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Senate

The Senate met at 10 a.m. and was called to order by the Honorable LUTHER STRANGE, a Senator from the State of Alabama.

PRAYER

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

Let us pray.

O Lord, the lover of our souls, we praise Your Holy Name.

Today, fill the hearts of our lawmakers with utter trust in You, providing them with faith to persevere in well doing. Renew their spirits and so draw their hearts to You that they will find delight in their labors as they strive to please You.

Lord, give them the wisdom to maintain a perpetual contentment for the blessings You provide them each day. May they never take for granted Your compassion, kindness, and mercies. Strengthen and support them in all of their endeavors, using them as instruments of Your peace and love.

We pray in Your merciful Name. Amen.

PLEDGE OF ALLEGIANCE

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

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

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

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

The senior assistant legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, March 9, 2017.

To the Senate:

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

appoint the Honorable LUTHER STRANGE, a Senator from the State of Alabama, to perform the duties of the Chair.

ORRIN G. HATCH,
President pro tempore.

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

RECOGNITION OF THE MAJORITY LEADER

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

NOMINATION OF SEEMA VERMA

Mr. MCCONNELL. Mr. President, this week, the House unveiled its plan to repeal and replace ObamaCare and began consideration through the committee process. It is an important step toward keeping our promise to the American people. It not only repeals and replaces ObamaCare, it includes the most significant entitlement reform in a generation and provides needed tax relief to American families as well as healthcare consumers.

Here in the Senate, we can take another critical step toward stabilizing the healthcare market with consideration of the nominee to lead the Centers for Medicare and Medicaid Services, more commonly known as CMS. We have the opportunity today to advance an extremely qualified nominee to oversee some of our Nation's most important healthcare programs.

Seema Verma has a deep health policy background. She is a reformer with a proven record of success. Not only does she have an unparalleled grasp of the complex fiscal and policy challenges facing the agencies she will be charged with overseeing, she also understands the States and consumers she will be serving.

She will be the first to tell you that the sooner we can fulfill our promise to repeal and replace ObamaCare, the

sooner CMS can get out of the ObamaCare business and back into the Medicare and Medicaid business. She understands that ObamaCare's raiding of Medicare was wrong, and her experience in developing creative solutions will help protect Medicare for generations to come. She knows the burdens that ObamaCare placed on State Medicaid Programs remain unsustainable, and her experience in reforming and modernizing State-level Medicaid Programs will help lower the staggering costs that the Obama administration shifted onto the States.

Medicaid expansion has been devastating to Kentucky's State budget, costing Kentucky taxpayers nearly \$74 million this year. That is more than double the amount originally projected. Even worse, we have seen little improvement in health outcomes. The current system is too expensive and fails to address the real health problems in Kentucky.

Ms. Verma has been instrumental in helping States like mine navigate these incredibly difficult challenges. The proposed Medicaid waiver she helped craft for Kentucky, along with our Governor, if approved, is expected to ensure quality care for those who need it while saving Kentucky taxpayers more than \$360 million. So her expertise is going to be invaluable as we continue fulfilling our promise to the American people.

As we move to repeal and replace the unworkable, partisan ObamaCare law and return authority to the States, my hope is that Ms. Verma will be able to focus more time and attention than her recent predecessors to the core functions—the core functions—of the agency, which are strengthening Medicare and Medicaid. She is particularly well qualified to lead this agency. She has a proven record of success. She has the skill and the drive to make positive reforms too. I can hardly think of anyone better for the job.

I urge colleagues to join me in voting to advance her nomination later today.

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



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NOMINATION OF NEIL GORSUCH

Mr. McCONNELL. Mr. President, since his nomination to the Supreme Court was announced, Judge Neil Gorsuch has received extensive praise from former colleagues, the legal community, and editorial boards, among many others. It is praise that has come from across the political spectrum. Even many on the left can't help but compliment Judge Gorsuch's credentials, including former President Obama's own legal mentor, who called him "brilliant," and his former acting solicitor general, who applauded Gorsuch's "fairness and decency."

This week we add to that lengthy list of supporters more than 150 of Judge Gorsuch's former classmates at Columbia University. As they note, these alumni have followed an array of postgraduate pursuits: They are CEOs and stay-at-home parents, professors and lawyers, entrepreneurs and scientists. They come from different socioeconomic and ethnic backgrounds, practice different faiths, reside in different parts of our country, and hold very diverse political views.

Even so, each of these Columbia grads can agree on at least one thing: Neil Gorsuch's fitness to serve on the Supreme Court. Let me share the letter they just sent to the Judiciary Committee:

At Columbia, Neil Gorsuch notably distinguished himself among his peers. He was a serious and brilliant student who earned deep respect from teachers and students alike. With an encyclopedic knowledge on a staggering array of subjects, he could be counted on for his insightful, logical and well-reasoned comments. He carried a full and challenging course-load, finishing in three years and graduating Phi Beta Kappa.

The letter continues:

The hallmark of Neil Gorsuch's tenure at Columbia was his unflinching commitment to respectful and open dialogue on campus.

Despite an often contentious environment, Neil was a steadfast believer that we could disagree without being disagreeable. To be sure, he could deliver a devastating argument, laden with carefully researched facts and presented in a crisp and organized manner. Yet he was always a thoughtful and fair-minded listener who would not hesitate to re-evaluate his own beliefs when presented with persuasive arguments. His amiable nature, good humor and respect for differing viewpoints was admired and appreciated by all.

So it was clear even years ago that the "intellect, academic record, and character" of their classmate Neil Gorsuch was "so special"—"so special" that "there was a shared sense that he was poised for a meaningful and purposeful future."

How right they were. Neil Gorsuch is exceptionally qualified to serve on the Supreme Court. He has, as I just noted, an "encyclopedic knowledge on a staggering array of subjects . . . with insightful, logical and well-reasoned comments." He is a "humble man with no appetite for self-promotion." Let me say that again: a "humble man with no appetite for self-promotion." He is "an upstanding person" with "unyielding

integrity, faith in our institutions and unfailing politeness." These are the words of his former classmates, and they are the qualities we expect in a Supreme Court Justice.

Regardless of political leanings, we all should understand the importance of confirming Justices who will interpret the law as written, not misuse their office to impose their own views as to what, in their mind, should have been written instead. We should understand the importance of confirming Justices who will apply the law equally to all Americans, not rule based on their empathy—empathy—for certain groups over others.

I am confident that Judge Gorsuch is more than prepared to meet these critical standards. It is the type of judge he has been on the Federal court of appeals. It is the type of Justice he will be on the high Court as well. That is why we continue to see recommendations for Gorsuch flooding in from people of all backgrounds and all political views.

In the coming weeks, I am sure the support for Judge Gorsuch will continue to grow, and I know we are all eager to hear from the judge himself when he goes before the Judiciary Committee later this month. When he does, I hope colleagues on both sides will show him the fair—fair—consideration that he deserves, the same fair consideration we showed to all four of the Supreme Court nominees of President Obama and President Clinton after they were first elected—a respectful hearing followed by an up-or-down vote.

RESERVATION OF LEADER TIME

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

CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

PROVIDING FOR CONGRESSIONAL DISAPPROVAL OF A RULE SUBMITTED BY THE DEPARTMENT OF EDUCATION

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of H.J. Res. 57, which the clerk will report.

The senior assistant legislative clerk read as follows:

A joint resolution (H.J. Res. 57) providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Department of Education relating to accountability and State plans under the Elementary and Secondary Education Act of 1965.

The ACTING PRESIDENT pro tempore. Under the previous order, the time until 12 noon will be equally divided in the usual form, and 30 minutes

of the majority time will be under the control of Senator BLUNT or his designee.

The Senator from Illinois.

Mr. DURBIN. Mr. President, if I could speak for 5 minutes—

Mr. BLUNT. Mr. President, I am glad to yield my friend 5 minutes to start the day.

The ACTING PRESIDENT pro tempore. The Senator from Illinois is recognized.

FILLING THE SUPREME COURT VACANCY

Mr. DURBIN. Mr. President, I just want to comment very briefly on the comments of the Republican leader.

It was interesting when he said the courtesies that were extended to President Clinton and President Obama when it came to Supreme Court nominees; he left out 1 year—last year.

Last year, when there was a vacancy on the Supreme Court when Antonin Scalia passed away and President Obama sent the nomination of Merrick Garland to the floor of the Senate, it was refused by the Republican leader to even give him a hearing, let alone a vote. So there was an omission in his call for courtesy when it comes to Nominee Gorsuch, a very grievous omission from the point of American history.

For the first time in the history of the U.S. Senate—for the first time—Republican leaders in the Senate refused to give a hearing and a vote to a Supreme Court nominee sent by President Obama. Many of us came to this floor pleading that we follow tradition and the Constitution. I am going to stand by that. Even though I think Merrick Garland was treated poorly by the Republican majority, I believe that Neil Gorsuch is entitled to a hearing and a vote. I made that argument before; I will make it again.

REPUBLICAN HEALTHCARE BILL

Mr. President, the second point I want to make, and very briefly, is that we now have seen the Affordable Care Act repeal that has been brought forward by the Republicans in the House. We still do not know its fiscal impact. The Congressional Budget Office, which traditionally scores legislation, tells us the impact it will have both on the deficit as well as on the American economy. In this case, we believe we will learn as early as next week what that impact will be. There are several things we know for certain. The Republican approach to changing the Affordable Care Act is going to reduce health insurance coverage in America, and it is going to raise the cost.

The cost, incidentally, will be especially hurtful to those over the age of 55. If you are a senior citizen or over the age of 55, this Republican bill says that your health insurance premiums can be substantially increased. There is a limit in the current law that you can't have a disparity of more than 3 to 1 in premiums between people of different age groups. That is changed by the Republican bill to say that older people can be charged up to five times

the premiums that are being paid by those in younger groups. That is substantial.

Secondly, it is painful and hurtful to Medicare. Don't take my word for it; the American Association of Retired Persons has come out against the Republican healthcare plan, saying that it is going to reduce the number of years of solvency for the Medicare trust fund. That is not a positive thing; it is a negative thing for the tens of millions of Americans who count on Medicare.

We also know that when it comes to this bill, there are provisions in here which are inconsistent with our goal to increase coverage across America. My Republican Governor in Illinois, who has been very careful to be critical of Republicans in Washington, came out this week and said that the elimination of Medicaid coverage and reduction in Medicaid coverage would create a budget hardship in our State.

I might add that it will be a hardship on the thousands of people in Illinois who rely on Medicaid to provide for their medical expenses. That includes not only the children and mothers in lower income groups but, substantially, seniors who are in nursing homes who have no place to turn. They are living on Social Security, Medicare, and Medicaid. That is how they survive. Reducing the Medicaid coverage is a danger to them when it comes to continuing on in a safe and healthy environment.

In addition to that, we know that Medicaid for many low-income Illinoisans and low-income Americans is the only health insurance they have. Many who work hard every day don't make enough money to buy health insurance, and their employer doesn't provide it. Medicaid came to their rescue under the Affordable Care Act, and it is going to be severely restricted. That is why my Republican Governor has come out against this Republican healthcare bill, and many others feel the same.

When we take a look at this bill when it comes over here—first, I plead with my colleagues, don't rush it through. Let's take the time to look at it carefully. It will affect the healthcare of millions of Americans. Second, let's hold to the standard that whatever changes we make will provide more healthcare protection in America and make a serious effort at reducing cost. We can only do that if we have the time to honestly debate it on a bipartisan basis.

Mr. President, I thank my colleague from Missouri for giving me this opportunity.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Missouri.

AMERICAN HEALTH CARE ACT

Mr. BLUNT. Mr. President, I want to talk about the Affordable Care Act and its failures, as well as the American Health Care Act and what differences I think it makes. I am going to be joined

on the floor by at least one of my colleagues soon, and we may even, with permission, have a colloquy. I know Senator BARRASSO is on a limited time schedule and has been one of our great leaders on this issue. I think I will turn to him first and then come back when he has had a chance to make his comments.

The ACTING PRESIDENT pro tempore. The Senator from Wyoming.

Mr. BARRASSO. Mr. President, thank you for allowing me to engage in this colloquy with my friend and colleague, Senator BLUNT from Missouri, who has been a real leader not just in the Senate but when he was in the House, traveling to all of the hospitals in Missouri and talking about the issues that concern the people there, as I do in Wyoming every weekend, going home and talking to people at home.

You may not know this, but I was the president of the Wyoming Medical Society and worked with something as the medical director called the Wyoming Health Fairs, where we brought low-cost health screening to people all around the Cowboy State. I had been going to these health fairs for years—when I was a doctor practicing medicine, when I was an orthopedic surgeon, and then when I was in the State senate and now as a U.S. Senator, to the point that I was at a health fair last Saturday in Buffalo, WY.

People come to the fairs. They get their blood tested ahead of time so they can come and pick up the results and find out about their cholesterol and thyroid conditions and other issues. There are booths from the Heart Association and the Diabetes Society, depression screenings, all sorts of things. People there are very interested in their health.

When they see me as a doctor and knowing I am also a Senator, they want to talk about how the healthcare laws affected their lives. What I hear, story after story, is, you have to repeal this ObamaCare. Many of them are people who had insurance that worked for them before the healthcare law was passed. When the healthcare law was passed, they were basically told that what they had, which worked for them and which they could afford, wasn't good enough for the government. The government said: No, you have to buy something else, something more expensive and not what you really need or want—which is getting into the fundamental problem here.

ObamaCare is collapsing all around the country. In Wyoming, as in many places—and I know Senator BLUNT is in a situation where he has people whom he works with—there is not really a marketplace out there. It is a monopoly. There is only one choice.

We see our colleagues—Senator ALEXANDER in his home State and Senator CORKER—in some counties, there are no choices. Nobody is going to sell on the exchange. Even with the ObamaCare government subsidies, there is nothing to be bought.

We have to act now. The House is in the process of doing that. I think they have made an incredible effort, a fundamental change, a big step away from ObamaCare. It is a monumental shift. What it does is it eliminates the things I hear about every weekend in Wyoming that people don't like about the healthcare law. It is the mandates. It is the taxes. It is the penalties they have to pay. People don't like that. They don't like the government saying: You have to buy a government-approved product, pay for it, whether or not you want it, whether or not it works for you.

We eliminate all of those things in what the House is debating now. What do we preserve? We preserve things that people know are important for them. People with preexisting conditions will still be protected. My wife Bobbi is a breast cancer survivor. She has been through operations. She has been through chemotherapy, radiation. As a doctor and as a husband, I know how important it is to protect people with preexisting conditions. There is also a limit on lifetime payments for people who get sick. Finally, we do want to keep and we do preserve for families—they can keep younger members of their family on their insurance, to the age of 26.

We eliminate the things people don't like. We preserve the things that are still so important for families all around the country. We work to get to the point where people can afford health insurance again.

It is interesting listening to the Democrats talking about how many people have been covered under ObamaCare. What you find out is that coverage is empty. They may have an insurance card, but if the copays are so high and the deductibles are so high—\$5,000, \$6,000, \$7,000—it is unusable. They say: I have ObamaCare, but I don't have the ability to get the care.

The issue of Medicaid, which was a failed system for a long time—it has been 50 years since Medicaid came into existence. There is a lot we need to do to modernize, update, streamline, strengthen, improve Medicaid in ways that actually help people.

I was in the State senate. Mr. President, I know you have a long history of involvement in your home State. Senator BLUNT does as well with the activities there. What we have seen with Medicaid—and I saw it in the State legislature—if we had the freedom and the flexibility in the State to make the decisions about how that money was spent rather than dealing with all of these rules and regulations and one-size-fits-all that comes out of Washington, we always felt we could do a much better job of providing for the people of our State. Let the State make involved decisions for people on Medicaid, and we could help a lot more people for the same amount of money. It seemed there was so much waste and abuse in the whole Medicaid system.

So much of what the House is doing is to try to get the power out of Washington. The question is, Whom do you want in control? Do you want the government in control or the people, and their care and the decisions being made at home?

I come to the floor today to thank my colleague from Missouri for his leadership on this from the days before he was even in the U.S. Senate, from his days in the House, and for his involvement. He was really one of the leaders in the House before coming to the Senate on this whole topic. He knows it well. He visits with people at home in his home State, as I do at home in mine.

I will be at home in Wyoming again this weekend, traveling around the State with different activities. I think one of the things we all do when we go home is visit with people and find out where they are going to be and what is on their minds, and that is the best way to do it.

I will be at a pancake breakfast. I will be at a Boy Scout event. I will be at a dinner at the Rocky Mountain Elk Foundation. I will visit with a number of high school students. You hear people. You want to be there and listen to what they have to say. So I am looking forward to being there again this weekend, as I was last weekend—in Buffalo last weekend for the health fair in Rawlins—for an event to hear how what Washington does impacts their lives.

What we have seen over the past 6 or 7 years since ObamaCare became law is that decisions being made in Washington hurt a lot of people in Wyoming, hurt people who were patients of mine when I was actively practicing as a surgeon. The regulations, the one-size-fits-all in terms of the impact on the hospitals, the healthcare providers, and the patients—we know these people need relief. They need to be rescued from this collapsing ObamaCare healthcare law. And we want to repair the damage. We can't get it all done overnight. It is not possible. It took us about 6½, 7 years to get to this point. President Trump has only been in office for about 7 weeks. You can't get it done overnight. We are making definite strides in the direction that is important for the country.

I wish to ask my friend and colleague Senator BLUNT if he is seeing the same things in Missouri and hearing the same sorts of stories as we work to repeal and replace this healthcare law.

Mr. BLUNT. I thank the Senator from Wyoming for his efforts on this topic from the time we were both explaining why we thought President Obama's plan wouldn't work. What I see and I think what you mentioned you see is that people who have coverage often don't have access. It doesn't matter if you have coverage if there is nowhere to go or you feel like there is nowhere to go. I continually hear that from people who have the high-deductible policies. That means

they are discouraged from spending the first \$6,000 or \$8,000 that is out-of-pocket spending.

Many people I talk to say they have not only more expensive coverage than they had before but less coverage than they had before and are reluctant to spend the out-of-pocket dollars that used to be covered by the insurance that didn't meet the new standards but met their family needs. I am wondering if the Senator is seeing that same thing.

Mr. BARRASSO. I am hearing the exact same thing at home. The premiums in our State for people having to buy on the exchange have gone up double digits. I think we had the same thing happen in your State year after year, to the point where if you only have one company selling on the exchange in rural communities—for us, it is our whole State. That is a big problem.

The other thing we certainly are concerned about—and I know this is the case with both Senator BLUNT and me—ours is a rural State, and huge areas of your State are rural.

The architect of ObamaCare, Dr. Ezekiel Emanuel from the University of Pennsylvania, said that we have too many hospitals in the United States. He said there are 5,000 hospitals, and he said there are about 1,000 too many. He actually wrote a book about this after they wrote the healthcare law, and he said that there are about 1,000 too many and they need to close.

Well, if you are in rural Wyoming or rural Missouri, those hospitals are a long way from other places. The first I think 80 hospitals have closed, and they were rural hospitals. Fortunately not in my State, but in a number of States, you have seen that—numbers of rural hospitals closing. When a rural hospital closes as a result of the Obama healthcare law, the impact on a community is dramatic in terms of it being able to recruit nurses, doctors, and businesses to the community, if there is not a hospital, and to recruit teachers to the schools. I don't know if that is an experience and concern the Senator is seeing around rural Missouri.

Mr. BLUNT. It is.

Mr. President, I think you are seeing that too. The critical needs hospitals, the critical access hospitals—the only hospitals available—are often also hospitals that disproportionately have people who are not insured or people who are of low income who aren't on any government program. What has happened in those hospitals and in the ones that have been able to stay open is that they have often had to go outside the traditional community support they had and associate with a bigger hospital.

That may turn out to have been a good thing, but one of the basics of the President's healthcare plan was—which we now know is a highly unlikely result—that everybody will have coverage. In a world where everybody has coverage, you don't have the dispropor-

tionate share of problems that inner-city hospitals, like the Truman Hospital in Kansas City, MO, have, or rural hospitals, like the dozen-plus that we have in our State that are critical needs hospitals. Those things don't happen. If this had worked the way the President thought it would work—and Democrats, when they, all on their own, passed this bill 7 years ago—we wouldn't be having the problems we see now: the havoc in our healthcare system—leaving Missourians, people from Alabama, people from Wyoming, people from all over the country with higher costs, with fewer options, and with more uncertainty.

How many times did the President say, when he was supporting this just after the election and during his election 8 years ago—President Obama kept making the case—that Americans would be able to keep the plans they like. They would be able to keep the doctors they like. Now we act as if those pledges—well, everybody knows—couldn't happen.

When the bill was passed, everybody said that was what would happen. Remember this: If you have a doctor you like, you will be able to keep the doctor you like, period. If you have an insurance plan you like, you will be able to keep the insurance plan you like, period. The period should have at least been a question mark.

As it turned out, it was not true. People didn't get to do that. According to the advocates of the law we have now, there would be more choices, there would be more competition, and there would be lower costs, and none of those things happened. Those things just did not happen.

In Missouri, several insurers have totally pulled out of the individual market. We have 115 counties. Last year, they all had at least two companies willing to offer insurance. This year, we have 97 counties where only one company is willing to offer insurance. I have always thought we needed to expand that insurance marketplace, not reduce it—and buying across State lines and buying an insurance product you thought met the needs of you and your family, rather than the needs somebody at the Department of Health and Human Services thought they knew was better for your family, rather than what you would know was better for your family. But instead, we have done just the opposite. Instead of expanding the marketplace, expanding choices—somehow ObamaCare was designed in a way that actually prevents this—instead of being able to buy across State lines, now you can't buy across county lines. We have 97 of our 115 counties where only one insurance company is willing to be part of the process on the individual market. That one insurance company, rightly, was able to go and say: Here is what we are going to charge. If you don't want to accept that, State insurance regulator, we won't offer the product.

Families one year to the next are often facing 40 percent increases. I

think the average is a 25-percent increase year over year. Many people are paying more than 100 percent, double what they paid when this started. The rate hikes have gone up and the coverage has gone down.

The average deductible in the bronze plan, the third plan down, is \$6,000 for an individual and \$12,000 for a family. That is before anybody helps you at all. So you have insurance that you are paying for every month, but if you get sick, you have to pay \$6,000 for each individual and more than twice that if two people in your family have healthcare problems before anybody does anything. For most families in our country, and certainly most families in Missouri, that is like not having insurance at all.

Even in the silver plan, the average deductible is \$3,500. That is an increase of 15 percent of the deductible over last year. Every year, the price goes up and the deductible goes up. All of us hear from families, individuals, and businesses who say: We can't continue to do this. Mark from Blue Springs told me: "There is nothing affordable" about the Affordable Care Act. When it comes to what he and his family are facing, he said that before ObamaCare, they paid \$246 a month to cover five people with coverage they thought met their needs. Now the premium is \$800 a month. There are only three people. Only one child and he and his wife are still at home. For five people, they were paying \$246 a month. Now they are paying \$800 a month. He says:

These days, when we go to the doctor, nothing is covered. We still have to pay for that visit 100 percent out of pocket. In other words, we pay \$800 per month only to be told that none of the office visit or procedure is covered until the \$8,000 deductible is met.

He says: Really, what are we going to do? They have taken insurance away from us, and the promise that was made over and over was never kept.

Dave, a small business owner in Columbia, says his premiums have more than doubled at the same time that his business has been forced to continually raise deductibles and seriously reduce benefits so that people could continue to have insurance at work. As he puts it, President Obama's healthcare plan "is far from affordable."

Let's see. That is exactly what Mark said: There is nothing affordable about the Affordable Care Act. And Dave's increase this year over last year was 40 percent. At some point, Dave and lots of other employers are deciding that this isn't working.

We have a group in our State that many other States have, the Older Adults Transportation Service. It is a nonprofit that provides transportation services for older adults. The title is actually pretty descriptive of what they do. The cost has gone up over half a million dollars. The paperwork is "so complex and so cumbersome," the executive director told me, that they have to spend additional money to hire a consultant just to fill out the forms

to have the insurance they used to have. Then the insurance doesn't keep up with what they need and what their drivers need. They have to begin to cut services back to have insurance that even begins to resemble what they had before the Affordable Care Act. Talk about people being left out. There are older adults in Missouri who don't have the same access to transportation they had before the Affordable Care Act.

President Trump, in his address to the Congress just a few days ago, reiterated his commitment to step-by-step healthcare reforms "that expand choice, increase access, lower costs, and, at the same time, provide better healthcare."

I was encouraged that he decided to back the expansion of health savings accounts. That allows everybody in the country to put more of their pretax dollars into portable health savings accounts that go with them wherever they go from job to job. You still have that health savings account. The plan that the House of Representatives is debating right now expands the way you can use that health savings account, as well as expands how much money you can put into that account.

Most importantly, the President reaffirmed the need to ensure coverage for all preexisting conditions. I have always supported providing insurance options for people who have preexisting conditions. I sponsored the legislation that allowed young people to stay on their parents' healthcare until they were 25. The people drafting the Affordable Care Act put exactly that language in the bill and raised the age to 26. Three million people every year have access to insurance because of a simple choice like that. I think that bill was four pages, with lots of white space, and 3 million people get insurance every year who wouldn't have insurance otherwise, or at least traditionally hadn't had insurance otherwise at no cost to taxpayers. Frankly, there is not much cost to anybody because those young, healthy people are just establishing themselves, just leaving home, just going off mom and dad's insurance, and they thought they could get by without it for a while. In all likelihood, they were right. They are not a hard group to insure.

That is the kind of thing we ought to think about, where we figure out how to increase access to coverage without taxpayers having to bear the load for somebody else's healthcare, if there is another way to do it. We want to be sure that, whether it is keeping them on your family insurance, staying on your family insurance longer, or having no lifetime cap—that was a legitimate problem that many people faced—they would have their insurance. They would pay for it forever, and then when they faced a catastrophic situation, at some point the insurance companies in earlier times were able to say: You reached your lifetime cap; so we are now canceling your policy. That wouldn't happen under the plan we are discussing.

The landscape for healthcare—and what families and individuals have to deal with—has dramatically changed. Because of that, it is going to be more challenging to go forward than it would have if we had done the same half-dozen commonsense things just a few years ago. This is no 2,700-page response or substitute for the 2,700-page ObamaCare bill.

This is an easily understood way to go forward that eliminates taxes that everybody is now paying on their healthcare. There is a medical device tax. There is an over-the-counter medication tax for things you don't have a prescription for. There is a special tax on those over-the-counter medicines in the current law. Those will be repealed. The medical device tax would be gone, would be phased out. The over-the-counter tax on medicines would be phased out and the tax on prescription drugs. If you buy over the counter, you pay a tax, but if you get a prescription, you also pay a tax. There may be a place in here where you pay a tax for just paying a tax. But the medical device tax is gone. The over-the-counter medication tax is gone. The tax on prescription drugs would be gone. The tax on health insurance policies would be gone. When you get health insurance, there is a tax to be paid under ObamaCare on that, as well. The Medicare tax increase would be gone. The tanning bed tax would be gone. The net investment tax would be gone. The health insurance tax would be gone. It is about a trillion dollars in taxes that were added back into the system. By the way, if you have some kind of coverage for a medical device, you are paying for the coverage. You are paying a tax on the coverage, if you are lucky enough that the medical device is covered, if your insurance company pays that. Of course, they pay the tax on that, and, then, you have paid it in the premium that you had to pay to cover the tax. We have to step back here and try to do the right thing.

My friend from Illinois earlier mentioned that there traditionally were five different community ratings of people of different ages based on the healthcare costs that they might have, but the ObamaCare bill said: No, you can only have three ratings. The oldest, sickest, most likely to use health coverage can't pay more than three times what the youngest, healthiest people pay, which is another reason, if you are young and healthy, not to get insurance.

Things that were put into this raised costs for so many people. Then what happens? Then people say: Well, why is it that we don't have enough people covered? They say: The real problem with ObamaCare is that there weren't enough young, healthy people who bought coverage on their own. It was designed into the plan to make it very unattractive, if you are young and healthy, to buy coverage because suddenly coverage for that population was in relationship to all other people

being covered, higher than it had ever been before.

With the bill the House is debating now, we would restore the disproportionate share payments to inner-city hospitals, to rural hospitals, where you have to treat more people who are either on a government program that doesn't pay very well or more people who don't have any coverage at all. That was eliminated in ObamaCare.

We now realize that world is a world that doesn't exist, a world in which everybody who goes to the hospital, everybody who goes to see the doctor, everybody who seeks healthcare has insurance coverage.

Who takes care of that?

This bill, being debated right now in the House, looks at that again and says: Let's get back to where we are actually helping those institutions that are particularly focused on underserved populations, that are particularly focused on doing that.

We have an opportunity here, basically in three different steps, to do what needs to be done. The first two steps are critical. One is to set an end date for the chaotic situation we are in now, to do as much as we can with budget tools to set a framework for how we move on and get out of these incredibly devastating budget situations for both the Federal Government and for families. The second is to let the Secretary of Health and Human Services, who was confirmed by the Senate just a few weeks ago, look at the over 1,400 times in ObamaCare where that Department can create regulations that either make it harder or make it easier for people to comply with the law. One of the most important decisions, if you are an insurance company and you are offering a healthcare product, is deciding what classifies as an acceptable product, what is the basic criteria you can offer people and still be offering healthcare insurance. So we are at an important moment.

There is no doubt that the current situation is collapsing, that healthcare providers are providing healthcare to people who don't have coverage, who are not protected by programs they were previously protected by. The people who used to have a lot of choices in insurance, in many cases, now have only one choice, and it is not a choice they can afford, and when they do pay for it, they feel like they are living without insurance at all.

So we are doing what needs to be done. We have to do what we can to get back to where people can buy the insurance they think meets their needs, insurance they can afford and enables them to see the doctor they want to see. A patient-centered system, instead of a government-centered system, is the answer here. We have to get this job done, and I believe we will.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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.

TRUMP CARE

Mr. SCHUMER. Mr. President, I just came from speaking with several Americans about how TrumpCare would affect them. Universally, these folks were scared. They are worried their costs will go up. They are worried their benefits will go down. One of the concerns that came up, an issue that is on the minds of many Americans, was the high cost of drug prices.

During the campaign, the President talked the talk on drug prices. As President-elect, he said in December he would "bring down drug prices." In January, he said pharmaceutical companies were "getting away with murder." He repeated the refrain in his joint address to Congress last week. "We should," he said, "work to bring down the artificially high price of drugs and bring them down immediately." Immediately.

Well, the immediate is here. TrumpCare, the repeal and replacement of the ACA, has been introduced. TrumpCare does absolutely nothing to address the high cost of drugs. In fact, drug prices might start going up faster. Once again, the President is talking the talk, talking like a populist, but not walking the walk, not helping average Americans. He is helping the wealthy, special interests but not the average folks he was talking to during the campaign.

The President met with a couple of Congressmen yesterday and talked about drug prices. Why not put something in TrumpCare? Why not let them negotiate, bring down costs? Instead, TrumpCare does the opposite. TrumpCare eliminates a current requirement that insurers actually give patients the value of the health insurance they are paying for. Under the ACA, insurers had to pay at least 60 percent of the cost of care provided—for some plans, more. That requirement would be gone. So that, again, hurts average folks.

That provision in TrumpCare is a blank check to insurers to cover less and charge more out-of-pocket for a whole host of services. Most experts agree that insurers could charge much more for its prescription drugs or even rationed care.

TrumpCare takes the shackles off the insurance companies and lets them decide how or if they are going to cover your prescription drug costs. Letting the insurance companies decide what to charge and cover has never been, and never will be, a recipe to bring down prices. So on drugs as well as other issues, TrumpCare: higher costs, less care.

What is particularly galling, of course, is the fact that the President talks about reducing the cost of drug prices and negotiating but does nothing.

He said he would do it immediately. The immediate is here. TrumpCare is here. TrumpCare makes it very likely that the cost of drugs could go up for average Americans. It is just another example of this President doing one thing but saying another. He promises the Moon and the stars, but his policies make them even further out of reach.

He says: "I'll bring drug prices down." His bill does the opposite, and it is just another way in which this is a healthcare handout for the insurance companies and the wealthy but a raw deal for average Americans.

TrumpCare is really just a tax break for the rich. It is not really a healthcare program. Its No. 1 motivation is to reduce taxes on the top 0.01 percent. If you make above \$250,000, your prices are going to come down. If you are in that 0.01 percent, your average reduction in taxes is \$200,000—more than most Americans make. So this bill is not going to help average Americans; it is going to hurt them, unless you are in the top 0.01 percent.

As more and more people read the bill, the louder the chorus of opposition grows. The AARP, a very cautious organization—usually they don't like to take political stands—a few weeks ago, they had ads on TV praising President Trump for saying he will not cut Social Security or Medicare. They came out strongly against the bill yesterday. Why? Because it would hurt seniors. They believe seniors—many average seniors whose income is \$15,000—could pay up to \$8,400 more. The people who might be hurt the most with this bill are average Americans between 50 years old and 65 whose costs inevitably will go up, whose healthcare will not be as good.

The AMA, another cautious organization, not known to be a big Democratic organization, came out against the bill. Doctors know how bad this will be for their patients and for America.

The Club for Growth, on the other side, has also opposed the bill. Hospitals, doctors, senior citizen groups have all come out against the bill. The hard right comes out against the bill, as do more moderate and liberal groups. That is because this bill is one big mess, done quickly in the dark of night. It is no wonder Speaker RYAN and Leader MCCONNELL don't want a lot of debate. They are embarrassed. This bill is an embarrassment to those who put it in because it doesn't do what it is supposed to do. That has led even Republican Governors such as John Kasich of Ohio and Brian Sandoval of Nevada to express concern over the destruction of the Medicaid Program. As we know, it is shifting the costs to the States.

Governor Kasich said that TrumpCare "puts at risk our ability to treat the drug addicted, the mentally

ill, and the working poor.” It is almost certain that under this bill, treatment for opioids will be less available because Medicaid is going to be cut and Medicaid helps pay for it. It is almost certain that if you are a young person, a young family—say you are 30 or 40 years old, but you have mom or dad in a nursing home; Medicaid has been paying for most of that, and it is going to be cut. What are you going to do? Maybe they will have to move in with you. That is not so easy in a growing family with kids. Maybe you will have to pay a lot of money out of your pocket. So this bill hurts Americans up and down the line.

The ideological fervor of “TrumpCare must cut back the role of government, whether it hurts people or not” is motivating this bill. That in the abstract would be fine, but it hurts Americans. It hurts middle-class Americans who are young, it hurts middle-class Americans who are middle-aged, and it hurts maybe most of all middle-class Americans who are 50 to 65 years old. As people learn about this bill over the next few weeks, there will be rebellion in the land of Adam.

So I tell my friends on the other side of the aisle to listen to the voices of the average Americans whom I met today, who care about bringing down the unreasonable cost of drugs. They should listen to the voices of experts who say just about the only winners in this bill are the very wealthy, and they should listen to the voices coming from their own party who say this bill will hurt their States and hurt the country.

TrumpCare is a mess. If this Congress, if this House, if this Senate is smart, they will defeat TrumpCare, keep the ACA, and then we can work together on making it better—plain and simple.

CHINA AND TRUMP TRADEMARKS

Mr. President, on another matter, I am concerned about a recent report that the Trump business interests have been granted approval on a number of trademarks in China.

The President spent most of his campaign talking tough on China. He said China was “ripping us off . . . and killing our companies.” He promised to label them a currency manipulator, a cause near and dear to my heart, on day one. The President promised many times over, saying: We are going to label China a currency manipulator. There is nothing stopping him from doing it. He could have done it with a stroke of a pen.

My views on trade, particularly with respect to China, might be closer to the views President Trump expressed in his campaign than those of either President Obama or President Bush. But since the election, President Trump has been remarkably soft on China.

As the Acting President pro tempore knows, I was the original person—Senator GRAHAM and I—who came up with the idea that China was manipulating its currency. We discovered it. I did, when I went to Crucible Steel near Syr-

acuse and they told me how their business was being hurt by China manipulating its currency. At first, when Lindsey and I talked about it, people said: Oh, no, it is not happening. I was sort of proud of the fact that in those days both the New York Times, liberal, and the Wall Street Journal, conservative—their editorial pages both stated that China doesn’t manipulate its currency; Schumer is off base. Now, of course, everyone knows they do. President Trump in his campaign said over and over again he was going to label them a currency manipulator which would have consequences to them on day one, the first day he took office. Now he has backed off his threats. He has been in office more than a month. He has not labeled China a currency manipulator.

Amazingly enough, in his first week he said he was no longer going to honor the One China policy. He was sending a shot over the bow to Beijing, that they can’t keep getting away with what they have been getting away with in trade, in geodiplomacy, in cyber security, stealing our intellectual property, and everything else. When he did that, I was pretty pleased. Now he has backed off.

On the two issues where the President could have been really tough with China, currency manipulation and backing off on One China, he reversed himself within the last few weeks. Now, all of a sudden, we learn that China has granted preliminary approval to 38 new trademarks, allowing the Trump brand to market several different business ventures there, including hotels and golf clubs. Before he assumed public office, Donald Trump had been working to get trademarks from China for a decade without success. These particular trademark applications, filed during the campaign, just sailed through earlier this week.

It raises troubling specific questions: Did the Chinese Government and the Communist Party, who likely had a hand in granting these approvals, see some type of benefit from doing so now that Donald Trump is President? Did the President and his network of businesses personally gain from his office, and will that incline the President to make policy decisions that benefit China and hurt American workers?

We don’t know if there is a link between the two. We don’t know what was in the minds of the Chinese Government or the Communist Party when they all of a sudden granted these 38 licenses. It surely raises troubling questions.

It raises a bigger question. The wisdom of our Founding Fathers proves true day in and day out. Over 220 years after they wrote the Constitution, their wisdom is coming through now with President Trump because they wrote in the Constitution that anything of value—any emolument—to U.S. officials from foreign governments should be prohibited. U.S. officials should not be allowed to accept any-

thing of value from any foreign government. In those days, one of the greatest worries of the Founding Fathers was that they wanted to prevent foreign governments from trying to curry favor with the United States by offering potential financial gain to our officials. This issue has been largely forgotten for a century or so, but the wisdom of the Founding Fathers is shining through now because President Trump, unlike just about any other President I can remember in recent history, has failed to completely separate himself from huge financial interests.

Now the questions arise. Is there a relationship? Are foreign governments seeking to curry favor? Is it affecting Donald Trump’s decisionmaking? No one knows the answers to these questions, but the fact that the questions can be asked is extremely troubling.

The President has flouted all tradition and precedent, and I worry if the spirit, if not the letter, of the Constitution has been broken when President Trump retains a financial interest in his business empire. It leads to troubling questions like the ones raised by these trademarks.

As my colleague from Connecticut, who is an expert on this issue, a brilliant lawyer, Senator BLUMENTHAL, said yesterday: I think the circumstances surrounding the approval of these trademarks ought to be looked into by this Congress for a potential emoluments clause violation. He is right, and I am glad he is going forward.

Thank you, Mr. President.

Mr. President, I ask unanimous consent that time consumed during a quorum call be charged equally to both sides.

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

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

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

The legislative clerk proceeded to call the roll.

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

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

Mr. BENNET. Thank you, Mr. President.

Last week, in his address to Congress, President Trump called education “the civil rights issue of our time.” I completely agree with that.

Millions of American kids are trapped in underperforming schools with little hope of gaining the skills needed for good-paying jobs in the 21st century economy. In America, poor kids hear 30 million fewer words than their more affluent peers by the time they get to kindergarten. If you don’t think that makes a difference, you ought to talk to any kindergarten teacher in America.

By the fourth grade, only one in four kids in the United States can do math

at grade level, and even fewer than that can read at grade level in this country. About 9 in 100 are going to receive a college degree or its equivalent by the time they get to the age of 25.

As a Nation, we are falling behind the rest of the world. American 15-year-olds rank 15th in reading in the world, 19th in science in the world, and 37th in math in the world. These numbers are shameful. They are a national disgrace. Because these results fall mainly on communities of color in this country, this is a civil rights crisis in the United States—as the President said, the civil rights issue of our time.

It is for those reasons and other reasons that Congress passed No Child Left Behind in 2001, so as to strengthen the accountability and transparency for public education all over this country. Despite its good intentions, the law came with onerous requirements that did not work for many communities, including my own.

When I was the superintendent of the Denver Public Schools, there were few experiences more miserable than dealing with the Federal bureaucracy and their auditors, who would make judgments that were driven more by compliance than by the needs of our children. Somebody who understood that well was Margaret Spellings, who was, at that time, the Secretary of Education for this country. We owe her a debt of gratitude for the work that she did as Secretary. I, personally, owe her a debt of gratitude for the waivers she granted to the Denver Public Schools, when I was superintendent, to allow us to focus not on the compliance of rules that made no sense but to focus on the kids in this school district.

I know that was the experience of educators all over America, which is why, in 2015, the Senate came together—and I am a member of the Health, Education, Labor, and Pensions Committee—to replace No Child Left Behind. Finally, 8 years too late—8 years after it was supposed to be reauthorized—under the leadership of Chairman ALEXANDER and Senator MURRAY, we were able to pass the Every Student Succeeds Act. The bill earned overwhelming support. The country was ready for a change.

The law brought much needed reform to the Federal Government's role in education by giving States far more flexibility for innovation, while preserving important, core accountability protections, which are critical for those of us who are interested in the civil rights mission of the Federal Government. It was a rare example of bipartisan cooperation and smart policymaking in Washington, DC. In fact, I cannot think of another case in which we received that much bipartisan support on such a difficult issue in the time that I have been here.

The way I see it—and I say this as a parent of three children in the public schools in Denver and as a former school superintendent—the only reason for Washington to be involved at all in

public education is with regard to civil rights, and that is an important reason for us to be involved. All kids should have access to great schools regardless of where they live, what ZIP Codes they are born into, or who their parents are.

With Every Student Succeeds, the new bill, States will design their own accountability systems and interventions when schools struggle. That is a big change from No Child Left Behind. It is a welcome change. The law shifts enormous responsibility from the Federal Government to States and transforms over 15 years of education policy. The law is not perfect, but it represents one of the most significant changes and, I would say, importantly, one of the most significant retrenchments of the Federal Government in domestic policy in modern American history. That should be acknowledged. It should be welcomed.

As States shift to the new model, many are asking for clarification about how to implement the law and make the most of greater State control over education. That is why the Department of Education issued rules last year to provide much needed clarity, stability, and flexibility to States, making it easier for them to transition from the broken system that we had under No Child Left Behind to the newer and more State-driven approach that we now have.

Now some in Congress have targeted this regulation. They have invoked the Congressional Review Act to repeal the rules wholesale. That would be so foolish after the progress we have made and the direction in which we have headed. It would tie the hands of the Department of Education from properly implementing the law and delay much needed flexibility and accountability for the States. It would be a disservice to students, to educators, to teachers, and to principals all across the country, and it would undermine the implementation of the entire law.

As I have said many times—and I have learned this the hard way—when it comes to education policy in particular, bad implementation can be just as harmful—even more harmful—than bad policy.

Repealing the rules would also sow confusion among States about when they must comply with this new law. The Every Student Succeeds Act includes a timeline for transition so that States have time to plan, but many specifics of that transition are unclear. The Department of Education's rules clarify that timeline and give States the flexibility with which to implement some parts of the law later than others.

Why would we want to take that away? Repealing the regulation would throw all of that away. Will schools have to fully comply with all aspects of the law by 2018, or is there some flexibility to stagger its implementation?

Beyond the timeline, striking the regulation wholesale would also throw

States into limbo by creating uncertainty over other important parts of the law. For example, the act includes a major change in how the law applies to English learners, which is one of the fastest growing populations in our schools throughout the country and now represents nearly 1 out of 10 students nationwide. In the new law, many provisions concerning English learners moved from title III to title I.

As States undertake this shift, they need clarity on how to design accountability systems that include English learners in order to ensure kids do not fall through the cracks. For example, the rules make it clear that States can create proficiency goals for different groups of English learners rather than creating a uniform goal for all students.

Striking the rules would also undermine core elements of the law, like the requirement for States to report on school spending and resources. The regulation clarifies that States must create a uniform procedure for this reporting, which is vital for transparency around funding and investments and, I would say, is vital with respect to the civil rights mission of this law.

It is easy to publish numbers. Believe me; I have seen it. It is a lot harder to publish numbers that are accurate and meaningful by which parents and kids can make informed decisions.

Right now, as we sit here, States are developing accountability plans under the Every Student Succeeds Act, and they are drawing on the current rules to guide that process. A change now could delay the submission and approval process for these plans. States will not know whether to use different templates or the ones they already have. They do not know if they have to restart public comment periods, delaying submissions and throwing the entire timeline into uncertainty. There is no reason we should be doing this to our schools, our teachers, and our principals.

Repealing the rules would also suppress innovation and limit flexibility. I know that is the clarion call on this floor a lot of the time. In this case, people are going to get the opposite of what they expect. Flexibility is central to the Every Student Succeeds Act. I fought for many aspects of the law in order to give States the ability to design their own accountability systems, and I believe in that. Yet, in the absence of express, legally binding guidance from the Department of Education about where and how they can experiment, States will respond to that uncertainty by embracing the safest course. I saw that all the time when I was superintendent.

States stand to lose a lot of money if they are not in compliance, particularly \$15 billion in annual title I funds for students who live in poverty. They do not want to risk it. It may seem odd, but we need these rules in order to ensure flexibility and innovation for States. Nonbinding guidance is not enough.

Finally, if we use the Congressional Review Act to repeal this rule—a very, very blunt instrument—the Department of Education will not be able to publish any rule that is “substantially the same” unless the Congress passes a new law—the Congress that took 8 years longer than it was supposed to in order to reauthorize No Child Left Behind the last time. This could mean that the Department of Education—and this is something people here need to pay attention to if they care about civil rights—would not be able to issue any new regulation to provide clarity for States as they transition to the new law. They would be left completely in the lurch, potentially hamstringing education policy across the country for a decade.

What is a shame about it is that there is absolutely no reason to do this. If the rules need to be changed, we should work together to improve them, but a CRA is not the correct policy tool. That is especially true when passing it would prevent all future regulation on core aspects of the Every Student Succeeds Act.

There has to be a better way for us to come together than this. I agree with the President that education is the civil rights issue of our time, and we should defeat this vote on this CRA.

I yield the floor.

Mr. DURBIN. Mr. President, today I come to the floor in opposition to the resolution to repeal regulations that help States and districts implement important provisions of the Every Student Succeeds Act.

In the last Congress, Members of Congress did what seems nearly unimaginable today. We passed a bipartisan bill, the Every Student Succeeds Act, or ESSA, to fix No Child Left Behind. After 14 years, Democrats and Republicans in both Chambers came together on compromise legislation to reauthorization of the Elementary and Secondary Education Act (ESEA). It gave States and districts flexibility to develop their own plans for holding schools accountable and encouraging improvements. At the same time, it included important Federal guardrails—including through regulatory authority—to fulfill the civil rights legacy of the original ESEA, ensuring that all students have equal access to high-quality public education.

Today, we should be focusing on the implementation of ESSA and providing critical resources to students, teachers, and schools. But, instead, we are on the Senate floor debating a Congressional Review Act resolution of disapproval that would gut the regulations that help maintain the important balance that ESSA strikes between local control and making sure that States are held accountable for educating our students.

After listening to teachers, parents, principals, and superintendents, the Obama Administration issued the final accountability regulation last November. Among other things, this regula-

tion provides important information to help States draft their State plans and develop accountability systems to determine whether children are actually learning. It gives more flexibility to States to develop academic standards, to measure student achievement, and to determine intervention strategies when subgroups of students are consistently underperforming. It also lays out how States should comply with important provisions of the law, including identifying low-performing schools for improvement.

Eliminating this regulation would roll back the Federal role in education that has been in place for more than 50 years. In 1965, when President Lyndon B. Johnson signed the Elementary and Secondary Education Act, it created an extraordinary opportunity for our Nation to make an even deeper commitment to civil rights. It ensured that all children, regardless of their ZIP Code, background, disability, or family wealth, would have a right to a quality education. Repealing this regulation would overturn 52 years of progress. We should be committing ourselves to advancing equity in education, but instead Republicans are using a political tool—the Congressional Review Act—to remove important Federal protections for students. I believe it is a betrayal of the bipartisan framework that underpins ESSA.

Striking this rule could also send States into chaos. Many States, including my home State of Illinois, have prepared their State plans to align with this regulation. Without the guidance and clarity that this regulation provides, states will not have the support they need to successfully implement ESSA. It could ultimately lead to greater liability for States and districts that are responsible for complying with the law but are left to interpret how to implement the law for themselves. If this partisan CRA effort is successful, the Education Department will not be able to promulgate new rules related to these issues. Instead of policy that is subject to the public scrutiny and review of the formal Federal rulemaking process, repealing this rule gives incredible latitude to an administration that wants to dismantle public education.

When I voted for ESSA, it was with the understanding that the law allowed the Secretary of Education to promulgate rules to implement the bill's accountability provisions. Gutting these regulations swings the pendulum way too far in the direction of local control. Giving States more control with a blank check from the Federal Government is not responsible Federal policy. We should maintain critical Federal guardrails to hold States accountable for educating our children. We should uphold our vital role in protecting the civil rights of all children. Anything less says to our children that they don't matter. I urge my colleagues to join me in voting against this resolution.

Mr. VAN HOLLEN. Mr. President, one of the most significant bipartisan accomplishments of the last Congress was the Every Student Succeeds Act, the long-overdue reauthorization of K-12 education law. The Every Student Succeeds Act returned more flexibility to States while ensuring accountability to ensure that every child gets a quality education.

Today, however, the majority has brought before the Senate a measure that would take a step backward. This Congressional Review Act resolution would repeal Department of Education regulations that the Department put in place to give States and school districts clarity about their responsibilities under the law and guidance to ensure that students receive their guaranteed civil rights protections. The regulations resulted from a year of stakeholder feedback. States are already using this guidance to write their State plans.

If we pass this resolution today, we would pull the rug out from under the very local stakeholders that we promised to empower with the Every Student Succeeds Act. Passing this resolution would disrupt their planning process and interfere with their operations. This resolution would also hurt our most vulnerable students by weakening accountability and protections for students with disabilities and students of color.

As the National Disability Rights Center has said, “To rescind these regulations would not only be a disservice to the spirit of ESSA and diminish the efficacy of the law, but would also serve to undermine the equity of educational opportunity for all students, including students with disabilities.”

The Leadership Conference on Civil and Human Rights concurred, arguing: “The underlying accountability and state plan regulation will help states, districts, and schools to faithfully implement the law and meet their legal obligations to historically marginalized groups of students. . . .”

The U.S. Chamber of Commerce also opposes repealing this regulation, saying: “Just as we believe the Every Student Succeeds Act incorporates our principles, we believe the [accountability] regulations do as well. And they provide states with the clarity they need to move forward.”

The Every Student Succeeds Act was the result of years of painstaking work and bipartisan compromise. The implementing regulation was the product of stakeholder input. We should not undermine that important progress and throw our education system into chaos with this resolution. I urge a “no” vote.

The PRESIDING OFFICER. The Senator from Iowa.

REPEALING AND REPLACING OBAMACARE

Mr. GRASSLEY. Mr. President, the other body spent yesterday and well into the night to vote out bills that would repeal and reform ObamaCare. I do not know exactly what is going to

happen in the other body on that issue, but I would like to add some thoughts on the issue of repeal and replace.

ObamaCare has been a case of overpromise and underdelivery. People were told that their premiums would go down by \$2,500. They have actually gone up by an average of \$3,500. They were also promised that if they liked their doctors, they would be able to keep their doctors. Millions of people have had to change doctors. Then they were told that they could keep their healthcare plans, and millions of people have had to change their healthcare plans. In fact, ObamaCare has been a case of overpromise and underdelivery. The reality is much different.

ObamaCare is hurting more people than it is helping. I have heard from many Iowans about the tremendous premium increases and, most importantly, all about high deductibles and high copays that make ObamaCare not worth its consideration.

One farmer said his health insurance premium went from \$20,000 to \$30,000 in one year. Another family said their ObamaCare premium increased 144 percent over 3 years. The 2017 premium for three people was over \$24,000, and families who did manage to purchase ObamaCare insurance found that they could no longer afford to use it because of sky-high deductibles and copays. Another Iowan said that his policy for his family of three increased from \$15,000 a year to \$23,000 in 1 year, with, more importantly, the policy's value being less because the deductible for that plan is nearly \$6,000.

It is quite obvious, as you think of these situations, that very few people can afford some of the prices or afford the deductibles that we hear about. So I think it is a very clear summation to say that ObamaCare is not working.

According to Avalere, one-third of the country will have only one insurance carrier that offers ObamaCare plans next year. Since that analysis by Avalere, another insurance company has pulled out of ObamaCare and has left some parts of the country without any insurance companies whatsoever for the folks to choose from. So many insurance companies have dropped out of ObamaCare that there are places in the country where people have a subsidy, but no insurance plans to buy. That is like having a bus ticket and there is no bus to take you anywhere.

Even those who were strong supporters of the healthcare law, like, as an example, the Democratic Governor of Minnesota, have said—or he said—the ACA “is no longer affordable to many Americans.”

The problem with ObamaCare is it did nothing to address the underlying causes of the high cost of healthcare; that is, what it costs for a hospital or doctor to purchase and maintain medical equipment, to purchase medicines, to carry malpractice insurance, and things like that. Rather than address the actual cost of care, President Obama chose to bypass real healthcare

reform for an unsustainable entitlement and, of course, bureaucratic mandates, which have priced people out of the healthcare insurance market, rather than provide them with affordable and quality coverage.

It is time, then, as the House was working throughout the night, to deliver more accessible, more affordable healthcare to even more Americans. ObamaCare has failed on both of these points, with, I believe, 29 million people still not having health insurance.

It is time to reduce the role of the Federal Government in the healthcare system because I think that expanded role is one of the very basic problems we have with ObamaCare. It is time to spend less and get better quality care.

I urge my colleagues on the other side of the aisle to work across the aisle in a bipartisan way. They know the Affordable Care Act is not serving the purposes that it was intended to serve and is falling apart and, in a short period of time, it may collapse. I think the other side is trying to distract attention from the Affordable Care Act collapse, and they are doing it by using the usual scare tactics. It used to be those scare tactics were applied just to Medicare improvements, but now they are applied across the board of healthcare delivery in America.

It is time for the other party to step up instead of doubling down because it was their plan passed in March of 2010 that put us in this spiral we are in. It is time for statesmanship, not gamesmanship. It is time for the people who are responsible for ObamaCare to stop defending the un-Affordable Care Act and deliver Americans what was promised.

I look forward to working with all of my colleagues and, of course, our new President to deliver affordable healthcare to more Americans.

Mr. President, I ask unanimous consent that Senator ALEXANDER control 10 minutes of the remaining debate time on H.J. Res. 57.

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

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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 7 minutes.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mrs. MURRAY. Mr. President, I come to the floor to once again urge my fellow Senators to vote against this resolution, which will weaken our bipartisan Every Student Succeeds Act and will hurt students and schools across

the country. I wish to quickly run through the reasons why passing this resolution will hurt our students.

First, voting for this resolution will throw States and school districts into chaos just as they are beginning to implement this law. Secretary DeVos has already sent a letter to State chiefs suggesting that a new State template for plan submission would be coming, less than a month before approximately 18 States and the District of Columbia intend to submit their plans. This timeline will not allow enough time for the stakeholder review process that is required in the law and may force States to reopen their plans and delay implementation of the law.

Secondly, the Every Student Succeeds Act is a civil rights law at its core. We know from experience that without strong accountability, kids from low-income neighborhoods, students of color, kids with disabilities, and students learning English too often fall through the cracks, and now it is up to all of us to uphold the civil rights legacy of the law and its promise for students by voting against this resolution.

I wish to spend a little more time on the third reason. It should concern all of us that if this resolution passes, it will give Secretary DeVos a blank check to promote her anti-public school agenda. During her confirmation process, my colleagues and millions of Americans saw that Secretary DeVos lacks a basic understanding of key concepts in public education policy, and even more concerning, she has openly questioned the role of the Federal Government in protecting our most vulnerable students.

After her hearings, millions of people across the country stood up, made their voices heard, and called on the Senate to reject her confirmation. Although she squeaked through with an unprecedented tie—the breaking vote from Vice President PENCE—it was clear that Democrats, Republicans, and people across the country rejected her anti-public school agenda. Instead, they want the Department of Education to stand with students and with schools. We cannot in good conscience, through this rule, give Secretary DeVos another tool to promote her anti-public school agenda in ESSA implementation, and that is exactly what passing this resolution will do.

My colleagues across the aisle—the senior Senator from Tennessee made a number of claims in his remarks yesterday about this rule, and I want to go through a few of them because I believe they were off base on a number of levels.

First, the way my friend talked about what the law allows, or doesn't allow, in terms of rulemaking is absolutely wrong. Major laws like the Every Student Succeeds Act allow for and depend on Federal agencies to issue rules that help implement and clarify said laws. The Every Student Succeeds Act maintains the Secretary's overall authority to issue

rules and clarifications that are consistent with the law. This rule before us today is consistent with ESSA, and it provides important clarity to our States, our school districts, and our schools.

Secondly, the senior Senator from Tennessee misrepresented how this rule requires States to rate schools. While the Department's initial rule did require States to provide schools with a "summative rating," my colleague across the aisle, as well as a number of education stakeholder groups, requested that the Department provide States more flexibility. The Department listened and took this out of the final rule which we are talking about today. In fact, the Council of Chief State School Officers, one of the groups who was concerned with the summative rating, said in a statement in response to this rule: "It is clear the U.S. Department of Education listened to the feedback from state education chiefs across the country and made several important changes to ensure the accountability provisions in the Every Student Succeeds Act can be implemented in all States." And now the final rule only requires States to comply with ESSA in this area.

Finally, I want to say that my colleague was simply wrong in the way he talked about the impact of this rule on schools that are struggling. ESSA provides guardrails to make sure that grant sizes are sufficient to meet the needs of students, but it provides States with the flexibility to allot smaller grants to smaller sized districts and schools if that is what works best for them. But this rule in no way limits State decisionmaking in this area.

Those are just a few of the ways this rule was mischaracterized over the course of the debate. There were many others. I just have to say that it is disappointing because Democrats and Republicans worked together on this law. I thought there was a clear understanding of what the law intended. I assumed my colleagues understood what the Department was doing to implement our law in an open and collaborative way, and it is very concerning to me to hear such partisanship and false representations of our bipartisan law.

This rule does not dictate what States have to do in struggling schools. Instead, it balances the goals of ESSA—flexibility with Federal guardrails—and provides important clarity for our States.

A vote for this resolution is a vote to run away from the bipartisan nature of the Every Student Succeeds Act. It is a blunt instrument and a significant step in the wrong direction, and it will have a serious impact on our students, our schools, and our districts across the country.

I am disheartened to see that my Republican colleagues are jamming this partisan play through in the same fashion they did with Secretary DeVos's nomination.

Over the past few months, millions of students, parents, and teachers have made their voices heard about the importance of public education to them. They want us to work together, and they want us to build on the bipartisan law. This resolution does exactly the opposite.

I urge our colleagues to vote against this resolution and vote for our schools and our students and to vote for the bipartisan ESSA law.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, in 2015, 85 U.S. Senators voted to fix the No Child Left Behind Act. We reversed the trend to a national school board and began to restore decisions to classroom teachers, local school boards, and States. The Wall Street Journal said that it was "the largest devolution of federal control to the States" in 25 years.

The Department of Education regulation that we seek to overturn today does exactly the reverse. It begins to restore the national school board, and it begins to take away responsibility from classroom teachers, local school boards, and States. It does that in direct violation of the law we passed with 85 Senators voting for it 15 months ago.

The question before us today is not only whether we believe in a national school board or local school board, the question is whether we believe Congress ought to write the law or the U.S. Department of Education ought to write the law. Article I of the U.S. Constitution says that the U.S. Congress—we—should write the law.

The purpose of this resolution is to overturn a Department of Education regulation that in seven specific cases directly violates the Every Student Succeeds Act passed 15 months ago, and in 16 additional cases exceeds the authority allowed by the law. I spoke on this floor yesterday in detail of each of those 23 instances.

It is very unusual for the Congress to actually prohibit a department from regulating on an issue, but that is exactly what Congress did. The regulation we are seeking to overturn says to States: Ignore the law that 85 Senators passed 15 months ago. Ignore the law President Obama called a "Christmas miracle." Ignore the law Governors, teachers, school boards, and superintendents all supported, and even ignore why they supported it, and listen instead to unelected bureaucrats at the U.S. Department of Education.

This regulation issued by the Department of Education specifically does things or requires States to do things Congress said in our law that the Department cannot do; therefore, it violates the law.

For example, Congress said to the Department: You cannot tell States what to do about fixing low-performing schools in Alaska or Tennessee or your State; that is a State decision. But this regulation does that anyway.

Congress said to the Department: You cannot tell States exactly how to rate the public schools. But this regulation does that anyway.

This isn't a trivial matter. The remarkable consensus that developed in 2015 in support of the bill fixing No Child Left Behind was, as I said earlier, to reverse the trend toward a national school board and restore to States, classrooms, teachers, and communities decisions about what to do about schools. People are fed up with Washington telling teachers and schools and superintendents and States so much about what to do about their children in 100,000 public schools. So this regulation, which contravenes the law, goes to the heart of that consensus.

This resolution ensures that the law is implemented the way Congress wrote it. This resolution restores flexibility. This resolution preserves local decision making. This resolution scuttles new and burdensome reporting requirements that are in the Department regulation. This resolution ensures strong accountability for our schools, but it is State accountability. That is what we decided in our law.

Chaos? My distinguished friend from Washington said "chaos." The Secretary of Education has announced that States may continue to follow the exact same timeline that the former Secretary, Secretary King, announced for sending in their State plans. If they have questions about how to do that, they can read the law, they can read the guidance, they can read frequently asked questions, or they can make a telephone call.

This resolution does not in any way give the Secretary new authority. In fact, it limits her authority and the authority of the next Secretary. If we stand up and say we are not going to allow any Secretary of Education, whether it is Secretary King or Secretary DeVos, to, in 23 different instances in a regulation, contravene the authority granted in a law, that means we won't have Secretaries imposing their own policies. We will have Congress writing the law. This regulation—the one we are overturning is not required by the law. It is allowed by the law, but it is not required by the law. School districts can read the law.

Future Secretaries will be able to write regulations on this subject. Of course they will. When you overturn a regulation, it does mean the Secretary can't issue a new regulation that is substantially the same, but that simply means, in a commonsense way, the Secretary can't turn right around and do the same thing we just overturned.

This is a question of whether we are going to restore the national school board that 85 Senators voted to reverse. This is a question of whether you believe Congress writes the law or the U.S. Department of Education writes the law. This resolution upholds the law that received 85 votes from U.S. Senators.

I urge my colleagues to vote aye. An "aye" vote preserves the bipartisan

consensus. A “nay” vote undermines the bipartisan consensus.

I yield the floor.

I yield back any remaining time.

The PRESIDING OFFICER (Mrs. FISCHER). All time is yielded back.

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

The PRESIDING OFFICER. The joint resolution having been read the third time, the question is, Shall the joint resolution pass?

Mr. PERDUE. 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 bill clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

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

The result was announced—yeas 50, nays 49, as follows:

[Rollcall Vote No. 84 Leg.]

YEAS—50

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

NAYS—49

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

NOT VOTING—1

Isakson

The joint resolution (H.J. Res. 57) was passed.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to consider the following nomination, which the clerk will report.

The bill clerk read the nomination of Seema Verma, of Indiana, to be Admin-

istrator of the Centers for Medicare and Medicaid Services.

The PRESIDING OFFICER. The Senator from Florida.

FREEDOM FOR BOB LEVINSON

Mr. NELSON. Madam President, I come to the floor with a heavy heart because 10 years ago today, Robert Levinson, a former FBI agent, was detained in Iran on the tourist island of Kish Island in the Persian Gulf.

Bob is a very respected, long-time FBI agent who had served his country for 28 years and had since retired. He is the longest held civilian in our Nation's history. He is a husband, a father of seven, and now a grandfather of six, and he deserves to be reunited with his family.

Since Bob's detention, American officials have sought Iran's cooperation in locating and returning Bob to his family. Of course, Iranian officials have promised over and over their assistance, but after 10 long years, those promises have amounted to nothing. Bob still is not home.

The bottom line is, Iran is responsible for returning Bob to his family. If Iranian officials don't have Bob, then they sure know where to find him. So today we renew our call on Iran to make good on those promises and return Bob, return him to where he ought to be, with his family.

Iran's continued delay in returning him, in addition to the very serious disagreements the United States has with the Government of Iran about its missile program, its sponsorship of terrorism, and its human rights abuses, is just another obstacle Iran must overcome if it wants to improve relations with the United States.

We also urge the President and our allies to keep pressing Iran to make clear that the United States has not forgotten Bob and will not forget him until he is home. Obviously, we owe this to Bob, a servant of America, and we certainly owe it to his family.

To Bob's family, we recognize your tireless efforts over those 10 long years to bring your dad home, and we offer our sympathies.

Madam President, I yield the floor.

The PRESIDING OFFICER. The majority whip.

AMERICAN HEALTH CARE ACT

Mr. CORNYN. Madam President, this week the Senate continues to press forward on a number of congressional review actions; in this case, a disapproval that will roll back and repeal many Obama-era regulations that have hurt people across the country and strangled our economic growth.

By doing away with excessively burdensome rules and regulations, we are delivering on our promise to the American people to actually do what we can to help the economy, to grow the economy, to create jobs and not hurt it with unnecessary, expensive, and burdensome redtape.

Earlier this year, we began the legislative process to deliver on our biggest promise: repealing and replacing

ObamaCare with more affordable and more accessible healthcare options, options that will work for all American families. The American Health Care Act, introduced in the House on Monday, is the first step in fulfilling that promise.

ObamaCare is collapsing. It has already failed countless families across the country, and it has forced people off good insurance plans they liked and strong-armed them to sign up for plans that were more expensive, offered less care, and didn't even let them use the doctor of their choice. So we would be revisiting healthcare even if Hillary Clinton had been elected President of the United States because ObamaCare is in a meltdown mode.

ObamaCare has also saddled our economy with more than a trillion dollars in new taxes. Most of those taxes are so hidden that most Americans are probably not aware of the fact that there is even a tax charged on the premium for their health insurance policy, for example. Well, all of these taxes end up being absorbed and have to be paid by American families.

At its very core, the individual mandate of ObamaCare was a major power play and overreach by the Federal Government. Basically, what it said was, if you don't buy the government-prescribed health insurance plan, we are going to fine you; we are going to penalize you.

The government should not be able to force anyone to spend their own hard-earned money for something they don't want but have to buy under a threat of financial penalty. The American people have spoken up loudly and clearly and rightfully demanded that Congress do better, and we will.

Since the 2010 timeframe—when our colleagues on the other side of the aisle passed ObamaCare with 60 votes in the Senate, a majority in the House, and with the White House—they have lost the majority in the Senate, they have lost the majority in the House, and they have lost the White House. I think ObamaCare has been one of the major reasons why, because people, the more they learn about it, the less they like it, and they don't appreciate Washington forcing them to do things they don't want to do with their own money.

About 2 months ago, one of my constituents in Texas wrote me about her skyrocketing healthcare costs. Before last year, her premium was about \$325 a month. A short time later, that was revised to \$436 a month. This same Texan later moved from one city to another and, because of her change of address, her premium jumped to \$625 a month. It started at \$325 and is now \$625. In 2017, thanks to ObamaCare, her premium went up again to an astronomical \$820 a month. It started at \$325 before ObamaCare and is now \$820 a month. I don't know many people who could absorb that kind of increase in their healthcare insurance premium.

In about a year, her monthly healthcare payment jumped by more

than 150 percent—150 percent. That is hardly what I would call affordable; thus, the misnamed Affordable Care Act should be the un-Affordable Care Act.

To make matters worse, she then found that her provider would be putting a halt to individual plans in Texas, something that has been a recurring theme in my State and across the country. So while President Obama said: If you like your plan, you can keep your plan, as a result of ObamaCare, she was not able to keep her plan so she had to find a new plan and a new doctor, a plan ultimately with less care, less flexibility, and even a higher price.

Suffice it to say, for this constituent of mine and for millions more like her, ObamaCare is not working. ObamaCare is not affordable, and it is hurting Texans. It is time for Congress to keep its promise that we have made in every election since that given the privilege of governing—of being in the majority, being in a position to change things—we would repeal and replace ObamaCare with options that fit the needs of all Americans and their families at a price they can afford.

Mr. SANDERS. Will my friend from Texas yield for a question?

Mr. CORNYN. I will not, not at this time.

Fortunately, we now have a President in the White House who clearly sees the failure of ObamaCare and wants to do something about it. Republicans in Congress have introduced a bill, which is now being marked up in the House, that the President can actually sign, once it is passed, to get us out of this mess. The American Health Care Act is the vehicle to do just that, and I am glad President Trump endorsed the plan earlier this week.

It is a work in progress. The House committees are marking it up as we speak. There will be changes along the way, but, ultimately, the House will pass the bill and send it to the Senate. Then we will have an opportunity to offer our amendments during the course of its passage. The important point to make, though, is that this legislation will actually put patients first so they are not forced into a plan that they don't want or that provides coverage they can't afford. It does away with the outrageous new taxes and the penalties that have made the economy worse off and have made life harder for American families.

The legislation will also give families more flexibility so they can get the healthcare specific to their needs that actually works for them. If they decide, for example, to get a major medical policy that is relatively inexpensive and then use a health savings account to use pretax dollars to pay for their regular doctors' visits, they will have the flexibility to do that. So this legislation promotes sensible reforms to ensure that big ticket items like Medicaid are put on a more sustainable fiscal path.

I have heard some suggestions that this legislation actually guts Medicaid. That is false. That is not true. It actually continues at current levels in this shared State and Federal program, but it is subject to a cost-of-living index that will actually put Medicaid on a more sustainable path. Just as importantly, it will also return the authority back to the States to come up with the flexible programs they need to deal with the specific healthcare needs of the people of their State.

This legislation makes sure that Medicaid doesn't lose sight of its design, which is to serve the most vulnerable among us who can't afford access to quality healthcare. It provides them that access—and better access—by providing flexibility to the States.

We know that the States and the Federal Government spend an awful lot of money on Medicaid. In Texas, for example, my State spent close to one-third of its budget on Medicaid last year—one-third of all State spending—and it is uncapped, so it goes up every year by leaps and bounds. Under the American Health Care Act, Medicaid will be tied to the number of people in the State using it, a per capita rate, which makes sense, and it represents the first major overhaul of the program in decades.

ObamaCare left us with unchecked government spending, more taxes, and fewer healthcare options. This bill is the opposite of ObamaCare in every way. It will control spending in a commonsense way, it will repeal ObamaCare's taxes and the individual and employer mandate, and it will provide more flexible free market options for families across the country. That is not just a bumper sticker or advertisement; that is actually what is contained in the legislation.

I look forward to working with my colleagues in the House, in the Senate, and in the Trump administration to get this done in the next few weeks.

Madam President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

Mr. MARKEY. Madam President, here we go again, debating the nomination of a Trump candidate who is both unqualified and reflects an extreme ideology for the Department she will hope to lead. In this case it is Seema Verma, and the Department is the Centers for Medicare and Medicaid, or CMS, as it is often called.

Why is CMS, an acronym for a department that most Americans don't even know about, so important that its nominee would make it to the floor of the U.S. Senate for debate? Because 100 million Americans receive health insurance coverage under one of our Fed-

eral insurance programs—Medicare, Medicaid, the Children's Health Insurance Program, and the health insurance marketplace created by the Affordable Care Act, all of which are under the jurisdiction of CMS.

CMS is the traffic cop of our Federal Government healthcare system. It makes sure that Americans have access to affordable, quality healthcare by administering and overseeing all aspects of our Federal health program. It promotes healthcare innovation and works to reduce waste, fraud, and abuse throughout our healthcare system.

Under the Trump administration and Republican leadership, which has vowed to repeal ObamaCare and get rid of Medicaid as we know it, the leader of CMS will be the person responsible for reducing Federal spending on public insurance programs, particularly for the poor, the elderly, and the disabled. Seema Verma is President Trump's nominee to try to meet that misguided and heartless challenge.

Republicans have an ancient animosity toward Medicaid, and it would seem that Ms. Verma shares that prejudice. Ms. Verma is most well known for proposals that penalize and create roadblocks to coverage for low-income Americans. She supports changes to Medicaid that would make it harder for those who need Medicaid to access it. This stance is fundamentally antithetical to the core principle of Medicaid, which is providing coverage for those who cannot afford it. For the most part, we are talking about poor people in the United States of America in 2017.

Despite the fact that research shows the onerous premiums or cost sharing for low-income individuals served as barriers to enrolling in and obtaining care, Ms. Verma supported a plan to require Medicaid enrollees to pay premiums through monthly contributions to a health savings account. Guess what. People who are poor enough to qualify for Medicaid rarely have enough money to dedicate to savings accounts of any kind. They are living day to day, week to week, month to month.

She also supports putting in place restrictions that put more burdens on low-income Americans than even private insurance. It will be Grandma and Grandpa who will pay the highest price.

Medicaid isn't just a line in our healthcare budget; it is a lifeline for millions of seniors in every State of the country. Here are the facts about the importance of Medicaid to our seniors. It is anticipated that by 2060, there will be more than 98 million Americans over the age of 65. The number of individuals over the age of 85 is expected to reach 14.6 million in 2040—triple the number in 2014. Of this population, 70 percent will likely use long-term services and supports, of which Medicaid is the primary player. Medicaid spent \$152 billion on long-term support services like nursing home care in 2014.

Let me say that again. The entire defense budget is about \$550 billion. We spent as a nation \$152 billion—a little less than one-third of the defense budget—to take care of Grandma and Grandpa in nursing homes in 2014. They may have Alzheimer's, they may have other diseases, but, unfortunately, most families can't save \$50, \$60, \$70,000 for year after year of nursing home coverage; that is Grandma and Grandpa.

The anticipated growth rate for Medicaid beneficiaries over the age of 65 is four times the rate of growth for all Medicaid beneficiaries. The only thing growing faster than the need for Medicaid is the number of people who are opposed to repealing the Medicaid expansion under ObamaCare. Medicaid pays for nearly two-thirds of individuals living in nursing homes.

Can I say that again? Medicaid pays for two-thirds of individuals living in nursing homes in our country. So if you know a family member who is in a nursing home who has Alzheimer's or some other disease, you can just assume that Medicaid is helping that family to ensure that Grandma or Grandpa is getting the care they deserve for what they did to build this great country.

Fundamentally restructuring Medicaid will place additional strain on already strapped State budgets because nursing facility care is a mandated Medicaid benefit. States may offset the increased costs in covering this service by further cutting payments to providers or removing benefits that seniors want and need, like home- and community-based services. It also puts more strain on working-class families because if Medicaid isn't picking up the cost of putting your grandma in a nursing home, that comes out of the pockets of other contributors to the family.

Unfortunately, Republicans want to undermine the Medicaid expansion under the Affordable Care Act, which is benefiting millions of seniors. They want to force seniors to pay more out-of-pocket for healthcare or forgo coverage because they cannot afford it.

What Republicans refuse to accept is that the Affordable Care Act is the most important program we have put in place for seniors since Medicare. The uninsured rate for Americans aged 50 to 64 dropped by nearly half after the passage of the ACA. The uninsured rate for this older population living in Medicaid expansion States was 4.6 percent while the uninsured rate for the same population living in a non-Medicaid expansion State was 8.7 percent—almost double.

Not only does the Republican proposal amount to an age tax by substantially increasing the amount an insurance company can charge for an older person, but it provides older Americans with fewer resources than what is available under ObamaCare to help cover their increased costs for care.

Unfortunately, as Republicans attempt to repeal ObamaCare, CMS is au-

thorized by President Trump's Executive order to "minimize the unwarranted economic and regulatory burdens" of ObamaCare. In simple terms, that means undoing and privatizing vital provisions of the Affordable Care Act as soon as possible under the law.

CMS has also picked up a sledgehammer. It has already proposed new rules of slashing open enrollment times for the exchanges by over a month. It has proposed rules to relax the minimum standards for what qualifying health plans sold on the exchanges have to cover.

Now, more than ever, we need a leader at CMS who understands and respects the fundamental need for healthcare for our seniors, and for so many of them, that need is met by Medicaid. Ms. Verma's disdain for Medicaid is simply an insurmountable problem for the millions of older Americans in this country who rely upon this fundamental program.

Given her lack of experience and extreme views, several major groups that represent millions of working-class Americans have voiced strong opposition to her confirmation.

This is what the American Federation of State, County and Municipal Employees of the AFL-CIO said:

"Leading CMS is too important a role to be held by an individual who is committed to policies so radical they would jeopardize the health and lives of ordinary Americans."

I could not agree more.

Seema Verma is the wrong person to run CMS at a time when millions of Americans are relying on the dignity and coverage that Medicare and Medicaid provide.

Instead of cutting funding for defense, Donald Trump wants to cut programs for the defenseless. The Trump administration would rather bestow billions more to the Pentagon to pay for new nuclear weapons, which we do not need and cannot afford, all the while supporting cuts to Medicaid and senior health. We should be cutting Minuteman missiles instead of Medicaid. We should be cutting gravity bombs instead of Grandma's prescriptions.

The Trump administration's plan for Medicaid and our overall healthcare system would be a nightmare for Grandma and Grandpa and millions of middle-class Americans.

I am opposed to Seema Verma's nomination, and I call on my colleagues to join me in voting no on her nomination when it is presented on the Senate floor.

I yield the floor.

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

NOMINATION OF NEIL GORSUCH

Mr. GARDNER. Mr. President, I rise to support the nomination of Judge Neil Gorsuch to the U.S. Supreme Court. Hopefully, we will see his confirmation in the weeks to come.

As I have come to the floor and talked about before, Judge Gorsuch is a

fourth-generation Coloradan who serves on the Tenth Circuit Court of Appeals, which is the U.S. circuit court that is housed in Denver, CO. It is the circuit court that oversees about 20 percent of the land mass in the States of Colorado, Oklahoma, and places in between. Once he is confirmed to the Supreme Court, Neil Gorsuch will become the second Coloradan to have served on the Court.

We have a great history of another Supreme Court Justice who served on the highest Court. Associate Justice Byron White had the distinction of being the only Supreme Court Justice to lead the NFL in rushing, and he was also from Colorado.

If Judge Gorsuch is confirmed, Justice Gorsuch will join Byron White as another Coloradan on the High Court. Justice Rutledge also received his bachelor's of law degree from the University of Colorado. So we do have a great history of Colorado westerners joining our Nation's highest Court.

Mr. Gorsuch was confirmed to the Tenth Circuit Court a little over 10 years ago—11 years ago—in 2006, by a unanimous voice vote. He was so popular and so well supported that there was not even a rollcall vote taken in this Chamber. It was a simple acclamation by a voice vote. In fact, Gorsuch's nomination hearing was deemed so noncontroversial that the last time, Senator GRAHAM was the only committee member to attend.

One may ask oneself what made and continues to make Judge Gorsuch such a mainstream nominee. I do not think we need to look any further than his original Judiciary Committee questionnaire to see that Judge Gorsuch possesses the right temperament and the right view of the role of judges.

I thought it was important that I read this from 11 years ago when Judge Gorsuch was confirmed to the Tenth Circuit Court. The questionnaire he filled out for the Judiciary Committee included then-Neil Gorsuch's—trying to be Judge Gorsuch—response to judicial activism and what it meant to Neil Gorsuch prior to his confirmation to the Tenth Circuit Court.

Here is what he replied to the Judiciary Committee in that committee questionnaire:

The Constitution requires Federal judges to strike a delicate balance. The separation of powers embodied in our founding document provides the judiciary with a defined and limited charter.

Judges must allow the elected branches of government to flourish and citizens, through their elected representatives, to make laws appropriate to the facts and circumstances of the day.

Judges must avoid the temptation to usurp the roles of the legislative and executive branches and must appreciate the advantages these democratic institutions have in crafting and adapting social policy as well as their special authority, derived from the consent and mandate of the people, to do so.

At the same time, the Founders were anxious to ensure that the judicial branch never becomes captured by or subservient to the other branches of government, recognizing

that a firm and independent judiciary is critical to a well-functioning democracy.

The Constitution imposes on the judiciary the vital work of settling disputes, vindicating civil rights and civil liberties, ensuring equal treatment under the law, and helping to make real for all citizens the Constitution's promise of self-government. There may be no firmly fixed formula on how to strike the balance envisioned by the Constitution in specific cases, but there are many guideposts discernible in the best traditions of our judiciary.

A wise judge recognizes that his or her own judgment is only a weak reed without being fortified by these proven guides.

For example, a good judge recognizes that many of the lawyers in cases reaching the court of appeals have lived with and thought deeply about the legal issues before the court for months or years. A lawyer in the well is not to be treated as a cat's paw but as a valuable colleague whose thinking is to be mined and tested and who, at all times, deserves to be treated with respect and common courtesy.

A good judge will diligently study counsels' briefs and the record and seek to digest them fully before argument and then listen with respectful discernment to the arguments made by his or her colleagues at the bar.

A good judge will recognize that few questions in the law are truly novel, that precedents in the vast body of Federal law reflect the considered judgment of those who have come before us and embody the settled expectation of those in our own generation.

A good judge will seek to honor precedent and strive to avoid its disparagement or displacement.

A good judge will listen to his or her colleagues and strive to reach consensus with them. Every judge takes the same judicial oath; every judge brings a different and valuable perspective to the office.

A good judge will appreciate the different experiences and perspectives of his or her colleagues and know that reaching consensus is not always easy but that the process of getting there often tempers the ultimate result, ensuring that the ultimate decision reflects the collective wisdom of multiple individuals of disparate backgrounds who have studied the issue with care.

Throughout the process of adjudicating an appeal, a good judge will question not only the positions espoused by the litigants but also his or her own perceptions and tentative conclusions as they evolve.

And a good judge will critically examine his or her own ideas as readily and openly as the ideas advanced by others.

A good judge will never become so wedded to any view of any case so as to preclude the possibility of changing his or her mind at any stage—from argument through the completion of a written opinion.

Pride of position, fear of embarrassment associated with changing one's mind, along, of course, with personal politics or policy preferences have no useful role in judging; regular and healthy doses of self-skepticism and humility about one's own abilities and conclusions always do.

This is the response that then-Neil Gorsuch, prior to his becoming Judge Gorsuch, gave to the Senate Judiciary Committee and in response to a questionnaire about judicial activism and about what makes a good judge in his talking about fidelity to precedent, talking about the ability to reach a conclusion that may be in disagreement with one's own personal opinions, making sure that we respect the dif-

ferent branches of government, making sure that one listens to one's colleagues who are arguing a case and who have spent years in their getting to know the case and its every detail, and scrubbing your mind to question the positions that you thought you had to make sure that they mesh with the law, not with opinion.

Judge Gorsuch, when he was introduced at the White House when being nominated by the President, said that a judge who agrees with every opinion he reaches is probably a bad judge.

The institution we serve has that fidelity to the Constitution that we must preserve, that we must guard. Guardians of the Constitution, which judges represent, is something we confirm. It is our job to make sure the kind of judges we place on courts represent the kind of judge Neil Gorsuch truly is.

It is this temperament, this fidelity to the Constitution, this appropriate temperament, and remarkable humility that has made Judge Gorsuch a consensus pick in the past and, I believe, that could be a consensus pick in the near future.

It is reflected in the fact that, on February 23, Senator BENNET and I, along with the Judiciary Committee, received a letter from Colorado's diverse legal community in support of Judge Gorsuch's nomination to the Supreme Court.

The letter reads as follows:

As members of the Colorado legal community, we are proud to support the nomination of Judge Neil Gorsuch to be our next Supreme Court Justice. We hold a diverse set of political views as Republicans, Democrats, and Independents. Many of us have been critical of actions taken by President Trump. Nonetheless, we all agree that Judge Gorsuch is exceptionally well qualified to join the Supreme Court. He deserves an up-or-down vote.

We know Judge Gorsuch to be a person of utmost character. He is fair, decent, and honest, both as a judge and as a person. His record shows that he believes strongly in the independence of the judiciary. Judge Gorsuch has a well-earned reputation as an excellent jurist. He voted with the majority in 98% of the cases he heard on the 10th Circuit, a great portion of which were joined by judges appointed by Democratic Presidents. Seven of his opinions have been affirmed by the U.S. Supreme Court—four unanimously—and none has been reversed.

We ask that Colorado's Senators join together and support this highly qualified nominee from Colorado. Regardless of the politics involved in prior confirmation efforts, including what many consider to be the mistreatment of Judge Garland's nomination, a filibuster now will do Colorado no good.

Judge Gorsuch deserves a fair shake in the confirmation process. Please vote against a filibuster and vote for Judge Gorsuch's confirmation to the Supreme Court.

This letter from James Lyons is another such letter talking about the importance of the confirmation of Judge Gorsuch. I couldn't agree more with this letter and the letter that I read.

Judge Gorsuch is an exceptionally qualified jurist, to use their words, and he deserves a fair shake in the con-

firmation process that includes a timely up-or-down vote.

I ask unanimous consent that this letter be printed in the RECORD.

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

FEBRUARY 7, 2017.

Hon. CHUCK GRASSLEY,
Chairman, Committee on the Judiciary,
U.S. Senate.

DEAR SENATOR GRASSLEY: I write this letter in strong support of the nomination and confirmation of Judge Neil Gorsuch for Associate Justice of the United States Supreme Court.

Judge Gorsuch has been known to me professionally for over twenty years, and his family even longer. In the mid-nineties, we were counsel together in successfully representing co-defendants in a major securities matter involving class action and derivative lawsuits in several jurisdictions across the country as well as SEC and Congressional investigations. Over the course of that complex representation in the following years, I came to observe first-hand his considerable lawyering skills, intellect, judgment and temperament. He was one of the finest trial lawyers with whom it has been my pleasure to be associated in my career. We also became personal and good friends which continued during the following years at his firm, later during his time at the Department of Justice and since returning to Denver to serve on the bench.

I was delighted by his appointment to the U.S. Court of Appeals for the Tenth Circuit based here in Denver. (He honored me by having me be one of two lawyers to introduce him to the court at his formal investiture.) Over his years of service on that court, he has distinguished himself with his work ethic, keen and thorough understanding of the case under review, his formidable analytical ability, and the clarity of his opinions. I have read many of his opinions and watched him in oral argument. He is engaging, courteous to counsel and demonstrates a full and unusual appreciation for the human impact of his decisions on the people involved. These are the qualities of an outstanding jurist.

Judge Gorsuch has been active and an important voice in the legal community and academy. He has written extensively, lectured and taught in continuing legal education seminars and served on the important federal Rules Committee, among others. He also has found time to sit on student moot courts and teach both ethics and federal jurisdiction at the University of Colorado Law School. He is regularly regarded by his students as one of their very best law professors—effective, challenging and personable.

Judge Gorsuch's intellect, energy and deep regard for the Constitution are well known to those of us who have worked with him and have seen first-hand his commitment to basic principles. Above all, his independence, fairness and impartiality are the hallmarks of his career and his well-earned reputation.

Sincerely,

JAMES M. LYONS.

Mr. GARDNER. Mr. President, I look forward to working with my colleagues across the aisle to make sure we fill this vacancy on the Supreme Court with one of this Nation's truly brilliant legal minds.

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

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

CUBA TRADE ACT

Mr. MORAN. Mr. President, I come to the floor today to speak about legislation I have recently introduced, although it is a follow-on to legislation I pursued over a number of years.

We have now introduced in this Congress the Cuba Trade Act. This is legislation which would lift the trade embargo to allow farmers and ranchers and small businesses and other private sector industries to freely conduct business, to sell products—agricultural products in particular—to the nation of Cuba and to its people.

Last month, I spoke about the terrific difficulties our farmers in Kansas and across the country are facing due to low commodity prices. The farm economy has fallen by nearly 50 percent since 2013, and that decline is expected to continue in 2017, making this perhaps, if not the worst, certainly one of the worst economic downturns in farm country since the Great Depression.

In 2016, harvests in our State and across much of the country were record-breaking yields and historic in their magnitude, in fact. What that means is there are still piles of wheat, corn, and other grains all across Kansas just sitting on the ground next to the grain mill bins that are already filled to capacity. To sell this excess supply, our farmers need more markets to sell the food and fiber they produce.

Approximately 95 percent of the world's customers live outside U.S. borders. Markets in the United States will continue to grow, and they will evolve and will continue to meet the domestic consumer demand, providing the best, highest quality, safest food supply in the world, but in order to boost prices for American farmers, we need more markets. We need them now, we need them in the future, and we need to be able to indicate to our farmers that hope is in the works in global markets.

We have talked about the importance of trade, of exports from the United States, and particularly for the citizens of Kansas. That is particularly true for an agricultural State like ours where, again, 95 percent of the consumers live someplace outside of the United States. Cuba is only 90 miles off our border. They offer the potential for increased exports of all sorts of products but especially Kansas wheat.

In fact, while we are introducing this legislation now, we started down this path to increase our ability to sell agriculture commodities, food, and medicine to Cuba back when I was a Member of the House of Representatives. I offered an amendment then to an appropriations bill that lifted the embargo—the ability to sell; it would allow the ability to sell those foods, agricul-

tural commodities, and medicine to Cuba for cash, up front. That bill was passed. It was controversial then. This issue of what our relationship ought to be with Cuba has always been contentious. But I remember the vote was about I think 301 to 116. A majority of Republicans and a majority of Democrats said it is time to do something different with our relationship with Cuba.

This was a significant step in opening up the opportunity to the products of American farmers and ranchers to that country. No longer were food, medicine, and agriculture commodities prohibited from being sold. And it worked for a little while, but unfortunately, in 2005, the Treasury Department changed the regulations, and it complicated the circumstances related to the embargo.

Cuba imports the vast majority of its food. In fact, wheat is Cuba's second largest import, second only to oil.

A point I would stress is that this is a unilateral sanction. Keep in mind that when we don't sell agricultural commodities to Cuba, somebody else does. While our unilateral trade barriers block our own farmers and ranchers from filling the market, willing sellers such as Canada, France, China, and others benefit at American farmers' expense. When we can't sell wheat that comes from a Kansas wheat field to Cuba, they are purchasing that wheat from France and Canada and other European countries. When the Presiding Officer's rice crop can't be sold to Cuba, it is not that they are not buying rice; they are buying it from Vietnam, China, or elsewhere.

It costs about \$6 to \$7 per ton to ship grain from the United States to Cuba. It costs about \$20 to \$25 to ship that same grain from the European Union. However, we lose this competitive advantage because of the regulations in place that drive up the cost of Cuban consumers dealing with the United States.

To understand what we are missing out on in Cuba, consider our current trade relationship with the Dominican Republic. The DR is also a nearby Caribbean nation with a population comparable to Cuba. Income levels and diet are similar. Between 2013 and 2015, the Dominican Republic imported an average of \$1.3 billion of U.S. farm products. During that same time span, Cuba imported just \$262 million—over \$1 billion in difference. That is right. That is \$1 billion of exports that U.S. farmers are missing an opportunity on because of the U.S. trade restrictions on Cuba. This example helps illustrate the substantial potential that exists for increased sale of agriculture commodities to Cuba.

The Cuba Trade Act I just introduced simply seeks to amend our own country's laws so that American farmers can operate on a level playing field with the rest of the world. While boosting American exports remains the primary goal of lifting the embargo, I also think there is an opportunity for us to

increase the reforms and to improve the lives of the Cuban people as well.

I have often said here on the Senate floor and on the House floor and back home in Kansas we often say: We will try something once. If it doesn't work, we might even try it again. Maybe we will try it a third or a fourth time. But after more than 50 years of trying to change the nature of the Cuban Government through this kind of action, through this embargo, many Kansans would say it is time to try something else.

The Cuban embargo was well-intentioned at the time it was enacted. Today, however, it only serves to hurt our own national interests by restricting Americans' freedom to conduct business with that country. In my view, it is time to make a change, and we ought to be able to sell wheat, rice, and other agricultural commodities from the United States for cash to Cuba. This legislation would allow that at no expense to the American taxpayer.

KANSAS WILDFIRES

Mr. President, there is a lot to be proud about in being a Kansan. We have lots of challenges in our State, and we are undergoing serious ones at the moment. For those who have noticed on the news, although it is not particularly a story here in the Nation's Capital, Kansas is ablaze. Fires are devastating acres and acres. In fact, nearly 700,000 acres of grasslands in our State have been burned. Fires have started. We have had winds for the last 3 days of 50 to 60 miles an hour, and dozens of communities and counties have been evacuated. Lots of places have been hard hit. My home county of Rooks experienced those fires. Hutchinson, a community of 50,000 people, had to evacuate 10,000 people in what we would consider in our State a pretty big place. So they have been rampant and they have been real, and there have been significant consequences to many lives in our State.

As people know, Kansas is an agriculture place. We raise lots of crops, but we are certainly a livestock State, and our ranchers are experiencing the significant challenges that come from loss of pasture, the death of their cattle, and the burning of their fences.

On my way over here, I was reading a couple of articles that appeared in the Kansas press that I wanted to bring to my colleagues' attention. There is nothing here that necessarily asks for any kind of government help, but it does highlight the kind of people I represent.

There is a farm in Clark County. The county seat is Ashland. It is on the border with Oklahoma. Eighty-five percent of the county's grassland, 85 percent of the acres in that county have been burned. This means the death of hundreds, if not thousands, of cattle in that county. That is the economic driver of the communities there. Ashland, the county seat, has a population of

about 900 or 1,000—the biggest town in the county—and its future rests in large part upon what happens in agriculture.

There are lots of great ranch families in our State. One of those is the Gardiners. The Gardiner Ranch is in Clark County. Their story is told a bit in today's edition of the *Wichita Eagle*. They are known as some of the best ranchers in the country. For more than 50 years, they have provided the best Angus cattle. They have customers across the country. It is a family ranch. This is multigenerational, and three brothers now ranch together. It is not an unusual way that we do business in Kansas.

In addition to the economic circumstances that agriculture presents in our State, it is one of the reasons I appreciate the opportunity to advocate on behalf of farmers and ranchers. It is one of the last few places in which sons and daughters work side by side with moms and dads, and grandparents are involved in the operation. Grandkids grow up knowing their grandparents. There is a way of life here that is important to our country. Our values, our integrity, and our character are often transmitted from one generation to the next in this circumstance because we are still able to keep the family together, working generation to generation. The Gardiners are an example of that, but there are hundreds of Kansans who exemplify this.

I would like to tell the story of Mr. Gardiner, as reported by the *Wichita Eagle*. Mr. Gardiner said that he was slowly driving by some of his estimated 500 cattle that had died in this massive wildfire, and he complained on their behalf that they never had a chance. The fire was so fast. His ranch, as I said, is one of the most respected. The quality of the family's Angus cattle has been a source of pride and national attention for more than 50 years.

Like others, the Gardiners have endured plenty of bumps—and this is him telling their story—over five generations of ranching. The drought and dust of the 1930s was tough, he said, and there were even drier times in the 1950s. About 5 years ago, there was another drought in our State that was so devastating. He said his family lost 2,000 acres when they couldn't make a payment to the bank. Blizzards in 1992 killed a lot of cattle.

My point is that nothing is easy about this life, but there is something so special about it. The point I want to make is that people are responding to help, and I thank Kansans and others from across the country who are responding to the disasters that are occurring across our State throughout this week and into the future. This isn't expected to go away anytime soon.

Mr. Gardiner said that more hay is on the way, and the process of rebuilding fences will begin, hopefully, within a few weeks. He said he was sent word that Mennonite relief teams were com-

ing from two Eastern States to work on his fences and to do so without pay. Truckloads of hay are already en route and rolling in. This story indicates that many of those truckloads of hay are coming from ranchers who in the past have bought livestock from the Gardiners.

Mr. Gardiner's veterinarian, Randall Spare, said that the Gardiners have long been known for taking exceptional care of their customers. The veterinarian says, "Now it's their turn" for the customers to repay them. "The Gardiners are the cream of the crop, like their cattle. I'm not surprised so many people [from so many places] are wanting to help them."

The reporter says that while he was talking to Mr. Gardiner for this interview, Mr. Gardiner answered his cell phone as his pickup slowly rolled across a landscape that now looked so barren. The reporter said that many of the calls were from clients who just called to send their best or to be brought up to date and to ask the Gardiners how they could help and how the Gardiners were holding up.

Mr. Gardiner said:

It's really something [special], when you hear a pause on the other end of the line and you know it's because [the person who called is] crying because they care that much. It gets like that with ranching. It's like we're all family.

That is a great thing about our State. It is like that with Kansas. We are all a family. But the fact is that his family is still alive. He tells the story of not knowing whether his brother and his wife were alive. The fire swept around them, but they found a place that avoided the fire, a wheat field where the wheat was still green and so short that the fire didn't intrude. But he stopped his truck to think a bit and, the story indicates, to sob a bit.

He watched as his brother Mark and his wife Eva disappeared behind a wall of fire as they tried to save their horses and dogs at their home. Ultimately, the house was destroyed. Mr. Gardiner, the one the reporter was talking to, said:

I had no choice but to turn around and drive away, with the fire all around me. For a half-hour I didn't know if my brother and his wife were dead or alive. I really didn't.

He said that then his brother and his wife and some firefighters gathered in the middle of that wheat field. It was so short and so green, it wouldn't burn. He said:

It was so smoky I didn't even know exactly where we were at. But then a firefighter came driving by and told us everybody made it out. That's when I knew Mark and his wife were alive. That's when I knew everything would eventually be all right. I am telling you, that's when you learn what's really important.

So today I come to the Senate floor to express my gratitude for the opportunity to represent Kansans like the Gardiners, farmers and ranchers across our State but city folks, as well, who know the importance of family, who know that living or dying is an impor-

tant aspect of life but that how they live is more important, and to thank those people—not just from Kansas but from across the country—who have rallied to the cause to make sure there is a future for these families and for the farming and ranching operations.

It is a great country in which we care so much for each other, and that is exemplified in this time of disaster that is occurring across my State. I am grateful to see these examples, and I would encourage my colleagues that we behave the way Kansas farmers and ranchers do—live life for the things that are really meaningful and make sure we take care of each other.

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

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

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 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 Seema Verma, of Indiana, to be Administrator of the Centers for Medicare and Medicaid Services, Department of Health and Human Services.

Mitch McConnell, Steve Daines, John Cornyn, Tom Cotton, Bob Corker, John Boozman, John Hoeven, James Lankford, Roger F. Wicker, John Barrasso, Lamar Alexander, Orrin G. Hatch, David Perdue, James M. Inhofe, Mike Rounds, Bill Cassidy, Thom Tillis.

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 Seema Verma, of Indiana, to be Administrator of the Centers for Medicare and Medicaid Services, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The bill clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Georgia (Mr. ISAKSON), and the Senator from Florida (Mr. RUBIO).

Further, if present and voting, the Senator from Florida (Mr. RUBIO) would have voted "yea."

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

The yeas and nays resulted—yeas 54, nays 44, as follows:

[Rollcall Vote No. 85 Ex.]

YEAS—54

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

NAYS—44

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

NOT VOTING—2

Isakson Rubio

The PRESIDING OFFICER. On this vote, the yeas are 54, the nays are 44.

The motion is agreed to.

The Senator from Kansas.

Mr. MORAN. Mr. President, I ask unanimous consent that notwithstanding the provisions of rule XXII, following leader remarks on Monday, March 13, the Senate resume executive session for the consideration of Executive Calendar No. 18, and that the vote on confirmation occur at 5:30 p.m.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. MORAN. Mr. President, on behalf of the majority leader, there will be no further votes this week in the U.S. Senate.

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

Mr. WYDEN. 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. WYDEN. Mr. President and colleagues, today the Senate turns to consider the nomination of Seema Verma to be the Administrator of the Centers for Medicare and Medicaid Services.

I would be the first to say that in coffee shops across the land, people are not exactly buzzing about the office known as CMS, but the fact is, this is an agency that controls more than a trillion dollars in healthcare spending every year. Even more important and more relevant right now, if confirmed, and if TrumpCare somehow gets rammed through the Congress over loud and growing opposition, this is

going to be a major issue on her plate right at the get-go.

I thought it would be useful to just give one example of the connection involved in this legislation. TrumpCare cuts taxes for the special interests and the fortunate few by \$275 billion, stealing a chunk of it from the Medicare trust fund that pays for critical services to the Nation's older people.

If TrumpCare passes and Ms. Verma is confirmed, under section 132 of the bill, she would be able to give States a green light to push the very frail and sick into the high-risk pools that have historically failed at offering good coverage to vulnerable people at a price they can afford. Under section 134 of TrumpCare, Ms. Verma would be in charge of deciding exactly how skimpy TrumpCare plans would be and how much more vulnerable people would be forced to pay out of their pockets for the care they need.

Under section 135 of the bill, if confirmed, Ms. Verma could be paving the way for health insurers to make coverage more expensive for older people approaching retirement age.

Given all that, I want Members to understand there is a real link between this nomination and the debate about TrumpCare, and this is, in effect, the first discussion we have had about TrumpCare since these bills started to get moving without any hearings and getting advanced in the middle of the night.

The odds were against Republicans writing a single piece of legislation that would make healthcare more expensive, kick millions off their coverage, weaken Medicare and Medicaid, and produce this Robin Hood in reverse, this huge transfer of wealth from working people to the fortunate. Nobody thought you could do all of that at the same time, but somehow the majority found a way to do it. Republicans are rushing to get it passed before the American people catch on.

As part of this debate about Seema Verma, we are going to make sure people understand this nomination is intertwined with what happens in the discussion about TrumpCare and how these particularly punitive provisions with respect to Medicare and Medicaid would affect our people.

For 7 years, my colleagues on the other side have pointed to the Affordable Care Act as pretty much something that would bring about the end of Western civilization and, at a minimum, would basically continue a system responsible for every ill in our healthcare system. That was the argument. The Affordable Care Act is responsible for just about every ill and will practically be the end of life as we know it.

Their slogan was to "repeal and replace," and it was a slogan they rode through four elections to very significant success. The only problem was, it was really repeal and run, and that replacement was nowhere in sight. Now the curtain has been lifted. The lights

are shining on TrumpCare, and it sure looks to me like there are a lot of people not enjoying the movie. TrumpCare goes back to the days when healthcare in America mostly worked for the healthy and the wealthy.

We have a lot of debate ahead, so we are not going to just lay it all out here in one shot.

I do want to mention some key points on the roll that Ms. Verma, if confirmed, would play. I want to start by addressing what this means in terms of dollars and cents.

If you look at the fact that the Medicare tax, which everybody pays every single time they get a paycheck, and that money is used to preserve this program that is the promise of fairness to older people—the Medicare tax would be cut for only one group of Americans in this bill. I find this a staggering proposition. The people who need it the least, couples with incomes of over \$250,000, people who need it the least would be given relief from the Medicare tax—not working families, just the wealthy.

As I indicated, we are talking all told about \$275 billion worth of tax cuts to the special interests and the fortunate few, and it is largely paid for by taking away assistance to working people to help, for example, pay for their premiums.

I brought up the ACA Medicare payroll tax for a reason because I think when Americans look at their next paycheck—if you are a cop or a nurse and you get paid once or twice a month and you live, say, in Coos Bay, OR, or in Medford, another Oregon community, you will see it on your paycheck. If you are a cop or a nurse, no tax relief for you, but if you make over \$250,000—on a tax that is used to help strengthen Medicare's finances, at a time when we are having this demographic revolution—the relief goes to people right at the top, and you reduce the life expectancy of the trust fund for 3 years.

The first thing I will say with respect to what this means, the provision I have just outlined breaks a clear promise made by then-Candidate Trump not to harm Medicare.

I remember these commercials—we all saw scores and scores of them—Candidate Trump said to America's older people—many of whom voted for him, I think, to a great extent because they heard this promise—he said: You know, you have worked hard for your Medicare. We are not going to touch it. We are not going to mess with it.

When the President was asked about cutting Medicare, here is what he said: Medicare is a program that works. People love Medicare, and it is unfair to them. I am going to fix it and make it better, but I am not going to cut it.

The President of the United States said he is not going to cut it.

Well, that promise not to harm Medicare lasted 6½ weeks into the Trump administration so the wealthy—the wealthy—could get a tax reduction, the fortunate few who need it least, and

the effect would be to cut by 3 years the life of the Medicare trust fund.

I think that ought to be pretty infuriating and concerning for people who work hard—cops and nurses and people who are 50, 55, 60 today. They are counting on Medicare to be around when they retire, but because TrumpCare made it a focus to give tax relief to the fortunate few, that tax relief cuts 3 years off the life of the Medicare trust fund.

If that wasn't enough, people who are 50, 55, 60, before Medicare, they are going to get another gut punch. This one is in the form of higher costs.

In parts of my home State—particularly in rural areas like Grant County, Union County, and Lake County—I am sure I am going to hear about this. I have townhall meetings in each one of my counties. A 60-year-old who makes \$30,000 a year—now those are the people we have long been concerned about, particularly people between 55 and 65 because they are not yet eligible for Medicare.

A 60-year-old, in communities like I just mentioned, who makes \$30,000 a year, could see their costs go up \$8,000 or more. The reason that is the case is a big part of TrumpCare. It is based on something we call an age tax.

Back in the day when I was the director of the Oregon Gray Panthers—and I was really so fortunate at a young age to be the director of the group for close to 7 years—we couldn't imagine something like the hit on vulnerable older people that this age tax levies. Republicans want to give the insurance companies the green light to charge older Americans five times as much as they charge younger Americans. The reality is that older people are going to pay a lot more under TrumpCare. That is what we were trying to prevent all those years with the Gray Panthers. We didn't want to see older people pay more for their healthcare, the way they are going to under TrumpCare if they are 50 or 55 or 60.

I think the real question is whether they are going to be able to afford insurance at all. The reality is that a lot of those older people whom I have just described—and I have met them at my townhall meetings—every single week they are walking on an economic tightrope. They balance their food costs against their fuel costs and their fuel costs against their rent costs. Along comes TrumpCare and pushes them off the economic tightrope where they just won't be able to pay the bills, particularly older people in rural areas.

So the reality is that it is expensive to get older in America, and we ought to be providing tools to help older people. But what TrumpCare does is, instead of giving tools to older people to try to hold down the costs, TrumpCare basically empties the toolbox of assistance and basically makes older people pay more.

Next, I want to turn to the Medicaid nursing home benefit. Working with senior citizens, I have seen so many

older people—the people who are on an economic tightrope, who are scrimping and saving—even as they forego anything that wouldn't be essential, burn through their savings. So when it is time to pay for nursing home care, they have to turn to Medicaid. The Medicaid Program picks up the bill for two out of every three seniors in nursing homes.

Now, today the Medicaid nursing home benefit comes with a guarantee. I want to emphasize that it is a guarantee that our country's older people will be taken care of. All of those folks—the grandparents whom we started working for in those Gray Panther days—had an assurance that grandparents wouldn't be kicked out on the street. TrumpCare ends that guarantee.

You could have State programs forced into slashing nursing home budgets. You could see nursing homes shut down and the lives of older people uprooted. We could, in my view, have our grandparents that are depending on this kind of benefit get nicked and dined for the basics in home care that they have relied on.

When it comes to Medicaid, TrumpCare effectively ends the program as it exists today, shredding the healthcare safety net in America. It doesn't only affect older people in nursing homes. It puts an expiration date—a time stamp—on the Medicaid coverage that millions of Americans got through the Affordable Care Act. For many of those vulnerable persons, it was the first time they had health insurance. So what TrumpCare is going to come along and do is to put a cap on that Medicaid budget and just squeeze them down until vulnerable persons' healthcare is at risk.

If low-income Americans lose their coverage through Medicaid, it is a good bet that the only TrumpCare plans they will be able to afford are going to be worth less than a Trump University degree.

I want to move next to the effects of the bill on opioid abuse. Clearly, by these huge cuts to Medicaid, TrumpCare is going to make America's epidemic of prescription drug abuse-related deaths even worse. Medicaid is a major source of coverage for mental health and substance use disorder treatment, particularly after the Affordable Care Act, but this bill takes away coverage from millions who need it. We have had Republican State lawmakers speaking out about this issue as well as several Members of the majority in the Congress.

Colleagues, just about every major healthcare organization is telling the Congress not to go forward with the TrumpCare bill—physicians, hospitals, AARP—that is just the beginning. But the majority is just charging forward, rushing to get this done as quickly as possible.

We are going to have more to say about these issues.

I see my colleagues here.

To close, just by intertwining, how this appointment is going to be a key part of the discussion of TrumpCare revolves around the questions we asked Ms. Verma.

For example, I was trying to see if this bill would do anything to help older people hold down the cost of medicine. Now we have heard the new President talk about how he has all kinds of ideas about controlling the cost of medicine. Here was a bill that could have done something about it.

I see my colleagues, Senator STABENOW and Senator CANTWELL.

I said to the nominee: I would be interested in any idea you have—any idea you have—to hold down the cost of medicine. On this side we have plenty of ideas. We want to make sure that Medicare could bargain to hold down the cost of medicine. We have been interested in policy to allow for the importation of medicine. We said: Let's lift the veil of secrecy on pharmaceutical prices.

I asked Ms. Verma: How about one idea—just one—that you would be interested in that would help older people with their medicine costs. She wouldn't give us one example.

I am going to go through more of those kinds of questions, because the reality is—and I see Senators STABENOW and CANTWELL here—that what we got in the committee was essentially healthcare happy talk. Every time we would ask a question, she would say: I am for the patients; I want to make sure everybody gets good care.

So I thank my colleagues, and I yield for Senator CANTWELL.

The PRESIDING OFFICER. The Senator from Washington.

Ms. CANTWELL. Mr. President, will the Senator yield for a question?

Mr. WYDEN. Of course.

Ms. CANTWELL. Mr. President, I ask this of my colleague, the Senator from Oregon, because Washington, Oregon, and so many other States spend so much time innovating. The proposal we are seeing coming out of the House of Representatives really isn't innovation. I like to say that if you are looking at this, just at the specifics, the per capita cap is really just a budget mechanism. It doesn't have anything to do with innovation. It just has to do with basically triggering a cut to Medicaid and shifting that cost to the States. My concern is that we already do a lot with a lot less, and we know how to innovate. We would prefer that the rest of the country follow that same model. I would ask the Senator from Oregon: Do you see any innovation in this model, in capping and cutting the amount of Medicaid and shifting that to the States?

Mr. WYDEN. My colleague from Washington is ever logical.

When I looked at this, I thought of it as an innovation desert because I was looking for some new, fresh ideas. We have seen some of them from Senator CANTWELL's State, and I think the Senator from Washington makes a very

important point with that poster because the reality is that this is a cap. This is a limit on what States are going to get. As I touched on in my comments, I think what is going to happen is this cap is not going to be enough money for the needs. I think this is going to slash the help for nursing home care under Medicaid, which pays two-thirds of the bill, and I think the nursing home care under this flawed TrumpCare proposal is going to get nicked and dined.

My colleague from Washington is right. I tried to read section by section, and we have read it several times. But we wanted to make sure to look—to my colleague's point—for innovation, and this proposal is an innovation desert.

Ms. CANTWELL. I ask the Senator from Oregon this through the Presiding Officer. The innovation that was already in the Affordable Care Act really did address the Medicaid population, in which so much of that cost is for long-term care and nursing home care. So Medicaid equals long-term care for so many Americans. In the Affordable Care Act we accelerated the process of shifting the cost to community-based care because it is more convenient for patients and up to one-third of the cost of a nursing home. So if we keep more people in their homes, that is better innovation.

In the Affordable Care Act, we incentivized States. In fact, we had 21 States take us up on that—including Arkansas, Connecticut, Georgia, Iowa, Kentucky, Louisiana, New Hampshire, Texas, Ohio, Nevada, Nebraska. There are many States that are doing this innovation and basically trying to move the Medicaid population to community-based care so we can save money.

Savings from rebalancing could make up for a large portion of the money the House is trying to cut in this bill. Basically, they are not saving the money. They are shifting the burden to the States, instead of giving innovative solutions to people to have community-based care; that is, long-term care services and staying in their home longer. Who doesn't want to stay in their home longer? Then we support them through community-based delivery of long-term healthcare services, and we save the Nation billions of dollars.

In fact, our State did this over a 15-year period of time, and we saved \$2.7 billion. That is the kind of innovation we would like to see. But instead of implementing the innovation we started in the Affordable Care Act, they are trying to cap the Medicaid funding, which basically is changing the relationship from a mutually supported State and Federal partnership to a capped federal block grant. They are just saying: We are going to cost-shift this burden to you the States.

I saw that the Center on Budget and Policy Priorities analyzed the current House proposal and found it would result in a \$387 billion cost shift to the

States. Does the Senator from Oregon think that Oregon has the kind of money to take its percentage of that \$370 billion?

To my colleague from Michigan: Does the Senator think the State of Michigan has the dollars to take care of that Medicaid population with that level of a cut?

Ms. STABENOW. If I might lend my voice on this and thank both of my colleagues. Senator CANTWELL has been the leader in so many ways on innovation in the healthcare system as we debated next to each other in the Finance Committee on the Affordable Care Act.

I wanted to share that in Michigan, where we expanded Medicaid, because of changes that have been made and work that is being done in the budget going forward in the new year, there is now close to \$500 million more in the State of Michigan budget than was there before because of Medicaid expansion and the ability to manage healthcare risk. People have more healthcare coverage. We actually have 97 percent of the children in Michigan who can see a doctor today, which is incredible. At the same time the State is going to save close to \$500 million in the coming year's budget.

Mr. WYDEN. If I can add this, because I think my colleagues are making a very important point. If you look at the demographics, there are going to be 10,000 people turning 65 every day for years and years to come. Senators STABENOW and CANTWELL are making a point about flexibility. The reality is, if I look at the demographic picture, we are going to need more out of a lot of care options—institutional care, community-based coverage. But I think the point Senator CANTWELL started us on is that, at a time when we have a demographic where we are going to need more for a variety of care options—a continuum of care—what my State is basically saying is that we are going to get less of everything. There is going to be less money for the older people who have nursing home needs. I am looking at a new document from the Oregon Department of Human Services, and it indicates that we are going to lose substantial amounts—something like \$150 million for community-based kinds of services. So I appreciate the point my two colleagues are making.

Ms. CANTWELL. Mr. President, if I could, I will ask the Senator from Oregon one more question, and maybe my other colleagues will join in.

When you do not realize the savings and you cost-shift to the States, some of the key populations that you hurt are pregnant women and children. We do not want to have less money. If you think about Medicaid, pregnant women and children are a big part of the population.

I know our colleague from Pennsylvania has joined us, and he has been a champion for the Children's Health Insurance Program—CHIP—and everything that we do for women and chil-

dren. I don't know if he has seen this in his State. I don't know if the Senator from Oregon or the Senator from Michigan or the Senator from Pennsylvania wants to comment on this—on the notion that we are not realizing the savings from delivery innovations like rebalancing, and then figuring out how to best utilize those for the delivery of the services that so many people are counting on. With a per capita cap, you are really going to be starting in a very bad place with the people who need these resources the most, and when it comes to Medicaid, women and children are front and center in this debate.

I hate the fact that somebody is going to cost-shift to the States, that the States are not going to have enough money, and then the very people who would end up paying the price are the women and children. I don't know if the Senator from Oregon, the Senator from Michigan, or the Senator from Pennsylvania wants to comment on that.

Ms. STABENOW. I thank the Senator very much. I will say this briefly and then turn to our colleague from Pennsylvania, who has been such a champion for children.

I would say first—again, as I said a moment ago—that, because of Medicaid, because of the healthcare expansion, 97 percent of the children in Michigan now can see a doctor. That means moms who are pregnant and babies, and moms and dads are less likely to be going to bed at night and saying: Please, God, do not let the kids get sick, because they can actually go to a doctor.

It reminds me, though, of the other thing happening on the floor and the larger question of the nominee for the Centers for Medicare and Medicaid Services. In the larger context, I asked her about whether or not maternity care and prenatal care should be covered as a basic healthcare requirement for women. I mean, it is pretty basic for us. She wouldn't answer the question. Essentially, she said women can buy extra if they want it. The new Secretary of Health and Human Services said that we, as women, can buy extra coverage for basic healthcare coverage for us. So it all comes together—Medicaid, the nominee on the floor, and what the House is doing to take away maternity care. It is really just bad news for moms and babies.

Mr. WYDEN. I would only add that what we learned in our hearings and in our discussion is that women, particularly the women served by the Medicaid Program, are really dealing with the consequences of opioid addiction as well.

In our part of the world, I would say to Senator STABENOW and Senator CASEY—in Oregon and Washington—we feel like we have been hit with a wrecking ball with this opioid problem. Again, when Senator CANTWELL talks about shifting the costs, she is not talking about something abstract. This

is going to take away money for opioid treatment.

So I am very pleased that my colleague is making these points, and I look forward to the presentation.

Mr. CASEY. Mr. President, I thank Senator CANTWELL for raising the issue about the impact of this decision that the Congress will make with regard to a particular healthcare bill and then also, particularly, the Medicaid consequences.

I was just looking at what is a 2-page report that was just produced today and that I was just handed from the Center on Budget and Policy Priorities. It is State specific.

In this case, looking at the data from Pennsylvania—I will not go through all of the data on Medicaid—just imagine that three different groups of Americans have benefited tremendously from the Medicaid Program every day. That is why what is happening in the House is of great concern to us.

We have in Pennsylvania, for example—just in the number of Pennsylvanians who have a disability—722,000 Pennsylvanians with disabilities who rely upon Medical Assistance for their medical care. Medical Assistance is our State program that is in partnership with Medicaid. There are 261,000 Pennsylvania seniors who get their healthcare through Medicaid. Hundreds and hundreds of thousands of people who happen to be over the age of 65 or who happen to have a disability of one kind or another are totally reliant, on most days, on Medicaid. The third group, of course, is the children, and 33 percent of all of the births in Pennsylvania are births that are paid for through Medicaid.

When we talk about this bill that is being considered in the House or when we talk about the confirmation vote for the Administrator for the Centers for Medicare and Medicaid Services, this is real life. What happens to this legislation and what happens on this nomination is about real life for people who have very little in the way of a bright future if we allow some here to do what they would like to do, apparently, to Medicaid.

It sounds very benign to say that you want to cap something or that you want to block-grant. They are fairly benign terms. They are devastating in their impact, and we cannot allow it to happen. That is why this debate is so critical.

I have more to say, but I do commend and salute the work by Senator CANTWELL, Senator STABENOW, and Senator WYDEN in fighting these battles.

I will read just portions of a letter that I received from a mom in Coatesville, in Southeast Pennsylvania, about her son, Rowan. The mom's name is Pam. She wrote to us about her son, who is on the autism spectrum. In this case, she is talking about the benefits of Medicaid—Medical Assistance we call it in Pennsylvania.

Here is what she wrote in talking about the benefits that he receives.

After he was enrolled in the program, she said that Rowan had the benefit of having a behavioral specialist consultant. That is one expert who was helping Rowan, who was really struggling at one point. A second professional they had helping him was a therapeutic staff support worker. So there was real expertise to help a 5-year-old child get through life with autism.

Here is what his mom Pam wrote in talking about, since he was enrolled, how much he has benefited and how much he has grown and progressed:

He benefited immensely from the CREATE program by the Child Guidance Resource Centers, [which is a local program in Coatesville]. Thankfully, it is covered in full by Medicaid.

She goes on to write the following, and I will conclude with this:

Without Medicaid, I am confident I could not work full time to support our family. We would be bankrupt, and my son would go without the therapies he sincerely needs.

Here is how Pam concludes the letter. She asks me, as her representative—as her Senator—to think about her and her family when we are deliberating about a nomination like this and about healthcare legislation.

She writes:

Please think of us when you are making these decisions. Please think about my 9-month-old daughter, Luna, who smiles and laughs at her brother, Rowan, daily. She will have to care for Rowan later in life after we are gone. Overall, we are desperately in need of Rowan's Medical Assistance and would be devastated if we lost these benefits.

This is real life for people. Sometimes it is far too easy here in Washington for people to debate as if these things are theoretical—that if you just cut a program or cap a program or block-grant a program, you are just kind of moving numbers around and moving policy around. This is of great consequence to these families, and we have to remember that when we are making decisions around here.

Everyone who works in this building as an employee of the Federal Government gets healthcare. We do not have someone else around the country who is debating whether or not we are going to have healthcare, like those families on Medicaid are having to endure.

I thank the Senator from Washington. I know that Senator STABENOW from Michigan may have more to add on this. We have a big battle ahead, but this is a battle that is not only worth fighting, but it is absolutely essential that we win the battle to protect and support Medicaid.

Ms. STABENOW. Mr. President, as Senator WYDEN's colloquy comes to an end, I will make a few comments in addition to those of my colleagues, and I very much appreciate all of their work.

There are so many different things to talk about as it relates to how healthcare impacts people. As Senator CASEY said, this is very personal; it is not political. There are a lot of politics around this, but it is very, very personal.

In Michigan, when we are talking about healthcare, in Medicaid alone we

are talking about 650,000 people who have been able to get coverage now. Most of them are working in minimum wage jobs, and they now are able to get healthcare but couldn't before, as well as their children. That adds to the majority of seniors who are in nursing homes now, folks getting long-term care, folks getting help for Alzheimer's and other challenges and who are relying on Medicaid healthcare to be able to cover their costs.

I want to share a letter, as well, from Wendy, a pediatric nurse practitioner from Oakland County in Michigan. We have received so many letters—I am so grateful for that—and emails.

She writes:

As a pediatric nurse practitioner, I have seen so many of my patients benefit from the Affordable Care Act. Physical exams for the kids are now covered in full, with no co-pay. This means the kids are in to see us, which means we catch healthcare issues and early problems with growth or development that otherwise might be undetected and left untreated until it became a much bigger problem.

Isn't that what we all want for our children, to catch things early?

Immunizations are covered, which keeps everyone safer. Screening tests are covered, so potential problems are caught while they can still be managed. This better care keeps kids healthier and happier and prevents longer term care costs.

She goes on to write:

The Medicaid expansion means even more kids are covered, keeping not only those children healthier but keeping everyone around them healthier. Previously, parents of children who did not have insurance coverage would not seek care until the children were so ill that they could not see another option. Frequently, these children then utilized emergency room care—

Which, by the way, is the most expensive way to treat health problems—[it was] not only a missed opportunity for complete and preventative healthcare but at a cost passed on to the community.

On a much more personal level, in 2015, our granddaughter, at age 3, was diagnosed with epilepsy related to a genetic condition . . . which made her brain form abnormally. On top of the epilepsy, she has developmental delays and autism, all related to her double cortex syndrome. Although our daughter and son-in-law are fully employed (teacher and paramedic), she qualifies for Children's Special Health Care (under Medicaid). This has been a huge blessing for us, and without it our family would have been financially devastated.

We are hopeful that my granddaughter will continue to have good seizure control and will develop to reach her full potential, but without the care that her private insurance and Children's Special Health Care provides, she would not have much of a chance of getting anywhere near her potential. I do not want to even consider how it will affect her future if insurance companies can refuse to cover her care due to her preexisting condition.

She concludes:

Please do not let partisan politics take precedence over doing what is right and what is best for the health of every U.S. citizen.

I know we are all getting hundreds of thousands of letters and emails and phone calls of very similar stories because healthcare is personal to each of

us—to our children, our grandchildren, our moms, and dads, and grandpas and grandmas. It is not political.

I am very grateful for my colleagues' being here today. I want to speak not only about the importance of expansion under Medicaid but also about the person who would be in charge of that very, very important set of services. That is the nomination in front of us, that of Seema Verma to be the Administrator of the Centers for Medicare and Medicaid Services.

This is a critical position, especially given the ongoing efforts that we are seeing right now to repeal healthcare—the Affordable Care Act—and replace it with legislation that would literally rip away coverage for millions of people and pull the thread that unravels our entire healthcare system. The decisions of the Administrator, both as an adviser to the President and as someone with the authority to make large changes in the implementation of existing law, will have far-ranging consequences for all of us—certainly, for the people whom we represent and especially for those who need healthcare, have begun receiving it, and now may very well see it taken away.

In the Finance Committee, when I asked Ms. Verma about Medicaid, I found that her positions would hurt families in Michigan, would hurt seniors in nursing homes, and would hurt children. And looking at her long record as a consultant on Medicaid, we know that Mrs. Verma's proposals limit healthcare coverage and make it harder to afford healthcare coverage, putting insurance companies ahead of patients and families once again.

I am also very concerned about her position on maternity coverage. During the hearing, I asked Ms. Verma whether women should get access to basic prenatal care and maternity care coverage as the law now allows—I am very proud of having authored that provision in the Finance Committee—or whether insurance companies should get to choose whether to provide basic healthcare coverage for women. I reminded her that before the Affordable Care Act, only 12 percent of healthcare plans available to somebody going out to buy private insurance offered maternity care—the vast majority did not—and that the plans that did often charged extra or required waiting periods. Her response indicated that coverage of prenatal and maternity care should be optional—optional. We as women cannot say our healthcare is optional.

The next CMS Administrator should be able to commit to enforcing the law requiring maternity care to be covered and commit to protecting the law going forward for women. Being a woman should not be a preexisting condition. Getting basic healthcare should not mean we have to buy riders or extra coverage because being a woman and the coverage we need is somehow not viewed as basic by the insurance company. We have had that fight.

Women won that fight with the Affordable Care Act. We should not go backward.

I followed up with Ms. Verma, along with many colleagues, but have not received a response.

Over 100 million Americans count on Medicare and Medicaid. They need a qualified Administrator who puts their needs first, and I cannot vote for a nominee who does not guarantee that she will fight for the resources and the healthcare that the people of Michigan count on and need.

TRUMP CARE

Finally, I wish to take a moment to talk about the healthcare bill that has now come out of committees in the House and will be voted on in the House and then coming to us in the Senate. Frankly, let me start by saying that this is a mess—it is a mess on process, and it is a mess on substance.

As a member of the Finance Committee, I can tell my colleagues firsthand that this was not rammed through the Senate Finance Committee when we passed the Affordable Care Act. We had months and months and months of hearings, of which I attended every one, I think, and after that, the floor debate and that discussion and the discussion in the House. We knew what it would cost before we brought it up, by the way, which saved a lot of money by doing a better job of managing healthcare costs and creating innovation for our providers.

But the truth is that when we look closely at what is being debated in the House, for families in Michigan and across the country, it is really a triple whammy: higher costs, less healthcare coverage, and more taxes. Overall, it means more money out of your pocket as an American citizen, unless you are very wealthy, and it means less healthcare. This is not a good deal.

It cuts taxes for the very wealthy and for insurance companies. It gives an opportunity for insurance company execs to get pay increases and cuts taxes for pharmaceutical companies. Someone making more than \$3.7 million a year would save almost \$200,000. Let me say that again. Someone making more than \$3.7 million a year would put \$200,000 in their pocket as a result of this healthcare bill, TrumpCare. To put that in perspective, 96 percent of Michigan taxpayers would not qualify for this. Ninety-six percent of everybody in Michigan who gets up every day, goes to work, works hard—some take a shower before work, some take a shower after work—they are working hard every single day, and they would pay more, while the small percentage of those at the very top would get \$200,000 back in their pockets.

As I indicated, it provides a tax break for insurance company CEOs to get a raise of up to \$1 million but increases taxes and healthcare costs for the majority of Americans. Middle-class Americans and those working to get into the middle class would see tax increases and lose healthcare coverage at the same time—such a deal.

For seniors, this would allow insurance companies to hike rates on older Americans by changing the rating system. AARP, a nonpartisan organization, has indicated that premiums would increase up to \$8,400 for somebody who is 64 years of age earning \$15,000 a year. So they earn \$15,000 a year, and their premiums could go up by more than half of what they are making. To put that in perspective—again, a comparison of who wins and loses under this plan—if you are 64 years old and earn \$15,000 a year, you pay more—\$8,400 more. If you are 65 years of age and earn over \$3.5 million a year, you put \$200,000 more back in your pocket. This is a rip-off for the majority of Americans and should not see the light of day.

On top of that, TrumpCare creates Medicaid vouchers. We have been talking with colleagues about the change in Medicaid. What does that mean? Well, instead of being a healthcare plan that covers nursing home care, whether that is someone who needs very little care or someone who has Alzheimer's or other extensive needs, your mom and dad or grandmom and granddad would get a voucher, and if it didn't cover the care in the nursing home, as it does now, then your family would have to figure out a way to make up the difference. We could very possibly have the situation we had before the passage of the Affordable Care Act where a lot of folks were going bankrupt trying to figure out—you use the equity in your home, except because of what happened in the financial crisis, you may not have much equity in your home anymore. So you try to figure out, how do I make up the difference to help my mom or dad or granddad and grandmom in the nursing home? That will be a very common discussion, I would guess, if this passes. So turning Medicaid into a voucher system would cut nursing home care and healthcare for families.

Let me also say that when there is a healthcare emergency like we had in Flint, MI, with 100,000 people being poisoned with lead and over 9,000 children under the age of 6 with extensive lead poisoning, and we had the President and the past administration step in to help those children because of the health problems from the lead exposure, that would not be possible under this new regime. It will not be possible to step in when there is a healthcare emergency for children or for a community.

In Michigan today, 150,000 seniors depend on healthcare through Medicaid for long-term care. Three out of five seniors in nursing homes in my State—three out of every five seniors—count on Medicaid for their long-term care. This radically changes and dismantles that healthcare system. We have nearly 1.2 million children in Michigan and 380,000 people with disabilities who use this system.

So we have a situation where we would see a radically different

healthcare system for seniors and additional costs for seniors, which is why the AARP is calling this the senior tax. We would see children losing their healthcare. We would see insurance companies being put back in charge of decisions—decisions about whether women can get basic care and what, if any, kind of preexisting condition coverage happens. What I have seen is something that doesn't work and is going to put more costs back onto families.

There is mental healthcare and the ability to make sure that if you have a healthcare challenge, such as cancer or some other kind of challenge, your doctor is going to be able to treat you and give you all the care you need, not just a lump sum that the insurance company has decided that they are willing to spend. Then there is accountability as it relates to how much of your healthcare dollars that you spend goes into your medical care. There are a whole range of things that have been put in place so that you have more confidence that at least you are getting what you are paying for. Those things go away and insurance companies are put back in charge. They are given a big tax cut. The insurance company execs are given an opportunity for big increases in their pay, while everybody else is paying more.

So let me go back to where I started. TrumpCare, the bill being voted on in the House, is really a triple whammy for the people of Michigan: higher costs, less coverage, and more taxes. It makes no sense. I will strongly oppose it when it comes to the Senate. I am hopeful that we can put this aside, stop all of the politics about repeal, and have a thoughtful discussion about how we can work together to bring down costs and to be able to address concerns to make healthcare better, not take it away.

Thank you, Mr. President.

THE PRESIDING OFFICER (Mr. CASSIDY). The Senator from Rhode Island.

Mr. REED. Mr. President, I rise today in opposition to the nomination of Ms. Seema Verma to be Administrator of the Centers for Medicare and Medicaid Services, or CMS.

As a \$1 trillion agency with oversight over Medicare, Medicaid, and the Children's Health Insurance Program, as well as State health insurance marketplaces, CMS is providing affordable health insurance to 100 million Americans, including nearly half a million Rhode Islanders.

Given the responsibility that this post entails of ensuring access to health care coverage for our most vulnerable citizens, coupled with a lack of commitment to fighting back against proposals by this administration and some of my colleagues on the other side of the aisle to dismantle these programs, I cannot support Ms. Verma's nomination to be CMS Administrator.

CMS is responsible for a key aspect of the Affordable Care Act—the health insurance marketplaces—which pro-

vide an avenue for all consumers to shop for the health insurance options that fit their needs and connect consumers with tax credits and subsidies that make the coverage affordable.

President Trump and his new Health and Human Services Secretary Tom Price are adamant about repealing the ACA and rolling back these benefits. In her confirmation hearing, Ms. Verma was asked multiple times to commit to protecting the ACA for the millions of Americans who were able to access coverage for the first time because of the law, but she would not do so. This, to me, is unacceptable.

CMS also works with States and other agencies at the Department of Health and Human Services to ensure that the plans offered on the exchanges are not only affordable but also provide real coverage for when it is most needed. I am concerned with Ms. Verma's beliefs about what health insurance coverage should look like.

During her confirmation hearing, she spoke at length about providing consumers more choices about their healthcare. Yet she opposes many of the protections the ACA provides for consumers. For example, she implied that she thought maternity care should be optional. It seems to me that for many families, they would be left with the choice to either pay for maternity care entirely out-of-pocket—all the while paying premiums and copays to the insurance company—or to go without care at all. I don't think these are the kinds of choices we should be imposing on families.

Turning my attention to Medicaid for a minute, I am deeply concerned about the Republican proposals to fundamentally change Medicaid and shift costs to States and to consumers. These proposals aren't new. Year after year, Republicans—often under the leadership of then-Congressman, now-HHS Secretary Tom Price—have proposed block-granting Medicaid, cutting the program by hundreds of billions of dollars. While Ms. Verma is not yet confirmed, she did express support in her confirmation hearing for this very concept—block-granting or capping Medicaid spending. Just this week, we saw a new version of this proposal, which simply delays cuts to Medicaid until 2020. In my opinion, this is just a veiled attempt to help gain support for the effort now and then turn around and decimate Medicaid in a few years.

In my home State of Rhode Island, nearly 300,000 Rhode Islanders access healthcare through Medicaid. That is about one-third of our population, roughly. That is a significant number for a small State like Rhode Island. Let's break down that number to see who would be impacted by these across-the-board cuts to Medicaid.

One out of four children in Rhode Island gets care from Medicaid and half of the births in the State are financed through Medicaid. One in two Rhode Islanders with disabilities are covered by Medicaid, and 60 percent of nursing

home residents in the State get their care from Medicaid. Think about what would happen if this funding is cut—and that is the trajectory of the Republican proposals—States would have to decide, among these populations, who will get health care, children or the elderly in nursing homes, the disabled or other Medicaid recipients. If States try to make up the difference, that would result in cuts elsewhere, such as education and infrastructure. Indeed, given the demands for health care, given the tensions between seniors and nursing homes, and children needing care, the States will try their best to pull from other areas. What is the next biggest area of State expenditure? Education. Now you will have pressure on State education budgets. Higher education particularly will be pressured. All of this will be the ripple effect from these proposed cuts to Medicaid. And make no mistake, when Ms. Verma and my colleagues talk about converting Medicaid to a block grant program or capping spending, it is not about flexibility for the States, it is about reducing the Federal commitment to providing funding to the States.

Lastly, I am concerned about Ms. Verma's ability to safeguard Medicare for our seniors. Over 200,000 Rhode Islanders access care through Medicare, a benefit they have worked for and earned over their entire careers. I believe Medicare is essential to the quality of life for Rhode Island's seniors and for seniors across the country, and indeed for the children and families of these seniors. In fact, I supported the ACA because it made key improvements to Medicare that strengthened its long-term solvency and increased benefits, such as closing the prescription drug doughnut hole and eliminating cost-sharing for preventive services such as cancer screenings.

Over 15,000 Rhode Islanders saved \$14 million on prescription drugs in 2015, an average of \$912 per beneficiary. In the same year, over 92,000 Rhode Islanders took advantage of free preventive services, representing over 76 percent of the beneficiaries. Repealing the ACA means repealing these benefits for seniors and shortening the life of the Medicare trust fund by over a decade.

Unfortunately, Ms. Verma has little to no experience working with Medicare, and in her hearing and written responses to questions, she appeared to have very little to no familiarity with major aspects of Medicare. In her confirmation hearing and accompanying documents, she simply has not proven herself to be an effective advocate for protecting these earned benefits for our seniors.

We need an Administrator for CMS who will work to safeguard health care coverage for children, seniors, and people with disabilities, who will seek to strengthen Medicaid, Medicare, CHIP, and our entire healthcare system. For the reasons I have outlined, along with other reasons some of my colleagues have raised, Ms. Verma, in my opinion,

is not up to this task. As such, I will oppose the nomination and encourage my colleagues to do the same.

I yield the floor.

Mr. President, I request the ability to yield the remainder of my postcloture time to Senator WYDEN.

The PRESIDING OFFICER. The Senator has that right.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

TRUMP CARE

Mr. WYDEN. Mr. President, here we are, with our colleagues on their way home, and I thought it would be helpful to take a minute and give an assessment of where the TrumpCare debate is at this point because we have seen the two major committees in the House act. Some \$300 billion was slashed from safety net health programs, while insurance company executives making over \$500,000 annually were given a juicy tax break as a bonus.

To put this into perspective, this tax break that the insurance companies' CEOs seem to have after two committees in the other body have acted on TrumpCare—the amount of the bonuses for the insurance company executives would be enough to cover the TrumpCare-created shortfall in Oregon's community-based services for the elderly and the disabled two or three times over.

What we are talking about is how hundreds of billions of dollars in tax breaks are going to the fortunate few and special interests, while some of the money is coming from stealing a chunk of those dollars from the Medicare trust fund. And this is very much intertwined with the nominee's work because she would be overseeing Medicare payments to rural hospitals in places like Louisiana and Oregon.

What I am going to turn to now is what TrumpCare, based on these two committees, means for rural areas. And, of course, it repeals the Medicaid expansion. It caps the Medicaid Program. In my own view, and I know the Senator from Louisiana knows a lot about healthcare, in rural communities—and most of our towns are under 10,000 in population. I am from southeast Portland. I love southeast Portland. The only regret is I didn't get to play for the Portland Trail Blazers. Most of the communities in our State are under 10,000 in population. As the Senator from Louisiana knows, we are talking about critical access facilities. We are talking about sole community hospitals. We are talking about the facilities that deal with acute care.

During the last major break over the President's holiday, I started what is going to be a yearlong effort for me,

and I called it the rural healthcare listening tour. It is eye-popping to have those rural healthcare providers who in my State have worked so hard to find ways to get beyond turf and battles, to work together—the hospitals, the doctors, the community health centers, and the like. They have built an extraordinary effort that helps to wring more value out of scarce dollars. Their programs are based on quality, not on volume.

By the way, they are a huge source of economic growth and jobs for our rural communities. I spent the President's Day recess, and the next major recess as well getting out and listening to them. The verdict from Oregon's healthcare providers, who have worked very hard at being innovative, trying to make better use of what are called nontraditional services, said these kinds of cuts are not an option if you want to meet the needs of so many who have signed up as a result of the Medicaid expansion.

TrumpCare ends the Medicaid expansion, rolling back Federal matching funds in 2020. The rural hospitals in my State are frequently the only healthcare provider available for hundreds of miles. The Medicaid expansion helped these hospitals keep their doors open.

I don't think it is hard to calculate why the hospitals are speaking out against the flood approach of TrumpCare. They have a lot of facilities in rural areas that are already on tight margins. If these communities lose the ability to cover needy people, some of the essential hospitals—and I just described three types of them—are going to have to close, and the reality is going to be that patients aren't going to have any doctor anywhere nearby.

Understand, if the majority insists on ramrodding TrumpCare through—and at this point we have, I believe—staff just told me that there aren't any budget estimates. As of now, the Congressional Budget Office is tasked with providing accurate assessments of the budget implications. There are not any budget implications.

So here is the latest. It comes from media that I think is not considered by many Trump supporters to be a purveyor of fake news. This comes from FOX News. They said: Unknown in the new healthcare plan, unknown in TrumpCare—the cost. How many lose or gain insurance?

I am very pleased that my colleague from New Hampshire has come to join me because some of this, I would say to my friend from New Hampshire, leaves you incredulous because this comes from FOX News. FOX News is hardly a source for what many Trump supporters would consider fake news. FOX News is asking the question because they are saying it is unknown. It is unknown in the new healthcare plan, Senator SHAHEEN, according to FOX News. The cost is unknown, and how many lose or gain insurance is unknown.

I would say to my colleagues, because my friend from Louisiana has joined the Finance Committee, and I remember welcoming him and Senator McCASKILL, our new members. My colleague from Louisiana is a physician and is very knowledgeable about these issues. I don't know how you have a real healthcare debate in America—and I have been working on this since I was director of the Gray Panthers at home back in the days when I had a full head of hair and rugged good looks. When we would start a debate, nobody would consider starting it without having an idea of costs or how many lose or gain insurance. How much more basic, I say to Senator SHAHEEN, does it get than that? Are these "gotcha" questions? Are these alternative facts? Are these people who are hostile to conservatives? I think not. FOX News—unknown in the new healthcare plan.

I have been outlining what this means in terms of the transfer of wealth from working families in New Hampshire and Oregon to the most fortunate in our country—people who make \$250,000 or more. They are actually going to be the only people in America who get their Medicare tax cut. So you have this enormous transfer of wealth, what I call the reverse Robin Hood: taking from the working people and giving to the fortunate few.

After two committees have now acted in the other body—two committees have acted—FOX News says the big questions are outstanding. The Senator from New Hampshire knows a lot about rural healthcare. I was just outlining to my colleagues what this means for critical access hospitals, sole community hospitals, acute care facilities. These are the centerpieces of many rural communities, the essence of rural life. You can't have rural life without rural healthcare.

Here we are on Thursday afternoon—with many of our colleagues out there tackling jet exhaust fumes heading home—and the big questions, according to FOX News, are outstanding.

I am very pleased the Senator is here. As usual, she is very prompt and appreciated.

I look forward to her remarks.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, before my colleague from Oregon leaves, I want to ask him a question.

I am reminded, in 2009 and 2010, as we were working on the Affordable Care Act, that the HELP Committee held 14 bipartisan roundtables, 13 bipartisan hearings, 20 bipartisan walkthroughs on healthcare reform. The HELP Committee then considered nearly 300 amendments and accepted more than 160 Republican amendments, and the Finance Committee—where my colleague is the ranking member—held 17 roundtables, summits, and hearings on the topic. The Finance Committee also held 13 member meetings and walkthroughs, 38 meetings and negotiations, for a total of 53 meetings on

healthcare reform. During its process, the Finance Committee adopted 11 Republican amendments.

Don't you find it particularly ironic that we are seeing this TrumpCare legislation being pushed through on the House side—and what we are hearing, the rumors about what is going to happen in the Senate is it is not going to have any hearings and it is going to be brought to the floor and we are expected to vote on it without having a chance for the public to know what is in it.

Mr. WYDEN. My colleague is making a very important point. I think we all know the Senate budget process is a lot of complicated lingo. People in the coffee shops in New Hampshire and Oregon don't follow all the fine points of reconciliation.

As the Senator has just said, what they are using is a process that is known as reconciliation. That is the most partisan process you can come up with. There is no more partisan kind of process, and we were talking about the tally. As of this afternoon, two committees in the House have acted.

The Senator from New Hampshire just mentioned, I think, there were 11 Republican amendments in just one of the committees.

Mrs. SHAHEEN. Right.

Mr. WYDEN. As of this afternoon at 4, after hours and hours of debate, I am of the impression that not a single significant Democratic amendment has been adopted—so the Senator's point of highlighting the difference in the process, where we had all of the hearings and all of the opportunities that you have to have to get a good, bipartisan bill.

As my colleague knows, I don't take a backseat to anybody in terms of bipartisan approaches in healthcare. I have worked with Republicans—Chairman HATCH, chronic care. Senator BENNET and I worked on a bill with eight Democrats and eight Republicans. I appreciate your making this point.

As of this afternoon, as far as I can tell, no Democratic amendment has been adopted. You highlighted 11 Republican amendments getting adopted in just one committee. As we indicated, FOX News—not exactly hostile to some of the ideas being advanced by the majority—has certainly called them out on this.

Mrs. SHAHEEN. I appreciate the eloquent comments from the Senator from Oregon and all of his efforts to make sure we don't take away healthcare for so many people who desperately need it.

That is why I came to the floor today, because I spent the week we were back home—not last week but the week before—talking to constituents in New Hampshire and listening to what their concerns were.

What I heard was that people were deeply, deeply concerned and very upset by the efforts here to repeal the Affordable Care Act, when they didn't know what the replacement meant for

them. In dozens of conversations and roundtable discussions at a townhall forum, Granite Staters shared stories of how the Affordable Care Act has been a lifeline for them. I heard from people who say their lives have been saved by the law.

In fact, we can see what is at risk in the State of New Hampshire, where we have almost 600,000 Granite Staters who have preexisting conditions. We have 118,000 people who could lose coverage. We have 50,000 Granite Staters with marketplace plans who are in the exchange, 42,000 who are enrolled in Medicaid, and 31,000 who have tax credits that lower the cost of healthcare for them. If that is taken away, so many of those people have no option for getting healthcare.

What we know now, after we have finally seen the plan Republican leaders are talking about, we know those fears were well founded that they were worried they were going to lose their healthcare. What we have seen is legislation to repeal the Affordable Care Act that would have catastrophic consequences not only for people in New Hampshire but for people across this country.

It is especially distressing that TrumpCare—as it has been introduced by the Republicans—would roll back expansion of the Medicaid Program, which has, in New Hampshire and across this country, been an indispensable tool in our efforts to combat the opioid epidemic. In addition, we are seeing, as the Senator from Oregon pointed out, that TrumpCare would terminate healthcare subsidies for the middle class and for other working Americans, and it would replace those subsidies with totally inadequate tax credits—as low as \$2,000, which doesn't begin to pay for healthcare coverage for an individual, much less a family. This means as many as 20 million Americans could lose their healthcare coverage.

Even as the bill makes devastating cuts to the middle class, it gives the wealthiest Americans a new tax break worth several hundred thousand dollars per taxpayer. I think this proposed legislation is totally out of touch with the lives of millions of working Americans, people whose health and financial situation would be turned upside down by the bill.

Last week, in his response to President Trump's address to Congress, former Gov. Steve Beshear of Kentucky said something that really resonated with me. He reminded us that people who have access to healthcare thanks to ObamaCare are “not aliens from some other planet.” As he described, “They are our friends and neighbors. . . . We sit on the bleachers with them on Friday night. We worship in the pews with them on Sunday morning. They're farmers, restaurant workers, part-time teachers, nurses' aides, construction workers, entrepreneurs,” and often minimum wage workers. “And before the Affordable Care Act, they

woke up every morning and went to work, just hoping and praying they wouldn't get sick, because they knew they were just one bad diagnosis away from bankruptcy.”

To understand why people in New Hampshire are so upset and fearful about efforts to repeal the Affordable Care Act, we have to look again at this chart because some 120,000 Granite Staters could lose their health insurance. That is nearly 1 in every 10 people in the State of New Hampshire.

In particular, repeal of the Affordable Care Act would very literally have life-or-death consequences for thousands of people who are fighting opioid addiction, who have been able to access life-saving treatment thanks to the expansion of Medicaid and the Affordable Care Act.

Sadly, one of the statistics we are not happy about in New Hampshire is that we have the second highest rate of per capita drug overdose deaths in the country. We trail only West Virginia. The chief medical examiner in New Hampshire projects that there were 470 drug-related deaths in 2016, including a sharp increase in overdose deaths among those who were 19 years old or younger. For a small State like New Hampshire, this is a tragedy of staggering proportions, affecting not just those who overdose but their families and entire communities.

I am happy to say, in the last couple of years, we made real progress in combating this epidemic because we had the Affordable Care Act and its expansion of Medicaid, which has given thousands of Granite Staters access to life-saving treatment. Over the past year, I had a chance to visit treatment centers all across New Hampshire. I met with individuals who are struggling with substance use disorders and providers who are trying to make sure they get the treatment they need.

Last month, at a center in the Monadnock region of New Hampshire, I had an amazing private meeting with more than 30 people in recovery from substance use disorders. They are putting their lives back together, hoping to reclaim their jobs, to get back with their families, and they are able to do that largely because of treatment that is made possible by the Affordable Care Act.

One patient shared her story with me. As with so many others in treatment, her story is one of making mistakes, of falling into dependency, of struggling with all her might to escape her addiction. She is in recovery for the second time, and she said that this time for her is a life-or-death situation. She has no family support. She worries that she will be homeless when she leaves the treatment program, but she is grateful for the Affordable Care Act because it has given her one more shot at getting sober and the chance for a positive future.

At a forum in Manchester—New Hampshire's largest city—a courageous woman named Ashley Hurteau said

that access to healthcare as an enrollee in Medicaid expansion was critical to her addiction recovery. She had been arrested following the overdose death of her husband. Ashley said an understanding police officer and a drug court were key to her recovery. She added this:

I am living proof that, by giving individuals suffering with substance use disorder access to health insurance, we, as a society, are giving people like me the chance to be who we really are again.

Without that access to treatment, where would Ashley be?

Several weeks ago I received a letter from Nansie Feeny, who lives in Concord, the capital of New Hampshire. She told me the Affordable Care Act had saved her son's life. This is what she wrote:

[My son] Benjamin went to Keene State College with the same hopes and dreams many have when building their American dream. While there he tried heroin. Addiction overcame him but did not stop him from graduating. After graduation he suffered a long road of near death existence. After a couple of episodes where he had to be revived (fentanyl) he chose recovery. And it was due to ObamaCare that we were able to get him insured so he could get the proper help he needed and [into] a suboxone program that assisted him with staying "clean."

In April—

She wrote, and you could read between the lines how relieved she was—

it will be a year for Ben in his recovery. Without ObamaCare, this would not have been possible. . . . I can't find the words to define my gratitude to President Obama. I believe my son would not be alive today if it were not for this plan that provided the means he needed to get the help he needed at the time he needed it. Ben still has a long road ahead of him but I will see to it that he never walks it alone.

I also want to share a powerfully moving letter from Melissa Davis, an attorney in Plymouth, NH. Ms. Davis writes:

I am a lawyer who frequently works on behalf of clients who are suffering from substance use disorder, mental health conditions, or a combination of both. I have been working with these clients for over 10 years and I can tell you that access to health insurance has always been the biggest obstacle in obtaining quality and consistent treatment. Since passage of the Affordable Care Act and the expansion of Medicaid, my clients are actually able to access real treatment in ways they never were before. Before the ACA, there were far too many times where my clients were unable to afford private substance use disorder treatment, wait lists at community mental health agencies were extremely long, and AA and NA were not enough. Without treatment, these clients often ended up in jail or worse, dead. I still have clients who face obstacles to obtaining quality treatment, but the ability to get insurance removes a huge obstacle.

Ms. Davis concludes with this warning:

I am sincerely afraid for what will happen to my clients and my community if access to quality substance use disorder and mental health treatment is taken away from those people who need it most because they are unable to get insurance. Please do everything you can to save the ACA.

In dozens of visits to New Hampshire during the campaign, President Trump pledged aggressive action to combat the opioid crisis. In his address to Congress last week, he once again promised action to expand treatment and end the opioid crisis. But despite these bold words and big promises, the President's actions have sent a totally different signal. His actions threaten an abrupt retreat in the fight against the opioid epidemic.

By embracing the House Republican leadership's plan to repeal the Affordable Care Act, President Trump has broken his promise to the people of New Hampshire. This misguided bill would roll back the expansion of Medicaid, and it could terminate treatment for hundreds of thousands of people in New Hampshire and across America who are recovering from substance use disorders.

Meanwhile, the President's nominee to serve as Administrator of the Centers for Medicare and Medicaid Services, Seema Verma, has been an outspoken advocate of deep cuts to Federal funding for Medicaid. As we have seen with so many of the Trump administration nominees, Ms. Verma has an underlying hostility to the core mission of the agency that she has been asked to lead.

Seema Verma is currently a health policy consultant who has called for less Federal oversight of the Medicaid Program and advocated for policies expressly designed to discourage patients from seeking care—for instance, by imposing cost-sharing burdens on Medicaid recipients. In addition, she is a staunch advocate of block-granting Medicaid and turning it into a per capita cap system. Over time, this would lead to profound cuts to Medicaid, forcing States to raise eligibility requirements and terminate coverage for millions of recipients.

Let's be clear as to who these recipients are. In 2015, the 97 million Americans covered by Medicaid included 33 million children, 6 million seniors, and 10 million people with disabilities. Seniors, including nursing home costs, account for nearly half of all Medicaid expenditures.

These are some of the most vulnerable people in our society, and they will be the targets of Ms. Verma's determined efforts to cut funding for Medicaid and terminate coverage for millions of current recipients.

I also have deep concerns about this nominee's commitment to protecting women's healthcare. During her confirmation hearing in the Finance Committee, Ms. Verma was asked if women should get access to prenatal care and maternity coverage as afforded under the Affordable Care Act or whether insurance companies should get to choose whether to cover this for women.

Ms. Verma tried to clarify when she met with me that she hadn't really meant what she said. But what she said was that maternity coverage should be

optional, that women should pay extra for it if they want it. Of course, the problem with this position is that it takes us backward to the days before the ACA, when only 12 percent of policies on the individual insurance market offered maternity coverage.

In the State of New Hampshire, before the Affordable Care Act, you could not buy an individual policy that covered maternity benefits. They were not written. Insurers who offered coverage charged exorbitant rates with high deductibles, plus benefit caps of only a few thousand dollars. This is a major reason why, before the Affordable Care Act, women were systematically charged more for health insurance than men. In the eyes of insurance companies, being a woman was seen as a pre-existing condition, and they charged us more accordingly.

Well, the American people don't want drastic cuts to Medicaid, cuts that will threaten coverage for children, for seniors, for people with disabilities, and for those receiving treatment for substance use disorders. That is why I intend to vote against the confirmation of Seema Verma to head CMS.

In recent years, we have made impressive gains, securing health coverage for millions of Americans and significantly improving the health of the American people. I can't support a nominee who wants to reverse these gains.

In recent weeks, all of our offices have been flooded with calls, with emails, with letters opposing the Trump administration's plans to repeal ObamaCare and undermine both the Medicare and Medicaid Programs. We need to listen to these voices. We need to keep the Affordable Care Act and the expansion of Medicaid.

There are things we can do to make it better, and we should work together to do that. But we have heard from people loud and clear across this country. It is time now to respect their wishes, to come together to fix this landmark law, and to ensure that it works even better for all Americans.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, before my colleague from New Hampshire leaves, does she have a quick minute for a question?

Mrs. SHAHEEN. Absolutely.

TRUMP CARE

Mr. WYDEN. I thank her for her presentation. It was factual and very specific, and I think it really highlighted so many of the concerns that we have at this point.

I want to see if I could get this straight on the opioid issue. Here you all are in New Hampshire, right in the center of the Presidential campaign. All of the candidates are coming through, and they are practically trying to outdo each other in terms of their pledges to deal with this wrecking ball that is the opioid addiction that has swept through New Hampshire

and, of course, my own home State as well.

I remember then-Candidate Trump being particularly strong and assertive about how he was going to fight opioids.

I think what my colleague said—and I am curious, so I am going to ask a couple of questions because I don't think folks even in my home State are aware of some of these things. So I am going to ask my colleague about it.

Are folks in New Hampshire aware at this point—my colleague put up that Trump chart, showing how the people didn't know what was being cut and how much it was going to cost and all the rest. Are people in New Hampshire at this point aware of the fact that this is essentially after a campaign in their home State, which certainly put out a lot of TV commercials and campaign rhetoric in the fight on opioids?

I think my colleague said that when people unpack this, they are going to see that this is a major broken promise, that TrumpCare is a major broken promise on opioids because, in terms of the time sequence, they all had debates and commercials, then we finally got some money in order to have treatment.

And I think what my colleague said is that now, as a result of TrumpCare and the cap on Medicaid, there will not be the funds to get the treatment to people who are so needy. Is that what this is going to be about in New Hampshire?

Mrs. SHAHEEN. That is absolutely correct.

I remember meeting one young man early in the fall, in the middle of the campaign early last year. He came up to me in Manchester and said: I am so worried about what is going to happen in this election because I am in recovery; I am an addict. He said: I am worried that whoever gets elected is not going to continue to make sure that I can get the treatment I need. He said: I am worried about Mr. Trump.

As my colleague pointed out, Donald Trump, when he was campaigning in New Hampshire, made a lot of promises about how he was going to address the heroin and opioid epidemic, how he was going to make sure that people could get treatment, treatment at a cost they could afford.

Well, thanks to the Affordable Care Act and the expansion of Medicaid and the great work by our Republican legislature and our Democratic Governor—then-Governor HASSAN, who is now in the Senate—we passed a plan to make sure that people who had substance use disorders could get treatment.

Last year we had 48,000 applications submitted under the expansion of Medicaid for treatment of substance use disorders. If we pulled the plug on that Medicaid expansion so that people couldn't get that treatment, they wouldn't have anywhere to go.

That is what I heard when I was at Phoenix House in Dublin, in the west-

ern part of New Hampshire, a couple of weeks ago. I was sitting around with about 30 people in recovery, people who are hopeful for the first time in a long time because they are in treatment and they can see they can put their lives back together.

I said to them: What happens if we no longer have the Medicaid Program?

They said: We don't have any other options. We don't have treatment.

What we heard from President Trump is that he was going to introduce a healthcare plan that was going to cover more people for less money and better quality. Well, that is not what we are seeing.

The TrumpCare that was introduced in the House this week that they marked up and that is going to be coming to the Senate doesn't do that. It reduces coverage under the Medicaid Program. It would throw thousands of people off of their treatment for substance use disorders, and there is nowhere else for them to go.

This is not an acceptable plan. This does not do what the President promised he was going to do. It is not what he promised in New Hampshire, it is not what he promised in the campaign, and it is not what he has promised since he became President.

Mr. WYDEN. I think my colleague's point is well taken.

As we have been saying, this is very much intertwined with the Seema Verma nomination because what we learned in the committee is, in Indiana, where she touts her pioneering work, if somebody had an inability to pay for a short period of time, they would be locked out of the program. So in terms of Medicaid, this is going to cause a real hardship.

I had already outlined that it is going to cause a hardship in another program that is important to New Hampshire, and that is Medicare, because we are implementing what is called the MACRA, the new reimbursement system for doctors. We asked her questions about rural care, and she didn't know the answer either.

I particularly wanted my colleague to walk us through this situation with respect to how New Hampshire residents are going to see TrumpCare as it relates to opioid addiction after they have all these grandiose promises and the many debates and commercials.

I thought I would ask if my colleague has time for one other question.

In New Hampshire, as in Oregon, we have a lot of seniors. It looks to me as if somebody who is, say, 58 years old or 62 years old is just going to get hammered by what we call the age tax because in these bills, which are now moving like a freight train with the House already moving in two committees, Republicans want to give insurance companies a green light to charge older people five times as much as they charge younger people. So I cited a number of my small, rural counties—Grant County, Union County, Lake County—and how a 60-year-old who

makes \$30,000 a year can see their insurance costs, because of the age tax, go up something like \$8,000 a year.

I don't have the numbers as of now—Finance staff is still working on that for every single State—but obviously that tax sure looks like it is going to hit somebody in New Hampshire, an older person, people before they are eligible for Medicare, and particularly in that 55-to-65 bracket. It looks like it is going to hit them very hard. How is that going to be received, because in my time in New Hampshire, we talked about it, and a lot of those people really are walking on economic tightropes. They are balancing their food bill against their fuel bill and their fuel bill against their rent bill. I know my colleague spends a lot of time trying to advocate for them, help them through small business approaches. How are they going to be able to absorb what is clearly going to be thousands of dollars in new out-of-pocket health costs?

Mrs. SHAHEEN. I think that is a huge problem. New Hampshire has a population that is one of the fastest aging in the country. As Senator WYDEN points out, not only does the TrumpCare legislation change how people on Medicare are charged for their health insurance, but it also would change the other aspects of the Affordable Care Act that have been beneficial, such as preventive care under Medicare.

It would also change the effort to close the doughnut hole—the cost of the prescription drugs that seniors buy. That has been a huge benefit to people in New Hampshire over the last few years because they are beginning to see their costs for prescription drugs affected positively. So it will have a huge impact on seniors in New Hampshire.

The other issue that will have an impact not only on seniors but on everybody is what will happen to our rural hospitals. In New Hampshire, because we have a lot of rural areas in the State, we have a lot of small towns. Most of our hospitals are small and rural. They have benefitted significantly under the Affordable Care Act because they have been able to get paid for people who come to the emergency room for treatment. We have gotten a lot of people out of emergency rooms and into primary care. Most hospitals have seen about a 40-percent decline in people using emergency rooms for their healthcare. That has been a huge, important benefit to our rural hospitals that are operating on very thin margins that we need to keep open, not just because of the healthcare they provide but because of the jobs they provide. In most of our small communities, those hospitals are among the biggest employers.

There are huge impacts if we repeal the Affordable Care Act and we put in place this TrumpCare policy that doesn't cover as many people. It is going to cost more, it is going to reduce the help people are getting

through their healthcare coverage, and it is going to have a detrimental impact on people in the State of New Hampshire and across this country.

Mr. WYDEN. I thank my colleague.

We have heard Republicans say repeatedly that anything they are going to do with Medicare is not going to hurt today's enrollees or people nearing retirement. The fact is, TrumpCare hurts both. It is going to shorten the life expectancy of the Medicare trust fund, and those older people—I will be curious, when my colleague returns—I will be very interested to hear what seniors in New Hampshire who are 56 to 68 and are walking on that economic tightrope are going to say.

I thank my colleague from New Hampshire for the excellent presentation.

Mrs. SHAHEEN. I thank the Senator, and thank the Senator for his fight to help as we try to prevent people across this country from losing their healthcare.

Mr. WYDEN. I thank my colleague, and we are going to prosecute this cause together.

I see that the chairman of the Finance Committee has arrived. He graciously said I could take another 5 minutes or so of our time.

Before we wrap up this part of our presentation, I want to point out that we have outlined how people who are dealing with the consequences of opioid addiction would be hurt by TrumpCare. We have outlined how seniors who are not yet eligible for Medicare are going to be hurt and how seniors who are now on Medicare are going to certainly be hurt by reducing access to nursing home benefits. Now I would like to wrap up by going to the other end of the age spectrum and talk for a moment about children.

Nearly half of Medicaid recipients are kids, and the program of the Republicans—now that we have two committees in effect out of chute with their proposals—restructures the program in the most arbitrary way, using these caps, shifting costs to States. And the reality is that Medicaid is a major source of help for children. There is early and periodic screening, diagnosis, and treatment benefits. But with reduced funding, the States are going to be forced to make difficult decisions about which benefits they can keep providing. States are going to be forced to reduce payments to providers, particularly for kids, providers such as pediatric specialists, and limit access to lifesaving specialty care.

My own sense is that this is shortsighted at best, and it is like throwing the evidence about children and their health needs in the trash can. Children receiving Medicaid benefits are more likely to perform better in school, miss fewer days of school, and pursue higher education.

Before I yield the floor to my good friend and colleague Chairman HATCH, I want to come back to what disturbs me the most about all of this. All of

these dramatic changes to Medicare and Medicaid that strip seniors and some of our most vulnerable citizens are being made at the cost of hundreds of billions of dollars to these programs while, in effect, there is an enormous transfer of wealth given to the most fortunate in America in the two bills that were passed by the other body today in the committee. In effect, for example, people who make over \$250,000 will not have to make the additional payments under the Medicare tax. If ever there were a group of people in America who doesn't need additional tax relief, it is those people.

As we wrap up this portion of the presentation, I want people to just think about looking at their paycheck. Every time you get a paycheck in America, there is a line for Medicare tax. Everybody pays it. It is particularly important right now because 10,000 people will be turning 65 every day for years and years to come.

What the tax provisions of this legislation mean—and they are part of hundreds of billions of dollars of tax cuts—for insurance executives making over \$500,000 annually, there are yet additional juicy writeoffs, while seniors and those of modest means are going to bear the brunt of those reductions. Nothing illustrates it more than cutting the Medicare tax, colleagues.

I don't know how anyone can go home in any part of the country and say: You know, we are going to have to charge older people between 50 and 65 a lot more for their coverage, and by the way, insurance company executives making \$500,000 a year are going to get more tax relief. I don't think it passes the smell test in America. It is reverse Robin Hood. There is no other way to describe it. It is transferring wealth from working families and those who are the most vulnerable. When working Americans see their paycheck and see the Medicare tax, I hope they remember that in this bill, the Medicare tax is reduced for only one group of people—people making more than \$250,000 a year.

I want tax reform. The chairman of the Finance Committee knows that. I have introduced proposals to do that. But I don't know how we get tax reform when they are giving the relief to the people at the top of the economic ladder and it is coming out of the pockets of working people and working families. Everybody is going to be able to see it right on their paycheck, right there with the Medicare tax.

I think we will continue this debate, but on issue after issue, with the nominee on the floor, Ms. Verma, what she will do if confirmed is directly related to TrumpCare. For example, we told her in the committee that we wanted her to give one example—just one—of an idea to hold down pharmaceutical prices, which is something else that is important to older people.

TrumpCare, by the way, could have included proposals to try to help hold down the cost of medicine. Guess what,

folks. On pharmaceutical prices, there is no there, there either. It doesn't do anything to help people.

This vote we will have on Tuesday is the first step in the discussion of how this particular nominee would handle the implementation of TrumpCare. Her job oversees Medicare payments to hospitals. It is really intertwined, this nomination and TrumpCare, and we couldn't get any responses to how she meets the needs of working families, as I just mentioned, with respect to pharmaceuticals, and we are pretty much in the dark with respect to how she would carry out her duties. As of now, we don't see how she is going to do much to try to eliminate some of the extraordinary harm that is going to be inflicted on the vulnerable and seniors on Medicare and Medicaid as a result of TrumpCare.

I reserve the remainder of my time, and I yield the floor.

The PRESIDING OFFICER. The Senator from Utah.

REPUBLICAN HEALTHCARE BILL

Mr. HATCH. Mr. President, I rise today to speak once again on the so-called Affordable Care Act and the ongoing effort to repeal and replace. We all know the House of Representatives has produced a repeal and replace package, and both the Ways and Means and Energy and Commerce Committees have been marking it up. We don't know what it is right now. In other words, the endeavor to right the wrongs of ObamaCare is moving steadily forward on the other side of the Capitol, and soon it will be the Senate's turn to act. I commend my colleagues for introducing this legislation and moving it forward. This is an important step, and I don't think I am alone when I say that I am watching the progress in the House very carefully to see how things proceed and what the final House product will look like.

Of course, virtually all Republicans in Congress want to repeal and replace ObamaCare. We are in unison there. While there are some differences of opinion on how best to do that, there is generally unanimity on that point. I am confident that whatever differences exist among House Members will be worked out through the House's legislative process.

In addition, whatever passes in the House will be subject to the input and review of the Senate and to the rules of the budget reconciliation process. I want to note that I have heard from a number of Senators who have items they would like to see included when the bill comes before the Senate. I actually have several ideas of my own. However, there are limits as to what we can do under the budget reconciliation rule. Many of the proposed policy changes I have heard, although they have merit, would be banned by the rules and subject to the 60-vote threshold. That said, I am committed to working with my colleagues on both sides of the floor to ensure that the

Senate process on this bill is productive and that it yields a result we can support.

Long story short: This process is far from over. We have a lot more work to do. It is worth pointing out that the vast majority of the policies at play in this discussion and virtually all of the spending fall under the exclusive jurisdiction of the Senate Finance Committee, which I chair. Make no mistake. The Finance Committee is already hard at work and has been for some time. In many respects, I suppose you could say we have been working on this effort since the day ObamaCare was signed into law. However, for obvious reasons, our work has intensified over the past several months.

In working through this process, I have been in constant contact with Chairmen BRADY and WALDEN, who head up the relevant committees in the House. I have also been working closely with the Speaker's office, and I have been gathering input from Governors around the country. In addition, I have been working closely with the distinguished chairman of the Senate Budget Committee, Senator ENZI, who has the chief responsibility of navigating the budget process and shepherding a final repeal-and-replace bill through all the necessary rules and restrictions.

In all of those conversations, we have been talking about the process, and we have been talking about the timing. Most importantly, we have been talking about the substance of the healthcare reforms and how we can best serve the interests of the American people.

Throughout this effort, we have been reminded that Republicans currently control the White House and both Chambers in Congress due, in large part, to our stated commitment to repeal and replace ObamaCare, and we intend to deliver on that promise.

I would like to take a few minutes to talk about some of the policies we will need to tackle as we take up the House healthcare bill in the coming weeks.

Once again, the vast majority of the policies and virtually all of the spending involved in this effort fall under the Finance Committee's exclusive jurisdiction, and I intend to make sure all of my colleagues are well informed on the issues and that in the end whatever version of the bill we pass in the Senate reflects the collective will of a majority of Senators.

All told, there are five major policy areas that are addressed in the House bill that fall under the Finance Committee's purview.

First, there are the provisions to repeal the ObamaCare taxes. This is big. If one recalls, I came to the floor a few weeks ago and pointed out how misguided it would be, in my view, to start picking and sorting through the ObamaCare taxes to decide which to keep and which to leave in place. The House bill repeals them, along with the individual and employer mandates, both of which reside in the Tax Code. I

have been working with Chairman BRADY on this issue. In the end, I believe the Senate version of the bill should do the same, and I am going to continue to push to ensure it does.

Second, there is the issue of premium tax credits. Chairman BRADY and I have been working extensively on this issue as well. The House bill replaces the ObamaCare premium subsidies with a refundable tax credit for the purpose of State-approved health insurance, limited to those who do not qualify for other governmental healthcare programs and who have not been offered insurance benefits from their employers. Most major ObamaCare replacement proposals that we have seen contain some version of health insurance tax credits. The House approach represents a significant improvement over the ObamaCare premium subsidies. The Senate, when it takes up the bill, will have to consider how best to implement the tax credits. I will continue to work with my House and Senate colleagues to ensure that the tax credits are designed to help those lower and middle-income Americans who are the most in need.

Third, there are the issues surrounding Medicaid. Chairman WALDEN and his predecessor, Chairman UPTON, and I have been working extensively on this matter. As we know, the vast majority of the newly insured people who the proponents of ObamaCare have cited as proof that the system is working have been covered by the expanded Medicaid Program.

The problem, of course, is that the Affordable Care Act did not do anything to improve Medicaid, which was already absurdly expensive for States, and ultimately unsustainable, not to mention the fact that it provides substandard healthcare coverage.

The House bill draws down the ObamaCare Medicaid expansion and makes a number of significant changes to the underlying program. Most notably, it establishes per capita caps on Federal Medicaid spending, which are intended to give States more flexibility and predictability while also controlling Federal outlays related to the program.

We have received substantial input on this matter from Governors around the country, and virtually all of them agree changes need to be made. Given these concerns and the sheer vastness of the Medicaid Program under ObamaCare, the Senate will have to tackle this issue when it takes up the budget reconciliation legislation in the next few weeks.

I am confident that in working with my colleagues in the House and Senate and with the Governors, we can find the right solution.

Fourth, there is the issue of savings accounts for healthcare costs. I have long been an advocate for the expanded use of HSAs and FSAs. Needless to say, I was particularly opposed to the ObamaCare provisions that limited the use of these savings accounts and es-

entially marginalized their usefulness for consumers and patients.

The House bill removes a number of restrictions on these accounts that have been imposed by ObamaCare, and it goes further to remove longstanding restrictions on HSAs in order to expand their use and give patients and consumers more options to pay for health expenses.

I am very supportive of this approach. In fact, the language from the House bill mirrors the legislation I introduced this year—the Health Savings Act of 2017.

Fifth, there are some important transition issues that need to be addressed.

To get at these issues, the House bill creates a Patient and State Stability Program, under the Social Security Act, that would distribute \$100 billion to States over 10 years to enhance flexibility for States in how they manage healthcare for their high-risk and low-income populations.

For example, the funds could be used to, among other things, help individuals with cost-sharing. This program was proposed with the idea of giving States an expanded role in the healthcare system, a goal that is shared by most Republicans in Congress and something that almost all of the Governors have told us they want to see.

There are other issues from the House bill in the broader healthcare debate that will demand some attention when we consider the bill in the Senate. However, almost all of them fall under these general categories. Once again, the vast majority of them fall under the sole jurisdiction of the Senate Finance Committee, the primary committee.

There are other critical issues out there which do not involve the Tax Code, the Social Security Act, or Federal health programs. Yet they are extremely important.

The biggest mistake made by those who drafted ObamaCare and forced it through Congress was their failure to address healthcare costs in any meaningful way. After all, cost is the largest barrier preventing people from obtaining health insurance coverage, and the increasing healthcare costs are among the most prominent factors leading to wage stagnation for U.S. workers. Yet ObamaCare did little to address this problem, and in fact it has made things worse.

If we are going to fully keep our promises to the American people with regard to ObamaCare, we are going to have to eventually address these issues. After all, most people's negative interaction with the Affordable Care Act has come in the form of increased healthcare costs. If we are going to truly right all of ObamaCare's wrongs, we need to tackle the costs head on.

This will mean, among other things, fixing the draconian regulatory regime in our health insurance markets and giving individuals the ability to select only the coverage they want and need.

Many of these types of issues fall far outside of the Finance Committee's jurisdiction and are under the watchful eye of the distinguished chairman of the Senate HELP Committee.

The House bill also includes some provisions that are intended to address these concerns. I assume our distinguished colleague running the HELP Committee is working tirelessly to address the issues, and others, both through the reconciliation exercise or some alternative means.

Ultimately, if our goal is to place the healthcare system in a better position than it has been under ObamaCare, costs will have to factor heavily into the equation. I am looking forward to receiving guidance and leadership on the HELP Committee on these important market reform issues.

Overall, I believe we can and will be successful in this endeavor to fix our broken healthcare system. The American people are counting on us to do so. At the end of the day, success in that endeavor is, in my view, going to require a robust Senate process that allows this Chamber to work its will.

We have two Chambers in Congress for a reason. The House reconciliation bill needs 218 votes to pass. The Senate will also have to act when we receive the bill, and we will need to produce a package that can get at least 51 votes in this Chamber and hopefully more. That may mean some differences between the Senate and the House versions of the bill, but that is not problematic in my view. It is not particularly novel or unusual for different views and ideas to be resolved through the legislative process rather than simply dissipating when a bill is introduced. It seems to me that is not novel, and I am not the only one who has this view.

Earlier this week, Secretary Price sent a letter to the chairmen of the House Ways and Means and Energy and Commerce Committees. The letter commended the chairmen for their work and praised the legislation they unveiled to repeal and replace ObamaCare.

The Secretary also noted that this was not the end of the process but that the introduction of the House bill was a "necessary and important first step" and that the administration anticipated that the Congress would be "making necessary technical and appropriate changes" to get a final bill to the President that he can sign, which reminds us of the other important advocate in this endeavor. President Trump ultimately needs to support the bill that is passed by each Chamber of Congress, and his support for our efforts is paramount.

While, at this point, it may not be entirely clear what the final bill will look like, we do know two things for certain. First, we know that ObamaCare is not working. As the majority leader said yesterday, ObamaCare is a direct attack on the American middle class. Thanks to sky-

rocketing premiums, shrinking options in the health insurance market, burdensome mandates, and harmful taxes, millions of Americans are dealing with the failures of ObamaCare on a daily basis. We need to act now to fix these problems.

Second, we know that by introducing its bill and moving it through the legislative process, the House has taken significant steps in advancing this effort, and the leaders in the House should be commended for doing so.

Long story short, I have nothing but praise for the leaders in the House this week for the work they have done on these issues. Remember, this is just the beginning. I look forward to working with my colleagues in both Chambers to get this over the finish line so the Republicans can collectively make good on our promises with regard to ObamaCare.

NOMINATION OF NEIL GORSUCH

Mr. President, I rise to speak on the nomination of Neil Gorsuch to the U.S. Supreme Court.

Later this month, Judge Gorsuch will come before the Senate Judiciary Committee for his confirmation hearing. I wish to speak today on what we can and should expect to happen during that hearing.

First, some background. This will be the 14th Supreme Court confirmation hearing I have participated in. I have seen some truly outstanding hearings in which both the nominee and the Senators acquitted themselves well. I have also seen some hearings that have gone far off the rails, in which some Senators hurled unfounded allegations or sought to twist the nominee's clearly distinguished record. I am hopeful Judge Gorsuch's hearing will be the former type.

We have before us a supremely qualified, highly respected, and extremely thoughtful nominee. Judge Gorsuch has had a stellar legal career, and by all accounts, he is a man of tremendous integrity, kindness, and respect. He is the sort of person all Americans should want on the Supreme Court. He does not approach cases with preconceived outcomes in mind. He seeks to apply the law fairly and impartially in line with what the democratically elected representatives who enacted the law had in mind. He will be a truly outstanding Justice.

Judge Gorsuch's hearing will focus on his background, his temperament, and his approach to judging. So let's talk a little about what we know about Judge Gorsuch. We know he has an outstanding academic record. He graduated from Columbia University and Harvard Law School and obtained a doctor of philosophy in law from Oxford University. We know he had a highly successful legal career before becoming a judge.

He clerked for two Supreme Court Justices before entering private practice here in Washington. He made partner in only 2 years, which shows how highly his colleagues at the firm thought of him and his work.

Following a decade in private practice, Judge Gorsuch was appointed Principal Deputy Associate Attorney General at the Department of Justice, where he oversaw the Department's antitrust, civil, and environmental tax units.

In 2006, President Bush nominated Judge Gorsuch to the U.S. Court of Appeals for the Tenth circuit—the circuit in which I reside. The Senate confirmed Judge Gorsuch unanimously by voice vote a short 2 months later. At Judge Gorsuch's investiture, then-Senator Ken Salazar, who later served as President Obama's Interior Secretary, praised Judge Gorsuch's "sense of fairness and impartiality." That fairness and impartiality, which was evident to my colleagues even then, was a large reason why Judge Gorsuch won confirmation without a single dissenting vote.

Judge Gorsuch's hearing will also affect us on his temperament and approach to judging. No one can seriously doubt that Judge Gorsuch has an excellent judicial temperament. A recent article in *Slate*—no rightwing paper, by any means—described the judge as "thoughtful and fair-minded, principled, and consistent."

The *Denver Post*, which twice endorsed President Obama for President and endorsed Hillary Clinton in this past election, also recently endorsed Judge Gorsuch's nomination, saying: "From his bench in the U.S. Tenth Circuit Court of Appeals, he has applied the law fairly and consistently."

Clearly, Judge Gorsuch has the right temperament to serve on the Supreme Court.

His approach to judging is also spot-on. Judge Gorsuch's opinions show that he is not only an excellent writer but also that he understands the proper role of a judge in our constitutional system. He consistently explains his reasoning by reference to fundamental constitutional principles. He does not seek to push the law toward the outcomes he favors but instead tries to apply it in harmony with the understanding of those who wrote and passed it. In so doing, he shows a healthy respect for the legislative process and for the democratically elected branches of government.

As Judge Gorsuch said in a speech shortly after Justice Scalia's passing, "Judges should be in the business of declaring what the law is, using traditional tools of interpretation, rather than pronouncing the law as they might wish it to be in light of their own political views."

Judge Gorsuch's opinions demonstrate that he understands fundamentally the importance of this principle and that he seeks faithfully to apply it in his own judging.

Against this impressive list of qualifications, Democrats and their liberal allies strain mightily to find plausible grounds to oppose Judge Gorsuch's nomination. They misread his opinions, misstate his reasoning, and in

general paint a picture of a man who simply does not exist. We can expect more of this at his confirmation hearing. In particular, we can expect to be raised again and again the risible and flatly false claim that Judge Gorsuch is outside the “judicial mainstream.” These arguments against Judge Gorsuch are not persuasive—not even close. We see hints of them in the various letters liberal interest groups have sent Congress claiming that Judge Gorsuch is a threat to the Republic—a danger to our very way of life. The over-the-top language these groups use only serves to highlight the weakness of their case against Judge Gorsuch.

One such letter called the judge “an ultra-conservative jurist who will undermine our basic freedoms and threaten the independence of the Federal judiciary.” The letter goes on to say that there is “zero evidence that Judge Gorsuch will be an independent check on this runaway and dangerous administration.”

As an initial matter, I would ask: If Judge Gorsuch is such an existential threat to the Republic, where were all these groups 10 years ago when he won confirmation to the Tenth Circuit unanimously? Did Judge Gorsuch spend the first 40 years of his life hiding what a monster he is, revealing his true self only once safely ensconced on the Federal bench?

The outlandishness of these claims against Judge Gorsuch is made clear by the support he has received from prominent liberals, including President Obama’s own Solicitor General, Neal Katyal. In an op-ed published in the New York Times, Neal Katyal praised Judge Gorsuch’s fairness and decency and said that he had no doubt that, if confirmed, Judge Gorsuch would “help to restore confidence in the rule of law.” Katyal further wrote that Judge Gorsuch’s record as a judge reveals a commitment to judicial independence, a record that should “give the American people confidence that he will not compromise principle to favor the President who appointed him.”

It bears mention here that Mr. Katyal is no shrinking violet when it comes to standing up to the executive branch. He rose to prominence in the legal community through his work representing Guantanamo detainees. So when he says Judge Gorsuch will not shy away from holding Federal officials to account, frankly, his words carry weight.

Then there is the phrase we are likely to hear invoked again and again at Judge Gorsuch’s hearing and beyond: “judicial mainstream.” Liberals will tie themselves in knots claiming that Judge Gorsuch is some sort of fringe jurist, that his views place him on the far flank of the Federal judiciary. Any honest observer will tell you that these claims are complete bunk. President Obama’s Solicitor General and liberal publications like Slate would not offer praise for Judge Gorsuch if he were some kind of a nut.

In reality, the claims that Judge Gorsuch is outside the mainstream boil down to three things: a willful misreading of his decisions, a disingenuous attempt to redefine what it means to be mainstream, and an inability to count. On the misreading point, opponents of Judge Gorsuch claim that his decisions say things that they very clearly do not say or stand for propositions that even a generous reading cannot substantiate. They say he favors large corporations over employees, when really he just believes Federal employment laws mean what they say. They say he opposes contraception and family planning, when really he just believes religious liberty statutes should be enforced.

Judge Gorsuch’s opponents also cite as examples of his purported extremism decisions that liberal Democratic appointees joined or that a majority of his colleagues agreed with. They will take a case in which more than half—or sometimes all—of the judges who heard the case agree with Judge Gorsuch and say the decision was outside the mainstream. I don’t know about my colleagues, but I always thought that being in the mainstream had something to do with being somewhere in the vicinity of your peers or colleagues on a given issue. But, apparently, that is not what the left means.

Rather, in their failing campaign against Judge Gorsuch, liberals have redefined “mainstream” to really mean nothing at all. It has become a code word for liberal, for the sorts of results that liberals would like to see. But being in the mainstream and being liberal are not the same thing, despite Democrats’ fondest desires. There is such a thing as diversity of thought, which the left used to venerate, at least until the confirmation wars and the rise of the conformity cult on college campuses.

So to my colleagues—and to the American people—I say: Do not be deceived when liberals say that Judge Gorsuch is outside the mainstream. He understands that the proper role of a judge in our constitutional system is to interpret the laws in accordance with the understanding of those who wrote and ratified those laws. This approach to judging leaves lawmaking power to the people’s elected representatives and confines the judge’s role to implementing the policy choices selected by those representatives. It is an approach consistent with our Constitution, our core values, and democracy itself.

It may be at times that this approach yields results that liberals don’t like, but that doesn’t place it outside the mainstream. It cannot be the case that the test of whether a judge is in the mainstream is whether that judge reaches consistently liberal results. When the people’s elected representatives enact into law a conservative policy, a judge faithfully applying that law may well reach a conservative result. The opposite is true when the peo-

ple’s elected representatives enact into law a liberal policy.

All of this is to say that we cannot judge a nominee solely on the basis of whether we like the results he or she reaches. As Justice Scalia famously said:

If you’re going to be a good and faithful judge, you have to resign yourself to the fact that you are not always going to like the conclusions you reach. If you like them all the time, you are probably doing something wrong.

That is an interesting statement by one of the great judges, whom Judge Gorsuch will replace.

Liberals want judges who will always reach liberal results, but that is not the role of the judge. It is the role of a legislator, and a judge is certainly not a legislator.

So when you hear liberals say Judge Gorsuch is outside the mainstream, recognize that they are talking about results—specifically, liberal results—and recognize that that is not the proper inquiry for a Supreme Court confirmation hearing.

A Supreme Court confirmation hearing should be about the nominee, the nominee’s experience, and whether the nominee understands his or her properly constrained role as a judge under our Constitution. On all of these metrics, Judge Gorsuch is off-the-charts qualified.

When the good judge comes before the Judiciary Committee, listen to the answers he gives. Ask yourself whether what he says is consistent with the separation of powers and the system the Framers designed. Compare his measured demeanor and thoughtful responses to the histrionics you see from his opponents on the left.

I have full confidence that when the hearing is over and the last question has been asked, Judge Gorsuch will have shown the Senate that he is unquestionably qualified and fully prepared to serve our Nation on the Supreme Court.

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

The PRESIDING OFFICER (Mr. BLUNT). The Senator from Delaware.

Mr. CARPER. Mr. President, it is good to be with my colleagues and the chair of the Senate Finance Committee. I am pleased to say a few words about the President’s nominee, Seema Verma, who, if confirmed, will lead us at the Centers for Medicare and Medicaid Services. She is from Indiana, and folks I know in Indiana have said that she knows a lot about Medicaid, but not nearly so much about Medicare, which is a cause for some concern.

If confirmed, let me just say we certainly look forward to working with her and with the team she will have around her in that responsibility. It is a very tough job, as the Presiding Officer knows.

HEALTHCARE

What I would really like to focus on is that I want to go back in time, if I could. I want to go back to 1993. I am

not sure what the Presiding Officer was doing in 1993, but I was a brand-new Governor in 1993. We had a brand-new President and a brand-new First Lady. She was asked—I presume by her husband, or maybe she just decided on her own—to try to do what Presidents had talked about doing for a long time; that is, to try to make sure that everybody in our country had healthcare coverage. Her name was Clinton, and what she came up with, in consultation with a lot of folks, was something that was called *HillaryCare*—not always as a compliment, but sometimes, in some cases, derisively. I think our Republican friends, who were somewhat pointed in their criticism of it, were basically asked: Well, where is your idea?

In 1993, a guy named John Chafee, whom the Presiding Officer knows—we served with his son Lincoln in the Senate, and Lincoln went on to be Governor of Rhode Island—took up the challenge, along with at least 20 other Senators—I think mostly Republican and a couple of Democrats—and they offered legislation in 1993 that was the Republican alternative to *HillaryCare*.

At the end of the day, *HillaryCare* did not survive, as we know, and the Chafee proposal from that time essentially went away in that particular Congress. What he had proposed had five major concepts to it. One of those was the idea that folks who didn't have healthcare coverage should be able to get their coverage in their own State—unless they were very wealthy—and to be able to get coverage in a large group plan. They called them exchanges or marketplaces, which would be established in each State. If that sounds familiar, it should.

They also said that folks who were going to get their coverage who didn't have coverage for healthcare in these 50 States would get some help in buying down the cost of their healthcare, and they would get that by the adoption of a sliding-scale tax credit which would buy down the cost of premiums for low-income people. The lower their income, the bigger the tax credit was; the higher the income, the lower the tax credit. And finally, it phased down.

There were concerns raised by insurance companies that it would be hard to insure folks who were going to be getting healthcare coverage on these exchanges in each of these States because a lot of these people hadn't had healthcare in a long time. There was an expectation that they would have a high demand for healthcare, they would need a lot of healthcare, and they would be a hard group to insure because their need for healthcare was very large. The insurance companies were fearful that the group of people in each of the States they would be asked to insure on the exchanges would not be insurable—not in the way in which the insurance companies could break even or make money.

This idea came along. Just to insure that we have a good mix of healthy and

maybe not-so-healthy people in the exchanges to insure in each of the States, Senator Chafee and these folks came up with the idea that people would be mandated to get coverage in the States—everybody. You can't make people get coverage, but under the Chafee plan, for folks who didn't, they would have to pay a fine, and the fine, over time, would go up and become stiffer. So finally, people might say: Well, I am paying all this money for no healthcare coverage. Maybe I ought to get coverage and stop having to pay this fine. At least I would have something for my money.

The two other things in the original legislation from Senator Chafee and company were something called an employer mandate, the idea that employers were mandated to provide coverage. At least employers with a minimum number of employees would have to provide coverage—to provide a large group plan within their business or within their employment. That was the employer mandate in the Chafee proposal.

The other thing that was in Chafee, as I recall, was something like a provision that said to insurance companies: You can't just stop providing coverage for people because they have a pre-existing condition; you have to insure people.

So those are the five major precepts: No. 1, creating exchanges in every State or marketplaces for people to get their coverage; No. 2, sliding-scale tax credits to help drive down the costs for low-income people for their coverage in their States; No. 3, individual mandates, or trying to make sure the mix of people insured was actually insurable, without the insurance companies losing an arm and a leg; No. 4, employer mandates that employers of a certain size have to provide coverage for their employees; and, finally, the idea of knocking people off coverage because of preexisting conditions was a no-no.

As we know, *HillaryCare* was not adopted, and neither was the Chafee plan. But it turned out the Chafee plan had legs, as they say in show business. It means it actually lasted beyond just being a bill introduced in the Senate in 1993.

It surfaced in Massachusetts about 10 years later, thanks to Governor Mitt Romney, who was thinking about running for President. Some of the people advising him said: You know, Governor, you could probably help your chances of running for President if Massachusetts could be the first State to have universal healthcare coverage for its residents. That sounded pretty enticing.

He said: How do we do this?

They looked up the Chafee bill. They apparently knew about it, thought about it, and said: Let's take the Chafee proposal and do that in Massachusetts.

That is what they did. Guess what. They found that they did a pretty good

job in terms of covering more people on the coverage side. It worked pretty well. Where it didn't work very well was on the affordability side. As we might imagine, there were the young invincibles—like some of these pages we have down here and their older brothers and sisters who maybe say: I don't need healthcare coverage. I am young and invincible. I will never get sick and go to the hospital.

They had a sliding scale. They had an individual mandate, but they had a fine people had to pay over time. Eventually, as more years went by, the young and healthy people said: I might as well get coverage. It helped provide for a better mix of folks in the exchange to provide insurance for. So they did a better job on the cost and, after a while, affordability.

When we went to work in the beginning of the Obama administration in 2009 on the Affordable Care Act, some people think Democrats just sat down in our caucus and just rolled out a plan and said: This is what we are going to do to provide healthcare coverage to people. That is not what we did. We spent a lot of time trying to figure out what we should do. We had, I want to say, dozens of hearings in the open, in public, on the Finance Committee. I am sure they had other hearings in the Health, Education, Labor, and Pensions Committee, which shares jurisdiction with Finance on this subject. We had dozens of hearings. We actually had the head of the Congressional Budget Office come and testify.

We had a pretty good idea of what it would cost. We had a pretty good idea of what impact it would have on the Medicare trust fund. It turned out that the adoption of the Affordable Care Act extended the life of the Medicare trust fund by, I think, 12 years. It actually brought down the Federal budget deficit over the next 10 years by quite a sizeable amount, and over the 10 years after that by even more. The idea was to provide coverage for a lot of people who wouldn't have it—actually, using the Chafee plan.

I think it is really ironic, sometimes almost humorous, when my Republican friends—and they are my friends—attack the Affordable Care Act. The piece that they attack is, I like to say, their stuff. They are the Chafee-Romney ideas.

I studied economics at Ohio State and studied some more in business school after the Vietnam war. I like market approaches to problems. So I find real virtue and interest in what Chafee came up with and what Romney put to work. Romney provided kind of a laboratory in Massachusetts to see how that idea would work—maybe not on a national scale but at least on a statewide scale, with a lot of people involved.

I am troubled by where we find ourselves today. During Presidential campaigns, I know people say things in campaigns that maybe they don't mean

or maybe they exaggerate or something like that. But I think the campaign might have been over and Donald Trump had been elected President. He promised, I believe shortly thereafter, that his plan to repeal and replace the Affordable Care Act would lower the cost of health insurance, while providing better coverage for everyone. That is what he said. His plan to repeal and replace the Affordable Care Act would lower the cost of health insurance, while providing better coverage for everyone.

I realize that the ink is barely dry on what the two House committees—the Ways and Means Committee and the Energy and Commerce Committee—have been working on. As best we can tell at this point in time, the bill they reported out of the committees—and I presume they are going to vote in the full House pretty soon, if they haven't already—but the House Republican bill to repeal the Affordable Care Act does just the opposite of what Donald Trump called for. It does not lower the cost of health insurance, as best we can tell, and it doesn't provide better coverage for everyone. The House Republican bill to repeal the ACA does nothing to slow down the growth of healthcare costs.

One of the great virtues of the Affordable Care Act is the focus on value. How do we get better results, better healthcare outcomes, for less money? If we go back to where we were 8 years ago and compare how much we were spending in this country for healthcare as a percentage of gross domestic product, we were spending 18 percent. One of our major competitors in the world—a major ally but a major competitor—is Japan. In 2009, while we were spending 18 percent of GDP, Japan was spending 8 percent—less than half as much, 8 percent of GDP. They got better results, and they covered everybody.

So as we were approaching the debate and eventually the markup on voting on the Affordable Care Act, we had this in the back of our mind. We looked around the world to see what seemed to be working to get better results for less money, and we looked at Massachusetts to see how that was working and what we could learn from what they called RomneyCare up there.

But the House Republican bill to repeal the ACA does, as best we can tell at this point in time, very little—maybe nothing—to slow the growth of healthcare costs, and that is a shame. Apparently, fewer people will be insured. I think Standard & Poor's estimates as many as 10 million people could lose coverage under the House Republican plan. Insurance markets will destabilize faster. I mentioned earlier that a great concern insurance companies had is that they would end up in each or in a number of States with a pool of people to insure in the exchanges that were uninsurable—the elderly, maybe the sick, people who hadn't gotten healthcare for a long

time. It is hard to insure that group and stay in business if you are a health insurance company. There was a concern about destabilization and instability within the markets for health insurance.

The individual mandate is replaced by something called the continuous coverage requirement. I would like to think it is going to work. I am not sure it would. But under this, I understand that people who go without a health insurance plan for more than 2 months will be charged a 30-percent surcharge when they are able to get back on and reenroll. People with expensive healthcare conditions will be willing to pay a penalty. But how about healthier people who often chose to stay out of the health insurance markets?

Also, as best we understand, in the House Republican plan, health insurance plans will become less robust, and many Americans will only be able to afford rather skimpy insurance plans. Preliminary estimates of the House GOP plan shows that insurance costs for the average person would increase by roughly \$1,500. By 2020, the average person would pay \$2,400 more.

I had the privilege of representing Delaware as Governor. One of the things I was responsible for in the treasurer's office was administering fringe benefits for State employees and teachers and a lot of folks. So this is something I have thought about over the years—about healthcare coverage for people.

We have only three counties—unlike Missouri, where the Presiding Officer is from, which has probably hundreds of counties—maybe not that many. But we only have three. In our southernmost county, Sussex County, we have a lot of chickens, a lot of corn, and a lot of soybeans. We have five-star beaches. A number of people like to come to Delaware to retire. We have no sales tax. We have very low property taxes in Sussex County. And for people who are not making a ton of money, we have pretty low personal income tax.

Take the example of a 60-year-old Delawarean in Sussex County who makes \$30,000 a year. Under the Affordable Care Act, they get a tax credit. I mentioned earlier a sliding-scale tax credit. If you are lower income, it is a bigger tax credit. If you are a higher income, it finally fades out when your income goes up to a certain level. But for somebody making \$30,000 a year in Sussex County, under the current law—the Affordable Care Act—the tax credit in 2020 will be about \$10,000 to help buy down the cost of their coverage.

As I understand it, under the GOP health plan, for their comparable tax credit for the same person in Sussex County—which, quite frankly, has a lot of people 60, 65, 70 years old who make this amount of money down there; a lot are retired or semi-retired—the tax credit in 2020 would be \$4,000. That is about \$6,200 less. If you happen to be this person, you may want to think twice about which of these two paths you want to take.

We have another chart here that might be helpful. This is something we got from AARP. When we are passing legislation or drafting legislation or debating legislation, we are always interested in what key stakeholders feel. AARP is a big stakeholder. They represent a lot of people 50 and older. We are interested in hearing from folks who represent seniors. AARP represents the views of a lot—not all. We are interested in the views of those like doctors, the American Medical Association, nurses, providers. We are interested in hearing from hospitals. As it turns out—again, while the ink is barely dry on what is coming out of the House of Representatives—AARP tells us they are not very excited. Well, maybe they are excited about it, but not in a good way.

They say the change in structure will dramatically increase premiums for older consumers. That is what we have seen from the previous chart. In their example, AARP tells us about a 64-year-old person who is earning about \$15,000. Their premiums go up \$8,400. They are making \$15,000 a year. I don't know how they pay for much of anything else with that kind of increase in their premium costs. That is a concern for me and certainly a concern for the folks at AARP and the people they represent, the millions of people they represent.

TrumpCare. The House has come up with different names. Some call it ObamaCare light, ObamaCare 2.0 or .5. Some people call it TrumpCare. The House is working on it. The concern we are hearing from a lot of folks is that it forces women to pay more for basic care.

Let's go back to the care for women. My wife and I have been married 31 years. I don't know everything about healthcare needs for women, but I do know this. A lot of women I have known—including my own family, my sister, my mom, and my wife's family—their primary healthcare provider is their OB/GYN. I didn't know that for a long time—not for everybody, but for a lot of people that is who their primary care provider is. For millions of women, surprisingly, their primary healthcare provider happens to be an OB/GYN or healthcare provider who works at Planned Parenthood.

For some people, Planned Parenthood is synonymous with abortions, but I think a very small percentage of what they do relates to abortions. What they do, for the most part, is try to make sure women get the healthcare they need, a lot of times in the OB-GYN realm but also in terms of contraception.

Somebody told me the other day that the cost of contraception for a woman in a year could be as much as \$1,000. It is not cheap. The cost of a single delivery of a child from an unplanned pregnancy that is paid for by Medicaid is over \$10,000, if I am not mistaken.

A lot of times, as we know, especially if a young person brings a baby into

the world, maybe doesn't finish high school or whatever, the outcome can be not that good for that child. I heard Mary Wright Edelman of the Children's Defense Fund say these words. If a 16-year-old girl becomes pregnant, does not graduate from high school, does not marry the father of her child, there is an 80-percent likelihood they will live in poverty. The same 16-year-old girl who does not have a baby, finishes high school, graduates, waits until at least 21 to have a child, marries the father of the child, there is an 8-percent likelihood they will live in poverty. Think about that.

That suggests to me that we should—particularly for young people and those not so young who are sexually active—we want to make sure that when they are ready to bring a child into the world they can do that, a healthy child, a child with a lot of promise in their life.

For those who aren't prepared to bring that child, raise that child, prepare that child for success, contraception is needed. One of the things the Affordable Care Act does is provide access for that contraception. I am fearful the plan in the House of Representatives, however well-intentioned, will take away that opportunity for a lot of women and frankly for their children.

We have other people who have arrived on the floor. I want to be mindful of their time.

I don't know if we have another chart to look at before I yield.

We have all heard of double whammy. This has been described as TrumpCare, ObamaCare light, whatever you want to call it. It has a triple whammy. One of those is higher costs, a second is less coverage. And for some people, particularly low- and middle-income folks, more taxes. For certain people whose income is over one-quarter million dollars, they get a tax break. It adds up to quite a bit for somebody who makes a lot of money, but this is not the kind of triple whammy we ought to be supporting.

When the bill gets over here, if it gets out of the House, we will have a chance to slow down and hopefully do hearings in the light of day and bring in the folks from CBO, ask them to score this, let us know what is the real impact of what is being proposed in the House. Does it really save money? Does it do what President-Elect Trump said he wanted to do, which is make sure everybody gets coverage and be less expensive. Does it really do that? And we need to find out what the impact is on taxpayers. Is this the holy grail of better results for less money or is this something altogether different?

The Presiding Officer, from Missouri, is somebody who is pretty good at working across the aisle. I would like to think I am too. We have worked together on a number of issues. When you are working on something that is this big and this complex and has this kind of impact on our country, we are always better off if we can somehow fash-

ion a bipartisan compromise and something that would have bipartisan support.

We tried to do that in the Affordable Care Act. I know my Republican friends feel we didn't, but I was there. I know we tried. In fact, the evidence that we tried was literally the foundation for what we do for the Affordable Care Act, a Republican proposal from Senator Chafee and 20 other Republicans, including ORRIN HATCH and including CHUCK GRASSLEY from Iowa. I think that was a pretty good effort.

If this bill makes its way over here, we need to have at least a strong effort, maybe a better effort, maybe a more successful effort in the end.

If we are not going to repeal the Affordable Care Act, actually find a way to repair it and make it better, there are things we can do. I know I can think of some—I know the Presiding Officer can as well—that would move us closer to better coverage at a more affordable price.

The last thing I would say is this. I have a Bible study group that meets here on Thursdays with Barry Black, who opens our session with a prayer every day that we are in session. We also have his Bible study group that meets for about a half an hour, 45 minutes in the Capitol—Democrats and Republicans. We pray together, share things together. I describe it as the seven or eight of us who need the most help.

He is always reminding us of our obligation to the least of these. There is a passage of Scripture in Matthew 25 that a lot of us have heard of, and I am sure you have heard this in Missouri too. It says: When I was hungry, did you feed me? When I was naked, did you clothe me? When I was thirsty, did you get me to drink? When I was sick and imprisoned, did you visit me? When I was a stranger in your land, did you take me in?

It doesn't say anything about when I didn't have any healthcare coverage and my only access to healthcare was an emergency room to a hospital. It doesn't say that in Matthew 25. I think the implications are clear. They are the least of these as well. They need our help, and I think we have a moral obligation, as people of faith, to help them.

We also have a fiscal imperative because while the Federal deficit is down from \$1.4 trillion 6, 7, 8 years ago, down to about one-third of that, it is still high. We need to make more progress on that. We have a fiscal imperative to meet that moral imperative.

With that, I think I will call it quits. I know my colleagues will be disappointed, but they are standing here, from all over the country, waiting to say their piece. I am going to yield to them and wish them all a good weekend, and I look forward to seeing you on Monday.

I yield the floor.

Before I do, I yield the remainder of my postcloture debate time to Senator RON WYDEN of Oregon.

The PRESIDING OFFICER. The Senator has that right.

The Senator from Arkansas.

HOMELAND SECURITY

Mr. BOOZMAN. Mr. President, when President Trump began his campaign for the White House, he made national security and, in particular, homeland security a cornerstone of his platform. His calls to secure the border to keep terrorists off U.S. soil and to protect our communities struck a chord with a large majority of Americans who for years felt that Washington ignored their very real concerns about our porous borders and broken immigration system.

As expected, the President moved quickly to deliver on his promises to fix this broken system. This week, the Trump administration rolled out a revised version of this Executive order aimed at restoring confidence in the procedures we have used to vet refugees fleeing from nations that are known to harbor radical and violent extremists.

The revised version appears to have benefited from the engagement of the President's Cabinet, especially the key input of Homeland Security Secretary Kelly. This valuable input underscores how important it is for the President to have his team in place to govern effectively.

Senate Democrats have slowed the confirmation process at every turn. I encourage them to abandon the political games so we can quickly fill the remaining vacancies that require Senate confirmation.

It is vital that every affected agency is engaged in these types of decisions. That isn't possible if the Senate is failing to do its duty to confirm the President's nominees. Congress has many problems to tackle, but protecting our Nation is at the top of that list. That requires we work together to govern.

It also requires we take a step back from the heated rhetoric and have honest conversations. Taking the fundamental steps to protect our homeland does not diminish the fact that we are a welcoming nation that strives to help the vulnerable.

It is no secret that ISIS and other volatile extremists want to exploit our Nation's generosity and welcoming spirit to sneak terrorists onto American soil. This plan has worked well in Europe. ISIS believes it can work here as well. We can, and must, take reasonable measures to prevent that.

It is reasonable, responsible, in fact, to put a pause on accepting refugees from these nations in order to fix the flaws in the process and instill confidence in the system. The revised order removes Iraq from the list of countries. That is a move in the right direction. It shows that the Iraqis have taken the right steps in agreeing to increase their cooperation with us, and effecting positive outcomes in our relations with these nations is what this pause is all about.

Four of the countries on this list don't even have a U.S. Embassy. So you can understand how difficult it is to get a complete picture of the refugees seeking asylum from those countries when we don't even have a means by which to communicate.

Once the President's Executive order goes into effect, every country will be evaluated within 20 days. If a country comes up short of where it needs to be, it will have 50 days to fix the failures and communications with us.

The reasonable measures we are taking to reduce this threat in no way run counter to the ideals our Nation is built upon. We can be proud of the resources the United States has provided to support those fleeing persecution in war-torn Syria. I have visited the refugee camps we support in Jordan and Turkey. Our commitment to their well-being is strong. The rhetoric doesn't match the realities when it comes to this issue.

The administration's efforts to secure our borders has been met with similar hyperbole. Again, there is nothing unreasonable about ensuring that we know who is coming into our Nation. We are a nation of immigrants and must remain welcoming to those who want to achieve the American dream. We should be proud of our record to naturalize those who immigrate here legally. We naturalize more new citizens per year than the rest of the world combined. Enforcing the law, ensuring the safety and security of our Nation, will not change our commitment to being a welcoming society to those who seek a better life.

But you can't create policies to secure our homeland while wearing rose-colored glasses. There are terrorists seeking to exploit our good graces so they can attack us here at home. This is not a scare tactic; this is reality, and we have to root our policies in reality.

As chairman of the Appropriations Homeland Security Subcommittee, I strongly support President Trump's efforts to get Washington to uphold our most important responsibility: protecting the American people. I stand ready to work with him, Secretary Kelly, and my colleagues to accomplish this goal.

I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan.

Mr. PETERS. Mr. President, I rise today to express my opposition to the confirmation of Seema Verma as Administrator of the Centers for Medicare and Medicaid Services, known as CMS.

As CMS Administrator, Ms. Verma would oversee healthcare coverage for more than 55 million seniors and disabled individuals in the Medicare Program. In addition, she would be the primary authority for the Medicaid Program, the Children's Health Insurance Program, and our Nation's health insurance marketplace. Together, these programs cover over 70 million Americans.

I have serious concerns that if confirmed, Ms. Verma will pursue short-

sighted changes to our healthcare system that could jeopardize care for working families, while providing huge benefits to corporate interests.

Ms. Verma has openly stated her desire to put insurance companies back in charge of our healthcare by allowing insurers to deny women maternity care coverage as an essential health benefit. She has also expressed support for proposals that would weaken essential health benefits that ensure coverage for mental healthcare, preventive screenings, and comprehensive pediatric care for children. These comprehensive services form the backbone of the healthcare system that invests in preventive care, improving outcomes, lowering costs, and puts consumers in charge of their own healthcare. Ms. Verma is proposing to take us back to the days when insurance companies were in control and when they would tell you what was best, not you or your doctor.

She has also expressed support for dangerous and radical proposals that would change Medicare as we know it. I believe that when it comes to Medicare, our future CMS Administrator should be doing everything he or she can to strengthen an incredibly successful program. Ms. Verma, instead, supports policies that reduce the quality of care and increase costs on older Americans.

Our Nation's seniors have worked hard their entire lives. We owe them a secure and dignified retirement. When Congress was first debating the Affordable Care Act in 2009, I heard from seniors who had split their pills in half or would forgo their prescriptions altogether just to put food on their table. This is simply unacceptable in this great country of ours.

It is important to remember that the Affordable Care Act extended the solvency of Medicare by more than a decade, while simultaneously bringing down prescription drug costs for seniors. Because of improvements to Medicare in the Affordable Care Act, the average senior in Michigan saved over \$1,000 on prescription drug costs in 2015.

While this shows the success the ACA has had in helping older Americans, there is still much more work to do. We must keep moving forward to strengthen and improve Medicare. I am concerned Ms. Verma will move us backward.

During her confirmation hearing, she failed to express her opposition to proposals that would increase Medicare's eligibility age. This means that Michigan's construction workers, nurses, and autoworkers would need to spend more years on their feet before they see the coverage they have earned.

Ms. Verma provided no clear direction on what she will do to strengthen the Medicare Program, and I am concerned that she sees older Americans as just one more line on a budget. These Americans have worked hard their entire lives, and the very last thing we should be doing is making

cuts at their expense. Instead, we should focus on proven advances in technology that improve Medicare and cut costs without jeopardizing care for seniors and disabled individuals.

I worked with my colleagues in Congress to introduce bipartisan proposals that will do just that. For example, Medicare spends one out of every three dollars on diabetes treatment. The total economic cost of diabetes is estimated to be \$245 billion every year. I have introduced bipartisan legislation that allows Medicare to enroll individuals at risk for developing diabetes into medical nutrition therapy services proven to decrease the likelihood they will develop diabetes in the first place. I have also introduced bipartisan legislation that expands Medicare's use of telemedicine, increasing access for patients in rural and underserved communities and bringing down future health costs by ensuring patients get the preventive care they need to stay healthy.

I will keep working to improve and modernize our healthcare system without sacrificing care for the most vulnerable. Unfortunately, I do not believe Ms. Verma shares this commitment. I am voting against Ms. Verma's nomination because our seniors and working families deserve a CMS Administrator who is fighting to improve their healthcare, not one who merely sees them as a budgetary obligation.

I will oppose her confirmation, and I strongly urge my colleagues to do the same.

Mr. President, I yield 35 minutes of my postcloture debate time to Senator WYDEN.

The PRESIDING OFFICER. The Senator has that right.

Mr. PETERS. I yield the floor.

Ms. CANTWELL. Mr. President, I rise to discuss the nomination of Seema Verma for Administrator of the Centers for Medicare and Medicaid Services, CMS.

We have before us a nominee that would run an agency responsible for the healthcare of more than 100 million Americans, with an annual budget of about \$1 trillion. This is the agency that administers Medicare, Medicaid, the Children's Health Insurance Program, and health insurance exchanges. In short, CMS is the single most consequential agency in health care.

Yes, I am deeply concerned about this administration's ideas on Medicare and on the individual insurance market, over both of which CMS has profound influence, but I am most concerned about their plans for Medicaid.

Based on Ms. Verma's history, her actions, her statements, and her testimony before the Senate Finance Committee, it is clear to me that Mrs. Verma is not only complicit but is leading the charge to wage a war on Medicaid.

Why do I say that? Let us look at Ms. Verma's record, actions, and testimony on Medicaid. In Indiana, Ms. Verma made millions of dollars in consulting

fees by kicking poor working people off of Medicaid for failure to pay monthly contributions similar to premiums. This plan forced people making \$10,000 a year, \$5,000 a year, or even homeless people with virtually no income to pay a monthly contribution or be penalized. As a result of Ms. Verma's work, about 2,500 Hoosiers have been cut from care. Evaluations of this plan by independent experts show it is confusing to beneficiaries and has not demonstrated better results than traditional Medicaid expansion. Meanwhile, enrollment is far lower than projected.

During my meeting with her and in her testimony before the Senate Finance Committee, Ms. Verma stated that Medicaid should not be an option for able-bodied people. Ms. Verma seems to think the private sector can serve this population on its own. Based on what we know about the historical affordability challenges in the individual health insurance market, I find this notion hard to believe.

My State is innovating in Medicaid through "rebalancing" from nursing homes to home and community care, integrating behavioral health and primary care, and adopting of innovative new waivers through collaboration with the Federal Government. In fact, Washington State realized more than \$2.5 billion in savings over 15 years through rebalancing efforts; yet Ms. Verma will not commit to a single delivery system reform idea.

Ms. Verma claims Medicaid is a top-down Federal power grab. On the contrary, Medicaid is an optional State program, with all States participating. Every State participates because they know Medicaid is a good strategy for covering a low-income and vulnerable population and supporting their healthcare delivery system. Medicaid is highly flexible right now, and States have wide latitude over eligibility, benefits, provider reimbursements, and overall administration of their Medicaid programs.

Ms. Verma claims Medicaid produces poor outcomes, but she cannot offer a single credible clinical outcome or quality measure that the program is not achieving. Meanwhile, data show that patient satisfaction in Medicaid is high and the program achieves improved public health and clinical outcomes for its patients.

Most concerning, Ms. Verma has repeatedly endorsed the administration and Republicans' plan to permanently cap Medicaid, which would hurt patients, States, health providers, and local economies.

I am voting no on Seema Verma's nomination for CMS Administrator because I cannot endorse a full-scale assault on the Medicaid Program.

Mr. RUBIO. Mr. President, Seema Verma has a proven track record of helping States create patient-centered healthcare systems that improve quality and access and give individuals and families more control over their healthcare. Due to a family commit-

ment, I was unable to participate in the cloture vote. However, I strongly support Ms. Verma's nomination and look forward to working with her on the many important healthcare issues facing Florida and our country.

The PRESIDING OFFICER. The Senator from Alaska.

TRIBUTE TO GLEN HANSON

Mr. SULLIVAN. Mr. President, I have been coming down to the floor for the past several months recognizing Alaskans who make our State great and our country better for all of us. I really enjoy doing this because it gives me an opportunity to share the excellent work my citizens are doing in their communities. It also gives me a few minutes to highlight to all my colleagues here in the Senate—and to some of those Americans who might be watching at home—to talk a little bit more about the unique place I call home and am honored to serve and represent in the Senate.

This week, I would like to honor pilot Glen Hanson, who is right now somewhere flying above racing sled dogs in the far north in Alaska, literally as we speak.

Before I get to how he is helping Alaskans and how he is this week's Alaskan of the Week, let me take you back through a remarkable bit of history that happened in Nome, AK, in 1925, when a diphtheria serum was desperately needed for the children in Nome. The nearest batch of serum was 1,000 miles away in Anchorage, AK. There weren't—and still aren't—any roads that connect Nome to Anchorage. There was very challenging winter weather during this time, so no airplanes could fly. In fact, the nearest train station was over 700 miles away from Nome, so people traveled mostly by dog sled.

On the night of January 27, 1925, musher "Wild Bill" Shannon tied a 20-pound package of serum wrapped in protective fur around his sled. He and his nine dogs started the journey called then the "Great Race of Mercy" across the frozen Alaska land. Miles later, he met up with another racer and another team of dogs, and the relay continued all across Alaska, over 1,000 miles—20 mushers and 150 sled dogs—through some of the world's most rugged terrain and some of the world's most brutal weather. In fact, right now in parts of Alaska where the Iditarod is happening, it is 40 to 50 below zero.

That original race, the Great Race of Mercy, began to be reenacted, with some twists, in 1973 and continues today. In fact, it is going on right now, the Iditarod, the Last Great Race, in my great State. People from all across the world come to participate in it and come to watch it. It is the quintessential Alaskan event that involves the work of hundreds of Alaskans, lodge owners, veterinarians, dogs, dog handlers, volunteers, pilots—hundreds, thousands.

Alaska, as you might know, is home to more veterans per capita than any other State, but we are also home to more pilots per capita than any other State. Our pilots are a vital part of our economy and transportation, and they are a vital part of the Iditarod. In fact, the race couldn't exist without them.

Every year, more than a dozen volunteer pilots load their planes for the Iditarod race with more than 100,000 pounds of dog food, hundreds of bales of hay, and lumber for tents. They fly the veterinarians, the judges, the dog handlers, and so many of the volunteers out to the checkpoints hundreds of miles away. We call them the Iditarod Air Force, and every one of them deserves recognition.

That gets me back to Anchorage resident Glen Hanson, who is our Alaskan of the Week. Glen, along with his brother Bert, is tied among this year's pilots as the longest serving volunteer in the Iditarod Air Force. He began volunteering for the Last Great Race—the Iditarod Air Force—in 1984. Glen has since put in roughly 1,500 hours of volunteer time, making sure that the Last Great Race continues and that the dogs and the mushers are taken care of—taken care of right now in 40 to 50 below zero, as this race is going on.

This year, Glen won the Alaska Air Carriers Association Iditarod Humanitarian Service Award. Upon receiving it, the Air Carriers Association wrote to Glen:

You are obviously an accomplished pilot held in high regard by your peers. While there are many volunteers working to make the race possible, you consistently go above and beyond the call of duty. You are always quietly willing to take every assignment, no matter how unglamorous or uncomfortable. You step up time after time to fly in the challenging air strips to ensure that the musher supplies and race personnel are available to keep the race safe.

Thank you, Glen, for all you do to keep our great Alaska history alive. And thanks to all the pilots in the Iditarod Air Force this year and so many of the other volunteers who keep everybody safe—and are doing it right now during this year's Iditarod. And to all the mushers and these great dogs, good luck. Everyone involved makes this truly the last great race in America.

MORNING BUSINESS

Mr. SULLIVAN. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

TRIBUTE TO MASTER SERGEANT KEARY MILLER

Mr. MCCONNELL. Mr. President, today it is my honor to congratulate retired MSgt Keary Miller of the Kentucky Air National Guard's 123 Special

Tactics Squadron. On January 17, 2017, the U.S. Air Force awarded Master Sergeant Miller, of Goshen, KY, its highest honor, the Air Force Cross. This award is presented “for extraordinary heroism while engaged in military operations against an opposing foreign force.” It is second only to the Congressional Medal of Honor.

In March 2002, Miller served in the Battle of Takur Ghar as part of Operation Anaconda in the Paktia province of Afghanistan. Their mission was to defeat Taliban forces hiding in on the Takur Ghar Mountain.

During the mission, two MH-47E Chinook helicopters took enemy fire as they attempted to land. The helicopter lurched in an attempt to evade taking damage. The quick maneuvering caused PO1 Neil C. Roberts to fall from the rear ramp out of the vehicle. Miller, a pararescuman, was in a third helicopter to rescue Roberts. However, his vehicle was hit with automatic weapons fire and rocket propelled grenades when it was 20 feet above the ground.

The enemy fire damaged Miller's helicopter and forced them to touch down on Takur Ghar. After a hard landing, Miller and his team formed a defensive posture despite five critical casualties. Through rocket propelled grenade, mortar, and small arms fire, Miller dragged the wounded helicopter pilot to safety. For the next 17 hours, Miller and his team engaged the enemy in intense fighting, and he displayed astonishing bravery as he helped the wounded and resupplied his comrades.

Through his heroic actions, Miller successfully brought 10 seriously wounded soldiers to medical treatment and recovered seven Americans killed in action.

For his service, the Air Force awarded Miller the Silver Star on November 1, 2003. However, as part of the Department of Defense's review of combat medals, the Secretary of the Air Force Deborah Lee James upgraded the award to the Air Force Cross.

In a statement, James said “These are people whose lifestyle includes going above and beyond the call of duty and exemplifying the Air Force core values of integrity first, service before self and excellence in all we do.”

To further commemorate Miller's extraordinary service, the National Museum of the United States Air Force at Wright-Patterson Air Force Base has included his actions in the Battle of Takur Ghar in a permanent exhibition on battlefield airmen.

On behalf of a grateful nation, I want to extend my sincerest thanks to Master Sergeant Keary Miller for his service to the United States and the Kentucky Air National Guard. I ask my colleagues to join me in honoring this distinguished Kentuckian. He has earned this prestigious award, and he is a true American hero.

TRIBUTE TO GEORGE FLYNN

Mr. McCONNELL. Mr. President, today it is my honor to celebrate

former Pulaski County circuit clerk George Flynn. Although he began his retirement last year, his community is still recognizing him for his three decades of public service. The Somerset-Pulaski County Chamber of Commerce presented the “Distinguished Community Service Award”—its top honor—to Flynn in recognition of his dedicated work to the people of Pulaski County.

In both his personal life and professional work, Flynn tirelessly tried to make his community a better place. He was first elected in 1987 because he “is [the] personification of a ‘one of us’ attitude necessary to attract votes in Pulaski County.” Because of his exemplary work as circuit clerk, the people reelected him four times. In his tenure, he worked with five circuit court judges and oversaw the modernization of all court records.

After a proud career of public service, Flynn said he is ready to spend his days sleeping in, enjoying time with his wife, Resa, his grandchildren, and his dogs. He has earned a relaxing retirement. I would like to extend my warmest congratulations to George Flynn for a notable career of public service and this much deserved award.

REMEMBERING WILLIAM “BILL” HOLEMAN

Mr. McCONNELL. Mr. President, today I wish to honor the life of William Holeman. Preacher Bill, as he was known, came to eastern Kentucky in 1953 and almost immediately made a lasting impact.

For over 60 years, Bill travelled throughout eastern Kentucky, teaching around 40,000 schoolchildren each year about bullying, drug abuse, and his Christian faith with the Youth Haven Bible Camp. Although his family described him as a humble man, Bill had a real passion for his vocation.

To help teach the kids, Bill employed ventriloquist dummies named Henry and Homer. He developed their personalities and spread his message with laughter and fun.

Bill dearly loved eastern Kentucky and its people. He devoted his life to them, and many children were forever changed by his work.

Preacher Bill will surely be missed, and Elaine and I send our condolences to his wife, Joyce, and their children Susan, Gail, Gary, and Eddie.

REMEMBERING SHERIFF CHARLES EDWARD “FUZZY” KEESEE

Mr. McCONNELL. Mr. President, today I wish to remember the life of the longest serving county sheriff in the history of Kentucky, Pike County Sheriff Charles Edward Keese. After more than 40 years of hard work, “Fuzzy,” as he was affectionately known, passed away at the age of 89.

A veteran of the Second World War, Fuzzy became a lasting icon in Pike County. Deputy Judge/Executive Brian Morris said “You can't serve for more

than four decades and not personally touch every household in Pike County.” He was a compassionate public servant, a dedicated law enforcement officer, and a good man. The community will surely remember Fuzzy's impact and miss him deeply.

Elaine and I send our condolences to Sheriff Keese's wife, Easter, his brother, Alben, and his sister, Nancy Jo.

ADDITIONAL STATEMENTS

TRIBUTE TO LYLE BURGESS

• Mr. DAINES. Mr. President, this week, I have the distinct honor of recognizing Lyle Burgess of Ryegate. Lyle has been a dependable leader for the people of Golden Valley County for over a generation. He has contributed to the community in the fields of education and emergency services. Golden Valley County is located in the middle of Montana, and Lyle has been in the middle of events in the county for many years.

After graduating from Eastern Montana College, now known as Montana State University-Billings, Lyle began a 30-year career as a school teacher at Ryegate High School. A few years after he started teaching, Lyle began serving as a first responder with the Golden Valley County Emergency Medical Services. Although he is now retired from teaching, Lyle continues to serve his community: he went on to become the director of EMS. Today he still serves in that role. As director, Lyle is responsible for training new first responders and getting them ready to be Emergency Medical Technicians. The familiar saying “once a teacher, always a teacher” rings true for Mr. Burgess. Golden Valley County Sheriff Robert Pallas referred to Lyle and his colleague at EMS, Mary Ann Schladweiler, as the “staples” of the program.

Golden Valley County is home to just about 800 residents. The rural setting magnifies the necessity of having great folks like Lyle and Mary Ann offer their time and talent in the service of others. Montana is a State blessed with many treasures, and the greatest treasure of all is the people. Thank you, Lyle, for going above and beyond in the community and teaching others by your example. •

TRIBUTE TO EVELYN FRANCES STEARNS

• Ms. HASSAN. Mr. President, I ask my colleagues to join me in honoring Evelyn Frances Stearns, who celebrates her 100th birthday on March 31, 2017. Evelyn was born in South Berwick, ME, the daughter of Perley and Helen Marshall.

She was a resident nurse graduate of Nashua Memorial Hospital in Nashua, NH, and was later a 3 and a half year veteran in the Army Nurse Corps, working as an operating room nurse in

the U.S. and South Pacific theatres during World War II.

During the war, she was part of the 9th General Hospital originating in Fort Devens, MA, and then shipped to Townsville, Australia.

In 1944, she was transported to the Southwest Pacific, where she served in New Guinea during the battles that took place. She was awarded a Bronze Star Medal for her service.

On February 18, 1945, she was promoted from second lieutenant to first lieutenant.

In June of 1946, she married Fred C. Stearns from Winchester, NH, and the two had four children: Linda, Diane, Gail, and Sally.

Evelyn raised her three girls while employed at the Valley Regional Hospital in Claremont, NH, as the operating room supervisor. There, she was known as "Our mother, the owl." Tough, but fair, Evelyn didn't miss a trick.

After 22 years there, she retired in 1982.

Evelyn is known around the city of Claremont for her daily walks, often in excess of 5 miles a day, up until the age of 98. She also found great joy in maintaining her home inside and out until the day she left, 6 months ago. Her work ethic exhausted her children and grandchildren, who were amazed at her tenacity.

She continues to be an avid bridge player, and enjoys crosswords and reading mysteries.

Among her family, Evelyn has seven grandchildren and nine great-grandchildren.●

TRIBUTE TO WENDY DiVECCHIO

● Mr. HELLER. Mr. President, today I wish to congratulate Wendy DiVecchio on becoming the chief executive officer of the Greater Las Vegas Association of Realtors, GLVAR. It gives me great pleasure to recognize DiVecchio's recent success and her dedication to the great State of Nevada.

Founded in 1947, GLVAR has always led our State in professionalism. GLVAR, the Nevada representative for the National Association of Realtors, is the largest professional organization within southern Nevada, providing 13,000 of its members educational resources, professional training, and political representation. GLVAR has truly made an impact on our State, specifically in Las Vegas.

As a longtime resident of Las Vegas, DiVecchio has served in several different departments within the GLVAR for over 17 years, holding many of the company's crucial positions. Over the years, DiVecchio served as educational director, national chairwoman for local and State Realtor associations, and interim CEO. Recognizing her exceptional efforts, DiVecchio also earned the Realtor Certified Executive designation from the National Association of Realtors. While working full-time at GLVAR, she also earned a bachelor's

and master's degree in business management from the University of Phoenix.

In her new role, DiVecchio will oversee more than 30 employees and all other aspects of the GLVAR, including its move into a new headquarters located in southern Las Vegas. Although she will be faced with more responsibility, DiVecchio has proven she is up to the task and will succeed to her fullest potential.

As Nevada's senior Senator, I applaud DiVecchio's impressive feats and commend her for demonstrating such valuable commitment and loyalty to GLVAR. I am both humbled and honored by her hard work, and I am proud to call her a fellow Nevadan. Today I ask all of my colleagues to join me in congratulating Wendy DiVecchio on her recent promotion to GLVAR's CEO and wish her well in her future endeavors. I give my deepest appreciation for all that she has done for the Silver State.●

TRIBUTE TO STACEY ESCALANTE

● Mr. HELLER. Mr. President, today I wish to recognize Stacey Escalante of Las Vegas. Stacey is a Nevada mother who battled cancer and won. Ever since she defeated cancer, Stacey has taken herself to new heights and translated her strength into action. Her story makes us all proud to call Nevada home.

Stacey Escalante was diagnosed with stage 3 skin cancer over 10 years ago when she was still a news reporter for KVBC, now KSNV-TV. Up until this point, she was a model for health, but as we all know, cancer is a disease of its own. After several medical procedures, constant trips to the doctor, Stacey had to endure years of screenings and follow-up medical procedures before the cancer finally went into remission. During this time, she was forced to take a leave of absence from her job in order to recover. Even worse, she had to spend an extended period of time away from her family and friends.

During this recovery, Stacey wanted to come back home. She knew she would recover if she got to be at home surrounded by her family and coworkers who cared deeply about her. Fortunately, Stacey was able to return home and be with her family and friends; there she continued to fight cancer tooth and nail.

After she recovered, Stacey didn't just go back to work and pick up where she left off. Instead, Stacey became a cancer survivor, willing to stand up for cancer patients and those unaware of the dangers that tanning beds can cause to the human body. Stacey also remains incredibly active, a hard-working single mom who is still dedicated to living a healthy lifestyle. Despite time away from her career, Stacey worked through the setbacks and is now a publicist at Orca Communications and continues to have an exciting career in public relations.

Stacey's battle with cancer and getting to where she is today is a testament to her determination. She has a passionate story to tell, and I believe that she will continue to inspire others to do the same. She epitomizes what it means to fight back and go even further by spreading the word about the dangers posed by tanning beds and advocate for other women's health issues. I am truly inspired by her story.

I am both humbled and honored to acknowledge Stacey Escalante for her perseverance and willingness to share her story and get involved to make the great State of Nevada an even stronger, healthier State. I wish her continued efforts the absolute best. I will continue to pray for her as well as her wonderful family and friends who stood by her side every step of the way.●

TRIBUTE TO LIEUTENANT COLONEL MATT JONKEY

● Mr. HELLER. Mr. President, today I wish to congratulate LTC Matt Jonkey on completing his master of arts degree in security studies at the Naval Postgraduate School Center for Homeland Defense and Security, CHDS. It gives me great pleasure to recognize him for his recent success and his continued dedication to serving the great State of Nevada.

CHDS is our Nation's epicenter for homeland security education located at the Naval Postgraduate School, NPS. Among the many programs CHDS offers, its masters program is exceptionally prestigious and provides its graduates with a vast array of useful skills. Additionally, the program offers extensive analysis of the security operation within the United States. To complete this intense 18-month program, CHDS graduates must exercise unconventional critical thinking skills, advanced leadership tactics, and develop a comprehensive understanding of security policy and operations.

In addition to graduating from the University of Nevada at Reno with a bachelor's degree in criminal justice, lieutenant colonel Jonkey also managed to build an impressive career within the Nevada National Guard. He has held several positions with many responsibilities, ranging from aviation management to weapons of mass destruction response. Currently, lieutenant colonel Jonkey serves as commander of the 92nd WMD-CST where he oversees the Nevada National Guard's response to weapons of mass destruction and other HAZMAT-related disasters in support of civil authorities. Furthermore, lieutenant colonel Jonkey is also an outstanding father to his two daughters and a loving husband to his wife, Ashley.

During his time in the CHDS program, lieutenant colonel Jonkey engaged in strategic and organizational debate with high-level, national security operatives across the country. Additionally, lieutenant colonel Jonkey

completed a thesis on government drones and the Department of Defense's abilities to respond to homeland disasters. After a rigorous 18-month online and in-residence program, lieutenant colonel Jonkey graduated from the CHDS program on December 16, 2016.

I commend lieutenant colonel Jonkey for his unwavering dedication to his career and his courageous contributions to Nevada. His character is truly admirable and stands as a shining example for future generations. As a member of the Senate Veterans' Affairs Committee, I applaud lieutenant colonel Jonkey's steadfast allegiance to the Silver State and his determination to complete this highly esteemed milestone.

I ask my colleagues and all Nevadans to join me in congratulating lieutenant colonel Matt Jonkey for his recent achievement and his service to Nevada. I wish him the best of luck in all of his future endeavors.●

TRIBUTE TO ROBERT K. SCHRATZ

● Mr. HELLER. Mr. President, today I wish to recognize the 100th birthday of Robert K. Schratz, a WWII veteran and an incredible family man. I am proud to honor him for reaching such an impressive milestone in his life, and I want to acknowledge his unwavering courage and service to our Nation.

Mr. Schratz, an avid outdoorsman and Eagle Scout, was born in Pittsburgh, PA, on January 25, 1917. As a graduate from Carnegie Tech with a degree in civil engineering, Schratz went on to work for the Pittsburgh and Lake Erie Railroad as a design engineer. However, after the attack on Pearl Harbor, he enlisted into the U.S. Army Air Corps.

In 1944, Schratz graduated from the Air Corps as a multiengine pilot and a second lieutenant. He flew over 168 missions, including the Berlin Airlift, and served a 4-year Pentagon assignment. Over several years, Schratz was stationed all over the world, including Texas, Mississippi, Washington, DC, Alabama, England, Germany, and Japan. Schratz was also stationed at Stead Air Force Base in Nevada, a place he truly admired and would eventually call home. After retiring from the Air Force as a lieutenant colonel, Schratz and his beloved wife, Barbara, permanently moved to Reno, NV, where Schratz worked for the City of Reno Engineer's office for over a decade.

As a World War II veteran, Schratz's commitment to his country and his dedication to his family and community will be preserved for generations to come. As a member of the Senate Veterans' Affairs Committee, I recognize that Congress has a responsibility to honor these brave individuals, and I remain committed to upholding this promise for veterans and servicemembers in Nevada and throughout the Nation.

Additionally, I am pleased to recognize Schratz for passing on his legacy of serving our country through several generations. Lieutenant Colonel Schratz's son, Robert K. Schratz II, served as a captain in the U.S. Marine Corps while his son, Mark Schratz, also served in the U.S. Air Force. His grandson, Wayne Cates, served in the U.S. Navy, and his great-granddaughter, Hospital Corpsman Third Class Emily Cates, currently serves in the U.S. Navy. I truly commend these members of the Schratz family and am grateful for their devotion to protecting our Nation's freedoms.

I applaud Robert K. Schratz for his courageous contributions to the United States of America and to freedom-loving nations around the world. His service to his country and his bravery and dedication to his family and community earn him a place among the outstanding men and women who have valiantly defended our Nation. Today I am honored to commend Mr. Schratz and celebrate an inspiring milestone achieved by such an upstanding Nevadan.●

RECOGNIZING KIT'S KITCHEN

● Mr. HELLER. Mr. President, today I wish to recognize a great small business and charitable organization that is leading by example, serving the community, and making a difference in the great State of Nevada. Chantry Walsh and her husband own a nonprofit restaurant called KIT's Kitchen, which is located in Henderson, NV. The name stems from the nonprofit foundation they run called Kids in Transition. Both organizations work side by side to help those in need.

Since November 2016, KIT's Kitchen has been training underprivileged youth, while providing affordable meals to the local community. This restaurant provides its volunteers with real work experience and teaches them what it takes to succeed in the restaurant and hospitality industry. To me, it is more than just learning about the restaurant; these kids are being taught hard work, about giving back to their community, and what it means to make a commitment and be held accountable to it—values that go beyond the workplace.

In addition to their impressive restaurant, Mrs. Walsh and her husband, Tim, direct a nonprofit called the Kids in Transition Foundation, which is designed to help young people build a successful career. This foundation provides meals, scholarships, financial aid, and mentoring advice to Nevada's youth. Together, these efforts are building a better future for Nevada.

As a father, I understand firsthand how much of an asset Chantry Walsh and her work is to the Silver State. Considering these young Nevadans are the future, I am proud to see Ms. Walsh strive to make Nevada brighter every single day. It is this dedication to community and giving back that makes a difference in so many people's lives.

Today I ask my colleagues and all Nevadans to join me and recognizing this organization, its employees, and its impressive leader. Chantry Walsh provides an outstanding service to the local community and to our great State. As Nevada's senior Senator, I am humbled by her efforts and a true commitment to making a difference in people's lives. I hope others can look to her for inspiration on how to make their community a better place for everyone.●

75TH ANNIVERSARY OF APPLIED PHYSICS LABORATORY

● Mr. VAN HOLLEN. Mr. President, today, we commemorate the 75th anniversary of the founding of Johns Hopkins University's Applied Physics Laboratory.

I am fortunate to represent Maryland, a State that plays a leading role in science, technology, and innovation. From NASA's Goddard Space Flight Center, to the National Oceanic and Atmospheric Administration, to the National Institute of Standards and Technology, Maryland is at the frontier of discovery and innovation. Among Maryland's leaders in space, science, and innovation is the Applied Physics Laboratory, or APL.

From its humble beginnings in a converted auto dealership in Silver Spring, MD, to its current state-of-the-art facility in Howard County, APL has designed, built, and launched countless spacecraft and instruments. Like the Goddard Space Flight Center, APL provides a great economic boost for Maryland, employing thousands of Marylanders and generating \$1 billion in annual revenues. APL serves both civil and national security clients, in areas from homeland protection and undersea warfare to missile systems and biomedicine.

Early on the morning of July 14, 2015, along with representatives from NASA and the Southwest Research Institute, and my old friend Dr. Tom Krimigis, I was able to visit APL to witness the Pluto flyby of the spacecraft New Horizons. I waited eagerly as New Horizons flew 7,800 miles above the surface of Pluto, making it the first spacecraft to explore the dwarf planet. The excitement and pride in the room was palpable. Maryland and the Applied Physics Laboratory were once again playing a critical role in the history of human discovery.

I am grateful for the work that APL has done. And I look forward to the work that APL will continue to do, well into the future. I join my Colleague, Senator BEN CARDIN, in sponsoring a resolution congratulating the Johns Hopkins University Applied Physics Lab on the 75th anniversary of the Lab's founding.

Humanity has long asked: From where did we come? And are we alone? Places like APL will help us answer fundamental questions like these. I am proud to represent them here in the

U.S. Senate, and I look forward to working with them to keep science, space, and space technology strong and vibrant in Maryland and the United States for years to come.

I congratulate APL, Johns Hopkins, and its many partners as they celebrate this important milestone.●

MESSAGES FROM THE PRESIDENT

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

EXECUTIVE MESSAGES REFERRED

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

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

MESSAGES FROM THE HOUSE

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

H.R. 1301. An act making appropriations for the Department of Defense for the fiscal year ending September 30, 2017, and for other purposes.

ENROLLED BILL SIGNED

At 12:15 p.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the Speaker has signed the following enrolled bill:

S.442. An act to authorize the programs of the National Aeronautics and Space Administration, and for other purposes.

The enrolled bill was subsequently signed by the President pro tempore (Mr. HATCH).

ENROLLED BILL PRESENTED

The Secretary of the Senate reported that on today, March 9, 2017, she had presented to the President of the United States the following enrolled bill:

S. 442. An act to authorize the programs of the National Aeronautics and Space Administration, and for other purposes.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. GRASSLEY, from the Committee on the Judiciary, without amendment:

S. 419. A bill to require adequate reporting on the Public Safety Officers' Benefits program, and for other purposes.

EXECUTIVE REPORTS OF COMMITTEES

The following executive reports of nominations were submitted:

By Mr. CORKER for the Committee on Foreign Relations.

*David Friedman, of New York, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to Israel.

Nominee: David M. Friedman.

Post: Ambassador to Israel.

(The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.)

Contributions, amount, date, and donee:

1. Self: \$50,000.00, 6/17/2016, Trump Victory Committee; \$1,000.00, 10/26/2012, Josh Mandel Senate Victory Committee.

2. Spouse: None.

3. Children and Spouses: Daniel Friedman: none. Jana Friedman: none. Jacob Friedman: none. Danielle Friedman: none. Aliza Romanoff: none. Eli Romanoff: \$75.17, 10/13–20/2016; Trump/Pence 2016. Talia Friedman: none. Katie Friedman: none.

4. Parents: Morris Friedman—(deceased), none; Adelaide Friedman: none.

5. Grandparents: Benjamin Friedman—(deceased), none; Mary Friedman—(deceased), none; Lewis Gottlieb—(deceased), none; Josephine Gottlieb—(deceased), none.

6. Brothers and Spouses: Mark Friedman, none; Rose Friedman, none.

7. Sisters and Spouses: Naomi Wolinsky, none; Steven Wolinsky, none.

By Mr. GRASSLEY for the Committee on the Judiciary.

Charles R. Breyer, of California, to be a Member of the United States Sentencing Commission for a term expiring October 31, 2021.

Danny C. Reeves, of Kentucky, to be a Member of the United States Sentencing Commission for a term expiring October 31, 2019.

By Mr. BURR for the Select Committee on Intelligence.

*Daniel Coats, of Indiana, to be Director of National Intelligence.

*Nomination was reported with recommendation that it be confirmed subject to the nominee's commitment to respond to requests to appear and testify before any duly constituted committee of the Senate.

(Nominations without an asterisk were reported with the recommendation that they be confirmed.)

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

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

By Mr. SANDERS (for himself and Mr. SCHATZ):

S. 586. A bill to amend the Internal Revenue Code of 1986 to modify the treatment of foreign corporations, and for other purposes; to the Committee on Finance.

By Mr. ROBERTS:

S. 587. A bill to amend the Internal Revenue Code of 1986 to limit substantiation requirements for charitable contributions to returns submitted by the donor; to the Committee on Finance.

By Mr. MURPHY (for himself, Mr. THUNE, Mr. SCHATZ, Mr. TOOMEY, and Ms. HEITKAMP):

S. 588. A bill to require the Securities and Exchange Commission to clarify what constitutes a general solicitation under the Federal securities laws, and for other purposes;

to the Committee on Banking, Housing, and Urban Affairs.

By Mr. KING:

S. 589. A bill to amend the Federal Election Campaign Act of 1971 to require all political committees to notify the Federal Election Commission within 48 hours of receiving cumulative contributions of \$1,000 or more from any contributor during a calendar year, and for other purposes; to the Committee on Rules and Administration.

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

S. 590. A bill to authorize the Secretary of Agriculture to maintain or replace certain facilities and structures for commercial recreation services at Smith Gulch in Idaho, and for other purposes; to the Committee on Energy and Natural Resources.

By Mrs. MURRAY (for herself, Ms. COLLINS, Ms. BALDWIN, Mr. BENNET, Mr. BLUMENTHAL, Mr. BROWN, Mr. COONS, Mr. DURBIN, Mr. FRANKEN, Mr. KING, Mr. MURPHY, Mr. SCHATZ, Mr. SANDERS, Mrs. SHAHEEN, Mr. TESTER, Mr. WARNER, and Ms. CANTWELL):

S. 591. A bill to expand eligibility for the program of comprehensive assistance for family caregivers of the Department of Veterans Affairs, to expand benefits available to participants under such program, to enhance special compensation for members of the uniformed services who require assistance in everyday life, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. KAINE (for himself, Mr. ROUNDS, and Mr. PERDUE):

S. 592. A bill to amend title 10, United States Code, to support meeting the increasing needs of the United States for a cybersecurity and information assurance workforce by reinvigorating and modifying the Information Assurance Scholarship Program of the Department of Defense, and for other purposes; to the Committee on Armed Services.

By Mrs. CAPITO (for herself, Mr. BOOZMAN, Mr. BENNET, and Ms. HEITKAMP):

S. 593. A bill to amend the Pittman-Robertson Wildlife Restoration Act to facilitate the establishment of additional or expanded public target ranges in certain States; to the Committee on Environment and Public Works.

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

S. 594. A bill to authorize the Secretary of Homeland Security to work with cybersecurity consortia for training, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

By Mr. FLAKE (for himself, Mr. MCCAIN, and Mr. JOHNSON):

S. 595. A bill to provide U.S. Customs and Border Protection with additional flexibility to expedite the hiring process for applicants for law enforcement positions, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

By Mr. BLUMENTHAL (for himself, Mr. SCHUMER, Mr. MARKEY, Mr. MENENDEZ, and Mrs. FEINSTEIN):

S. 596. A bill to direct the Administrator of the Federal Aviation Administration to prescribe regulations establishing minimum standards for space for passengers on passenger aircraft, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. CASEY (for himself, Mr. TOOMEY, Mr. DONNELLY, and Ms. COLLINS):

S. 597. A bill to increase Federal Pell Grants for the children of fallen public safety officers, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

By Mrs. GILLIBRAND (for herself and Mr. PAUL):

S. 598. A bill to amend the Internal Revenue Code of 1986 to provide an above-the-line deduction for child care expenses, and for other purposes; to the Committee on Finance.

By Mr. DONNELLY (for himself and Mr. YOUNG):

S. 599. A bill to redesignate the Indiana Dunes National Lakeshore as the "Indiana Dunes National Park", and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. DURBIN (for himself and Ms. DUCKWORTH):

S. 600. A bill to require rulemaking by the Administrator of the Federal Emergency Management Agency to address considerations in evaluating the need for public and individual disaster assistance, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

By Mr. DURBIN (for himself, Mr. WICKER, Mr. REED, Mr. COCHRAN, Mr. MERKLEY, and Mr. BROWN):

S. 601. A bill to ensure that significantly more students graduate college with the international knowledge and experience essential for success in today's global economy through the establishment of the Senator Paul Simon Study Abroad Program in the Department of Education; to the Committee on Health, Education, Labor, and Pensions.

By Ms. COLLINS (for herself and Mr. CARPER):

S. 602. A bill to amend the Internal Revenue Code of 1986 to include automated fire sprinkler system retrofits as section 179 property and classify certain automated fire sprinkler system retrofits as 15-year property for purposes of depreciation; to the Committee on Finance.

By Mr. BENNET:

S. 603. A bill for the relief of Jeanette Vizguerra-Ramirez; to the Committee on the Judiciary.

By Mr. HATCH (for himself, Mr. DAINES, and Mrs. FISCHER):

S. 604. A bill to allow certain State permitting authority to encourage expansion of broadband service to rural communities, and for other purposes; to the Committee on Environment and Public Works.

By Mr. DAINES (for himself and Mr. TESTER):

S. 605. A bill to amend the Forest and Rangeland Renewable Resources Planning Act of 1974 and the Federal Land Policy and Management Act of 1976 to discourage litigation against the Forest Service and the Bureau of Land Management relating to land management projects; to the Committee on Environment and Public Works.

By Mr. NELSON (for himself, Mr. BLUMENTHAL, Ms. KLOBUCHAR, Mrs. GILLIBRAND, Mr. CARDIN, Mr. CASEY, and Mr. BROWN):

S. 606. A bill to amend the Internal Revenue Code of 1986 to prevent taxpayer identity theft and tax refund fraud, and for other purposes; to the Committee on Finance.

By Mr. CRUZ:

S.J. Res. 37. A joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Department of Energy relating to "Energy Conservation Program: Test Procedures for Compressors"; to the Committee on Energy and Natural Resources.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

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

S. Res. 85. A resolution calling on the Government of Iran to fulfill repeated promises of assistance in the case of Robert Levinson, the longest held United States civilian in our Nation's history; to the Committee on Foreign Relations.

By Mr. COONS (for himself, Mr. COCHRAN, Mrs. SHAHEEN, Mr. WICKER, Mr. CARPER, Mr. BOOZMAN, Mr. BENNET, Mr. DURBIN, Mr. TESTER, Ms. HIRONO, Ms. BALDWIN, Ms. HASSAN, Mr. WYDEN, Mr. HEINRICH, Ms. DUCKWORTH, Mr. FRANKEN, Mr. WHITEHOUSE, Mr. MERKLEY, Mr. MARKEY, Mr. BOOKER, Mr. REED, Ms. WARREN, Mr. PETERS, Mr. VAN HOLLEN, Mrs. GILLIBRAND, Mr. MCCAIN, Mr. MORAN, Mr. BLUNT, Mr. MANCHIN, and Mr. CASEY):

S. Res. 86. A resolution recognizing the contributions of AmeriCorps members and alumni to the lives of the people of the United States; considered and agreed to.

ADDITIONAL COSPONSORS

S. 116

At the request of Mr. HELLER, the name of the Senator from Michigan (Mr. PETERS) was added as a cosponsor of S. 116, a bill to amend title 10, United States Code, to permit veterans who have a service-connected, permanent disability rated as total to travel on military aircraft in the same manner and to the same extent as retired members of the Armed Forces entitled to such travel.

S. 129

At the request of Mr. WICKER, the name of the Senator from Alaska (Ms. MURKOWSKI) was added as a cosponsor of S. 129, a bill to reauthorize and amend the National Sea Grant College Program Act, and for other purposes.

S. 200

At the request of Mr. MARKEY, the name of the Senator from Vermont (Mr. SANDERS) was added as a cosponsor of S. 200, a bill to prohibit the conduct of a first-use nuclear strike absent a declaration of war by Congress.

S. 261

At the request of Mr. BLUNT, the names of the Senator from Maine (Ms. COLLINS) and the Senator from Arkansas (Mr. COTTON) were added as cosponsors of S. 261, a bill to amend the Federal Food, Drug, and Cosmetic Act to improve and clarify certain disclosure requirements for restaurants and similar retail food establishments, and to amend the authority to bring proceedings under section 403A.

S. 264

At the request of Mr. LANKFORD, the name of the Senator from Texas (Mr. CRUZ) was added as a cosponsor of S. 264, a bill to amend the Internal Revenue Code of 1986 to allow charitable organizations to make statements relating to political campaigns if such statements are made in ordinary course of carrying out its tax exempt purpose.

S. 379

At the request of Mr. WHITEHOUSE, the name of the Senator from Oregon (Mr. MERKLEY) was added as a cospon-

sor of S. 379, a bill to amend title II of the Social Security Act to eliminate the five month waiting period for disability insurance benefits under such title for individuals with amyotrophic lateral sclerosis.

S. 413

At the request of Mrs. CAPITO, the name of the Senator from Kansas (Mr. MORAN) was added as a cosponsor of S. 413, a bill to amend title XVIII of the Social Security Act to prohibit prescription drug plan sponsors and MA-PD organizations under the Medicare program from retroactively reducing payment on clean claims submitted by pharmacies.

S. 419

At the request of Mr. GRASSLEY, the names of the Senator from California (Mrs. FEINSTEIN), the Senator from Hawaii (Ms. HIRONO), the Senator from Illinois (Mr. DURBIN), the Senator from Connecticut (Mr. BLUMENTHAL), the Senator from Minnesota (Ms. KLOBUCHAR), the Senator from Missouri (Mr. BLUNT), the Senator from Minnesota (Mr. FRANKEN), the Senator from Rhode Island (Mr. WHITEHOUSE) and the Senator from Vermont (Mr. LEAHY) were added as cosponsors of S. 419, a bill to require adequate reporting on the Public Safety Officers' Benefits program, and for other purposes.

S. 438

At the request of Mr. BLUNT, the name of the Senator from Nevada (Mr. HELLER) was added as a cosponsor of S. 438, a bill to encourage effective, voluntary investments to recruit, employ, and retain men and women who have served in the United States military with annual Federal awards to employers recognizing such efforts, and for other purposes.

S. 482

At the request of Mr. THUNE, the name of the Senator from Georgia (Mr. ISAKSON) was added as a cosponsor of S. 482, a bill to amend the Internal Revenue Code of 1986 to treat certain amounts paid for physical activity, fitness, and exercise as amounts paid for medical care.

S. 488

At the request of Mr. TOOMEY, the name of the Senator from Nebraska (Mr. SASSE) was added as a cosponsor of S. 488, a bill to increase the threshold for disclosures required by the Securities and Exchange Commission relating to compensatory benefit plans, and for other purposes.

S. 543

At the request of Mr. TESTER, the names of the Senator from Washington (Mrs. MURRAY) and the Senator from Wisconsin (Ms. BALDWIN) were added as cosponsors of S. 543, a bill to amend title 38, United States Code, to require the Secretary of Veterans Affairs to include in each contract into which the Secretary enters for necessary services authorities and mechanism for appropriate oversight, and for other purposes.

S. 544

At the request of Mr. TESTER, the name of the Senator from Wisconsin (Ms. BALDWIN) was added as a cosponsor of S. 544, a bill to amend Veterans Access, Choice, and Accountability Act of 2014 to modify the termination date for the Veterans Choice Program, and for other purposes.

S. 546

At the request of Mr. BARRASSO, the name of the Senator from Nevada (Mr. HELLER) was added as a cosponsor of S. 546, a bill to reduce temporarily the royalty required to be paid for sodium produced on Federal lands, and for other purposes.

S. 569

At the request of Ms. CANTWELL, the name of the Senator from New Mexico (Mr. UDALL) 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. 578

At the request of Mr. LANKFORD, the name of the Senator from Utah (Mr. HATCH) was added as a cosponsor of S. 578, a bill to amend title 5, United States Code, to provide requirements for agency decision making based on science.

S. 579

At the request of Mr. LANKFORD, the name of the Senator from Utah (Mr. HATCH) was added as a cosponsor of S. 579, a bill to require agencies to publish an advance notice of proposed rule making for major rules.

S. 582

At the request of Mr. JOHNSON, the name of the Senator from Montana (Mr. DAINES) was added as a cosponsor of S. 582, a bill to reauthorize the Office of Special Counsel, and for other purposes.

S. 584

At the request of Mr. LANKFORD, the names of the Senator from Utah (Mr. HATCH) and the Senator from North Dakota (Mr. HOEVEN) were added as cosponsors of S. 584, a bill to amend chapter 6 of title 5, United States Code (commonly known as the Regulatory Flexibility Act), to ensure complete analysis of potential impacts on small entities of rules, and for other purposes.

S.J. RES. 27

At the request of Mr. CASSIDY, the names of the Senator from Georgia (Mr. PERDUE), the names of the Senator from West Virginia (Mrs. CAPITO), the Senator from Wyoming (Mr. BARRASSO) and the Senator from South Carolina (Mr. SCOTT) were added as cosponsors of S.J. Res. 27, a joint resolution disapproving the rule submitted by the Department of Labor relating to "Clarification of Employer's Continuing Obligation to Make and Maintain an Accurate Record of Each Recordable Injury and Illness".

S.J. RES. 28

At the request of Mr. INHOFE, the names of the Senator from Iowa (Mrs. ERNST), the Senator from Utah (Mr. HATCH), the Senator from Mississippi (Mr. COCHRAN), the Senator from South Dakota (Mr. ROUNDS) and the Senator from Mississippi (Mr. WICKER) were added as cosponsors of S.J. Res. 28, a joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Administrator of the Environmental Protection Agency relating to accidental release prevention requirements of risk management programs under the Clean Air Act.

S.J. RES. 32

At the request of Mr. HATCH, the name of the Senator from Alaska (Ms. MURKOWSKI) was withdrawn as a cosponsor of S.J. Res. 32, a joint resolution disapproving the rule submitted by the Department of Labor relating to savings arrangements established by States for non-governmental employees.

S.J. RES. 33

At the request of Mr. HATCH, the name of the Senator from Alaska (Ms. MURKOWSKI) was withdrawn as a cosponsor of S.J. Res. 33, a joint resolution disapproving the rule submitted by the Department of Labor relating to savings arrangements established by qualified State political subdivisions for non-governmental employees.

S. CON. RES. 7

At the request of Mr. ROBERTS, the name of the Senator from Wisconsin (Mr. JOHNSON) was added as a cosponsor of S. Con. Res. 7, a concurrent resolution expressing the sense of Congress that tax-exempt fraternal benefit societies have historically provided and continue to provide critical benefits to the people and communities of the United States.

S. RES. 83

At the request of Mr. MARKEY, the names of the Senator from New Hampshire (Mrs. SHAHEEN), the Senator from Maine (Mr. KING) and the Senator from Pennsylvania (Mr. TOOMEY) were added as cosponsors of S. Res. 83, a resolution expressing the sense of the Senate regarding the trafficking of illicit fentanyl into the United States from Mexico and China.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mrs. MURRAY (for herself, Ms. COLLINS, Ms. BALDWIN, Mr. BENNET, Mr. BLUMENTHAL, Mr. BROWN, Mr. COONS, Mr. DURBIN, Mr. FRANKEN, Mr. KING, Mr. MURPHY, Mr. SCHATZ, Mr. SANDERS, Mrs. SHAHEEN, Mr. TESTER, Mr. WARNER, and Ms. CANTWELL):

S. 591. A bill to expand eligibility for the program of comprehensive assistance for family caregivers of the Department of Veterans Affairs, to expand benefits available to participants

under such program, to enhance special compensation for members of the uniformed services who require assistance in everyday life, and for other purposes; to the Committee on Veterans' Affairs.

Ms. COLLINS. Mr. President, I am once again delighted to join my colleague, Senator PATTY MURRAY, to introduce the Military and Veteran Caregiver Services Improvement Act of 2017. Our bill would greatly expand eligibility for VA caregiver support services by including veterans from all eras, allow veterans to transfer their post 9/11 GI bill benefits to their dependents, expand eligibility for the VA caregivers program to include a wider range of injuries that may have previously gone unrecognized, and provide crucial support for our Nation's caregivers themselves.

In 2014, my former colleague and friend, Senator Elizabeth Dole, commissioned a study by the RAND Corporation to learn more about the military caregiver population and explore common issues experienced by America's caregivers. The experts at RAND found that those caring for our servicemembers and veterans provide nearly \$14 billion worth of unpaid services every year—an incredible cost that would otherwise be passed on to the Nation.

There are more than 5.5 million military caregivers in the United States, and of those, 1.1 million are caring for post-9/11 veterans. These are spouses, parents, children, and other loved ones who have voluntarily put their lives on hold to provide our returning servicemembers with a trusted continuum of care that could not be replicated without them. Many of them will provide this care for years, if not decades, to come.

Tragically, caring for those suffering from the scars of war takes an enormous toll. According to the RAND study, military caregivers face increased instances of mental and physical health problems, chronic absenteeism from work, deteriorating personal relationships, legal and financial troubles, and feelings of isolation. These difficulties are often more pronounced for post-9/11 military caregivers.

Our Nation owes America's veterans our deepest gratitude. Their sacrifices are often very visible. In many cases our veterans have earned medals or awards for their bravery that they can wear proudly on their chest. But our military and veteran caregivers truly are hidden heroes, serving alongside our veterans to provide the love, care, and support they need. Despite their enormous sacrifice, these hidden heroes often do not receive the awards and admiration. That does not mean that they don't deserve it. We must honor our commitment to veterans by answering the call to better support those caring for our wounded, ill, and injured warriors.

Our legislation would help strengthen the services offered to caregivers.

The Military and Veteran Caregiver Services Improvement Act is an important step in helping those who have assumed the mantle of caring for the men and women who have served our Nation so honorably. I urge all of my colleagues to join Senator MURRAY and me in honoring and supporting our Nation's military caregivers.

By Mr. Kaine (for himself, Mr. Rounds, and Mr. Perdue):

S. 592. A bill to amend title 10, United States Code, to support meeting the increasing needs of the United States for a cybersecurity and information assurance workforce by reinvigorating and modifying the Information Assurance Scholarship Program of the Department of Defense, and for other purposes; to the Committee on Armed Services.

Mr. Kaine. Mr. Presidents, a skilled workforce is essential to addressing the growing cyber security challenges in the United States. The Department of Defense, DOD, Cyber Strategy, issued in April 2015, cites building the cyber workforce among its objective's for achieving the essential strategic goal of maintaining ready forces and capabilities to conduct cyberspace operations. In Virginia, it is estimated that 36,000 cybersecurity jobs remain unfilled.

Beginning in 2001, DOD funded the Information Assurance Scholarship Program, IASP, which boosts the Nation's cyber workforce through scholarship and capacity-building grants to colleges and universities designated by the National Security Agency and the Department of Homeland Security as Centers of Academic Excellence, CAE. Scholarship recipients are required to fulfill a service obligation by working in a cyber security position at DOD upon graduation.

According to a DOD report from February 2015, the IASP Program had employed 593 students and awarded 180 capacity-building grants to CAEs. However, due to budget constraints, DOD reduced funding for the IASP beginning in 2013 and stopped recruiting new students. The IASP received its peak funding level of \$7.5 million in 2005—for fiscal year 2017, it received \$500,000.

Today, I am pleased to introduce with my colleague Senator Rounds, the DOD Cyber Scholarship Program Act of 2017. The DOD Cyber Scholarship Program Act of 2017 would reinvigorate the IASP to boost our Nation's cyber workforce. The bill would rename the IASP as the DOD Cyber Scholarship Program and express the Sense of Congress that the program is an important tool for boosting our cyber defense workforce.

The DOD Cyber Scholarship Program Act would also modify the program by expanding scholarships to students pursuing Associate's Degrees. There are currently 46 two-year institutions designated as CAEs, which would be eligible to apply for grants. Associate's degree programs could provide a valu-

able source of technical personnel, at a lower cost, to DOD. The bill would require that at least 5 percent of scholarship funds go to 2-year program students.

The DOD Cyber Scholarship Program Act would authorize the DOD Cyber Scholarship Program to receive \$10 million in fiscal year 2018. At its peak in 2005, the IASP received \$7.5 million. Since then, the cost of tuition has increased considerably and the need for skilled cyber professionals has never been greater. Ten million dollars is an appropriate funding level to reinvigorate the program, expand it to associate's degree recipients, and allow for manageable program execution from DOD and the National Security Agency.

The DOD Cyber Scholarship Program is a commonsense, bipartisan bill that would help students succeed in today's economy and strengthen our national security. There are good-paying jobs in Virginia and across the country in the cyber field that are going unfilled, and it is clear we must make it easier for students to access the programs that prepare them for these roles. Expanding scholarship funds so they're available to community college students will help put more of our nation's students on a path to success and support our national security needs.

By Mr. Cornyn (for himself, Mr. Cruz, and Mr. Leahy):

S. 594. A bill to authorize the Secretary of Homeland Security to work with cybersecurity consortia for training, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

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. 594

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 "National Cybersecurity Preparedness Consortium Act of 2017".

SEC. 2. DEFINITIONS.

In this Act—

(1) the term "consortium" means a group primarily composed of non-profit entities, including academic institutions, that develop, update, and deliver cybersecurity training in support of homeland security;

(2) the terms "cybersecurity risk" and "incident" have the meanings given those terms in section 227(a) of the Homeland Security Act of 2002 (6 U.S.C. 148(a));

(3) the term "Department" means the Department of Homeland Security; and

(4) the term "Secretary" means the Secretary of Homeland Security.

SEC. 3. NATIONAL CYBERSECURITY PREPAREDNESS CONSORTIUM.

(a) IN GENERAL.—The Secretary may work with a consortium, including the National Cybersecurity Preparedness Consortium, to support efforts to address cybersecurity risks and incidents, including threats of terrorism and acts of terrorism.

(b) ASSISTANCE TO THE NCCIC.—The Secretary may work with a consortium to assist the national cybersecurity and communications integration center of the Department (established under section 227 of the Homeland Security Act of 2002 (6 U.S.C. 148)) to—

(1) provide training to State and local first responders and officials specifically for preparing for and responding to cybersecurity risks and incidents, including threats of terrorism and acts of terrorism, in accordance with applicable law;

(2) develop and update a curriculum utilizing existing programs and models in accordance with such section 227, for State and local first responders and officials, related to cybersecurity risks and incidents, including threats of terrorism and acts of terrorism;

(3) provide technical assistance services to build and sustain capabilities in support of preparedness for and response to cybersecurity risks and incidents, including threats of terrorism and acts of terrorism, in accordance with such section 227;

(4) conduct cross-sector cybersecurity training and simulation exercises for entities, including State and local governments, critical infrastructure owners and operators, and private industry, to encourage community-wide coordination in defending against and responding to cybersecurity risks and incidents, including threats of terrorism and acts of terrorism, in accordance with section 228(c) of the Homeland Security Act of 2002 (6 U.S.C. 149(c));

(5) help States and communities develop cybersecurity information sharing programs, in accordance with section 227 of the Homeland Security Act of 2002 (6 U.S.C. 148), for the dissemination of homeland security information related to cybersecurity risks and incidents, including threats of terrorism and acts of terrorism; and

(6) help incorporate cybersecurity risk and incident prevention and response (including related to threats of terrorism and acts of terrorism) into existing State and local emergency plans, including continuity of operations plans.

(c) PROHIBITION ON DUPLICATION.—In carrying out the functions under subsection (b), the Secretary shall, to the greatest extent practicable, seek to prevent unnecessary duplication of existing programs or efforts of the Department.

(d) CONSIDERATIONS REGARDING SELECTION OF A CONSORTIUM.—In selecting a consortium with which to work under this Act, the Secretary shall take into consideration the following:

(1) Any prior experience conducting cybersecurity training and exercises for State and local entities.

(2) Geographic diversity of the members of any such consortium so as to cover different regions throughout the United States.

(e) METRICS.—If the Secretary works with a consortium under subsection (a), the Secretary shall measure the effectiveness of the activities undertaken by the consortium under this Act.

(f) OUTREACH.—The Secretary shall conduct outreach to universities and colleges, including historically Black colleges and universities, Hispanic-serving institutions, Tribal Colleges and Universities, and other minority-serving institutions, regarding opportunities to support efforts to address cybersecurity risks and incidents, including threats of terrorism and acts of terrorism, by working with the Secretary under subsection (a).

(g) TERMINATION.—The authority to carry out this Act shall terminate on the date that is 5 years after the date of enactment of this Act.

By Mr. DURBIN (for himself and Ms. DUCKWORTH):

S. 600. A bill to require rulemaking by the Administrator of the Federal Emergency Management Agency to address considerations in evaluating the need for public and individual disaster assistance, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

Mr. DURBIN. Mr President, I am proud to introduce the Fairness in Federal Disaster Declarations Act today, together with my colleague Senator DUCKWORTH, to try to bring some transparency and fairness into FEMA's disaster declaration process.

The inspiration for this bill was a tragic one. On February 29, 2012, a category F-4 tornado tore through southeastern Illinois, causing major damage in the towns of Harrisburg and Ridgway. Eight people in Harrisburg died in that event and 15 people were killed in total. Winds reached 175 miles per hour. It is not too much of a stretch to say these two small towns were almost wiped off the map.

And just last week, on February 28, 2017, another tragedy struck the small towns of Ottawa and Naplate after a category F-3 tornado tore through North Central Illinois. Two people in Ottawa died in last week's storm and at least 50 homes were damaged or destroyed.

Requests for Federal assistance after a disaster are made by the Governor of each State based on State emergency management damage assessments. In the case of the Harrisburg and Ridgway tornado, the Governor's request for a Federal emergency declaration for individual assistance was denied, as was the State's appeal of that decision. With that denial, individuals whose homes or properties were damaged were precluded from direct Federal help.

When I asked FEMA why it denied the Governor's request, I was told that the disaster did not meet or exceed the State's per capita figure. Currently, FEMA multiplies the number of people in a State by \$1.43 to determine a threshold of the amount of damage a State would incur to be considered for Federal assistance. In Illinois, that figure is more than \$18 million. In other words, because Illinois is a highly populous State, it is presumed it can absorb the costs of cleanup and recovery from disasters up to more than \$18 million.

From 2002 to 2012, Illinois was denied Federal disaster assistance seven times. Texas was denied 13 times. Florida was denied Federal disaster assistance eight times during that period, and California, New Jersey, and New York were each denied four times.

FEMA's formula does not work for large, populous States, particularly those with a concentrated urban area, like Illinois.

Illinois ran into this issue again in November 2013 when tornadoes swept through the State. That time, six peo-

ple were killed and whole neighborhoods were nearly destroyed. The cities of Washington, Gifford, and New Minden, Illinois, experienced some of the worst tornado damage I have ever seen. Their infrastructure was decimated, but because Illinois did not meet one of FEMA's criteria, we were denied Federal public assistance.

In the case of last week's tornado in Ottawa and Naplate, Illinois, may not even be able to request federal help because damage assessments are too low to reach anything close to FEMA's per capita requirement. But for these small towns, covering losses and cleaning up damage of this magnitude can put a real strain on the community.

The Fairness in Federal Disaster Declaration seeks to improve the disaster analysis by assigning a value to each of the factors FEMA must consider when determining whether Federal disaster assistance will be made available. When it comes to individual assistance—funding to help people repair and rebuild their homes—the breakdown would be as follows:

Concentration of damages—the density of damage in an individual community—would be considered 20 percent of the analysis. Trauma—the loss of life and injuries and the disruption of normal community functions—would be 20 percent. Special Populations—including the age and income of the residents, the amount of home ownership, etc.—would comprise 20 percent. Voluntary agency assistance—a consideration of what the volunteer and charitable groups are providing—would make up 5 percent. The amount of Insurance coverage—20 percent. And average amount of individual assistance by State, which includes the per capita analysis, would make up 5 percent of the analysis.

The bill also would add a seventh consideration to FEMA's metrics—the economics of the area, which will receive 10 percent consideration. This includes factors such as the local assessable tax base, the median income as it compares to that of the State, and the poverty rate as it compares to that of the State.

For Federal public assistance, the breakdown would be similar, with a greater emphasis placed on the localized impacts of the disaster, which would warrant 40 percent of the analysis.

It is reasonable that FEMA should take into consideration the size of the State requesting assistance, but current regulations penalize large States. Assigning values to the factors will help ensure that the damage to a specific community weighs more than a State's population.

Illinois is a geographically large State with a concentrated urban area. And downstate communities are being punished for it.

If the cities of Ottawa and Naplate, Washington and Gifford, and Harrisburg and Ridgway cannot qualify under FEMA's current criteria for Federal as-

sistance, something is wrong. The way FEMA evaluates whether to declare an area Federal disaster is not effective. It is working against small communities in States with large populations.

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. 600

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 "Fairness in Federal Disaster Declarations Act of 2017".

SEC. 2. REGULATORY ACTION REQUIRED.

(a) IN GENERAL.—Not later than 120 days after the date of enactment of this Act, the Administrator of the Federal Emergency Management Agency (in this Act referred to as the "Administrator" and "FEMA", respectively) shall amend the rules of the Administrator under section 206.48 of title 44, Code of Federal Regulations, as in effect on the date of enactment of this Act, in accordance with the provisions of this Act.

(b) NEW CRITERIA REQUIRED.—The amended rules issued under subsection (a) shall provide for the following:

(1) PUBLIC ASSISTANCE PROGRAM.—Such rules shall provide that, with respect to the evaluation of the need for public assistance—

(A) specific weighted valuations shall be assigned to each criterion, as follows—

(i) estimated cost of the assistance, 10 percent;

(ii) localized impacts, 40 percent;

(iii) insurance coverage in force, 10 percent;

(iv) hazard mitigation, 10 percent;

(v) recent multiple disasters, 10 percent;

(vi) programs of other Federal assistance, 10 percent; and

(vii) economic circumstances described in subparagraph (B), 10 percent; and

(B) FEMA shall consider the economic circumstances of—

(i) the local economy of the affected area, including factors such as the local assessable tax base and local sales tax, the median income as it compares to that of the State, and the poverty rate as it compares to that of the State; and

(ii) the economy of the State, including factors such as the unemployment rate of the State, as compared to the national unemployment rate.

(2) INDIVIDUAL ASSISTANCE PROGRAM.—Such rules shall provide that, with respect to the evaluation of the severity, magnitude, and impact of the disaster and the evaluation of the need for assistance to individuals—

(A) specific weighted valuations shall be assigned to each criterion, as follows—

(i) concentration of damages, 20 percent;

(ii) trauma, 20 percent;

(iii) special populations, 20 percent;

(iv) voluntary agency assistance, 10 percent;

(v) insurance, 20 percent;

(vi) average amount of individual assistance by State, 5 percent; and

(vii) economic considerations described in subparagraph (B), 5 percent; and

(B) FEMA shall consider the economic circumstances of the affected area, including factors such as the local assessable tax base and local sales tax, the median income as it compares to that of the State, and the poverty rate as it compares to that of the State.

(c) EFFECTIVE DATE.—The amended rules issued under subsection (a) shall apply to

any disaster for which a Governor requested a major disaster declaration under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.) and was denied on or after January 1, 2012.

By Mr. DURBIN (for himself, Mr. WICKER, Mr. REED, Mr. COCHRAN, Mr. MERKLEY, and Mr. BROWN):

S. 601. A bill to ensure that significantly more students graduate college with the international knowledge and experience essential for success in today's global economy through the establishment of the Senator Paul Simon Study Abroad Program in the Department of Education; to the Committee on Health, Education, Labor, and Pensions.

Mr. DURBIN. Mr. President, today, Senator WICKER of Mississippi and I are reintroducing the Senator Paul Simon Study Abroad Program Act. This bill, named for a mentor of mine—the late Senator from Illinois, embodies a vision Paul Simon believed in throughout his life: a vision centered on our country's need for a culturally aware, and globally knowledgeable population and workforce.

Senator Simon saw these characteristics as essential to our country's economy, society, and national security. He believed that by building meaningful relationships with people around the world, America would grow even stronger as a nation. In his words, "America's incompetence in foreign languages and cultural awareness jeopardizes our Nation's future in global affairs. This lack of global perspective damages America's ability to compete in world markets. The more our country becomes competent in foreign languages and cultures, the more enhanced our foreign policy decisions will become."

He also believed that to truly be educated, our students needed more than a minimal understanding of the world around them. To be truly educated, they need to immerse themselves in the beliefs, customs, language, and environment of a culture other than their own. I share these beliefs with Senator Simon and many Republicans in this Chamber share them as well.

At a time when there are calls from some to shut out immigrants and refugees and pull away from other parts of the world, these beliefs are more important than ever. We need to continue to give our young people the opportunity to interact with people from all over the world, so they can develop their own informed opinions and beliefs.

Undergraduate study abroad programs are a popular source for this type of engagement. Unfortunately, far too few students take advantage or have the means to take advantage of this opportunity. Annually, less than 2 percent of undergraduate students participate in study abroad.

Those who do study abroad don't reflect the incredible diversity of our postsecondary institutions. Minority

students, first-generation college students, community college students, and students with disabilities are significantly underrepresented in the study abroad population. These students miss out on the valuable personal and educational growth that comes from a study abroad experience, including interacting with other cultures, developing foreign language skills, and expanding international knowledge through firsthand experience.

We also know that those who currently study abroad do so mostly in highly developed countries. In fact, over 50 percent of students who study abroad each year do so in Europe. Increasing the diversity of study abroad destinations to include countries in Asia, the Middle East, Africa, South America, and Latin America will help American students develop a global perspective and build the insight and skills needed to better understand the global challenges of the 21st century.

In 2004, Congress took the first step towards expanding study abroad when it authorized the Commission on Abraham Lincoln Study Abroad Fellowship Program to provide recommendations to Congress and the President on expanding study abroad programs.

The Senator Paul Simon Study Abroad Program Act combines the vision of Senator Simon with the recommendations of the Abraham Lincoln Study Abroad Commission. It establishes a competitive grant program for institutions of higher education to encourage the sustainable expansion of study abroad opportunities for students in the United States.

Over the next 10 years, this grant program aims to increase the number of undergraduate students studying abroad each year to one million students. It also emphasizes increasing opportunities for nontraditional students, minority students, and students with disabilities so that the demographics of students who study abroad more closely reflect the population of current undergraduate students.

This bill also focuses on getting students to study abroad in nontraditional destinations particularly in developing countries. We need to send more students to developing nations because these are the places that America needs to better understand. This legislation takes important steps toward expanding and diversifying participation in study abroad.

Senator WICKER and I are pleased to be joined today in introducing this bill by Senators REED, COCHRAN, MERKLEY, and BROWN. I am also pleased that several organizations have endorsed this bill including the Association of Public and Land-grant Universities, the Association of International Educators, the American Council on Education, the Association of American Universities, and the Hispanic Association of Colleges and Universities.

In today's increasingly interconnected world, study abroad participation is an important element of a

meaningful undergraduate education. Expanded access to study abroad opportunities is necessary to prepare the next generation of Americans with the global knowledge and skills needed to succeed. I hope other colleagues will join us in that effort.

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. 601

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 "Senator Paul Simon Study Abroad Program Act of 2017".

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) To prepare students for success in the modern global economy, opportunities for study abroad should be included as part of a well-rounded education.

(2) Study abroad programs provide students with unparalleled access to international knowledge, an unmatched opportunity to learn foreign languages, and a unique environment for developing cultural understanding, all of which are knowledge and skills needed in today's global economy.

(3) Less than 2 percent of all enrolled postsecondary students in the United States study abroad for credit in any given year, and minority students, first generation college students, community college students, and students with disabilities are significantly underrepresented in study abroad participation.

(4) Congress authorized the establishment of the Commission on the Abraham Lincoln Study Abroad Fellowship Program pursuant to section 104 of the Miscellaneous Appropriations and Offsets Act, 2004 (division H of Public Law 108-199). Pursuant to its mandate, the Lincoln Commission submitted to Congress and the President a report of its recommendations for greatly expanding the opportunity for students at institutions of higher education in the United States to study abroad, with special emphasis on studying in developing nations.

(5) According to the Lincoln Commission, "[e]xperience shows that leadership from administrators and faculty will drive the number of study abroad participants higher and improve the quality of programs. Such leadership is the only way that study abroad will become an integral part of the undergraduate experience." A competitive grant program is necessary to encourage and support such leadership.

SEC. 3. PURPOSES.

The purposes of this Act are—

(1) to ensure that significantly more students have access to quality study abroad opportunities;

(2) to ensure that the diversity of students studying abroad reflects the diversity of students and institutions of higher education in the United States;

(3) to encourage greater diversity in study abroad destinations by increasing the portion of study abroad that takes place in nontraditional study abroad destinations, especially in developing countries; and

(4) to encourage a greater commitment by institutions of higher education to expand study abroad opportunities.

SEC. 4. SENATOR PAUL SIMON STUDY ABROAD PROGRAM.

Section 741 of the Higher Education Act of 1965 (20 U.S.C. 1138) is amended—

(1) in subsection (a)—

(A) by redesignating paragraphs (12) and (13) as paragraphs (13) and (14), respectively; and

(B) by inserting after paragraph (11) the following:

“(12) awarding grants under the Senator Paul Simon Study Abroad Program described in subsection (g);”;

(2) by adding at the end the following:

“(g) SENATOR PAUL SIMON STUDY ABROAD PROGRAM.—

“(1) DEFINITIONS.—In this subsection:

“(A) INSTITUTION OF HIGHER EDUCATION.—The term ‘institution of higher education’ has the meaning given the term in section 101(a).

“(B) NATIONAL OF THE UNITED STATES.—The term ‘national of the United States’ means a national of the United States or an alien lawfully admitted for permanent residence (as those terms are defined in section 101 of the Immigration and Nationality Act (8 U.S.C. 1101)).

“(C) NONTRADITIONAL STUDY ABROAD DESTINATION.—The term ‘nontraditional study abroad destination’ means a location that is determined by the Secretary to be a less common destination for students who study abroad.

“(D) STUDENT.—The term ‘student’ means a national of the United States who is enrolled at an institution of higher education located within the United States.

“(E) STUDY ABROAD.—The term ‘study abroad’ means an educational program of study, work, research, internship, or combination thereof that is conducted outside the United States and that carries academic credit.

“(2) SENATOR PAUL SIMON STUDY ABROAD PROGRAM.—

“(A) ESTABLISHMENT.—There is established in the Department a program to be called the ‘Senator Paul Simon Study Abroad Program’.

“(B) OBJECTIVES.—The objectives of the program established under subparagraph (A) are, that not later than 10 years after the date of enactment of the Senator Paul Simon Study Abroad Program Act of 2017—

“(i) not less than 1,000,000 undergraduate students will study abroad annually;

“(ii) the demographics of study abroad participation will reflect the demographics of the United States undergraduate population by increasing the participation of underrepresented groups; and

“(iii) an increasing portion of study abroad will take place in nontraditional study abroad destinations, with a substantial portion of such increases in developing countries.

“(C) COMPETITIVE GRANTS TO INSTITUTIONS OF HIGHER EDUCATION.—In order to accomplish the objectives set forth in subparagraph (B), the Secretary shall award grants on a competitive basis to institutions of higher education, individually or in a consortium, based on applications by the institutions that—

“(i) set forth detailed plans for using grant funds to further such objectives;

“(ii) include an institutional commitment to expanding access to study abroad;

“(iii) include plans for evaluating progress made in increasing access to study abroad;

“(iv) describe how increases in study abroad participation achieved through the grant will be sustained in subsequent years; and

“(v) demonstrate that the programs have established health and safety guidelines and procedures.

“(D) NONGOVERNMENTAL INSTITUTIONS.—Consortia of institutions of higher education applying for grants described in subparagraph (C) may include nongovernmental in-

stitutions that provide and promote study abroad opportunities for students.

“(E) COMMISSION ON THE ABRAHAM LINCOLN STUDY ABROAD FELLOWSHIP PROGRAM.—In administering the program, the Secretary shall take fully into account the recommendations of the Commission on the Abraham Lincoln Study Abroad Fellowship Program, established pursuant to section 104 of the Miscellaneous Appropriations and Offsets Act, 2004 (division H of Public Law 108–199).

“(F) CONSULTATION.—In carrying out this paragraph, the Secretary shall consult with representatives of diverse institutions of higher education, educational policy organizations, and others with appropriate expertise.

“(3) ANNUAL REPORT.—Not later than December 31 of each year following the date of enactment of the Senator Paul Simon Study Abroad Program Act of 2017, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Education and the Workforce of the House of Representatives a report on the implementation of this subsection during the prior fiscal year.

“(4) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this subsection such sums as may be necessary for fiscal year 2018 and each subsequent fiscal year.”.

By Ms. COLLINS (for herself and Mr. CARPER):

S. 602. A bill to amend the Internal Revenue Code of 1986 to include automated fire sprinkler system retrofits as section 179 property and classify certain automated fire sprinkler system retrofits as 15-year property for purposes of depreciation; to the Committee on Finance.

Ms. COLLINS. Mr. President, I rise to introduce the Fire Sprinkler Incentive Act. I am pleased to be joined by my colleague from Delaware, Senator CARPER, in introducing this bipartisan bill.

In the United States, the annual cost of fires is enormous. In 2015, according to the National Fire Protection Association (NFPA), fires resulted in approximately \$14 billion in direct property loss. In addition, more than 3,000 civilians were killed and more than 15,000 people were injured in fires. The NFPA also reports that a fire department responded to a structure fire every 63 seconds.

These statistics are of particular concern in Maine, which has some of the oldest housing stock in the country and which has experienced deadly apartment building fires. In 2014, an apartment fire resulted in the deaths of six people—Maine’s deadliest fire in nearly four decades.

Historically, Maine has also seen commercial property damaged by fires. In fact, much of the construction in the historic areas of Portland was done following a devastating fire in 1866. This fire destroyed a third of the city, including most of Portland’s commercial buildings, many of its churches, and countless homes.

The NFPA reports that when fire sprinklers are present during a large fire, they are effective 96 percent of the time, saving billions of dollars in property damage but more importantly, thousands of lives. Our bill would encourage commercial building owners to

invest in fire safety upgrades. While building codes require sprinklers in new commercial buildings, a great number of structures across the U.S. were built and put in service before sprinklers were required.

Small business building owners, however, may find it difficult to fund retrofit sprinklers. To help these owners, our bill would provide two tax incentives to encourage them to make this lifesaving investment.

Currently, commercial building owners must depreciate fire sprinkler retrofits over a lengthy 39-year period. The period for residential buildings is 7½ years. This bill reclassifies fire sprinkler retrofits as 15-year depreciable property, thus allowing building owners to write off their costs more quickly. The bill also provides an option for certain small businesses to deduct the cost of the fire system upgrades immediately under Section 179 of the tax code. Together, these proposals will provide a strong incentive for building owners to install fire sprinkler systems.

This bill was originally drafted in response to the deadly nightclub fire in West Warwick, RI, in 2003, which killed a staggering 100 people. That building did not have a fire sprinkler system. Let us work together to lessen the chances of another tragedy like this one. I invite my colleagues to join Senator CARPER and me in support of this bipartisan, common sense legislation.

Mr. President, I ask unanimous consent that a letter of support be printed in the RECORD.

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

INTERNATIONAL ASSOCIATION
OF FIRE CHIEFS,
Fairfax, VA, March 6, 2017.

Hon. SUSAN COLLINS,
U.S. Senate,
Washington, DC.

DEAR SENATOR COLLINS: On behalf of the more than 12,000 chief fire and emergency service officers of the International Association of Fire Chiefs (IAFC), thank you for introducing the Fire Sprinkler Incentive Act (FSIA). The IAFC appreciates your leadership in creating an incentive for property owners to retrofit their properties with automatic fire sprinkler systems. If passed, the FSIA will be an important tool to save lives in the future.

Fires continue to be a devastating problem in Maine and across the United States. According to the National Fire Protection Association (NFPA), in 2015 alone, there were more than 1.3 million fires in the United States which resulted in nearly 3,300 civilian deaths, 15,700 civilian injuries, and \$14.3 billion in property damage. Additionally, the U.S. Fire Administration reports that the relative risk of fire death in Maine is 1.5 times higher than the U.S. average. Fire sprinkler systems play a crucial role by significantly increasing the chances of surviving a fire and reducing property damages. The NFPA found that a fire sprinkler system decreases the likelihood of dying in a fire by 83%, reduces property damage by 74%, and confines a fire to its room of origin in 95% of instances. Incentivizing fire sprinkler systems simply makes sense from both life safety and public policy perspectives.

Despite the clear benefits of fire sprinkler systems, the current tax code fails to incentivize these lifesaving systems. Your legislation would fix this oversight by classifying fire sprinkler systems as Section 179 expenses and allowing property owners to deduct the cost of retrofitting their buildings. Additionally, the FSIA will allow high-rise building owners to depreciate the costs of these systems much faster than the current tax code allows. The FSIA provides a real incentive for building owners to protect not only their properties but the lives of those people inside them.

Thank you again for your strong support for the fire and emergency service. The IAFC looks forward to continuing to work with you to protect communities across Maine and the entire United States.

Sincerely,

FIRE CHIEF JOHN D. SINCLAIR,
President and Chairman of the Board.

By Mr. DAINES (for himself and Mr. TESTER):

S. 605. A bill to amend the Forest and Rangeland Renewable Resources Planning Act of 1974 and the Federal Land Policy and Management Act of 1976 to discourage litigation against the Forest Service and the Bureau of Land Management relating to land management projects; to the Committee on Environment and Public Works.

Mr. DAINES. Mr. President, I ask unanimous consent that the text of the Litigation Relief for Forest Management Projects Act 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. 605

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 "Litigation Relief for Forest Management Projects Act".

SEC. 2. FOREST AND RANGELAND RENEWABLE RESOURCES PLANNING ACT OF 1974.

(a) CONSULTATION REGARDING LAND MANAGEMENT PLANS.—Section 6(d) of the Forest and Rangeland Renewable Resources Planning Act of 1974 (16 U.S.C. 1604(d)) is amended—

(1) by striking "(d) The Secretary" and inserting the following:

"(d) PUBLIC PARTICIPATION AND CONSULTATION.—

"(1) IN GENERAL.—The Secretary"; and

(2) by adding at the end the following:

"(2) NO ADDITIONAL CONSULTATION REQUIRED AFTER APPROVAL OF LAND MANAGEMENT PLANS.—

"(A) IN GENERAL.—Notwithstanding any other provision of law, the Secretary shall not be required to engage in consultation under this subsection or any other provision of law (including section 7 of Public Law 93-205 (16 U.S.C. 1536) and section 402.16 of title 50, Code of Federal Regulations (or a successor regulation)) with respect to—

"(i) the listing of a species as threatened or endangered, or a designation of critical habitat pursuant to Public Law 93-205 (16 U.S.C. 1531 et seq.), if a land management plan has been adopted by the Secretary as of the date of listing or designation; or

"(ii) any provision of a land management plan adopted as described in clause (i).

"(B) EFFECT OF PARAGRAPH.—Nothing in this paragraph affects any applicable requirement of the Secretary to consult with the head of any other Federal department or agency—

"(i) regarding any project to implement a land management plan, including a project carried out, or proposed to be carried out, in an area designated as critical habitat pursuant to Public Law 93-205 (16 U.S.C. 1531 et seq.); or

"(ii) with respect to the development of a modification to a land management plan that would result in a significant change (within the meaning of subsection (f)(4)) in the land management plan."

(b) DEFINITION OF SECRETARY; CONFORMING AMENDMENTS.—

(1) DEFINITION OF SECRETARY.—Section 3(a) of the Forest and Rangeland Renewable Resources Planning Act of 1974 (16 U.S.C. 1601(a)) is amended, in the first sentence of the matter preceding paragraph (1), by inserting "(referred to in this Act as the 'Secretary')" after "Secretary of Agriculture".

(2) CONFORMING AMENDMENTS.—The Forest and Rangeland Renewable Resources Planning Act of 1974 (16 U.S.C. 1600 et seq.) is amended, in sections 4 through 9, 12, 13, and 15, by striking "Secretary of Agriculture" each place it appears and inserting "Secretary".

SEC. 3. FEDERAL LAND POLICY AND MANAGEMENT ACT OF 1976.

Section 202(f) of the Federal Land Policy and Management Act of 1976 (43 U.S.C. 1712(f)) is amended—

(1) by striking "(f) The Secretary" and inserting the following:

"(f) PUBLIC INVOLVEMENT.—

"(1) IN GENERAL.—The Secretary"; and

(2) by adding at the end the following:

"(2) NO ADDITIONAL CONSULTATION REQUIRED AFTER APPROVAL OF LAND USE PLANS.—

"(A) IN GENERAL.—Notwithstanding any other provision of law, the Secretary shall not be required to engage in consultation under this subsection or any other provision of law (including section 7 of Public Law 93-205 (16 U.S.C. 1536) and section 402.16 of title 50, Code of Federal Regulations (or a successor regulation)), with respect to—

"(i) the listing of a species as threatened or endangered, or a designation of critical habitat, pursuant to Public Law 93-205 (16 U.S.C. 1531 et seq.), if a land use plan has been adopted by the Secretary as of the date of listing or designation; or

"(ii) any provision of a land use plan adopted as described in clause (i).

"(B) EFFECT OF PARAGRAPH.—

"(i) DEFINITION OF SIGNIFICANT CHANGE.—In this subparagraph, the term 'significant change' means a significant change within the meaning of section 219.13(b)(3) of title 36, Code of Federal Regulations (as in effect on the date of enactment of this subparagraph), except that—

"(I) any reference contained in that section to a land management plan shall be deemed to be a reference to a land use plan;

"(II) any reference contained in that section to the Forest Service shall be deemed to be a reference to the Bureau of Land Management; and

"(III) any reference contained in that section to the National Forest Management Act of 1976 (Public Law 94-588; 90 Stat. 2949) shall be deemed to be a reference to this Act.

"(ii) EFFECT.—Nothing in this paragraph affects any applicable requirement of the Secretary to consult with the head of any other Federal department or agency—

"(I) regarding a project carried out, or proposed to be carried out, with respect to a species listed as threatened or endangered, or in an area designated as critical habitat, pursuant to Public Law 93-205 (16 U.S.C. 1531 et seq.); or

"(II) with respect to the development of a new land use plan or the revision of or other significant change to an existing land use plan."

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 85—CALLING ON THE GOVERNMENT OF IRAN TO FULFILL REPEATED PROMISES OF ASSISTANCE IN THE CASE OF ROBERT LEVINSON, THE LONGEST HELD UNITED STATES CIVILIAN IN OUR NATION'S HISTORY

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

S. RES. 85

Whereas United States citizen Robert Levinson is a retired agent of the Federal Bureau of Investigation (FBI), a resident of Coral Springs, Florida, the husband of Christine Levinson, father of their seven children, and grandfather of their six grandchildren;

Whereas Robert Levinson traveled from Dubai, United Arab Emirates, to Kish Island, Iran, on March 8, 2007;

Whereas, after traveling to Kish Island and checking into the Hotel Maryam, Robert Levinson disappeared on March 9, 2007;

Whereas, in December 2007, Robert Levinson's wife, Christine, traveled to Kish Island to retrace Mr. Levinson's steps and met with officials of the Government of Iran who pledged to help in the investigation;

Whereas for 10 years, the United States Government has continually pressed the Government of Iran to provide any information on the whereabouts of Robert Levinson and to help ensure his prompt and safe return to his family;

Whereas officials of the Government of Iran promised their continued assistance to the relatives of Robert Levinson during the visit of the family to the Islamic Republic of Iran in December 2007;

Whereas, in November 2010, the Levinson family received a video of Mr. Levinson in captivity, representing the first proof of life since his disappearance and providing some initial indications that he was being held somewhere in southwest Asia;

Whereas, in April 2011, the Levinson family received a series of pictures of Mr. Levinson, which provided further indications that he was being held somewhere in southwest Asia;

Whereas Secretary of State John Kerry stated on August 28, 2013, "The United States respectfully asks the Government of the Islamic Republic of Iran to work cooperatively with us in our efforts to help U.S. citizen Robert Levinson";

Whereas, on September 28, 2013, during the first direct phone conversation between the heads of governments of the United States and Iran since 1979, President Barack Obama raised the case of Robert Levinson to President of Iran Hassan Rouhani and urged the President of Iran to help locate Mr. Levinson and reunite him with his family;

Whereas, on August 29, 2014, Secretary of State Kerry again stated that the United States "respectfully request[s] the Government of the Islamic Republic of Iran work cooperatively with us to find Mr. Levinson and bring him home";

Whereas, on January 16, 2016, the Government of Iran released five United States citizens detained in Iran;

Whereas, on January 17, 2016, President Obama stated that "even as we rejoice in the safe return of others, we will never forget about Bob," referring to Robert Levinson, and that "each and every day but especially today our hearts are with the Levinson family and we will never rest until their family is whole again";

Whereas, on January 19, 2016, White House Press Secretary Josh Earnest stated that the United States Government had “secured a commitment from the Iranians to use the channel that has now been opened to secure the release of those individuals that we know were being held by Iran . . . to try and gather information about Mr. Levinson’s possible whereabouts”;

Whereas the Government of Iran’s most recent commitment to assist in and the diplomatic channel dedicated to locating and returning Bob Levinson have not yielded any meaningful results;

Whereas, on November 23, 2016, the United Nations Working Group on Arbitrary Detention (UNWGAD) issued Opinion No. 50/2016, concerning Robert Levinson in which the UNWGAD found Iran responsible for the arbitrary detention of Mr. Levinson;

Whereas, on November 26, 2013, Mr. Levinson became the longest held United States civilian in our Nation’s history; and

Whereas the Federal Bureau of Investigation continues to offer a \$5,000,000 reward for information leading to Mr. Levinson’s safe return: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes that March 9, 2017, marks 10 years since the disappearance of Robert Levinson from Kish Island, Iran;

(2) recognizes that Robert Levinson is the longest held United States civilian in our Nation’s history;

(3) notes that repeated pledges by officials of the Government of Iran to provide their Government’s assistance in the case of Robert Levinson have not led to any meaningful progress in locating or returning Robert Levinson;

(4) urges the Government of Iran to take meaningful steps towards fulfilling its repeated promises to assist in locating and returning Robert Levinson, including immediately providing all available information from all entities of the Government of Iran regarding the disappearance of Robert Levinson to the United States Government;

(5) urges the President and the allies of the United States to continue to press the Government of Iran at every opportunity to locate and return Robert Levinson, notwithstanding ongoing and serious disagreements the United States Government has with the Government of Iran on a broad array of issues, including Iran’s ballistic missile program, sponsorship of international terrorism, and human rights abuses;

(6) notes that in addition to these other serious issues, further delay in locating and returning Robert Levinson remains a significant obstacle to improving United States-Iran relations; and

(7) expresses sympathy to the family of Robert Levinson for their anguish and expresses hope that their ordeal can be brought to an end in the near future.

SENATE RESOLUTION 86—RECOGNIZING THE CONTRIBUTIONS OF AMERICORPS MEMBERS AND ALUMNI TO THE LIVES OF THE PEOPLE OF THE UNITED STATES

Mr. COONS (for himself, Mr. COCHRAN, Mrs. SHAHEEN, Mr. WICKER, Mr. CARPER, Mr. BOOZMAN, Mr. BENNET, Mr. DURBIN, Mr. TESTER, Ms. HIRONO, Ms. BALDWIN, Ms. HASSAN, Mr. WYDEN, Mr. HEINRICH, Ms. DUCKWORTH, Mr. FRANKEN, Mr. WHITEHOUSE, Mr. MERKLEY, Mr. MARKEY, Mr. BOOKER, Mr. REED, Ms. WARREN, Mr. PETERS, Mr. VAN HOLLEN, Mrs. GILLIBRAND, Mr. MCCAIN, Mr. MORAN, Mr. BLUNT, Mr.

MANCHIN, and Mr. CASEY) submitted the following resolution; which was considered and agreed to:

S. RES. 86

Whereas, since its inception in 1994, the AmeriCorps national service program has proven to be a highly effective way to engage the people of the United States in meeting a wide range of local and national needs and promote the ethics of service and volunteerism;

Whereas, since 1994, more than 1,000,000 individuals have taken the AmeriCorps pledge to “get things done for America” by becoming AmeriCorps members;

Whereas, each year, AmeriCorps, in coordination with State service commissions, provides opportunities for approximately 80,000 individuals across the United States to give back in an intensive way to communities, States, and the United States;

Whereas AmeriCorps members have served more than 1,400,000,000 hours nationwide, helping to—

- (1) improve the lives of the most vulnerable people of the United States;
- (2) protect the environment;
- (3) contribute to public safety;
- (4) respond to disasters; and
- (5) strengthen the educational system of the United States;

Whereas, since 1994, more than \$8,700,000,000 in AmeriCorps funds have been invested in nonprofit, community, educational, and faith-based groups and those funds leverage hundreds of millions of dollars in outside funding and in-kind donations each year;

Whereas, in 2016, AmeriCorps members recruited and supervised more than 2,300,000 community volunteers, demonstrating the value of AmeriCorps as a powerful force for encouraging people to become involved in volunteering and community service;

Whereas, in 2016, AmeriCorps members served at approximately 21,000 locations across the United States, including at nonprofit organizations, schools, and faith-based and community organizations;

Whereas AmeriCorps National Civilian Community Corps campuses in Mississippi, Maryland, Iowa, California, and Colorado strengthen communities and develop future leaders through team-based service;

Whereas AmeriCorps members nationwide, in return for the service of those members, have earned more than \$3,300,000,000 to use to further their own educational advancement at colleges and universities across the United States;

Whereas AmeriCorps members, after their terms of service with AmeriCorps end, have been more likely to remain engaged in their communities as volunteers, teachers, and nonprofit professionals than the average individual;

Whereas, in 2009, Congress passed the bipartisan Serve America Act (Public Law 111-13; 123 Stat. 1460), which authorized the expansion of national service, expanded opportunities to serve, increased efficiency and accountability, and strengthened the capacity of organizations and communities to solve problems;

Whereas national service programs have engaged millions of people in the United States in results-driven service in the most vulnerable communities of the United States, providing hope and help to individuals with economic and social needs;

Whereas national service and volunteerism demonstrate the best of the spirit of the United States, with people turning toward problems and working together to find community solutions; and

Whereas AmeriCorps Week, observed in 2017 from March 4 through March 11, is an

appropriate time for the people of the United States to salute current and former AmeriCorps members for their positive impact on the lives of people in the United States, to thank the community partners of AmeriCorps for making the program possible, and to encourage more people in the United States to become involved in service and volunteering: Now, therefore, be it

Resolved, That the Senate—

(1) encourages the people of the United States to join in a national effort to—

(A) salute AmeriCorps members and alumni; and

(B) raise awareness about the importance of national and community service;

(2) acknowledges the significant accomplishments of the members, alumni, and community partners of AmeriCorps;

(3) recognizes the important contributions made by AmeriCorps members and alumni to the lives of the people of the United States; and

(4) encourages individuals of all ages to consider opportunities to serve in AmeriCorps.

AUTHORITY FOR COMMITTEES TO MEET

Mr. CORNYN. Mr. President, I have 9 requests for committees to meet during today’s session of the Senate. They have the approval of the Majority and Minority leaders.

Pursuant to rule XXVI, paragraph 5(a), of the Standing Rules of the Senate, the following committees are authorized to meet during today’s session of the Senate:

ARMED SERVICE COMMITTEE

The Committee on Armed Services is authorized to meet March 9, 2017 at 9:30 a.m.

BANKING, HOUSING, AND URBAN AFFAIRS COMMITTEE

The Committee on Banking, Housing, and Urban Affairs is authorized to meet March 9, 2017, at 10 a.m.

FOREIGN RELATIONS COMMITTEE

The Committee on Foreign Relations is authorized to meet March 9, 2017 at 10:30 a.m.

FOREIGN RELATIONS COMMITTEE

The Committee on Foreign Relations is authorized to meet March 9, 2017 at 10:45 a.m., to hold a hearing entitled “Resolving the Conflict in Yemen: U.S. Interests, Risks, and Policy.”

COMMITTEE ON THE JUDICIARY

The Committee on the Judiciary is authorized to meet on March 9, 2017 at 10 a.m., in SD-226 of the Dirksen Senate Office Building.

VETERANS’ AFFAIRS COMMITTEE

The Committee on Veterans’ Affairs is authorized to meet March 9, 2017, at 10 a.m., in room SD-G50 of the Dirksen Senate Office Building.

SELECT COMMITTEE ON INTELLIGENCE

The Senate Select Committee on Intelligence is authorized to meet March 9, 2017, at 2 p.m., in room SH-219 of the Senate Hart Office Building.

SELECT COMMITTEE ON INTELLIGENCE

The Senate Select Committee on Intelligence is authorized to meet March 9, 2017, at 2 p.m., in room SH-219 of the Senate Hart Office Building.

SUBCOMMITTEE ON REGULATORY AFFAIRS AND
FEDERAL MANAGEMENT

The Subcommittee on Regulatory Affairs and Federal Management of the Committee on Homeland Security and Governmental Affairs is authorized to meet March 9, 2017, at 10 a.m. to conduct a hearing entitled, "Agency Use of Science in the Rulemaking Process: Proposals for Improving Transparency and Accountability."

APPOINTMENTS

The PRESIDING OFFICER. The Chair, on behalf of the majority leader, pursuant to the provisions of Public Law 114-323, appoints the following individual to serve as a member of the Western Hemisphere Drug Policy Commission: Ambassador Cliff Sobel of Florida.

The Chair, on behalf of the majority leader, pursuant to the provisions of Public Law 99-93, as amended by Public Law 99-151, appoints the following individuals to serve as members of the United States Senate Caucus on International Narcotics Control: the Honorable CHUCK GRASSLEY of Iowa, Chairman, the Honorable JOHN CORNYN of Texas, the Honorable JAMES RISCH of Idaho, and the Honorable DAVID PERDUE of Georgia.

The Chair, on behalf of the President pro tempore, pursuant to the provisions of Public Law 106-79, appoints the following Senator to the Dwight D. Eisenhower Memorial Commission: the Honorable THAD COCHRAN of Mississippi.

RECOGNIZING THE CONTRIBUTIONS OF AMERICORPS MEMBERS AND ALUMNI TO THE LIVES OF THE PEOPLE OF THE UNITED STATES

Mr. SULLIVAN. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. Res. 86.

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

The senior assistant legislative clerk read as follows:

A resolution (S. Res. 86) recognizing the contributions of AmeriCorps members and alumni to the lives of the people of the United States.

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

Mr. SULLIVAN. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed

to, and the motions to reconsider be considered made and laid upon the table with no intervening action or debate.

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

The resolution (S. Res. 86) was agreed to.

The preamble was agreed to.

(The resolution, with its preamble, is printed in today's RECORD under "Submitted Resolutions.")

ORDERS FOR MONDAY, MARCH 13, 2017

Mr. SULLIVAN. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 2 p.m., Monday, March 13; 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.

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

ADJOURNMENT UNTIL MONDAY, MARCH 13, 2017, AT 2 P.M.

Mr. SULLIVAN. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order.

There being no objection, the Senate, at 5:46 p.m., adjourned until Monday, March 13, 2017, at 2 p.m.

NOMINATIONS

Executive nominations received by the Senate:

DEPARTMENT OF AGRICULTURE

SONNY PERDUE, OF GEORGIA, TO BE SECRETARY OF AGRICULTURE.

THE JUDICIARY

JONATHAN H. PITTMAN, OF THE DISTRICT OF COLUMBIA, TO BE AN ASSOCIATE JUDGE OF THE SUPERIOR COURT OF THE DISTRICT OF COLUMBIA FOR THE TERM OF FIFTEEN YEARS, VICE JEANETTE J. CLARK, RETIRED.

IN THE AIR FORCE

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be major general

BRIG. GEN. SEAN L. MURPHY

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be major general

BRIG. GEN. TONY D. BAUERNFEIND
BRIG. GEN. MARK D. CAMERER
BRIG. GEN. WILLIAM T. COOLEY
BRIG. GEN. STEPHEN L. DAVIS
BRIG. GEN. PATRICK J. DOHERTY

BRIG. GEN. JAMES A. JACOBSON
BRIG. GEN. DAVID A. KRUMM
BRIG. GEN. JEFFREY A. KRUSE
BRIG. GEN. MICHAEL A. MINIHAN
BRIG. GEN. SHAUN Q. MORRIS
BRIG. GEN. THOMAS E. MURPHY
BRIG. GEN. DAVID S. NAHOM
BRIG. GEN. STEPHEN W. OLIVER, JR.
BRIG. GEN. JOHN M. PLETCHER
BRIG. GEN. SCOTT L. PLEUS
BRIG. GEN. JOHN T. RAUCH, JR.
BRIG. GEN. BRIAN S. ROBINSON
BRIG. GEN. RICKY N. RUPP
BRIG. GEN. DIRK D. SMITH
BRIG. GEN. KIRK W. SMITH
BRIG. GEN. PAUL W. TIBBETS IV
BRIG. GEN. ANDREW J. TOTH
BRIG. GEN. MARK E. WEATHERINGTON

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be brigadier general

COL. DAGVIN R. M. ANDERSON
COL. JASON R. ARMAGOST
COL. CRAIG R. BAKER
COL. GENTRY W. BOSWELL
COL. RICHARD H. BOUTWELL
COL. RYAN L. BRITTON
COL. BRIAN R. BRUCKBAUER
COL. LANCE R. BUNCH
COL. TODD D. CANTERBURY
COL. CASE A. CUNNINGHAM
COL. EVAN C. DERTIEN
COL. MICHAEL L. DOWNS
COL. TROY E. DUNN
COL. DEREK C. FRANCE
COL. DAVID M. GAEDECKE
COL. PHILIP A. GARRANT
COL. ANTHONY W. GENATEMPO
COL. KRISTIN E. GOODWIN
COL. CHRISTOPHER J. IRELAND
COL. DAVID R. IVERSON
COL. JOEL D. JACKSON
COL. RONALD E. JOLLY, SR.
COL. MICHAEL G. KOSCHESKI
COL. DAVID J. KUMASHIRO
COL. JOHN D. LAMONTAGNE
COL. LEAH G. LAUDERBACK
COL. CHARLES B. MCDANIEL
COL. JOHN C. MILLARD
COL. ALBERT G. MILLER
COL. JOHN J. NICHOLS
COL. ROBERT G. NOVOTNY
COL. LANSING R. PILCH
COL. DONNA D. SHIPTON
COL. JEREMY T. SLOANE
COL. PHILLIP A. STEWART
COL. DAVID H. TABOR

IN THE ARMY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

MAJ. GEN. PAUL A. OSTROWSKI

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

LT. GEN. SEAN B. MACFARLAND

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be major general

BRIG. GEN. FRANCISCO A. ESPAILLAT

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY MEDICAL CORPS TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTIONS 624 AND 3064:

To be major general

BRIG. GEN. RONALD J. PLACE

THE FOLLOWING ARMY NATIONAL GUARD OF THE UNITED STATES OFFICER FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTIONS 12203 AND 12211:

To be brigadier general

COL. JEFFREY A. ROACH