-1950. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Isotetamid; Pesticide Tolerances” (FRL No. 9961-80) received in the Office of the President of the Senate on June 12, 2017; to the Committee on Agriculture, Nutrition, and Forestry.

EC-1951. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Cumene Sulfonic Acid and its Ammonium, Calcium, Magnesium, Potassium, Sodium and Zinc salts; Exemption from the Requirement of a Tolerance” (FRL No. 9961-68) received in the Office of the President of the Senate on June 12, 2017; to the Committee on Agriculture, Nutrition, and Forestry.

EC-1952. A communication from the Senior Official performing the duties of the Under Secretary of Defense (Personnel and Readiness), transmitting, pursuant to law, a report relative to the Department of Defense’s Evaluation of the TRICARE Program for fiscal year 2016; to the Committee on Armed Services.

EC-1953. A communication from the Chief Counsel, Federal Emergency Management Agency, Department of Homeland Security,

transmitting, pursuant to law, the report of a rule entitled “Suspension of Community Eligibility (Washington County, IN, et al.)” ((44 CFR Part 64) (Docket No. FEMA-2017-0002)) received in the Office of the President of the Senate on June 14, 2017; to the Committee on Banking, Housing, and Urban Affairs.

EC-1954. A communication from the Deputy Assistant Secretary for Export Administration, Bureau of Industry and Security, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled “Wassenaar Arrangement 2015 Plenary Agreements Implementation, Removal of Foreign National Review Requirements, and Information Security Updates; Corrections” (RIN0694-AG85) received in the Office of the President of the Senate on June 15, 2017; to the Committee on Banking, Housing, and Urban Affairs.

EC-1955. A communication from the Chief Counsel, Economic Development Administration, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled “Economic Development Administration Regulatory Revision” (RIN0610-AA66) received in the Office of the President of the Senate on June 15, 2017; to the Committee on Environment and Public Works.

EC-1956. A communication from the Director of Congressional Affairs, Office of New Reactors, Nuclear Regulatory Commission, transmitting, pursuant to law, the report of a rule entitled “Physical Security Hardware - Inspections, Tests, Analyses, and Acceptance Criteria” (NUREG-0800, Section 14.3.12) received in the Office of the President of the Senate on June 12, 2017; to the Committee on Environment and Public Works.

EC-1957. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Air Plan Approvals; TN; Prong 4-2010 NO₂, SO₂, and 2012 PM_{2.5} NAAQS” (FRL No. 9963-48-Region 4) received in the Office of the President of the Senate on June 12, 2017; to the Committee on Environment and Public Works.

EC-1958. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Approval and Promulgation of Air Quality Implementation Plans; West Virginia; Update to Materials Incorporated by Reference” (FRL No. 9961-19-Region 3) received in the Office of the President of the Senate on June 12, 2017; to the Committee on Environment and Public Works.

EC-1959. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Approval and Promulgation of Implementation Plans; Texas; Clean Air Act Requirements for Vehicle Inspection and Maintenance and Nonattainment Source Review” (FRL No. 9962-48-Region 6) received in the Office of the President of the Senate on June 12, 2017; to the Committee on Environment and Public Works.

EC-1960. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Revisions to the California State Implementation Plan; Imperial County Air Pollution Control District; Stationary Sources Permits” (FRL No. 9962-57-Region 9) received in the Office of the President of the Senate on June 12, 2017; to the Committee on Environment and Public Works.

EC-1961. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Effluent Limitations Guidelines and

Standards for the Dental Category” (FRL No. 9957-10-OW) received in the Office of the President of the Senate on June 12, 2017; to the Committee on Environment and Public Works.

EC-1962. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled “Administrative, Procedural, and Miscellaneous” (Rev. Proc. 2017-34) received in the Office of the President of the Senate on June 14, 2017; to the Committee on Finance.

EC-1963. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled “Announcement of the Results of the Phase III Allocation Round of the Qualifying Gasification Project Program” (Announcement 2017-06) received in the Office of the President of the Senate on June 6, 2017; to the Committee on Finance.

EC-1964. A communication from the Executive Secretary, Foreign-Trade Zones Board, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled “Foreign-Trade Zones in the United States” (RIN0625-AA81) received in the Office of the President of the Senate on June 15, 2017; to the Committee on Finance.

EC-1965. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to law, a report relative to the designation of a group as a Foreign Terrorist Organization by the Secretary of State (OSS-2017-0624); to the Committee on Foreign Relations.

EC-1966. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 22-68, “Child Neglect and Sex Trafficking Temporary Amendment Act of 2017”; to the Committee on Homeland Security and Governmental Affairs.

EC-1967. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 22-69, “Grocery Store Restrictive Covenant Prohibition Temporary Act of 2017”; to the Committee on Homeland Security and Governmental Affairs.

EC-1968. A communication from the Inspector General of the Pension Benefit Guaranty Corporation, transmitting, pursuant to law, the Inspector General’s Semiannual Report to Congress for the period from October 1, 2016, through March 31, 2017; to the Committee on Homeland Security and Governmental Affairs.

EC-1969. A communication from the Chairman of the Board of Governors, U.S. Postal Service, transmitting, pursuant to law, the Office of Inspector General’s Semiannual Report for the period of October 1, 2016 through March 31, 2017; to the Committee on Homeland Security and Governmental Affairs.

EC-1970. A communication from the Acting Chair of the Equal Employment Opportunity Commission, transmitting, pursuant to law, the Commission’s Semiannual Report of the Inspector General and the Semiannual Management Report for the period from October 1, 2016 through March 31, 2017; to the Committee on Homeland Security and Governmental Affairs.

EC-1971. A communication from the Chief of Regulation Policy and Management, Department of Veterans Affairs, transmitting, pursuant to law, the report of a rule entitled “Fisher Houses and Other Temporary Lodging” (RIN2900-AP45) received in the Office of the President of the Senate on June 12, 2017; to the Committee on Veterans’ Affairs.

EC-1972. A communication from the Chief of Regulation Policy and Management, De-

partment of Veterans Affairs, transmitting, pursuant to law, the report of a rule entitled “Expanded Delegation Authority for Procedures Related to Representation of Claimants” (RIN2900-AP96) received in the Office of the President of the Senate on June 12, 2017; to the Committee on Veterans’ Affairs.

EC-1973. A communication from the Acting Deputy Director, Office of Sustainable Fisheries, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled “Fisheries of the Exclusive Economic Zone Off Alaska; Pacific Cod by Vessels Using Pot Gear in the Central Regulatory Area of the Gulf of Alaska” (RIN0648-XF333) received in the Office of the President of the Senate on June 15, 2017; to the Committee on Commerce, Science, and Transportation.

EC-1974. A communication from the Deputy Assistant Administrator for Regulatory Programs, Office of International Affairs and Seafood Inspection, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled “Fish and Fish Product Import Provisions of the Marine Mammal Protection Act” (RIN0648-AY15) received in the Office of the President of the Senate on June 15, 2017; to the Committee on Commerce, Science, and Transportation.

EC-1975. A communication from the Acting Assistant Administrator, Office of Sustainable Fisheries, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled “Magnuson-Stevens Act Provisions; Annual Catch Limits; National Standard Guidelines” (RIN0648-AV60) received in the Office of the President of the Senate on June 15, 2017; to the Committee on Commerce, Science, and Transportation.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Ms. MURKOWSKI, from the Committee on Energy and Natural Resources, with amendments:

H.R. 494. A bill to expand the boundary of Fort Frederica National Monument in the State of Georgia, and for other purposes (Rept. No. 115-114).

EXECUTIVE REPORTS OF COMMITTEE

The following executive reports of nominations were submitted:

By Mr. MCCAIN for the Committee on Armed Services.

Army nomination of Brig. Gen. Ronald J. Place, to be Major General.

Navy nomination of Capt. William C. Greene, to be Rear Admiral (lower half).

Navy nomination of Capt. William S. Dillon, to be Rear Admiral (lower half).

Navy nomination of Capt. Karl O. Thomas, to be Rear Admiral (lower half).

Air Force nomination of Maj. Gen. Jay B. Silveria, to be Lieutenant General.

Navy nomination of Capt. Samuel J. Paparo, Jr., to be Rear Admiral (lower half).

Navy nomination of Capt. Gregory N. Harris, to be Rear Admiral (lower half).

Army nomination of Col. John P. Lawlor, Jr., to be Brigadier General.

Army nomination of Col. Dion B. Moten, to be Brigadier General.

Army nomination of Col. Bowlman T. Bowles III, to be Brigadier General.

Navy nomination of Rear Adm. (lh) Daniel J. MacDonnell, to be Rear Admiral.

Navy nominations beginning with Rear Adm. (lh) Daniel B. Hendrickson and ending with Rear Adm. (lh) Matthew A. Zirkle, which nominations were received by the Sen-

ate and appeared in the Congressional Record on May 22, 2017.

Navy nomination of Capt. Jacquelyn McClelland, to be Rear Admiral (lower half).

Navy nomination of Capt. James M. Butler, to be Rear Admiral (lower half).

Navy nominations beginning with Capt. Eugene A. Burcher and ending with Capt. Richard A. Rodriguez, which nominations were received by the Senate and appeared in the Congressional Record on May 22, 2017.

Navy nomination of Rear Adm. (lh) Keith M. Jones, to be Rear Admiral.

Navy nomination of Rear Adm. (lh) Bret C. Batchelder, to be Rear Admiral.

Air Force nomination of Col. DeAnna M. Burt, to be Brigadier General.

Army nomination of Brig. Gen. Stephen R. Hogan, to be Major General.

Army nomination of Brig. Gen. Janson D. Boyles, to be Major General.

Army nominations beginning with Brig. Gen. Steven W. Ainsworth and ending with Col. Irene M. Zoppi, which nominations were received by the Senate and appeared in the Congressional Record on June 5, 2017.

Army nominations beginning with Brig. Gen. Gregory L. Kennedy and ending with Brig. Gen. Andrew P. Schafer, Jr., which nominations were received by the Senate and appeared in the Congressional Record on June 5, 2017.

Army nomination of Brig. Gen. Christopher P. Callahan, to be Major General.

Army nominations beginning with Brig. Gen. James P. Begley III and ending with Brig. Gen. Gary S. Yapple, which nominations were received by the Senate and appeared in the Congressional Record on June 5, 2017.

Navy nomination of Rear Adm. (lh) Ann M. Burkhardt, to be Rear Admiral.

Air Force nomination of Maj. Gen. Scott A. Howell, to be Lieutenant General.

Air Force nomination of Maj. Gen. James C. Vechery, to be Lieutenant General.

Army nomination of Maj. Gen. Thomas A. Horlander, to be Lieutenant General.

Navy nomination of Rear Adm. Andrew L. Lewis, to be Vice Admiral.

Navy nomination of Rear Adm. Matthew J. Kohler, to be Vice Admiral.

Navy nomination of Vice Adm. Kevin M. Donegan, to be Vice Admiral.

Marine Corps nomination of Maj. Gen. Robert F. Hedelund, to be Lieutenant General.

Navy nomination of Vice Adm. James G. Foggio III, to be Admiral.

Mr. MCCAIN, Mr. President, for the Committee on Armed Services I report favorably the following nomination lists which were printed in the RECORDS on the dates indicated, and ask unanimous consent, to save the expense of reprinting on the Executive Calendar that these nominations lie at the Secretary’s desk for the information of Senators.

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

Air Force nomination of Jared N. Fry, to be Major.

Air Force nominations beginning with Christopher R. Boney and ending with Daniel D. Reyes, which nominations were received by the Senate and appeared in the Congressional Record on May 22, 2017.

Air Force nomination of Jeffrey A. Garrett, to be Major.

Air Force nominations beginning with Roger A. Lee and ending with Jeffrey R. Rosenberry, which nominations were received by the Senate and appeared in the Congressional Record on May 22, 2017.

Air Force nomination of Theodore L. Wilson, to be Colonel.

Air Force nomination of Jason S. Cross, to be Major.

Air Force nomination of Angela M. Mike, to be Major.

Air Force nominations beginning with Matthew V. Chauviere and ending with Lauren A. May, which nominations were received by the Senate and appeared in the Congressional Record on June 5, 2017.

Air Force nominations beginning with Michael E. Bruhn and ending with Victor D. Weeden, Jr., which nominations were received by the Senate and appeared in the Congressional Record on June 5, 2017.

Air Force nominations beginning with Jeffrey W. Drake and ending with Jack Vilardi, which nominations were received by the Senate and appeared in the Congressional Record on June 5, 2017.

Air Force nominations beginning with Megan E. Anderson and ending with Rajeev S. Williams, which nominations were received by the Senate and appeared in the Congressional Record on June 5, 2017.

Air Force nomination of Jose G. Bal, to be Lieutenant Colonel.

Army nominations beginning with Jennifer M. Bager and ending with Ramey L. Wilson, which nominations were received by the Senate and appeared in the Congressional Record on March 27, 2017.

Army nominations beginning with Alfred C. Anderson and ending with Kelley Tomsett, which nominations were received by the Senate and appeared in the Congressional Record on March 27, 2017.

Army nomination of William F. McClintock, to be Colonel.

Army nominations beginning with David S. Allen and ending with Barry K. Vincent, which nominations were received by the Senate and appeared in the Congressional Record on May 18, 2017.

Army nomination of Jeffrey L. Washington, to be Lieutenant Colonel.

Army nomination of Joseph B. Dore, to be Colonel.

Army nominations beginning with Christopher M. Chung and ending with Heath D. Holt, which nominations were received by the Senate and appeared in the Congressional Record on June 5, 2017.

Army nominations beginning with Devin G. Mccane and ending with Sharri L. Ormsbee, which nominations were received by the Senate and appeared in the Congressional Record on June 5, 2017.

Army nomination of Janna X. Gaddy, to be Major.

Army nominations beginning with Bradley H. Stephens and ending with Amilyn M. Taplin, which nominations were received by the Senate and appeared in the Congressional Record on June 5, 2017.

Army nomination of Terry Kim, to be Major.

Army nominations beginning with Jeff A. Burchfield and ending with Brian D. Wieck, which nominations were received by the Senate and appeared in the Congressional Record on June 5, 2017.

Marine Corps nomination of Jason K. Fettig, to be Colonel.

Navy nominations beginning with Juanito F. Boydon, Jr. and ending with Suresh K. Thadhani, which nominations were received by the Senate and appeared in the Congressional Record on May 8, 2017.

Navy nominations beginning with Anthony L. Bayungan and ending with Michael A. Leachman, which nominations were received by the Senate and appeared in the Congressional Record on May 8, 2017.

Navy nominations beginning with Todd M. Boland and ending with Kail C. Swindle, which nominations were received by the Senate and appeared in the Congressional Record on May 8, 2017.

Navy nominations beginning with James G. Adams and ending with Charles C. Williams, which nominations were received by the Senate and appeared in the Congressional Record on May 8, 2017.

Navy nominations beginning with Shawn G. Denihan and ending with Chad A. Runyon, which nominations were received by the Senate and appeared in the Congressional Record on May 8, 2017.

Navy nominations beginning with Kelvin J. Askew and ending with Erika L. Berry, which nominations were received by the Senate and appeared in the Congressional Record on May 8, 2017.

Navy nominations beginning with Kathleen A. Allen and ending with Christopher Frye, which nominations were received by the Senate and appeared in the Congressional Record on May 8, 2017.

Navy nomination of Bruce E. Osborne, to be Captain.

Navy nominations beginning with Colette M. Murphy and ending with John A. Robinson III, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nominations beginning with Nathan R. Anderson and ending with Jodie M. C. Yim, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nomination of Adria R. Schneck, to be Captain.

Navy nominations beginning with Mary A. Ponce and ending with Brian K. Reed, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nominations beginning with Ryan K. Mahelona and ending with Philip L. Notz, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nominations beginning with Joseph T. Bailey and ending with Jonpaul Stefani, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nomination of David W. Shaieb, to be Captain.

Navy nominations beginning with Lee A. Axtell and ending with Mark S. Winward, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nominations beginning with Thomas M. Bestafka and ending with Francis J. Stavish, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nomination of Danny W. King, to be Captain.

Navy nominations beginning with Babak A. Barakat and ending with Stephen M. Wilson, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nominations beginning with Michael J. Allanson and ending with Gerard J. White, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nominations beginning with Matthew L. Beran and ending with Ian S. Wexler, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nominations beginning with Garland H. Andrews and ending with Meredith L. Yeager, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nominations beginning with Oladapo A. Akintonde and ending with Sean R. Wise, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nominations beginning with Jeff A. Bleile and ending with Jeffrey G. Zeller, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nominations beginning with Grady G. Duffey, Jr. and ending with David A. Vondrak, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nominations beginning with William M. Kafka and ending with William R. Urban, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nominations beginning with Daniel E. Fillion and ending with Jason D. Weddle, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nominations beginning with Damon B. Dixon and ending with Jonathan J. Vorrath, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nominations beginning with James W. Adkisson III and ending with Sherri R. Zimmerman, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nominations beginning with Cory S. Brummett and ending with David J. White, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nominations beginning with Julie M. Alfieri and ending with Brett A. Wise, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nominations beginning with Matthew E. Arnold and ending with Anthony C. Taranto, Jr., which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nominations beginning with Peter A. Arrobio and ending with Kevin J. Watkins, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nominations beginning with John A. Anderson and ending with Jay A. Young, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nominations beginning with Lawrence H. Kennedy and ending with Tracie A. Severson, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nominations beginning with Jose G. Hernandez and ending with Derek A. Vestal, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nominations beginning with David A. Abernathy and ending with Jesse J. Zimbauer, which nominations were received by the Senate and appeared in the Congressional Record on May 10, 2017.

Navy nomination of Kenneth M. King, to be Lieutenant Commander.

Navy nomination of Garry P. Closas, to be Commander.

Navy nominations beginning with Paul D. Melvey and ending with Alexander Woldemariam, which nominations were received by the Senate and appeared in the Congressional Record on May 22, 2017.

Navy nominations beginning with William J. Bailey, Jr. and ending with Christopher D. Tucker, which nominations were received by the Senate and appeared in the Congressional Record on May 22, 2017.

Navy nominations beginning with Gina A. Buono and ending with Sandra F. Williams, which nominations were received by the Senate and appeared in the Congressional Record on May 22, 2017.

Navy nominations beginning with David J. Allen and ending with Tracie M. Zielinski, which nominations were received by the Senate and appeared in the Congressional Record on May 22, 2017.

Navy nominations beginning with David M. Buzzetti and ending with Eric R. Vetter, which nominations were received by the Senate and appeared in the Congressional Record on May 22, 2017.

Navy nominations beginning with David E. Bailey and ending with Christopher J. Stewart, which nominations were received by the Senate and appeared in the Congressional Record on May 22, 2017.

Navy nominations beginning with John R. Adams and ending with Mary C. Wise, which nominations were received by the Senate and appeared in the Congressional Record on May 22, 2017.

Navy nominations beginning with Sean A. Cox and ending with Luis A. Perez, which nominations were received by the Senate and appeared in the Congressional Record on May 22, 2017.

Navy nominations beginning with Elizabeth W. Bundt and ending with Michael G. Watson, which nominations were received by the Senate and appeared in the Congressional Record on May 22, 2017.

Navy nomination of Miguel A. Santiesteban, to be Commander.

(Nominations without an asterisk were reported with the recommendation that they be confirmed.)

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

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

By Mr. ROUNDS:

S. 1380. A bill to amend title 10, United States Code, to authorize officers to opt out of promotion board consideration for promotion; to the Committee on Armed Services.

By Mr. ROUNDS:

S. 1381. A bill to require a report on the extension of authorities to the United States Special Operations Command for the development, acquisition, and sustainment of special operations-peculiar technology, equipment, and services, and for other purposes; to the Committee on Armed Services.

By Mr. ROUNDS:

S. 1382. A bill to amend title 10, United States Code, to temporarily suspend officer grade tables to attract more talent, and for other purposes; to the Committee on Armed Services.

By Ms. COLLINS (for herself and Mr. NELSON):

S. 1383. A bill to amend the Internal Revenue Code of 1986 to modify safe harbor requirements applicable to automatic contribution arrangements, and for other purposes; to the Committee on Finance.

By Mr. WARNER (for himself, Mr. HATCH, Ms. WARREN, and Mr. RUBIO):

S. 1384. A bill to amend the Higher Education Act of 1965 to authorize borrowers to separate joint consolidation loans; to the Committee on Health, Education, Labor, and Pensions.

By Mr. CORNYN (for himself and Mrs. FEINSTEIN):

S. 1385. A bill to provide for a general capital increase for the North American Development Bank, and for other purposes; to the Committee on Foreign Relations.

By Ms. WARREN (for herself, Mrs. MURRAY, Mr. MURPHY, Ms. BALDWIN, Mr. BLUMENTHAL, Mr. BOOKER, Mr.

BROWN, Ms. CORTEZ MASTO, Ms. DUCKWORTH, Mr. DURBIN, Mr. FRANKEN, Mrs. GILLIBRAND, Ms. HARRIS, Ms. HIRONO, Mr. LEAHY, Mr. MARKEY, Mr. MERKLEY, Mr. REED, Mr. SANDERS, Mr. SCHUMER, Mr. VAN HOLLEN, Mr. WHITEHOUSE, and Mr. WYDEN):

S. 1386. A bill to permit employees to request changes to their work schedules without fear of retaliation and to ensure that employers consider these requests, and to require employers to provide more predictable and stable schedules for employees in certain occupations with evidence of unpredictable and unstable scheduling practices that negatively affect employees, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

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

By Mr. CARDIN (for himself, Mr. BLUMENTHAL, Ms. BALDWIN, Mr. WHITEHOUSE, Mr. COONS, Mr. MARKEY, Mr. WYDEN, Mr. VAN HOLLEN, Mr. BOOKER, Mr. FRANKEN, Mrs. SHAHEEN, Mr. MERKLEY, Mr. KAINE, Mr. BENNET, and Mr. BROWN):

S. Res. 195. A resolution recognizing June 20, 2017, as "World Refugee Day"; to the Committee on Foreign Relations.

ADDITIONAL COSPONSORS

S. 21

At the request of Mr. PAUL, the name of the Senator from Alabama (Mr. STRANGE) was added as a cosponsor 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. 34

At the request of Mr. JOHNSON, the name of the Senator from Alabama (Mr. STRANGE) was added as a cosponsor of 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.

S. 58

At the request of Mr. HELLER, the names of the Senator from Ohio (Mr. PORTMAN) and the Senator from New Hampshire (Mrs. SHAHEEN) were added as cosponsors of S. 58, a bill to amend the Internal Revenue Code of 1986 to repeal the excise tax on high cost employer-sponsored health coverage.

S. 75

At the request of Mrs. MCCASKILL, the name of the Senator from Florida (Mr. NELSON) was added as a cosponsor of S. 75, a bill to provide for the reconsideration of claims for disability compensation for veterans who were the subjects of experiments by the Department of Defense during World War II that were conducted to assess the effects of mustard gas or lewisite on people, and for other purposes.

S. 167

At the request of Mr. MORAN, the name of the Senator from Indiana (Mr.

DONNELLY) was added as a cosponsor of S. 167, a bill to designate a National Memorial to Fallen Educators at the National Teachers Hall of Fame in Emporia, Kansas.

S. 170

At the request of Mr. MANCHIN, the name of the Senator from Montana (Mr. TESTER) was added as a cosponsor of S. 170, a bill to provide for non-preemption of measures by State and local governments to divest from entities that engage in commerce-related or investment-related boycott, divestment, or sanctions activities targeting Israel, and for other purposes.

S. 374

At the request of Mr. BLUNT, the name of the Senator from West Virginia (Mrs. CAPITO) was added as a cosponsor of S. 374, a bill to enable concrete masonry products manufacturers to establish, finance, and carry out a coordinated program of research, education, and promotion to improve, maintain, and develop markets for concrete masonry products.

S. 434

At the request of Mr. FRANKEN, the name of the Senator from Maine (Mr. KING) was added as a cosponsor of S. 434, a bill to amend the Internal Revenue Code of 1986 to qualify homeless youth and veterans who are full-time students for purposes of the low income housing tax credit.

S. 534

At the request of Mrs. FEINSTEIN, the name of the Senator from Colorado (Mr. BENNET) was added as a cosponsor of S. 534, a bill to prevent the sexual abuse of minors and amateur athletes by requiring the prompt reporting of sexual abuse to law enforcement authorities, and for other purposes.

S. 569

At the request of Ms. CANTWELL, the name of the Senator from New Jersey (Mr. MENENDEZ) was added as a cosponsor of S. 569, a bill to amend title 54, United States Code, to provide consistent and reliable authority for, and for the funding of, the Land and Water Conservation Fund to maximize the effectiveness of the Fund for future generations, and for other purposes.

S. 708

At the request of Mr. MARKEY, the name of the Senator from Missouri (Mrs. MCCASKILL) was added as a cosponsor of S. 708, a bill to improve the ability of U.S. Customs and Border Protection to interdict fentanyl, other synthetic opioids, and other narcotics and psychoactive substances that are illegally imported into the United States, and for other purposes.

S. 913

At the request of Mr. KING, the name of the Senator from Massachusetts (Ms. WARREN) was added as a cosponsor of S. 913, a bill to amend the Older Americans Act of 1965 to establish an initiative, carried out by the Assistant Secretary for Aging, to coordinate Federal efforts and programs for home

modifications enabling older individuals to live independently and safely in a home environment, and for other purposes.

S. 929

At the request of Mrs. SHAHEEN, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. 929, a bill to improve the HUBZone program.

S. 1008

At the request of Mr. GARDNER, the name of the Senator from Oregon (Mr. WYDEN) was added as a cosponsor of S. 1008, a bill to amend the Controlled Substances Act to exclude cannabidiol and cannabidiol-rich plants from the definition of marijuana, and for other purposes.

S. 1024

At the request of Mr. ISAKSON, the name of the Senator from Idaho (Mr. CRAPO) was added as a cosponsor of S. 1024, a bill to amend title 38, United States Code, to reform the rights and processes relating to appeals of decisions regarding claims for benefits under the laws administered by the Secretary of Veterans Affairs, and for other purposes.

S. 1237

At the request of Mr. GRASSLEY, the name of the Senator from North Carolina (Mr. TILLIS) was added as a cosponsor of S. 1237, a bill to amend title 11 of the United States Code to clarify the rule allowing discharge as a nonpriority claim of governmental claims arising from the disposition of farm assets under chapter 12 bankruptcies.

S. 1320

At the request of Mr. INHOFE, the names of the Senator from Mississippi (Mr. WICKER), the Senator from New Hampshire (Ms. HASSAN), the Senator from Maine (Mr. KING), and the Senator from Kansas (Mr. MORAN) were added as cosponsors of S. 1320, a bill to reform apportionments to general aviation airports under the airport improvement program, to improve project delivery at certain airports, and to designate certain airports as disaster relief airports, and for other purposes.

S. 1343

At the request of Mr. THUNE, the name of the Senator from Indiana (Mr. DONNELLY) was added as a cosponsor of S. 1343, a bill to amend the Internal Revenue Code to extend and modify certain charitable tax provisions.

S. 1349

At the request of Mrs. ERNST, the name of the Senator from Florida (Mr. RUBIO) was added as a cosponsor of S. 1349, a bill to provide that the rate of military basic pay for the Senior Enlisted Advisors to the commanders of the combatant commands shall be equivalent to the rate of military basic pay for the Senior Enlisted Advisor to the Chairman of the Joint Chiefs of Staff, and for other purposes.

S. 1354

At the request of Mr. CARPER, the name of the Senator from Minnesota

(Ms. KLOBUCHAR) was added as a cosponsor of S. 1354, a bill to establish an Individual Market Reinsurance fund to provide funding for State individual market stabilization reinsurance programs.

S.J. RES. 46

At the request of Mr. DAINES, the name of the Senator from Pennsylvania (Mr. TOOMEY) was added as a cosponsor of S.J. Res. 46, a joint resolution proposing an amendment to the Constitution of the United States authorizing the Congress to prohibit the physical desecration of the flag of the United States.

S. RES. 154

At the request of Mr. JOHNSON, the name of the Senator from Alaska (Ms. MURKOWSKI) was added as a cosponsor of S. Res. 154, a resolution promoting awareness of motorcycle profiling and encouraging collaboration and communication with the motorcycle community and law enforcement officials to prevent instances of profiling.

S. RES. 194

At the request of Mr. BLUMENTHAL, the name of the Senator from Nebraska (Mrs. FISCHER) was added as a cosponsor of S. Res. 194, a resolution designating June 15, 2017, as "World Elder Abuse Awareness Day".

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Ms. COLLINS (for herself and Mr. NELSON):

S. 1383. A bill to amend the Internal Revenue Code of 1986 to modify safe harbor requirements applicable to automatic contribution arrangements, and for other purposes; to the Committee on Finance.

Ms. COLLINS. Mr. President, ensuring that more Americans are better prepared financially for their retirement is one of my top priorities.

That is why I rise to reintroduce with my colleague, Senator NELSON, the Retirement Security Act of 2017. Our bill would encourage more small employers to offer retirement plans, provide incentives for employees to save more for retirement, and make it easier for low- and middle-income taxpayers to claim tax benefits for retirement savings already authorized in law.

According to the non-partisan Center for Retirement Research, there is an estimated \$7.7 trillion gap between the savings American households need to maintain their standard of living in retirement and what they actually have. A recent Gallup poll found that only 54 percent of working Americans believe that they will have enough money to live comfortably in retirement. We must continue to work to ensure that more Americans will have the resources they need to enjoy their "golden years."

The Social Security Administration's most recent report noted that 61 percent of all beneficiaries rely on Social Security for more than half of their in-

come. Many seniors in my State rely almost entirely on Social Security to cover their monthly expenses, despite the fact that the average annual benefit is only about \$16,000 per year. It is hard to imagine stretching those dollars far enough to pay the bills—certainly a "comfortable retirement" is out of the question.

Sadly, they fare no better when it comes to savings: a survey by the Federal Reserve found that nearly half of individuals do not have enough savings to cover an emergency expense of \$400. That is not even enough to buy new tires for a car. For this reason, among others, Americans need to increase their personal savings so that we can better weather financial emergencies without raiding our retirement accounts.

There are many reasons why Americans have struggled to save for retirement, including the shift away from employer-based "defined benefit" plans, or pensions; the severity of the recent financial crisis; rising health care costs; the need for expensive long-term care; and most of all, the fact that Americans are living far longer than they did in the past. Many Americans reaching retirement age also have more debt than retirees of previous generations.

Another contributing factor is that employees of small businesses are much less likely to participate in employer-based retirement plans. According to a study by the PEW Charitable Trusts, more than 30 million U.S. workers lack access to a work-based plan to save for retirement.

Making it easier for smaller businesses to offer retirement plans for their workers would make a significant difference in the financial security of many Americans. That is why the bill we are introducing today focuses on reducing the cost and complexity of retirement plans, especially for small businesses, and on encouraging individuals to save more for retirement. Let me describe the provisions of the bill:

First, our bill would make it easier for businesses to enter into multiple employer plans, known as MEPs, to offer retirement programs to their employees. MEPs permit small companies to share the administrative burden of a retirement plan, which helps lower costs. Current law discourages the use of MEPs because it requires a connection, or "nexus," between unrelated businesses in order to join a MEP, such as membership in the same trade association. Our bill would waive the nexus requirement for businesses.

Second, our bill makes joining a MEP a more attractive option for small businesses. Under current law, if one employer in a MEP fails to meet the minimum criteria necessary for retirement plans to obtain tax benefits, all employers and their employees could lose these tax benefits—which are substantial. For employees, benefits include delaying the taxation of income contributed to a plan until funds are

withdrawn. For employers, plan disqualification could result in limited deductions and a higher tax burden. Our bill would address this uncertainty, and protect members of a MEP from the failure of one bad apple to meet its obligations.

Third, our bill would reduce the cost of maintaining a retirement plan. Current law requires that participants in a retirement plan receive a variety of notices. Our bill would direct Treasury to simplify, clarify, and consolidate these required notices to lessen costs.

Fourth, the Retirement Security Act would encourage those still in the workforce to save more for retirement. Retirement plans are often designed to comply with existing safe harbors to prevent the IRS from challenging the tax benefits that flow to employees and employers. The existing safe harbor for so-called “automatic enrollment” plans effectively caps employee contributions at ten percent of annual pay, with the employer contributing a “matching” amount of up to six percent. Our bill would create an additional safe harbor for these plans that would allow employees to receive an employer match on contributions of up to ten percent of their pay. Employees would be able to contribute more than ten percent, albeit without an employer match for contributions above ten percent.

I recognize that businesses that choose to adopt a plan with this new optional safe harbor may face additional costs due to the increased employer match. That is why our bill would also help the smallest businesses—those with fewer than 100 employees—offset this cost by providing a new tax credit equal to the increased match.

I should note that the new retirement plan options for businesses included in our bill are just that—options. No business, large or small, would be required to offer its employees a retirement plan under the Retirement Security Act.

Finally, our bill would ensure that current measures to encourage savings are functioning as they were intended. One such measure is the so-called “saver’s credit,” which reduces the tax burden on low- and middle-income individuals who contribute to retirement plans, including IRAs and 401(k) plans. Yet the credit cannot be claimed on a Form 1040EZ, which is frequently used by these individuals. A 2013 Transamerica Center for Retirement Studies survey found that only 23 percent of people with household incomes of less than \$50,000 per year, the group most likely to qualify, were aware of the saver’s credit. To address this, our bill directs Treasury to make the credit available on Form 1040EZ.

Mr. President, during my time as chairman of the Senate Aging Committee, I have heard countless stories of retirees whose savings did not go as far as they anticipated. Adequate savings reduce poverty among our seniors.

As the HELP Committee noted in a July 2012 report, poverty among our seniors also increases Medicare and Medicaid costs and strains our social safety net. Giving those not yet at retirement age more opportunities to save, and to save more, would help ease this additional burden on entitlement programs that already are projected to be unsustainable.

In light of the positive effects this bill would have in strengthening retirement security for millions of Americans, I urge my colleagues to join Senator NELSON and me in supporting the Retirement Security Act of 2017.

Thank you, Mr. President.

By Mr. CORNYN (for himself and Mrs. FEINSTEIN):

S. 1385. A bill to provide for a general capital increase for the North American Development Bank, and for other purposes; to the Committee on Foreign Relations.

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

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

S. 1385

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “North American Development Bank Improvement Act of 2017”.

SEC. 2. GENERAL CAPITAL INCREASE.

Part 2 of subtitle D of title V of Public Law 103-182 (22 U.S.C. 290m et seq.) is amended by adding at the end the following:

“SEC. 547. FIRST CAPITAL INCREASE.

“(a) SUBSCRIPTION AUTHORIZED.—The Secretary of the Treasury is authorized to subscribe on behalf of the United States to, and make payment for, 150,000 additional shares of the capital stock of the Bank.

“(b) LIMITATION.—Any subscription by the United States to the capital stock of the Bank shall be effective only to such extent and in such amounts as are provided in advance in appropriations Acts.”.

SEC. 3. POLICY GOALS.

(a) IN GENERAL.—In addition to projects within the mission and scope of the North American Development Bank on the day before the date of the enactment of this Act and pursuant to section 2 of article II of the Charter, the Secretary of the Treasury shall direct the representatives of the United States to the Board of Directors of the Bank to use the voice and vote of the United States to support the financing of projects related to—

(1) environmental infrastructure relating to water pollution, wastewater treatment, water conservation, municipal solid waste, and related matters;

(2) natural gas, including natural gas pipelines and combined cycle power plants, with major emphasis on cross-border energy distribution and consumption and the energy security of the United States and Mexico; and

(3) the expansion or new construction of international land border crossings to help facilitate the flow of goods and people across the international land border between the United States and Mexico while reducing wait times at border crossings and improving air quality by reducing pollution related to vehicular and commercial traffic.

(b) CHARTER DEFINED.—In this section, the term “Charter” means the Agreement Concerning the Establishment of a Border Environment Cooperation Commission and a North American Development Bank, signed at Washington and Mexico November 16 and 18, 1993, and entered into force January 1, 1994 (TIAS 12516), between the United States and Mexico.

SEC. 4. EFFICIENCIES AND STREAMLINING.

The Secretary of the Treasury shall direct the representatives of the United States to the Board of Directors of the North American Development Bank to use the voice and vote of the United States to seek to require the Bank to develop and implement efficiency improvements to streamline and accelerate the project certification and financing process, including through initiatives such as single certifications for revolving facilities, programmatic certification of similar groups of small projects, expansion of internal authority to approve qualified projects below certain monetary thresholds, and expedited certification for public sector projects subject to lender bidding processes.

SEC. 5. PERFORMANCE MEASURES.

(a) IN GENERAL.—The Secretary of the Treasury shall direct the representatives of the United States to the Board of Directors of the North American Development Bank to use the voice and vote of the United States to seek to require the Bank to develop performance measures that—

(1) demonstrate how projects and financing approved by the Bank are meeting the Bank’s mission and providing added value to the region near the international land border between the United States and Mexico; and

(2) are reviewed and updated not less frequently than annually.

(b) REPORT TO CONGRESS.—The Secretary of the Treasury shall submit to Congress, with the submission to Congress of the budget of the President for a fiscal year under section 1105(a) of title 31, United States Code, a report on progress in imposing the performance measures described in subsection (a).

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 195—RECOGNIZING JUNE 20, 2017, AS “WORLD REFUGEE DAY”

Mr. CARDIN (for himself, Mr. BLUMENTHAL, Ms. BALDWIN, Mr. WHITEHOUSE, Mr. COONS, Mr. MARKEY, Mr. WYDEN, Mr. VAN HOLLEN, Mr. BOOKER, Mr. FRANKEN, Mrs. SHAHEEN, Mr. MERKLEY, Mr. KAINE, Mr. BENNET, and Mr. BROWN) submitted the following resolution; which was referred to the Committee on Foreign Relations:

Mr. CARDIN. Mr. President, I rise today to introduce a resolution to mark World Refugee Day, and to address the ongoing displacement crisis across the globe. War, conflict and persecution have forced millions of people to leave their homes, creating more refugees, asylum seekers and internally displaced people than at any other time in history. Today, there are more than 65 million displaced men, women, and children worldwide, the highest level ever recorded in history. To put this number into perspective—if the global displaced population were a country, it would be the 21st largest country, more populated than the United Kingdom.

The global displacement trends we are witnessing now, due to conflict, severe human rights abuses, and climate change, are not going away. U.S. leadership in responding to these crises, whether it is the immense suffering of refugees from South Sudan or the plight of the internally-displaced in Syria and Iraq, is critical. How we respond—or whether we respond at all—will undoubtedly shape the landscape and the lives of future generations for years to come.

The United States has a long and proud history of providing safe harbor to the world's most vulnerable refugees—women and children, survivors of torture and other violence, and those with severe medical conditions. This included after World War II and after the fall of Saigon, when we resettled hundreds of thousands of refugees.

At the same time, we take the security of our citizens seriously. That is the reason the United States has the most rigorous refugee screening process in the world, involving the Department of Defense, Department of State, Department of Homeland Security, Federal Bureau of Investigation, and National Counter Terrorism Center. The process includes biometric checks, medical screenings, forensic testing of documents, DNA testing for family reunification cases, and in-person interviews with highly trained homeland security officials.

The U.S. Refugee Resettlement program has been and should remain open to those of all nationalities and religions who face persecution. The Trump Administration's proposals that would have the U.S. State Department disqualify refugees from protection based on their nationality or religion fly in the face of the very principles this Nation was built upon. They also contradict the legacy of leadership our country has historically demonstrated, and dishonor our shared humanity.

It is clear, however, that the Trump Administration is determined to undermine longstanding American tradition and values, and in doing so they weaken our National security. As we all know, one of President Trump's first executive orders sought to drastically reduce the number of refugees entering the United States and turn away refugees from Iran, Libya, Somalia, Sudan, Syria, and Yemen. This un-American policy, rooted in fear not fact, cannot be tolerated. We collectively must reject the misplaced notion that some refugees are more deserving of protection than others.

Again and again, the Federal courts are signaling to the White House a real need for the President to immediately rescind his discriminatory executive order targeting Muslim refugees and travelers. Even while stayed by the courts, President Trump's executive orders have made America less safe, damaged our relationships with our allies, and harmed countless numbers of law-abiding citizens, travelers, and their families. America is a compas-

sionate nation steeped with a history of welcoming immigrants and refugees.

I was proud to join Members of Congress who filed legal briefs in opposition to the President's discriminatory executive orders, along with HIAS in Silver Spring, Maryland, whose motto is to "welcome the stranger" and "protect the refugee." Recently the U.S. Court of Appeals for the Fourth Circuit provided a valuable check and balance on the President's authority. The court correctly pointed out that the President's most recent Executive Order "speaks with vague words of national security, but in context drips with religious intolerance, animus, and discrimination" which violates the Establishment Clause of the First Amendment. No American president is above the law.

Turning away refugees—whether they are from Syria or Somalia, Burma or Iraq, whether they are Muslims or Christians, Hindus or Jews—means turning our backs on the international humanitarian system and the mechanisms of stability and security that are the bedrocks of international order. Refugees remain powerful ambassadors of the American Dream and our Nation's founding principles of equal opportunity, religious freedom, and liberty and justice for all.

The Trump Administration again revealed its determination to erode American leadership with the release of its Fiscal Year 2018 Budget request. Their FY18 budget represents a wholesale repudiation of U.S. global leadership on virtually every critical matter, including humanitarian assistance and protection of the most vulnerable populations. The President's budget called for a 44 percent cut in humanitarian assistance—a truly horrifying reduction made even more appalling given the level of global need. According to a group of leading NGOs, the human cost of these cuts could be staggering. The proposed 18 percent cut to the Migration and Refugee Assistance account could result in over 3.5 million refugees and internally displaced persons not receiving assistance globally, including about 1 million in the Middle East and 1.1 million in Africa.

The United States has been a beacon of hope for so many around the world for centuries, and it is imperative that we remain so for others in this century, and beyond. We need to be unified on this and the United States must lead by example. It is a universal human desire to live in peace and security and to create a better life for our families and loved ones. We must do our part to facilitate that. We need to keep our doors—and our hearts—open to those who so desperately need safe harbor.

S. RES. 195

Whereas World Refugee Day is an opportunity to acknowledge the courage, strength, and determination of women, men, and children forced to flee their homes due to conflict, violence, and persecution;

Whereas according to the United Nations High Commissioner for Refugees (referred to in this Resolution as "UNHCR")—

(1) there are more than 65,600,000 displaced people worldwide, the highest level ever recorded, including nearly 22,500,000 refugees, more than 40,300,000 internally displaced people, and 2,800,000 people seeking asylum;

(2) children account for 51 percent of the global refugee population, millions of whom are unable to access basic services, including education;

(3) 10,300,000 people were newly displaced due to conflict or persecution in 2016;

(4) more than 5,500,000 refugees have fled Syria since the start of the conflict, and more than 6,300,000 people are displaced inside Syria;

(5) since January 2014, more than 3,000,000 Iraqis fleeing violence have been internally displaced, and 257,000 refugees have fled to neighboring countries;

(6) South Sudan has the world's fastest-growing refugee crisis, which is now the largest refugee crisis in Africa, with more than 1,800,000 refugees, including 1,000,000 children;

(7) increasing violence in Guatemala, El Salvador, and Honduras has led to a growing number of unaccompanied child refugees, who are particularly vulnerable to sexual violence, human trafficking, and kidnapping; and

(8) ongoing conflict, violence, and persecution have resulted in the displacement of millions in Ukraine, Colombia, and the Central African Republic;

Whereas 84 percent of the world's refugees are hosted in developing regions, with more than 28 percent hosted in the world's least developed countries;

Whereas refugees who are women and children are often at greater risk of violence, human trafficking, exploitation, and gender-based violence;

Whereas the United States resettlement program is a life-saving solution critical to global humanitarian efforts, which reflects American values, strengthens global security, and alleviates the burden placed on front-line host countries;

Whereas refugees are the most vetted travelers to enter the United States and are subject to extensive screening checks, including in person interviews, biometric data checks, and multiple interagency checks;

Whereas refugees contribute to their communities by starting businesses, paying taxes, and sharing their cultural traditions; and

Whereas refugees contribute more than they consume in state-funded services, including schooling and health care:

Now, therefore, be it

Resolved, That the Senate—

(1) reaffirms the bipartisan commitment of the United States to promote the safety, health, and well-being of the millions of refugees;

(2) recognizes those individuals who have risked their lives working individually and for nongovernmental organizations and international agencies, such as UNHCR, to provide life-saving assistance and protection for people displaced by conflict around the world;

(3) underscores the importance of the United States Refugee Resettlement Program as a critical tool for United States global leadership;

(4) calls upon the United States Government—

(A) to continue providing robust funding for refugee protection overseas and resettlement in the United States;

(B) to uphold its international leadership role in responding to displacement crises with humanitarian assistance and protection of the most vulnerable populations; and

(C) to alleviate the burden on refugee host countries through humanitarian and development support while maintaining the

United States' long-standing tradition of resettling the most vulnerable refugees regardless of their country of origin or religious beliefs;

(5) reaffirms the goals of World Refugee Day; and

(6) reiterates the strong commitment of the United States to seek to protect the millions of refugees who live without material, social, or legal protections.

NOTICE OF INTENT TO OBJECT TO PROCEEDING

I, Senator CHUCK GRASSLEY, intend to object to proceeding to the nomination of Steven Andrew Engel, of the District of Columbia, to be Assistant Attorney General for the Department of Justice Office of Legal Counsel, dated June 20, 2017.

ORDERS FOR WEDNESDAY, JUNE 21, 2017

Mr. McCONNELL. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 12 noon, Wednesday, June 21; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and morning business be closed; further, that following leader remarks, the Senate proceed to executive session and resume consideration of the Mandelker nomination postcloture; finally, that all time during morning business, recess, adjournment, and leader remarks count postcloture on the Mandelker nomination.

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

EXECUTIVE CALENDAR—Continued

ORDER FOR ADJOURNMENT

Mr. McCONNELL. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks of Senator WICKER and Senator HASSAN.

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

The Senator from Mississippi.

BUILDING AND SUSTAINING A LARGER NAVY

Mr. WICKER. Mr. President, let's talk about the size of our Navy's fleet.

The current fleet has 276 ships, but the Navy's requirement is now for 355 ships—a figure supported by congressionally mandated future fleet architecture studies.

Last week, I spoke on the floor about the national imperative to build a larger Navy. I outlined the critical missions that our Navy performs every day to help secure the country's vital interests. I also described an intense naval competition with our real and potential adversaries. This is a competition America cannot afford to lose.

America needs a bigger Navy. How do we get there? Related to that question

is when we get to a 355-ship fleet. According to the Chief of Naval Operations, ADM John Richardson, we should reach our 355-ship objective in the mid-2020s. To do that, we should have started yesterday. Building and sustaining technologically advanced ships is a long-term national project. It cannot happen overnight. It takes years.

As chairman of the Seapower Subcommittee, I intend to lay a firm foundation this year to help support a buildup. Based on my subcommittee's work, I am convinced that Congress has a critical role to play in determining how we get to 355. All options should be on the table. Here are four ideas to consider.

No. 1, ramp up hot production lines.

The Navy's accelerated fleet plan states that over the next 7 years, the shipbuilding industrial base can support building more ships than are currently planned. The Navy plans to build 59, but the shipbuilders can actually complete 88. We should do this. Many hot production lines have excess capacity. Congress should authorize the Navy to "buy in bulk," using multiyear and block buy contracts. These contracts would help solidify the skilled workforce, stimulate suppliers, and drive down costs. We can also authorize advance procurement funding to buy long-lead-time pieces and parts.

No. 2, extend the service life of ships in the fleet.

A quarter century ago, the Navy had 450 ships and deployments that averaged 167 days. Now the average deployment exceeds 200 days. In other words, the Navy is smaller, but the tempo of its operations has accelerated. An extra month of deployment puts additional wear and tear on ships, and this can force early retirement and ultimately squander taxpayer dollars.

Better maintenance can extend ships' service lives, delay retirement, and help us reach the 355-ship goal faster. I applaud the President's budget request for fully funding ship depot maintenance. We must build new ships and maintain the current fleet better.

In a recent speech to the Naval War College, the CNO, Admiral Richardson, noted that extending the lives of *Arleigh Burke*-class destroyers could help the Navy reach the 355-ship objective 10 to 15 years earlier. The commander of Navy Sea Systems Command, VADM Thomas Moore, agreed with the CNO in a recent speech in which he stated that proper maintenance would extend service lives and help grow the fleet more rapidly.

No. 3, reactivate ships in the Ready Reserve fleet.

During the Reagan buildup, the Navy brought ships out of mothballs, including battleships with massive guns, to help grow the fleet size. The Navy should look at the Reserve fleet ship by ship to determine if any can be restored to operational status.

In his Naval War College speech, the CNO revealed that he is considering

bringing some retired *Oliver Hazard Perry*-class frigates out of mothballs. Vice Admiral Moore also suggested examining the merits of returning some logistics ships to the force.

Reactivating retired ships does not simply mean bringing back less capable ships. Jerry Hendrix and Robert C. O'Brien wrote in *POLITICO* in April that reactivated ships could be outfitted with modern missile systems and potentially cutting-edge electromagnetic railguns and directed energy weapons. In other words, reactivated ships could perform completely different and relevant missions at a fraction of the cost of new construction.

No. 4, develop and deploy unmanned maritime systems.

The fleet of the future will include new types of ships. Again, according to the CNO, "There is no question that unmanned systems must also be an integral part of the future fleet." Unmanned undersea and surface ships can offer significant advantages, such as the ability to conduct persistent operations. We have seen drones revolutionize combat from the skies. The same is possible on the seas.

I believe the Navy needs a dedicated range to test unmanned systems with other manned and unmanned platforms, while also training new operators and maintainers. I applaud the Navy for including substantial R&D funding for unmanned underwater vehicles, UUVs, in its unfunded priorities list. I am hopeful that Congress will provide the resources that are necessary to rapidly develop and deploy new unmanned systems.

To conclude, we should be considering all options for building up our naval capacity. I do not dismiss the fact that these options cost money and some are controversial, but they deserve to be explored. It would be irresponsible for Congress not to do the work now to ensure that the Navy of the future has what it needs to respond to challenges and fulfill its missions. That means 355 ships, and I look forward to working with my colleagues to set this imperative national project into motion.

Thank you.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Ms. HASSAN. Mr. President, I thank my colleague from Mississippi for his remarks about the brave men and women in the Navy and their need for support.

HEALTHCARE LEGISLATION

Mr. President, I rise today to join my Democratic colleagues in speaking out against the dangerous TrumpCare bill which is currently being drafted behind closed doors by our Republican colleagues.

The secrecy around this bill shows that Senate Republicans know they cannot defend it to their constituents. That is why Senate Republicans are refusing to even hold a single hearing on the bill. In my State of New Hampshire, you can't pass a bill if it has not

had a hearing, and the Senate here in Washington should work the same way. I continue to urge my colleagues to hold public hearings on this bill so that we can examine the bill for ourselves and get feedback from our constituents and stakeholders.

We do know that this legislation will be very similar to the House TrumpCare bill, which President Trump himself called mean, and calling it mean is even putting it lightly. TrumpCare threatens to have devastating impacts on millions of Americans. Today I am going to address three specific ways that TrumpCare is mean to people in New Hampshire and across the Nation. First, it undermines the Medicaid Program; second, it hurts our seniors; and third, it continues this administration's efforts to roll back women's access to healthcare.

As Governor, I worked to pass and then reauthorize New Hampshire's bipartisan Medicaid expansion plan that provides coverage now to over 50,000 hard-working Granite Staters. And TrumpCare, by proposing to repeal Medicaid expansion, hurts many of the hard-working people who are served now by that expansion program and whose care depends on the expansion program being continued. This includes people like Jo from Portsmouth.

I met Jo at a roundtable earlier this year. Jo has a painful, precancerous disease that eats at her abdominal organs. She has had it for most of her life. Prior to the Great Recession, she had a job that provided health insurance and allowed her to get treatment for this chronic health condition. But in 2009 Jo was laid off from her job. Then unable to find reliable, full-time work, she worked several part-time jobs, but they didn't offer health insurance.

In 2012, she desperately needed surgery. She didn't have health insurance. She couldn't get the surgery. Her health declined, the recession continued, and her ability to support herself also declined.

In 2014, after New Hampshire came together and passed its bipartisan Medicaid expansion program, she was able to get healthcare coverage. The Medicaid expansion program helps her get 8 to 12 prescriptions, necessary medical tests, physical therapy, treatment, and specialists. This has also meant that Jo is healthy enough to work again. TrumpCare would end Medicaid expansion, putting people like Jo at risk.

TrumpCare also changes Medicaid into a per-capita cap system. That is a fancy label for massive cuts to the

Medicaid Program that would force States to choose between slashing benefits, reducing the number of people who can get care, or both. Under TrumpCare, States will be faced with cutting services that children, people with disabilities, and seniors depend on.

This brings me to the second point I would like to highlight today about this mean bill and whom it impacts. It is clear that TrumpCare would hurt seniors across the Granite State. The majority of nursing home residents in New Hampshire are served by Medicaid. TrumpCare would jeopardize the ability of seniors to stay in nursing homes. It would also threaten services for seniors who receive at-home care. And these cuts to Medicaid are just one of the ways seniors would be hurt under this mean proposal, because TrumpCare would also create an age tax, letting insurance plans charge older adults five times more than younger people. If you are between the ages of 50 and 64, you will be especially hard hit.

According to the nonpartisan Congressional Budget Office, under TrumpCare, you could face 20 percent higher premiums in 2018, with especially high premium hikes for older Americans. And the AARP opposes TrumpCare because it would "make healthcare less secure and less affordable."

Finally, my third point is that it is clear that TrumpCare would continue this administration's efforts to roll back women's access to critical healthcare services. To compete economically on a level playing field, women must be able to make their own decisions about if and when to start a family. They should not have to pay more than men for healthcare, and they should be able to visit providers of their own choice who understand their healthcare needs. To fully participate not only in our economy, but also in our democracy, women must be recognized for their capacity to make their own healthcare decisions, just as men are.

Under TrumpCare, if you are a mother, giving birth could now be considered a preexisting condition. TrumpCare would also undermine the requirement that insurance companies have to cover essential health benefits, including maternity care. And TrumpCare's Medicaid cuts would have drastic impacts for women across the country. According to the Congressional Budget Office, Medicaid pays for nearly half of all births in the United

States, and it provides healthcare coverage for one in three children across our country.

TrumpCare also defunds Planned Parenthood, which provides critical primary and preventive healthcare services to thousands of New Hampshire women, including preventive care, birth control, and cancer screenings.

My Democratic colleagues and I are ready to work with anyone who is serious about working to build on the Affordable Care Act and lower healthcare costs for hard-working people, but what we do not need is legislation that even the President himself admits is mean.

I will continue working with my colleagues to speak out against and defeat TrumpCare, and I urge the people of New Hampshire and people all across America to keep making their voices heard and make clear that this mean bill is simply unacceptable.

I yield the floor.

ADJOURNMENT UNTIL TOMORROW

The PRESIDING OFFICER. The Senate stands adjourned until 12 noon tomorrow.

Thereupon, the Senate, at 6:39 p.m., adjourned until Wednesday, June 21, 2017, at 12 noon.

NOMINATIONS

Executive nominations received by the Senate:

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

ANNA MARIA FARIAS, OF TEXAS, TO BE AN ASSISTANT SECRETARY OF HOUSING AND URBAN DEVELOPMENT, VICE GUSTAVO VELASQUEZ AGUILAR, RESIGNED.

NATIONAL LABOR RELATIONS BOARD

MARVIN KAPLAN, OF KANSAS, TO BE A MEMBER OF THE NATIONAL LABOR RELATIONS BOARD FOR THE TERM OF FIVE YEARS EXPIRING AUGUST 27, 2020, VICE HARRY I. JOHNSON III, RESIGNED.

DEPARTMENT OF LABOR

PATRICK PIZZELLA, OF VIRGINIA, TO BE DEPUTY SECRETARY OF LABOR, VICE CHRISTOPHER P. LU, RESIGNED.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANCE ALLEN ROBERTSON, OF OKLAHOMA, TO BE ASSISTANT SECRETARY FOR AGING, DEPARTMENT OF HEALTH AND HUMAN SERVICES, VICE KATHY J. GREENLEE.

CONFIRMATION

Executive nomination confirmed by the Senate June 20, 2017:

DEPARTMENT OF HOMELAND SECURITY

BROCK LONG, OF NORTH CAROLINA, TO BE ADMINISTRATOR OF THE FEDERAL EMERGENCY MANAGEMENT AGENCY, DEPARTMENT OF HOMELAND SECURITY.