

Thereupon, the Senate, at 12:58 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. PORTMAN).

EXECUTIVE CALENDAR—Continued

The PRESIDING OFFICER. The Senator from Massachusetts.

Ms. WARREN. Mr. President, I ask recognition to speak.

The PRESIDING OFFICER. The Senator is recognized.

FREE ACT

Ms. WARREN. Mr. President, 12 days ago, Equifax, one of the Nation's largest credit reporting agencies, disclosed that hackers had breached its system and stolen highly personal information on nearly half of America. Social Security numbers, birth dates, home addresses, phone numbers, even credit card numbers—all in the hands of criminals.

Since then, I have heard from working families in Massachusetts and all across the country. The Equifax hack is a nightmare. At best, it is a giant hassle—time on hold with the credit reporting agencies, fees for this service and that service, confusion about what has been stolen and what to do about it. At worst, it could be ruinous—a lifetime of responsible spending and borrowing wiped out by identity theft and fraud. People are outraged, and rightly so.

Bad enough that Equifax is so sloppy that they let hackers into their system, but the company's response to the hack has been even worse. First, Equifax hid the information about the breach for 40 days—40 days. Equifax gave criminals a 40-day headstart to use the information they had stolen, while the rest of us were left in the dark.

Then, when Equifax finally decided to disclose the breach, they didn't call or send letters to the millions of Americans who were victims of the hack. No, they announced the breach and then made everyone go to an Equifax website and turn over more personal information to see if they were one of the people who had been affected. Once Equifax had the new information, they provided confusing and misleading information about whether the person had actually been a victim of the breach.

Worse still, while Equifax was unclear about whether someone's information had been stolen, they were very clear about one thing: Everyone, whether or not their information was stolen, should sign up for a supposedly free Equifax credit monitoring service called TrustedID Premier. The terms of use for this program initially required anyone who signed up to have a credit card. Why? Because after the first year, Equifax could start automatically charging the credit card for the service if the customer hadn't already canceled. That is right. Equifax was trying to impose secret fees and profit off the hack of their own system.

But wait, it got even worse. To sign up for this credit monitoring service, Equifax at first forced consumers to give up their right to go to court and sue Equifax if they had any disputes about the product. Equifax changed some of the terms after there was a lot of public pressure.

Let me see if I can recap all this. After allowing hackers to steal personal information on as many as 143 million Americans, Equifax hid the breach from consumers for more than a month, failed to clearly inform people whether the information had been stolen, then tried to profit off the breach by tricking people into signing up for a costly credit monitoring product that also required them to give up their legal rights. Wow.

In the last decade, there has been so much corporate misconduct, so much bald-faced contempt for consumers, that at times it seems as though we have all just grown numb to it. But even against that backdrop, Equifax's conduct is just jaw-dropping.

It is time for us to fight back. It is time for all of us to fight back—Democrats, Republicans, Independents, Libertarians, vegetarians—it doesn't matter. We have all been victims of the Equifax hack, or we know someone who has, and we all deserve better. That is why I partnered with Senator SCHATZ and 10 of our colleagues to introduce the Freedom from Equifax Exploitation Act, or FREE Act, last Thursday. Our bill empowers consumers to take back control of their personal credit data.

The Equifax hack has highlighted the strange role of credit reporting agencies like Equifax and how they interface with our financial system. Banks and other big companies feed agencies like Equifax information about every financial transaction you make, from purchasing a car, to taking out a mortgage, to buying a home, to getting a student loan. They get information on every monthly payment you make, and they know where you live and how long you have lived there and what your phone number is. Every day, the credit reporting agencies package up that information about you into files that they then sell to other people. Sometimes it is people you know about, like when you apply for a mortgage or a car loan, but a lot of times, Equifax is selling data to people who want to sell you something—credit cards or student loan refinance or even a cruise.

The bottom line is that companies like Equifax are making billions of dollars a year collecting, sharing, and selling highly personal information about you, all without your explicit permission or without paying you a penny.

The FREE Act tries to level the playing field. First, it allows every consumer to freeze and unfreeze their credit file for free. If you freeze your credit file, no one can access it, and the credit reporting agency can't use it either. A freeze is like a "do not call" list for your credit information. It is about se-

curity. It means that even after the Equifax hack, thieves can't open credit cards or take out loans in your name even if they have your personal information. But it is also an easy way to give you the power to decide who gets your information for any other reason. The basic idea is simple: Equifax doesn't pay you when they sell your data, and you shouldn't have to pay Equifax to keep them from selling it.

Our bill says that the same rules apply to all three credit reporting companies, and all three companies must refund your money if they charged you for a credit freeze in the aftermath of the Equifax breach. No one in this industry should profit from this hack.

This bill doesn't fix all the problems in the credit reporting industry. It is only a first step.

Congresswoman MAXINE WATERS, the top Democrat on the House Financial Services Committee, has been looking into the credit reporting industry for years, and she has introduced comprehensive legislation to reform the industry and empower consumers. The Senate ought to take a very close look at her bill.

I have also launched an investigation into the Equifax breach and the whole credit reporting industry. In the upcoming weeks, I will be gathering more information from Equifax, other credit reporting agencies, Federal regulators, and legal experts. I want to keep fighting to make sure that credit reporting agencies can't exploit consumers and put their personal information at risk.

This a test for Congress. Will we act quickly to protect American consumers, or are we going to cave in to firms like Equifax that have spent millions of dollars in lobbying Congress for weaker rules? Which is it?

The FREE Act is a simple but important response to the Equifax hack. I hope my colleagues will join me and help pass this bill.

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

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

HEALTHCARE

Mr. CARDIN. Mr. President, there are reports that we may be having a vote next week, under reconciliation, dealing with the healthcare system of this country. We know that colleagues have filed a new bill, but it is basically the same bill we have seen in the past but this time even more consequential to our healthcare system and the people of this country.

I mention first the process because this bill has not gone through any regular order. It has not been referred to a committee for consideration. It has not been marked up or debated in our committees. It is going to supposedly be

brought up as an amendment but with us returning to reconciliation.

Let me first explain what that means. That means there will be no chance for us to offer amendments to the legislation. That means there will be no opportunity in our committees to mark up legislation or to get the cost of the legislation or the technical help to do any bill, let alone a bill that affects a large part of our economy.

The Presiding Officer and I both serve on the Finance Committee, which has jurisdiction over healthcare. We are not going to get the opportunity to get the expertise and help from our staff to look at the consequences of the Cassidy bill and have a chance to work on it to make it work. Instead, what is going to happen if the game plan goes forward is that this bill is likely to be on the floor next week during budget reconciliation, where a simple majority will be able to pass it. There will be no chance for debate on the floor because it is what is known as a vote-arama, and it will affect one-sixth of our economy. That is not the way we should be operating.

I am also told that it will be done without a Congressional Budget Office score. That is unconscionable. We know from previous Congressional Budget Office scores on the other proposals that have been brought out that tens of millions of Americans would lose their health insurance coverage. Premiums would increase by, in some cases, 20 to 25 percent. It was certainly information from our objective staff that caused many of us to say: What are we doing? But at least we had that information before we voted.

We are now being told that we may get a one-liner from the Congressional Budget Office giving us the bottom-line impact on the deficit but not the specific information as to how many millions of Americans are going to lose their coverage and what is going to happen, for those of us who currently have insurance, with our premium increases.

This is not the way we should be proceeding. It retreats from the progress we have made against the abusive practices of the insurance industry.

Under the Cassidy bill, as I understand it, each State could basically set up its own rules for how they wish to have coverage. The entire Medicaid system of this country would be block-granted and would be capped. So the Federal Government could be getting out of the Medicaid business. The States would be given greater flexibility on how to operate the exchanges in their State and would no longer be subject to the same national requirements.

We all pride ourselves that we eliminated preexisting conditions. But, in reality, if the State determines what benefits are going to be covered and under what conditions, preexisting conditions come back. That is something we should not ever allow to happen. Yet, under the Cassidy bill, we are

going to be telling people that we may not be covering their mental health needs. We may not be covering the opioid addiction problems. We may not be covering maternity benefits. We may not be covering pediatric dental coverage.

We don't know what plans will be offered. Today we know that under the Affordable Care Act we have the national protections so that everyone is on a level playing field. So a State could design a plan that would be totally unaffordable for people who need the coverage because they isolate the group into such a small number. That is not what we should be doing. That strategy would provide inadequate coverage.

Let me explain what I mean. I have a young family that came to me and told me about the circumstance of their child being born prematurely with significant challenges. They said that, if that child had been born before the Affordable Care Act, the parents' policy would have reached their lifetime cap within the first year. Then, the family would have had to make some horrendous decisions on how to take care of their child. That is why we passed the protection against annual lifetime caps. That could return again under the bill that could be brought to the floor next week.

I know circumstances where families have been able to get preventive healthcare and discover cancer at an early stage. That coverage wasn't there before the Affordable Care Act. There is no guarantee that coverage will be there afterwards.

We could return again to bankruptcies. Healthcare costs were the leading cause of bankruptcy before we passed the Affordable Care Act. Now we are going to say that because of inadequate coverage and lack of coverage, American families are going to be faced with taking care of their family, running up bills, and ultimately facing bankruptcy.

We are going to be affecting people's lives. Make no mistake about it.

But the real tragedy of this proposal, and why it is so different from some others, is that it is an abandonment by the Federal Government of the Medicaid system. It would institute draconian cuts to the Medicaid system, to the extent that it would cripple it and make it ineffective. The States would be unable to respond.

It is interesting that we just got a letter from 10 Governors in our country—five Democrats and five Republicans. All of these Governors said: No, don't do this. We can't do what you are asking us to do. We would have to make horrible decisions on whether we are going to continue to provide long-term care to our seniors, whether we are going to expand coverage, whether we are going to narrow benefits, whether we are going to cover prescription drugs, or whether we are going to cut providers who may not be able to treat Medicaid patients. These are decisions

the States are going to have to make if this bill ever becomes law.

It affects so many. Some of the things that maybe are misunderstood about the Medicaid system is that 1.75 million veterans are in the Medicaid system. Quite frankly, their coverage has never been enough, and the Medicaid system has helped fill the gap. That is going to cause a problem for our veterans.

I will just give one example. We pride ourselves on federalism, and federalism, to me, is very important. I served for several years in the State legislature. I am the former speaker of the Maryland General Assembly. I take pride in the fact that Maryland has been an innovator in healthcare. They have been able to do that because of the partnership between the Federal Government and the States. That is federalism. It has worked.

If this bill were to become law—the Cassidy bill—it would prevent the States from innovating. It is not giving them more flexibility if you don't give them the resources and tools to deal with this because you can't.

For example, in Maryland we have what is known as an all-payer rate structure for hospital costs, regardless of who covers your insurance. Whether you are Medicare, Medicaid, or private insurance, or you pay on your own, you pay the same rate in my State for hospital care at the same hospital. It is an all-payer structure. We don't have cost-shifting, and we don't have charity hospitals. Therefore, we have hospitals that are located in all of our communities. It saves the Federal Government money, it saves the State government money, and it has proven to be more cost-effective. The State experimented and it worked, and the Federal Government has partnered with us.

Can we continue that program if we get these draconian cuts in Medicaid? The answer is no. Can we continue this program if we see the uninsured rates go up in Maryland because of people losing their health coverage under this bill? The answer is no. You can't do this if the uninsured rates go from 6 percent to 12 percent to 15 percent of uncompensated care in our hospitals. That is what is at risk with the Cassidy bill.

To me, it really is also an affront to federalism in that you are creating States versus States. I am in a State that did Medicaid expansion. As the Cassidy bill has been scored, it will cost my State \$2.1 billion. I know that our legislature doesn't have that money. I know the Governor doesn't have it. He just recently went to the Maryland Board of Public Works and reduced the State budget because they were running a deficit and they are not allowed to run a deficit. They can't possibly cover the \$2.1 billion.

Here is another tragedy of this bill. The tragedy is that some States do much worse than other States. Why? Because Maryland expanded Medicaid,

as did many other States and, therefore, we got more Federal funds because we had more people in the program. That seems fair. We are covering more people. But the Cassidy bill takes away from those States that expanded coverage, and we lose more.

I thought this was the United States. I thought we were all in this together. The people of Maryland are proud to help the people of Texas or Florida because of the hurricane, and now you are coming back and saying you are going to hurt the people in Maryland because we did the right thing on Medicaid.

Is that what this country is all about? Is that the United States? Is this body going to condone that type of discrimination against States? I hope that is not the case.

So I hope, for many reasons, on substance and on process, that this bill is not brought up. Let's return to regular order. I heard Senator MCCAIN say that so eloquently on the floor of the Senate.

For the last two weeks I have been working with my Republican and Democratic colleagues to come up with bipartisan ways to improve our healthcare system. We have made progress. We have some good ideas that stabilize the individual marketplace and bring down the cost of healthcare, working together. Guess what. If we succeed in regular order and bipartisanship, we will not only do the right thing so people have stronger protections, but we will also have policy that will stand the test of time and give predictability to the healthcare system of this country. That is what we should be doing, in the best tradition of the Senate.

So I urge my colleagues: Let's work together, and let's reject this proposal. Let's not bring it up. Let's continue our work on a bipartisan basis. Certainly, don't use reconciliation. Let's work together for the people of this country.

With that, I suggest the absence of a quorum.

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

The senior assistant legislative clerk proceeded to call the roll.

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

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

Ms. CANTWELL. Mr. President, my colleagues have been here on the floor over the last few minutes, last night, this morning, and this afternoon to talk about our distress about people trying again to push the repeal of the Affordable Care Act without a successful strategy to move our Nation forward with more affordability.

We just received a letter from 10 Governors basically telling us the same thing, to slow down and work on a bipartisan basis. They are basically telling us the proposal people are trying to rush through without regular order is

not the kind of thing which will help us in making the necessary reforms.

I think these bipartisan Governors—from the Governor of Colorado to the Governor of Ohio, to the Governor of Alaska, the spectrum of Democrats, Republican, and Independents is something people in the United States of America should listen to because it is important we get this right because the affordability of healthcare is so important.

What I don't like about the proposal now being pushed by my colleagues—even though they want the States to have some flexibility and play a larger role—is that it basically ends the 52-year State-Federal partnership we know as Medicaid today; that is, it changes the dynamic in saying that the States and the Federal Government are in business together to take care of a population that is the most vulnerable of citizens in our country and that giving them affordable access to healthcare is a priority because it actually reduces everybody's healthcare costs.

When people think about the expense in healthcare, ask any provider, and they will tell you that 1 in 5 dollars spent on the Federal system drives the cost of everybody's insurance. If you leave people uninsured, they go to the hospital, they raise the cost to everybody. It is not a good strategy. We have seen States that have covered people on Medicaid actually raise people out of poverty, help their economies, and reduce the costs at individual hospitals, thereby driving down the cost of private insurance.

Why would we want to destroy that by authorizing in legislation the end of this 52-year relationship between the Federal Government and States, trying to make sure our populations are covered; that if a State spends a dollar, they can count on the Federal Government to spend that dollar as well and to continue the partnership that works cost-effectively.

What I also don't like is it sunsets Medicaid for 15 million people. If you are going to sunset Medicaid for these 15 million people, when are you going to sunset Medicaid for the rest of the Medicaid population? When are you going to try, by legislative action, to curtail the opportunities for millions of Americans who use Medicaid as a stabilizing force for health insurance in America? In our State, 600,000 people—most of whom were previously uninsured—would be in that sunset of Medicaid.

The legislation my colleagues are pushing would basically end the funding for this block grant program in 2027, which would leave States with an unfunded bill for those individuals of about \$300 billion. I doubt States have the money. I doubt the individual market is going to take care of those individuals as cost-effectively as we are taking care of them through Medicaid. States will then cost shift these resources back to the public, raising everybody's rates again.

Our job has to be about affordability. It has to be about driving down costs. It has to be about driving down costs in the individual market and driving down costs of the delivery system overall. There is nothing innovative about kicking 15 million people off Medicaid and sunseting it in this bill.

I also object to the notion, in this bill, of literally advocating the privatization of Medicaid. They are advocating that what you do with this population is take them off the current program and shift them onto the private individual market.

Some people who are following this might say: Well, wait. Then they can go to the private market—and, yes, there is support to make sure we have affordable health insurance. No, because the legislation also says you stop that support by 2027. So this is just one more sneak attack by our colleagues at kicking people off Medicaid. To start the process and agree to privatize Medicaid, where is it going to end?

I am the first to say we can improve our delivery system, that we can save money. I have advocated I think one of the most cost-effective ideas of the Affordable Care Act; that is, to move the population of our citizens who need care in the later years of their life off nursing home care and into community-based care. It is one-third the cost. Our State, the State of Washington, saved more than \$2 billion doing this over a 15-year period of time. If other States would do this, we could save \$100 billion or more by having States give people the opportunity to age at home and have a long-term care delivery system which works in our communities. It is one-third the cost.

That is innovation. Those are cost savings. That is improvement on our current delivery system, hopefully covering an aging baby boomer population that will reach retirement and a population of Americans who are going to live longer.

There is nothing innovative about just privatizing Social Security, privatizing Medicaid, and kicking people off by shifting them over to an exchange and then cutting the resources for the exchange. I hope our colleagues will stop the notion that somehow this is innovation. It is not innovation. It is sunseting, it is privatization, and it is cutting people off care. That is why we have heard from these Governors and others about why it is so important not to take this bait.

We need to make sure we are continuing our bipartisan discussions, continuing to work together about what will drive affordability into the market. Bundling up a population and giving them clout to negotiate on rates and giving a State the ability to negotiate on rates—either on drug costs or on insurance—yes, this can save dollars. It is being done right now in New York and Minnesota, and it can be done in other places.

Cost-shifting to the States this \$300 billion or then making States make

the draconian decision of, “Wait. I already shifted that population onto the exchange. Oh, my gosh. The Federal Government just cut the funds we are going to get,” and the next thing you know, this population is left without care.

Privatizing Medicaid is not the way to go. I hope our colleagues will continue to discuss, on a bipartisan basis, the aspects of the Affordable Care Act that could be expanded to drive down costs and increase affordability. I hope they will continue to make sure things like basic health—the essential elements of what should be covered in a basic plan—are there for our consumers; that we are not going to take the bait in thinking that by cutting essential services to people, somehow that is the way to get a private insurance plan.

We have the ability to work together. My colleagues and I have been working and discussing these ideas. My colleagues Senator MURRAY and Senator ALEXANDER are working on various ideas in their HELP Committee, as we are working in the Finance Committee, in making sure we expand and fund the affordability of insurance for children and their families under the Children’s Health Insurance or CHIP program.

Let’s not make this worse. Let us not end this 52-year relationship that has successfully covered a population of America, and let’s not fall for the bait and think that somehow this is going to save the American taxpayer money. It is not. It is going to cost shift right back to the private individual, raise individual rates, and we can’t afford it. Let’s not privatize Medicaid. Let’s fight to make it a more cost-effective program for the future.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Maine.

(The remarks of Ms. COLLINS pertaining to the introduction of S. 1835 are printed in today’s RECORD under “Statements on Introduced Bills and Joint Resolutions.”)

Ms. COLLINS. Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. BARRASSO. Mr. President, last week, the junior Senator from Vermont and a group of other Democrats unveiled a proposal to have Washington take over healthcare for everyone in America. Some refer to it as BernieCare. They intend to do this on the backs of American seniors, which is of grave concern to me as a doctor who has taken care of many senior citizens—many people on Medicaid—as part of my practice as an orthopedic surgeon. Their idea is to put everyone in this country on a new program that operates like Medicare. That is about 250 million Americans who would be added on to the Medicare Program, which is already being strained.

One-third of the Democrats in the Senate have signed on to this plan. It seems to be the litmus test for the lib-

eral left. Several of them came to the floor last night to criticize efforts by the Republican Party to save America’s failing healthcare system. Problems with the American healthcare system, as a result of ObamaCare, continue to get worse, and the impacts, such as those that I hear every weekend in Wyoming, including this past weekend.

From what I heard from the Democrats, they seem to want to let the system collapse in a way that they can then impose a complete Washington takeover of healthcare in America. To me, this plan they are proposing is going to be devastating to people currently on Medicare. These are the seniors who rely on Medicare today. What the Democrats are proposing is going to, in my opinion, undermine the stability, the integrity, and the certainty of the Medicare Program on which our seniors rely, and for them, it is truly their lives that depend upon it.

Remember when President Obama promised that if people liked their insurance, they could keep their insurance, and that if they liked their plan, they could keep their plan? Well, people realize that is not exactly what happened. Many people lost their plan. They lost their insurance. It got more expensive, harder to afford, and millions ended up paying a fine, a fee, or a tax—whatever you want to call it—because they weren’t able to afford the premiums for the plan that President Obama said they had to buy, and they lost their own plans. Well, now it seems that if Democrats have their way, millions of seniors will find out that they are not going to be able to keep the insurance that they have right now that they depend upon and that they use on a daily basis.

The Sanders plan will get rid of Medicare Advantage plans. We have 17 million seniors in this country who are on a Medicare Advantage plan. The reason they sign up for Medicare Advantage is that for them personally, when they study it, there are advantages to Medicare Advantage for them in terms of preventive care and coordinated care. That would all go away under BernieCare.

It is interesting to watch this whole process unfold because one in three people who are currently on Medicare have chosen to go outside the system the Democrats want to put them into. They want to put everyone into it, but a third of the people on Medicare have chosen a different way.

What happens to these 17 million Americans who are currently on Medicare Advantage with the scheme that Senator SANDERS and other Democrats have come up with? They don’t say. Did the Democrats who came to the floor last night have anything to say about these 17 million seniors who would lose their Medicare, seniors who are on Medicare today? What is going to happen to them? They are going to lose what they have today.

A lot of seniors are probably going to lose access to their doctors as well be-

cause when their plans change, their doctors change. That is because there are going to be doctors who won’t be able to take care of these new Medicare patients whom ObamaCare has caused to have problems, but it is made worse with what is being proposed by Senator SANDERS.

Right now, it can be tough for a senior to find a doctor. These are seniors on Medicare. That is because today about one in four doctors doesn’t take new Medicare patients or take any Medicare patients. But certainly as more and more people—and 10,000 baby boomers a day are turning 65 and going on Medicare. There are more and more people on Medicare without an expansion of the number of doctors to take care of them.

Since the reimbursement is lower, what doctors and hospitals are paid to take care of Medicare patients is lower than what those doctors or hospitals get paid for patients with private insurance. Their priority, when they are already crowded and loaded in their office and very busy taking care of patients, with waiting rooms full—their choice, of course, is to choose patients who pay them more than what they get from the government.

You say: Why is that? Is that right?

Well, having practiced medicine for 24 years and having run an office, there are issues related to paying nurses, healthcare personnel, rent, electricity—all the costs of running an office, let alone the high cost of medical malpractice insurance. We know the huge cost of that. A physician who wants to be able to pay his or her bills needs to take all those things into consideration. And with Medicare paying less than the current going rate for care at hospitals and with doctors, the concern is, Will Medicare patients be able to find a doctor in the first place?

The Democrats’ solution is to cram more people onto Medicare when we already have 10,000 people a day joining the ranks of Medicare and Social Security. If a doctor has a lot of Medicare patients, he or she has to make sure they have enough other patients who have insurance to make up for the lower rates Washington pays. Well, under the Democratic plan, doctors won’t have the backup of private insurance companies because that is all going to go away.

All those things will be lost to people who want to buy private insurance. Under the plan the Democrats are now—and it is not just Democrats in the Senate; a majority of the Democrats in the House of Representatives have cosponsored legislation by Representative CONYERS that does exactly the same thing: puts everyone on a Medicare Program—a government takeover of healthcare.

When the Democrats came to the floor last night, I didn’t hear them say anything about that. How are they going to guarantee that seniors will keep their doctors? Seniors are not going to be able to keep their doctors

under the Sanders liberal-left plan that is being proposed and cosponsored by over half of the Democrats who are in the House of Representatives.

We are already facing a shortage of doctors in this country. The Association of American Medical Colleges, which helps oversee the training of doctors, says that the shortfall could be as many as 100,000 doctors across the country within the next decade. If we have fewer doctors and more people trying to get appointments, that means less access for seniors.

It is not even clear if Washington can afford to add every man, woman, and child on to a government program like Medicare because Washington has done a terrible job in running Medicare as it is. The Medicare trust fund is supposed to be exhausted at the end of the 2020s. That is what the Medicare trustees are telling us. In 12 years, they say, there will only be enough money coming in to fund about 8 or 9 cents on the dollar of what the benefits for Medicare are supposed to be paying out. The program is going to have to start doing something—either raising taxes or cutting benefits. From what I have seen proposed by Senator SANDERS, it would be raising taxes a lot. The Medicare trustees say the program needs significant reform. They say it is already unsustainable. The Democrats' plan does nothing to change any of that. It does nothing to reform the program. All it does is crowd more people into a system that is already struggling financially.

My concern is that the Democrats' plan is going to undermine the stability of the Medicare Program that our seniors desperately need. We should be taking steps now to shore up, to strengthen Medicare so that it is able to keep the promises that we made to our seniors. My goal is to save, to strengthen, and to simplify Medicare. That is not what we are seeing here.

A few years ago, we knew the Medicaid Program needed help. Democrats just threw more people into the system with ObamaCare. That is what they did. With the expansion of ObamaCare, the majority of people who have new coverage under ObamaCare didn't get it through private insurance; they were put in to the Medicaid Program, which has significantly strained Medicaid and made it much harder for people on Medicaid, the people for whom it was originally designed—low-income, women, children, people with disabilities. It was designed to help them. It made it harder for them to get care because all these individuals who were working-age adults were put on in addition.

Now it looks as though the Democrats want to do the same thing they did to hurt Medicaid—make it harder for our patients on Medicare. It won't work. An insurance card does not equal accessible, available access to care. The people who suffer the most are going to be the seniors who have no other options. These are seniors who

are relying on Medicare today. They were promised that Medicare would be there for them. We need to keep that promise.

Instead of protecting seniors today, however, Democrats are trying to give Medicare to everyone else. So 17 million seniors are going to lose access to the plans that they have chosen, that work for them, and that they want to keep.

Seniors are going to lose access to the doctors that Democrats push out of the system as they continue to put more and more people on Medicare. Democrats should not be building their takeover of the American healthcare system on the backs of our seniors.

Thank you.

I yield the floor.

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

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

Mr. MCCONNELL. Mr. President, I ask unanimous consent that notwithstanding rule XXII, at 4 p.m. today, there be 2 minutes of debate, equally divided between the managers or their designees, and that following the use or yielding back of that time, the Senate vote on the motion to invoke cloture on the Emanuel nomination.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from New Hampshire.

#### HEALTHCARE

Mrs. SHAHEEN. Mr. President, it feels like Groundhog Day again because, once more, we are seeing Republican leadership in the Senate advancing another bill to repeal the Affordable Care Act and to make radical cuts to the Medicaid Program.

As with previous efforts, this new bill—they call it Graham-Cassidy, but it really is TrumpCare 3.0, the third version, and it is strictly partisan legislation, crafted in secret outside of regular order, without hearings or consultation with most Senators or stakeholders. But here is what is different: This bill is even more reckless and more destructive than previous bills to repeal the Affordable Care Act.

It would take away healthcare coverage from an estimated 30 million Americans. It would effectively end protections for people with preexisting conditions by allowing insurers to charge exorbitant rates. It would make profound cuts to the Medicaid Program, which is a lifeline for 33 million children, 10 million people with disabilities, and 6 million seniors in nursing homes. It would be a tragic setback in the fight against the opioid epidemic because it would end access to life-saving treatment for an estimated 1.3 million people with substance use disorders. In New Hampshire, where we

are at the epicenter of the heroin and opioid epidemic, it would have a huge and tragic impact.

President Trump said that the previous Republican bill to repeal the Affordable Care Act was “mean,” and make no mistake, this bill is far worse. As I have said repeatedly, the only constructive way forward is for Democrats and Republicans to come together in a good-faith, bipartisan effort to repair and strengthen the current law.

As Senator MCCAIN said to this Chamber in July: “Let’s return to regular order. We’ve been spinning our wheels on too many important issues because we keep trying to find a way to win without help from the other side.”

When Senator MCCAIN said that, we gave him a standing ovation on the floor of this Chamber. In the weeks since the vote on the last attempt to repeal the Affordable Care Act, the Senate has actually been acting on his advice. We have been working under the leadership of Senators ALEXANDER and MURRAY, the chair and ranking member of the Health, Education, Labor, and Pensions Committee, on bipartisan legislation to restore certainty to the health insurance markets, to fix problems with the Affordable Care Act that we all acknowledge. This effort includes a version of legislation that I have been working on to make regular appropriations for cost-sharing reduction payments. Those are payments that keep copays and deductibles affordable for low- and middle-income Americans.

I have participated, as have so many Senators, in the bipartisan meetings they have held with Governors, providers, stakeholders, insurers, and State insurance commissioners to craft a positive way forward. It is very disappointing that we are here today with another attempt to blow up all of these bipartisan efforts by bringing to the floor yet another divisive, partisan bill.

To understand why people are upset and fearful about this latest attempt to repeal the Affordable Care Act, I would call our attention to the many positive impacts the Affordable Care Act has had across the country—and in my home State of New Hampshire—and the consequences of repealing that law.

Thanks to the Affordable Care Act, more than 49,000 Granite Staters have been able to get health insurance coverage through the marketplace. Thanks to the Medicaid expansion, more than 11,000 people in New Hampshire have gotten lifesaving treatments. The Medicaid expansion, which has been a bipartisan effort between then-Democratic Governor MAGGIE HASSAN and a Republican legislature, has been a critical tool in our fight against the opioid epidemic, and hundreds of thousands of Granite Staters with preexisting conditions at one time or another no longer face discrimination by health insurance companies. In one fell swoop, this Graham-Cassidy TrumpCare legislation would put all of these gains in jeopardy.

I would appeal to my colleagues in the Senate to stop and reconsider what is going on. Listen to the stories. Look at the faces of everyday Americans whose lives would be devastated by this legislation—from children, to seniors, to veterans.

Several months ago on Facebook and other social media platforms, I asked people across New Hampshire to tell me their stories—stories about how the Affordable Care Act has made a life-saving difference or has improved their lives and the well-being of their families. I was overwhelmed by the response.

Here in Washington, some seem to think that repealing the Affordable Care Act, no matter how destructive the consequences, is just about politics; it is about notching a win for their team. But for the people in New Hampshire and across the country, repealing the Affordable Care Act and slashing Medicaid isn't about politics. It is about life and death. It is about people being cut off from vital, life-saving treatment for substance use disorders. It is about families losing affordable health coverage, about seniors being unable to pay for nursing home care, and about millions of vulnerable people with preexisting conditions who would effectively be denied health coverage. It is about returning to the pre-ACA days when simply being a woman was considered a preexisting condition, justifying much higher rates.

I urge Republican leaders to stop this latest effort of destructive partisanship. There should be no retreat from the progress we have made in recent years, including the progress against the opioid epidemic. I encourage Senators who support this ill-conceived legislation to listen to the Governors, listen to the insurance commissioners, listen to patient and provider groups, and, most importantly, listen to their constituents.

Let's fix what is not working about the Affordable Care Act, and let's not pass legislation to take healthcare away from people. Let's support bipartisan efforts now under way in the Senate to stabilize the marketplaces and to provide access to quality, affordable healthcare for every American.

Thank you.

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. KING. 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. KING. Mr. President, over the past several weeks, there have been real discussions—bipartisan discussions about fixing the problems in the Affordable Care Act, about controlling the growth of premiums, about being sure that there is some certainty in the market to prevent the collapse of the

individual market, which, by the way, will not only affect people who are participating in the Affordable Care Act exchanges but will affect all those in the individual market, and we could stop that.

The Senate HELP Committee had 4 days of hearings, roundtables, coffees with other Senators to talk about what the problems are, what we can do to solve them, and we were making some real progress. Then, all of a sudden, up comes TrumpCare 4.0 or 5.0—I have lost track—another bill to essentially repeal and not replace the Affordable Care Act.

On July 21, 1861, there was an occurrence at the beginning of the American Civil War. It was the First Battle of Bull Run. The Union troops were routed that day, and there was a disorganized retreat back to Washington. That has been known historically as the Great Skedaddle, and that is exactly what is happening again today. This is the great healthcare skedaddle because what the Senate majority is doing is avoiding responsibility.

You don't want to be discriminated against because of preexisting conditions? Well, that is not our decision. We are passing it on to the Governor. The Governor can make that decision; it is not we who are doing it.

You don't want to have the bands for the differential between young people and old people changed so that elderly people pay twice, three times, four times, five times as much as young people for health insurance? You don't want responsibility for that? Fine. Pass this bill and give it to the Governor.

That is what we are talking about—a copout. It is the Senate majority once again trying to jam down the throats of the American people a change they don't want. They don't want it.

Everywhere I went in Maine in July and August after our vote back at the end of July, people said thank you. They said thank you, and they said to tell SUSAN COLLINS thank you for the vote to preserve our healthcare. Yet here we are, back at it again.

I think we need to understand what this bill does. Essentially, it does two things. It shifts all the responsibility for the healthcare provisions for the most vulnerable Americans entirely to the States, with very little in the way of guardrails or protection, and it gives them less money in order to provide that kind of healthcare. That is called shift and shaft. Shift the responsibility, and shaft the people who have to try to meet that responsibility.

I have been a Governor. What we are talking about here is cutting off the support and the dollars that are needed to meet those responsibilities. Everyone says: Well, this is all flexibility. We are providing flexibility—flexibility to make agonizing decisions between providing healthcare to seniors or to children, to people who are disabled or to people who are just trying to get on

their feet and go to work without the specter of a healthcare disaster hanging over them.

I suspect we will have more to say about this next week, but it is a travesty.

I understand there is going to be a little hearing on Monday. I call it a fig-leaf hearing. There is going to be a hearing. We don't know who is going to be there. We don't know exactly what the testimony is going to be. It is going to be a hearing so people can say, yes, we had a hearing.

Well, come on. This is not a responsible way to legislate, and the people of this country expect more of us. I hope both parties—both parties—will recognize the folly of what is being proposed here and say no. Then, let's go back to talking, on a bipartisan basis, and fix the problems with the American healthcare system which certainly need to be addressed.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. JOHNSON). Under the previous order, there will now be 2 minutes of debate, equally divided between the two parties.

Mr. CRAPO. Mr. President, I ask unanimous consent to yield back all time.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

All time is yielded back.

CLOTURE MOTION

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

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of William J. Emanuel, of California, to be a Member of the National Labor Relations Board.

Mitch McConnell, John Hoeven, Joni Ernst, Thom Tillis, Steve Daines, Mike Crapo, Jerry Moran, Tom Cotton, Roger F. Wicker, Pat Roberts, James M. Inhofe, Johnny Isakson, John Cornyn, James Lankford, John Boozman, James E. Risch, John Thune.

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 William J. Emanuel, of California, to be a Member of the National Labor Relations Board, 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 Mississippi (Mr. COCHRAN), the Senator from Kansas (Mr. MORAN), and the Senator from Alabama (Mr. STRANGE).

Mr. DURBIN. I announce that the Senator from Hawaii (Ms. HIRONO), the Senator from New Jersey (Mr. MENENDEZ), the Senator from Florida (Mr.



NELSON), and the Senator from Hawaii (Mr. SCHATZ) are necessarily absent.

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

The yeas and nays resulted—yeas 49, nays 44, as follows:

[Rollcall Vote No. 202 Ex.]

YEAS—49

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

NAYS—44

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

NOT VOTING—7

Cochran	Moran	Strange
Hirono	Nelson	
Menendez	Schatz	

The PRESIDING OFFICER. On this vote, the yeas are 49, the nays are 44.

The motion is agreed to.

The Senator from Arizona.

Mr. McCAIN. Mr. President, I ask unanimous consent to address the Senate as in morning business.

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

TRIBUTE TO JOE DONOGHUE

Mr. McCAIN. Mr. President, this week marks 30 years of loyal service to the Senate by one Joe Donoghue, my legislative director—30 years working for the citizens of Arizona and trying to make me a better Senator. During those three decades, he worked his way from the mailroom to a position of considerable importance on my staff. He has made himself something of an expert not only on Senate procedure but on all the many issues our staff has worked on over the years—from budget matters to immigration reform, to national security.

Joe is capable, intelligent, hard-working, and trustworthy—a justifiably proud professional staffer, a pro's pro. He is well liked by staff and Members on both sides of the aisle, especially by those who, like him, have dedicated most of their careers to the Senate. I have come to depend on his professionalism and his counsel. More than that, my wife Cindy and my children treasure his friendship, as do I—as do I.

Joe and I began our Senate careers around the same time. He started sorting mail and performing other entry-level duties in the first year of my first term. He was 18 years old. I wasn't quite that young, but it was a long time ago for both of us.

When he came to work with us, I don't think Joe knew if I was a Republican or Democrat. He just knew he needed a part-time job to pay for books and beer. These were pre-internet and email days, and making certain the immense amount of mail we received from constituents was opened, given to me or to appropriate staff, and answered as quickly as possible was very labor intensive and challenging, but he acquitted himself well, as he has with every responsibility he has accepted on my behalf.

His work ethic and reliability quickly made him indispensable. He worked his way up to legislative correspondent and then to legislative assistant, with the lead responsibility for, among other things, helping me fight years of pitched battles with appropriations bills, targeting wasteful spending, and the practice of earmarking. Those were the days when the Senate actually debated appropriations bills. I have many fond memories of Joe drafting thousands of amendments at my direction to strike wasteful earmarks, although I am not sure they are fond memories for the floor staff who had to process the amendments.

As I mentioned, in addition to his legislative work, Joe was my driver for over 20 years. I travel an awful lot, back and forth to Arizona on weekends, campaigning for colleagues, and on overseas trips. During the week, when the Senate is in session, my nights are often consumed with meetings, dinners, and speeches. Joe worked a long shift in the office during the day and drove me to various appointments day and night—taking me to airports and picking me up, getting me safely and on time through Washington traffic to keep a schedule that was always impossibly crowded.

We spent a lot of hours together—thousands of hours—and Joe was almost always good company, even when I was not. He always made a point on those drives to tell me a joke, and some of them got me in trouble when I repeated them in public.

During my 2008 Presidential campaign, Joe worked as my assistant, traveling from campaign stop to campaign stop, doing all manner of small and large tasks for me, even once holding an umbrella overhead while I gave a speech in the rain in Manchester, NH.

As my legislative director, Joe is someone everyone on my staff looks to for policy guidance and instruction on Senate procedure and for insights into the personalities and priorities of senior staff in other offices and for the leadership. He goes out of his way to make sure each one of my staff knows they are appreciated and an integral part of our office. I am grateful for Joe

Donoghue's faithful service to my office, the Senate, the people of Arizona, and to me.

On their behalf and mine, I want to thank Joe. I have barked at you, teased you, laughed with you, and counted on you. We have been through a lot of highs and lows in our 30-year association—good times and bad. The good times were better and the bad times easier because of your help and friendship. Thank you, my friend, my dear friend. It has been quite a ride together. I cannot imagine serving here without you.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The majority leader.

Mr. McCONNELL. Mr. President, I listened carefully to Chairman McCAIN talking about his long association with Joe. I thought maybe it was appropriate. I would say to my colleague from Arizona, to point out that he eliminated an awful lot of my earmarks over the years.

Mr. McCAIN. Great job.

Mr. McCONNELL. I will have fond reflections as well, in a sense. I want to join you, Senator McCAIN, in congratulating Joe for a great job for you and for our country for a very long time.

Mr. McCAIN. Thank you.

The PRESIDING OFFICER. The Senator from Virginia.

HEALTHCARE

Mr. KAINE. Mr. President, I rise to talk about a topic that is consuming much attention—our efforts to improve healthcare for Americans. Before the passage of the Affordable Care Act in 2010, Americans with preexisting conditions faced serious barriers. Since 2010, the rate of uninsured Americans has declined to a historic low, with 20 million more Americans—the combined population of 16 or 17 States—getting access to health insurance coverage.

Over 410,000 Virginians have received care through individual marketplaces just last year. An additional 400,000 would be eligible to receive Medicaid if Virginia ever chooses to expand it. Since being put on the HELP Committee or being notified I would be put on it in December, I visited community health centers, medical schools, behavioral treatment centers, nursing programs all across Virginia talking to people about their healthcare needs. I am committed to working together with my colleagues to improve the healthcare of Virginians and Americans. There is a right way and a wrong way to do it.

After there was the failure of an effort in late July or early August to pass a partisan repeal and replacement of ObamaCare using the budget reconciliation process, the success of which would have taken health insurance away from 20 million Americans, I am disappointed that we haven't learned the lesson about the right way to do this and are apparently poised to explore yet again doing it the wrong way.

There is a proposal on the table that is designated the Graham-Cassidy proposal, and it is just as threatening as the ACA repeal we voted on just 2 months ago. It restructures traditional Medicaid funding using per capita caps and block grants. The core of this bill is an effort to dramatically go after, restructure, and shrink Medicaid, which is critical to so many people.

It ends protections for people with preexisting conditions by allowing States to essentially rewrite essential health benefits. It would eliminate Medicaid expansion and the Affordable Care Act subsidies and replace them with a block grant that would be insufficient to cover the needs of Virginians. Even that block grant funding would end after 2026—as if the need to help low- and moderate-income people afford coverage would dramatically disappear overnight.

The proposal is new and is newly on the floor. There isn't a full CBO analysis of it, but initial indication has led groups like the American Medical Association and the AARP to come out against it. They are worried it will leave insurance out of the reach of millions of Americans. In Virginia alone, more than 301,000 marketplace enrollees would have their tax credits to help them afford insurance jeopardized.

What would it mean for the healthcare system? We are not completely sure. At least on the earlier versions we voted on, we had CBO scores telling us how many millions might lose insurance. There seems to be a desire to rush this through prior to a full CBO analysis. I can't understand why. But we do know it would be devastating to those on Medicaid. Sixty percent of those on Medicaid in Virginia are children, but the majority of spending on Medicaid is for our parents and grandparents, the elderly, and folks with disabilities.

I was just in Bristol, VA, on the Virginia-Tennessee border this weekend. I heard very palpable requests for the need for better healthcare, especially in rural Virginia.

Here is what we know about the Graham-Cassidy proposal, at least based on the analysis of it thus far by my State healthcare officials. We will see a \$1.2 billion cut in Medicaid under this plan over the next number of years, and the cuts would impact families like those I visit as I travel around Virginia.

I recently had a roundtable in Northern Virginia with parents of children with severe disabilities who, though they have disabilities, are doing some remarkable things because they receive support from Medicare for assistive technologies and in school programs.

A mother, Corinne, told me about her son Dylan. Dylan has a very rare neuromuscular condition SMARD—spinal muscular atrophy with respiratory distress. He has a tracheostomy tube and relies on a ventilator to breathe. He also gets all of his nutrition through a

G-tube. He requires in-home skilled nursing services, and he also requires a nurse to attend school with him. But he goes to public school, and he is a successful student because Medicaid funding enables him to go. Medicaid helps reimburse the school system for the services they provide him.

“For us, affordable and quality healthcare means that Dylan can lead a fairly normal life despite his medical issues.” That is what his mom said. He can lead a fairly normal life on a ventilator with a tracheostomy tube in a wheelchair with a nurse. He can lead a fairly normal life, despite his medical issues. He can live at home, go to school, and participate in activities any kid his age enjoys. Without the assistance of Medicaid, he wouldn't be able to do those things.

Reducing Medicaid spending would limit States' abilities to provide waivers for medically complex kids. The mother adds that “the possible return of lifetime caps and limitations on pre-existing conditions would be devastating.”

I also met with a mother, Amy, from Richmond, who has a son, Declan. Medicaid covers her son's care, therapy, and medical supplies. Medicaid helps her son have the best quality of life possible and helps him with the prospect she prays deeply for—that one day, despite his medical condition, he can live independently as a productive adult. The Graham-Cassidy funding cuts to Medicaid could take away this protection for countless Virginians, especially these children.

Here is what I ask for: Why don't we have an open process to truly debate improvements to our healthcare system, instead of a rushed, closed, secretive process that threatens mothers like Amy and children like Declan?

After the efforts last summer, I hoped that the colleagues in the world's greatest deliberative body would stop a secretive, harmful rush and, instead, embrace dialogue, hearing from experts and witnesses as we would improve healthcare, attempting to stabilize the individual marketplace, lower premiums, and expand care rather than reduce it.

We gave a standing ovation on the floor of the Senate in late July when our colleague, Senator JOHN McCAIN, returned from a very difficult diagnosis of brain cancer. We gave him a standing ovation after he spoke to us, and here is what he said. He talked about the fact that we had a challenge on healthcare. He talked about the skinny repeal bill that was on the floor of the Senate. He said:

We've tried to do this by coming up with a proposal behind closed doors in consultation with the administration, then springing it on skeptical members, trying to convince them it's better than nothing, asking us to swallow our doubts and force it past a unified opposition. I don't think that is going to work in the end. And it probably shouldn't.

Why don't we try the old way of legislating in the Senate, the way our rules and customs encourage us to act. If this process ends in

failure, which seems likely, then let's return to regular order.

Let the Health, Education, Labor, and Pensions Committee under Chairman Alexander and Ranking Member Murray hold hearings, try to report a bill out of committee with contributions from both sides. Then bring it to the floor for amendment and debate, and see if we can pass something that will be imperfect, full of compromises, and not very pleasing to implacable partisans on either side, but that might provide workable solutions to problems Americans are struggling with today.

To my great satisfaction, after the skinny repeal bill went down—and this body decided that it didn't want to precipitously take healthcare away from 20 million people—that is the course that this body embraced. It is what our heroic colleague suggested that we embrace. The HELP Committee—which, as a member of this, I am very aware had refused to hold a hearing on any of the proposals in the House or in the Senate around the repeal of ObamaCare—decided finally to do what the HELP Committee should do. The “H” is for “Health.” To pass a bill reorienting one-sixth of the American economy around the most important expenditure that anybody ever makes in their life without letting the HELP Committee hear from it was foolish to start with.

So now we have embraced doing it the right way. Under the leadership of Senator ALEXANDER and Senator MURRAY, we have had four robust bipartisan hearings. We invited Governors to come from around the country. They had to turn their schedules topsy-turvy to do it—insurance regulators, insurance executives, patients, doctors, hospitals. There were four hearings, each with multiple witnesses. We turned their schedules topsy-turvy. We had them here. We had coffees before each hearing and invited all Members of the Senate, not just those on the HELP Committee, to interact and hear from these experts. We have gotten advice from them on what we need to do to stabilize the individual insurance market and what we can do in the long term to make healthcare better for everyone. We should take advantage of those recommendations.

When the fourth hearing was completed last week, the chairman of the Committee, Senator ALEXANDER, and the ranking member, Senator MURRAY, with the support of this very diverse committee—left, right and center, Democrats and Republicans—have embarked on a bipartisan process to find, after a full and transparent airing of the issues, a way to stabilize the individual insurance market. We are on the verge of doing that.

Yet what we are told is, instead of going through our committee process and hearing and airing it before the public, now there is a new bill that has just recently come out with no full CBO score. The idea is to force that through, with no CBO score, with no full committee process that would enable us to hear from witnesses, with no



opportunity for members of any of the committees—Finance or HELP—to offer amendments, with no meaningful floor debate, and with no opportunity for amendments on the Senate floor.

Why did we give Senator MCCAIN a standing ovation just 6 weeks ago when he suggested that when it comes to something as important as healthcare, we should treat it with seriousness, so we can get it right and not rush and get it wrong?

I stand here—and I hope I am on my feet a good bit more between now and the end of the month—to ask this question: Why backslide? Why go backward when we had embraced a process of bipartisan discussion?

I am fully aware that as a Member of the minority party, I have no power except my ability to convince Republicans that I actually have a good idea. But a one-party process on the floor that tries to end run the relevant HELP Committee is guaranteed to fail. It might pass, but it is guaranteed to fail because it is guaranteed to hurt people. It is guaranteed to have some consequences that are harmful and known and other consequences that are harmful and unknown because it has been rushed, and it hasn't been done in the view of the public with the ability to fully listen to them. Just think about it this way: What does it say about your commitment to your legislation if you are not willing to have it subjected to a normal review by the committees that have jurisdiction over it?

The Graham-Cassidy bill has some provisions in it that are relevant to the Finance Committee's jurisdiction, but Finance is apparently not going to do a markup of the bill, and they are not really going to hear from experts about the bill.

There are other provisions in Graham-Cassidy dealing with essential benefits that are squarely within the jurisdiction of the HELP Committee, but the HELP Committee isn't going to have a hearing either. So in spite of the good recommendation we were given by our senior colleague who was just on the floor—who was characteristically here to talk in kind words about the public service of someone who has worked with his staff for 30 years—we gave him a standing ovation, and we are prepared to violate everything that he just suggested we do.

As I conclude, I will just say this. This isn't about healthcare. Healthcare is important enough. No one ever spends a dollar on anything that is more important than their health. It is the most important thing that anyone ever spends a dollar on—health, my health, the health of my family. I think we can all share that. Nothing is more important. It also happens to be one of the largest sectors of the American economy. Between 15 and 20 percent of America's GDP is healthcare. This is a very important issue. If you are trying to reorient one-sixth or one-fifth of the economy, if you are touch-

ing the expenditure of priority that is the single most important priority in anyone's life, that is important enough.

I would argue, in closing, that there is something I think is equally important; that is, this body. We celebrated the 230th anniversary of the Constitution this past Sunday. James Madison and others in Philadelphia, tried to figure out how this government should work. They made a very unusual decision that would be different from the decisions that are made in many countries; that is, they put the legislative branch first.

There are three coequal branches. In most societies, the executive is first, but not here—first among equals. We are meant to really play an A game. We are really meant not to be an article-II-and-a-half branch reacting to a Presidential tweet or encouragement; we are supposed to be an article I branch.

In the legislative branch in article I, the Senate is given a very particular role. We are called the world's greatest deliberative body. We are the saucer into which the partisan heat of the day is poured and allowed to cool, so the decisions made in the Senate are supposed to be more careful and more deliberate.

This is a great body that has been sadly hobbled by partisan gridlock, and we have not achieved what the Senate should achieve. We learn in math as we grow up that the whole is equal to the sum of the parts, but what you find in life is that often the math doesn't work out. Sometimes the whole can be equal to or greater than the sum of the parts in life if teams work well together. But sometimes—and this describes the Senate now—there are 100 wonderful, accomplished people in this body. Yet again and again, and now for years, the whole has been equal to less than the sum of the parts.

We have done very little of meaning, very little of substance. Yet now we are poised to tackle the most important issue that most affects people and the biggest sector of the American economy. If we get it right, we can send a message to the public that the Senate will once again be the Senate. We will once again be a deliberative body. We will once again do what we are supposed to do.

I think this country now needs to see some adults in the room, some group of people willing to work together—Democratic and Republican—to solve problems and do the right thing for the American public. If we do this right, we can send that message. If we do it wrong, we will hurt people, and we will also hurt the credibility of this institution in a way that I think will last for years.

We have a choice. It is up to us. We either follow the advice that our colleague gave us on the floor 6 weeks ago, which we gave him a standing ovation for, and we gave him the ovation because we knew he was right—we ei-

ther follow that advice or we decide to ignore it and continue the downward spiral of a great body.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. FRANKEN. Mr. President, in May, Jimmy Kimmel shared the story of his newborn son Billy, who was born with a life-threatening condition that required open-heart surgery. Kimmel said that he was fortunate to have had good health coverage and was able to pay for the care that his son needed, something he believed every American deserved.

A few weeks later, as efforts to repeal ObamaCare were gaining steam, Senator BILL CASSIDY explained that the bar he believed any healthcare bill had to clear to get his vote was what he called the Jimmy Kimmel test. He said: "Will a child born with congenital heart disease be able to get everything she or he would need in the first year of life?"

When Kimmel interviewed Senator CASSIDY a few days later, Kimmel explained the test this way: "No family should be denied medical care, emergency or otherwise, because they can't afford it." Well, I am here to report that this latest version of TrumpCare, offered by none other than Senator CASSIDY himself, fails the Jimmy Kimmel test miserably.

Over the past few weeks, there have been two ongoing conversations about the future of healthcare in the United States. The first has been conducted in an open, bipartisan manner in the Senate Health, Education, Labor, and Pensions Committee in full accord with the traditions of this body. In the HELP Committee, Republicans and Democrats alike have been talking with Governors, insurance commissioners, and other experts on ways to address concerns of States and consumers by stabilizing the individual market and lowering premium costs. That is how the Senate is supposed to work, and the bill that emerges from that process will be one that makes things better, not worse. It will create certainty. It will bring down costs for consumers. It is a bill that any Senator should be proud to vote for.

The second conversation is a model of how things shouldn't work. It has occurred behind closed doors between Senate Republicans and party operatives. It is not about making the system work; it is about passing something—anything that can be said to repeal and replace the Affordable Care Act, and along the way, it destroys the Medicaid Program as we know it. As many of us have argued before, this conversation is an affront to the traditions of this body and, more importantly, to the will of the American people.

I urge my Republican colleagues to oppose the Graham-Cassidy bill—the newest iteration of TrumpCare—which will rip healthcare coverage from tens of millions of people, create higher

costs for consumers, and ensure the destabilization of the individual health insurance market.

While I have worked closely with Senators CASSIDY and GRAHAM on other bills, and I respect them, I have grave concerns with this legislation.

First, the bill undermines protections for people with preexisting conditions.

States could apply for waivers that would allow them to charge people more based on their health status, age, or any other factor other than race or ethnicity. This means premiums would be higher just for being older or sicker or having had an illness in the past. In other words, there would be no protection for people with preexisting conditions.

Additionally, States can also seek waivers to remove the ACA's essential health benefit requirements, which mandate that insurers that are offering plans on the exchanges include coverage for vital services, such as prescription drugs, maternity care, mental health, and substance use disorder services.

While the bill technically requires States to describe—just simply describe—how they will “maintain access to adequate and affordable health coverage for individuals with preexisting conditions,” there is no definition of what that means, and there are no enforcement mechanisms. Insurers would still be able to charge people with preexisting conditions more for their care or exclude services altogether. Under this plan, millions of people with preexisting conditions could face much higher costs, if they can get coverage at all. Again, this bill rips away protections for people with preexisting conditions.

Second, the bill would undoubtedly reverse the significant coverage gains we have seen in recent years and drive up the number of Americans without health insurance.

The Graham-Cassidy proposal eliminates the ACA's premium subsidies, eliminates the Medicaid expansion, eliminates cost-sharing reduction payments, and more. Instead of funding these critical aspects of the ACA, the bill would return some but not all of this funding to the States in the form of block grants, which are authorized in this bill from 2020 to 2026.

The bill also proposes to dramatically reduce funds for States that have expanded Medicaid and have successfully enrolled more adults in ACA exchanges—States like Minnesota. Instead of incentivizing success, the bill will reward failure, initially increasing funds for States that refuse to expand Medicaid and have done little to encourage enrollment. But even these States lose out in the end. In fact, the funding stops completely after 2026, resulting in enormous losses for every State, and even prior to 2026, the Center on Budget and Policy Priorities estimates, most States will receive significantly less funding from the Fed-

eral Government under this block grant than they do under current law. Minnesota could lose \$2.7 billion. Other Senators who have expressed various levels of concern with this legislation could see their States lose significant sums. Those include Arizona, which would lose \$1.6 billion; Alaska, \$255 million; Maine, \$115 million; Colorado, \$823 million; and the list goes on. Healthcare isn't free. These shortfalls will mean that families don't get the services they need.

On top of all that, the Graham-Cassidy proposal caps and cuts Medicaid—a program that provides coverage to seniors, families with children, and people with disabilities. In Minnesota alone, that is 1.2 million people facing cuts to their benefits or losing coverage altogether.

I believe many of us truly want to help our constituents access the care they need. As I have said before, the ACA is far from perfect, but it has resulted in significant improvements in millions of people's lives.

I have heard from countless Minnesotans who have literally had their lives or the life of a loved one saved by the ACA—the same way that Billy Kimmel's life was saved by the treatment he was able to receive at the beginning of his life. Take Leanna, for example. Leanna's 3-year-old son, Henry, has been diagnosed with acute lymphoblastic leukemia. His treatment will last until April of 2018. He often needs round-the-clock care to manage his nausea, vomiting, pain, and sleepless nights—a 3-year-old.

Henry's immune system is so compromised that he is not supposed to go to daycare, so Leanna left her job to care for him. Leanna and Henry are supported by her spouse, but they couldn't pay for Henry's treatment on one salary.

Leanna says:

It is because of the ACA that Henry gets proper healthcare. Henry can get therapy and the things he needs to maintain his health and work towards beating cancer. Henry is still with us because of the ACA.

Let me say that again: Three-year-old Henry is still with us because of the ACA.

Consider Maria's story. Maria enrolled in Minnesota's Medicaid Program after finishing her graduate degree and while looking for full-time employment. Maria was grateful for the coverage because she needed access to treatments for her endometriosis, which was diagnosed a few years prior while she had insurance through her employer.

Soon, Maria found her dream job, but it came with a catch: no health insurance. Days before she was set to move and start work, she decided to go in for one last big checkup. The results were unnerving. At the age of 35, Maria was diagnosed with bilateral breast cancer. Maria had to give up her job offer and aggressively pursue treatment for the cancer.

Fortunately, because Minnesota had expanded Medicaid, all of Maria's

treatments were covered, and lucky for her, they worked. Maria's cancer is in remission. Maria said: “The Medicaid expansion of the ACA literally saved my life.” She told me that anyone could find themselves on Medicaid. She said: “Without that comprehensive, affordable, accessible health insurance, I wouldn't be here.”

But now that all of these programs are in jeopardy, my constituents are generally scared. They have come to me in tears, explaining that if the Affordable Care Act is repealed or if draconian changes and cuts to Medicaid go through, they don't know how they will care for their elderly parents, keep their rural hospital open, or afford treatments they or their children need.

I believe it is legislative malpractice to pass partisan legislation that would undermine this progress, people's economic security, and their livelihood, all to achieve a destructive political end—to do it without holding thorough hearings in the committees of jurisdiction, without hearing from experts, and without a complete assessment from the Congressional Budget Office on how this legislation would affect the American people.

I urge my Republican colleagues to once again abandon their efforts to ram through dangerous legislation that would fundamentally restructure our healthcare system. This new iteration of TrumpCare fails the Jimmy Kimmel test. It is the result of a horrible process that is not worthy of this body.

We have a better option. Over the past few weeks, Chairman ALEXANDER and Ranking Member MURRAY have held four bipartisan hearings on individual health insurance market reforms and are working to forge a legislative compromise to reduce premiums for consumers. We have heard from Governors, we have heard from insurance commissioners, and we have heard from experts—all of whom span the ideological spectrum. This is what regular order looks like, and this is the way the Senate is supposed to work.

I have worked with all of my colleagues on this committee in good faith, and I am proud of what we have been able to accomplish so far, but all of that work is in jeopardy because of a destructive, partisan, last-ditch effort to repeal the Affordable Care Act and end the Medicaid Program as we know it.

Do not shortchange those important legislative developments. Do not shortchange the American people. Think of the millions of children and families who need our help right now. Oppose TrumpCare, and, instead, let's work to improve care, lower costs, and ensure access to healthcare when people need it the most. It is within our reach.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

Ms. HASSAN. Mr. President, I rise today to oppose the latest disastrous iteration of TrumpCare, the Graham-Cassidy proposal.

It is disappointing that we are here once again. In July, Granite Staters breathed a sigh of relief when the Senate defeated a proposal that would have raised healthcare costs and stripped health insurance away from millions. When that bill failed, I was hopeful that we would move forward on a bipartisan process to make key improvements to the Affordable Care Act. That is exactly the process we have started on in the HELP Committee, focusing on bipartisan solutions to stabilize the health insurance market.

Now, in direct conflict to this important bipartisan work, some of our colleagues are making one last-ditch effort to pass partisan legislation. Make no mistake, Graham-Cassidy is more of the same, and it is every bit as dangerous as the TrumpCare plans we saw this summer, if not worse.

Granite Staters and all Americans should be concerned if this bill is rushed into law. My colleagues are moving so quickly to try to get this bill passed that the CBO says it will not be able to score it by September 30, but it is clear that this bill would make things worse for most Americans.

If you have a preexisting condition, including cancer, asthma, or diabetes, you could once again be discriminated against with higher costs that make health coverage unaffordable. This bill would end Medicaid expansion, a program that Democrats and Republicans in New Hampshire came together on to pass and reauthorize. Medicaid expansion has provided quality, affordable health insurance coverage to over 50,000 Granite Staters. Experts on the frontlines of New Hampshire's heroin, fentanyl, and opioid crisis say it is the one tool we have to combat this epidemic. Ending Medicaid expansion would pull the rug out from under those who need its coverage. It would put thousands of people at risk.

In addition, Graham-Cassidy would cut and cap the Medicaid Program. Those words, "cut" and "cap," are really just code for massive cuts to the funding that States receive, including New Hampshire, losing hundreds of millions of dollars in Federal funding for Medicaid over the next decade. This cut would force States to choose between slashing benefits, reducing the number of people who can get care, or, in some cases, having to do both. It would impact some of our most vulnerable citizens—children, seniors who need in-home care or nursing home care, and people who experience disabilities.

Graham-Cassidy would allow States to get rid of important protections in current law—protections called essential health benefits, which make sure that all insurers cover things like ma-

ternity care, prescription drugs, and substance use disorder services.

Finally, this bill would continue Republican efforts to roll back women's access to healthcare by defunding Planned Parenthood, which provides critical primary and preventive healthcare services to thousands of New Hampshire women.

As we continue to debate the future of our Nation's healthcare system, we have to understand how things would actually play out on the ground for the people we are trying to serve. Over the course of this year, the people of New Hampshire have laid themselves bare and shared story after story of how they would be impacted by these dangerous attempts to roll back access to healthcare.

It is people like the Keene resident who has a preexisting condition and had health insurance through his job, but when he lost that job, he was able to start a new successful small business all because he knew he would be able to get quality health insurance under the Affordable Care Act. It is people such as the Granite Staters who experience disability but are able to live independently in their home and community as a result of the personal care services they receive through Medicaid and people like the mom from Rochester who is benefiting from substance use disorder services that are included in Medicaid expansion and would be taken away under this bill.

It really shouldn't be necessary for people to have to come forward and share their most personal stories, all in an attempt to get their elected representatives to work together in a bipartisan manner and not take coverage away. We actually should be able to do that in the U.S. Senate on our own.

Now, just as we are starting to work on a bipartisan basis, as our constituents asked us to do, the American people are faced with another harmful, partisan TrumpCare bill that will destabilize our healthcare system, drive up premiums, and make care less affordable.

We must come together to build on and improve the Affordable Care Act and ensure that every American has meaningful, truly affordable access to the type of care each of us would choose for our own family. We must reject this proposal and continue moving forward on the bipartisan path we have started on in the HELP Committee.

I am going to keep standing with my Democratic colleagues, and I urge the people of New Hampshire and all Americans to continue to speak out and to share their stories. Together, we will, once again, defeat this attempt to undermine the healthcare of millions of Americans, and we will make clear that in the United States of America, all of our people must be able to get quality, affordable care.

Thank you, Mr. President.

I suggest the absence of a quorum.

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

The senior assistant legislative clerk proceeded to call the roll.

Mr. BLUNT. 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. BLUNT. Mr. President, I want to talk about healthcare and what it means to families and what it means to communities. It is the most personal thing that families deal with. Every family knows that at some point they are going to deal with not one but multiple healthcare issues as life progresses, as things happen in life—at times you don't expect them to happen in life—and nothing is more riveting or focusing than healthcare.

Somebody told me one time—and I have said this on the floor of the Senate before because I think it is such a good observation about what happens in healthcare. Somebody told me that when everybody in your family is well, you have lots of problems. When somebody in your family is sick, you have one problem.

So it is not like tax policy or energy policy or the intricacies of this or that; it is something that every family and every individual identifies with in a unique way. It is one of the reasons the debate is so passionate, and I think it may be one of the reasons why sometimes we see exaggerated claims about how a plan I may be for is going to cause more people to have healthcare problems than if that plan didn't pass. I certainly wouldn't intend for that to be the case. What we are all looking for is the best plan that addresses this problem in the best way.

In the debate we had 6 weeks ago, I remember looking across the Senate floor at one of my colleagues who stood up and said: If the plan passes that many of my colleagues are going to vote for—he may have said the people across the aisle are going to vote for—health insurance rates are going to go up next year by 20 percent. Missourians have already seen a 145-percent increase, under the plan we have now, in 3 years. The rates that were just filed have ranged from a 35-percent increase to a 47-percent increase. So it is a pretty safe prediction by my friend on the other side who said that if the plan I was for passed, health insurance rates would go up 20 percent.

The plan he had been for—the plan they were defending—is out of control. There is no argument that what we have now is not working.

Families who have coverage don't really have access. So many families with coverage have these high-deductible policies with insurance rates that, first of all, they can't afford the premium. If they are somehow able to scrape the money together to afford the premium—I think the average deductible in the bronze plan was \$6,000 per individual, and for almost all of those plans, if you had more than one individual in your family, you had to hit the per individual rate twice if two

people got sick. So you were paying maybe \$1,000 or more a month, and that was for insurance coverage. Then, if somebody got sick, you had another \$12,000 that potentially would kick in before your insurance plan helped at all.

Not only was that not real coverage, but it clearly wasn't access. It clearly didn't provide the opportunity to go to the doctor and have the kind of healthcare you need so you don't have a tens of thousands of dollars healthcare crisis that arises needlessly. Some of us will have those problems no matter how well we take care of ourselves, but access to healthcare matters, and healthcare that works where you live matters. Frankly, that is the plan Senators CASSIDY and GRAHAM have come up with—a plan that would take the decision making for government-assisted healthcare out of Washington and put it back in the States.

When one of my Congressmen from Southwest Missouri was a freshman Congressman, decades ago in the House of Representatives, he was on the committee at the time that wrote the laws and regulations for Washington, DC. Somebody asked him why he thought he was smart enough to write the laws for Washington, DC. His hometown happened to be Sarcoxie, MO.

He said: In my hometown, almost everybody knows where Washington, DC, is, but here in Washington, almost nobody knows where Sarcoxie is. Does that mean the people in Sarcoxie are a lot smarter than the people in Washington? Maybe not, but it meant they probably knew what was better for Sarcoxie than the people in Washington did.

So what Senators GRAHAM and CASSIDY are talking about is looking at taking all the money we are currently spending in this government-assisted healthcare world and divide it up among the States in a more equitable way. Right now, four of the States get about 37 percent of all the money. You don't have to be a math genius to figure out that means the other 46 States must get about 63 percent of all the money. Now, if 37 percent of all people in the country lived in those four States, that might be a reasonable way to divide up the money or even if 37 percent of people with income and health needs that were so significant they needed more help than everybody else lived in those four States, that might be a reasonable way to divide up all the money, but neither of those things are true. What this plan would do would be to look for a new way to more fairly allocate the money we spend on healthcare and then let State governments experiment with what to do about that.

Jefferson said, in our system, the States had the unique ability to be laboratories for change because they could try things and see if they worked and then share with the other States what worked, but there was no vision at the time that the Federal Government was

the best place to do everything. This is really sort of a debate between are you for federalism or are you for government-run everything.

I guess 30 percent of the Democrats in the Senate, just a few days ago, said they were for government-run everything in healthcare. They were for single-payer healthcare. I am not for that. I don't think that is the best way for our system to work or to find the healthcare innovations we need or the access to healthcare people in desperate moments should always have, but I do think we could do a better job serving healthcare needs for people in the 50 States and the territories if, in fact, we gave them more authority to do that.

First of all, in all likelihood, you will get your healthcare in the place you live, and you are more likely going to be able to get access to the same healthcare your local State representative gets, where it is not just me arguing for what is good for Missouri or my colleague in the Senate arguing for what is good for our State or the eight people we have in the House. It takes all 163 house members in our State, the 34 senators, and the Governor leading to have a real understanding of where 200 legislative families get their healthcare and where 200 people who are making that decision—who see people at school and the grocery store—that is a lot different than just seeing 10 people, sending them to Washington, and saying: Why don't we adjust the one-size-fits-all system so it serves our State better.

If you have ever bought any one-size-fits-all clothes, you are a very unique person if they actually fit you. One-size-fits-all almost never fits anybody. Even in a State, it is hard enough to come up with a plan that fits everybody in the State in the best possible way, but we would be much more likely to do that than we would to suggest what happens in Manhattan and what happens in Marshfield, MO, are the same thing because they are not. People in New York are going to come up with a more likely way to address those issues and figure out what healthcare is there, what they need to do to augment it, what they need to do to be sure it is available to the most people in the most cost-effective way, and in Jefferson City, MO, they are more likely to answer all of those questions for our State than, frankly, they are at the Department of Health and Human Services in Washington, DC.

Even if they want to do that—even if they are all Missourians who take over the Department of Health and Human Services, their goal would not be to figure out what is best for where I live. Their goal would be to come up with one plan that is best for the whole country, and it is just not working very well.

First of all, it is not working very well because it is clearly not divided in an equitable way. No matter what formula you put in place, four States hav-

ing that much of the money spent in their States is not the right kind of system to have. There are ways to adjust for need, there are ways to adjust for location, but those ways are not going to be found in waivers Governors would ask for but are more likely to be found in State capitols than they are here.

This is the classic example of why our government has worked as long as it has in so many areas, but every time we try to become responsible for everything at every level, we mess up. Every time we think different regulations have to be passed by city government, county government, State government, Federal Government, that never works very well.

This is an opportunity to say to States: We are going to let you be responsible for devising a system for people in your State that meets the needs of people in your State, and we are going to do that in a more effective way than has been done in the past. The growth of healthcare programs has never been allowed to be looked at in a way where you look at all the programs and put them together in a way that really works.

So we are going to have an opportunity to make a big decision about the future of healthcare. We are going to be deciding, among other things, do we trust people to make that decision who are closer to the problem or do we think it is better to try to solve the problem further away from the problem. I think the right answer here is, clearly, what we are doing isn't working.

Let's take advantage of the Constitution and the Federal system of government, and let's come up with a plan that uniquely can work—in Florida where you live, in Missouri where I live, in Louisiana where Senator KENNEDY lives—that has a unique opportunity to serve the families where the No. 1 thing they take most personally is the health and welfare of their family. Everybody has to deal with this. Let's try to create an environment where everybody gets to deal with this where there is the greatest opportunity, greatest sensitivity, greatest availability, and greatest understanding of how, if those things aren't working, to uniquely come up with a solution to the problems in that State that are very likely not the problems that need to be solved in the entire country.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Louisiana.

#### TAX REFORM

Mr. KENNEDY. Mr. President, I wish to change the subject slightly. I will be back on the floor next week to defend my good friend and colleague Senator CASSIDY's ideas on the reform of healthcare for America. He received a letter today from our Governor and the Secretary of our Department of Health and Hospitals, which, in my opinion, espouses points of view on healthcare

that are not in the best interests of the people of Louisiana.

Just for a moment, I want to talk about tax reform because that is the other big issue in front of us.

Like the Presiding Officer, I have been in government for a while. I have great respect for professional economists, but it has been my experience that for every economist, there is an equal and opposite economist, and they are both usually wrong.

Economics today is more art than science. That is why I say it doesn't take an expert economist to see that something is wrong with the American economy.

Mr. President, 2016 was the 11th straight year our economy failed to achieve 3 percent annual growth, which has been our average annual growth every year since 1960. I have heard numerous pundits act like returning to 3 percent growth is something special, something extraordinary. No, sir, look at the numbers. It is just average, and I think the American people deserve better than just average growth, but even average growth is optimistic if we keep hamstringing the men and women who create the jobs in this country.

Our 40 percent business tax rate—let me say that again. Our 40 percent business tax rate and our broken Tax Code are chasing our ideas, our jobs, and our investors into the open, waiting arms of foreign countries. Our 40 percent business tax rate and our broken Tax Code are keeping wages and productivity low, they are crippling our small business women and small business men, and they have to go.

When we are talking about tax reform, I think it is very important that we not forget the primary vehicle—not the only vehicle but the primary vehicle for economic growth in America is the middle class, which is what I want to talk about for a moment, tax relief for ordinary people.

My constituents tell me every day: KENNEDY, we look around in our economy today, and we see too many undeserving people at the top getting bailouts, we see too many undeserving people at the bottom getting handouts, and we are in the middle and we get stuck with the bill.

They say: KENNEDY, we can't pay it anymore because our health insurance has gone up—thanks to ObamaCare—our kids' tuition has gone up, and our taxes have gone up. I will tell you what hasn't gone up, our wages and our income.

They feel that we in Washington don't listen and we don't care. They feel like they have no voice and no chance, and that anger is understandable.

This bar graph shows U.S. real median household income going all the way back to 1999. We can see where it was in 1999: slightly over \$58,000. This is median household income. Of course, it took a dip in 2012 as a result of the recession, but look where we are in 2016. We are practically right where we were in 1999.

The middle class—the ordinary people of America—has made virtually no progress, and they have every right to be angry about that. It has been 16 years since President Bush's tax cuts, since the middle class has gotten a tax break. That is why I wanted to come to the floor today. Somebody has to speak up for the ordinary people of America and for our middle class.

Middle-class families drive our economic engine. We are a consumer economy. Seventy percent of our economy is based on consumers. They buy the goods and services our businesses are selling. They work hard to be able to spend and save and invest. Most middle-class Americans get up every day, go to work, obey the law, pay their taxes, try to do the right thing by their kids, and they are falling further and further and further behind. Now, as they are trying to balance a checkbook, nearly one-third of their income is automatically withheld and sent off to Washington, DC. They never even see it. Come April, they may owe even more on their savings and investments. If you don't believe me, look at the numbers. You think America is broke? Between October 2016 and January 2017—just one quarter—the U.S. Treasury set a brandnew tax revenue record of \$1 trillion—\$1,084,840,000,000. A lot of that money came out of the hides of ordinary people.

I will give you an example. Right now, if you are a middle-class family in Alexandria, LA—right smack dab in the middle of my State—you have a household income of \$59,000. You have two children. You want your children to have a better future than you had. You claim all your exemptions and you take the standard deduction. You are going to be paying the Federal Government about \$3,500 a year.

That is not even counting what that middle-class family has to pay in State and local taxes or their payments to Social Security or Medicare. By the time their bills are paid and by the time they put gas in the car, that doesn't leave them much to work with.

I have an idea about how tax reform can target the middle class and bring ordinary people some badly needed relief. Seventy percent of Americans opt to take the standard deduction when filing their taxes—70 percent. They do that because it is simple, it is fair, and it requires less documentation than itemizing. In 2014, this option—this standard deduction—saved taxpayers of America about \$217 billion. Yet they are still having trouble getting ahead. If Congress were to make one simple change as we enter upon this endeavor that we call tax reform—I call it tax cuts—like doubling the standard deduction across the board for everybody, including but especially the middle class, that would potentially inject about \$600 billion back into our economy over 10 years. That is according to a 2014 CRS report. That would be an immediate shot in the arm to the American economy.

That family of four in Alexandria, LA, whom I just talked about would have their Federal tax bill cut to \$1,700, freeing up almost \$2,000 of their hard-earned income. That is \$2,000 toward a new car, a new lawn mower, fixing their home, putting money back into their business, or saving money for their children's college education. It is pretty simple. It is also \$2,000 right back into the economy.

As the cost of earning more is reduced, people will want to work harder. I believe people respond to incentives—not just Americans, but that is human nature. That means more productivity and more growth. It is economics 101. Unless you were throwing a frisbee in the quad, you were in an economics 101 class, and you know that if you give people more to spend and they spend it, the economy is going to grow in the process. I believe, Mr. President, as I know you do, that people can spend their own money better than the government can.

The strength of the middle class was the cornerstone of our past economic growth, and I think it will be the key to our future.

I have said it before, and I will say it again: We do need tax reform for businesses. I repeat: We do need tax cuts for businessmen and businesswomen—not just for the large C corporations but also for the passthroughs, the LLCs, the LLPs, the sub S corporations, and the sole proprietorships and family farms.

If tax reform does not include relief for the middle class, if it doesn't include relief for ordinary Americans, then we will lose a historic opportunity. It will be another generation before we will have this opportunity again, and we will never get our economy back on track unless we can close that loop.

We need to liberate the middle class and their power to spend and their power to save and renew their belief in the American dream. A tax reform policy that provides relief to the middle class, such as doubling the standard deduction—that certainly is not the only way to do it, but it would certainly do the trick—will give people the incentive to work and to save and to invest.

Our economic fate is tied to the health of our middle class. I am not saying that other parts of our great Nation, our economy, are not important, but the bedrock is the middle class. The bedrock is small business. And it is high time that we offer ordinary Americans a tax code that believes in them.

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

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

## CLIMATE CHANGE

Mr. WHITEHOUSE. Mr. President, each week that you see me standing here means another week in which the Senate of the United States has sat out doing anything to address climate change and another week of carbon pollution streaming into our atmosphere and oceans. Carbon dioxide from burning fossil fuels is changing our atmosphere and our oceans. We see it everywhere. We see it in storm-damaged homes and flooded cities. We see it in drought-stricken farms and raging wildfires. We see it in fish disappearing from warming, acidifying waters. We see it in shifting habitats and migrating contagions.

All these harms we see carry costs—real economic costs—to homeowners, business owners, and taxpayers. That cost to homeowners, business owners, and taxpayers is known as the social cost of carbon pollution. It is the damage that people and communities and States suffer from carbon pollution and climate change. The Office of Management and Budget last calculated the social cost of carbon to be around \$49 per ton of carbon dioxide emitted. If you just do some simple math, you can multiply the total measured U.S. emissions coming from energy production alone in 2016—that is emissions of over 5.7 billion tons of CO<sub>2</sub>—by the \$49 cost per ton. It is pretty simple math: \$49 times 5.7 billion tons gives you about \$280 billion. So \$280 billion is the annual cost that the fossil fuel industry offloads onto the American public in harm from the carbon dioxide emissions. That is a big number and a big consequence—\$280 billion per year.

There was a more complex analysis than my simple math that was done by the International Monetary Fund. The International Monetary Fund has a lot of smart people. They don't have any conflict of interest that I am aware of in dealing with this issue. Their calculation puts the annual subsidy just in the United States of America for the fossil fuel industry at \$700 billion per year.

So is it my simple math where the social cost of carbon is \$280 billion per year or is it what the International Monetary Fund calculated at \$700 billion per year? Whichever it is, it is a big enough harm to the American public that you would think we might do something about it here in the Senate. But of course, we don't because that huge social cost of carbon, that huge subsidy gives the fossil fuel industry the biggest incentive in the world to—instead of fixing up its situation and cleaning up its mess—come over here and instead mess with our politics so that our ability to deal with this issue is silenced by their political muscle and manipulations.

One way in which they play this game is to populate the climate denial machinery with one-eyed accountants—accountants who can only see the pollutants' side of the ledger. Honestly, we hear their testimony. The

only thing they see is the cost to polluters of reducing their pollution. They don't see the public harm side of the ledger. They pretend it is a liberal conspiracy cooked up by the Obama administration. Or say you are the Republican chairman of the House Science Committee and you say: The social cost of carbon is a “flawed value . . . to justify the [EPA's] alarmist Reasoning for support of the Clean Power Plan and other climate regulations.”

Actually, if you take away the bad words “flawed” and “alarmist” and all of that stuff, the statement is actually true. There is a value to avoiding carbon pollution, and defending that public value from the polluters does justify the Clean Power Plan. This is the social cost of carbon. Let's go back for a minute to 2006, when the Bush administration's National Highway Transportation Safety Administration put out a rule for vehicle fuel economy standards. There was some dissatisfaction with that rule. States and other stakeholders complained that this rule failed to take into account the social cost of carbon emissions from cars—something that should matter for a rule that is looking to reduce emissions from cars. Well, that went up on appeal to the U.S. Court of Appeals for the Ninth Circuit, and in 2007, the Circuit Court of Appeals agreed. The court acknowledged that there is a cost of carbon pollution, and that cost is “certainly not zero.” So it told the agency to go back, redo the rule and to come up with a real social cost of carbon. Thus was born the legal requirement that agencies consider a social cost of carbon in decisions.

Because of this decision, the Bush administration produced a wide range of numbers up to \$159 per ton of carbon emissions. The Obama administration continued the effort to calculate a social cost of carbon. An interagency working group, including scientists and economists from across the Federal Government, relied on existing scientific literature and on well vetted scientific models to produce a first standard in 2010, with additional updates in 2013, 2015, and 2016.

When Federal agencies didn't apply any social cost of carbon, courts corrected them. In 2014, a Federal judge in Colorado faulted the Bureau of Land Management for failing to account for greenhouse gas emissions when it approved an Arch Coal mine expansion in the Gunnison National Forest. The court suspended the approval until the Bureau of Land Management either used the social cost of carbon or gave a valid explanation as to why not. When agencies did use the social cost of carbon, their decisions were upheld. In 2016 the U.S. Court of Appeals for the Seventh Circuit upheld the Department of Energy's use of the social cost of carbon in the agency's standards for commercial refrigeration equipment. The industry objected, and on appeal, the Seventh Circuit said: No, they did the right thing putting that in there.

Just last month, a three-judge panel from another U.S. circuit court of appeals—in this case, the U.S. Court of Appeals for the District of Columbia Circuit—ruled that the Federal Energy Regulatory Commission has to consider the effects of carbon emissions that would result from building three pipelines in the Southeast. Specifically, the ruling directed FERC to either better calculate the project's carbon emissions, using the social cost of carbon, or explain why it didn't use it.

Also last month, another U.S. district court blocked another coal mine expansion in Montana, citing the agency's failure to assess the environmental effects of coal. Specifically, the judge referenced the agency's failure to include any social cost of carbon.

Just last week a Federal appeals court in Denver told the Bureau of Land Management that its lack of analysis on the climate effects of four coal leases in the Powder River Basin was “irrational” and told them to start over.

It is not just Federal courts. Agencies at the State level are also using the social cost of carbon pollution in their activities. The New York Public Service Commission affirmed the importance of the social cost of carbon in its zero-emissions credit program. The Illinois State legislature also incorporated a social cost of carbon into its zero-emissions credit program, and prevailed in a challenge in the courts. These State zero-emissions programs were the programs that were rolled out to help existing nuclear energy providers against competition by natural gas plants. The carbon price allowed carbon-free nuclear generation to better compete in the wholesale markets.

Up in Minnesota, since 1993, the Minnesota Public Utilities Commission has required utilities to consider the estimated cost of carbon emissions in planning for new infrastructure projects. This year, the commission voted to raise its social cost of carbon to \$43 per ton.

The Colorado Public Utilities Commission recently ordered the local utility Xcel to use the social cost of carbon in its resource planning documents. Colorado told its utilities to use \$43 per ton starting in 2022 and to ramp up to nearly \$70 per ton by 2050.

It is not just Federal courts and State agencies. Private companies in the United States and around the globe are incorporating the social cost of carbon into their own operations and accounting. Investors are beginning to demand that corporations perform this kind of analysis in order to qualify for investment. Big investors like Black Rock have taken on big companies like Exxon in order to break through the denial.

Just last week, the Washington Post reported that 1,200 global businesses either have adopted or are adopting a carbon price in some form. The Center for Climate and Energy Solutions found that companies like Microsoft,



Disney, the insurance giant Swiss Re, Unilever, Shell, BP, the mining corporation Rio Tinto, and General Motors have all taken steps to put a price on their own use of carbon.

Courts have made it the law for agencies to use the social cost of carbon. States are deploying the social cost of carbon. The business community recognizes and is incorporating into its financial planning the social cost of carbon. Yet here in Congress and down at the Trump White House, the leaders of the Republican Party continue to ignore climate change, pretend it doesn't exist, and ignore the very real costs that society bears from carbon pollution.

It goes without saying that the storm that has just ravaged Florida was spun up by warmer ocean waters, carried more rain because of warmer air, dumped more rain, and pushed storm surge further into Florida because of risen seas and those other characteristics.

Are we seeing any action? No. The President in March issued a sweeping Executive order rolling back Federal energy and environmental standards. It disbanded the interagency working group, and it asserted that the social cost of carbon was "no longer representative of governmental policy." Nice try with that, given where the courts are.

Of course, the House and the Senate Republicans followed suit by introducing a pair of bills by Congressman EVAN JENKINS on the House side and our colleague from Oklahoma, Senator LANKFORD, on our side that purport to prohibit the Federal Government from using the social cost of carbon in rule-making and in regulatory processes. Of course, you can't do that, and those laws aren't going anywhere. Why? Because they violate a very basic principle both in courts and in administrative agencies. That very basic principle is at the heart of the rule of law, and it is that facts have to be factual and that conclusions have to be logical. Any decision that fails this standard—that is, to use the administrative law terms "arbitrary and capricious" or "not based on substantial evidence"—fails as a matter of law. Although Congress, of course, is bound and gagged by the polluters and their front groups, it is going to be hard for those polluters to try to stop the social cost of carbon in courts and administrative agencies. Despite the efforts of ExxonMobil and the Koch brothers to make America their fossil fuel banana republic, we still are a rule-of-law country and those rule-of-law principles that facts must be factual and that conclusions must be logical are too basic for our courts and administrative agencies to ignore.

In our courts and administrative agencies, lying and misleading can be exposed on cross-examination, for instance, and lying and misleading gets you punished, unlike in Congress where lying and misleading have been fossil

fuel tactics for decades and sickeningly successful ones backed up by huge political muscle.

The failure in Congress and the remedy in the courts is one reason the Founding Fathers designed our government that way so that even where political branches of government were captured by special interests, there would still be a path for the truth, and there would still be a means for justice to have its way.

If the courts and the States and so many major businesses are all behind recognizing the social cost of carbon, who is behind the President and our Republican colleagues in denying that it is real? In my experience, it is powerful trade associations like the American Petroleum Institute, the American Chemistry Council, the National Association of Manufacturers, the U.S. Chamber of Commerce, and others that have a distaste for any honest assessment of the social cost of carbon.

Right now, since the costs of those industries' pollution is offloaded onto the rest of us for free, why not? Why would they want to start paying for the harm they cause right now?

Think tanks and front groups funded by the Koch brothers and other polluters have vigorously fought against recognizing the fact of the social cost of carbon for years. These groups have neutral sounding names—maybe even friendly sounding names—like the Competitive Enterprise Institute, the American Energy Alliance, the Heritage Foundation, FreedomWorks—my personal favorite—the Heartland Institute, a group so good that it put up billboards comparing climate scientists to the Unabomber. It is really a classy contribution to the debate.

One thing this crowd of bad actors does know is how to throw its weight around, especially since the Citizens United decision threw open the floodgates of special interest money into our politics. That is what has put Congress in the thrall of the polluters. It is an indecent and wrong place for us to be, but with any luck, the adherence of courts and administrative agencies to the rule of law—the principles that facts must be factual and conclusions must be logical—will help us get out of the political trap that the fossil fuel industry has constructed.

With that, I yield the floor.

The PRESIDING OFFICER (Mr. KENNEDY). The Senator from Florida.

#### HURRICANE IRMA RECOVERY

Mr. RUBIO. Mr. President, 2 weeks ago this very evening, I had just finished my time as Presiding Officer over the Senate, and I made the decision that early the next morning I would be returning to Florida instead of staying here the following day. The reason was that at that time and in that moment, the strongest storm ever recorded out of the Atlantic was bearing down first on the Caribbean and headed not just toward Florida but actually toward the city in which I live. Then the Nation and State watched over the next few days as that storm took its track.

There has been a lot said about Hurricane Irma since that time. I have heard some say that it could have been worse, and I imagine in some particular instances perhaps that is true. Had that storm entered through Tampa Bay, FL, the loss would have been incalculable. Had it hit directly throughout the southeast coast, right through the major metropolitan areas of Miami-Dade, Broward, and Palm Beach Counties, the economic costs would have been very significant. So it is possible that the storm could have had an even greater impact, but it is difficult to say that to the people who were impacted by it.

It was a unique storm in a lot of different ways, like the sheer scope of it. One of the things that really perplexed people in Florida, including myself—we were thinking perhaps we should move our families to another part of the State. We have a very good building code in Florida, but there are no structures under our building code that can withstand the hurricane winds of a category 4 storm. It is very difficult to do that, given the height and level of construction.

One of the difficult things about figuring out where to go is that the whole State was covered by it. It was a huge storm in its size and an enormous storm in its impact. I know for a fact that dozens of people left South Florida, as an example, and drove to another part of the State, only to find themselves actually worse off than they would have been had they stayed home. There was no way to know that at the time.

I can tell you, maybe it is because of our history with hurricanes. Obviously, in 1992, as a student at the University of Florida, I was home, the semester was about to begin, and Hurricane Andrew came barreling through there. It fundamentally altered what South Dade looked like.

Whether it was the impact of the storms in 2004 or 2005 or perhaps it was the images from Harvey from just a few weeks ago and the impact it has had on Houston and the State of Texas, people took the threat incredibly seriously, and there was a massive evacuation, perhaps the single largest evacuation in the history of the United States.

In any event, the storm did come. We measure the impact of the storm first and foremost by the loss of life, and there were 59 people who lost their lives—directly related to the storm in one way or another. Eleven of those people died after the storm from carbon monoxide poisoning. When power is lost, people run generators, sometimes even running them inside their homes. Carbon monoxide gets on them, and before you know it, they are dead. At least a dozen more didn't die, but they had been poisoned. It is an incredible threat after storms that we see every single time.

Nine people died in Monroe County, some from natural causes, although it

is hard to imagine that having a heart attack in the middle of the storm or in the aftermath wasn't somehow related to the stress such a storm brings.

Of course, we all heard the horrifying news last week that eight senior citizens had lost their lives because a nursing home's air-conditioning unit failed them in the middle of the night. The heat became unbearable, and they passed.

You can only think, despite these horrible tragedies of losing 59 people, how many more would have died had they not heeded the warnings to evacuate.

So I begin talking about the storm today by thanking the men and women who responded before and after the storm—and even during it—who kept so many people safe, and they did so even though their own families were being impacted by the storm. If you see a police officer or a firefighter from a community in Florida, they have homes, they have children, they have families, and they, too, are concerned about the impact it could have on them. Even as they are out there getting the rest of us ready, they have to think about themselves and about their own families. We thank them for the extraordinary work they do every day but in particular—at this moment—because of the storm.

We think about the National Guard. These were people who, on Monday or Tuesday of that week, were at the accounting firm or doing whatever their job might be. They were called up, and within a matter of hours found themselves on the road and headed toward an uncertain number of days that lay ahead.

We think of all the people throughout the emergency operations centers—from the State center in the capital to all of the counties—who put in over a dozen hours a day, if not more, preparing to handle the storm.

We thank the Coast Guard for the extraordinary work they do and the Department of Defense, particularly the Navy, which were prepared to respond—and did so—to the storm, even as many of them were coming off similar duty just a few weeks earlier responding to Harvey.

Of course, we thank the first responders, who came in from all over the country. I was in the Florida Keys on Friday, and I ran into firefighters and police officers from as far away as Colorado, and we thank them for coming all the way to Florida to help us. We could not have done it without them.

I would also be remiss if I didn't thank the National Hurricane Center. The improvements that have continued to happen year after year have helped improve not just the forecast track of the storm but its intensity, even though I can tell you, all hurricanes are bad. Obviously, the stronger they get, the more damaging they become. I would just say that the work they do—we had 5, 6 days to get ready for this, and it all began because of the Na-

tional Hurricane Center. They don't always have that much time, but they were able to give us and everyone proper notice. You can't carry out these evacuations unless you have accurate meteorological information, and they did an extraordinary job and continue to do so now, monitoring the new storm that tomorrow is going to make landfall over the island of Puerto Rico, potentially as a category 5 but certainly a category 4; I will talk about that more in a moment. We thank them and so many others. There are so many to mention that we would run out of time, but we thank them.

Let's first talk about some of the challenges. The first challenge, as I said earlier, is the scope of the storm. If you know anything about Florida, it is a peninsula, the third largest State in the country in terms of population. But it is a peninsula that sticks out into the Gulf of Mexico and into the Caribbean Basin in the Florida Straits. It is a huge State.

From Jacksonville, FL, in the northeast all the way down to Key West is a long distance, and we are talking about a storm that had damage in Key West, damage in Jacksonville and the southwest in Naples and the central part of the State and the southeast. Literally, the entire State of Florida was impacted by the storm because of its size and because of the route that it took, and that poses all kinds of challenges.

Our emergency operations system is built on the idea that if two counties are hit, all the other counties help respond. Well, every county was being hit. Every county was getting ready. So that right away put a real strain on our emergency operations system. We were counting on other counties being able to help us, but they couldn't because they themselves were getting ready to deal with the impact of the storm.

There were prepositioned assets in Alabama and Georgia getting ready to come down and help us, but they themselves were also in the track of the tropical storm and winds headed in their direction, not to mention the impact it had on their ability to get there. So it impacted the entire State.

You know, we have gotten trained, in watching these storms, to see images of destroyed buildings. Obviously, that is a terrible thing. We lived through that with Andrew, and we have our share of that. If you see the images of the Florida Keys, you can tell quickly that a storm went through there. But underneath the surface, underneath the structures that might still be standing and the roofs that might still be intact are deep scars and damage that will be around and will impact us for months if not years to come.

Think, for example, of the Florida Keys. If you haven't been there, it is an incredibly unique place. There is only one way in and one way out. It is a chain of small islands built on a coral rock formation, and it is truly unique. The further south you get in the Keys

and the further southwest you get as it turns, the more unique it gets. It is a place where I have spent many days, especially with our family. Some of our best memories with the family were made in the Florida Keys. We spent a number of days there not long ago before the storm.

If you know anything about the Florida Keys, this is not a place with Johnny Rockets or TGI Fridays. It has a lot of small businesses, not just in the restaurant industry but in the hotels, the bait shops, the charter captains, and everything in between. There are a lot of small businesses, and many of them are generational businesses. The families have been there and have been doing it for 60 years. Those businesses are literally going to have no customers now or for the foreseeable future. They still don't have power in many places. They don't have internet. They don't have fuel. They certainly don't have tourists.

Imagine for a moment that you are the owner of a small restaurant and you have to go 30 to 60 days without any revenue. I can tell you that most businesses don't have that kind of reserve, not to mention your employees who may not get paid.

When you think about the Florida Keys, it is an expensive place to live because it is a valuable piece of land right on the water, which is an enormous challenge for the workforce. The people who work in the Keys don't want to drive 3½ hours a day from South Dade to get down to the Lower Keys, or anywhere, for that matter, depending on the day. That housing stock in many places is trailer parks, mobile homes, or small apartments. The trailers are gone. The apartments have suffered water damage, and they certainly are not livable now, in many cases because of water and wind damage.

Think about agriculture. I know Florida is not thought of as an agricultural State. I promise you, there is an extraordinary presence of agriculture in our State and a great variety of crops.

Florida is one of the largest cattle producers in the country. You don't associate Florida with cattle, but it is an enormous part of our agriculture. Our signature crop is citrus, the sugar cane growers, fresh vegetables, and the nurseries. The nurseries produce tropical plants that you see in big developments or all of the indoor plants. Much of that is grown in Florida.

There are also dairies. Florida is a dairy provider to much of the Southeast. Every single one of them has suffered significant damage and, in the case of a couple of them, catastrophic damage.

The citrus industry was already being hurt by citrus greening, a disease that kills trees. Senator NELSON and I went to a grove two days after the storm, and more than half the fruit was already gone and more was dropping. That fruit is gone. Those farmers live off of that fruit. The whole fruit

goes to the whole fruit market, and the bulk of it goes to the juicing market. Much of it was green. So it wasn't even ready to pick. But once it hits floodwater, it cannot be used or sold. The FDA says it can no longer be consumed safely. They lost all of it, on top of the fact that their yields were already lower because of greening. They lost the fruit they had.

It gets worse. They lost trees. It is not simple. You don't just go to Home Depot and buy an orange tree and next year it produces oranges. These new trees take at least 4 years before they begin to produce the fruit to sell, if it survives greening. They lost trees, and they are still losing fruit, and they will still lose more trees because all of those groves are under water. All that water is sitting on the roots, and those trees will not survive. This is a catastrophe.

I don't mean to leave anything out. I can tell you the truth that there will be no Florida fresh vegetables. There will be no Florida vegetables in November. Those green beans that many of you eat on Thanksgiving Day will not come from Florida. We will have to make up the gap from foreign producers because that crop is gone entirely. I don't mean to leave anything out. I am just stating that the hit to agriculture was extraordinary. Unfortunately, for agriculture, this has happened, but there has not been a lot of media coverage about it because not a lot of agriculture is near metropolitan centers. There is not a lot of media coverage.

Look, I am not here to beat up on the media. I thank the media, and I have done so because a lot of the work they did on the national and local news was what got people motivated to get up and go and get out of harm's way. But there are not a lot of camera crews stationed live in a citrus grove. So the power gets put back on and the schools reopen, and most people forget that these farmers—most of them—are not wealthy landowners. Some of these are fourth generation growers who have been on that land and are producing and are already stretched because of some of the challenges they have, whether it is with trade or citrus greening or whatever the challenges might be. It has just gotten worse for them.

Do you know who else got hurt? The entire industry that serves them. Everyone in the towns built around them. This is big trouble. It is truly a catastrophic agricultural event in every part of the State. Virtually none of Florida's agriculture went without being impacted by this.

I think about the migrant workers who work there. Some were afraid to come forward because of their immigration status. They thought that, if they showed up at a shelter, they would be deported, but more importantly, in terms of life, some of them have nowhere to live. Their housing, to begin with, is precarious. A lot of the

mobile homes are damaged by water. There is no electricity. They are not near a metropolitan center, and they are afraid to come out. Thank God for so many groups that have come forward to try to help them.

We scoff about power outages. I don't know how people lived in Florida before the invention of air conditioning with the heat and humidity. It is an inconvenience for a lot of people, but it is life threatening in the case of senior citizens or people who require refrigerated pharmaceuticals for their survival. It has had an extraordinary impact on them.

All of these circumstances have a true impact and are among many of the challenges that we now face. There is a special focus, for example, on Monroe County, in the Florida Keys. This storm threatens to fundamentally alter the character of Monroe County if we do not help the Florida Keys, because these trailer parks are on valuable land, and the owners of that land are going to be tempted to build on them, not mobile homes, again, but to build structures designed for visitors that have more money. That means that we will lose our housing stock, but ultimately it means that we will lose the character of the place—all of the small businesses that service the fishing boats and the diving.

We have some of the greatest collections of coral reefs in the world right off Marathon, by Sombrero Key in the Florida Keys. All of that will be out of business for a long time. Can they survive? I don't know.

There are small business owners that might own an apartment building. They use it in the summer for their family and rent it in the winter. It is damaged. So they can't rent it this year. So guess what. They may not be able to pay the mortgage, which will lead to foreclosures.

I mentioned agriculture. I don't know how Florida agriculture—particularly citrus—can recover from the storm without significant help.

This storm exposed a real vulnerability to a State with so many senior citizens. It is not just the nursing homes and the ALFs. We have apartment buildings, section 8 HUD housing and the like—entire apartment buildings with 13, 14 stories. There are towers of apartment buildings populated by senior citizens. What happens when the power goes out? The first thing is that all of the food in their refrigerators rots. So within 48 hours, I don't care how much they stored for the hurricane, they can no longer eat a lot of the food they need for their nutrition.

You might say: Why don't they get up and go see to a relative's or go somewhere where they are handing out food?

They are on the 13th or 12th floor of a building where the elevator doesn't work. They can't walk down 13 flights of stairs. This exposed a real vulnerability that we will have to examine.

Then there is debris removal. Some of these counties are small counties.

Some of these counties still owe money from storms last year. FEMA dispersed the funds to the State. The State hasn't dispersed it to them yet. Now they have to go out and hire, and they need hundreds of millions of dollars to clean up these roads, and they don't have that in their budget. There is a huge strain in that regard.

Senator NELSON and I spent 2 days together traveling last week. We will continue to work together to help so many different people. On Friday we had an event in Immokalee, which is a migrant community in Southwest Florida, and 800 people applied for assistance.

We were in St. Augustine yesterday, and close to 1,000 people applied for assistance.

In Jacksonville today, there were 1,800 people applying for assistance. We will be going to Naples, FL, and Fort Myers later this week. We will be back in Immokalee again on Friday, and we are about to start out in the Florida Keys helping people.

It is funny. They say: FEMA—go online and apply there. Here is the problem, when you have no internet and no power, how do you go online and apply? So we are trying to get out there to help as many people as we can.

Now, I don't want to leave on a negative note. There is nothing positive about a storm, but there are some uplifting things to point out. I will be brief and to the point. I am uplifted by these crews sent down by the Church of Jesus Christ of Latter Day Saints, or the LDS church, who are out there helping people who can't afford it or who don't know how to do it. Professionals are out there helping people cut down trees and remove debris from their homes and put tarps on their roofs. They are volunteers who came on their own to do it. I was uplifted on Saturday by visiting the North Carolina Baptists' men's relief society, who were in South Florida, and 120 people were preparing hot meals to send down to the Florida Keys. They have fed thousands of people in a very impressive operation. I am uplifted by the Red Cross volunteers from New York and New Jersey who I have run into who flew down, rode out the storm, and were there working in the shelters. I am uplifted by stories of school principals who took over these shelters because people didn't show up to run them who were supposed to show up. So these principals, custodians, and cafeteria managers showed up and took care of all these people. I am uplifted by stories like the one today in Jacksonville, where a gentleman and his wife who were disabled came forward. They lost their home and they had to be saved from floodwaters. They were living in temporary housing. A donor had put them up for a week. It ran out, and they had nowhere to go tonight. We were able to match them with a donor, who insists on remaining anonymous, for another week of temporary housing while, hopefully, we can get them the housing they need.

One of my favorite stories—and I believe Senator NELSON shared this the other night—is this one that I wanted to close with. He and I ran into this at Ave Maria Catholic University, which is literally out in the Everglades, between Naples and Miami. We went out there to visit, and we were told extraordinary stories of some of their students.

On the night before the storm, there were about 300 migrants from nearby communities—many of whom are probably undocumented, in the country illegally—who didn't want to evacuate. They were afraid of being deported. Ultimately, they saw that the storm was bad. They showed up at Ave Maria. Ave Maria opened its doors and welcomed them into the gym. There were students who stayed behind and played with the kids, entertained the kids throughout the storm, and took care of them.

What was really uplifting was the story of two nursing students. Right before the storm hit, right before you could no longer go out, the sheriff's office shows up at Ave Maria with eight seniors from a nearby ALF. The staff at the ALF quit. They literally left. They didn't show up. They abandoned them. The sheriff's office brings them, and these two nursing students bring the eight seniors into their dorms. They brought them into the women's dorm and cared for them for two days, triaging the medicine they needed to take, understanding how to do this, that, and the other. These are amazing stories about these young people. If there is any doubt about the future of America, think about the extraordinary work these young people put in. Nobody told them to do it. They could have left. They could have gone back to wherever they were from, but they stayed and took care of them.

We have a long way to go, but we want to thank all the people for the great wishes we got from all of my colleagues and from people around the country. This is a storm that impacts Florida in ways we are going to feel for a long time.

Let me close by asking all of you to take a moment tonight, if you can and you wish, to pray for the island of Puerto Rico, a U.S. Territory, where millions of our fellow Americans are staring down the barrel of the most powerful storm that ever has perhaps hit that island, and this after already getting hit by Irma just a week ago. It has the potential to be an extraordinary catastrophe. We pray that is not the case. I hope we stand ready to assist our fellow Americans on the island of Puerto Rico. Let's pray for them tonight because tomorrow morning is going to be a very difficult time for them as this extraordinary hurricane, Hurricane Maria, is about to slam right into them.

With that, I yield the floor.

The PRESIDING OFFICER. The majority leader.

## LEGISLATIVE SESSION

### MORNING BUSINESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

### HONORING OUR ARMED FORCES

#### STAFF SERGEANT AARON BUTLER

Mr. HATCH. Mr. President, it is with great reverence that I rise today to pay tribute to one of Utah's great soldiers, SSG Aaron Butler, who was tragically killed on August 16, 2017, by an improvised explosive device in Nangarhar Province, Afghanistan. On that fateful day, Butler was searching for Islamic State loyalists in a booby-trapped building and was caught in an explosion that took his life and injured 11 of his comrades.

Staff Sergeant Butler was a member of the Bravo Company, 1st Battalion, 19th Special Forces Group of the Utah National Guard. Butler's desire to serve in our Nation's military started at a young age when, as a first-grader, he told his family he would grow up to be a soldier. His actual military service began in high school when he enlisted in the Utah National Guard. Staff Sergeant Butler continued to look for opportunities to make a difference, and a few years later, he began the very difficult Special Forces training. He graduated from this program with honors on January 14, 2016. He deemed it a tremendous honor to don the Green Beret.

Butler has been described as a natural leader, an accomplished athlete, and an adventurous soul. As a young man, he excelled in football and wrestling. In fact, through talent and sheer determination, Butler became a four-time State wrestling champion, only the 17th wrestler in Utah history to accomplish such a feat. He loved the outdoors and embraced the scouting program, earning the rank of Eagle Scout.

Butler loved to serve his fellow men and women and did it in variety of ways including, as a full-time missionary for the Church of Jesus Christ of Latter-day Saints in the Ghana Cape Coast Mission in Africa. During this time, he spent months improving the infrastructure and daily lives of those living there. He also brought a message of peace and testified of the love our Savior, Jesus Christ, has for all his children.

I have been deeply touched by the many tributes and words of honor offered on behalf of this courageous soldier since this tragedy occurred. He was a truly remarkable young man and a seasoned soldier who possessed an unwavering commitment to what is right and good.

Butler also had a great love for our Nation's military. His Special Forces teammates described him as a "warrior," an "incredible man, teammate, and friend," and someone who "fought

with everything he had to the very end," but perhaps the greatest tribute paid to this brave soldier was simply stated by his brother, Shane Butler, who said, "[Aaron] showed us how to live."

Butler leaves behind his loving parents, Randy and Laura Butler of Monticello, UT; six brothers and one sister; his fiancée, Alexandra Seagrove, and many neighbors, fellow soldiers, and friends.

The men and women of our Nation's military are my heroes. I honor them for their courage, their service, and their sacrifice. I am deeply humbled by this young man's life and his willingness to pay the ultimate sacrifice. May God bless the friends and family of Staff Sergeant Butler with peace and comfort at this difficult time. I am certain Aaron's life will have a lasting impact on his family, his community, and the country he loved.

### REMEMBERING FRAN JARRELL

Mr. MCCONNELL. Mr. President, today I wish to remember the life of Fran Jarrell, of Paintsville, KY, who passed away on August 27, 2017, at the age of 72.

For many years, Fran was a driving force in her community. She served on numerous public committees and boards, supporting the efforts of organizations from the mentoring committee for Community of Hope to the Paintsville Garden Club. She also was a member of the Paintsville City Council for many years, dedicating herself to making the community a better place to live and work. Most recently, Fran was the executive director of the Paintsville/Johnson County Chamber of Commerce, where she was committed to bringing economic development and opportunity to the area. In her numerous roles, Fran worked to bring out the beauty and possibilities of her city.

The Paintsville community mourned Fran's passing. Flowers decorated the entire downtown area as a tribute to her life, her passion, and her dedication to others. Elaine and I send our condolences to Fran's children, sisters, grandchildren, and great-grandchildren.

### PROTECTING CIVIL SOCIETY ACTIVISTS

Mr. LEAHY. Mr. President, I want to speak briefly about a provision that was included for the first time by myself and Senator LINDSEY GRAHAM in the fiscal year 2018 Department of State and Foreign Operations appropriations bill, which was reported unanimously by the Senate Appropriations Committee on September 7.

Specifically, the committee-reported bill includes \$15 million to implement a U.S. interagency strategy, led by the Assistant Secretary of State for Democracy, Human Rights, and Labor, to