

coverage on television and turn people's gaze away from Texas, to Florida and now to the devastation in Puerto Rico, the mayor's concern makes some sense.

But I want to assure Mayor Freeman—as I know the Presiding Officer would, and as we would to our friends in Florida and the east coast, who were hit by Hurricane Irma, or our friends in Puerto Rico, who were devastated by Hurricane Maria—that we will not forget and that we will stand together to make sure that the Federal Government plays its essential role in helping them recover and in helping them restore their lives.

But I also remember another civic leader, Mayor Becky Ames of Beaumont, and what she said to me right after the storm. Smiling, she declared:

We had a downpour; now we have an outpour. The outpour is coming right into our city.

That is what we saw time and again. Yes, the Federal Government responded. Yes, the State responded, led by Governor Abbott and emergency operations. Yes, the mayors and the county judges responded. But the truth is neighbors helped neighbors. We talked again. I sort of chuckle when I think about the Cajun Navy, but our friends from around the country, including next door in Louisiana, came to help pluck people off the tops of their flooded houses and places of business, and of course many people have lent a helping hand.

I think it is best to combine Mayor Freeman's concerns with Mayor Ames's optimism. In other words, we need to make sure that outpour she was speaking about continues. I know the outpour hasn't dried up places like Friendswood, TX, where the Presiding Officer and I helped Team Rubicon clean up some of the houses that were trashed by Hurricane Harvey. We joined the Speaker of the House, PAUL RYAN—and we are delighted he saw fit to come join us in this effort—as well as the chairman of the House Appropriations Committee and virtually the entire Houston congressional delegation.

We also know the outpour has not stopped in places like Aloe Elementary in Victoria, a school that was severely damaged by the storm. There I saw second graders get packages from their counterparts in West Lafayette, LA. The school may have temporary walls. Certain classrooms and hallways had to be cordoned off as the building continues, but these "Aloe-gators"—the school mascot—are permanently grateful for the help they are getting from children from Lafayette, LA, and Cumberland Elementary in Indiana.

I think we owe it to these youngsters—and the many other Texans we met with in Victoria, Friendswood, and Houston—to explain what we here in Washington are doing to address the storm, which, let's not forget, rained down more water—34 trillion gallons—than any storm in U.S. history. I think

they are wondering if we remember the sheer scale of the disaster zone—an area larger than West Virginia, Delaware, and Rhode Island combined. We want to assure them that the answer is yes.

We have been working hard trying to match the scale of the storm with an appropriate congressional response. Here are just a few of the ways in which the Federal Government has responded:

First, the President—and we thank him for his leadership and initiative—issued a major disaster declaration under the Stafford Act, which is the trigger for the Federal Emergency Management Agency's, or FEMA's, public assistance grants to be provided. This is, to be clear, not a handout. Each State is responsible for part of the cost. Secondly, the U.S. Army Corps of Engineers conducted infrastructure assessments and assisted with State debris management. Third, FEMA has coordinated with the American Red Cross and other local governments to find and provide temporary housing for the displaced.

As I said, these are just a few of the ways the administration has been responding. I realize they are just on the first step. That is why last week I led a bipartisan letter, along with my colleague in the Chair, calling upon the Department of Housing and Urban Development to speed up allocation of relief funds. We were able to appropriate, and the President signed into law, a \$7.4 billion allocation for community development block grants, or CDBG funds, that Congress has decided are appropriate as a downpayment on the recovery from Hurricane Harvey. These CDBG funds, community development block grant funds, will help Texas communities repair their infrastructure, rebuild schools, and reopen the businesses that are integral to recovery. I might add, given Texas's contribution to the national economy, it is really important not just to folks in Texas, this is important to the country that we get our businesses back on their own two feet, opening doors, and helping contribute to the economy while they continue to create jobs.

I am grateful to my colleagues for moving with such dispatch in appropriating the funds. I know Congress's quick action can quickly be undone by delays at the bureaucracy level. We need to make sure that doesn't happen. On the State level, Governor Abbott has announced the Commission to Rebuild Texas, which will be led ably by Texas A&M System Chancellor John Sharp. I met with Chancellor Sharp last week in Texas, and he assured me the commission will be traveling around the State and working to prioritize projects to help restore roads, bridges, schools, government buildings, and impacted communities. The Texas delegation will be working with him as we focus on our response. I know we all look forward to working with the commission and Governor Ab-

bott in the months to come. It will be months, if not years, before the recovery will be complete.

One additional way we can help victims is through targeted tax relief. I want to highlight in this regard a non-controversial section of the Federal Aviation Administration reauthorization bill that House Democrats blocked yesterday. It contained a number of disaster tax provisions, like those that were passed after Hurricane Katrina, that will help hurricane victims get back on their feet. It is unconscionable that the House minority leader held that relief hostage to cater to the most extreme elements of her own political party. If we were talking about earthquake victims in San Francisco instead of hurricane relief in Texas, Florida, and Puerto Rico, surely she wouldn't be playing politics like she is now with this important hurricane relief package.

Spearheaded by Chairman KEVIN BRADY, the legislation would have helped victims keep more of their paycheck, deduct more of the cost of their property damage, and have more immediate access to their retirement savings without penalty. It would also have encouraged even more Americans to generously donate to hurricane relief.

It is imperative the House act a second time later this week to overcome the objection of Ms. PELOSI, to make sure hurricane tax relief is delivered to those in need on a timely basis and without further delay. Shame on those who would play politics with the sort of relief the President and we have all committed would be forthcoming in response to these terrible hurricanes, whether it is Harvey, Irma, or Maria. The fact remains that Federal, State, and local actors will have to continue to work side by side to make sure Texas is made whole again.

Colleagues, let's keep Mayor Ames and Mayor Freeman in mind. Let's remember that those still recovering in their communities and elsewhere need and deserve our support. Let's make sure Texas resembles the home we all have come to know and love following this terribly devastating hurricane.

Mr. President, I yield the floor.

#### RECESS

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

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

#### NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2018—MOTION TO PROCEED—Continued

The PRESIDING OFFICER. The Senator from Rhode Island.

#### HEALTHCARE

Mr. REED. Mr. President, I wish to talk about the latest attempt from my

colleagues on the other side of the aisle to upend our health care system. They have been trying to sell this as a new and better health care bill, but in fact they somehow have managed to come up with something even worse than the previous TrumpCare bills. It would repeal the Affordable Care Act, gutting key protections for people with pre-existing conditions and ending Medicaid as we know it.

I want to recognize some of my colleagues, however, on the other side of the aisle who already stood up to this effort, because no matter how many changes have been made to gain the support of Senators, this bill would be devastating to every State, including my home State of Rhode Island.

Senate Republicans are trying to hide the impact of the bill, potentially forcing a vote before the nonpartisan Congressional Budget Office is even able to publish a full score and analysis of the bill, including estimates for how many people would lose coverage and how healthcare costs would be affected.

Late yesterday, we received a preliminary estimate from CBO saying that, similar to previous TrumpCare bills, this proposal would leave millions more Americans without health insurance because of massive cuts to Medicaid. We will not see a more detailed score for weeks. Yet the majority is attempting to rush this through in order to use budget rules that expire on Saturday that enable passage of this bill with just 51 votes.

Fortunately, a number of nonpartisan organizations are publishing data on the latest bill, and they all agree that this bill would have a similar impact as the previous TrumpCare bills. Tens of millions of Americans would lose coverage, State budgets would be decimated, and costs would increase—especially for those with pre-existing conditions, who would be priced out of the market entirely. According to one of these organizations, Avalere, Rhode Island is slated to lose \$3 billion by 2027, and the cuts only get worse from there. Medicaid would be cut drastically, meaning our most vulnerable citizens would lose access to health care, including children, people with disabilities, and seniors.

Over 60 percent of nursing home residents in Rhode Island access care through Medicaid, and half of Medicaid spending is on these long-term care services.

It would become impossible to protect these programs from the cuts projected under this bill. In fact, States would be forced to cut not only health care but also education and infrastructure and other priorities to make up or try to make up—and I think “try to make up” are better words to use—the difference. This would be nothing short of a crisis in every State in this country.

We have already spent so much time this year having this fight—time we could have spent working across the aisle to improve health care, to end se-

questration, and to ensure a stable Federal budget to improve our economy.

In fact, after the efforts to pass TrumpCare failed just 2 months ago, Republicans and Democrats on the Senate Health, Education, Labor, and Pensions Committee joined together in a bipartisan fashion to come up with a bill that would improve our healthcare system and lower costs for everyone. Significant progress on this effort has been made.

However, by resurrecting this TrumpCare debate, we are again on the brink of voting on whether to kick millions of Americans off of their health insurance. With this effort, Republicans are taking our health care system hostage again, as deadlines approach this week for finalizing insurance rates for the next year. Health insurance commissioners and other experts have already said that the instability in Washington has caused rates to increase. Yet my colleagues on the other side of the aisle continue down this destructive path.

What is especially egregious is that in addition to the jettisoned ACA stabilization efforts, we also need to extend funding for other critical bipartisan health care priorities, such as the Children’s Health Insurance Program and the community health centers, whose Federal funding expires in just a couple of days. In fact, the Chairman and Ranking Member of the Senate Finance Committee had come to a bipartisan agreement to extend funding for CHIP for 5 years, providing stability and assurances for States and families across the country. However, that work is now on hold, just like the critical ACA stabilization effort.

We must continue to make our voices heard and show the majority that this is not what the American people want. They want us to work together to strengthen health care, increase access, and keep costs down. The enormous outpouring of citizen opposition and health care experts criticizing TrumpCare over the summer was a very powerful statement about what the American people—my constituents and people across the country—believe should be the path forward on health care.

As my colleagues work to make last-minute changes to the bill and conceal the real impacts by refusing to hold substantive hearings and rushing new versions of the bill to the floor with little or no warning, my constituents are not fooled. They continue to write to me, urging me to keep up the opposition to TrumpCare.

Just a week or two ago, I heard from Barbara in Middletown, RI. Her mother has Alzheimer’s diseases and relies on Medicaid for long-term care. Her sister has Down syndrome and has recently been diagnosed with Alzheimer’s disease as well. She also relies on Medicaid for her health care. This new proposal, just like the previous proposals, would be devastating to Barbara and her family.

I urge my colleagues to really think about who would be impacted by this legislation. Whether or not you like ObamaCare or voted for it 7 years ago, this latest TrumpCare bill is not the solution.

I will continue to oppose these efforts and hope to work with my colleagues to improve our health care system and lower costs for everybody.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

PUERTO RICO AND U.S. VIRGIN ISLANDS  
RECOVERY EFFORT

Mr. LEAHY. Mr. President, it was 6 years ago that Tropical Storm Irene tore through my home State of Vermont, and I remember it like it was yesterday. I remember going around the State the next day in a helicopter with the head of our National Guard and reviewing the damage. We are still trying to recover.

In the days after the storm, I came to this Chamber, and I asked for the support that Vermont needed to recover and rebuild. I remember with gratitude that Republicans and Democrats alike in the Senate, from across the country, stood with the people of Vermont. I remember how much the calls of support from Republican and Democratic colleagues meant to me.

Today, we have to do the same for the people of Puerto Rico and the U.S. Virgin Islands. More than 3½ million Americans—remember, these are Americans—have seen their homes and communities destroyed by the double blow of Hurricanes Irma and Maria. The destruction is catastrophic. The details are still coming in.

The vast majority of Puerto Rico is without power and remains in the dark. At least 44 percent—almost half of its people—are without potable water, and some estimates put it even higher. The vast majority of hospitals in Puerto Rico are without power. The food supply is dwindling. Cell phone sites are down, crippling communication on the island. People can’t find out what has happened to their families. We are on the verge of a humanitarian crisis right here on U.S. soil.

President Trump, leaders of FEMA, the Department of Homeland Security, and the Department of Defense have all got to act quickly. We have to put the full force of the United States behind these efforts, as we would in any State where this might happen.

Earlier this month, Congress approved \$15 billion in emergency funding for disaster relief following Hurricanes Harvey and Irma. As vice chairman of the Appropriations Committee, I was happy to support that. These resources should be put to work in Puerto Rico and the U.S. Virgin Islands as well. But it is not going to last for long. This money will run out within a couple of weeks. We have to sustain our commitments to rebuilding and recovering from all of these hurricanes for the long haul—not just in the continental United States but in all parts of the

United States, which include Puerto Rico and the Virgin Islands.

I would ask the administration to prepare an emergency aid request as soon as possible. The Appropriations Committee is ready to move on it, but the Congress—the House and Senate—should act very quickly. We have to stand by each other in times of disaster. When there is a storm, one of us braces for it, and the others have to help pick up the pieces. That is who we are. That is why we act. That is why we are Americans. We are the United States of America—all of us. Now we must make sure that we respond not just in Texas, as we should, not just in Florida, as we should, but in Puerto Rico and the U.S. Virgin Islands. They are part of our country.

#### HEALTHCARE

Mr. President, the Senate finds itself today in a familiar situation: Deeply partisan efforts to repeal and replace the landmark Affordable Care Act have hit a wall. By their own admission, the Senate majority has, with their backs against a wall and a looming deadline to advance legislation by a simple majority vote, put forward one last-gasp effort to roll back access to healthcare for millions of Americans—not because it is sound policy, but in an effort to meet a campaign promise, regardless of its harm to millions of Americans. It is as irresponsible as it is dangerous. These efforts put lives at risk. This zombie project should be abandoned, and we should get back to the constructive and promising bipartisan work toward strengthening troubled insurance markets.

Instead of working on a responsible budget, or disaster relief for Puerto Rico, Florida, and Texas, or on any of the many pressing issues facing our country, we began this week in a situation virtually identical to where we were in July. In fact, it reflects the state of the Senate for much of this year, where policymaking has been replaced by partisanship and politics.

When we considered a healthcare reconciliation bill in July, in spite of multiple drafts and a go-it-alone, hyperpartisan philosophy, the majority leader was still unable to garner enough support within his own Caucus to pass a sweeping healthcare bill. I joined with many Democrats to offer motions to get the Senate back to regular order and have the appropriate committees study the effects of these policies on Medicaid beneficiaries and those with disabilities, on women and children, on seniors, and the most vulnerable, but Republicans voted down those efforts and plowed ahead, seemingly unaware or willingly blind to the real-life impacts of what they were trying to do. During July's debate, the Senate also considered multiple amendments to rewrite the Affordable Care Act. Each of these amendments would have caused tens of millions of Americans to lose insurance and would have made it harder for those with pre-existing conditions to obtain coverage.

When those amendments failed, the Republican leadership attempted to fully repeal the Affordable Care Act. That did not work either.

Instead of learning from that painful process, the Republican leadership emerged from the August recess with a new plan. Released just last week and revised several times since, the proposal of Senators GRAHAM, CASSIDY, HELLER, and JOHNSON was intended to revive the healthcare reconciliation bill the Senate already defeated. Unfortunately, their bill contains all of the problems of previous versions and includes new, troubling provisions that would fundamentally change healthcare in this country for the worse.

This Graham-Cassidy-Heller-Johnson bill—just the latest version of TrumpCare—would make dangerous changes to our healthcare system resulting in millions of Americans losing health insurance coverage, including Vermonters. In fact, based on previous estimates, a provision in this bill would cause 15 million Americans to lose insurance and premiums to increase by an average of 20 percent on day 1.

This hasty proposal would allow insurance companies to charge seniors, those with disabilities, those with pre-existing conditions, and women more for coverage. These are all discriminatory policies that the Affordable Care Act changed.

Like previous versions of TrumpCare, this bill would end Medicaid as we know it by capping spending in the program and forcing States to cut eligibility, benefits, or both. What is worse, this new version of the bill would fully repeal the tax credits and subsidies created under the ACA and instead give States inadequately funded block grants with no requirement that the funding goes to those in need.

States like Vermont have done the right thing. Because of Vermont's Medicaid expansion, thousands of Vermonters now have access to life-saving health insurance and care. That is never been more critical than now as we continue to grapple with the opioid crisis.

This latest Republican proposal would hurt States like Vermont, simply for doing the right thing and expanding coverage. In the latest version of the Graham-Cassidy-Heller-Johnson proposal, there seems to be no consistency to how block grant funds are divvied between States, leaving some to conclude the formula is merely a ham-fisted attempt to appease some reluctant Republican Senators to support this measure. By 2027, all States lose under this proposal as the block grant funding created under this proposal runs out. You cannot consider legislation of this magnitude, with such far-reaching truly life-and-death consequences, with no debate and no meaningful consideration. This is not the way the Senate, the greatest deliberative body in the world, should con-

duct such expansive and impactful policies. This is not the Senate that I know and respect.

Yesterday, the Senate Finance Committee held the only hearing in the Senate on TrumpCare. We heard how devastating this bill would be for millions of Americans who depend on subsidies to purchase health insurance. We heard how reduced funding would force States to choose what services to cover for children, pregnant women, and those with disabilities who depend on Medicaid. Benefits like maternity coverage or homecare will be at risk as States choose to relax the insurance requirements under the ACA. Remarkably, experts disagreed with the authors as to what this amendment would mean for those with preexisting conditions.

One thing the hearing made abundantly clear is that this sweeping policy needs further examination. The Congressional Budget Office says it needs at least a couple of weeks to fully examine this proposal. How many will lose insurance? How much will premiums increase? How many will lose access to health care? These are fundamental questions to which we do not and will not have answers before the majority's arbitrary timeline is up. The preliminary estimate released late Monday by the CBO says that "millions" of Americans would be uninsured as a result of the Graham-Cassidy-Heller-Johnson proposal. What is more, I have not heard from a single health-related group that supports this measure.

So why does the majority insist on pushing forward? It seems they are so intent on voting on anything that they would have us consider an unexamined, hastily cobbled together bill solely to repeal the ACA—for the express purposes of fulfilling a crassly partisan campaign promise. This would be nothing more than legislative malpractice. Their desire to undo any of the success of the Obama administration, at any cost, would have them push forward a proposal that would devastate our health insurance markets, cause millions to lose insurance, and fundamentally change the Medicaid Program, and the best reason the Republicans can come up with for supporting this new attempt is "because we said we would."

In Vermont, the effects of TrumpCare would be disastrous. Since the passage of the Affordable Care Act, Vermont has made exceptional progress to cut the rate of uninsured Vermonters by half. The number of uninsured Vermonters is now below 4 percent. Because of the Medicaid Program and the Children's Health Insurance Program, known as Dr. Dynasaur in Vermont, 99 percent of children have health insurance in our State. TrumpCare, in any version, places Vermont's progress at risk.

Vermont has also worked on new and innovative ways of delivering healthcare, which has brought down

costs and increased coordination of care. One of the most significant ways Vermont has done this is through existing flexibility in Medicaid. It is through the Medicaid Program that Vermont has offered comprehensive treatment and counseling services for those suffering with opioid addiction. In Vermont, 68 percent of those receiving medication assisted treatment for opioid addiction are Medicaid recipients. If hundreds of billions of dollars are cut from the Medicaid Program, States will be forced to limit coverage, jeopardizing Vermont's ability to overcome this crisis. Provisions that cap Medicaid spending do not create "flexibility" in Medicaid. This policy would instead force States to ration care.

Let's talk about what that means to Vermonters. This week I heard from Deborah in Waterbury, VT, who wrote to me urging me to vote to protect Medicaid funding:

For a while Medicaid paid for medical care my son and I needed. Later Medicaid funding, and the cancer care it paid for, literally saved my life. It turns out many Americans find out that they or someone they love needs medical care or disability services that only Medicaid covers. Medicaid not only helps individuals and families who need medical care or disability services in the community; it also pays for approximately 64 percent of the people in nursing homes—financial help that is necessary because so many people spend down their life savings in the first few years of care. I am glad that over the years some of my tax dollars have paid for needed services for others. I believe we must and can improve the quality, affordability and effectiveness of health care in this country; but we won't do it by denying so many Americans basic health and disability services.

Consider this deeply personal story from Allyson in Brattleboro:

About a year ago, I got a migraine. It never went away. Instead, it got worse and worse, and turned into what is called a hemiplegic migraine. These migraines look and feel like strokes, but are 'just' migraines. I started having seizures soon after that; they would later be diagnosed as psychogenic nonepileptic seizures. I have also had rheumatoid arthritis for five years.

The saving grace in all of this has been Medicaid, made available to me through the Obamacare Medicaid Expansion. I have not had to worry about affording the care I've needed (probably close to \$100,000, plus \$80,000 in prescriptions), which has taken one huge worry off my plate. I could go to the seizure monitoring unit at DHMC for a week without stopping to wonder how I was going to pay for it. I could fill my—prescription (\$4,000 a month) without worry, and continue to walk around and look after my kids. I could try several medications for migraine to try to get better. And I could get good, solid therapy for mental health treatment.

Without these things, and the Medicaid that pays for them, I would be far sicker than I am now. I would not be able to care for my children, or work even a little bit. I would likely die young. Instead, I am making it through, spending time with my children, and healing.

Please continue fighting for my healthcare, for my life.

Vermonters came to Washington Monday in their efforts to attend the sole hearing on the hapless Graham-

Cassidy-Heller-Johnson proposal. They waited in line for hours, and they were not granted access to the hearing, held in a smaller room despite the known public interest in this hearing.

Waiting in line for a hearing he was not allowed to attend, Drew from Readsboro said:

"[T]his is my second time down here. I'm here to finally kill this bill as it will result in the deaths of millions of Americans and significant loses to Vermont's funding."

Todd from Bennington said:

The reason I oppose the bill is being I'm a walking pre-existing condition. Diabetes, high blood pressure. It's getting under control, but it wouldn't without healthcare.

Mari from Lincoln said:

I'm here because I have to. Like Marcelle [Leahy], I've been a nurse for almost 30 years and if it weren't for the Affordable Care Act many of the patients that I'm caring for now in the inpatient cardiology unit at the University of Vermont Medical Center would either not be alive or would be in a much more devastating situation. Many of the young adults that I care for in the cardiology unit have opiate addiction and are there with serious infections because of that. And if it weren't for the part of the Affordable Care Act that allowed young adults up to 26 to still be covered by their parents insurance, many of these young adults would not be alive. So I've been fighting for health reform in Vermont for decades now . . . This is THE most immoral bill I've seen in my 58 years of life . . . I'm appalled and I'm angry, and I'm very motivated. I wish we didn't have to be here but I'm so proud to be here.

These are real stories, real lives. This matters.

These TrumpCare proposals are not healthcare bills. A true healthcare bill would not kick millions of Americans off health insurance. A true healthcare bill would not allow insurance companies to charge people more for less coverage. A true healthcare bill would not move us backwards to a time when healthcare was unaffordable.

Where there are deficiencies, let's fix them. Where we can find common ground, let's act. One of the first things we should do is stabilize the insurance market by making cost-sharing payments permanent. Earlier this month, the Senate was doing just that. The Health, Education, Labor, and Pensions Committee held bipartisan hearings aimed at stabilizing our insurance market. This week, the Finance Committee reached an agreement on a 5-year extension of the Children's Health Insurance Program. This is important progress that should not be cast aside.

We should also be working to shore up funding for our health centers, which will see a 70 percent cut at the end of the month if we fail to act. One of the issues I hear most about is the cost of prescription drugs, which is why I have introduced a bill along with Senator GRASSLEY that would help reduce drug costs by helping generic alternatives come to market faster. The American people expect us to work on real solutions. We should not be pushing a plan that hasn't been vetted where the primary goal seems to be to

get to 50 votes, rather than actually improving our health insurance system.

Was the Affordable Care Act absolutely perfect when it was passed? No, and we acknowledged the need for continual improvement as the ACA would be implemented, but unlike with other important social programs that have been created over the years—such as Social Security and Medicare—Republicans have not allowed us the opportunity to improve, strengthen and perfect it over time. Those programs were also not perfect, but instead of playing partisan games, Republicans and Democrats came together to get something done, time and time again. We did not vote to repeal the Social Security Act. No, we came together, and we discussed what needed to be done to better help the American people, not unravel their safety net.

We must end this dangerous exercise of considering sweeping policy solely for the purposes of fulfilling a nearly decade-long partisan campaign promise. We should move forward in a responsible way. We should act in the best interests of our constituents and not resort to cynical, bumper-sticker politicking. At its best, the Senate has been able to act as the conscience of the Nation. I hope now is such a time and that the Senate will rise to the occasion and abandon these harmful efforts.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from New Mexico.

Mr. HEINRICH. Mr. President, after the rushed and secretive effort to repeal the Affordable Care Act failed earlier this year, I had hoped that we could finally turn the corner and move forward in a bipartisan fashion to find some real solutions to our Nation's remaining healthcare challenges.

I still believe that most of us here in the Senate—including Senators ALEXANDER and MURRAY in the HELP Committee—are willing to work across party lines to find consensus on pragmatic improvements. That is why I was so appalled that President Trump and Republican leadership are reviving a last-ditch effort to pass a disastrous bill that would upend our healthcare system and take away insurance coverage from millions of Americans.

Worse yet and even harder to believe, the bill that Republican leadership is rushing to the floor for a vote this week potentially is actually worse than any previous versions of this legislation. The so-called Graham-Cassidy bill they are hoping to vote on would mean higher premiums for worse coverage and millions of Americans losing their health insurance. It will permanently gut Medicaid. Let me say that again. It will permanently gut Medicaid. And despite promises to the contrary that Republicans have long made, it would end key protections for people with preexisting conditions, such as diabetes and heart disease. In short, it would throw our entire

healthcare system into chaos. That is just awful policy any way you look at it.

How did we get here? For over 7 years, Republicans in Washington have cheered shortcomings in our healthcare system and blamed the Affordable Care Act for every single problem, under the premise that they would do better if we only put them in charge. The trouble has been that their opposition to the ACA has been more rooted in bumper sticker politics than it ever was about actual policy or plans to do better for the American people. The long-lasting effort on display throughout this year in the Senate is only further evidence that President Trump and Republicans in Congress don't have any real solutions to improve our Nation's healthcare system.

After months of negotiations behind closed doors, when Senate Republicans released their secret TrumpCare bill in July, its contents proved too harmful for passage, even in their own caucus. Now they are hoping for one more last-ditch vote before the end of September to pass something, anything to follow through on their reckless mission.

One consequence of this legislation that is so important to my home State of New Mexico is that if we pass this bill, it will spell the end to any progress we have made in fighting our Nation's opioid and heroin epidemic. It is nothing short of hypocrisy for President Trump to say they are taking this major public health crisis seriously when they are supporting this bill.

Ironically, the bill before us actually does less to combat opioids than the bill that was too draconian and damaging to pass last time. It is not just the behavioral health system and opioid treatment that will be upended if we dismantle the Medicaid Program; Medicaid pays for seniors in nursing homes, for school nurses who care for our kids, and for Americans with disabilities, and Medicaid has been a financial lifeline for hospitals and health clinics in rural communities across this Nation. I know this because I have heard it directly from our rural health providers in New Mexico. If we pass these drastic cuts to Medicaid, some of our rural health providers in New Mexico may very well have to close up shop.

This is not some partisan assessment; this is what will happen according to many experts and people in the healthcare field who have nothing political at stake in this debate. The Medicaid directors for all 50 States and the Republican and Democratic Governors alike have come out against this bill.

Look, I am not outraged about all of this because I am a Democrat or because of what I think of President Donald Trump; I am outraged about this bill because of what it will do to New Mexico families and to the communities I represent.

If we can halt this mad rush, we could all—Democrats and Repub-

licans—get to work on the problems with healthcare that we all agree need attention. There is work to be done, no doubt about it. There is still time to do what is right for the American families who elected us to work together and make their lives better. The Graham-Cassidy bill simply does not do that. There is still time to change course—to go through regular order, to hold hearings—plural—and to build a consensus on fixes and improvements to the healthcare system. As Senator MCCAIN told us all earlier this year, “We’ve been spinning our wheels on too many important issues because we keep trying to find a way to win without help from across the aisle.” Well said.

There is a better way forward. I am confident that most of us would welcome a bipartisan, regular order approach. We need to remember that there are real people's lives that hang in the balance in this debate. I have heard so many New Mexicans talk about what health coverage means to them and their families. I don't know about you, but that is whose interests I am looking out for.

Real, bipartisan solutions to the challenges in our healthcare system are within reach if President Trump and the Republican leadership would just be willing to let us work together to find them.

Thank you, Mr. President.

The PRESIDING OFFICER. The Senator from Massachusetts.

PUERTO RICO AND U.S. VIRGIN ISLANDS  
RECOVERY EFFORT

Mr. MARKEY. Thank you, Mr. President.

I would like to start my remarks today by offering my prayers and my support to the people of Puerto Rico and to their family members and friends here in the United States, many of whom have still not been able to get information about their loved ones.

Massachusetts is home to the fifth largest Puerto Rican community in the mainland United States. It is a vibrant community, an engaged community, and since Hurricanes Irma and Maria, it has been a mobilized community. They are horrified by the images that are emerging from the island, pictures and videos of destroyed homes and of the massive flooding and widespread devastation. These images are difficult for any of us to see, and for those who have family there, these scenes beg for immediate action. Thousands of families are homeless, infrastructure is almost beyond repair, and much of the population will be without power for an indefinite period of time going into the future.

We need to act now. We must treat Puerto Rico just like any other U.S. State that is experiencing a natural disaster. That means that the United States should continue deploying its military and civilian assets to provide lifesaving search-and-rescue, food, shelter, and power to residents of the island. Congress must also act to immediately provide additional aid and

funding so that the island can begin the long process of rebuilding.

Puerto Ricans, like Texans, like Louisianans, and like Floridians, are U.S. citizens. They are our sisters and brothers, and it is our moral obligation to provide them with help and relief in this time of their greatest need.

As we debate healthcare, let's remember that in the wake of these devastating storms, Puerto Rico and the U.S. Virgin Islands will have enormous public health needs. They will be subject to an increased risk of disease transmission from a lack of clean drinking water, to physical injury from the storm, and to mental and behavioral trauma from the remarkable losses they are suffering. For those who are suffering from chronic conditions, such as diabetes and cancer and heart disease, finding and accessing treatment will be a daily struggle. Puerto Rico is a medical tragedy that is happening right before our eyes. History will judge us by how quickly we respond to this catastrophe.

HEALTHCARE

Mr. President, we should remember that this debate over healthcare is not confined to just this week, and it is certainly not confined to this building or even to this mainland.

Yesterday, I held an emergency roundtable with the leading healthcare leaders in Massachusetts. These are the healthcare heroes who provide compassion and treatment each day to their patients. They all spoke poignantly about the devastation that would come from repealing and replacing the Affordable Care Act.

Dr. Peter Slavin, president of Massachusetts General Hospital, said: “To repeal the [Affordable Care Act] would be a horrible sin for this country.”

Yet that is exactly what the Graham-Cassidy bill is. It is a cruel and inhumane sin that would damn millions of American families.

In some cases, this most recent TrumpCare proposal is even worse than the failed bills before it. The bill proposed the use of a totally subjective formula which was changed at the whim of the bill's sponsors to entice more Republicans to vote in favor of it. The bill was nothing more than something that had political plastic surgery that had been performed, but it was fundamentally the same bill.

At the roundtable I held in Boston yesterday, Dr. Henry Dorkin, president of the Massachusetts Medical Society, said: “I fear that if Graham-Cassidy were to pass, we would go back to attending more funerals of children.”

There is simply no reason to go back to a time when people died of preventable or treatable conditions simply because they did not have access to insurance.

Just moments ago, we learned that the Republican leadership will not hold a vote on this disastrous bill. They simply did not have the votes. Right now, millions of Americans are again breathing a sigh of relief.

I applaud my colleagues Senator JOHN MCCAIN of Arizona, Senator SUSAN COLLINS of Maine, and others in this Chamber who are calling for a bipartisan process to strengthen and improve our healthcare system. We have done it before on the opioid crisis. We have done it on Alzheimer's and other medical research funding. I still believe we can do it here. We need to do what we have done so many times before and focus on bipartisan solutions instead of partisan exercises.

I hope we can put Graham-Cassidy and other TrumpCare proposals behind us and embrace bipartisan negotiations led by Senators ALEXANDER and MURRAY to stabilize the individual health insurance market.

Just last week, Senators WYDEN and HATCH introduced bipartisan legislation to reauthorize the Children's Health Insurance Program for 5 more years. There are a number of bipartisan healthcare issues that need immediate attention this week, such as the funding for community health centers and extending the number of Medicare policies.

This bill was not our only option. It is not even really an option, at least not for those Americans with pre-existing conditions, who are on Medicaid, or who need opioid treatment.

We need to work together in this Chamber to improve health in a way that works for all Americans regardless of where they live or who their Governor is. That is the responsibility of those who serve here, and now let us have a new beginning, where we begin to work together to solve those problems.

I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. CARPER. Mr. President, while the Senator from Massachusetts is still with us on the floor and in other ways as well, I just want to say a couple of things.

One, good for the Senator. He just said a mouthful, and he said what needs to be said. What he said is that there is not just one or two choices. Somebody said to me yesterday: Well, it is a choice between either a single-payer or Graham-Cassidy. Those are our choices.

Uh-uh. No. No. I think a far better choice for us to take is in the example of leadership set by Senators ALEXANDER and MURRAY on the Committee of Health, Education, Labor, and Pensions. As the Presiding Officer knows, in a span of 2 weeks, they held four bipartisan roundtables with Governors from all over the country, insurance commissioners from all over the country, healthcare providers, insurance, and health economists to ask: What should we do? What should we do right now in our being faced with the challenge and maybe the possibility of repealing the Affordable Care Act? What should we do?

They all said the same thing—stabilize the exchanges. Every State has a

health insurance exchange, an individual marketplace. Stabilize them. They all basically said to do mainly three or four things to stabilize them:

No. 1, make clear that these cost-sharing subsidies, which help lower income people in the exchanges with their copays and deductibles, are not going away. Make it clear that they are going to be around for at least a couple of years.

No. 2, either give the States the ability to create their own reinsurance plans or create one for the Federal Government, by the Federal Government, involving the Federal Government.

The third thing they said is, if we are not going to enforce the individual mandate—I, personally, think we should—then make sure there is something that is just as effective as the individual mandate in order to make sure that young people—millennials like my sons—are getting their healthcare. They are in the exchanges, and they are helping to make sure there is a healthy mix of people to insure.

Those were almost word by word, panel by panel, what we heard in four different hearings by the HELP Committee during four different bipartisan roundtables that preceded those hearings. They all said to fix the exchanges.

I have an old friend who is now deceased. He was a Methodist minister for many years in southern Delaware. He used to give me this advice when I was Governor: Just remember this, TOM—the main thing is to keep the main thing the main thing.

That is what he said. The first time he said it, I didn't know what he was saying. It took me a while, but I finally figured it out. The main thing is to keep the main thing the main thing.

Right now, the thing that we can do and ought to be able to agree on is to stabilize the exchanges. Premiums do not have to go up in the exchanges by 30, 40 percent. If we would simply do one thing and make it clear that these cost-sharing subsidies are not going away and give that green light to the insurance companies, insurance commissioners across the country will reduce significantly the increases in the premiums.

I have been told by more than a few health insurance companies that if we would do that and make sure there is some kind of reinsurance program in place, in effect, and also make it clear that the individual mandate must continue to be enforced—and if it is not, then replace it with something that is just as good—if we would do those three things, we would see premiums go down anywhere from 30 to 35 percent in the exchanges across the country. Who mostly benefits from that? Who benefits from a 30- or 35-percent reduction in premiums in the exchanges? The folks who are getting their insurance in the exchanges benefit, but do you know who else probably benefits even more? Uncle Sam. The reason is that most of the people who get their

coverage in the exchanges benefit from a sliding scale tax credit that buys down the cost of the premiums. If the premiums go down by 30 or 35 percent, that means that Uncle Sam, out of the U.S. Treasury, pays less money in the form of those tax credits. That is not a bad deal.

Our Republican friends like to talk about dynamic scoring. I am not sure I believe dynamic scoring is real, but I believe if we actually do help drive down the cost of premium increases, Uncle Sam is a big beneficiary of that.

The last two things I want to say are, No. 1, I thank Senator ALEXANDER and Senator MURRAY for the great bipartisan leadership they have shown. I had a chance to go to four bipartisan roundtables a couple of weeks ago. They welcomed people not on the HELP Committee. I am on the Finance Committee, as is the Presiding Officer. We have shared jurisdiction with the HELP Committee. But we have the opportunity in our committee to sort of follow the lead, if you will, of what they are doing on the HELP Committee and do bipartisan hearings and bipartisan roundtables of our own.

Why don't we sort of pick up where we were about a week and a half ago when the prospect of debating and voting on Graham-Cassidy came out of nowhere and led to yesterday's 5-hour hearing in the Finance Committee? Why don't we pick up where we left a week and a half ago and get to work again?

This is not something we ought to take weeks or months to do. Let's just do the main things; that is, stabilize the exchanges, and if we do nothing else in the next week or so, let's make it clear that these cost-sharing subsidies are not going to go away. We help people on the exchanges, the premium increases go down, and we actually help the Treasury. That is not a bad deal.

The last thing I want to say is for those people who say that Democrats believe the Affordable Care Act is perfect and nothing needs to be changed. That is just nonsense. The Presiding Officer and I can sit down and tick off a number of things that ought to be addressed and fixed. He and I probably, as smart as we are, are not smart enough to figure out all of them. We need to have a good hearing and good conversation amongst ourselves and with a broad section of shareholders and stakeholders across the country. As a recovering Governor and former chair of the National Governors Association, I want to hear the voices of the Governors. I want to hear the voices of the insurance commissioners and a whole lot of other people who are affected by this.

Every President, I think, since Harry Truman has called for providing healthcare coverage for just about everyone in our country—every President. Along the way we made some advances with Medicaid and Medicare with Lyndon Johnson. We made some

advances in the Clinton administration with ORRIN HATCH and Ted Kennedy's legislation creating the CHIP Program, the Children's Health Insurance Program. We are still a long way from where we ought to be for health insurance in this country.

Here is the trifecta of where we would like to go and where Presidents and leaders have said forever that we ought to go. No. 1, provide quality healthcare for people in this country; No. 2, do it in a cost-effective way; and No. 3, cover everybody. We are doing a lot better job of covering everyone. We have 20-some million people who don't have coverage. That is down from 50 million people years ago.

We still have people without coverage. We spend a lot more money in percentage of GDP in this country than most other advanced nations. We have to continue to get better results for less money and have a real focus on value.

There is a lot of encouraging work going on in my State. I know in Ohio there are places like the Cleveland Clinic. There are places like Christiana Care in my State. There is a lot of encouraging work going on, and we ought to build on it and find out what works and do that.

Lastly, I want to give a shout out to Senator GARY PETERS and Senators DUCKWORTH, STABENOW, myself, and a couple of others who have been focused on a veterans' health motion to commit. I want to say a few words about healthcare as it pertains to veterans. This has been lost sometimes in the shuffle.

The Medicaid Program in our country covers about 25 percent of the people who get healthcare in this country. Medicare is about 15 percent. The majority of people who get healthcare coverage in this country get it through their large group plan. We have 6 percent or 7 percent who get coverage through the exchanges.

As a navy veteran, an ROTC guy, retired Navy Captain, we know that not every veteran actually gets their healthcare coverage from the VA. A number of them aren't eligible for that. As it turns out, among the people who receive coverage under Medicaid today, a lot of them are old, a lot of them are like our parents, grandparents, aunts, and uncles. The reason they are eligible for Medicaid is they have spent down their resources and assets, and they are old. A bunch of them have dementia. Maybe the family is unable or unwilling to take care of them, and they end up in a nursing home, and Medicare picks up the tab.

I described it yesterday in our Finance Committee hearing. It is like a tsunami. My generation, the baby boomers, are moving into their retirement and moving into their seventies, eighties, and nineties, in some cases. A lot of them are old, and they have dementia. A couple million of them are veterans who get their healthcare coverage through Medicaid.

In Ohio and other places, and certainly in Delaware, we have huge problems with opioids and heroin. The biggest form of treatment, as the Presiding Officer knows, for people with drug addiction in this country is Medicaid. Those are some reasons we think it is important not to touch one hair on the head of Medicaid, if you will, but to try to figure out how to make changes in a smart and humane way.

Let me say a word or two about veterans' healthcare. My understanding is that the last version of the Republican healthcare proposal was pulled today, not to be voted on. It totally cut several hundreds of billions of dollars from Medicaid. I believe most everyone says that is true. Not every veteran has access to the VA for healthcare. Nearly 2 million veterans, as I mentioned earlier—that is 1 in 10 veterans in this country—rely on Medicaid for their healthcare, and that includes some 6,000 veterans who are living in my own State of Delaware.

The Affordable Care Act provided healthcare coverage to some 340,000 veterans in the States that expanded Medicaid. For our veterans who rely on Medicaid, the most recent TrumpCare proposal would significantly scale back benefits or cause them to lose their benefits altogether. Veterans who rely on those benefits would see higher healthcare costs and lower quality care if they could access it at all. All the while, we know veterans are at high risk for serious and complex issues because of their service.

I want to close by saying in a heartfelt way that we all know veterans. We have an obligation to those who have served us to make sure we take care of them later in their lives. We do that in a variety of ways.

The VA system is much maligned in my State. It is not perfect, but I think they do a darn good job. We have one big hospital in Northern Delaware and two community-based outpatient clinics—one in Dover and Centerville and another one in the southern part of our State. They do a very good job.

We are about to open a brandnew, 10,000-square foot community outpatient clinic in Georgetown, DE, the county seat of our southernmost county. Having said that, not every veteran in Delaware can access those facilities. For them, Medicaid is useful, and in some cases it is critical to having any care at all. We should keep that in mind. The challenges of the focus that were created by the possible vote here on this floor are now averted on the Graham-Cassidy proposal. As we go forward in a bipartisan way, let's work together to fix the things in the Affordable Care Act that need to be fixed and preserve those that need to be preserved, and for the aspects that need to be dealt with or dropped, let's figure out how to do that in a smart and humane way. We need to also keep in mind that a couple million people who use Medicaid are veterans themselves.

With that, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

PUERTO RICO AND U.S. VIRGIN ISLANDS  
RECOVERY EFFORT

Mrs. GILLIBRAND. Mr. President, I rise to speak about the humanitarian crisis in Puerto Rico and the U.S. Virgin Islands. This is one of the worst disasters our country has ever seen.

The men, women, and children who live on these islands are American citizens. Do not forget that. They are suffering, and they need our help. They have no food to eat, no water to drink, no power, and no refrigeration. If we don't give them help now, then many more people there will die—far more than those who were killed during the hurricane itself.

I urge my colleagues to think about our fellow American citizens in Puerto Rico and the U.S. Virgin Islands and what they are suffering through right now. Listen to their cries for help. Listen to what one of my constituents said to me:

We need help getting my grandparents to come to New York. Their house is damaged and not safe. My grandfather is 93 with Alzheimer's. He is bed bound. He has not been able to walk for over 18 months. My grandmother is 92 and diabetic with a heart problem. My aunt is 68, and we think had a brain aneurism and needs medical care. Please help them. Help get them to New York. We can pay for the plane ticket. We need help getting them to the airport and putting them on the plane.

Another New Yorker told me that her father is a veteran of Vietnam and is a retired police department lieutenant who now lives in Puerto Rico. This veteran of the U.S. military told his daughter that he suffered from head trauma because he slipped and fell while clearing water from his house. He told his daughter that Puerto Rico is devastated and looks like an atomic bomb has struck the island. He is without power, cell phone use, and water. He told her that Mother Nature had unleashed a monster on them.

He said, "God have mercy on us," and then told his daughter that he loved her.

This man is a veteran. He served in our military alongside so many other Americans from Puerto Rico. He protected our country when we needed him, so we need to protect him now.

How would you respond if this humanitarian crisis happened in your State or in my State or any other State around the country?

Can the Presiding Officer imagine what this would be like if it were Ohio? Can you imagine what this would be like if it were New York? We would act as quickly as we could. We would give people there every resource they need to recover. We wouldn't hesitate even

for a moment. This is urgent and serious, and we have to help our fellow citizens now.

Congress must provide the funding necessary to send every resource available. Help them clean up. Help them recover without further delay. That includes providing disaster community block grant funding, just as we did for the people of Texas and Florida. We cannot turn our backs on our fellow citizens.

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

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

#### HEALTH CARE

Mr. UDALL. Thank you, Mr. President, for your recognition.

I rise today with my colleagues from the Senate Committee on Indian Affairs, Senator HEITKAMP and Senator CORTEZ MASTO, to talk about how the Republicans' latest and most heartless healthcare bill hurts American Indians and Alaska Natives.

I have just heard some good news that this bill might not be brought up for a vote this week, but Republicans insist that they will continue their efforts to repeal the Affordable Care Act and raid the Medicaid expansion program, which will devastate Indian Country. So this latest withdrawal is great, but they are saying that it is not going away. So we have to maintain vigilance on this issue.

We came together before, in July, when Republicans' Better Care Reconciliation Act threatened to roll back healthcare for Native communities. With that bill's defeat, we hoped the debate over legislation that jeopardized healthcare for Native communities was behind us, and we hoped we could begin to work in earnest in a bipartisan way to address the real healthcare problems that Americans face.

Given this new threat, my Indian Affairs Committee colleagues and I must remind this Chamber, once again, that the Federal Government bears a solemn trust, treaty responsibility, and obligation to ensure that Native Americans receive quality healthcare. Each version of the Republican repeal we have seen so far violates that trust responsibility by taking healthcare away from hundreds of thousands of Native Americans and abdicating the Federal Government's Native healthcare responsibilities. If any of these proposals pass, Native Americans' health and lives will be in danger. These efforts must be stopped.

Everyone familiar with Indian Country knows that the Indian Health Service is severely underfunded. "Don't get sick after June" was a familiar refrain on many reservations, pueblos, and vil-

lages. Limited funding meant medical services were often rationed to only emergency care or life and limb. IHS patients were not guaranteed access to comprehensive medical services, specialized services, or preventive care.

The Affordable Care Act and the Medicaid expansion changed this equation and changed it dramatically. The ACA alone has increased third-party billing revenues to IHS more than 25 percent, and Medicaid funding for IHS has increased nearly 50 percent. Tribal and urban health facilities have been able to move away from healthcare rationing.

Medicaid expansion has provided health insurance to an additional 290,000 Native Americans from 492 Tribes—almost 90 percent of all Tribes. This includes 45,600 Tribal members from my home State of New Mexico.

Uninsured rates in Indian Country have decreased from 53 percent to 39 percent, and many Tribal communities' uninsured rates are even lower. At the Santa Domingo Pueblo in New Mexico, 22 percent of Kewa Pueblo Health Corporation's patients were uninsured in 2013. In 2016, the uninsured rate was down to 7 percent. At the IHS Sante Fe Service Unit in New Mexico, 84 percent of our patients now have some sort of insurance. On the Turtle Mountain Reservation in North Dakota, they have seen a 14-percent reduction in uninsured Tribal members. At the Portland Urban Indian Health Center, the rate of uninsured has gone from 56 percent to 8 percent, solely due to Medicaid expansion. This is impressive. Let me just say that again. It has gone from 56 percent uninsured to 8 percent.

Medicaid expansion has helped to make up for this historic underfunding in IHS services. Third-party billing revenue through Medicaid is now up to 35 percent of the Kewa Pueblo Health Corporation's total budget. For the Jicarilla Apache Tribe in New Mexico, Medicaid makes up more than 75 percent of their third-party billing revenue. At the Navajo Crownpoint IHS hospital, 50 percent of their budget comes from Medicaid third-party billing revenue. For Seattle's urban Indian health clinic, operated by the Seattle Indian Health Board, Medicaid and Medicare expansion have resulted in a revenue increase of 146 percent since 2012.

Medicaid expansion has allowed IHS to expand services and build new facilities. Kewa Pueblo Health Corporation has used some of its third-party billing to offer new specialty-care services, like obstetrics and podiatry, and to build new clinic space. Santa Fe IHS used its additional funds to build new examination rooms for Santa Clara Pueblo, establish a mobile health unit for San Felipe Pueblo, and update outpatient rooms at the main clinic in Santa Fe. The Seattle urban Indian clinic uses its additional revenue to expand patient services to include a pilot opioid addiction program.

In the words of the National Council on Urban Indian Health, Medicaid ex-

pansion has been an "unqualified success." The ACA brought new hope to Native families and communities.

But this latest Republican plan will undo this success. Thank goodness it has been withdrawn. In that plan, they claim they will preserve Medicaid expansion eligibility rules for Tribes. This offers a false hope.

Like most people on Medicaid, Tribal members go on and off the rolls as their income fluctuates. Proposals like Graham-Cassidy would require that they be continuously enrolled in Medicaid expansion and work to receive benefits. If not, they would be dropped permanently from the program.

Section 128 of Graham-Cassidy is also being pushed as helpful to Indian Country. This section expands IHS's Federal reimbursement rate to non-Native providers, but really it is a veiled attempt to buy off State leaders concerned about massive cuts to the Medicaid Program. It will not improve Tribal healthcare facilities. It will undercut the IHS, and it will undermine the Tribal self-determination by bypassing Tribal input in the Federal Medicaid reimbursement process.

There are 30,000 Native Americans who now have private individual health insurance thanks to the ACA. Every Republican plan so far strips away the ACA's cost-sharing subsidies and tax credits, which help make private insurance affordable for many of these Tribal members and for millions of working Americans. The Republican bill does nothing to help these Native Americans keep their health insurance.

The sponsors can try to dress this bill up, but the glaring reality is that TrumpCare 2.0 would be terrible for Indian Country. In fact, it is worse for Tribes than any other proposed repeal plan so far.

It is no surprise that prominent Native organizations—the National Indian Health Board, the National Congress of American Indians, and the National Council of Urban Indian Health—oppose Graham-Cassidy and proposals like it. They join virtually all major patient advocate organizations and medical organizations in their opposition, including the American Heart Association, the American Cancer Society, the American Lung Association, and the American Medical Association.

Eighty percent of the American people disapprove of the Republicans' attempts to undermine healthcare. Graham-Cassidy is woefully out of touch with the American people and, especially, with Indian Country. I am glad this bill will not receive a vote this week.

Just like tens of millions of our fellow Americans, Tribes, Tribal organizations, and individual Native Americans all around the country are worried about what Republicans will do to their healthcare. I have received a record 15,000 calls, emails, and letters from constituents about healthcare this year. Almost all of them have been

opposed to the Republicans' relentless attacks on healthcare, and not a single Tribe has reached out to my office in support of this bill.

These attacks are happening behind closed doors. There was only one rushed hearing, and it was yesterday. There is no formal Congressional Budget Office analysis, and there has been no meaningful consultation with Tribes. Although many of us have called for that, there has been no consultation. It is difficult to adequately describe the recklessness, cruelty, and cynicism in the Republicans' rush to tear down the ACA.

The Senate Health, Education, Labor, and Pensions Committee started a bipartisan effort to address the real healthcare needs in this country, but Republicans froze it once Graham-Cassidy was introduced. I am really hoping now that Chairman LAMAR ALEXANDER and Vice Chairman PATTY MURRAY can get back to the bipartisan work that needs to be done. Other time-sensitive legislation with broad, bipartisan support—like reauthorization of the Children's Health Insurance Program and the Special Diabetes Program for Indians, which need to be enacted before the end of September—was pushed aside.

Congress needs to change focus. We need to work across the aisle to meet the needs of the American people, and we need to improve Native American healthcare. We have come a long way under the Affordable Care Act and the Medicaid expansion, but we are far from being able to declare victory. I echo our colleague from Arizona, Senator MCCAIN. Given the enormous impact of healthcare on the lives of Americans and our economy, we need to find bipartisan solutions through the regular order.

Partisan repeal of the ACA is not right for Indian Country or for America.

Now, Mr. President, I would yield the floor to my colleague from North Dakota, Senator HEITKAMP. I worked for many years as attorney general with Senator HEITKAMP. She was a great champion during those years for Native Americans and, specifically, for Native American children. She has been an incredible advocate on the Affordable Care Act and the good that it has done for Native Americans.

The PRESIDING OFFICER. The Senator from North Dakota is recognized.

Ms. HEITKAMP. Thank you, Mr. President.

To my great colleague and one of the nicest people here, Senator UDALL, who always leads with his brain, we know that his heart isn't far behind, and he has been a tremendous leader, a tremendous advocate, and a tremendous collaborator on this all-important issue.

I think first that we have to acknowledge how grateful and thankful we are that the Republican bill, known as Graham-Cassidy, will not be advanced this week. I don't think it is

the last that we have heard of it, but it is critically important that now we have time to talk about the impacts and we have time to talk about why it is that we found this bill so objectionable, and we have an opportunity to raise the issues that may have been forgotten. I think one of those issues is the unique challenges that Native American people have in receiving and affording quality healthcare in America.

All of the Tribes in my State have a treaty right to healthcare. It is kind of like when they say that, under the Affordable Care Act, you have access to care, but if the care is low quality, if the care is unavailable, if the care is not something you can afford or that will actually provide the kinds of services that you need, it is really not fulfillment of the treaty obligation.

One of the things we know is that many of the programs within the Affordable Care Act have gone a long way toward meeting the Federal Government's treaty responsibility to provide healthcare to Native American people. We talk about how Graham-Cassidy would hurt seniors, children with disabilities, individuals with preexisting conditions like asthma or cancer, those receiving treatment for opioid abuse, and many more. But too often in those statistics, which would encompass many Native American people who unfortunately have high rates of chronic conditions, the specific and unique needs of Native populations are forgotten during debates in the Congress. It happened when Republicans tried to pass their initial healthcare bill over the summer, and it nearly happened again.

Here we are on the Senate floor to make sure that Native communities are not left behind during these discussions in the future. We will be watching to make sure that communities in our State, unique and discreet, and, in fact, treaty Tribes, which are entitled to healthcare by contract, by treaty with the U.S. Government—that their interests are heard and that their voices are heard.

In July, when the Senate was discussing the last Republican healthcare bill that would have taken healthcare away from North Dakota families, I worked with Senator UDALL, vice chairman of the Senate Indian Affairs Committee, to hold a discussion on Tribal healthcare. The purpose was to hear directly from Tribal leaders, including the chairman of the Turtle Mountain Band of Chippewa Indians from North Dakota, about how bad that bill would have been for Indian Country.

During that discussion in July, we lamented—those of us who are on the committee, especially the minority members—that what happens in the Indian Affairs Committee all too often stays in the Indian Affairs Committee. What do I mean by that? I think the stories we hear and the challenges we hear about Native people, which we re-

spond to many times with great empathy, are never taken out of that committee room. They are never understood broadly by Senators in this Chamber. We vowed that day that we are never going to leave those challenges in that committee room. We are going to take those challenges to this forum and to this floor. We want to share our concern about the lack of Tribal consultation in the healthcare debates so far.

Unfortunately, the Graham-Cassidy healthcare bill still does not remotely or adequately protect Native people. Just look at the opposition to the bill from the National Congress of American Indians, the National Indian Health Board, and the National Council of Urban Indian Health. This bill is just as bad as, if not worse than, the previous bill. To push it through without adequate consultation in ways that would fundamentally change our healthcare system is in no way putting the healthcare needs of people first; it is putting politics first. It is irresponsible and unconscionable.

Those of us on the Indian Affairs Committee know undoubtedly that the Indian Health Service is severely underfunded and, some of us would argue, inappropriately managed. It has been that way since I have been here. We have experienced those challenges of lack of leadership, lack of funding, and, really, an attitude that this is the way we have always done it. It has resulted in very many of our institutions losing their CMS certification. That is unacceptable.

The stories are unacceptable, but we also cannot just pin it on Indian health. We have to recognize and understand that this is also a funding problem. So it is essential that we find resources to fill those gaps and enter the Affordable Care Act, where we not only have traditional Medicaid eligibility, but we also have expanded Medicaid, which now has given extra hope to Indian healthcare providers that this resource can be made available without constantly having to beg for additional resources for Indian health. So it is particularly because of these severe challenges at the Indian Health Service that traditional Medicaid, Medicaid expansion, and private health insurance access have been critical for Indian Country, making sure Native Americans can access quality, affordable care to keep them and their families healthy.

Thanks to the increase of third-party payments, we are no longer limited to life and limb care at Tribal and IHS facilities in the Great Plains IHS service area. But the Graham-Cassidy healthcare bill would undo all of that progress. It would slash Medicaid expansion and cap the Federal contributions to traditional Medicaid, pushing those remaining costs onto States and counties that can ill afford it.

Medicaid expansion has significant impact on IHS services at Turtle Mountain, increasing the funding and

resources available to its patient population by increasing healthcare services, increasing Purchased/Referred Care, or PRC, services, and increasing revenue generation.

Here are just some of the statistics that show how Turtle Mountain's IHS hospital has been impacted by the Medicaid expansion: a 13-percent decrease in uninsured patients; a 30-percent increase in Medicaid coverage; a 13-percent increase in traditional Medicare coverage; a 57-percent increase in private insurance coverage; a 9-percent increase in the number of individuals served; a 43-percent increase in revenue generation, i.e., collections; and a 32-percent increase in Purchased/Referred Care referrals. That may sound as if it is good for the institution, but when it is good for the institution—the healthcare provider—it is good for the families who get their services there.

Third-party billing revenue has also allowed the hospital to make renovations to emergency rooms and clinics, purchase new medical equipment, including neonatal monitors, recruit and hire additional staff, including licensed professionals, increase staff training and education, provide Wi-Fi throughout the hospital, and expand its all-important behavioral healthcare facility to serve more patients.

But the Republican healthcare bill would have eliminated these cost-sharing payments that make private health insurance affordable and accessible to American Indian families and North Dakota Indian families for the first time. All through the country you hear this over and over again, in pockets of poverty in this country. For the first time in people's lives, they have an insurance card, and that is a ticket to a future. Without an insurance card, many times people are left behind. This is an issue I have spoken about multiple times because it is so important.

In North Dakota, the Republican bill would have caused an estimate of almost 1,000 Native Americans to lose their cost-sharing reduction payments. The Republican healthcare bill would also jeopardize all-important mental health services for Native youth and could remove a trauma-informed approach to students' education. The Mandan, Hidatsa, Arikara Nation from my State is working to set up a mental health pilot program in their schools by next year in this partnership with Nexus and PATH in North Dakota, which will bring social workers and a satellite clinic to school campus. This pilot program will be paid for by Medicaid.

The Graham-Cassidy healthcare bill would cut \$5.5 billion from traditional Medicaid in North Dakota by 2036, affecting 36,000 low-income—not people—but low-income children. The Tribe and the North Dakota Department of Public Instruction are relying on those Medicaid dollars to keep this mental health program possible, which will keep kids in the classroom and in the communities while they are provided

services. Quite honestly, keeping children with their families is a long-standing challenge, as we see the history of childhood trauma beginning at the time of not only the westward movement of families, like my ancestors, but the trauma that was experienced when children were ripped out of their homes and taken to boarding schools—a trauma from which many Native American communities have not yet recovered.

Sadly, this plan would take a significant step backward in healthcare for all Americans and certainly fall short on our promises and our treaty obligations to Native Americans. With so much at stake in our healthcare system, it is critical that we take a thoughtful and inclusive approach to healthcare—in fact, healthcare reform that considers the needs of all Americans, including, in my case, the first Americans, Native Americans.

Republicans need to work with Democrats. I was saddened when I heard last night during the debate a discussion about how there isn't any opportunity for bipartisanship. I, like 30 of my other colleagues, attended meetings held by the HELP Committee before their hearings. Think about this. Thirty U.S. Senators, at 8 in the morning, without a mandate, with no obligation to be there, completely voluntary, came together during three mornings to talk about how we can work together as a bipartisan group on healthcare. So when people say it is not happening, it clearly is happening. It is happening, and we can, in fact, get to yes on many of the challenges that we have in healthcare. But we can't get to a lasting system if it is something that is done in a back room in the dead of night without consultation, not just with other Members of this body but without consultation for groups like Native American Tribes and Native American people.

Over the past 4½ years, I have offered reasonable reforms that should be bipartisan to make the current healthcare system work better for Dakotans and better for those citizens and my constituents in Indian Country. Over the past few months and years, I have met with a group of Republican and Democratic Senators to talk about reasonable reforms that would make healthcare work better if we just focus for a minute on what unites us and what we can do if we just set aside partisanship, if we simply believe that we can, in fact, bury partisan hatchets and begin the work of working together.

I want to mention one last discussion item. Many times, when you hear people talk about treaty obligations for healthcare or education, it is usually people on this side of the aisle who are talking about Tribal sovereignty, Tribal treaty rights. Well, I was gladdened to hear my colleague from South Dakota talk about a treaty right that Tribes in his State have to healthcare. The solution there was to ask the Fed-

eral Government—if, in fact, the citizen of that State were Native American enrolled—to say that really is a Federal treaty right. So the Federal Government should pay 100 percent of that, even though your State match would be 50–50. That makes sense. I can buy that. But do you know what? That does nothing to expand healthcare to Native people—nothing. What that does is say that 50 percent that you are currently paying is because these are citizens of your State, not some kind of nonresidents. These are residents of your State, citizens of your State, whom you pay that additional 50 percent for. If the argument had been that we are going to take that additional 50 percent, the Federal Government is going to pay it, and we are going to augment what we do in healthcare for this population, then we are actually getting somewhere. Then we are actually accomplishing something for Native American people and Native American children.

I want you to understand that this is a population that suffers diabetes at record rates—hypertension, behavioral and mental health, including serious addictions, with record and epidemic suicides among young people all through Indian Country, record and epic amounts of opioid and meth addiction, children being born addicted.

We need interventions now. We do not need to see a reduction in support to healthcare—both behavioral and mental healthcare—right now, at this time. It is a crisis, and we need to do everything we can to consult with the Tribes, to consult with Indian healthcare leaders, to consult with the people who do this work for a living, and fashion a system that will expand and grow access to healthcare. It is critically important.

Make no mistake, these are the first Americans, and way too often, the “asterisk Americans.” What do I mean by that? They are not large enough to have a demographic category, so their challenges are not tracked, whether it is human trafficking, whether it is addiction. If we do not begin to focus on this, we will fail in our treaty obligations.

The United States of America signed a treaty with Indian people. Let's keep our word. Let's work together. Let's work in collaboration with many of the people in my State who are struggling to make ends meet. Let's not reduce services and resources. Let's not take a step backward.

Thank you.

I yield the floor back to the Senator from New Mexico.

The PRESIDING OFFICER. The Senator from New Mexico.

Mr. UDALL. Mr. President, let me thank my colleague Senator HETKAMP for her great advocacy today for Native Americans. I have known her for a long time. In every public service job she has had—whether it was the State tax commissioner of North Dakota or the

attorney general and now U.S. Senator—she has always been a great advocate for the Tribes. We so much appreciate that. I can tell you, she is one of the hardest working members of the Senate in the Indian Affairs Committee. She really brings what you talked about—a great bipartisan approach to this. We look forward to doing more of that in the future.

I also wish to say to the Presiding Officer that he has shown bipartisanship on opioids, and we have an epidemic. So we can show that there is bipartisanship.

With that, Mr. President, I ask unanimous consent for myself and Senator CORTEZ MASTO to engage in a colloquy and then yield to her.

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

Ms. CORTEZ MASTO. Mr. President, I thank Senator UDALL, the ranking member of the Senate Indian Affairs Committee. I am honored to be working with him on that committee in a bipartisan way, as he talked about.

I am also very honored to represent the great State of Nevada, a State that is home to civically active Tribes. Nevada's Tribal communities deal with many of the same challenges that plague Native communities throughout the United States. Indigenous people suffer from higher rates of poverty, illness, and substance abuse than the general population.

I recently received this communication from the Walker River Paiute chairman, Amber Torres, about the importance of the Medicaid expansion for her community. Chairman Torres wrote:

I feel that the impacts on cutting Medicaid expansion for Nevada would be detrimental to the people. With this coverage we have been able to obtain services for our male and childless adult population. Our people have been able to obtain services that have not been approved or do not qualify through Indian Health Services.

She then goes on to say:

A large portion of our reservation is covered by the expansion and have seen their health ailments being addressed in a timely manner due to alternative means of coverage.

She said:

We have seen our covered recipients percentage go from 20 percent to 45 percent, with our numbers continuing to rise daily. If Medicaid expansion is repealed, what is the alternative for these people . . . ?

Historically Indian Health Services has only been at a Medical Level Priority 1 for our service delivery area, which means bleeding, blind, broken or dying. Is this what we need to look forward to going back to?

Chairman Torres's question is one a lot of Native Americans are asking right now and a question I wish to pose to Ranking Member UDALL.

The Federal Government has a sacred trust and responsibility to the Native communities of Nevada and throughout the country. I ask the vice chairman, would rolling back Medicaid expansion in Nevada and other States like mine result in pre-ACA Indian Health Serv-

ice coverage and care, as Chairman Torres discussed?

Mr. UDALL. I say to Senator CORTEZ MASTO, thank you so much. Thank you for bringing the statements forward from Chairwoman Torres. She has every right to be concerned.

The short answer to her question is, yes, we don't want to go back. Chairwoman Torres is right to be concerned. Tribal leaders across the country want to know how this bill would impact their members, but, as Senator HEITKAMP highlighted, Republican leadership has not engaged in any meaningful Tribal consultation.

I know that is something that concerns you a lot. Working with you on our committee, you always raise that issue—Tribal consultation and how important that is. That did not occur before these proposals were put before us.

Repeal of the Medicaid expansion would pull millions of dollars out of critical funding at the Indian Health Service and would return the entire system to life or limb. Medicaid funding at IHS has increased by over \$240 million since the Affordable Care Act passage, and that is an increase of 43 percent.

Under the ACA, Tribes and urban Indian health facilities have started offering a much wider range of healthcare services to Native Americans, such as OB-GYN, podiatry, and behavioral health.

I have mentioned the old official IHS motto several times: "Don't get sick after June." This was a motto because the Indian Health Service would run out of money after June. So what people would say with regard to their healthcare in Indian Country is "Don't get sick after June"—a pretty outrageous situation. In practical terms, that motto translated to exactly the sort of healthcare rationing Chairwoman Torres described in her letter.

Imagine living in that sort of healthcare system, where diabetics are told that help is only available once their kidneys start to shut down, where expectant mothers can't access prenatal care.

The reality is that Graham-Cassidy—and we hope another proposal doesn't come forward like Graham-Cassidy; we know they buried that today—would turn back the clock in Indian Country, taking us from this current era of Tribal healthcare innovation back to the days of life and limb.

I thank Senator CORTEZ MASTO for her great advocacy for Native Americans. I know very well her work as State attorney general. I know she worked with Tribes and wanted to try to work through problems rather than litigate them all the time.

I wanted to say to your chairwoman in Nevada that we really appreciate her hard work on behalf of her Tribal members and other Tribes around the country.

I yield to the Senator from Nevada.

Ms. CORTEZ MASTO. I thank the vice chair.

It is true that Indian Country made significant gains under the Affordable Care Act. Before the ACA, the Indian Health Service regularly denied Tribal members' claims for basic care and preventive services, such as mammograms, women's health screenings, or diabetes management care.

Because of the chaos the Trump administration has created in the healthcare markets, this problem is not being confronted, it is being exacerbated across the country. We have seen it in Nevada. Insurers are pulling out of the ACA exchanges in rural areas, thanks to the uncertainty these continued efforts to repeal the ACA, such as Graham-Cassidy, are creating in the healthcare market.

Democrats are ready to work with Republicans to fix the problems with the Affordable Care Act. We want to provide certainty that brings insurers back into the health insurance marketplaces, lower premiums and prescription drug prices, and improve healthcare. We can't kick millions of people—including the members of the Walker River Paiute Tribe and the 27 other Tribes and community organizations in the State of Nevada—off of their healthcare.

No one in this country should be forced to choose between paying their medical bills and putting food on their table. All too often, our Tribal members are confronted with that very choice.

I will not stop fighting to oppose these efforts to take away the healthcare of Native communities in Nevada and millions more Americans throughout our country. It is time we work together.

I thank the vice chair.

I yield the floor back.

Mr. UDALL. Thank you very much, I say to Senator CORTEZ MASTO. Today, you can at least tell your chairwoman that this bill has been withdrawn. There is not going to be a further vote on it. But I would urge her—and I know you know this well—we need to stay vigilant. This can be brought up at any time. It can be attached to a major piece of legislation moving forward. So urge her to continue this great advocacy. We really appreciate your advocacy.

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

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

#### HURRICANE RECOVERY EFFORTS

Mr. NELSON. Mr. President, I want to express my appreciation to the fellow Senators who have come up innumerable times to express their regrets for what has happened to Florida, as we did with our colleagues from Texas with regard to the hurricane in Texas. Indeed, that was an unusual storm.

The almost gold standard storm of Hurricane Andrew 25 years ago crossed the State of Florida in 4 hours. It was small in diameter compared to this present hurricane that hit Florida and traveled right up the peninsula and, therefore, covered up the entire State.

For the past few weeks, in my traveling all around, there was vast devastation either by the wind or by flooding. It is really hard to believe that a State as large as ours could be virtually covered up by a storm. There was limited access to critical supplies like gasoline, and some places sustained considerable damage. I remember down in the Keys, in the part that hit the northeastern quadrant of the eye wall, in Big Pine Key, I went to a trailer park—a place of mobile homes—and there was not one mobile home that was sitting upright. They were all turned on their sides or turned over on their roofs. It was something that you just cannot believe—the force of the wind.

The cost of rebuilding is going to be in the billions. We have passed a temporary measure of \$15 billion, and that is running out. We are going to have to do something immediately for the Virgin Islands and Puerto Rico, but there is going to be a continuing cost in Texas and a huge cost in Florida. Many people have been dislocated, and they are unable to move back into their homes.

Take people in the Florida Keys. There is a tourism economy there, and to have a tourism economy, you have to get the service personnel back in. Well, they don't have any homes. So you have to bring in temporary housing. In the Keys, there is one way in and one way out. So that is going to take some time.

Then, sadly, in the tragedy of all tragedies, 11 frail, elderly seniors died in a hot box that was a nursing home that had lost power, and the generators that were required under the existing law and existing regulations of the State of Florida were for putting the lights back on. They were not generators that were sufficient in order to run the air conditioning systems. The 11 senior citizens perished after there were a number of calls that had been made to the Governor's cell phone and calls that were made to Florida Power & Light.

There is a criminal investigation that is underway that will answer some of the questions of why, as they pled for help to come and get back on the power, those calls were never answered. As a result, 11 people died. Something like that simply just shouldn't happen in America, a country that has the resources and the compassion that our people have.

I want to state that, if people can't get through in an emergency like this to a Federal or State agency, I want them to call me at my office at 407-872-7161 or on the WATS line at 888-671-4091 or to visit the website at [billnelson.senate.gov](http://billnelson.senate.gov). We will get to

the bottom of it, because in an emergency situation like that, with people's lives on the line, that should never happen again.

I am so proud of the people who worked in our office so diligently. We had many of the employees here in the Washington office go to Florida as eyes and ears out there in the community before FEMA could get in to register people for individual assistance because they couldn't get through. If they had cell phones and the cell phone service was spotty, they couldn't get through. We had people out there in the field signing people up and getting it to FEMA for individual assistance.

Our folks on the Florida staff as well as the Washington staff who went down there did a wonderful job. They worked their fingers to the bone, and they worked their hearts out. I want them to know how much I appreciate that, serving the people of Florida in need.

It is important that those of us in public service respond with urgency and purpose when somebody calls for help. That applies to all of us in public service. I was really heartened when I saw all over Florida people helping people. I saw frail and elderly persons who had no place to go who were taken into a girl's dormitory that had air conditioning. They took care of them for 4 nights—eight frail, elderly women.

I saw people helping people in Belle Glade. Senator RUBIO and I went to Belle Glade together and served food. We went and thanked those students in that dorm near Immokalee. We thanked them together for people helping people.

Now what we need to do is to take that same effort that we saw in Texas and that we have seen in Florida of people helping people and we have to help the people of the Virgin Islands and Puerto Rico. Over the weekend, the full scale devastation of the third hurricane became clearer. The first was in Texas, the second was in Florida and on up into the Southeast, and now the third one was not only hitting the Virgin Islands, like the former one did, but was just ripping up Puerto Rico.

I have talked to the Governor, and he says the island faces a humanitarian crisis. The devastation over this past week has become a lot clearer to us as we start to see all of the devastation on our TV screens. According to one report, "Hurricane Maria whipped Puerto Rico with Irma-level winds, drenched the island with Harvey-level flooding, crippled communications, decimated buildings and damaged the dam that puts the downstream residents at risk of catastrophe."

That is what our fellow Americans are facing right now down in the Caribbean. We need to act with urgency and purpose to aid Puerto Rico in their time of need. I will have a chance to go down there on Sunday. I want to see it firsthand. I will continue to carry this message: The U.S. Congress has to come to the aid of our friends and our

fellow citizens in the Virgin Islands and Puerto Rico.

I have talked to the Department of Defense and said: Do everything that you can do to assist. They are trying. I talked to the FAA Administrator. There is just the simple thing of being able to have instrument landings after so many of the radars got knocked out. Here is one example of just a practical problem facing the island, as if they didn't have enough practical problems to begin with.

Look at the financial crisis. The Medicaid funds are going to run out. That is before the hurricane. Look at the Zika crisis in Puerto Rico. That is before the hurricane. Think what it is like now.

Here is an example. One of the radars on the top of a mountain gets taken out by the storm. All right, we need to get it back up there. We need a helicopter, and can get a helicopter to take a radar up to place it there, because the roads are impassable, but now there is cloud cover up in the mountain, and they can't fly up. So one problem compounds another, just so we can get instrument landings coming into Puerto Rico instead of the visual flight rules where we have to keep so much more distance from the planes. Just think if we end up having to have an airlift in order to get food and supplies into Puerto Rico to keep them alive.

Now is not the time to talk about the former financial problems or about the debt payments to bondholders. In a crisis, all that matters is saving lives and giving the people the resources they need to get back on their feet. I am hopeful that our colleagues will see the urgency of the situation in Puerto Rico and the U.S. Virgin Islands, in addition to the ongoing troubles in Florida and, I expect, Texas, as well, which will continue for some time.

I hope we can work together to get an aid package soon that helps all of those affected by the storms as soon as possible. Why? Because we are all Americans, and we need to act like it. We need to come together and get on the long road to recovery.

I yield the floor.

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

Mr. PORTMAN. Mr. President, I thank the Senator from Florida for the report from his State and for his words about the devastation in Puerto Rico. Our hearts go out to those in Florida, Texas, the Virgin Islands, and Puerto Rico. We do have a responsibility to respond quickly. They are responding to some devastating storms, especially when they are combined.

Our thanks also go to the first responders and the many volunteers, including some in the State of Ohio and those from my hometown, who stepped forward to help the people in need. It is extraordinary.

Again, I look forward to working with my colleagues to come up with additional assistance as we have done

already for some of the initial damage in Texas. There is so much more now that we must do.

TRIBUTE TO TIM O'NEILL

Mr. President, I rise today to talk about one of our colleagues here in the Senate, who has an inspiring story and is celebrating an important anniversary this week.

I want to mention this week Doorkeeper Tim O'Neill, who works with us in the Senate and celebrates 27 years of Government service. He has been a doorkeeper since 2010, during which time I have had the pleasure of getting to know him, as have many of my colleagues in the Senate.

His career has been a remarkable journey. He started in the Senate as a legislative director, and he later went on to work in the White House—not during one Presidential administration but during four Presidential administrations. Tim worked for President Ronald Reagan, President George H.W. Bush, President Bill Clinton, and President George W. Bush.

He worked in the Department of Treasury and at the Federal Housing Finance Board, eventually becoming the chairman of that agency. After that he went to the House of Representatives, where he was senior legislative counsel for the Financial Services Committee. We are happy to have Tim back here on the Senate side, where he works today.

Tim has had an impressive career which I outlined, but the most amazing thing about his career doesn't reside in what he has done but what he has overcome.

One weekend in January of 1989, when Tim was at the Treasury Department, his life was altered forever. Tim's life had first changed on Friday morning when he found out his wife Ginny was pregnant with their first child. But later that weekend, on a Sunday, as he was putting on his shoes to go jogging, at 34 years old, he suffered a major stroke that affected two-thirds of his brain.

The doctors didn't immediately tell Ginny how serious it was. Later she would find out that they did not believe he would live through the night, and, if he did, they believed his lasting brain damage would mean he would never walk again and never talk again.

Despite this very grim prognosis, Tim had a few things going for him. First, there was an incredible positive attitude that we all see in the Senate. Second, he was young and athletic, which improved his chances of recovery. He also talks about his Irish determination, which made him resilient. And he had the knowledge of knowing that Ginny was pregnant, and he was absolutely committed to being part of his daughter's life. In fact, one of the few things he said he remembered in his initial stages of recovery was that Ginny was pregnant and that he had a daughter coming. And when he began regaining his speech, the first thing he told Ginny was that he was going to recover.

The path was not easy. In those first few months, he worked 8 hours a day, trading his government job for a rehabilitation facility. He worked with speech and physical therapists. And with Ginny at his side, he put in overtime every day. The extensive road to recovery was daunting. Tim, a Harvard-educated lawyer in the middle of a successful career, had to totally relearn things. He had to relearn how to read, and he had to relearn how to write.

I know Tim will agree with me that his wife Ginny was the unsung hero of this story of recovery.

The O'Neills felt the support and generosity of those around them. As I mentioned, he worked at the Treasury Department. Those close to Tim—and some who hardly knew him at all—donated their personal leave time to allow him to keep receiving a paycheck during this recovery process, and the Treasury Department assured him that his job would be waiting when he was ready and able to return.

Shortly after the stroke that he wasn't supposed to ever recover from, Tim was home, self-mobile in a wheelchair. Soon he taught himself how to walk again. He never regained use of his right hand at all—one of his only lasting handicaps to this day—so do you know what he did? He learned to write with his left hand. His resilience and determination are really amazing.

He went back to work. His stroke was in January of 1989. Again, that Sunday, doctors didn't think he would live through the night, and if he did, they thought his life would be in a wheelchair. In 1995, only 6 years later, he was sworn in as a Director of the Federal Housing Finance Board, a position he was nominated for by President Clinton. Later, in 2001, President George W. Bush elevated him to Chairman of that Board. In 2005, he became a senior legislative counsel to the House Financial Services Committee, until his first retirement from government in 2007. He had 20 years of service.

He had had a good career and a recovery story that was respected by everyone who knew about it. He could very well have sat back and enjoyed that retirement after those 20 years, but Tim's life is defined by purpose and service and people. So after trying retirement for a little while, Tim returned to the place he loved and the people he knew, coming back here to the U.S. Senate as a doorkeeper in 2010.

Tim's extensive knowledge of Capitol Hill has benefited the U.S. Senate, and I will tell you what—his good spirits have had an effect on countless Senators, including me, countless members of our staff, and many visitors. His attitude is infectious. He exemplifies the power of positive thinking. He certainly brightens my days, and I know he has inspired many.

By the way, I just heard today that he is also a leader among doorkeepers, including organizing periodic team-building events at the Nats games with his fellow doorkeepers.

This month, as we recognize Tim's 27 years of public service, we also recognize his incredible life journey and his resilience in the face of adversity. Strokes can affect people in a variety of ways. In Tim's case, I must say I think it made him a stronger person.

Guided by his love for his wife Ginny and their three children now and his dedication to public service, Tim has had a career and a life worthy of celebration and recognition.

So, Tim, today, this week, we all congratulate you on 27 years of honorable service and wish you many more to come.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

PUERTO RICO AND U.S. VIRGIN ISLANDS  
RECOVERY EFFORT

Mr. BLUMENTHAL. Mr. President, I want to talk about the terrible humanitarian crisis faced by the people of Puerto Rico and the U.S. Virgin Islands, as well as the gulf coast and the people of Florida, who have endured the fury and ferocity of Mother Nature at its worst.

All of the people who live in Puerto Rico and the U.S. Virgin Islands are Americans. First and foremost, they are Americans who are going through one of the toughest periods of their lives, a time that no American wants to face alone.

My message to the people of Puerto Rico and the U.S. Virgin Islands: You are not alone. You are not alone in this humanitarian crisis. Congress will act. We will provide the kind of relief package—food, medicine, whatever supplies are necessary not only to endure and survive but to eventually thrive.

That is more than just rhetoric; that is a promise this Senate must make to our fellow Americans. These Americans citizens in Puerto Rico, for example, have lost their homes, their businesses, their livelihoods, and, some of them, loved ones.

I come to this floor on this issue that has preoccupied me and others because it is truly a story of two storms. It is a tale of two catastrophes—one of them resulting from nature's fury but the other manmade.

We know very visibly and dramatically about the storm that directly hit Puerto Rico, and it is called Maria. It was side-glanced by an earlier storm that missed it with its full fury, but Maria was a direct hit, leaving more than 60,000 American citizens without power, passing within miles of San Juan, home to 400,000 people. It was the strongest storm to hit the island in 80 years. The winds tore off the trees and dumped more than 2½ feet of rain on the island. It razed houses there and on the U.S. Virgin Islands, leaving a wasteland, crumpled structures, scarred concrete, shells of buildings, no electricity, and virtually no telecommunications for most people.

There are 3.4 million people in dire need of housing, food, water, medicine,

diesel, gasoline—the necessities of life. There is a humanitarian crisis in Puerto Rico that requires an immediate and unconditional response from Congress—not from just the Senate but from the House and from the President.

One area where the President has made an announcement today concerns the potential matching amounts of money that Puerto Rico and the U.S. Virgin Islands may have to provide. There should be no match. There should be no requirement that Puerto Rico or the U.S. Virgin Islands provide a share of the money needed for rebuilding and recovery, and the President should waive every bit of the required matching share. Every dime, every nickel should be waived.

That leads me to talk about the second storm that has hit Puerto Rico. It is less visible and less recent. It is the result of a continually building set of headwinds, a financial storm that had built over many years and has now reduced Puerto Rico to a state of near insolvency, virtual bankruptcy—\$74 billion in debt that would have been a severe storm for the people of Puerto Rico—not of their making—even without the hurricane that directly hit the island.

We have an obligation as immediate and dire with respect to rebuilding and recovering from that second storm as we do for the first. That is the reason I have been involved over a period of many months in seeking to construct solutions, beginning with the PROMESA Act. And I intend—and I commit that I will continue seeking that kind of solution, not just solutions to the buildings that have been collapsed but to an economy that will collapse if we do not act. That is an important obligation that we share to fellow Americans, because this storm is not due to their neglect or profligacy; it is due to the tax laws and healthcare laws that unfortunately failed to treat them fairly.

Delay in meeting the astronomical costs of Hurricane Maria would be unacceptable and unconscionable. We must act promptly. I am hopeful that it will be this week. I am talking to our leader, Senator SCHUMER, who has provided such strong vision and courage in this area. He has been a champion of Puerto Rico, and I hope he will help us craft a solution that is immediate, vigorous, and prompt.

The administration and Congress must ensure as well that the Federal Government plays a robust and responsible role in funding and financing these recovery efforts so that no additional damage is done to Puerto Rico's already fragile economy. It is time to forgo the miasma and bureaucratic rigmarole of Federal redtape and financing constraints, while flooding is still an acute risk to life and health and recovery efforts are just beginning.

The Puerto Rican Government must be granted direct and instant tools to bring electricity back to the people, to feed the hungry, to provide drinking

water and shelter to lives that have been upended by this unforgiving storm. All arms of the Federal Government should be brought to bear to help our fellow citizens in Puerto Rico.

This morning, I asked the Chairman of the Joint Chiefs of Staff, Joseph Dunford, whether he would be ready, willing, and able to help and provide additional assistance on behalf of the Department of Defense and the military that he commands, and his unequivocal response was yes. I commend and thank him for that willingness to help our fellow Americans. And he affirmed they are our fellow Americans, they serve in our military, and they give back to communities in this country.

I am proud to represent 300,000 fellow Americans who have come from Puerto Rico to Connecticut, and they, in turn, reflect families there. I have spoken to friends in Puerto Rico who described to me the dire images outside their window—similar to the images we have seen on national television.

Puerto Rico's debt troubles are no secret to anybody here today. We have discussed them, debated them, and failed to provide adequate assistance to meet them. We must work on two tracks—the immediate recovery effort in the face of this truly destructive hurricane but also the financial peril that continues to put Puerto Rico's economy at risk, jobs in jeopardy, and the island's precarious financial position as much at risk as its water and roads are.

Puerto Rico's infrastructure, energy, water, schools, hospitals, transportation, and other vital facilities necessary for a functioning economy must be rebuilt and made whole. That is our obligation. And the same is true of the Virgin Islands, where fellow Americans are equally at risk, their safety in jeopardy, and their economy potentially struggling.

We owe it to our fellow Americans and friends and families—there are people in Connecticut who have friends and family there—and all of us who share a love for these islands that are populated by patriotic Americans dedicated to our country.

Thank you.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The majority leader.

#### EXECUTIVE SESSION

#### EXECUTIVE CALENDAR

Mr. McCONNELL. Mr. President, I move to proceed to executive session to consider Calendar No. 312, Ralph Erickson.

The PRESIDING OFFICER. The question is on agreeing to the motion. The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The bill clerk read the nomination of Ralph R. Erickson, of North Dakota, to

be United States Circuit Judge for the Eighth Circuit.

#### CLOTURE MOTION

Mr. McCONNELL. Mr. President, I send a cloture motion to the desk.

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

The bill clerk read as follows:

#### CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Ralph R. Erickson, of North Dakota, to be United States Circuit Judge for the Eighth Circuit.

Mitch McConnell, Orrin G. Hatch, James Lankford, Jerry Moran, Johnny Isakson, John Thune, Thom Tillis, Shelley Moore Capito, Mike Crapo, James E. Risch, Mike Rounds, John Barrasso, John Cornyn, Chuck Grassley, John Boozman, John Hoeven, Rob Portman.

#### LEGISLATIVE SESSION

Mr. McCONNELL. Mr. President, I move to proceed to legislative session.

The PRESIDING OFFICER. The question is on agreeing to the motion. The motion was agreed to.

#### EXECUTIVE SESSION

#### EXECUTIVE CALENDAR

Mr. McCONNELL. Mr. President, I move to proceed to executive session to consider Calendar No. 251, Ajit Pai.

The PRESIDING OFFICER. The question is on agreeing to the motion. The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The bill clerk read the nomination of Ajit Varadaraj Pai, of Kansas, to be a Member of the Federal Communications Commission for a term of five years from July 1, 2016.

#### CLOTURE MOTION

Mr. McCONNELL. Mr. President, I send a cloture motion to the desk.

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

The bill clerk read as follows:

#### CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Ajit Varadaraj Pai, of Kansas, to be a Member of the Federal Communications Commission.

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

Mr. McCONNELL. Mr. President, I ask unanimous consent that the mandatory quorum calls for the cloture motions be waived.