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Senate

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

PRAYER

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

Let us pray.

Holy God, who causes wars to cease, bring peace to our Nation and world. Let that peace first begin in our hearts.

Use our lawmakers to bring a spirit of concord instead of chaos to our world. May they set aside time each day to be still in Your presence. Lord, help them to know that time spent with You is never wasted. Permit this daily contact with You to motivate them to exalt You in their lives, as You use them to provide examples of how people can live if they put their trust completely in You.

Lord God of Hosts, continue to abide with us in sunshine and shadows. And Lord, be especially with the people of Puerto Rico.

We pray in Your sacred Name. Amen.

PLEDGE OF ALLEGIANCE

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

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

RECOGNITION OF THE MAJORITY LEADER

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

HEALTHCARE

Mr. MCCONNELL. Mr. President, last night on television, we saw a stark contrast between two different visions of healthcare in our country. One is an idea that is gaining increasing currency with our friends on the other side of the aisle. Some call it single payer. Others try to dress it up with poll-tested PR labels.

No matter what you call it, at its core, here is what it is: a massive expansion of a failed idea, a quadrupling down on the failures of ObamaCare, a totally government-run system that would rip health insurance plans away from even more Americans and take away even more of their personal healthcare decisions. The costs of implementing it would be astronomical. The taxes required to pay for it would be sky high. Yet, after years of ObamaCare's failures—its higher costs, diminished choices, collapsing markets—it seems this is the best our Democratic friends can come up with—not a new idea but quadrupling down on an old one that has already failed. What a contrast with the general approach Senators GRAHAM and CASSIDY and many other Republicans have pursued.

We think the American people deserve a better way forward—like returning more power from the Federal Government to the States where Americans actually live, allowing for reforms that can actually lower costs and improve care, and actually moving beyond the growing failures of a failed law called ObamaCare.

As I said, what we saw last night reminds us of this stark contrast in vision. It is an important debate for our country. It is one that will certainly continue.

PUERTO RICO AND U.S. VIRGIN ISLANDS RECOVERY EFFORT

Mr. MCCONNELL. Mr. President, on another matter, we have seen all the serious problems facing the people of Puerto Rico and the U.S. Virgin Islands as a result of recent hurricanes. The damage has been terrible. The latest hurricane was especially devastating.

We want the people of Puerto Rico and the islands to know that we are thinking of them, and, more importantly, we want them to know that we will continue to work with FEMA, the Department of Defense, and the rest of the administration to help in the recovery.

I expect we will hear more soon on what additional resources will be necessary in Puerto Rico and elsewhere in the paths of the storms. The recovery effort is certainly not going to be easy. It is not going to be quick. But we are here to do our part.

RESERVATION OF LEADER TIME

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

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

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

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of the motion to proceed to S. 1519, which the clerk will report.

The senior assistant legislative clerk read as follows:

Motion to proceed to Calendar No. 165, S. 1519, a bill to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

The PRESIDING OFFICER. The Senator from Illinois.

HEALTHCARE

Mr. DURBIN. Mr. President, over the last few days, three Republican Senators have publicly stated that they

will vote against the healthcare repeal bill that may come to the Senate this week.

In announcing his opposition, one Republican Senator, JOHN MCCAIN of Arizona, issued the following statement: ''As I have repeatedly stressed, healthcare reform legislation ought to be the product of regular order in the Senate.''

Last night, Republican Senator SUSAN COLLINS of Maine stated: ''This is simply not the way that we should be approaching an important and complex issue.''

She went on to say: ''The fact that a new version of this bill was released the very week we are supposed to vote compounds the problem.''

This should be the end of the Graham-Cassidy repeal debate. Republican leadership should finally scrap this one-sided effort to literally change the healthcare system for America.

There was a hearing yesterday—the only hearing on the bill we are about to vote on. It was a lengthy hearing, but it, frankly, did not entertain all of the witnesses or any amendment process so that Members could really have input into the bill we are going to face.

The Congressional Budget Office is supposed to tell us what this critical legislation will do for America. It issued a preliminary finding yesterday that millions of Americans would lose their health insurance and that those with preexisting conditions, as well as their families, if they could buy insurance, would find it very, very expensive.

At the end of this week, funding for our Nation's community healthcare centers will run out, as will funding for the Children's Health Insurance Program. Shouldn't we be focused on reauthorizing those programs appropriately in a timely way? Let's allow the HELP Committee, which is the committee of jurisdiction when it comes to healthcare, to do its work. I have faith in two Senators—one Republican and one Democrat—to do the right thing on this. Senator LAMAR ALEXANDER of Tennessee, a Republican, and Senator PATTY MURRAY of Washington, a Democrat, have proven before that they can take complex issues such as Federal funding for education and find a bipartisan compromise.

What would America say if we announced at the end of next week or even this week that we have a bipartisan compromise to make healthcare stronger in the United States, that it is going to pass the Senate, that we are going to send to it the House, and that we are going to get something done this year in the Senate?

First, most Americans would be amazed and skeptical, as they should be, but if we can prove that we are going to do it, they would applaud us for finally reaching a point at which we do something on a bipartisan basis.

That was the process that was underway until last week. Senator ALEXANDER was given orders by the leadership: Step back. Let's vote on Graham-Cassidy. Don't do anything more on a bipartisan basis.

Well, this is the week for that vote, and I hope it is the week in which that vote ends in the basic defeat of the approach and a return to bipartisan compromise and bipartisan negotiation.

I don't know what it will take for the Republicans in the Senate and the House to end this never-ending crusade against so-called ObamaCare. They have voted 50, 60, 70 times. We know how they feel about it, but the American people have said to them: It is not enough to oppose ObamaCare; give us a better alternative. And that is where they have stumbled each time.

Over the weekend, rather than making improvements to fix what is wrong with their bill, many Republicans doubled down in secret meetings, negotiations, and with incentives that were built into the newest version of the bill.

The latest Graham-Cassidy repeal measure would slash funding to the States, decimate the Medicaid Program, eliminate protections for people with preexisting conditions, and basically throw our entire healthcare system into chaos. A few special changes were made for special States, but the changes that have come to Graham-Cassidy in the closing days have not really changed the fundamental problem with the bill in that it diminishes Medicaid coverage.

Medicaid is the health insurance program about which most people say: Well, that is for the poor people of America. To some extent, that is true, but it has reached far beyond that. Two out of three senior citizens in nursing homes and other institutional settings rely on Medicaid for basic healthcare. If the cutbacks in Medicaid take place that Graham-Cassidy calls for, what will these seniors do? What will you do for Mom, for your grandmother, or for your grandfather when it reaches a point at which they cannot any longer count on Medicaid to help them pay their medical bills? Will American families have to step up with their own savings? Will they have to look for alternative settings to those in which their parents and grandparents are today? That is the stark choice Graham-Cassidy will create for many families across America.

No one has had time to properly review this latest proposal, in large part because it was drafted behind closed doors—no input from experts, no support from the medical community. You would think, after saying it over and over again, that the Republicans would challenge the following statement: There is no medical advocacy group in the United States of America who supports the Graham-Cassidy bill. That is the case in my State. The Illinois Hospital Association, doctors, nurses, surgeons, pediatricians, and community health are all opposed to this bill, every single one of them, as they were to the previous versions. It says something when the bill to change America's healthcare system is opposed by the people who provide healthcare to America. All of them oppose it. It is that bad.

Republican leaders want to force a vote this week. If that is what it takes, then we have to move to that vote, but I wish they would save some time. I wish they would move to this bipartisan negotiation I referred to earlier.

The Congressional Budget Office is a nonpartisan agency that is supposed to measure the impact of legislation so that, before we vote on it, we know if it is good or bad for the Nation and for the people we represent. Here is what it told us last night in a preliminary review, but it has not had time to review this bill in detail.

In a preliminary review, the CBO told us: ''The number of people with comprehensive health insurance . . . would be reduced by millions each year.''

How in the world can we as Senators make a proposal for the United States of America which we know will take health insurance coverage away from millions of Americans—exactly the opposite of what our goal should be?

The CBO went on to write: ''Federal spending on Medicaid would be reduced by about $1 trillion.''

There are some Republicans, fiscal conservatives who say that we have to stop the growth of this program, but none of them—not one of them—can address the fundamental issue: Who will then take care in paying for the delivery of babies to low-income families? Half of the children who are born in my State of Illinois are paid for by Medicaid. Their moms are taken care of by Medicaid until the moment of birth. What will you replace that with if you eliminate Medicaid funding?

What about the disabled who count on Medicaid as their health insurance? If you are blind or face a serious disability, Medicaid is the answer for basic health insurance for you. If you are going to cut $1 trillion out of Medicaid, what will you say to those disabled Americans who want the same peace of mind that we all want in having health insurance?

School districts all over Illinois and all over the Nation receive Medicaid funds to care for special ed students—counselors, transportation, even feeding tubes. If you take the money out of Medicaid, what will we do for those school districts that are trying their best to give kids a fighting chance, even those with serious disabilities? That is the reality.

The CBO went on to write: ''Coverage for people with preexisting conditions would be much more expensive . . . and could become unavailable for many more people.''

This Republican proposal takes us back to that moment in history when health insurance was so expensive and so hard to find—almost impossible for those with preexisting conditions. Why would we ever want to go back to that? There is hardly a family in America

who does not have someone they love, who is part of the family, who has a preexisting condition.

Let me remind those who do not have that circumstance that you are one accident or one diagnosis away from being part of this class of Americans who wants health insurance even though the health of those Americans has not been perfect.

In sum, this bill does not do what its authors say it will. They like to tell the American public that States will magically be able to cover the same number of people and provide the same level of benefits with billions of dollars less in funding. The Governors—Democrats and Republicans—have stepped up and said: This is ridiculous. We cannot be asked to accept the burden of health insurance for generations to come, while the Federal Government continues to cut the money that is necessary to provide that protection.

The CBO rejected the claims that are the basis for this Republican bill. Since the Republicans refuse to wait for the CBO to complete its full analysis, we have asked outside health experts what they think the impact would be of this legislation which is before us this week.

Here is what they say: Within a few years, this bill would likely rip health insurance away from more than 20 million Americans, including 1 million people in the State of Illinois. In a State of 12½ million people, which I represent, 1 million people would lose health insurance because of this Republican proposal that is before us this week.

The average 60-year-old person in Illinois would see his health insurance premiums increase by $11,700 a year. Almost by $1,000 a month his health insurance would go up. Why? Because they change a basic formula. In the Affordable Care Act, we see that the disparity in premiums charged between the highest and lowest will be no more than 3 to 1. They change the ratio in their Republican bill to 5 to 1. It means that those over the age of 50 and under 65 are going to see premium increases estimated to be almost $1,000 a month.

By 2026, Illinois would see its healthcare funding slashed by $8 billion. By 2036, this number would soar to $153 billion.

Medicaid, which covers half of all children in Illinois and two out of three seniors in nursing homes, would be decimated. Also, the Medicaid expansion in Illinois, which helps us to combat the opioid epidemic, provide coverage for 650,000 Illinoisans, and bring stability to our hospitals all across the State, would be shut down.

Here is what the Illinois Hospital Association said about this bill:

> Illinois cannot absorb additional financial burdens and would be forced to reduce eligibility, covered services, and payments to providers. The magnitude of these cuts and changes to Medicaid is staggering.

Let's also review what this does to people with preexisting conditions. The Republicans say that this is all about giving flexibility to States. We hear that over and over again. It sure sounds nice until you realize that it is a code word for there being massive funding cuts and the elimination of basic health protection.

In the name of ''State flexibility,'' this bill would allow insurers to charge those with preexisting conditions sky-high premiums the moment they get sick.

Under this bill, ''State flexibility'' means reimposing annual and lifetime limits on patients, including infants who are born with serious medical problems.

Under TrumpCare, ''State flexibility'' means charging Americans over the age of 50 up to five times more than younger people. That is exactly why the American Association of Retired Persons, the AARP, has steadfastly opposed these Republican changes.

To my Republican friends, ''State flexibility'' means tossing out essential health benefits, which is the guarantee that your insurance will cover the basic services your family may need—prescription drugs, maternity care, mental health and addiction treatment.

I spoke to one of my Republican colleagues the other day and asked: What are you driving at here? Are you saying that we can reduce the cost of health insurance if we give people the option of saying that they will not buy coverage for mental illness and substance abuse treatment?

He said: Yes, that is one thing they can do.

I said: Then what happens next month when you discover that your daughter, a sophomore in high school, is now taking opioids and may move to heroin next? You want to intervene. You want to do it, but now you have to pay out of pocket because you didn't buy the essential coverage of mental illness and substance abuse treatment.

It is a shortsighted game to reduce premiums and give up basic essential benefits, but that is what Republicans propose. That is why this measure is opposed by every major medical provider and patient organization nationwide: AARP, the American Hospital Association, the American Medical Association, the American Academy of Pediatrics, nurses, disability groups, the American Heart Association, the American Lung Association, the American Diabetes Association, and the Alzheimer's Association—the list goes on and on. But guess who also came out in opposition to this bill? Insurance commissioners and Medicaid directors. These are the officials who would actually have to implement these cuts. They agree with the Congressional Budget Office that you can't slash the healthcare budget by 20 to 30 percent and expect that States will have ''flexibility'' to make up the difference. The bipartisan association representing every Medicaid director in the country—every one of them—stated that Medicaid cuts would ''constitute the largest transfer of financial risk from the federal government to the states in our country's history.''

Show me a State that can cover as many people with the same benefits if one-third of the money is taken away. That is what the Republican bill does.

Here is what Governor Sandoval, a Republican Governor in Nevada, said:

> Flexibility with reduced funding is a false choice. . . . I will not pit seniors, children, families, the mentally ill, hospitals, care providers, or any other Nevadan against each other because of cuts to Nevada's health system proposed by Graham-Cassidy.

This is a Governor speaking in the same clear terms as Governors of both political parties about the impossible dilemma that would be created by this bill.

Enough is enough. The law that we passed, the Affordable Care Act, helped 20 million people get health coverage. People with preexisting conditions were finally protected. Women are no longer discriminated against when it comes to health insurance. Americans get free preventive healthcare, such as cancer screenings. Is it a perfect law? Not by any means, but at 3 percent of the individual market, we need to do better, and we can. We need to improve that market.

First, the Trump administration must do its best to help us, not hurt healthcare in America. If they are setting out to sabotage this healthcare system, they can do it, but I hope they will not. The President will not suffer if they do, but a lot of innocent American families will. It will make it harder for people to enroll in insurance groups. It will slash funding for outreach. It will actively discourage insurers to offer health plans to individuals.

Mr. President, I am going to yield the floor to the Democratic leader.

In closing, I ask unanimous consent that the September 22, 2017, article in the New Yorker by Dr. Atul Gawande be printed in the RECORD.

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

[From the New Yorker, Sept. 22, 2017]

IF THE U.S. ADOPTS THE G.O.P.'S HEALTH-CARE BILL, IT WOULD BE AN ACT OF MASS SUICIDE

(By Atul Gawande)

The fundamental thing to understand about Senate Republicans' latest attempt to repeal Obamacare is that the bill under consideration would not just undo the Affordable Care Act—it would also end Medicaid as we know it and our federal government's half-century commitment to closing the country's yawning gaps in health coverage. And it would do so without putting in place any credible resources or policies to replace the system it is overturning. If our country enacts this bill, it would be an act of mass suicide.

In my surgery practice in Boston, I see primarily cancer patients. When I started out, in 2003, at least one in ten of my patients was uninsured. Others, who had insurance, would discover in the course of their treatment that their policies had annual or lifetime caps that wouldn't cover their costs, or that

they would face unaffordable premiums going forward because they now had a pre-existing condition. When he was governor of Massachusetts, it was Mitt Romney, a conservative, who brought Republicans and Democrats together to make a viable state system of near-universal coverage. That system then served as a model for the A.C.A. The results have been clear: increases in coverage have markedly improved people's access to care and their health. For the last four years, health-care costs in Massachusetts have risen more slowly than the national average—while the national numbers themselves have been at historic lows. I have not seen a single uninsured patient—zero—in a decade. And now comes an utterly reckless piece of legislation that would destroy these gains.

To review how we got to this point: last spring, the House passed a health-care-reform bill that proposed to hollow out the A.C.A.'s funding, insurance mandates, and protections for people with pre-existing conditions. It was immensely unpopular with the public. The problem was not just that twenty-three million Americans would lose their health insurance if the bill becomes law but also the Republicans' vision of a health system where insurance with deductibles of five thousand dollars and more, and little or no primary-care coverage, would become the norm.

This summer, Senate Republicans failed to secure enough votes to pass a modified version of the House bill. Later, in a dramatic late-night session, the Senate also rejected, by a single vote, a ''skinny'' repeal bill. That bill would have repealed only the parts of the A.C.A. that required large businesses to insure their workers and all Americans to carry coverage. It would have resulted in a mere sixteen million more uninsured people, according to estimates.

The Republican bill currently being rushed to a vote was put forward by a group of senators led by Lindsey Graham, of South Carolina, and Bill Cassidy, of Louisiana. As has become the apparent rule for Republican health-care bills, there have been no hearings or committee reviews of the Graham-Cassidy bill. And, this time, lawmakers and the public do not even have a Congressional Budget Office analysis of the effects the bill would have on the budget, insurance costs, or the uninsured rate.

This is unprecedented: senators are moving ahead with a vote on a bill that would alter the health care of every American family and the condition of a sixth of our entire economy, without waiting to hear any official, independent estimates of the consequences. The irresponsibility is as blithe as it is breathtaking. Before becoming a senator, Cassidy spent twenty-five years working as a physician in hospitals devoted to the uninsured. I find it baffling that a person with his experience would not recognize the danger of this bill. But here we are.

The Graham-Cassidy bill goes even further than the bill passed by the House. It would bring to a virtually immediate end not only the individual and employer mandates but also the whole edifice of the Medicaid expansion, insurance exchanges, and income-based coverage subsidies set up under the A.C.A. Graham-Cassidy expects all fifty states to then pass, and implement, alternative health systems for tens of millions of people within two years—with drastically less money, in most states, than the current law provides. This is not just impossible. It is delusional.

Like the House bill, Graham-Cassidy would cut Medicaid payments for traditional enrollees—the elderly in nursing homes, pregnant women in poverty, disabled children, etc.—by a third by 2026. A portion of the money saved would go into a short-term fund for states to use for health-care costs. The rationale is that this would give states ''flexibility'' to design coverage for their residents as they see fit. But the amount of funding provided is, by multiple estimates, hundreds of billions of dollars below what the A.C.A. provides.

The bill also nakedly shifts funds from Democratic-leaning states that expanded Medicaid under the A.C.A. to Republican-leaning states that didn't. Analyses indicate that states like California, Massachusetts, and New York will receive block-grant funding anywhere from thirty-five to almost sixty per cent below the health-care funding their residents would receive under current law. Much of those missing funds would be transferred to states like Texas, Mississippi, and Wisconsin. And special deals to make further shifts from blue states to red states such as Alaska are being negotiated to win votes.

As for what states can do with the funds they do receive, they would not be allowed to use them to enroll people in Medicaid, or able to establish a single-payer system. And states would not be receiving enough to continue Obamacare on their own. The only options for spending are for commercial coverage. States will be permitted to let insurers bring back higher costs for people with pre-existing conditions and to reinstate annual and lifetime limits on coverage. And then, starting in 2026, the funding turns out to only be temporary. Under the bill's provisions, unless further action is taken then, four trillion dollars will be removed from health-care systems over twenty years.

With these massive sums being flung around, it is easy to forget that this is about our health as human beings. The evidence is that health-care programs like the A.C.A. save lives. The way they do so is by increasing the number of people who have affordable access to a regular source of care and needed medications. Such coverage has been shown to produce a substantial and increasing reduction in mortality—especially among those with chronic illnesses, such as heart disease, cancer, or H.I.V.—in as little as five years.

Virtually all of us, as we age, will develop serious health conditions. A critical test of any health reform, therefore, is whether it improves or reduces our prospects of having the continuous care and medicines we need when we come to have a chronic illness. The Graham-Cassidy bill fails this test. It will terminate Medicaid coverage and insurance subsidies for some twenty million people. The entire individual-insurance market will be thrown into a tailspin. Federal protections for insurance coverage will be gone.

Every major group representing patients, health-care professionals, health-care institutions, and insurers has come out vociferously against this plan. Governors from Alaska to Ohio to Virginia have opposed the bill. In a highly unusual, bipartisan statement, the national association representing the Medicaid directors of all fifty states has also opposed the bill. The top health official in Louisiana, Cassidy's home state, has opposed the new plan. There is not a single metric of health or health care that the Graham-Cassidy plan makes better. This bill is a national calamity. It should not even come to a vote.

Mr. DURBIN. Mr. President, I ask unanimous consent that the statement of A.J. Wilhelmi, president and CEO of the Illinois Health and Hospital Association also be printed in the RECORD.

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

[From the Illinois Health and Hospital Association, Sept. 21, 2017]

THE GRAHAM-CASSIDY-HELLER-JOHNSON ACA REPEAL PROPOSAL

(By A.J. Wilhelmi)

The Illinois Health and Hospital Association opposes the latest Senate proposal to repeal the Affordable Care Act, which would do great harm to patients, hospitals, the healthcare delivery system, and our state budget and economy. The Graham-Cassidy-Heller-Johnson bill is even more damaging than the previous Senate and House repeal proposals. Not only will it result in the loss of healthcare coverage for up to one million Illinoisans, but it will erode key protections for patients and consumers and will cut federal healthcare resources to Illinois by more than $150 Billion.

IHA also opposes changing Medicaid to a capped funding model. Illinois already ranks 50th in the country in federal funding support per Medicaid beneficiary. Capped funding would lock Illinois into low, insufficient federal funding levels and shift costs to the state.

Illinois cannot absorb additional financial burdens that would be imposed on the state and would be forced to reduce eligibility, covered services, and payments to providers. The magnitude of these cuts and changes to Medicaid is staggering.

We were encouraged by recent bi-partisan negotiations to stabilize the individual marketplace. The Graham-Cassidy-Heller-Johnson bill will do nothing in the short or long term to create marketplace stability.

We urge the Senate to reject this proposal, and we implore the members of the Illinois House Delegation to oppose the bill if it passes the Senate. There is a great deal at stake for the health and well-being of the people of Illinois.

Mr. DURBIN. Finally, I ask unanimous consent that the statement by the National Association of Medicaid Directors, to which I referred, be printed in the RECORD.

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

[From the National Association of Medicaid Directors, Sept. 21, 2017]

NAMD STATEMENT ON GRAHAM-CASSIDY

The Board of Directors of the National Association of Medicaid Directors (NAMD) urges Congress to carefully consider the significant challenges posed by the Graham-Cassidy legislation. State Medicaid Directors are strong proponents of state innovation in the drive towards health care system transformation. Our members are committed to ensuring that the programs we operate improve health outcomes while also being fiscally responsible to state and federal taxpayers. In order to succeed, however, these efforts must be undertaken in a thoughtful, deliberative, and responsible way. We are concerned that this legislation would undermine these efforts in many states and fail to deliver on our collective goal of an improved health care system.

1. Graham-Cassidy would completely restructure the Medicaid program's financing, which by itself is three percent of the nation's Gross Domestic Product and 25 percent of the average state budget. Like BCRA, the legislation would convert the traditional Medicaid program into a per-capita cap financing system. All states will be impacted by this change, regardless of their decisions to leverage the Medicaid expansion option under the ACA. It would also incorporate

Medicaid expansion funding and other ACA health funds into a block grant, made available to all states. How these block grants will be utilized, what programs they may fund, and the overall impact they will have on state budgets, operations, and citizens are all uncertain. Taken together, the per-capita caps and the envisioned block grant would constitute the largest intergovernmental transfer of financial risk from the federal government to the states in our country's history. While the block grant portion is intended to create maximum flexibility, the legislation does not provide clear and powerful statutory reforms within the underlying Medicaid program commensurate with proposed funding reductions of the per capita cap.

2. The Graham-Cassidy legislation would require states to operationalize the block grant component by January 1, 2020. The scope of this work, and the resources required to support state planning and implementation activities, cannot be overstated. States will need to develop overall strategies, invest in infrastructure development, systems changes, provider and managed care plan contracting, and perform a host of other activities. The vast majority of states will not be able to do so within the two-year timeframe envisioned here, especially considering the apparent lack of federal funding in the bill to support these critical activities.

3. Any effort of this magnitude needs thorough discussion, examination and analysis, and should not be rushed through without proper deliberation. The legislative proposal would not even have a full CBO score until after its scheduled passage, which should be the bare minimum required for beginning consideration. With only a few legislative days left for the entire process to conclude, there clearly is not sufficient time for policymakers, Governors, Medicaid Directors, or other critical stakeholders to engage in the thoughtful deliberation necessary to ensure successful long-term reforms.

For these reasons, we encourage Congress to revisit the topic of comprehensive Medicaid reform when it can be addressed with the careful consideration merited by such a complex undertaking—as we articulated in our June 26 statement on BCRA.

Mr. DURBIN. Mr. President, what America wants is to solve problems, not create them. The Graham-Cassidy bill will create problems for every American family. Let's do something right. On a bipartisan basis, let's sit down and work out improvements to our healthcare system. Let's stop the partisanship when it comes to healthcare. Let's come together now.

We each have our grievances against one another, one party or the other. The American people are tired of our grievances. They are expecting us to do something positive. We can do it. Let's return to the bipartisan negotiation process.

I think that Senators LAMAR ALEXANDER and PATTY MURRAY, Republican and Democrat, can lead us to a good path to strengthen our healthcare system.

I yield the floor.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The Democratic leader is recognized.

THANKING THE SENATOR FROM ILLINOIS

Mr. SCHUMER. First, let me thank my dear friend and colleague from Illinois for his remarks. As usual, he is one of the most articulate Members of either side. He is also one of the most thoughtful and compassionate, and I hope people will listen to what he has to say.

HEALTHCARE

Mr. President, I would also like to respond to what the majority leader said this morning on healthcare. My good friend Senator MCCONNELL continues to try and create this straw man because he has nothing good to say about his bill. He wants to make this healthcare debate about a false choice between Graham-Cassidy on their side and single payer on our side, but as Senators SANDERS and KLOBUCHAR made clear in an excellent debate last night on CNN, Democrats have a lot of ideas to improve healthcare. There is not just one; there are many, and many Democrats support a bunch of different ideas. Each of our ideas, however, endeavors to increase coverage, improve the quality of care, and lower the cost of care. None of the Republican plans achieve these goals. That is the difference.

The difference is that one side wants to cut healthcare to average Americans, increase premiums, and give the insurance companies far more freedom, and one side wants to increase care to the number of people covered, lower premiums, and provide better coverage. That is the divide.

Our colleagues can't stand and debate that issue. They believe in letting the market have more say. We have learned that, left alone, the poor little consumer against a big market gets crushed in healthcare because there are infirmities. It doesn't work like an ordinary market for a whole lot of reasons. So we are happy to have a debate on the real issues.

Does Graham-Cassidy expand or reduce healthcare? They are rushing this through so we don't get a full CBO report. I am sure my colleagues on the other side of the aisle maybe breathed some relief there. CBO said that costs are likely to go way up for older Americans and Americans with preexisting conditions under Graham-Cassidy. They said that Graham-Cassidy would reduce coverage by gutting Medicaid and reducing subsidies that help Americans afford insurance. So there is, indeed, a contrast between the parties. It is a contrast we welcome.

Every Republican plan this year would cause millions to lose insurance and costs to go up, whereas Democrats are looking at many different ideas about how to achieve the exact opposite.

As my colleague said, we want to work in a bipartisan way to improve the existing system. Senator ALEXANDER and Senator MURRAY have had great negotiations. Once this repeal effort is dead and gone—this repeal and replace—we are willing and eager to sit down and come up with bipartisan improvements and do it in the regular order, as some of our colleagues on the other side of the aisle have correctly and courageously recommended. Let's do it in regular order.

Senators ALEXANDER and MURRAY have had hearings, called in witnesses, and have had a lot of bipartisan discussions—just what this body is supposed to do. Let's realize that Graham-Cassidy is highly unpopular with the American people, doesn't do what some are saying it does, and cuts healthcare. Democrats don't want to do that, and neither do the American people. Let's move on and try to make our system better.

PUERTO RICO AND U.S. VIRGIN ISLANDS RECOVERY EFFORT

Mr. President, the main subject I am going to speak on today is that instead of trying to take healthcare away from millions of Americans, the Senate and the White House should focus on a much more pressing matter this week: the desperate situation in Puerto Rico and the Virgin Islands.

After suffering from the winds and rains of Hurricanes Irma and Maria, the island of Puerto Rico is completely devastated. I can't recall in my lifetime a hurricane wreaking such devastation on any part of the United States. There are 3.5 million American citizens facing one of the gravest humanitarian crises in recent memory.

Listen to these facts. Nearly the entire island is without power. The reserves of gas and diesel fuel are dangerously low; there may be a 20-day supply left. I read in the newspaper this morning that 80 percent of the major power lines—the big trunk lines that deliver power—are down. Without power, just think of what that does.

The Governor of Puerto Rico said last night that 40 percent of the people on the island lack potable water; some estimates say it is as much as 65 percent. The food supply is dwindling, so people are without food. Fewer than 250 of the island's 1,600 cell phone towers are operational. People can't find their parents, children, or relatives. There is no way to reach them.

I remember the day of 9/11 when cell phone service went out in New York and I couldn't reach my daughters. This has been going on for days and days and days.

The damage to one of the largest dams on the island has created the need for another massive evacuation, but with 95 percent of the cell phones out of service in that part of the island, the evacuations have to be carried out by officials going door-to-door to the nearly 70,000 residents in harm's way, telling them that they have to leave their homes. Worse still, the damage to Puerto Rico's roads, bridges, and ports have isolated communities and delayed the arrival of aid.

It is not hyperbolic to say that the two storms together have set Puerto Rico back decades. The damage is apocalyptic. It is Biblical.

The situation on the U.S. Virgin Islands is similar. Words and statistics can hardly begin to describe the devastation these Americans are beginning

to grapple with. It has hit home. One of my staffers couldn't find an uncle, and they found him dead on the Virgin Islands last night. So it hits home to all of us and to all Americans. Looking at the pictures and the news reports, the islands now resemble a war zone.

What we need to do now is provide aid to Puerto Rico and the U.S. Virgin Islands as quickly as humanly possible—water, food, power, shelter. They need help and they need it now.

Here is what should happen. First, President Trump must issue a full disaster declaration for all of Puerto Rico. Right now, 24 of the 78 municipalities on the island are not eligible for FEMA grants to rebuild their homes.

President Trump should also waive the local cost-share requirement for emergency funds so that Puerto Rico can rebuild without having to worry about falling even deeper into debt.

While our Nation's Armed Forces—and we salute our Armed Forces all the time—are already assisting Puerto Rico, more needs to be done. As the most experienced part of our government in the movement of food, water, mobile power, and medical supplies, the Department of Defense should immediately determine what additional resources and capabilities can be deployed to aid Puerto Rico. If Secretary Mattis hasn't already met with the Director of FEMA, I hope he will do it today.

Most importantly, the administration should prepare an immediate and interim emergency aid request, and the majority leader should put that package on the floor of the Senate before we leave this week. Anything less would be an abject failure of our duty to come to the aid of our fellow U.S. citizens.

The administration submitted a request for Hurricane Harvey less than a week after the storm made landfall. We are rapidly closing in on that same marker for Maria having hit Puerto Rico. We need to move fast. We need to move now. Lives are at stake.

This morning I saw that President Trump had tweeted that Puerto Rico was in ''deep trouble,'' but relief efforts were ''doing well.''

With all due respect, President Trump, the relief efforts are not doing well. They are not close to good enough. All any American needs to do is open up a newspaper or turn on a TV to know that Puerto Rico is not doing well.

In his tweets, President Trump also brought up the issue of Puerto Rico's debt. Now, that is a totally different issue, and it pales in comparison to the immediate humanitarian crisis faced on the island.

Again, now is not the time, Mr. President. Puerto Rico needs help from aid workers, not debt collectors from Wall Street. Yes, Puerto Rico needs debt relief, but first they need humanitarian relief—water, food, medicine, fuel.

But this fits a pattern of how our President unfortunately responds to natural disasters. He insists that relief and recovery efforts are ''doing well'' or ''doing great,'' and sometimes it has no relation to the facts on the ground, as if this is a public relations campaign and not a rescue, recovery, and rebuilding operation. The time for tweets and talk is over.

The American citizens in Puerto Rico and the Virgin Islands need action and results. The best thing the President can do is to get all of the relevant people in his administration together and come up with an aid package and deliver it to us in the next day or two so that we can pass it before we leave here this week.

Again, instead of trying to take away healthcare from millions of Americans—that is what we are debating now, and that effort seems to be in real trouble—the Trump administration and the Republican majority should put an emergency aid package on the floor before the week is out.

Carmen Yulin Cruz, the mayor of San Juan, said earlier today: ''We need to get our act together because people are dying.''

The situation is desperate. The need is urgent. It is time to act now.

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

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

HEALTHCARE

Mr. SASSE. Mr. President, until you arrived to relieve me, I had been presiding since the opening of the Senate this morning, and I had the opportunity to listen to lengthy speeches from the Democratic leader and the assistant Democratic leader this morning. I would like to correct the record on three brief items.

First of all, as is common, almost an epidemic around here, there were repeated references to the Republican desire to cut Federal spending on healthcare for the poor and for the sickest among us. That is simply not true. It is an epidemic way of speaking around here, where people act as though, if you want to reduce the rate of growth, that is actually a cut. The fact that people in this body say it all the time doesn't make it true. No normal people ever talk that way. If you are having a debate at your house about your household budget and you are spending beyond your means and somebody proposes that next year you should spend 30 percent more than you spent this year, when this year you already spent more than you can afford, and you have big debate and you say ''No. Actually, next year, let's only spend 15 percent more than we spent this year,'' that is not a cut. You will still spend more money next year than you will this year. Because you have a debate about the rate of growth—that is not the same thing as a cut. It is a fundamentally dishonest way of speaking, and we should stop doing it around here.

The second thing that was said in these speeches that I listened to is that Republicans have a desire to give insurance companies more money. I would love it if some Democrat would come to the floor and explain why the stock prices of all the big health insurers in America have been through the roof since the passage of ObamaCare and why the big health insurance companies are the people lobbying the strongest to keep the current collapsing ObamaCare regime in place and actually asking for even more Federal money for insurance companies.

It isn't the case that the proposals Republicans are making on reforming healthcare are something for which the insurance companies are cheering; rather, the insurance companies want to keep the ObamaCare regime in place and add yet more tax dollars to it.

It would be great if we could have an honest debate around here instead of these sort of made-up stories that the Republican plans are in the interest of health insurance companies.

I will readily admit and have often admitted to this body that the Republican Party has done a bad job of explaining what we are for in terms of replacing ObamaCare. We have done a bad job, and we have not spoken with a clear voice. But speaking for myself, I will say that I actually want to have insurance play a smaller role in the healthcare sector because there are all sorts of things that we are currently insuring against in healthcare that we don't ever conceivably think would be a rational way to build an insurance marketplace in other sectors. If you think of property and casualty insurance, for instance, we don't have any law that mandates that Allstate and State Farm have to buy my gas and schedule my Jiffy Lube appointments. If they did, I submit to you that we would all consume a lot more gas, we would do it less thoughtfully, and we would have Jiffy Lubes that are at the wrong locations, open at the wrong hours, with poor customer service, with a lack of clarity as to what services they are delivering and what quality metrics they have.

We don't try to take in other sectors—the entire sector and swallow it by insurance. Insurance is supposed to be insulation and protection against catastrophic loss in the event of unforeseen, unpredictable, non-behaviorally driven events.

To be clear, I don't think the Republican Party has spoken clearly and spoken with one voice. But for this conservative vocalist, I actually want American healthcare to work better by making clear what things we want to insure against and what parts of the healthcare delivery market we think might work better if moms and dads and local doctors and nurses were more empowered by having to mediate fewer

of their transactions through the insurance space.

So while I am not in favor of cutting Federal spending for the poorest and sickest among us, I am in favor of having a debate about how we get to a sustainable growth rate, not the unsustainable growth rate we are on that is going to bankrupt the next generation.

I am in favor of shrinking the amount of money that goes to insurance companies. The plans being debated here on the floor tend to be debates where a lot of the Democrats actually want to have a conversation about how we can give even more money to insurance companies. They often have Orwellian names like ''insurance marketplace stabilization funds,'' but make no mistake—what they are really talking about is giving more money to private health insurance companies that have had stock prices go through the roof since the passage of ObamaCare. That is the second falsehood in the speeches this morning.

A third item on which it is important to correct the record—and this is not to pick on in particular the two most powerful Democrats in the body; those just happened to be the speeches I listened to this morning. We have a habit around here of people saying a lot of things that aren't true. You might ask: Why can you get away with saying things that aren't true? One of the ways we get away with it is, just as I am doing at this moment—I am speaking to an empty Chamber. The Senator from Arizona is here. He has the duty to preside over the Senate right now. But he is the only person in this Chamber. So everybody at home watching on C–SPAN—I know the camera angle is this wide, and so I am the guy on the screen, but this body has 99 empty desks.

One thing that is very common—and was true of both speeches I listened to this morning—is that there is no one in the Chamber even though, as the speeches are made, there is a lot of gesturing as I beat down this debate partner, and I just one-upped you and I just persuaded you. There is a lot of motioning and gesturing and fake rhetoric that goes on around here where we try to masquerade for the American people and for the 50, 60, 70 people in the Gallery right now. I see people chuckling because they all know that it is true. They are sitting in a body, and there is no one here. Yet, when people come and make their speeches on the floor, they pretend they are winning some grand debate, and then their communication staff rips apart the video and sends it to the local TV stations back home, where people get lots of credit, as if they just won some big debate on the Senate floor. And maybe they said a whole bunch of stuff that wasn't actually true, but there was no one here to answer them because we are not actually debating big issues very often in this body.

There are a lot of theatrics and a lot of charades and a lot of false deliberation. But right now, I am speaking to an empty Chamber, and both of the speeches that I heard this morning from the Democratic leaders—making up stuff about what the Republican healthcare proposals would do—those were speeches all delivered to an empty Chamber, even though the gestures implied somebody was winning a debate when that was happening.

Once upon a time—there is no golden age in world history; we all live post fall. But once upon a time, this really was the greatest deliberative body in the world. Two hundred forty years ago when the Constitution built a system of three separate but equal branches that checked and balanced one another, the Senate had a unique role. The upper body of article I, of the legislative branch, was a place where debates were supposed to be long so that you could forge consensus—70, 80, and 90 percent consensus—on issues, because people actually were in this body actually debating real issues.

We are not the greatest deliberative body in the world right now, and a lot of people pretend we are. One of the ways we get away with that is by standing in here and pretending there are a lot of people listening to our speeches when no one is here. Again, I am the third speech of the day in the Senate today, and all three of them have had an audience of zero. I submit that most of today on C–SPAN is going to have an empty Chamber with a little ticker at the bottom that says ''waiting for Senators to speak.'' When the Senator comes to speak, they are going to speak to an empty Chamber, and they are going to pretend they are winning a big debate. It is not a useful way to tackle the biggest public policy problems that face our people and not a great way to restore the Senate. We should make the Senate great again.

Thank you, Mr. President, for the opportunity to correct these three items.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mr. KAINE. Mr. President, I rise to speak about the debate this week over the Graham-Cassidy proposal with respect to healthcare that is being considered by the body. I have high regard for both of these colleagues. I serve with each of them on different committees. I oppose the bill and want to talk a little bit about why I do but more specifically about an aspect of the bill that I find puzzling.

It is no surprise to me that there are many in this body who would like to repeal and replace the Affordable Care Act. When the Democrats were in the majority for my first 2 years in the Senate, I often sat in the chair where the Presiding Officer sits. I heard a lot of people giving speeches on the floor. I was in the Chair during an all-night sort of filibuster by the Senator from Texas about the repeal and replacement of the Affordable Care Act. I get that there are arguments about it. While I support the Affordable Care Act—I strongly did in 2010 and still do—I do want to work with my colleagues to find solutions to improve healthcare. There are differences of opinion about it.

One thing I never heard during all of the speeches that I heard, either as a presider or paying attention on the floor, was Members getting up and saying they wanted to dramatically cut Medicaid. That is not anything that anybody has filibustered about. That is not anything that people speak about.

When President Trump campaigned, he said: I am unique on the forum right now of all these candidates in that I will not cut the Medicaid Program. When the Senate started to consider versions of the ObamaCare repeal and replacement over the summer, after the House acted, what interested me was not the portions of the bill that attempted to replace the Affordable Care Act but the significant changes to the Medicaid Program that were never advertised. There was never this discussion: We are going to repeal ObamaCare, and we want to cut Medicaid. It was always about ObamaCare.

I am puzzled, standing here today, considering a Graham-Cassidy proposal that not only would be a fundamental change of repeal and replacement of the Affordable Care Act but also contains a very significant revision of Medicaid that would hurt my State and would hurt a lot of people I care about. That never seems to be acknowledged, and I am puzzled about why.

As to the Graham-Cassidy proposal, again, I respect my colleagues, and I think they are putting it on the table because they think it would be preferable to the current system. I don't question their motives. I was a Governor, and the notion of block grants and discretion and dollars back to the State can be a good thing. Quickly, before I get to the Medicaid piece, the problem is if you take the Graham-Cassidy proposal, it takes the dollars that are currently being delivered to the States through the Affordable Care Act, shrinks them by about $240 billion over 10 years, and then eliminates them. Even with the shuffling of the deck on a block grant that might benefit one State over another, you can't take $240 billion out of the system, in my view, without making people's premiums go up.

The money that is being delivered to States is largely delivered to help people either get a tax credit premium or pay out-of-pocket costs. If you take that much out of the system over 10 years, people's premiums are going to go up. That breaks a promise of President Trump's, who said that nobody is

going to lose coverage and nobody is going to pay more. People will pay more, if Graham-Cassidy passes, in the short term, over the next 10 years. Then, when all of the money expires after 10 years, they will pay a lot more. I oppose that.

Second, I also oppose the way this bill treats preexisting conditions. By allowing States to waive essential health benefits, it might be technically true to say that you could get a policy even if you had a preexisting condition, but the insurance company could say to you: I will write you a policy, but you are a diabetic; so the policy will not cover insulin. Or I will write you a policy, but you are a woman of childbearing age; the policy will not cover maternity care.

If the policy doesn't cover your preexisting condition, then preexisting conditions are not protected. To my read of the 141-page bill—which has been revised a little bit, or so I hear, since I got the most recent version Friday to read it over the weekend—that is exactly what States can do. Because 43 of 50 States did not protect people with preexisting conditions before the Affordable Care Act, handing this power back to the States and allowing them to waive these benefits, I think, would jeopardize the tens of millions of Americans who do have preexisting conditions.

Finally, I don't like the fact that the current bill, as I understand it, ends funding for Planned Parenthood. Planned Parenthood doesn't have a line item in the budget. To the extent that Planned Parenthood gets funding, it gets funding for this reason: It provides primary medical care to women who are Medicaid-eligible, and they get services at Planned Parenthood that are Medicaid-eligible to be reimbursed.

Since Federal funding cannot be used for abortion services, the defunding of Planned Parenthood basically says that if you serve a woman who chooses to go to you for her primary healthcare and she is Medicaid eligible, we will not pay you for that service. That seems, to me, to be wrong. If women are choosing to go to Planned Parenthood, and they think that is the best place to go for primary care, why would we disable them and force them to go elsewhere by disabling Planned Parenthood from reimbursement?

All right. Those are some challenges I have, but I want to get to the real guts of my concern, which is the effort to go after Medicaid.

The Graham-Cassidy bill—and it is similar to the skinny repeal bill and other bills that were on the table that the Senate considered—goes into the Medicaid Program that was passed in 1965, which was long before the Affordable Care Act—long before it—and it puts caps on the program to restrict the growth of Medicaid spending. The estimate is that over the next 10 years, it will take $1.2 billion out of Medicaid. Yet no description of Graham-Cassidy that I have ever heard a sponsor mention and no description of any of the bills that have been pending on the Senate floor say we are going to repeal ObamaCare and that we want to go into the Medicaid Act of 1965 and dramatically cut Medicaid.

Why is that never made plain as it is a core feature of these bills? I would argue, it is sort of the core within the Trojan horse of the repeal of the Affordable Care Act to go in and change Medicaid. Yet it is never advertised that way, and it is never explained. You could have put a bill on the table to repeal the Affordable Care Act and could have left Medicaid alone. You would have touched the Medicaid expansion that was part of the Affordable Care Act, certainly, but you could have left the core Medicaid Program alone. Why was there an effort to both repeal the Affordable Care Act and cut Medicaid but not to say we are cutting Medicaid?

Maybe it is because, if you were to say that, you would directly counter a promise the President made, ''I am not going to cut Medicaid.'' Maybe there is a concern about, boy, we are taking $1.2 billion out of Medicaid, and we are about to come up with a big tax proposal that might give tax breaks for the wealthiest. We do not want to take money away from a program that is for the poor, elderly, disabled, or children and then immediately turn right around and increase the deficit by a tax cut.

I find this to be the big mystery of this entire debate, in that every proposal that is on the floor makes massive cuts to the core Medicaid Program even though it has nothing to do with the Affordable Care Act. Nobody ever acknowledges it, and nobody ever explains it, but I am here to both say it is real and to challenge it.

Who are Medicaid recipients? I think there tends to be a little bit of a misconception about who gets Medicaid in this country.

In Virginia, 50 percent of Medicaid recipients are children. The proposal, under Graham-Cassidy, calls for a $1.2 billion cut in Medicaid in Virginia over the next 10 years and a $120 billion cut in Medicaid nationally. In Virginia, 50 percent of Medicaid recipients are kids. One in three births in Virginia—one in three births every year—is compensated by Medicaid. Two in three nursing home residents are supported by Medicaid. There are a lot of people with disabilities in Virginia who are supported by Medicaid. The home and community-based waiver programs, under the core Medicaid bill, support nearly 50,000 Virginians in community settings of their own choosing. Medicaid is also the primary payer for behavioral health services—mental health treatment, substance abuse prevention treatment.

That is what this bill goes after even though that Medicaid funding has nothing to do with ObamaCare, nothing to do with the Affordable Care Act. So reducing Medicaid spending by the $120 billion-plus over 10 years or more in the out-years would not hand more power to States. No, it would dramatically limit the States' ability to provide the kinds of services that are needed by our most vulnerable—kids, seniors in nursing homes, and people with disabilities.

Later today, I am going to have a meeting in my office with folks who have communicated with me over the course of this debate—really since January when I was added to the HELP Committee. They are coming in to tell me how frightened they are about what will happen if Graham-Cassidy passes.

Samantha and Justin McGovern are parents. They have a girl, Josephine, who is 1½ years old. They are from Springfield, which is right here in Northern Virginia. Josephine is about 18 months old, and she was very premature—24 weeks gestation. She was 1 pound 12 ounces when she was born. That is the size of six sticks of butter. That is how tiny this little girl was. She was hospitalized, after her premature birth, for 407 days, across three units, in two hospitals, in two States. She is home and thriving now, but she is supported by a ventilator 24/7 via a tracheostomy, and she is fed primarily through a gastrointestinal tube.

Her mother Samantha writes:

> We are fortunate that we get to focus on her health rather than medical crippling bills. We estimate that her hospital stay would have exceeded $4 million, and the cost for her monthly medical expenses (baseline . . . not sick) is about $26,000 a month (if we didn't have insurance or Medicaid coverage).

Here is what she writes:

> We are fortunate we have amazing private insurance through our employer. However, if it were legal to have annual or lifetime caps, I don't know what would happen to us. Part of our Medicaid covers private duty nursing so that we can sleep and go to work. Without nursing, one of us would have to leave their job, and there would be no way we could continue to live in our house [or pay our insurance]. If there are caps and we lost our insurance, we would depend on Medicaid even more than we do now, and we would have less coverage than we currently have, making it virtually impossible for Josephine to continue to be followed by the doctors who saved her life.
>
> Basically, if [this bill] passes, life as we know it could fall apart. I don't know how we would be able to support our daughter, how we could keep her home and not in an institution. She deserves to be home. She deserves to have every opportunity to thrive.

I met Rebecca Wood at a forum in Charlottesville. She has a 5-year-old daughter, Charlie. I met them in July.

Charlie's mom says:

> Charlie . . . is five-years-old and loves playing outdoors, live music, things with numbers, and anything with animals. Charlie was born more than three months early and, as a result, is developmentally delayed. Currently, Charlie requires physical therapy (PT), occupational therapy (OT), and speech therapy. She has a . . . (feeding tube) and wears orthotics. Affordable care is the difference between independence as an adult or a permanent disability. Due to a three month NICU stay [when she was born], Charlie would have exceeded her lifetime cap before she ever came home for the first time.

Then, she would have been uninsurable due to her birth being a preexisting condition. Also, Institutional Medicaid paid for a large portion of her NICU stay. Upon discharge, a Medicaid waiver helps with out of pocket costs and provides services that [our private] insurance doesn't cover. She would not be where she is without any of these things. The changes in the proposed healthcare bill would cause Charlie to drastically lose access to these services. Receiving healthcare services is her chance to leave a life-limiting disability behind.

The last story I will tell is of Eric Young, from Norfolk, on behalf of his son, Ethan.

Eric has major concerns about Graham-Cassidy. His son, Ethan, has what is called heterotaxy syndrome, which is an incredibly complex congenital heart defect. There are seven defects that are combined in this brave and thriving youngster. Eric said that Ethan has had two open heart surgeries and is having his third in November.

Eric writes:

I anticipate his healthcare charges to surpass the $1M mark before the end of the year. It's not an ''if'' for Ethan—it's when. ''He'' will have spent more on healthcare in his first 2 years of life than most people will during their entire lives. He's the outlier. But he's exactly the type of kid that needs protecting.

Dealing with such a critical issue when your baby is first born is overwhelming—having to worry about whether or not your decisions to save your child will affect whether he . . . [can] even obtain health insurance when he gets to be an adult is just wrong.

Eric writes about the ACA, as Eric works in the healthcare industry:

The ACA is not perfect—it needs to be changed. I work in healthcare—so I have the perspective of seeing it from my job and as a parent. But, we need a real bill that is well thought out, not something just for the sake of passing.

I wanted to come and really just talk about these youngsters. One out of every three children born in Virginia is able to be born in a hospital because of Medicaid, and 50 percent of Medicaid recipients are kids. If you were a child and you needed a wheelchair, your private insurance likely would not cover it. If you get a wheelchair, it is usually Medicaid that pays for it. If you go to school and then you get an individualized education plan and your public school system provides you some services, it is Medicaid that is usually paying the school system to reimburse it for the services that are provided.

My wife used to be a juvenile court judge, and this was the situation she would face all the time with kids in the court. It would be a heartbreaking situation, but there was an answer. You would have teenagers who were working so hard to be successful—not in court because of violating the law, not in court because of trouble but in court because their families were so dysfunctional nobody could take care of them. As a judge, my wife would have to grapple with this: Where is this child going to live? Who is going to help this child get to school? This kid is trying to succeed. Do I have to put the child in a group home or institutionalize the child because there is no family support there?

What my wife could do as a juvenile court judge—and this happens all over Virginia every day and all over the country every day—is say: OK. The child is capable of success, but the family is dysfunctional. May I send a counselor to the home? May I find an aunt or uncle, and maybe with some support of counseling, provide some stability so this child does not have to be institutionalized and can be successful? When my wife would order that, it was Medicaid that was paying for it.

Medicaid pays for your birth, Medicaid pays for your wheelchair, and Medicaid pays for the services a local school system will provide so you can have a life of independence. If your whole world is falling apart around you and you are doing everything you can to succeed, Medicaid can actually pay for counseling so you can keep it together and graduate from high school and go on and go to college and be successful.

Medicaid is advancing these challenged kids toward lives of independence and success. Yet the bill that is on the floor before us would cut, by the most recent estimate, $120 billion out of Medicaid over the next 10 years and more beyond. Why? Why is that not acknowledged? Why would you use the bill to cut Medicaid when all of the rhetoric about it is that we have to repeal the Affordable Care Act?

I think the right answer to this question is just staring us in the face, and it was what we gave Senator MCCAIN a standing ovation for in July when he came back after getting his tough diagnosis. He came back, and he said: Look, healthcare is just too important. It is just too important. It is the most important expenditure anybody ever makes. It is the biggest sector of the American economy. It is the kind of thing that keeps parents up at night, worrying about what is going to happen to their children tomorrow or in 20 years, when the parents are deceased, and they want to know the children can have independent lives.

We just cannot afford to get this wrong, and the answer about getting it right is staring us right in the face. Let the HELP Committee, on which I serve—the Health, Education, Labor, and Pensions Committee—and let the Finance Committee, which has jurisdiction over Medicaid and Medicare, take up everybody's ideas: the Graham-Cassidy bill and BERNIE SANDERS' bill. I have a bill about reinsurance, but it is so wonky it is never going to be on a bumper sticker. I think it would be a good bill, but I have not been able to have a hearing on it.

Let the committees that are of a Republican majority but with Democrats who know some things about healthcare take up these bills, hear from the parents, hear from the hospitals, hear from the doctors, and come up with a bipartisan set of solutions that will make healthcare better, not worse.

We were on the verge of doing that in the HELP Committee. We had 4 hearings with about 20 witnesses. We not only had committee members involved, but Chairman LAMAR ALEXANDER and Ranking Member PATTY MURRAY did a good thing—they opened up a coffee before every hearing and said: Hey, if you are not on the committee but you want to meet these witnesses and hear what they have to say, come and talk and ask them questions. We had over 50 Senators participate. We were working on a bipartisan bill and basically had a handshake deal last week to stabilize the individual insurance market for a couple of years. In a deliberate way, in a careful way, we considered Republican and Democratic ideas for improving health insurance.

Then, last Wednesday, the President tweeted out, in working with the Speaker and the majority leader, that they did not want the bipartisan effort to go forward. No. We have to push the Graham-Cassidy bill—the bill that is about the repeal of ObamaCare but that also has within the Trojan horse these massive cuts to Medicaid that will hurt kids.

I don't know why we had to set aside the bipartisan effort. I don't know why we had to submarine the good-faith work of the committee under the leadership of a great chair and a great ranking member. It is my hope that at the end of the week, we will have defeated the Graham-Cassidy bill and that we will go back to being the Senate we should be.

I will just say what I have said a couple of times on this floor. This is one we cannot afford to get wrong. The parents of these kids already have enough to worry about. Why would we make it harder on them? We do not have to. We can be better than that. That is what I ask we do.

I yield the floor.

I suggest the absence of a quorum.

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

The bill clerk proceeded to call the roll.

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

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

Mr. FLAKE. Mr. President, the Democrats talked this morning about the Affordable Care Act and what the reform efforts are trying to do and what they are not trying to do. I want to associate myself with the comments made by my colleague, the Senator from Nebraska, earlier today.

A lot of talk has been thrown around about how the new effort would cut Medicaid spending. As my colleague from Nebraska mentioned, here in Washington a cut is not a cut anywhere else. But if you deal with the rate of growth, if you raise spending only by the Consumer Price Index rather than the medical Consumer Price Index—5

percent rather than 6 percent, for example—then you are somehow cutting the program.

We know that the program as it currently stands is unsustainable. I think we all recognize that. So any efforts to deal with and to allow Governors and others at the local level to have more of a say on how these funds are spent and to gain efficiencies that way are frowned upon. It is said that we simply can't do that because it would be cutting Medicaid. That simply isn't the case.

Arizona, for example, has a version of Medicaid called AHCCCS. It is done far more efficiently than some of the other States do it. That is because at the local level they have been able to do what local governments do best. The government that is closer to the people generally spends money more wisely and finds efficiencies that the Federal Government simply can't find.

Let me mention that on the exchange, the Affordable Care Act dealt with a couple of different things. It is a so-called exchange where people who can't get insurance otherwise or don't get it through their employers will buy it on either a Federal exchange or a State exchange. Then you have the Medicaid side. Let me speak for a minute on the exchange side.

Arizona has been ground zero for the failure of the ObamaCare exchange. We have 15 counties in Arizona. In all 15 counties, if you are a family of four and you are buying on the exchange, you are paying more on average for your healthcare premiums than you are for your mortgage. Think about that for a minute. You are paying more for your healthcare premiums than you are for your mortgage in every county in Arizona. In some counties in Arizona you are paying double. In every county it is more, in some counties significantly more, and in a couple of counties you are paying double for your healthcare premiums—much more than what you are paying for your mortgage.

I spoke yesterday with an elected official from Arizona from one of the rural counties. He told me that his healthcare premium, which he simply can't afford anymore for his family of four children, would have been $2,800 a month. That is what it has gone up to. It has doubled virtually every year. In some counties in Arizona, we saw increases of 116 percent. He owned insurance prior to ObamaCare, was paying a reasonable amount for a premium, and had copays and deductibles that were reasonable as well. But when the Affordable Care Act came in, the promise that you could keep your doctor or keep your plan simply wasn't the case. His premiums have gone up, up, and up until now; he has a premium of $2,800 monthly for his family of four children.

Keep in mind, as well, that there are the deductibles on top of that. Were he to use that insurance, by the time he satisfies the family deductible, which is about $12,000, he has paid—or he will pay if he has any medical issues—between premiums and deductibles, more than $40,000 before the first insurance dollar kicks in.

So when we hear from the other side of the aisle that there is no problem with ObamaCare, that the only thing we have to worry about is, for some people who have gained insurance, to make sure they keep that—I agree we have to make sure those with preexisting conditions have access to affordable care. But when you have people on the exchange who simply can't find affordable care and if they do have a policy they can't afford to use it because deductibles and copays are so high, we have a problem.

The latest figures tell us that 155,000 Arizonans woke up this morning without any insurance. Most of them had insurance prior to the Affordable Care Act, but then insurance was priced out of their reach. So 155,000 people are paying a fine to the Federal Government because of their inability to find affordable insurance. They pay that fine, and they still have no insurance. Tell me that is not something we have to fix. We have to fix that. That is what we are responding to here.

This notion that it is all hunkydory—keep with the plan—belies the fact that 155,000 Arizonans woke up this morning and said: We are paying a fine to the Federal Government because we can't find affordable care, and still we have no care, and we are somehow supposed to be OK with that. Somehow we are supposed to wait until we can find a solution for it all before we address that specific situation.

I submit that we have to fix this. People in Arizona and elsewhere are hurting. Let's stop with the rhetoric that this is somehow a cut and people will be left on the streets. We heard that back in 1996 with welfare reform. It was said that the Governors or others at the local level couldn't participate, couldn't be in charge of this program because people would be dying on the streets. Guess what. Within a couple of years, the welfare rolls had been cut in half. We are doing better, and the Federal Government's obligation in that regard has been sustainable, unlike the current situation we have with the so-called Affordable Care Act.

I hope we can stop the outrageous rhetoric on this and actually fix the problem. Let's fix the problem for Arizonans who are hurting right now.

With that, I yield back.

The PRESIDING OFFICER. The Senator from Ohio.

CFPB RULE

Mr. BROWN. Mr. President, we have the recent fake accounts scandal at Wells Fargo and the massive data breach at Equifax. I don't think any of us can go home and not hear, certainly, about the Equifax scandal that we found out about just a couple of weeks ago. The massive data breach at Equifax and the fake accounts scandal at Wells Fargo drive home the fact that so-called forced arbitration clauses have become almost unavoidable in everyday life.

Whether it is a credit card or a bank account, whether it is a student loan or a college enrollment, whether it is a nursing home contract, your phone service, or even—now far too often—your job, you have probably signed a contract that forced you to give up your right to a day in court, usually, without even realizing it.

Forced arbitration is a tool that big corporations use to silence victims of corporate fraud and corporate abuse. These victims never get to tell their stories to a judge or a jury of their peers. Why? Because of the small print in these contracts. Victims are pushed into a secret process behind closed doors, where corporations win about 90 percent of the time.

Over the past couple of weeks, I have had an opportunity to hear from some of these victims. Let me tell you about George from Mentor, OH. George's wife suffered physical and mental abuse in a nursing home, but George and his wife have been denied a day in court. He said the lawyers he reached out to for help turned him away because they didn't think he had a chance fighting against the forced arbitration clause in his family's nursing home admittance agreement.

Any family who has been through the transition of admitting a loved one into a nursing home will tell you it is a difficult time in the best of circumstances. Forcing these families to sign away their rights is not only wrong. It is dangerous. Typically, because of all the trauma of moving a family member into a nursing home, you are not even aware that you have signed away your rights.

After the Equifax breach, my office was flooded with calls from scared consumers seeking help. Let me tell you about another one. Bill is from Hamilton, OH, which is at the other end of the State from Mentor. He and his wife are retired, and they worked hard to pay their bills on time. He has had excellent credit, and this is the story of millions of Americans. That was all put at risk when Equifax allowed his family's personal information to be stolen, along with that of 143 million other Americans. It is pretty much half of the country.

This breach was so huge and harmed so many people that the company's CEO, Richard Smith, retired suddenly today. Well, he will probably have a very comfortable retirement. His compensation was millions of dollars a year. The millions of people he has harmed will continue to struggle with the mess that he left behind.

That is bad enough, but Equifax was also demanding that Bill in Hamilton, OH, give up his right to hold the company accountable in court if Bill signed up for their credit monitoring service. Do you remember, after the story broke—I believe it was in July when the executives found out about the 143 million Americans breached, or the 140-

plus million Americans breached—that a couple of executives sold some of their stock. That is interesting. We will see what happens about that. Then it became public in September. So we know that.

Now, we also know that Equifax, then, to make it up to their customers, said that they would give them a free year of credit monitoring. A year ago, I believe it was, when there was another situation like that of a data breech, Congress voted to protect Federal employees and to give them free credit monitoring for 10 years. But Equifax, generously—I believe some used that word, but they probably didn't—gave the 1 year, but they had a forced arbitration clause. It was only because of a staff person on the Banking, Housing, and Urban Affairs Committee, that CORY saw that they had that provision in these contracts—this free year of credit monitoring—and Equifax decided to back off of that.

These forced arbitration clauses are incredibly powerful. To understand them better, big companies use the small print not just against regular families back in Ohio but even against people who could afford top-notch legal teams.

Gretchen Carlson, a well-known news anchor, endured sexual harassment at FOX but was prevented from suing her employer by a forced arbitration clause. She didn't really know that or hadn't thought much about that when she signed her contract. She wrote of forced arbitration: It is ''often argued to be a quicker and cheaper method of dispute resolution for employees'' but, ''instead [it] has silenced millions of women who otherwise may have come forward.''

The power of forced arbitration clauses to silence victims has allowed potentially millions of people to be harmed by big banks and other financial institutions.

Let's take another one, Wells Fargo. In 2013, Wells Fargo used a forced arbitration clause to silence a customer who had accused the company of opening fake accounts in his name. You will remember that Wells Fargo opened as many as 3.5 million fake accounts, meaning they opened an account that the Senator from Texas or that I or others had not given permission to do so. They opened accounts in people's names. Obviously, I am not saying that personally of the Senator from Texas and me, but they opened 3 million fake accounts of customers who didn't even know these accounts had been opened. They subjected their employees to harsh sales goals. They threatened to fire anyone who didn't keep up.

Think about how much damage could have been prevented if that customer was allowed to take Wells Fargo to open court 4 years ago, but they couldn't because of forced arbitration.

Well, Equifax pulled back its use of forced arbitration clauses after the public shaming of what they did, but Wells Fargo seems to have no shame in continuing to hide behind arbitration following scandal after scandal. You will remember what Warren Buffet, who is a major stockholder in Wells Fargo, said: You rarely find just one cockroach in the kitchen. Well, with Wells Fargo, there was one case after they said: This is it. Then, there was another, and they said: Well, this is it. Then, there was another one. We don't know what is next.

We know that many of the victims of Wells Fargo's scandal were servicemembers. In 2015, Santander Bank illegally repossessed cars from servicemembers and, then, used a forced arbitration clause to silence their claims. So they are willing to go against servicemembers, in the case of Santander. Wells Fargo is willing to do it against servicemembers. Wells Fargo is willing to do it against up to 3.5 million customers for whom they opened fake accounts.

Servicemembers and all Americans deserve to be protected from this shady legal fine print. That is what the Consumer Financial Protection Bureau has done with its new rule on the issue of forced arbitration—a rule that some in this body want to overturn.

It is despicable that Congress is trying to cover for big corporations looking to cheat consumers and overturn this rule. Make no mistake. Voting to overturn the CFPB rule about forced arbitration is simply saying that we support corporations' ability and efforts to cheat their consumers. They simply don't have their day in court.

The American Legion adopted a resolution at its national conference last month opposing repeal of the Consumer Financial Protection Bureau's rule. They understand that the Consumer Financial Protection Bureau did the right thing to protect servicemembers from forced arbitration.

John Kamin, assistant director of the American Legion's veterans employment and education division, said: ''Our membership has stated unequivocally that we will not accept a future where our military veterans' financial protections are chipped away to increase the margins of the financial sector.''

Let me say that again: ''We will not accept a future''—this is from the American Legion—''where our military veterans' financial protections are chipped away to increase the margins of the financial sector.''

The right to have your day in court is enshrined in the Constitution that our servicemembers fight to uphold. The least we can do is to protect this right for the women and the men who protect our country—to protect this right for the men and the women who protect our country.

How can Members of this body, when this vote approaches, if they support the CRA to overturn the rule of the CFPB, look those servicemen and servicewomen in the eyes and explain that they chose to stand with Wall Street over these people who served their country and over their families and over hard-working people all across America?

It is our job to protect the people we serve, not to protect Wall Street banks and corporations when they try to scam consumers. Big companies use small print to silence the hard-working Americans they have cheated.

When a resolution to repeal the Consumer Financial Protection Bureau's rule comes to this floor, I urge my colleagues to speak up for the people whom we serve.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

HURRICANE HARVEY RECOVERY

Mr. CORNYN. Mr. President, I am particularly glad to see you presiding today because I came here to report on what you and I saw together in Texas during this last long weekend. Unfortunately, it didn't feel quite like home—not when parts of Texas battered by Hurricane Harvey aren't what they used to be and not when so many cities, towns, and wornout faces don't look like they otherwise would.

As of this weekend, more than 8 million cubic yards of debris still needed to be cleared in Houston alone—the Presiding Officer's hometown and the city of my birth. More than 800,000 people have registered with FEMA for individual assistance. More than 24,000 hotel rooms are still occupied by victims of the flood. Fifty-two public and charter schools sustained ''catastrophic damage'' and are awaiting funding for repairs. Worst of all, 82 lives were lost as a result of this terrible storm.

One news story that stuck with me came from Port Arthur, where the mayor, Mr. Derrick Ford Freeman, a man of truly steel resolve, can't stop yawning. Well, he is exhausted. He has a good reason. He has been sleeping upstairs in his child's second floor bunkbed because, unlike some other residents, he hasn't had time to strip the first floors of his house that flooded to remove the Sheetrock, destroyed furniture, and all of his personal effects. He has been too busy worrying about others and trying to help pull the pieces back together.

Mayor Freeman spoke of the smell in his house at night. First, it is the flood. Then, it is the mold. Then, it is the mosquitoes. He spoke about the challenges his community faces, and he spoke about the more than 100 schoolteachers and 100 city employees in Port Arthur who still did not have homes ready to return to.

What Mayor Freeman was most worried about, though, is that people will forget. Now, as other natural disasters and news stories begin to occupy the

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 Abbott 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 noncontroversial 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 preexisting 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 preexisting 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 sequestration, 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 preexisting 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 preexisting 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 lifesaving 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 conduct 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 addition. 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 Readesboro 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 Republicans—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 preexisting 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 villages. 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 expansion 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 respond 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 longstanding 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 Federal 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 HEITKAMP 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 Service 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. 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 had 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 astronomic 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.

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

LEGISLATIVE SESSION

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate resume legislative session.

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

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

The PRESIDING OFFICER (Mr. JOHNSON). The Senator from New Jersey.

PUERTO RICO AND U.S. VIRGIN ISLANDS RECOVERY EFFORT

Mr. BOOKER. Mr. President, I appreciate the words from all the colleagues I have seen. It is great to see bipartisan sentiments about dealing with the most powerful hurricanes in recorded history. These hurricanes have left thousands of families homeless, destroying infrastructure, and leaving most people without power for the foreseeable future. There are thousands of individual stories of loss of life, of loss of possessions, of everything people own, devastated by this storm.

What is important to me now is that we turn these words into action. I am grateful for the leadership we are seeing from the State of Texas and the State of Florida, but I want to focus in on what is happening in Puerto Rico and the Virgin Islands. We know, right now, close to 31.5 million American citizens on these islands are on the brink of a humanitarian catastrophe, including the 3.4 million people who live in Puerto Rico and over 100,000 Americans on the U.S. Virgin Islands. The American citizens living in Puerto Rico are part of a population that is bigger than the States of Wyoming, Vermont, North Dakota, and Alaska combined, but they don't have eight Senators representing them in this body—working for them, fighting for them.

When Superstorm Sandy hit New Jersey, I know the constant work Senator MENENDEZ, I, and my predecessor Senator Frank Lautenberg put into working on making sure our communities could recover. We don't have direct Senators representing this incredible population of Americans. They don't have folks here every single day who are pressing for the interests of these Americans, for their safety, their security, their lives. We have to—the 100 of us—step up to make sure that we are focusing on the interests of our fellow Americans after what has been one of the worst storms in recorded history.

The Americans in Puerto Rico pay taxes. They love this country. They serve in the military. In fact, they serve in the military at a rate almost twice as high as the general U.S. population. These are patriots. They are our brothers and our sisters. These Americans deserve action from this body and from the President of the United States.

Puerto Rico's Governor has spoken directly to this crisis, noting that just 40 percent of the residents of Puerto Rico have access to drinking water—meaning that 2 million American citizens right now in Puerto Rico do not have access to clean drinking water. This is a serious crisis.

More than this, we know the vast majority of Puerto Rican residents still don't have electricity. They are struggling to access food. They do not have basic means of communications on the island, even to family here. They can't access bank accounts. Their sanitation systems have come to a complete standstill. Access to basic medications—often urgently needed medication and healthcare—is under threat.

It is estimated that it is going to take months before power comes back, and recovery and rebuilding will take years for the islands. The next few weeks of recovery are critically important in the effort to save lives.

I saw in Superstorm Sandy how it wasn't just the hurricane itself that took lives; in fact, in my city, it was in the hours and days after that people lost lives. We know that right now in Puerto Rico, every minute, every hour, every day we wait to get critical aid—necessary aid—our failure to act could mean the difference between life and death or between grave suffering and relieving that suffering for hundreds of thousands of people in Puerto Rico, as well as the U.S. Virgin Islands.

We cannot afford to wait any longer to better mobilize support and resources and help our fellow Americans in Puerto Rico and the Virgin Islands right now. I hope that over time we are able to develop larger and more comprehensive aid packages, such as those being discussed for survivors of the hurricanes in Florida and Texas. The urgency we have in Puerto Rico right now, the urgency we have to provide vital security, energy, food, and health needs—we must answer that urgency with action.

Puerto Rico needs U.S. military, disaster, and humanitarian assistance to maintain order and provide security, water, food, and fuel. Puerto Rico needs additional first responders, and they need generators, emergency vehicles, and fuel. Also, Puerto Rico needs to see that its government—the U.S. Government—will respond the way we have for other disasters.

There cannot be a double standard when it comes to Americans. We are one country. We are one Nation. Whether it was Hurricane Sandy in New Jersey and New York or Hurricanes Harvey and Irma that ravaged Texas and Florida, when our Nation sees a natural disaster destroy the homes of thousands, take lives, knock down power—when a challenge like that comes to the United States of America, we must be there for our citizens. Yet I have read so many heartbreaking stories. This shows the lack of urgency, the lack of being present, the lack of being there when we are needed.

The Washington Post reported that when journalists were looking to go and provide coverage—somehow journalists are making it there to report on the extent of the damage—they were in a remote area of Puerto Rico when local residents saw them. Their first response was simply to ask: Are you FEMA? Are you our government? Are you coming to address the crisis?

Right now Americans are suffering. Right now Americans are facing devastation and potentially death in these hours and these days.

I worry about this body now heading toward Thursday or Friday. How can we in good conscience go back to our homes this weekend, knowing that hundreds of thousands of American citizens in Puerto Rico and the Virgin Islands may be homeless, may not have shelter, may not have food, and may not have water? We cannot allow our fellow Americans to fall deeper into this crisis.

Nosotros somos gente de esperanza; somos gente de fe. Pero nuestra historia siempre ha sido una que conecta oraciones y palabras con acciones. Necesitamos actuar ahora.

We are a people of hope; we are a people of faith. But our history has always been one of matching prayers and words with actions. We must act now.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

HEALTHCARE

Ms. STABENOW. Mr. President, first of all, I rise with a sigh of relief that the decision has been made not to go forward with a vote on a very divisive healthcare bill.

More importantly today, I rise to say this is really an opportunity for us to work together to get something done—something very positive—as it relates to healthcare costs and healthcare coverage for the people whom we all represent in our States and the people across the country. I am hopeful we will see action soon, and I am hopeful it will be this week when we can come together around very good work that is being done in the Health, Education, Labor, and Pensions Committee with our two great leaders—Senator ALEXANDER and Senator MURRAY.

They have been holding a number of committee meetings and forums, and I am very pleased to have participated in those. We have had great bipartisan participation in focusing on how to stabilize the current insurance marketplace. We know that has to be step one

if we are going to bring down rates, bring down costs, and create a path forward so more insurance companies are participating in the current system. I have great confidence that we can come together and get that done. It needs to get done immediately because decisions are being made about rates this week, and I am hopeful we can take action on that this week.

Mr. President, we have two other things that are very important—open dates that are looming by the end of the week. One is for the Children's Health Insurance Program, which covers 9 million American children across the country. In Michigan, we call it MIChild. We have children today who can go to the doctor and parents who can take their children to the doctor because of the MIChild Program. The Federal funding for that ends on September 30, this weekend, if we do not take action.

This is another piece of good news because the distinguished chairman of the Finance Committee, Senator HATCH; the distinguished ranking member, Senator WYDEN; others; and I have introduced a bipartisan bill that will extend that program for an additional 5 years. It needs to get done this week. It is a bipartisan effort, and I am hopeful that can get done as well.

We have community health centers in our country—our federally qualified community health centers—whose funding runs out, again, this weekend. Funding health centers has strong bipartisan support. Senator ROY BLUNT and I, along with a total of 70 out of 100 Members of the Senate, have joined in a letter to continue the funding for health centers. That needs to get done right away. In addition to that, there are what we call certain health extenders or policies that are bipartisan that can be done together as well.

We see a picture of important efforts of stabilizing the insurance markets to bring down costs, creating more opportunity for competition in the marketplaces, continuing the Children's Health Insurance Program, continuing the funding for health centers, which are so critical in communities in every one of our States, where people are getting the care they need at their local health centers.

Bringing those things together can be done. Now, it is a lot of work to do that in a couple of days, but these are bipartisan efforts that can be done together to show that in fact we can come together and get things done. I know the people in Michigan want us to do that. They want us to work together to get things done. They want us to focus on lowering costs for healthcare and increasing coverage, and they are anxious to see that we can come together to do that.

I am hopeful. It is only Tuesday, and I am hopeful, with the remaining days of the week, given the bipartisanship that is there and the agreements that have been made on legislation already, that we could go into high gear in the next few days and come together and have a positive story, a good news story to tell at the end of this week about what we are able to do, working together, to be able to fix problems in the healthcare system and to be able to continue very important programs that provide healthcare for children and for families in local communities around the country.

Thank you.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. RUBIO. 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 RECOVERY EFFORT

Mr. RUBIO. Mr. President, I had the opportunity yesterday, along with the Coast Guard and the Resident Commissioner of Puerto Rico, JENNIFFER GONZÁLEZ, to visit San Juan, Puerto Rico, to see firsthand some of the devastation that has impacted this U.S. territory. I would summarize it by saying that what I saw were more than 3.5 million American citizens potentially on the verge of a serious and growing humanitarian crisis.

There are a lot of reasons for this. The first is that Puerto Rico has been in the eye of not one but three storms. The first was Hurricane Irma, which impacted it a few weeks ago, followed by the devastation of Hurricane Maria, and preexisting these two things was a very significant fiscal crisis that placed extraordinary constraints on the ability of the territory's government both to prepare for the storm and now to respond to it.

Our traditional model of hurricane response—one that, unfortunately, because of numerous storms, I have come to know well as a resident of Florida—is that FEMA basically arrives in support of the State. When Florida gets hit by a storm and Texas gets hit by a storm, FEMA comes in to the State and tells the State: We are here to help. Tell us where to go, tell us what you need, and we will provide those resources to the places you want. It works that way. The President issues an emergency declaration, and it opens up FEMA and other disaster relief, and then the State government directs that assistance and tells them: This is what we need, this is where we need it, and this is what we can handle on our own. This model will not work in Puerto Rico. It will not work foremost because, as I stated earlier, the financial and fiscal constraints have limited its capacity to build its own internal ability to respond.

They had just finished repairing the damage from Irma a few weeks ago. So, literally, there are not nearly enough basic things like those wooden poles to hold up the electric lines or the transformers that are attached to them or even the lines themselves, and, in many cases, the fuel, power, and crews to get to the work sites.

It will not work because, in many cases, the government of Puerto Rico still does not have a full assessment of the damage of the storm. While communication in San Juan is severely limited, in most of the other areas of the big island and smaller islands, communication is nonexistent.

Something was brought to my attention firsthand yesterday when we visited one of the Coast Guard centers and watched. Much of the response they are conducting there is limited to a paper map on the wall with some sticky note pads and four landlines on which they hope people can call in and get updates on what they are seeing in the field from a satellite phone. Hopefully, that has improved over the last 24 hours as more Coast Guard vessels have come in to support communications. But we still have large parts of Puerto Rico that have not communicated with the rest of the island, the government, or the outside world, for that matter, going on to today.

There are also logistical challenges. In most of the 50 States—certainly in my home State of Florida, we saw the largest power restoration effort in the history of the world. At least that is what they are claiming. Literally, we saw hundreds of those bucket trucks from all over the United States—all 50 States and even Canada—coming in with prearranged contracts and their crews to restore power. Even with that dramatic level of response, there were people without power until late this weekend, and there are still a couple thousand people in Florida who have no power.

You can't drive a convoy of trucks into Puerto Rico. They have to come in on a barge, and those barges take 7 days from Jacksonville and 5 days from Miami, plus whatever time it takes to travel and position those crews to get there. You not only have to deliver the crews, you have to deliver the supplies in order to be able to restore power.

What is the practical impact of not having power? Having no power is not simply an inconvenience; for many people it is life and death. Imagine an area outside of San Juan where someone is a diabetic and depends on insulin that needs to be refrigerated. That medicine has gone bad by now if they haven't run out. Imagine someone who needs dialysis twice a week. It has been longer than that since they have had it. Imagine if someone needs chemotherapy if they have cancer. That is not going to happen this week or next unless things change.

These are real challenges, and I raise them only because this is a disaster that will require an intensity of effort on behalf of the Federal Government that you would not traditionally see in a storm that impacts the mainland for the reasons I have outlined—and many more.

Now, the good news is, earlier today you saw the White House engage even

more in terms of some of the things they are doing. There are more Department of Defense assets and, as a result of some restoration at the airport, the ability to land more planes more quickly. So, again, more things are coming in. The port opened fairly quickly, but the challenges remain.

Even if today we could approve $10 billion in assistance and somehow figured out a way to deliver it to Puerto Rico in the next 24 hours, they would still be challenged to take it from the airport to the seaport and deliver it to the places that need it the most because there are roads that are still not clear, because we still don't have a full assessment of where the damage is and where the need is most and, quite frankly, because there are probably roads and bridges in parts of Puerto Rico that will collapse if one of these big trucks drive over them.

I say this because there is only one entity in the world with the capacity to respond to all these various issues; that is, the Federal Government of the United States. Leveraging the power of the Department of Defense and an assortment of other agencies, it remains the only institution certainly in our country—and probably in the world—with a capacity to respond quickly and effectively to the crisis at hand.

While response to this storm will take a significant amount of patience, it will also take a significant amount of urgency. For each day that goes by, this crisis will get worse, not better. I fear that if, in fact, there is not enough urgency in the response, we will be talking about a very different set of stories in the days to come.

I hope I am wrong, with all of my heart, but I fear that when communication lines come back up and when we start getting more access to some of these areas that have been cut off, we are going to start learning that the toll and the impact of the storm is far worse than we had imagined. I pray with all my heart that someone will watch this video on YouTube one day and say: Oh, look, he was exaggerating. It wasn't that bad after all. I hope that is what happens, but I fear it will not, and every day that goes by, it will only get worse.

I don't believe it is fair to say that the response up to this point is because some people don't care or because they haven't paid enough attention to it. I honestly think it is just a challenge that is unique and that requires us to respond to it in ways we wouldn't traditionally respond, for the factors I have just pointed out.

In most places on the mainland, if not all, the States have a certain capacity internally to address this, but Puerto Rico, for the challenges I have just outlined—and particularly because of the storm that just passed—has already had many of those resources depleted.

There is positive news today. The USS *Comfort*, a ship that is a hospital ship, is on its way, but again it will take it a number of days to get there. The Federal Government has agreed to a 100-percent Federal match. It usually means the Federal Government paid a portion of it and the States pay the rest. The Federal Government, for the next 180 days, has agreed to 100 percent payment of these services, and that will be critical because these restoration crews are going to want to know how their costs are going to be paid if they show up and begin to restore power.

I just think it is imperative that we don't lose focus and don't lose sight of what is at hand because there are over 3 million American citizens in danger. A number of them—perhaps in the thousands—already have existing vulnerabilities and are in severe danger of losing their life and extraordinary human suffering.

I thank my colleagues on both sides of the aisle who, throughout the day, have expressed a tremendous amount of interest in wanting to know how they can be helpful and what they can do. I think the most important thing we need to do now is to continue to drive the sense of urgency, to do all we can to bring to bear all of the resources the Federal Government can bring to assist in this recovery. Then we will be able to work together on not just rebuilding Puerto Rico but helping her to rebuild so she is stronger, more prosperous, and more stable than ever.

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

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

Mr. BENNET. Mr. President, I am not sure exactly what those words mean, but I know it allows me to speak so I am glad to have done it.

I thank you for your leadership on the natural disasters we are having, particularly in Puerto Rico. There are 3.4 million American citizens who are living in conditions that nobody in this country should have to tolerate. They are without fuel, they are without food, they are without water, they are without energy, and they are without electricity. Some reports have said it is going to be months before that electricity is repaired. We have to do everything we can in this body to make sure these American citizens are supported and that they can rebuild, and I know the Presiding Officer feels the same way. We have to work together to do this.

HEALTHCARE

Mr. President, that is not the reason I am coming to the floor today. I wanted to say a word about healthcare now that the decision has been made, apparently, to not even have a vote on this latest version of the repeal and replace bill. This was going to be, I think, the fourth time we had a vote to repeal the Affordable Care Act. The House of Representatives, over the last 7 years, has voted to repeal the Affordable Care Act somewhere on the order of 67 times or almost 70 times. They have gone back to their constituents year after year after year saying they voted to repeal the Affordable Care Act; that it was a Socialist takeover of the United States of America that they were trying to correct. They distorted what the Affordable Care Act actually was. I am not going to litigate that today.

It is clear, from my perspective in Colorado, whether people support the Affordable Care Act or whether they don't, it often turns on—not always—what party they are in or whether they supported President Obama or whether they didn't. I say not always because I get a lot of email and have people in my townhalls who aren't Democrats but who have preexisting conditions or whose children have preexisting conditions who have health insurance for the first time as a result of the Affordable Care Act.

Having said all that, whether they support the Affordable Care Act or whether they don't, in my State—and I bet it is true all over the United States of America—people are deeply dissatisfied with the way they interact and their families interact and their small businesses interact with the American healthcare system. They should be because it doesn't work very well. I am not talking about the Affordable Care Act. I am talking about the Affordable Care Act, plus our healthcare system. They are not the same thing, and we should be addressing that.

We should be addressing the costs in our system. We should be addressing the lack of transparency in our system. We should be making sure people in the richest country in the world have access to health insurance, but they also have to have access to quality care. In too many rural areas in Colorado—and it is true all over America—there are not enough primary care doctors, not enough primary care nurses. We are not delivering healthcare in those places very efficiently, and we are not delivering it well enough, especially when we know a lot of our veterans live in those communities, and we know increasingly there is a profound opioid addiction that needs to be dealt with.

After 7 years of saying repeal, repeal, repeal and then some years of saying repeal and replace, we have now wasted 7 months of the American people's time on an entirely partisan effort to try to pass two bills that could not have been more unresponsive to the critics of ObamaCare in Colorado, to say nothing of the supporters. So it is not a surprise to me that the last attempt failed, and it is not a surprise to me that people weren't even going to vote on this bill because it is such a terrible bill that they didn't want to vote on it. So they have withdrawn it, which is

good for the American people, except the people in Colorado are still facing challenges in healthcare, including challenges from the Affordable Care Act. There, I said it. I voted for it.

There are things we should fix, and one of those things is a problem that is common—I heard both Members of the Republican Party on the Finance Committee and Democrats on the Finance Committee yesterday at the hearing talk about it—which is the problem that people have in the individual market affording insurance. They say to me, as somebody who voted for the Affordable Care Act: Hey, Michael. You have required us to buy something—insurance because of the individual mandate—that in my area is too expensive because there is not enough competition of insurers, and the deductible is so high it is of no use to me and my family. Why would you make me buy something like that?

I think that is a completely legitimate criticism of the bill. It is important to recognize that when we are talking about this group of people who are very important, it is 7 percent of the population that is covered in America—7 percent. Ninety three percent of the people are getting their insurance someplace else—from their employer, from Medicare, from Medicaid. This is 7 percent we are talking about.

By the way, the issue around that 7 percent—not the people—the issue around that 7 percent, that is what has consumed our politics for the last 7 years. It is not how to make it less expensive for 100 percent of the American people, not how to make it more transparent for 100 percent of the American people, more predictable for 100 percent of the American people but what are we going to do to cover 7 percent. Of those, the folks who aren't getting subsidies, are about 1 percent of people who are insured in America. I say that not to diminish those people at all because they are struggling—and I meet them all the time in my State—I say it to show just how small that set of issues is and how easily they could be resolved by the U.S. Congress if we could work together instead of having this pitched battle about healthcare, instead of calling each other names and Bolshevik takeover and all the rest.

Fortunately, there is a solution that is being worked on not in the Finance Committee but in the Health, Education, Labor, and Pensions Committee. The two leaders of that committee—LAMAR ALEXANDER, who is the Republican chair, and PATTY MURRAY, who is the Democratic ranking member, are among two of the finest legislators in this body. Time after time after time, even when Washington has not worked, they have managed to lead that committee to what LAMAR ALEXANDER refers to as a result. It has come to the floor after going through a process in our committee, an amendment process. It has come to the floor for an amendment process, whether we were reforming the FDA or rewriting the Elementary and Secondary Education Act, which used to be known as No Child Left Behind. That bill actually got a unanimous vote in our committee—a committee that has on it BERNIE SANDERS from Vermont and RAND PAUL from Kentucky. That is quite an achievement.

So I have absolute confidence in their ability to deal with this set of issues related to this 7 percent of our population. And I hope that bipartisan process will then become a model or a foundation for the work we need to do on healthcare going forward. We have to turn the page on the last 7 years or 8 years of these repeal votes.

From my perspective, having failed to repeal, the answer can't be to say: We will not help you fix the Affordable Care Act because if we participate in the process to fix the Affordable Care Act, it somehow legitimizes the Affordable Care Act.

You should not hold the position that if you fail to repeal, you can't fix it. If you are going to repeal it, repeal it. And I think we know where that has gone. If you are not going to repeal it, you better be part of fixing it, or you are going to own the problem.

There are a lot of people on this side who want to address that issue, and I believe there are a lot of Republicans who want to address that issue. We are now out of excuses for why we can't do it because Graham-Cassidy has been pulled, as it should have been because that bill, far from stabilizing our insurance system, would have actually made it worse, would have injected even more volatility.

Sometimes people say: Well, don't you think there is already volatility in the system? My answer to that is yes, I do. That is why we have to fix it. The last thing we need to do is make it more volatile. The last thing we need to do is make matters worse. We should stabilize it, based on the bipartisan testimony we have had in the HELP Committee.

The other thing it does—and the Senator from Minnesota is here, so I am going to stop—the other thing it does is it throws millions of people off of insurance. This is not a healthcare bill. It is not a healthcare bill; it is ''we are going to take your healthcare away'' bill. It couldn't be sustained in front of the American people. They wouldn't even vote on it because they knew how bad it was. We had no hearings before yesterday's Finance Committee. It is like watching ''Veep.'' It is not the way the government ought to work. So they have an excuse for a hearing. They decide to have the hearing. The Congressional Budget Office report, which we should have had months to look at, if not weeks, comes out in the middle of the hearing and tells us that millions of people are going to lose their health insurance as a result of this bill—flying completely in the face of President Trump's promises.

Let's get this short-term thing done, let's stabilize the individual market, which we need to do, and then let's address healthcare in a bipartisan way, and I will accept President Trump's goals for what it should look like. Let's make sure everybody is covered at a lower price, with higher quality. That is what he promised on the campaign trail, and we have the opportunity to deliver that if we are willing to work in a bipartisan way.

I know that is what people in Colorado want out of this place. They are so tired of the Affordable Care Act being litigated in this way, and it is clear that the repeal effort has failed. But that is not enough. We have to continue to fix the system. And I wish LAMAR ALEXANDER and PATTY MURRAY all the best as we try to do this in the HELP Committee, and then I hope Democrats and Republicans will support that effort on this floor, and we can actually do something useful, after all of these years, for the American people and their families and their small businesses.

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

The PRESIDING OFFICER. The Senator from Minnesota.

Ms. KLOBUCHAR. Mr. President, I first rise today to thank my colleague for his comments. I am very pleased that this process may now move forward—the one that was stymied because of a bill that, as my friend from Colorado just pointed out, would kick millions of people off of healthcare, jack up their premiums, and really was an effort to pass the buck to the States without the bucks. I think that is one of the reasons we saw our Republican Governors in Nevada and in Ohio opposing this effort. I thank him for his leadership on the relevant committees and his passion for this issue.

I would agree with him that people in my State, the State of Minnesota, just like the State of Colorado—we have a lot of independent sorts in both our States, and they want to see us get things done. We now have the opportunity to do that.

Mr. BENNET. Mr. President, might I interrupt?

Ms. KLOBUCHAR. Is there a question?

The PRESIDING OFFICER. The Senator from Colorado.

Mr. BENNET. I want to observe—I don't know how to phrase this question, but the Senator from Minnesota made such an excellent point about dropping this on the States. I hadn't made that point. That was one of the things that came up over and over again in the Finance Committee hearing, was that in the name of federalism, we were basically imposing on all of the States the obligation to decide that they had to reinvent their healthcare system over the next 2 years whether that was something they wanted to do or not. I am glad the Senator raised that. I also want to thank her for her leadership.

I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Ms. KLOBUCHAR. Thank you.

As we wait for those bipartisan negotiations—and we hope we will get something soon, because I have seen reinsurance be a positive force in my State for bringing some of the rates down in the exchange. The average for the preliminary rates was 20 percent when our Republican legislature joined with our Democratic Governor to get this passed—20 percent reduction. We would like to see that rolled out on a national basis.

(The remarks of Ms. KLOBUCHAR pertaining to the submission of S. Res. 268 are printed in today's RECORD under ''Submitted Resolutions.'')

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

The PRESIDING OFFICER. The Senator from Oregon.

CLIMATE DISRUPTION

Mr. MERKLEY. Mr. President, climate disruption is the seminal challenge of our generation. It affects everything from our farms to our forests, to our fisheries. We see the impact from disappearing ice sheets and melting permafrost and glaciers. We see it in the coral reefs. We see it in the moving insect populations. We see it in the more powerful storms.

In response, communities across our globe are transforming their energy economies. They are working on energy efficiency, certainly—more efficient appliances and a little more mileage in their cars. Yet many are also working to transform their energy economies from a fossil fuel energy economy to a renewable energy economy.

How much do you know about the changes that are underway? Let's find out.

Welcome to episode 5 of the Senate Climate Disruption Quiz. Here we go. Here is the first question.

This August, an electric 500 horsepower Tesla Model X SUV raced a 740 horsepower Lamborghini Aventador SV in a quarter-mile drag race. Who won? Was it the 500 horsepower electric Tesla or the 740 horsepower Lamborghini? Was the race called off or did they tie?

Take a moment. Feel free to lock in your answer.

The answer is, the Tesla won the race. The Tesla won the race, despite the fact that it had far less horsepower. In fact, it set a record for an SV in a quarter mile. It beat the Lamborghini by about 500ths of a second.

It just goes to help demonstrate the incredible torque and acceleration that comes with electric power, and if you have ever tried driving a Tesla and had it accelerate so fast that it pinned you against the back of the seat, you would know what I am talking about.

OK. Let's turn to question No. 2. Taking a page from the white roof movement, which city in America has begun painting its streets white in order to lower temperatures? Is it the city of Phoenix, AZ? Is it Austin, TX? Is it Kansas City, MO, or perhaps Los Angeles, CA?

The answer is, among those cities, Los Angeles, CA. You may have seen this in the news. After a heat wave and recordbreaking temperatures, Mayor Eric Garcetti announced plans to cut the average temperature in L.A. by 3 degrees Fahrenheit over the next two decades.

One of the keys to doing this is to coat the city's roads in something called CoolSeal, which is a light-colored paint. Originally, it was a paint that was developed by engineers for military air bases so as to keep spy planes cool while they were resting on the tarmac. CoolSeal keeps streets and parking lots 10 degrees cooler than does black asphalt.

This is an interesting innovation, and I am sure the work L.A. does will help create information for other cities because cities are heat islands. Because of the asphalt, they are often much hotter than the surrounding countryside.

OK. Question No. 3. In which State do 31 communities face an imminent threat of destruction from climate disruption? Is it 31 communities in Utah or in Michigan or in Alaska or in New Hampshire?

The correct answer is Alaska. Alaska is experiencing a tremendous increase in the vulnerability of towns, which is the result of melting ice sheets; therefore, the storms closer approach. There are higher seas and more violent storms so we are seeing a real assault on those ocean communities. For one community of 600 people, it is estimated it would cost about $180 million to relocate all of the residents.

Meanwhile, the Trump administration is moving to dismantle climate adaption programs, like the Denali Commission, which have provided Federal assistance to safeguard or relocate communities that are at risk from rising sea levels, storms, and disappearing sea ice.

This takes us to question No. 4. Of the following statements, which statement is not true; that is, which of these four statements is false? Is it that July 2017 was the second hottest month on record? Is the false statement that only one country is not signed on to the Paris climate agreement? Is it statement C, that climate disruption played no part in the devastation of Hurricanes Harvey and Irma? Is it statement D, that the United States is now producing 43 times as much solar energy as it did in 2007?

Three statements are true, and one is false. The false statement is statement C. It is, in fact, July 2017 that was the second hottest month on record. In fact, we had a recent period during which each month was the hottest month on record in the calendar year. That extended for about 16 months in a row not so long ago.

Then, indeed, only one country is not signed on to the Paris climate agreement. That country is Syria, which is in the grip of a ferocious civil war. Nicaragua had not signed on, but it has signed on now. The United States has withdrawn or expressed its intention to withdraw, but it will not actually go off the Paris accord until the year 2020. So there is just one country, and that is also true.

It is true that solar power has increased 43 times in a 7-year period. We certainly know climate disruption does not cause hurricanes, but we also know the hotter temperature of the ocean causes the hurricanes we have to be much more powerful and much more destructive.

In the days leading up to Harvey, the sea surface temperatures in Texas were 3 to 7 degrees Fahrenheit above average. We saw this same phenomenon when Hurricane Sandy struck the Atlantic coast, where temperatures were 5 degrees or more above average.

Let's turn to question No. 5. Some scientists say we need to invent a device to pull carbon out of the air. Which of the following would accomplish that task? Would it be permafrost, wind turbines, glaciers, or trees? We do not think of any of these as an invention by humankind, but one of these processes that exists currently in nature does have a big impact in pulling carbon out of the air.

The answer is D, trees. Of course, that is a process we see during which, every year, the carbon dioxide level in the air surges when the leaves come off the trees and then decreases in the spring when the leaves are on the trees because they start pulling more carbon dioxide out of the air. So we need a lot more force in order to reduce carbon pollution.

The challenge is, worldwide, we are not adding to our forests. We are, in fact, losing our forests. In 2015, we lost about 47 percent more forested land than we did in 2001. The rate of deforestation is actually increasing so we need to be doing the reverse. We need to be ending deforestation and adding forests. Unfortunately, that is not the case.

In 2015, we lost about 49 million acres of forest around the world. We lost it because of wildfires, because of logging, and because of expanding agriculture. That is about the size of Nebraska. Picture it. In a single year, we lost forests that were the size of Nebraska. That is bad news in the fight against climate disruption because deforestation accounts for more than 10 percent of global carbon dioxide emissions, not to mention that forests play an incredibly important role in supporting diversified ecological systems around the globe.

So there we have it—this week's episode 5 of the Senate Climate Disruption Quiz. These are questions ripped right from the headlines. The facts on the ground are changing rapidly as the pace of climate disruption increases. This is the single biggest test facing humankind. It is a test that calls on every one of us to respond.

It is simply a fact that the devastation we have witnessed recently in

Houston, TX, is far more dramatic because of climate disruption and carbon pollution. It is simply a fact that the devastation we just witnessed in Florida is far worse than the disruption and the devastation that would have occurred otherwise. That is why we all need to keep working to tackle this challenge. The United States should be in the lead in taking on the seminal challenge of humankind in our generation.

Thank you, Mr. President.

The PRESIDING OFFICER. The Senator from Texas.

MORNING BUSINESS

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

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

HEALTHCARE

Mrs. FEINSTEIN. Mr. President, I rise in strong opposition to the Republican healthcare bill known as Graham-Cassidy. You would expect that Republicans' fourth attempt to repeal the Affordable Care Act would be better than the previous three. In fact, the opposite is true. This bill is the worst of the four bills.

This is especially personal for me because the bill hurts California more than any other State. Before I get to this attack on my home State, I would like to list just a few of the many ways this bill harms millions of Americans and puts countless lives at risk.

This bill boots at least 32 million Americans off healthcare. There is no sugarcoating it; Graham-Cassidy cuts health insurance subsidies and slashes Medicaid funding. That will mean fewer people with healthcare, plain and simple.

The bill ends guaranteed protections for those with preexisting conditions. Anyone who says otherwise is not telling the truth. This bill says that States can allow insurance companies to charge those with preexisting conditions whatever they want. That means an end to guaranteed coverage because people with health conditions would be charged so much they wouldn't be able to afford coverage. Arguments to the contrary are just wrong.

This bill not only eliminates the Medicaid expansion, it ends Medicaid as we have known it since 1965. The Medicaid expansion in the Affordable Care Act has meant 15 million more vulnerable Americans have gained insurance. With those funds gone, they lose coverage. By radically changing traditional Medicaid, States would have to either cover hundreds of billions in additional costs or kick people off Medicaid. Again, fewer people with coverage, more lives at risk—these are facts, and they are indisputable.

This bill is also devastating for women's health. It ends the guarantee that maternity care, contraception, and other critical services women need will be covered and bars women on Medicaid from accessing Planned Parenthood, which is the primary healthcare provider for millions of American women. We hear so much from the other side about the importance of being able to choose your doctor. This bill says that, if you have chosen a doctor at Planned Parenthood, too bad. It doesn't matter how much you like that doctor; you need to find someone else.

The bill also takes us back to the days of junk plans, when you could faithfully pay your premium and then discover you weren't covered when you got sick. The Affordable Care Act required all insurance companies to cover essential health benefits like cancer treatment, maternity care, prescriptions, and mental health. Graham-Cassidy says States can waive that protection.

Those items I described affect all Americans, but as I said, this bill is also a direct attack on California and other Democratic States. When the Supreme Court ruled that the Affordable Care Act couldn't require States to expand Medicaid to cover more families, some Republican States used that as a way to attack President Obama's legacy. Never mind that they were risking their own constituents' lives, it was a political win for them.

Now, Graham-Cassidy proposes taking Federal funds away from those States that did expand Medicaid and give it to those that refused. In California alone, 4 million have health insurance today because my State decided to accept the Federal Government's 90 percent contribution for a small 10 percent buy-in. Graham-Cassidy would end that, pulling the rug out from under those Californians. To say this is unconscionable is an understatement.

What is worse, the bill's authors openly admit this is their strategy—to redirect money from States like California and New York to Republican States. Senator CASSIDY said he is just trying to create ''parity,'' but the reason there isn't parity is because Republican Governors and legislatures chose to put politics over people's health. States can choose at any time to opt-in and receive the 90 percent match for Medicaid expansion. Candidly, it is a revolting way to get a bill passed

The one part of this bill that is the same as past versions is the dire cuts to Medicaid. This needs to be repeated: The only thing congressional Republicans have agreed on throughout this entire process is that children, pregnant women, people with disabilities, and seniors in nursing homes get too much healthcare.

For any of my colleagues who don't realize the full extent of what Medicaid does for this country, allow me to explain. Gutting Medicaid would devastate care for children, particularly those with disabilities and complex healthcare needs. If anything in Washington were untouchable, I would think it would be providing healthcare to sick children, but apparently not.

Each Republican healthcare bill in the House and Senate goes far beyond just repealing the Affordable Care Act. It essentially ends Medicaid as we have known it since 1965, the year President Lyndon Johnson created the program. Today, Medicaid covers 36 million children, including 5 million in California. That is nearly half of all children in this country. The program has always been a partnership between the States and the Federal Government. The Federal Government has paid a fixed share of all healthcare costs for Medicaid beneficiaries.

Republicans want to end that partnership. Their plan would place strict limits on Federal payments, with States responsible for all costs above that limit. We don't have a full CBO score of this bill, so we don't have the exact numbers, but outside estimates of the total cuts in this bill show States losing over $4 trillion over the next two decades. Let me repeat that figure: over $4 trillion of cuts to Medicaid and health insurance subsidies within a generation.

California alone would be required to pay $139 billion more between 2020 and 2027, and over the next 20 years, it would cost my State $800 billion. These cuts would be backbreaking and force many States to make extremely hard choices. If California couldn't come up with tens of billions of dollars more each year, millions of residents could lose their Medicaid coverage. California's Medicaid director said, ''Nothing is safe—no population, no services.''

In July, I visited UCSF Benioff Children's Hospital in San Francisco. I met with three mothers—Kristin, Sally, and Nina. Their children—Maggie, Megan, and Drew—have struggled with extraordinary healthcare needs including cerebral palsy, a congenital heart defect, and VATER syndrome, which is a set of complex birth defects. If it weren't for the first-class care they received at Benioff, they wouldn't have survived.

These mothers are heroes. They have dedicated their lives to their children, doing all they can to ensure they lead full, happy lives in the face of such significant adversity. When I asked them how they and their children cope, Nina told me that you simply do your best to live the life you have.

All three of these families are middle class. They are covered by employer-sponsored private insurance, but Medicaid fills the significant gaps in coverage. It covers in-home nurses to provide around-the-clock care, as well as first-rate medical equipment—services that private insurance doesn't cover. Without in-home care, their children would have been placed in institutions to ensure access to critical around-the-clock care.

If the Senate passes a bill that guts Medicaid, mothers like these may not be able to keep their children at home.

That is a stunning indictment of a party that proclaims its commitment to ''family values.'' One of the first areas where these cuts could show themselves would be our country's 220 top-rate children's hospitals. On average, 60 percent of patients at these hospitals are covered by Medicaid. In some facilities, that number is as high as 80 percent. Those hospitals would inevitably need to reduce services and consolidate locations. Their ability to stay open would be threatened.

You don't need to take my word on this point. The doctors and healthcare professionals who run children's hospitals have made this point crystal clear. Dr. Michael Anderson, CEO of Benioff Children's says, ''Graham-Cassidy will be devastating to sick children and their families. If Graham-Cassidy is implemented, children with complex illnesses will be more likely to have less funding available to them than what they actually need.''

Dr. Paul Viviano, CEO of Children's Hospital Los Angeles—one of the country's top 10 children's hospitals—said previously that the cuts like this to the Medicaid Program would ''threaten'' their programs and ''put at risk life-saving services.'' The reach of these cuts would extend far beyond patients who rely on the Medicaid Program. That is because the research and training of specialists at children's hospitals improves care for children nationwide. If specialists aren't available or are never trained, that hurts all children. Todd Suntrapak, CEO of Valley Children's in Madera, CA, told me that gutting Medicaid ''threatens the very viability of pediatric health care in this country.''

Gutting Medicaid also threatens the wide range of supplemental services like speech and physical therapy that allow children with disabilities to thrive. Many of the letters and calls I have received in opposition to the bill have been from mothers advocating on behalf of their children with disabilities because they know these cuts would hurt their families.

Beth from Davis, CA, has a son named Patrick with Down syndrome. Patrick also battled leukemia as a child. Despite the challenges he has faced, Patrick will soon graduate from high school. His mom expects him to secure a job and live independently because of the support he receives through California's regional center programs.

Medicaid provides the vast majority of the $2.5 billion in Federal funding that our 21 regional center programs receive to facilitate job-training, physical therapy, and other supports for those with disabilities. Beth wrote to me that her family has ''every reason to believe that Patrick will be a taxpaying Californian and we can't wait!'' Gutting Medicaid puts the services that have allowed Patrick to be in a position to graduate from high school on the chopping block.

I would like to close by reminding my Republican colleagues that, if they pass this bill, they are effectively abandoning families during the most painful and difficult times in their lives—telling them they are on their own. I don't believe that is the type of country we are, and it is up to Senate Republicans to prove it. Stop advocating the dangerous repeal of the Affordable Care Act. Instead, let's stabilize its funding and improve it so it works for all Americans.

CLIMATE WEEK

Mr. CARDIN. Mr. President, today I wish to voice my support for the eighth annual Climate Week NYC, which took place in New York City from September 18 to 24. The 2017 Climate Week brought together businesses, governments, academics, civil society, and other stakeholders to advance international action and cooperation to better understand the science and challenges of climate change and to plan and execute actions to address this ever-evolving crisis facing humanity. Climate Week traditionally occurs during the U.N. General Assembly in support of enhanced dialogue to advance international cooperation between nations and, since 2015, to ensure the success of the Paris agreement.

As the ranking member of the Senate Foreign Relations Committee, I strongly believe climate diplomacy must be a top priority for U.S. foreign policy. Climate change poses an imminent and long-term threat to not only our national security and economic success, but also the long-lasting prosperity of this country. Addressing this crisis requires collective action and cooperation by local and national representatives, small and large businesses, and every one of us. If the U.S. is to maintain our status as the world's superpower, it is in our best interest to lead the global effort to address the serious challenges posed by climate change. When America leads, we not only protect and enhance our own interests, but we have the unique ability to bring others along and help forge consensus, but regardless of whether the U.S. continues to lead or if we retreat, as the President's decision to withdraw the U.S. from the Paris agreement suggests he is interested in doing, the rest of the world has made it quite clear that they plan to press ahead with or without us.

That is a sad day for America's global leadership. Moreover, it is foolish to believe that the collaborative policies and multilateral efforts around reducing global emissions will not affect the United States simply because we choose not to participate.

For example, the Trump administration refused to participate in the development of the G20's ''Hamburg Climate and Energy Action Plan for Growth,'' which outlines a global economic partnership plan for a clean energy future. This week, Canada, the EU, and China are hosting a climate ministerial meeting of 30 major and emerging economies in Montreal to develop multilateral actions to advance the implementation of the Paris agreement. Fortunately, the administration will be represented at this ministerial event, but not at the same levels of power as most other countries participating. Moreover, the U.S. is merely participating, when it would best serve of our interests to lead an engagement like this, where we could be steering the agenda, as opposed to ceding such leadership to China.

Increased global demand for clean energy and the incorporation of carbon accounting into world markets are clear signals that the global economy is on a low-carbon trajectory. If we stand on the sidelines as these changes in international economics take shape—with Syria and Nicaragua as the only other nations not party to the agreement—we will be the loser.

Denying the scientific and real world evidence of climate change is irresponsible, and it is equally irresponsible to deny or ignore the economic shifts occurring around the world as a result of international efforts to combat climate change.

Climate change is real. The science is indisputable. While hurricanes have always happened this time of year over the North Atlantic and Gulf of Mexico, changes in the global climate—because of increased carbon emissions into the atmosphere from human activity—have created warmer atmospheric and surface water conditions that are increasing the likelihood of intensely powerful hurricanes.

We have seen the destruction caused by Hurricanes Harvey, Irma, and Maria and the devastating effects they have brought to millions of Americans. My thoughts and prayers go out to all those affected. First and foremost, our country must assist and provide relief to those affected. That includes our citizens and their neighbors in the Caribbean.

As we come together as a nation to help survivors in need now, we must also act to reduce future risks and protect more people from becoming victims in the future. That means acknowledging the reality of climate change and acting to reduce pollution that has been scientifically proven to be changing our environment and causing the increased intensity of extreme weather events like hurricanes, droughts, and wildfires.

In addition to the rises in sea levels, record-breaking droughts are plaguing regions in the Mediterranean, Middle East, and East Africa. NASA's ongoing research on climate change shows the significance of human-induced climate change, threatening our national security and our socioeconomic and diplomatic ties across the world. Reviewing the evidence we are presented with, it is clear the only way we can tackle climate change is through global leadership and action based on science and based on the urgency of preserving our way of life.

Here at home, every city and State bears some risk from the effects of climate change. Fortunately, many State and local and private sector leaders recognize this reality. Despite the absence of leadership from the Trump administration, these individuals and the States, localities, and businesses they represent across many sectors are taking a stand against the national security threats posed by climate change.

Even though the President's actions on the Paris agreement are demoralizing, this by no means equals defeat for our Nation and the rest of the world.

One way to show other nations we are indeed committed to this global cause is to join them by building on the progress we have made here in our own country from the local to national level. Domestic climate change and clean energy policy, including substantial investments in clean energy research, development, and production, have made the U.S. an incubator for investment and entrepreneurship. Creating a robust domestic market helps companies develop credible track records, skilled workforces, and scalable products to export around the world to a market hungry for clean energy solutions. This is where domestic action intersects with U S. ''climate diplomacy.''

We should look toward U.S. corporations that are shifting to cleaner technology as an illustration of our continued fight against climate change. U.S. political leadership in innovation and technology combined with increased global demand for clean energy technology can help create transformational job growth opportunities across the United States. Each day we dither on making the right political choices on clean energy is a day we lose global clout to China, India, and other nations who are racing to fill the void our current retreat has created.

As we look to be more resilient to climate change, our global partners have already started to combat the issues through innovation and adaptation. For example, Holland's recent shift to innovate against flooding is a good example of how other nations are actively working to adapt to climate change and create financial opportunities.

Holland's shift to high-tech water management systems will protect against future flooding and scarcity of freshwater sources. These are technologies that the Dutch will likely export to other nations and regions at risk of flooding, so the Dutch will profit from the investments they have made and the experiences they have gained taking prudent measures to protect themselves against the effects of sea level rise.

This strategic measure sets an example for how the U.S. should work collectively with businesses and local governments to set aside funding proactively for future climate change mitigation and adaptation. Taking this sort of action would not only benefit my home State of Maryland because of its low coastal geography, but also States like New York and South Carolina.

According to the New York City Department of Environmental Protection, Manhattan and the other boroughs have experienced a significant increase in flooding events, attributable to local sea levels having risen an average of 1.2 inches per decade since 1900, a trend that will only worsen without decisive action to stabilize Earth's climate. There is no doubt that adapting our infrastructure to withstand the effects of climate change will provide substantial benefits to our communities and our economy.

We are fortunate that some corporations such as the members of the Beverage Industry Environmental Roundtable, BIER, are stepping up to reduce carbon emissions. BIER's commitment to reduce energy consumption and better manage water resources are important examples of how U.S. industry is demonstrating leadership in advancing environmental sustainability and addressing environmental challenges.

More than 900 U.S. businesses support keeping the U.S. in the Paris agreement, including more than 20 Fortune 500 companies. American businesses need the U.S. Government at the negotiating table to represent their interests. Acting to prevent the worst effects of climate change holds tremendous economic and job growth opportunities for Maryland and our Nation. Such an ambitious global goal can only be achieved through strategic action starting at the local level, supported by a Congress and President through policy and political courage.

Fighting climate change is essential to U.S. national security interests and to growing U.S. economic opportunities. Meanwhile, the world continues to look to us for leadership. I remain motivated to join my colleagues and people across the country to fight global climate change so that we can demonstrate our Nation's commitment to leading climate diplomacy and to maintain the American private sector's strength in a changing global economy.

REMEMBERING ALAN HUTCHINSON

Mr. KING. Mr. President, today we remember the life of Alan Hutchinson, who passed away earlier this year at the age of 70. As a beloved family man, veteran, author, and tireless environmental advocate, Alan dedicated his life to preserving Maine's most precious land, water, and wildlife. Future generations of Americans will enjoy all that the Maine outdoors has to offer thanks in part to Alan's dedication to conservation.

Originally from Rhode Island, Alan first came to Maine as a student at the University of Maine at Orono, where he earned his bachelor and master's degrees in wildlife management. During the Vietnam war, he served his country as a biological research aid at Walter Reed Medical Hospital in Washington, DC. Upon returning to Maine, he began an illustrious career in environmental conservation, as a civil servant and leader of one of the largest land trusts of the United States, the Forest Society of Maine.

In his career as a civil servant, he led the acquisition and conservation of 250 coastal islands and headed Maine's newly formed Endangered Species Group. With leadership, patience, and perseverance, he worked with diverse partners to protect our coast and wildlife. In 1997, Alan became the first executive director of the Forest Society of Maine, FSM. During his tenure, the FSM grew from a one-person operation into a national leader in forestland conservation, helping to conserve over 1 million acres of forestland. Just as he did leading the Endangered Species Group, Alan achieved this success by bringing together diverse groups under a common purpose of protecting our forests. His notable conservation achievements include the 20,000-acre Nicatous Lake easement, protecting 6 miles of the beautiful Moosehead Lake shore, the 329,000-acre West Branch Project, and the unprecedented 360,000-acre Moosehead Region conservation easement.

In addition to his conservation work, Alan also authored two books, ''Just Loons: A Wildlife Watcher's Guide,'' 1998, and ''Just Eagles: A Wildlife Watchers Guide,'' 2000. These books reflect his passion for Maine's outdoors that embodied his life's work. Alan will be remembered for his thoughtful leadership, dedication, and passion. Above all that, nothing exceeded his deep love for his family and his devotion to his friends. Alan will be sorely missed by all, and we owe him an enormous debt of gratitude.

TRIBUTE TO CATHY GLENN AND DAVE AHART

Mr. TESTER. Mr. President, today I want to honor the service of two outstanding individuals who have dedicated their careers to serving the American people.

Cathy Glenn and Dave Ahart have worked for nearly 30 years in the Senate, many of which have been behind the scenes in the Senate Recording Studio, ensuring that the public had access to their elected leaders.

Every day, Cathy and Dave showed up to work early and sometimes stayed so late that they kept a cot tucked away in the corner of their studio.

Together these two never missed a beat as they ran back and forth between soundboards, helping Senators from both parties connect with folks back home and communicate the latest happenings from the Nation's Capital.

Cathy and Dave worked as a team. This body could certainly learn a thing or two from them.

They conducted their careers with professionalism and selfless service,

going above and beyond to make our jobs easier.

Cathy and Dave exemplify what it means to serve. While civil service can be a thankless profession, these two worked hard with grace and always with a smile on their faces.

I can't imagine what the Senate Recording Studio will be like without them, but it is only fitting that Cathy and Dave ride into the sunset together.

Although many of us in the Senate are sad to see them trade in their headphones for baseball caps and spend their afternoons watching ''Veep'' instead of committee hearings, we wish them both the very best in a well-deserved retirement.

Today I want the RECORD to show that Cathy Glenn and Dave Ahart made the Senate a better place, and I join all of the Senators and staff to thank them for their incredible service.

ADDITIONAL STATEMENTS

TRIBUTE TO CAROLINE CELLEY

● Mr. BARRASSO. Mr. President, I would like to take the opportunity to express my appreciation to Caroline for her hard work as an intern for the Senate Republican Policy Committee. I recognize her efforts and contributions to my office as well as to the State of Wyoming.

Caroline is a native of Arizona. She is a graduate of Pepperdine University, where she studied integrated marketing communication. She has demonstrated a strong work ethic, which has made her an invaluable asset to our office. The quality of her work is reflected in her great efforts over the last several months.

I want to thank Caroline for the dedication she has shown while working for me and my staff It was a pleasure to have her as part of our team. I know she will have continued success with all of her future endeavors. I wish her all my best on her next journey.●

TRIBUTE TO BETTY SCHOENBAUM

● Mrs. CAPITO. Mr. President, I wish to recognize a prolific philanthropist, successful businesswoman, and extraordinary friend to the people of West Virginia, Betty Frank Schoenbaum, on the occasion of her 100th birthday. Countless West Virginians, Americans, and people all over the world have benefited and continue to benefit from the endeavors of Betty and her late husband, Alex Schoenbaum.

Betty received her degree in commerce from the Ohio State University in 1939; it was there that she met Alex, and the two would begin their lifelong proclivity toward helping the underprivileged. They would marry and move to Charleston, WV, soon after, beginning a successful business career that would increase the impact of their generosity.

Starting with the Parkette Drive-In on Charleston's West Side, the Schoenbaums built a prosperous restaurant chain that would eventually be known as Shoney's. The chain grew into over 1,000 locations across dozens of States, employing many West Virginians as it became an iconic American brand. Not content to rest on their success, Betty and Alex sought to share their good fortune with the world.

The philanthropic gifts made by the Schoenbaums are too numerous to list individually. During Alex's lifetime, he and Betty established the Schoenbaum Fund at the Greater Kanawha Valley Foundation in Charleston, which was used to purchase sports and recreation equipment for over 200 public schools in the Kanawha Valley. They also established the Schoenbaum Scholarship Foundation and the Schoenbaum Family Foundation, which continues to give to numerous organizations, including the Boy Scouts of America, the Children's Home Society of West Virginia, Mountaineer Food Bank, Mountaineer Habitat for Humanity, and the United Way of Kanawha Valley.

Since Alex's passing, Betty has continued to give, establishing the Schoenbaum Family Enrichment Center, funding the construction of a Library at the University of Charleston and an undergraduate college of business building at the Ohio State University, and endowing scholarships at West Virginia University and the Ohio State University.

Betty may be celebrating her 100th birthday, but age has not slowed her down. She continues to serve as the president of the Schoenbaum Family Foundation and as a board member for several foundations, committees, and organizations. She is also an active member of the Sarasota, FL, community. According to Betty, there is great joy and purpose to be had from a life of giving to your fellow man. I believe I speak for many when I say we can all benefit from her example. I wish her many more years of health and happiness.●

55TH ANNIVERSARY OF ACCUWEATHER

● Mr. CASEY. Mr. President, today I rise to celebrate the 55th anniversary of AccuWeather, the worldwide weather service headquartered in State College, PA.

AccuWeather was founded by Dr. Joel Myers, who received his Ph.D. from the Pennsylvania State University and is currently a fellow of the American Meteorological Association. Dr. Myers got his start weather forecasting for gas and utility companies in Pennsylvania. In the 1960s and 1970s, Dr. Myers taught at Penn State and continued to expand his weather forecasting business to include highway departments, utility companies, construction companies, and ski resorts.

The name ''AccuWeather'' was first used in 1971 to service the WARM-AM radio station in the Wilkes-Barre/Scranton region. In 1972, AccuWeather serviced its first television station, WPVI-TV in Philadelphia. Many of AccuWeather's first customers are still customers today.

In the 1980s, AccuWeather developed the USA TODAY weather page and became the official weather forecaster at the World Fair in Kentucky. The company also produced the weather maps for the Associated Press.

AccuWeather has been a global name since the 1970s. Having first established an international presence serving customers in Canada, AccuWeather has expanded to providing services all around the world for customers in locations such as South Asia, the Middle East and South America. Some of these global services include providing forecasts to help with crop rotation and forecasts for major ports, television stations, and newspapers. AccuWeather currently serves over 43,000 Zip Codes and over 1.5 billion people.

Dr. Myers and AccuWeather have been recognized on the State and national level, receiving the Pennsylvania Association of Broadcasters Pride in Pennsylvania Business Award, an Outstanding Job Generator Award from the Chamber of Business and Industry of Centre County, PA, and five Telly Awards. This year, AccuWeather received an award as the No. 1 most accurate forecaster by ForecastWatch, an industry tracker. Dr. Myers was honored as one of the 528 greatest entrepreneurs in American history with his biographical inclusion in Entrepreneur Magazine's Encyclopedia of Entrepreneurs.

In Centre County, PA, AccuWeather employs over 400 people in a facility that houses 23 radio booths and a TV studio with state-of-the-art equipment. AccuWeather is also a family business, with Dr. Myers' brothers serving as officers—Barry Lee Myers is the CEO and Evan Myers is the COO and senior vice president. I wish AccuWeather the best and look forward to its continued success serving Pennsylvania and many others around the world.●

REMEMBERING HAROLD DEAN WILCOXSON

● Mr. DAINES. Mr. President, Livingston, MT, lost an incredible member of the community on August 30 when Harold Dean Wilcoxson, son of Carl and Harriett Esther (Swingley) Wilcoxson, passed away at age 94. Harold spent much of his life operating the family-owned business and Montana institution, Wilcoxson's Ice Cream shop. Wilcoxson's Ice Cream has provided delicious ice cream and fond memories for Montanans for over 100 years.

Harold was born on April 15, 1923, and graduated from Park County High School in 1941. He pursued a certificate in electronics repair at Kinmen Business University in Spokane, WA, and used his electronics expertise for the rest of his life.

On September 15, 1942, Harold joined the U.S. Navy and served aboard the

U.S.S. *Quincey* as an electronics chief during World War II. His ship was located off of the French coast during the D-Day invasion of Normandy in 1944 and was anchored in Sagami Wan during the signing of the Japanese Instrument of Surrender in 1945.

Following his service, Harold returned to Montana to continue building Wilcoxson's Ice Cream. Amidst long hours of building the family business, Harold also enjoyed racecars. His love and passion for fast cars lasted a lifetime.

From cleaning cream cans as a boy to fixing electrical issues and managing new plant projects, Harold ensured Wilcoxson's Ice Cream shop would continue in its legacy of gourmet ice cream and service to Montanans for generations. Harold Dean Wilcoxson, beloved businessowner and mentor, brought much to the Livingston community through his quiet leadership and commitment to service and will be missed by many.●

RECOGNIZING THE FOSTER GRANDPARENT PROGRAM

● Mr. DAINES. Mr. President, today I have the honor of recognizing the administrators and volunteers of the Western Montana Area VI Agency on Aging Foster Grandparent Program. Based in the small town of Polson, MT, the program covers six mainly rural western Montana counties and the area's lone Indian reservation. Every year, the lives of dozens of children across Montana are changed for the better by the Foster Grandparent program, and dozens of senior citizens are able to use their time and skills to make a difference in the life of a child.

Foster grandparents are able to volunteer in many different settings, including schools, afterschool programs, Head Start programs, teen mentorship programs, and correctional facilities. With many communities in western Montana facing high unemployment, as well as meth and opioid drug crises, the Foster Grandparent program has a particular focus on at-risk children. Foster grandparents support children who have been abused or neglected, provide mentorship to teens, and help children with disabilities.

This week, community members and the Western Montana Area VI Agency on Aging are gathering to honor foster grandparents. Included in that group is Navy veteran Karl Paddock, who is receiving a special award for his service to the program. Our communities need more people like Karl and all of the foster grandparents who are willing to step up and make a difference in the lives of our most precious resource: our children.

It is my hope that the Western Montana Area VI Agency on Aging Foster Grandparent Program will continue to grow in the years to come. I congratulate everyone involved in its success and the difference it is making for the communities of western Montana.●

REMEMBERING BRYAN A. STRONG

● Ms. DUCKWORTH. Mr. President, today I wish to commemorate the life of Bryan A. Strong, a caring husband, loving father, and dedicated police officer with the Chicago Police Department.

Mr. Strong passed away from a heart attack on March 27, 2014. We remember him for his compassion, sympathy, and love of life. As a policeman, Mr. Strong put the needs of others above his own. He served his community with pride, selflessness, and honor.

Mr. Strong leaves an admirable legacy in his community and family. His son, Brian, and wife, Janette, remember him as their adventurous best friend who filled their lives—and many others—with excitement and love.

I am grateful for Mr. Strong's service. May his life and legacy serve as an inspiration to all.

Thank you.●

MESSAGES FROM THE HOUSE

At 11:06 a.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House has passed the following bills, without amendment:

S. 810. An act to facilitate construction of a bridge on certain property in Christian County, Missouri, and for other purposes.

S. 1141. An act to ensure that the United States promotes the meaningful participation of women in mediation and negotiation processes seeking to prevent, mitigate, or resolve violent conflict.

The message further announced that the House has passed the following bills, in which it requests the concurrence of the Senate:

H.R. 1235. An act to require the Secretary of the Treasury to mint coins in recognition of the 60th Anniversary of the Naismith Memorial Basketball Hall of Fame.

H.R. 2061. An act to reauthorize the North Korean Human Rights Act of 2004, and for other purposes.

H.R. 2519. An act to require the Secretary of the Treasury to mint commemorative coins in recognition of the 100th anniversary of The American Legion.

H.R. 3819. An act to amend title 38, United States Code, to extend certain expiring provisions of law administered by the Secretary of Veterans Affairs, and for other purposes.

ENROLLED BILL SIGNED

At 12:33 p.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the Speaker has signed the following enrolled bill:

H.R. 3110. An act to amend the Financial Stability Act of 2010 to modify the term of the independent member of the Financial Stability Oversight Council.

MEASURES REFERRED

The following bills were read the first and the second times by unanimous consent, and referred as indicated:

H.R. 1235. An act to require the Secretary of the Treasury to mint coins in recognition of the 60th Anniversary of the Naismith Memorial Basketball Hall of Fame; to the Committee on Banking, Housing, and Urban Affairs.

H.R. 2061. An act to reauthorize the North Korean Human Rights Act of 2004, and for other purposes; to the Committee on Foreign Relations.

MEASURES READ THE FIRST TIME

The following bill was read the first time:

H.R. 3354. An act making appropriations for the Department of the Interior, environment, and related agencies for the fiscal year ending September 30, 2018, and for other purposes.

PRIVILEGED NOMINATION REFERRED TO COMMITTEE

On request by Senator PETERS, under the authority of S. Res. 116, 112th Congress, the following nomination was referred to the Committee on Homeland Security and Governmental Affairs:

Frederick M. Nutt, of Virginia, to be Controller, Office of Federal Financial Management and Budget, vice David Arthur Mader.

EXECUTIVE AND OTHER COMMUNICATIONS

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

EC–2891. A communication from the Acting Administrator of the Specialty Crops Program, Agricultural Marketing Service, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled ''Apricots Grown in Designated Counties in Washington; Decreased Assessment Rate'' (Docket No. AMS–SC–17–0033) received in the Office of the President of the Senate on September 25, 2017; to the Committee on Agriculture, Nutrition, and Forestry.

EC–2892. A communication from the Secretary of Defense, transmitting a report on the approved retirement of Lieutenant General Anthony J. Rock, United States Air Force, and his advancement to the grade of lieutenant general on the retired list; to the Committee on Armed Services.

EC–2893. A communication from the Secretary of Defense, transmitting a report on the approved retirement of Lieutenant General James B. Laster, United States Marine Corps, and his advancement to the grade of lieutenant general on the retired list; to the Committee on Armed Services.

EC–2894. A communication from the Chairwoman of the Nuclear Weapons Council, transmitting, pursuant to law, a report relative to the President's budget requests for the National Nuclear Security Administration for fiscal year 2018; to the Committee on Armed Services.

EC–2895. A communication from the President of the United States, transmitting, pursuant to law, a report relative to the issuance of an Executive Order to take further steps with respect to the national emergency originally declared in Executive Order 13466 of June 26, 2008, with respect to North Korea; to the Committee on Banking, Housing, and Urban Affairs.

EC–2896. A communication from the Acting Assistant Secretary for Insular Affairs, Department of the Interior, transmitting, pursuant to law, reports entitled ''Report to the Congress: Compact Impact Analysis of the

2016 Report from Guam'' and ''Impact of the Compacts of Free Association on Guam FY (Fiscal Year) 2004 through FY 2016''; to the Committee on Energy and Natural Resources.

EC–2897. A communication from the Director of Congressional Affairs, Nuclear Regulatory Commission, transmitting, pursuant to law, the report of a rule entitled ''NRC Regulatory Issue Summary 2017–06: Nuclear Regulatory Policy on Use of Combination Dosimetry Devices During Industrial Radiographic Operations'' (RIS 2017–06) received in the Office of the President of the Senate on September 25, 2017; to the Committee on Environment and Public Works.

EC–2898. A communication from the Director of Congressional Affairs, Nuclear Reactor Regulation, Nuclear Regulatory Commission, transmitting, pursuant to law, the report of a rule entitled ''Final Safety Evaluation of Technical Specifications Task Force Traveler, TSTF–546, Revision 0, 'Revise APRM Channel Adjustment Surveillance Requirement' '' (NUREG–1433 and NUREG–1434) received in the Office of the President of the Senate on September 25, 2017; to the Committee on Environment and Public Works.

EC–2899. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Relief for Victims of Hurricane Irma'' (Announcement 2017–13) received during adjournment of the Senate in the Office of the President of the Senate on September 20, 2017; to the Committee on Finance.

EC–2900. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Guidelines for Good Faith Determinations of Qualifying Public Charity Status'' (Rev. Proc. 2017–53) received during adjournment of the Senate in the Office of the President of the Senate on September 20, 2017; to the Committee on Finance.

EC–2901. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Safe Harbor for Inadvertent Normalization Violations'' (Rev. Proc. 2017–47) received during adjournment of the Senate in the Office of the President of the Senate on September 20, 2017; to the Committee on Finance.

EC–2902. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Treatment of Amounts Paid to Section 170(c) Organizations under Employer Leave-Based Donation Programs to Aid Victims of Hurricane and Tropical Storm Irma'' (Notice 2017–52) received during adjournment of the Senate in the Office of the President of the Senate on September 20, 2017; to the Committee on Finance.

EC–2903. A communication from the Director of Regulations and Policy Management Staff, Food and Drug Administration, Department of Health and Human Services, transmitting, pursuant to law, the report of a rule entitled ''Listing of Color Additives Exempt From Certification; Spirulina Extract; Confirmation of Effective Date'' ((21 CFR Part 73) (Docket No. FDA–2016–C–2570)) received during adjournment of the Senate in the Office of the President of the Senate on September 25, 2017; to the Committee on Health, Education, Labor, and Pensions.

EC–2904. A communication from the Acting Assistant Secretary for Legislation, Department of Health and Human Services, transmitting, pursuant to law, a report entitled ''Report on the Ninth Review of the Backlog of Postmarketing Requirements and Commitments''; to the Committee on Health, Education, Labor, and Pensions.

EC–2905. A communication from the Acting Assistant Secretary for Legislation, Department of Health and Human Services, transmitting, pursuant to law, a report entitled ''Assets for Independence Program - Status at the Conclusion of the Sixteenth Year, Fiscal Year 2015''; to the Committee on Health, Education, Labor, and Pensions.

EC–2906. A communication from the Acting Chief Privacy and Civil Liberties Officer, Office of Privacy and Civil Liberties, Department of Justice, transmitting, pursuant to law, the report of a rule entitled ''Privacy Act of 1974; Implementation''' (CPCLO Order No. 008–2017) received during adjournment of the Senate in the Office of the President of the Senate on September 21, 2017; to the Committee on the Judiciary.

EC–2907. A communication from the Deputy General Counsel, Office of Investment and Innovation, Small Business Administration, transmitting, pursuant to law, the report of a rule entitled ''Small Business Investment Companies: Passive Business Expansion and Technical Clarifications'' (RIN3245–AG67) received in the Office of the President of the Senate on September 19, 2017; to the Committee on the Judiciary.

EC–2908. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Diamond Aircraft Industries GmbH Airplanes'' ((RIN2120–AA64) (Docket No. FAA–2017–0638)) received in the Office of the President of the Senate on September 25, 2017; to the Committee on Commerce, Science, and Transportation.

EC–2909. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Viking Air Limited (Type Certificate Previously Held by Bombardier, Inc.; Canadair Limited) Airplanes'' ((RIN2120–AA64) (Docket No. FAA–2017–0474)) received in the Office of the President of the Senate on September 25, 2017; to the Committee on Commerce, Science, and Transportation.

EC–2910. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Dassault Aviation Airplanes'' ((RIN2120–AA64) (Docket No. FAA–2017–0502)) received in the Office of the President of the Senate on September 25, 2017; to the Committee on Commerce, Science, and Transportation.

EC–2911. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Dassault Aviation Airplanes'' ((RIN2120–AA64) (Docket No. FAA–2017–0475)) received in the Office of the President of the Senate on September 25, 2017; to the Committee on Commerce, Science, and Transportation.

EC–2912. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Airbus Airplanes'' ((RIN2120–AA64) (Docket No. FAA–2017–0472)) received in the Office of the President of the Senate on September 25, 2017; to the Committee on Commerce, Science, and Transportation.

EC–2913. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Airbus Airplanes'' ((RIN2120–AA64) (Docket No. FAA–2016–9518)) received in the Office of the President of the Senate on September 25, 2017; to the Committee on Commerce, Science, and Transportation.

EC–2914. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Airbus Airplanes'' ((RIN2120–AA64) (Docket No. FAA–2016–7264)) received in the Office of the President of the Senate on September 25, 2017; to the Committee on Commerce, Science, and Transportation.

EC–2915. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Airbus Defense and Space S.A. (Formerly Known as Construcciones Aeronauticas, S.A.) Airplanes'' ((RIN2120–AA64) (Docket No. FAA–2016–9521)) received in the Office of the President of the Senate on September 25, 2017; to the Committee on Commerce, Science, and Transportation.

EC–2916. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Airbus Airplanes'' ((RIN2120–AA64) (Docket No. FAA–2016–9517)) received in the Office of the President of the Senate on September 25, 2017; to the Committee on Commerce, Science, and Transportation.

EC–2917. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; The Boeing Company Airplanes'' ((RIN2120–AA64) (Docket No. FAA–2017–0503)) received in the Office of the President of the Senate on September 25, 2017; to the Committee on Commerce, Science, and Transportation.

EC–2918. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; The Boeing Company Airplanes'' ((RIN2120–AA64) (Docket No. FAA–2017–0337)) received in the Office of the President of the Senate on September 25, 2017; to the Committee on Commerce, Science, and Transportation.

EC–2919. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; The Boeing Company Airplanes'' ((RIN2120–AA64) (Docket No. FAA–2017–0128)) received in the Office of the President of the Senate on September 25, 2017; to the Committee on Commerce, Science, and Transportation.

EC–2920. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; The Boeing Company Airplanes'' ((RIN2120–AA64) (Docket No. FAA–2017–0559)) received in the Office of the President of the Senate on September 25, 2017; to the Committee on Commerce, Science, and Transportation.

EC–2921. A communication from the Management and Program Analyst, Federal

Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; The Boeing Company Airplanes'' ((RIN2120–AA64) (Docket No. FAA–2017–0247)) received in the Office of the President of the Senate on September 25, 2017; to the Committee on Commerce, Science, and Transportation.

EC–2922. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; The Boeing Company Airplanes'' ((RIN2120–AA64) (Docket No. FAA–2016–7270)) received in the Office of the President of the Senate on September 25, 2017; to the Committee on Commerce, Science, and Transportation.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. HOEVEN, from the Committee on Indian Affairs, without amendment:

S. 607. A bill to establish a business incubators program within the Department of the Interior to promote economic development in Indian reservation communities (Rept. No. 115–163).

EXECUTIVE REPORTS OF COMMITTEES

The following executive reports of nominations were submitted:

By Mr. MCCAIN for the Committee on Armed Services.

Army nomination of Col. Michael R. Fenzel, to be Brigadier General.

Air Force nomination of Maj. Gen. Jacqueline D. Van Ovost, to be Lieutenant General.

Army nomination of Brig. Gen. John E. Cardwell, to be Major General.

Army nomination of Col. Joseph D'Costa, to be Brigadier General.

Army nomination of Maj. Gen. Michael A. Bills, to be Lieutenant General.

Army nomination of Brig. Gen. Daniel J. Christian, to be Major General.

Army nomination of Brig. Gen. Kenneth H. Moore, to be Major General.

Army nomination of Col. Matthew P. Easley, to be Brigadier General.

Army nomination of Col. Johnny R. Bass, to be Brigadier General.

Army nomination of Col. Tony L. Wright, to be Brigadier General.

Air Force nominations beginning with Col. Jeffery D. Aebischer and ending with Col. Daniel S. Yenchesky, which nominations were received by the Senate and appeared in the Congressional Record on September 5, 2017.

Mr. MCCAIN. Mr. President, for the Committee on Armed Services I report favorably the following nomination lists which were printed in the RECORDS on the dates indicated, and ask unanimous consent, to save the expense of reprinting on the Executive Calendar that these nominations lie at the Secretary's desk for the information of Senators.

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

Air Force nomination of Stephen J. Augustine, to be Major.

Air Force nomination of William J. Vit, Jr., to be Major.

Air Force nomination of Theresa A. Jones, to be Major.

Air Force nominations beginning with James S. Shigekane and ending with Andrew H. Stephan, which nominations were received by the Senate and appeared in the Congressional Record on September 5, 2017.

Air Force nominations beginning with Marc Aalderink and ending with Joseph R. Zito, which nominations were received by the Senate and appeared in the Congressional Record on September 5, 2017.

Air Force nominations beginning with Ian S. Anderson and ending with Joan Diaz Zuniga, which nominations were received by the Senate and appeared in the Congressional Record on September 5, 2017.

Air Force nominations beginning with Jennifer L. Baker and ending with Dorian R. Williams, which nominations were received by the Senate and appeared in the Congressional Record on September 5, 2017.

Army nomination of Derrick C. Long, to be Colonel.

Army nomination of Natalie E. Vanatta, to be Lieutenant Colonel.

Army nomination of John F. Lopes, to be Lieutenant Colonel.

Army nomination of Terrance R. Latson, to be Lieutenant Colonel.

Army nomination of Robert P. L. Bailey, to be Major.

Army nomination of Mariah C. Smith, to be Lieutenant Colonel.

Army nomination of Mark W. Canary, to be Major.

Army nomination of David E. Meacher, to be Colonel.

Army nomination of Christopher D. McDevitt, to be Colonel.

Army nominations beginning with Bruce M. Coccoli and ending with Scott J. Sheridan, which nominations were received by the Senate and appeared in the Congressional Record on September 5, 2017.

Army nominations beginning with Thomas A. Brooks and ending with D012739, which nominations were received by the Senate and appeared in the Congressional Record on September 5, 2017.

Army nominations beginning with Edward A. Jarrett and ending with Casey T. Schober, which nominations were received by the Senate and appeared in the Congressional Record on September 5, 2017.

Army nominations beginning with Curtis J. Allen and ending with Bradley A. Wright, which nominations were received by the Senate and appeared in the Congressional Record on September 5, 2017.

Marine Corps nomination of Megan L. Bustin, to be Major.

Marine Corps nomination of Robert M. Barclay, to be Major.

Navy nomination of Jason A. Tews, to be Lieutenant Commander.

Navy nomination of Christopher P. Carroll, to be Lieutenant Commander.

Navy nominations beginning with Gabriel Perez and ending with Eric R. Truemper, which nominations were received by the Senate and appeared in the Congressional Record on September 5, 2017.

Navy nominations beginning with Anton A. Adam and ending with Ying P. Zhong, which nominations were received by the Senate and appeared in the Congressional Record on September 5, 2017.

Navy nominations beginning with Adrienne T. Benton and ending with Aaron R. Wesson, which nominations were received by the Senate and appeared in the Congressional Record on September 5, 2017.

Navy nominations beginning with Salahhudin A. Adenkhalif and ending with Victor T. F. Wong, which nominations were received by the Senate and appeared in the Congressional Record on September 5, 2017.

Navy nominations beginning with Santiago A. Abadam II and ending with Jaime M. York, which nominations were received by the Senate and appeared in the Congressional Record on September 5, 2017.

Navy nominations beginning with Sarah A. Aguero and ending with Dennis E. Westman, which nominations were received by the Senate and appeared in the Congressional Record on September 5, 2017.

Navy nominations beginning with Joko A. Abubakar and ending with Yui Y. Wong, which nominations were received by the Senate and appeared in the Congressional Record on September 5, 2017.

Navy nominations beginning with Brooke T. Ahlstrom and ending with Mark C. Warner, which nominations were received by the Senate and appeared in the Congressional Record on September 5, 2017.

Navy nominations beginning with Miguel M. Alampay and ending with Zachary A. Zanfes, which nominations were received by the Senate and appeared in the Congressional Record on September 5, 2017.

By Mr. CORKER for the Committee on Foreign Relations.

*Jon M. Huntsman, Jr., of Utah, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Russian Federation.

Nominee: Jon M. Huntsman, Jr.

Post: US Ambassador to Russia.

Nominated: July 20, 2017.

(The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.)

Contributions, amount, date, and donee:

1. Self: None.

2. Spouse: Mary Kaye Huntsman: $2,600, 4/19/2014, Rob Wasinger.

3. Children and Spouses: Mary Anne Huntsman: None. Evan Morgan: $1,000, 2/11/2014, Seth Moulton. Abby Huntsman: None, Jeff Livingston: None, Elizabeth Huntsman: None, Eduardo Hernandez: None, Jon M Huntsman III: None, Morgan McKenna: None, William Huntsman: None, Gracie Huntsman: None, Asha Huntsman: None.

4. Parents: Karen Huntsman: $2,700, 6/5/2015, Ronald Wyden; $2,700, 6/5/2015, Ronald Wyden; $2,500, 9/30/2014, Mia Love; Jon M. Huntsman, Sr.: $100,000, 2/17/2015, Right to Rise USA; $2,700, 6/5/2015, Ronald Wyden; $2,700, 6/5/2015, Ronald Wyden; $2,500, 9/30/2014, Mia Love; $5,000, 1/15/2013, HPAC; $2,600, 6/17/2013, Gabriel Gomez.

5. Grandparents: Alonzo Blaine Huntsman—deceased; Sarah Kathleen Robison—deceased; David Bruce Haight—deceased; Ruby Olson—deceased.

6. Brothers and Spouses: Mark Huntsman, None; Peter Huntsman, $2,700, 9/13/16, Douglas Owens; $2,700, 10/22/2015, Ronald Wyden; $2,700, 10/22/2015, Ronald Wyden; Brynn Huntsman, $2,700, 10/22/2015, Ronald Wyden; $2,700, 10/22/2015, Ronald Wyden; James Huntsman, $2,700, 10/22/2015, Ronald Wyden; $300, 10/22/2015, Ronald Wyden; $2,700, 6/27/2016, Douglas Owens; Marianne Huntsman, $2,700, 6/27/2016, Douglas Owens; David Huntsman, $2,700, 6/5/2015, Ronald Wyden; $2,700, 6/5/2015, Ronald Wyden; Michelle Huntsman, None; Paul Huntsman, $2,300, 6/11/2015, Ronald Wyden; $2,700, 6/11/2015, Ronald Wyden; Cheryl Huntsman, $2,300, 6/10/2015, Ronald Wyden; $2,700, 6/10/2015, Ronald Wyden.

7. Sisters and Spouses: Christena Durham, None; Richard Durham, None; Jennifer Parkin, None; David Parkin, None; Kathleen Huffman—deceased.

*Justin Hicks Siberell, of Maryland, a Career Member of the Senior Foreign Service, Class of Minister-Counselor, to be Ambassador Extraordinary and Plenipotentiary of

the United States of America to the Kingdom of Bahrain.

Nominee: Justin Hicks Siberell.

Post:

(The following is a list of all members of my immediate family and their spouses. I have asked each of these persons to inform me of the pertinent contributions made by them. To the best of my knowledge, the information contained in this report is complete and accurate.)

Contributions, amount, date and donee:

1. Self: none.

2. Spouse: Arnavaz Motiwalla Siberell: none.

3. Children (3) and Spouses (N/A): Samuel Emet Huston Siberell: none. Emeline Anahita Siberell: none. Benjamin Cyrus Siberell: none.

4. Parents: George Edwin Peter Siberell—deceased; Anne Hicks Siberell—none.

5. Grandparents: Reese Siberell—deceased; Nolene Siberell—deceased; Estill Hicks—deceased; Bernice Cornell Hicks—deceased.

6. Brothers (2) and Spouses (2): Peter Dickson Siberell, none; Marianne Monachino Siberell, none; Brian Siberell, $200.00, 03/2017, DCCC; $120.00, 10/2016, Act Blue; $100.00, 02/2016, Act Blue; $500.00, 10/2015, Hillary for America; $1500.00, 04/2015, Hillary for America; $500.00, 08/2013, Booker for Senate; Patricia Dryden, none.

7. Sisters and Spouses: N/A.

*A. Wess Mitchell, of Virginia, to be an Assistant Secretary of State (European and Eurasian Affairs).

*J. Steven Dowd, of Florida, to be United States Director of the African Development Bank for a term of five years.

*Nomination was reported with recommendation that it be confirmed subject to the nominee's commitment to respond to requests to appear and testify before any duly constituted committee of the Senate.

(Nominations without an asterisk were reported with the recommendation that they be confirmed.)

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mrs. CAPITO (for herself, Mrs. MCCASKILL, Mr. MANCHIN, and Mr. SHELBY):

S. 1857. A bill to establish a compliance deadline of May 15, 2023, for Step 2 emissions standards for new residential wood heaters, new residential hydronic heaters, and forced-air furnaces; to the Committee on Environment and Public Works.

By Mr. WHITEHOUSE (for himself, Ms. WARREN, Mr. REED, Mr. MERKLEY, and Mr. SANDERS):

S. 1858. A bill to amend the Truth in Lending Act to empower the States to set the maximum annual percentage rates applicable to consumer credit transactions, and for other purposes; to the Committee on Finance.

By Mr. GARDNER (for himself, Mr. INHOFE, Mr. COTTON, Mr. JOHNSON, Mr. PORTMAN, Mr. FLAKE, Mr. BLUNT, Mr. BARRASSO, Mr. CRUZ, Mr. HELLER, and Mr. SCOTT):

S. 1859. A bill to extend the moratorium on the annual fee on health insurance providers; to the Committee on Finance.

By Mr. INHOFE (for himself and Mr. HEINRICH):

S. 1860. A bill to amend section 203 of the Federal Power Act; to the Committee on Energy and Natural Resources.

By Mr. WHITEHOUSE:

S. 1861. A bill to amend the Internal Revenue Code of 1986 to expand personal saving and retirement savings coverage by enabling employees not covered by qualifying retirement plans to save for retirement through automatic IRA arrangements, and for other purposes; to the Committee on Finance.

By Mr. CORKER (for himself, Mr. MENENDEZ, Mr. RUBIO, and Mr. CARDIN):

S. 1862. A bill to amend the Trafficking Victims Protection Act of 2000 to modify the criteria for determining whether countries are meeting the minimum standards for the elimination of human trafficking, and for other purposes; to the Committee on Foreign Relations.

By Mr. LEE (for himself, Mr. HATCH, and Mr. PAUL):

S. 1863. A bill to clarify that noncommercial species found entirely within the borders of a single State are not in interstate commerce or subject to regulation under the Endangered Species Act of 1973 or any other provision of law enacted as an exercise of the power of Congress to regulate interstate commerce; to the Committee on Environment and Public Works.

By Mr. DURBIN (for himself, Mr. FRANKEN, and Mr. KING):

S. 1864. A bill to expand the use of open textbooks in order to achieve savings for students; to the Committee on Health, Education, Labor, and Pensions.

By Mr. RUBIO (for himself, Mr. NELSON, and Mr. CORNYN):

S. 1865. A bill to provide temporary direct hire authority for certain emergency response positions; to the Committee on Health, Education, Labor, and Pensions.

By Mr. ALEXANDER:

S. 1866. A bill to provide the Secretary of Education with waiver authority for the reallocation rules and authority to extend the deadline by which funds have to be reallocated in the campus-based aid programs under the Higher Education Act of 1965 due to Hurricane Harvey, Hurricane Irma, and Hurricane Maria, to provide equitable services to children and teachers in private schools, and for other purposes; considered and passed.

By Mr. DAINES (for himself, Mr. MORAN, Mr. UDALL, and Mr. WARNER):

S. 1867. A bill to amend title 40, United States Code, to eliminate the sunset of certain provisions relating to information technology, to amend the Carl Levin and Howard P. ''Buck'' McKeon National Defense Authorization Act for Fiscal Year 2015 to extend the sunset relating to the Federal Data Center Consolidation Initiative, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

By Mr. HEINRICH (for himself, Mr. HELLER, Mr. SCHATZ, Mr. FRANKEN, Mr. KING, Ms. HIRONO, Mrs. FEINSTEIN, and Mr. REED):

S. 1868. A bill to amend the Internal Revenue Code of 1986 to provide tax credits for energy storage technologies, and for other purposes; to the Committee on Finance.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Ms. KLOBUCHAR (for herself and Mr. CARDIN):

S. Res. 268. A resolution recognizing September 26, 2017, as ''National Voter Registration Day''; to the Committee on Rules and Administration.

ADDITIONAL COSPONSORS

S. 198

At the request of Mr. RUBIO, the name of the Senator from Arkansas (Mr. COTTON) was added as a cosponsor of S. 198, a bill to require continued and enhanced annual reporting to Congress in the Annual Report on International Religious Freedom on anti-Semitic incidents in Europe, the safety and security of European Jewish communities, and the efforts of the United States to partner with European governments, the European Union, and civil society groups, to combat anti-Semitism, and for other purposes.

S. 253

At the request of Mr. CARDIN, the name of the Senator from Alaska (Ms. MURKOWSKI) was added as a cosponsor of S. 253, a bill to amend title XVIII of the Social Security Act to repeal the Medicare outpatient rehabilitation therapy caps.

S. 281

At the request of Mr. LEE, the name of the Senator from Missouri (Mr. BLUNT) was added as a cosponsor of S. 281, a bill to amend the Immigration and Nationality Act to eliminate the per-country numerical limitation for employment-based immigrants, to increase the per-country numerical limitation for family-sponsored immigrants, and for other purposes.

S. 294

At the request of Mr. NELSON, the name of the Senator from Pennsylvania (Mr. TOOMEY) was added as a cosponsor of S. 294, a bill to amend the Federal Food, Drug, and Cosmetic Act to clarify the Food and Drug Administration's jurisdiction over certain tobacco products, and to protect jobs and small businesses involved in the sale, manufacturing and distribution of traditional and premium cigars.

S. 298

At the request of Mr. TESTER, the name of the Senator from California (Ms. HARRIS) was added as a cosponsor of S. 298, a bill to require Senate candidates to file designations, statements, and reports in electronic form.

S. 349

At the request of Ms. HARRIS, the name of the Senator from Oregon (Mr. MERKLEY) was added as a cosponsor of S. 349, a bill to clarify the rights of all persons who are held or detained at a port of entry or at any detention facility overseen by U.S. Customs and Border Protection or U.S. Immigration and Customs Enforcement.

S. 407

At the request of Mr. CRAPO, the name of the Senator from Montana (Mr. DAINES) was added as a cosponsor of S. 407, a bill to amend the Internal Revenue Code of 1986 to permanently extend the railroad track maintenance credit.

S. 479

At the request of Mr. BROWN, the name of the Senator from West Virginia (Mrs. CAPITO) was added as a cosponsor of S. 479, a bill to amend title

XVIII of the Social Security Act to waive coinsurance under Medicare for colorectal cancer screening tests, regardless of whether therapeutic intervention is required during the screening.

S. 568

At the request of Mr. BROWN, the name of the Senator from Maine (Mr. KING) was added as a cosponsor of S. 568, a bill to amend title XVIII of the Social Security Act to count a period of receipt of outpatient observation services in a hospital toward satisfying the 3-day inpatient hospital requirement for coverage of skilled nursing facility services under Medicare.

S. 718

At the request of Mr. PETERS, the name of the Senator from Virginia (Mr. KAINE) was added as a cosponsor of S. 718, a bill to amend the Higher Education Act of 1965 to make college affordable and accessible.

S. 816

At the request of Mr. CASEY, the name of the Senator from Minnesota (Mr. FRANKEN) was added as a cosponsor of S. 816, a bill to amend the Internal Revenue Code of 1986 to allow rollovers from 529 programs to ABLE accounts.

S. 856

At the request of Mrs. MCCASKILL, the name of the Senator from Connecticut (Mr. MURPHY) was added as a cosponsor of S. 856, a bill to amend the Higher Education Act of 1965 and the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act to combat campus sexual assault, and for other purposes.

S. 872

At the request of Mr. SCHUMER, the name of the Senator from New Hampshire (Ms. HASSAN) was added as a cosponsor of S. 872, a bill to amend title XVIII of the Social Security Act to make permanent the extension of the Medicare-dependent hospital (MDH) program and the increased payments under the Medicare low-volume hospital program.

S. 896

At the request of Mr. BURR, the name of the Senator from Georgia (Mr. ISAKSON) was added as a cosponsor of S. 896, a bill to permanently reauthorize the Land and Water Conservation Fund.

S. 911

At the request of Mr. CASEY, the name of the Senator from New Jersey (Mr. MENENDEZ) was added as a cosponsor of S. 911, a bill to direct the Administrator of the Federal Aviation Administration to issue an order with respect to secondary cockpit barriers, and for other purposes.

S. 946

At the request of Mr. FLAKE, the name of the Senator from Massachusetts (Ms. WARREN) was added as a cosponsor of S. 946, a bill to require the Secretary of Veterans Affairs to hire additional Veterans Justice Outreach Specialists to provide treatment court services to justice-involved veterans, and for other purposes.

S. 1022

At the request of Mr. ISAKSON, the name of the Senator from Arkansas (Mr. COTTON) was added as a cosponsor of S. 1022, a bill to amend the Public Health Service Act to facilitate assignment of military trauma care providers to civilian trauma centers in order to maintain military trauma readiness and to support such centers, and for other purposes.

S. 1028

At the request of Ms. COLLINS, the name of the Senator from New Hampshire (Mrs. SHAHEEN) was added as a cosponsor of S. 1028, a bill to provide for the establishment and maintenance of a Family Caregiving Strategy, and for other purposes.

S. 1050

At the request of Ms. DUCKWORTH, the name of the Senator from Oregon (Mr. MERKLEY) was added as a cosponsor of S. 1050, a bill to award a Congressional Gold Medal, collectively, to the Chinese-American Veterans of World War II, in recognition of their dedicated service during World War II.

S. 1064

At the request of Mr. UDALL, the names of the Senator from Washington (Mrs. MURRAY) and the Senator from Connecticut (Mr. BLUMENTHAL) were added as cosponsors of S. 1064, a bill to amend the Richard B. Russell National School Lunch Act to prohibit the stigmatization of children who are unable to pay for meals.

S. 1568

At the request of Mr. MARKEY, the name of the Senator from Minnesota (Mr. FRANKEN) was added as a cosponsor of S. 1568, a bill to require the Secretary of the Treasury to mint coins in commemoration of President John F. Kennedy.

S. 1595

At the request of Mr. RUBIO, the names of the Senator from Iowa (Mrs. ERNST), the Senator from New Jersey (Mr. MENENDEZ) and the Senator from North Dakota (Ms. HEITKAMP) were added as cosponsors of S. 1595, a bill to amend the Hizballah International Financing Prevention Act of 2015 to impose additional sanctions with respect to Hizballah, and for other purposes.

S. 1706

At the request of Mr. SCHUMER, his name was added as a cosponsor of S. 1706, a bill to prevent human health threats posed by the consumption of equines raised in the United States.

At the request of Mr. CARDIN, his name was added as a cosponsor of S. 1706, supra.

S. 1718

At the request of Mr. KENNEDY, the name of the Senator from Arkansas (Mr. COTTON) was added as a cosponsor of S. 1718, a bill to authorize the minting of a coin in honor of the 75th anniversary of the end of World War II, and for other purposes.

S. 1719

At the request of Mr. BLUNT, the name of the Senator from Colorado (Mr. GARDNER) was added as a cosponsor of S. 1719, a bill to eliminate duties on imports of recreational performance outerwear, to establish the Sustainable Textile and Apparel Research Fund, and for other purposes.

S. 1721

At the request of Mr. UDALL, the name of the Senator from West Virginia (Mrs. CAPITO) was added as a cosponsor of S. 1721, a bill to amend titles 10 and 37, United States Code, to provide compensation and credit for retired pay purposes for maternity leave taken by members of the reserve components, and for other purposes.

S. 1730

At the request of Ms. COLLINS, the names of the Senator from Alaska (Mr. SULLIVAN), the Senator from Massachusetts (Ms. WARREN), the Senator from West Virginia (Mrs. CAPITO) and the Senator from Oregon (Mr. WYDEN) were added as cosponsors of S. 1730, a bill to implement policies to end preventable maternal, newborn, and child deaths globally.

S. 1742

At the request of Ms. STABENOW, the names of the Senator from Hawaii (Ms. HIRONO) and the Senator from Massachusetts (Mr. MARKEY) were added as cosponsors of S. 1742, a bill to amend title XVIII of the Social Security Act to provide for an option for any citizen or permanent resident of the United States age 55 to 64 to buy into Medicare.

S. 1774

At the request of Mr. HATCH, the name of the Senator from Arkansas (Mr. COTTON) was added as a cosponsor of S. 1774, a bill to provide protections for workers with respect to their right to select or refrain from selecting representation by a labor organization.

S. 1783

At the request of Ms. DUCKWORTH, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 1783, a bill to amend the National Voter Registration Act of 1993 to require each State to implement a process under which individuals who are 16 years of age may apply to register to vote in elections for Federal office in the State, to direct the Election Assistance Commission to make grants to States to increase the involvement of minors in public election activities, and for other purposes.

S. 1808

At the request of Ms. BALDWIN, the names of the Senator from New York (Mrs. GILLIBRAND) and the Senator from New York (Mr. SCHUMER) were added as cosponsors of S. 1808, a bill to extend temporarily the Federal Perkins Loan program, and for other purposes.

S. 1827

At the request of Mr. HATCH, the name of the Senator from Nevada (Mr. HELLER) was added as a cosponsor of S. 1827, a bill to extend funding for the Children's Health Insurance Program, and for other purposes.

S. 1854

At the request of Mr. GRAHAM, the name of the Senator from West Virginia (Mr. MANCHIN) was added as a cosponsor of S. 1854, a bill to amend chapter 44 of title 18, United States Code, to enhance penalties for theft of a firearm from a Federal firearms licensee.

S. RES. 263

At the request of Mr. LEAHY, the name of the Senator from Oregon (Mr. MERKLEY) was added as a cosponsor of S. Res. 263, a resolution expressing the sense of the Senate that President Juan Manuel Santos has restructured and significantly strengthened the environmental sector and management capacity of the Colombian Government and has led the country to become a global environmental leader.

S. RES. 266

At the request of Mr. COONS, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. Res. 266, a resolution reaffirming the United States-Liberia partnership, calling for free, fair, and peaceful elections in Liberia in October 2017.

S. RES. 267

At the request of Mr. HATCH, the names of the Senator from Montana (Mr. DAINES) and the Senator from North Dakota (Mr. HOEVEN) were added as cosponsors of S. Res. 267, a resolution designating September 2017 as ''National Workforce Development Month''.

At the request of Mrs. FEINSTEIN, the name of the Senator from Michigan (Ms. STABENOW) was added as a cosponsor of S. Res. 267, supra.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DURBIN (for himself, Mr. FRANKEN, and Mr. KING):

S. 1864. A bill to expand the use of open textbooks in order to achieve savings for students; to the Committee on Health, Education, Labor, and Pensions.

Mr. DURBIN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 1864

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Affordable College Textbook Act''.

SEC. 2. FINDINGS.

Congress finds the following:

(1) The high cost of college textbooks continues to be a barrier for many students in achieving higher education.

(2) According to the College Board, during the 2016–2017 academic year, the average student budget for college books and supplies at 4-year public institutions of higher education was $1,250.

(3) The Government Accountability Office found that new textbook prices increased 82 percent between 2002 and 2012 and that although Federal efforts to increase price transparency have provided students and families with more and better information, more must be done to address rising costs.

(4) The growth of the Internet has enabled the creation and sharing of digital content, including open educational resources that can be freely used by students, teachers, and members of the public.

(5) According to the Student PIRGs, expanded use of open educational resources has the potential to save students more than a billion dollars annually.

(6) Federal investment in expanding the use of open educational resources could significantly lower college textbook costs and reduce financial barriers to higher education, while making efficient use of taxpayer funds.

SEC. 3. DEFINITIONS.

In this Act:

(1) EDUCATIONAL RESOURCE.—The term ''educational resource'' means an educational material that can be used in postsecondary instruction, including textbooks and other written or audiovisual works.

(2) INSTITUTION OF HIGHER EDUCATION.—The term ''institution of higher education'' has the meaning given the term in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001).

(3) OPEN EDUCATIONAL RESOURCE.—The term ''open educational resource'' means an educational resource that either resides in the public domain or has been released under an intellectual property license that permits its free use, reuse, modification, and sharing with others.

(4) OPEN TEXTBOOK.—The term ''open textbook'' means an open educational resource or set of open educational resources that either is a textbook or can be used in place of a textbook for a postsecondary course at an institution of higher education.

(5) RELEVANT FACULTY.—The term ''relevant faculty'' means both tenure track and contingent faculty members who may be involved in the creation of open educational resources or the use of open educational resources created as part of the grant application.

(6) SECRETARY.—The term ''Secretary'' means the Secretary of Education.

SEC. 4. GRANT PROGRAM.

(a) GRANTS AUTHORIZED.—From the amounts appropriated under subsection (i), the Secretary shall make grants, on a competitive basis, to eligible entities to support projects that expand the use of open textbooks in order to achieve savings for students while maintaining or improving instruction and student learning outcomes.

(b) ELIGIBLE ENTITY.—In this section, the term ''eligible entity'' means an institution of higher education or group of institutions of higher education.

(c) APPLICATIONS.—

(1) IN GENERAL.—Each eligible entity desiring a grant under this section, after consultation with relevant faculty, shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

(2) CONTENTS.—Each application submitted under paragraph (1) shall include a description of the project to be completed with grant funds and—

(A) a plan for promoting and tracking the use of open textbooks in postsecondary courses offered by the eligible entity, including an estimate of the projected savings that will be achieved for students;

(B) a plan for evaluating, before creating new open educational resources, whether existing open educational resources could be used or adapted for the same purpose;

(C) a plan for quality review and review of accuracy of any open educational resources to be created or adapted through the grant;

(D) a plan for assessing the impact of open textbooks on instruction and student learning outcomes at the eligible entity;

(E) a plan for disseminating information about the results of the project to institutions of higher education outside of the eligible entity, including promoting the adoption of any open textbooks created or adapted through the grant; and

(F) a statement on consultation with relevant faculty, including those engaged in the creation of open educational resources, in the development of the application.

(d) SPECIAL CONSIDERATION.—In awarding grants under this section, the Secretary shall give special consideration to applications that demonstrate the greatest potential to—

(1) achieve the highest level of savings for students through sustainable expanded use of open textbooks in postsecondary courses offered by the eligible entity;

(2) expand the use of open textbooks at institutions of higher education outside of the eligible entity; and

(3) produce—

(A) the highest quality open textbooks;

(B) open textbooks that can be most easily utilized and adapted by faculty members at institutions of higher education;

(C) open textbooks that correspond to the highest enrollment courses at institutions of higher education; and

(D) open textbooks created or adapted in partnership with entities, including campus bookstores, that will assist in marketing and distribution of the open textbook.

(e) USE OF FUNDS.—An eligible entity that receives a grant under this section shall use the grant funds to carry out any of the following activities to expand the use of open textbooks:

(1) Professional development for any faculty and staff members at institutions of higher education, including the search for and review of open textbooks.

(2) Creation or adaptation of open educational resources, especially open textbooks.

(3) Development or improvement of tools and informational resources that support the use of open textbooks, including accessible instructional materials for students with disabilities.

(4) Research evaluating the efficacy of the use of open textbooks for achieving savings for students and the impact on instruction and student learning outcomes.

(5) Partnerships with other entities, including other institutions of higher education, for-profit organizations, or nonprofit organizations, to carry out any of the activities described in paragraphs (1) through (4).

(f) LICENSE.—Educational resources created under subsection (e) shall be licensed under a nonexclusive, irrevocable license to the public to exercise any of the rights under copyright conditioned only on the requirement that attribution be given as directed by the copyright owner.

(g) ACCESS AND DISTRIBUTION.—The full and complete digital content of each educational resource created or adapted under subsection (e) shall be made available free of charge to the public—

(1) on an easily accessible and interoperable website, which shall be identified to the Secretary by the eligible entity; and

(2) in a machine readable, digital format that anyone can directly download, edit with attribution, and redistribute.

(h) REPORT.—Upon an eligible entity's completion of a project supported under this section, the eligible entity shall prepare and submit a report to the Secretary regarding—

(1) the effectiveness of the project in expanding the use of open textbooks and in achieving savings for students;

(2) the impact of the project on expanding the use of open textbooks at institutions of higher education outside of the eligible entity;

(3) educational resources created or adapted under the grant, including instructions on where the public can access each educational resource under the terms of subsection (g);

(4) the impact of the project on instruction and student learning outcomes; and

(5) all project costs, including the value of any volunteer labor and institutional capital used for the project.

(i) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as are necessary for each of the 5 fiscal years succeeding the fiscal year during which this Act is enacted.

SEC. 5. PRICE INFORMATION.

Section 133(b) of the Higher Education Act of 1965 (20 U.S.C. 1015b(b)) is amended—

(1) by striking paragraph (6);

(2) by redesignating paragraphs (7), (8), and (9), as paragraphs (6), (7), and (8), respectively; and

(3) in paragraph (8), as redesignated by paragraph (2)—

(A) by striking subparagraphs (A) and (B); and

(B) by striking ''a college textbook that—'' and inserting ''a college textbook that may include printed materials, computer disks, website access, and electronically distributed materials.''.

SEC. 6. SENSE OF CONGRESS.

It is the sense of Congress that institutions of higher education should encourage the consideration of open textbooks by faculty within the generally accepted principles of academic freedom that establishes the right and responsibility of faculty members, individually and collectively, to select course materials that are pedagogically most appropriate for their classes.

SEC. 7. REPORT TO CONGRESS.

Not later than 2 years after the date of enactment of this Act, the Secretary shall prepare and submit a report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Education and the Workforce of the House of Representatives detailing—

(1) the open textbooks created or adapted under this Act;

(2) the adoption of such open textbooks;

(3) the savings generated for students, States, and the Federal Government through the use of open textbooks; and

(4) the impact of open textbooks on instruction and student learning outcomes.

SEC. 8. GAO REPORT.

Not later than 3 years after the date of enactment of this Act, the Comptroller General of the United States shall prepare and submit a report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Education and the Workforce of the House of Representatives on the cost of textbooks to students at institutions of higher education. The report shall particularly examine—

(1) the change of the cost of textbooks;

(2) the factors that have contributed to the change of the cost of textbooks;

(3) the extent to which open textbooks are used at institutions of higher education;

(4) the impact of open textbooks on the cost of textbooks; and

(5) how institutions are tracking the impact of open textbooks on instruction and student learning outcomes.

By Mr. ALEXANDER:

S. 1866. A bill to provide the Secretary of Education with waiver authority for the reallocation rules and authority to extend the deadline by which funds have to be reallocated in the campus-based aid programs under the Higher Education Act of 1965 due to Hurricane Harvey, Hurricane Irma, and Hurricane Maria, to provide equitable services to children and teachers in private schools, and for other purposes; considered and passed.

S. 1866

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Hurricanes Harvey, Irma, and Maria Education Relief Act of 2017''.

SEC. 2. ALLOCATION AND USE OF CAMPUS-BASED HIGHER EDUCATION ASSISTANCE.

(a) DEFINITIONS.—In this section:

(1) AFFECTED AREA.—The term ''affected area'' means an area for which the President declared a major disaster or an emergency under section 401 or 501, respectively, of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5170 and 5191) as a result of Hurricane Harvey, Hurricane Irma, Hurricane Maria, Tropical Storm Harvey, Tropical Storm Irma, or Tropical Storm Maria.

(2) AFFECTED STUDENT.—The term ''affected student'' means an individual who has applied for or received student financial assistance under title IV of the Higher Education Act of 1965 (20 U.S.C. 1070 et seq.), and who—

(A) was enrolled or accepted for enrollment on August 25, 2017, at an institution of higher education that is located in an affected area;

(B) is a dependent student who was enrolled or accepted for enrollment on August 25, 2017, at an institution of higher education that is not located in an affected area, but whose parent or parents resided or was employed on August 25, 2017, in an affected area; or

(C) suffered direct economic hardship as a direct result of Hurricane Harvey, Hurricane Irma, Hurricane Maria, Tropical Storm Harvey, Tropical Storm Irma, or Tropical Storm Maria, as determined by the Secretary.

(3) INSTITUTION OF HIGHER EDUCATION.—The term ''institution of higher education'' has the meaning given the term in section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002).

(4) SECRETARY.—The term ''Secretary'' means the Secretary of Education.

(b) WAIVERS.—

(1) WAIVER OF NON-FEDERAL SHARE REQUIREMENT.—Notwithstanding sections 413C(a)(2) and 443(b)(5) of the Higher Education Act of 1965 (20 U.S.C. 1070b–2(a)(2) and 1087–53(b)(5)), with respect to funds made available for award years 2016–2017 and 2017–2018—

(A) in the case of an institution of higher education that is located in an affected area, the Secretary shall waive the requirement that a participating institution of higher education provide a non-Federal share to match Federal funds provided to the institution for the programs authorized pursuant to subpart 3 of part A and part C of title IV of the Higher Education Act of 1965 (20 U.S.C. 1070b et seq. and 1087–51 et seq.); and

(B) in the case of an institution of higher education that is not located in an affected area but has enrolled or accepted for enrollment any affected students, the Secretary may waive the non-Federal share requirement described in subparagraph (A) after considering the institution's student population and existing resources.

(2) WAIVER OF REALLOCATION RULES.—

(A) AUTHORITY TO REALLOCATE.—Notwithstanding sections 413D(d) and 442(d) of the Higher Education Act of 1965 (20 U.S.C. 1070b–3(d) and 1087–52(d)), the Secretary shall—

(i) reallocate any funds returned under such section 413D or 442 of the Higher Education Act of 1965 that were allocated to institutions of higher education for award year 2016–2017 to an institution of higher education that is eligible under subparagraph (B); and

(ii) waive the allocation reduction for award year 2018–2019 for an institution of higher education that is eligible under subparagraph (B) returning more than 10 percent of its allocation under such section 413D or 442 of the Higher Education Act of 1965 for award year 2017–2018.

(B) INSTITUTIONS ELIGIBLE FOR REALLOCATION.—An institution of higher education is eligible under this subparagraph if the institution—

(i) participates in the program for which excess allocations are being reallocated; and

(ii)(I) is located in an affected area; or

(II) has enrolled or accepted for enrollment any affected students in award year 2017–2018.

(C) BASIS OF REALLOCATION.—The Secretary shall—

(i) determine the manner in which excess allocations will be reallocated pursuant to this paragraph; and

(ii) give preference in making reallocations to the needs of institutions of higher education located in an affected area.

(D) ADDITIONAL WAIVER AUTHORITY.—Notwithstanding any other provision of law, in order to carry out this paragraph, the Secretary may waive or modify any statutory or regulatory provision relating to the reallocation of excess allocations under subpart 3 of part A or part C of title IV of the Higher Education Act of 1965 (20 U.S.C. 1070b et seq. and 1087–51 et seq.) in order to ensure that assistance is received by institutions of higher education that are eligible under subparagraph (B).

(3) AVAILABILITY OF FUNDS DATE EXTENSION.—Notwithstanding any other provision of law—

(A) any funds available to the Secretary under sections 413A and 441 of the Higher Education Act of 1965 (20 U.S.C. 1070b and 1087–51) for which the period of availability would otherwise expire on September 30, 2017, shall be available for obligation by the Secretary until September 30, 2018, for the purposes of the programs authorized pursuant to subpart 3 of part A and part C of title IV of the Higher Education Act of 1965 (20 U.S.C. 1070b et seq. and 1087–51 et seq.); and

(B) the Secretary may recall any funds allocated to an institution of higher education for award year 2016–2017 under section 413D or 442 of the Higher Education Act of 1965 (20 U.S.C. 1070b–3 and 1087–52), that, if not returned to the Secretary as excess allocations pursuant to either of those sections, would otherwise lapse on September 30, 2017, and reallocate those funds in accordance with paragraph (2)(A).

(c) EMERGENCY REQUIREMENT.—This section is designated as an emergency requirement pursuant to section 4(g) of the Statutory Pay-As-You-Go Act of 2010 (title I of Public Law 111–139; 2 U.S.C. 933(g)).

(d) REPORT.—Not later than October 1, 2018, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Education and the Workforce of the House of Representatives information on—

(1) the total volume of assistance received by each eligible institution of higher education under subsection (b)(2); and

(2) the total volume of the non-Federal share waived for each institution of higher education under subsection (b)(1).

(e) SUNSET.—The provisions of subsection (b) shall cease to be effective on September 30, 2018.

SEC. 3. PROJECT SERV AND EQUITABLE SERVICES FOR CHILDREN AND TEACHERS IN PRIVATE SCHOOLS.

Section 8501(b)(1) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7881(b)(1)) is amended—

(1) in subparagraph (D), by striking ''and'';

(2) in subparagraph (E), by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following:

''(F) section 4631, with regard to Project SERV.''.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 268—RECOGNIZING SEPTEMBER 26, 2017, AS ''NATIONAL VOTER REGISTRATION DAY''

Ms. KLOBUCHAR (for herself and Mr. CARDIN) submitted the following resolution; which was referred to the Committee on Rules and Administration:

S. RES. 268

Whereas the right to vote is a fundamental right that—

(1) is guaranteed to the people of the United States; and

(2) constitutes the core of the democracy of the United States;

Whereas countless people of the United States have struggled to obtain and protect the right to vote;

Whereas each eligible United States citizen who would like to vote should be able to do so without encountering unnecessary barriers to the ballot box;

Whereas eligible United States citizens who are 18 years of age or older have the legal rights—

(1) to register to vote; and

(2) to vote;

Whereas the Bureau of the Census estimates that over 20 percent of eligible United States citizens are not registered to vote;

Whereas many United States citizens are not aware that they must register to vote before they may cast a ballot;

Whereas, because United States citizens must register in order to vote, many political campaigns, nonprofit organizations, religious organizations, and other groups conduct voter registration drives;

Whereas despite the efforts to register United States citizens to vote, the Pew Charitable Trusts have found that more than 60 percent of adult United States citizens have never been asked to register to vote;

Whereas, while some States allow same-day voter registration, many other States require registration as many as 30 days before the date of the election in which a person seeks to vote;

Whereas if a voter has changed names, moved, or not voted in recent elections, the voter registration of the voter must be updated;

Whereas 1 of 9 United States citizens moves each year, rendering outdated the former voter registration of the individuals who have moved;

Whereas updating voter registration ensures an easier experience at the polls on election day;

Whereas increased voter registration may lead to a higher participation rate in elections, which would strengthen the democracy of the United States; and

Whereas the many organizations and individuals who encourage voter registration and civic participation have promoted National Voter Registration Day on the fourth Tuesday of each September, which in 2017 falls on Tuesday, September 26: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes September 26, 2017, as ''National Voter Registration Day''; and

(2) encourages each voting-eligible citizen of the United States—

(A) to register to vote;

(B) to verify with the appropriate State or local election official that the name, address, and other personal information on record is current; and

(C) to go to the polls on election day and vote if the voting-eligible citizen would like to do so.

Ms. KLOBUCHAR. Mr. President, I rise to discuss my resolution, S. Res. 268, calling on the Senate to formally recognize September 26 as National Voter Registration Day.

National Voter Registration Day is a celebration of our democracy and our Nation's most fundamental right—the right to vote.

Today, thousands of volunteers and organizations in all 50 States are hitting the streets to register voters. Their goal is to create awareness about the registration process and register people who may not register on their own or don't have the time or don't know how to do it. It is really to reach out to people way ahead of an election. Last year, their hard work paid off, and more than 750,000 Americans registered to vote on National Voter Registration Day.

These volunteers understand that voting is a fundamental right, but not everyone agrees. There are still people who seem to see it as a privilege that not all eligible voters should enjoy. That is not the way we should see this.

The right to vote is clearly under attack in the United States. We have seen discriminatory voting laws spring up across the country, and those who want to prevent people from voting are making it harder and harder for people to get to the polls.

I do not see this as a partisan issue. My State last year had the highest voting rate in the country. And we have seen a number of States that do things like have same-day registration, mail-in ballots, things like that, and they tend to have higher voting rates. They are not just Democratic States or Republican States; they are Independent States. And when you look at the list, it doesn't necessarily mean that a certain party is going to win. We had Independent Governor Jesse Ventura win in our State; Governor Tim Pawlenty. But what our States share is a higher voter turnout. What does that mean? Well, it means that people have some trust in their government when they participate. Even when their candidate doesn't win and the other candidate wins, at least they know they had a say and that it mattered and that they went to the voting booth.

That is what I am talking about today because in some States, we have seen discriminatory voting laws spring up, and they have literally made it harder for people to vote. We have heard reports of problems with equipment. We had 3-hour lines in Arizona. We had 100 miles to the nearest polling station in Nevada and Utah, photo ID requirements in Wisconsin, where we now know it can really be hard to get an ID in the first place. In North Carolina, a Federal court found that the State's laws to prevent voter access—and this is a more conservative court, the Fifth Circuit—they said the voter laws had been crafted with ''surgical precision'' to discriminate against minorities.

Now we have an administration that is abandoning efforts to uphold voting rights. In many States, this is a truly bipartisan effort. The Commission on ''Election Integrity'' looks to be making it harder, rather than easier, to vote. States are reporting that some Americans are actually unregistering to vote because of the Commission's request for personal data from across the country. We have had Democratic and Republican secretaries of state band together to say this is something they don't want to do.

Taken together, these efforts to suppress the vote represent a concerted strategy to ensure that fewer people make it to the polls. This is not about one party or the other party; this is about our democracy. Our very freedoms are built upon the freedom to vote.

So what else do we see? Well, we see attacks from without on our election. I remember the Presiding Officer had an excellent quote on this matter when he said: One election, it will be one candidate in one party; and the next election, it could be the other candidate from the other party. That is why, when we look at interference from foreign governments, we must also protect the sacred right to vote, and that means everything from the amendment I have with Senator LINDSEY GRAHAM, which is now a bill, to make sure our cyber security is strengthened as we head into the 2018 election and make sure that our States have the ability to protect their own voting equipment. The reports now—I just found out that in my own State, an attempt had been made to hack it. In 21 States, we have seen attempts at hacking.

All our bill does is say: Let's help the States to shore up their equipment, to make sure they have backup paper ballots and other commonsense measures.

This bill in the House—the amendment to the National Defense Authorization Act—was carried by MARK MEADOWS, the head of the Freedom Caucus. That is right. It is a bipartisan amendment across both the House and the Senate to protect our State election equipment. Our country is stronger when everyone participates, and that is why we must protect the election equipment.

We must make it easier to vote. I have one idea: Why don't we just automatically register eligible voters when they turn 18, maybe when they get their driver's license or Social Security number. Our States have that data. They also have a way to crosscheck with criminal records and other things to make sure these are eligible voters. Wouldn't that be easier than going out and trying to get everyone to vote? It doesn't mean you have to vote, but you automatically get registered to vote, just like you get your Social Security number.

There is momentum for this idea at the State level. Last month, Illinois

became the 10th State to pass automatic voter registration. Experts project that it will result in 1 million people being added to the registration list. Estimates show that as many as 50 million eligible voters would be registered if we moved to automatic registration.

Another thing we can do to increase turnout is to allow same-day voting. In February, I introduced the Same Day Voter Registration Act, a bill that will allow people to register to vote on election day. This reduces the burden of voting and ensures that anyone who forgets to register can go up there to prove who they are and they can get registered. Fifteen States have this—not just blue States, but red States and blue States. And they always tend to be up at the top in the number of people who vote.

We need to restore Americans' confidence in our election process and our democracy, and we do that by welcoming people to vote.

A few years ago, I was fortunate enough to go with Congressman LEWIS on his yearly pilgrimage—his trip where he takes people to the site of the march to Montgomery. The weekend I got to go was actually the moment 48 years to the weekend later. The White police chief of Montgomery handed his badge to Congressman LEWIS and gave him that badge and apologized. He apologized because their police department at that time, 48 years before, had not protected the African-American marchers and those other citizens who were there marching with them.

It took 48 years, but it happened. It was an emotional trip, and it made you think about those marchers and everything they had done just to get the right to vote. You see it in other countries where people will wait in line for a day just to be able to have their say in their own government. That is really what this is about. It is about a freedom—the freedoms that are guaranteed in our Constitution. One of those is that we can all participate. As long as we make the rules, as long as we are eligible, we can all participate.

Today on National Voter Registration Day, I hope that people will join me in celebrating the work of those who are out there encouraging people to vote and, of course, get out there and register yourself so your own voice can be heard.

AMENDMENTS SUBMITTED AND PROPOSED

SA 1101. Mr. CORNYN (for Ms. COLLINS) proposed an amendment to the bill S. 1028, to provide for the establishment and maintenance of a Family Caregiving Strategy, and for other purposes.

SA 1102. Mr. CORNYN (for Ms. COLLINS) proposed an amendment to the bill S. 1028, supra.

SA 1103. Mr. CORNYN (for Mr. LEE) proposed an amendment to the resolution S. Res. 114, expressing the sense of the Senate on humanitarian crises in Nigeria, Somalia, South Sudan, and Yemen.

SA 1104. Mr. CORNYN (for Ms. HIRONO) proposed an amendment to the bill S. 504, to permanently authorize the Asia-Pacific Economic Cooperation Business Travel Card Program.

SA 1105. Mr. CORNYN (for Mr. LEE) proposed an amendment to the bill S. 1057, to amend the Harmful Algal Bloom and Hypoxia Research and Control Act of 1998 to address harmful algal blooms, and for other purposes.

TEXT OF AMENDMENTS

SA 1101. Mr. CORNYN (for Ms. COLLINS) proposed an amendment to the bill S. 1028, to provide for the establishment and maintenance of a Family Caregiving Strategy, and for other purposes; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Recognize, Assist, Include, Support, and Engage Family Caregivers Act of 2017'' or the ''RAISE Family Caregivers Act''.

SEC. 2. DEFINITIONS.

In this Act:

(1) ADVISORY COUNCIL.—The term ''Advisory Council'' means the Family Caregiving Advisory Council convened under section 4.

(2) FAMILY CAREGIVER.—The term ''family caregiver'' means an adult family member or other individual who has a significant relationship with, and who provides a broad range of assistance to, an individual with a chronic or other health condition, disability, or functional limitation.

(3) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

(4) STRATEGY.—The term ''Strategy'' means the Family Caregiving Strategy set forth under section 3.

SEC. 3. FAMILY CAREGIVING STRATEGY.

(a) IN GENERAL.—The Secretary, in consultation with the heads of other appropriate Federal agencies, shall develop jointly with the Advisory Council and submit to the Committee on Health, Education, Labor, and Pensions and the Special Committee on Aging of the Senate, the Committee on Education and the Workforce of the House of Representatives, and the State agencies responsible for carrying out family caregiver programs, and make publically available on the internet website of the Department of Health and Human Services, a Family Caregiving Strategy.

(b) CONTENTS.—The Strategy shall identify recommended actions that Federal (under existing Federal programs), State, and local governments, communities, health care providers, long-term services and supports providers, and others are taking, or may take, to recognize and support family caregivers in a manner that reflects their diverse needs, including with respect to the following:

(1) Promoting greater adoption of person- and family-centered care in all health and long-term services and supports settings, with the person receiving services and supports and the family caregiver (as appropriate) at the center of care teams.

(2) Assessment and service planning (including care transitions and coordination) involving family caregivers and care recipients.

(3) Information, education and training supports, referral, and care coordination, including with respect to hospice care, palliative care, and advance planning services.

(4) Respite options.

(5) Financial security and workplace issues.

(6) Delivering services based on the performance, mission, and purpose of a program while eliminating redundancies.

(c) DUTIES OF THE SECRETARY.—The Secretary (or the Secretary's designee), in carrying out subsection (a), shall oversee the following:

(1) Collecting and making publicly available information, submitted by the Advisory Council under section 4(d) to the Committee on Health, Education, Labor, and Pensions and the Special Committee on Aging of the Senate, the Committee on Education and the Workforce of the House of Representatives, and the State agencies responsible for carrying out family caregiver programs, and made publically available by the Secretary, including evidence-based or promising practices and innovative models (both domestic and foreign) regarding the provision of care by family caregivers or support for family caregivers.

(2) Coordinating and assessing existing Federal Government programs and activities to recognize and support family caregivers while ensuring maximum effectiveness and avoiding unnecessary duplication.

(3) Providing technical assistance, as appropriate, such as disseminating identified best practices and information sharing based on reports provided under section 4(d), to State or local efforts to support family caregivers.

(d) INITIAL STRATEGY; UPDATES.—The Secretary shall—

(1) not later than 18 months after the date of enactment of this Act, develop, publish, and submit to the Committee on Health, Education, Labor, and Pensions and the Special Committee on Aging of the Senate, the Committee on Education and the Workforce of the House of Representatives, and the State agencies responsible for carrying out family caregiver programs, an initial Strategy incorporating the items addressed in the Advisory Council's initial report under section 4(d) and other relevant information, including best practices, for recognizing and supporting family caregivers; and

(2) biennially update, republish, and submit to the Committee on Health, Education, Labor, and Pensions and the Special Committee on Aging of the Senate, the Committee on Education and the Workforce of the House of Representatives, and the State agencies responsible for carrying out family caregiver programs the Strategy, taking into account the most recent annual report submitted under section 4(d)(1)—

(A) to reflect new developments, challenges, opportunities, and solutions; and

(B) to review progress based on recommendations for recognizing and supporting family caregivers in the Strategy and, based on the results of such review, recommend priority actions for improving the implementation of such recommendations, as appropriate.

(e) PROCESS FOR PUBLIC INPUT.—The Secretary shall establish a process for public input to inform the development of, and updates to, the Strategy, including a process for the public to submit recommendations to the Advisory Council and an opportunity for public comment on the proposed Strategy.

(f) NO PREEMPTION.—Nothing in this Act preempts any authority of a State or local government to recognize or support family caregivers.

(g) RULE OF CONSTRUCTION.—Nothing in this Act shall be construed to permit the Secretary (through regulation, guidance, grant criteria, or otherwise) to—

(1) mandate, direct, or control the allocation of State or local resources;

(2) mandate the use of any of the best practices identified in the reports required under this Act; or

(3) otherwise expand the authority of the Secretary beyond that expressly provided to the Secretary in this Act.

SEC. 4. FAMILY CAREGIVING ADVISORY COUNCIL.

(a) CONVENING.—The Secretary shall convene a Family Caregiving Advisory Council to advise and provide recommendations, including identified best practices, to the Secretary on recognizing and supporting family caregivers.

(b) MEMBERSHIP.—

(1) IN GENERAL.—The members of the Advisory Council shall consist of—

(A) the appointed members under paragraph (2); and

(B) the Federal members under paragraph (3).

(2) APPOINTED MEMBERS.—In addition to the Federal members under paragraph (3), the Secretary shall appoint not more than 15 voting members of the Advisory Council who are not representatives of Federal departments or agencies and who shall include at least one representative of each of the following:

(A) Family caregivers.

(B) Older adults with long-term services and supports needs.

(C) Individuals with disabilities.

(D) Health care and social service providers.

(E) Long-term services and supports providers.

(F) Employers.

(G) Paraprofessional workers.

(H) State and local officials.

(I) Accreditation bodies.

(J) Veterans.

(K) As appropriate, other experts and advocacy organizations engaged in family caregiving.

(3) FEDERAL MEMBERS.—The Federal members of the Advisory Council, who shall be nonvoting members, shall consist of the following:

(A) The Administrator of the Centers for Medicare & Medicaid Services (or the Administrator's designee).

(B) The Administrator of the Administration for Community Living (or the Administrator's designee who has experience in both aging and disability).

(C) The Secretary of Veterans Affairs (or the Secretary's designee).

(D) The heads of other Federal departments or agencies (or their designees), including relevant departments or agencies that oversee labor and workforce, economic, government financial policies, community service, and other impacted populations, as appointed by the Secretary or the Chair of the Advisory Council.

(4) DIVERSE REPRESENTATION.—The Secretary shall ensure that the membership of the Advisory Council reflects the diversity of family caregivers and individuals receiving services and supports.

(c) MEETINGS.—The Advisory Council shall meet quarterly during the 1-year period beginning on the date of enactment of this Act and at least three times during each year thereafter. Meetings of the Advisory Council shall be open to the public.

(d) ADVISORY COUNCIL ANNUAL REPORTS.—

(1) IN GENERAL.—Not later than 12 months after the date of enactment of this Act, and annually thereafter, the Advisory Council shall submit to the Secretary, the Committee on Health, Education, Labor, and Pensions and the Special Committee on Aging of the Senate, the Committee on Education and the Workforce of the House of Representatives, and the State agencies responsible for carrying out family caregiver programs, and make publically available on the internet website of the Department of Health and Human Services, a report concerning the development, maintenance, and updating of the Strategy, including a description of the outcomes of the recommendations and any priorities included in the initial report pursuant to paragraph (2), as appropriate.

(2) INITIAL REPORT.—The Advisory Council's initial report under paragraph (1) shall include—

(A) an inventory and assessment of all federally funded efforts to recognize and support family caregivers and the outcomes of such efforts, including analyses of the extent to which federally funded efforts are reaching family caregivers and gaps in such efforts;

(B) recommendations—

(i) to improve and better coordinate Federal programs and activities to recognize and support family caregivers, as well as opportunities to improve the coordination of such Federal programs and activities with State programs; and

(ii) to effectively deliver services based on the performance, mission, and purpose of a program while eliminating redundancies, avoiding unnecessary duplication and overlap, and ensuring the needs of family caregivers are met;

(C) the identification of challenges faced by family caregivers, including financial, health, and other challenges, and existing approaches to address such challenges; and

(D) an evaluation of how family caregiving impacts the Medicare program, the Medicaid program, and other Federal programs.

(e) NONAPPLICABILITY OF FACA.—The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the Advisory Council.

SEC. 5. FUNDING.

No additional funds are authorized to be appropriated to carry out this Act. This Act shall be carried out using funds otherwise authorized. .

SEC. 6. SUNSET PROVISION.

The authority and obligations established by this Act shall terminate on the date that is 5 years after the date of enactment of this Act.

SA 1102. Mr. CORNYN (for Ms. COLLINS) proposed an amendment to the bill S. 1028, to provide for the establishment and maintenance of a Family Caregiving Strategy, and for other purposes; as follows:

Amend the title so as to read: ''A bill to provide for the establishment and maintenance of a Family Caregiving Strategy, and for other purposes.''.

SA 1103. Mr. CORNYN (for Mr. LEE) proposed an amendment to the resolution S. Res. 114, expressing the sense of the Senate on humanitarian crises in Nigeria, Somalia, South Sudan, and Yemen; as follows:

Strike all after the resolving clause and insert the following:

SECTION 1. SENSE OF THE SENATE.

It is the sense of the Senate that—

(1) an urgent and comprehensive international diplomatic effort is necessary to address obstacles in Nigeria, Somalia, South Sudan, and Yemen that are preventing humanitarian aid from being delivered to millions of people who desperately need it;

(2) the United States should encourage other governments to join in providing the resources necessary to address the humanitarian crises in Nigeria, Somalia, South Sudan, and Yemen;

(3) parties to the conflicts in Nigeria, Somalia, South Sudan, and Yemen should allow and facilitate rapid and unimpeded passage of humanitarian relief for civilians in need and respect and protect humanitarian and medical relief personnel and objects;

(4) the United States, working with international partners, should support efforts to hold accountable those responsible for deliberate restrictions on humanitarian access in Nigeria, Somalia, South Sudan, and Yemen; and

(5) the contributions of charities, non-profit organizations, religious organizations, and businesses of the United States have an important role in addressing humanitarian crises.

SEC. 2. RULE OF CONSTRUCTION.

Nothing in this resolution shall be construed as a declaration of war or authorization to use force.

SA 1104. Mr. CORNYN (for Ms. HIRONO) proposed an amendment to the bill S. 504, to permanently authorize the Asia-Pacific Economic Cooperation Business Travel Card Program; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Asia-Pacific Economic Cooperation Business Travel Cards Act of 2017''.

SEC. 2. ASIA-PACIFIC ECONOMIC COOPERATION BUSINESS TRAVEL CARDS.

(a) IN GENERAL.—Subtitle B of title IV of the Homeland Security Act of 2002 (6 U.S.C. 211 et seq.) is amended by inserting after section 417 the following:

''SEC. 418. ASIA-PACIFIC ECONOMIC COOPERATION BUSINESS TRAVEL CARDS.

''(a) IN GENERAL.—The Commissioner of U.S. Customs and Border Protection is authorized to issue an Asia-Pacific Economic Cooperation Business Travel Card (referred to in this section as an 'ABT Card') to any individual described in subsection (b).

''(b) CARD ISSUANCE.—An individual described in this subsection is an individual who—

''(1) is a citizen of the United States;

''(2) has been approved and is in good standing in an existing international trusted traveler program of the Department; and

''(3) is—

''(A) engaged in business in the Asia-Pacific region, as determined by the Commissioner of U.S. Customs and Border Protection; or

''(B) a United States Government official actively engaged in Asia-Pacific Economic Cooperation business, as determined by the Commissioner of U.S. Customs and Border Protection.

''(c) INTEGRATION WITH EXISTING TRAVEL PROGRAMS.—The Commissioner of U.S. Customs and Border Protection shall integrate application procedures for, and issuance, renewal, and revocation of, ABT Cards with existing international trusted traveler programs of the Department.

''(d) COOPERATION WITH PRIVATE ENTITIES AND NONGOVERNMENTAL ORGANIZATIONS.—In carrying out this section, the Commissioner of U.S. Customs and Border Protection may consult with appropriate private sector entities and nongovernmental organizations, including academic institutions.

''(e) FEE.—

''(1) IN GENERAL.—The Commissioner of U.S. Customs and Border Protection shall—

''(A) prescribe and collect a fee for the issuance and renewal of ABT Cards; and

''(B) adjust such fee to the extent the Commissioner determines necessary to comply with paragraph (2).

''(2) LIMITATION.—The Commissioner of U.S. Customs and Border Protection shall

ensure that the total amount of the fees collected under paragraph (1) during any fiscal year is sufficient to offset the direct and indirect costs associated with carrying out this section during such fiscal year, including the costs associated with operating and maintaining the ABT Card issuance and renewal processes.

''(3) ACCOUNT FOR COLLECTIONS.—There is established in the Treasury of the United States an 'Asia-Pacific Economic Cooperation Business Travel Card Account' into which the fees collected under paragraph (1) shall be deposited as offsetting receipts.

''(4) USE OF FUNDS.—Amounts deposited into the Asia Pacific Economic Cooperation Business Travel Card Account established under paragraph (3) shall—

''(A) be credited to the appropriate account of the U.S. Customs and Border Protection for expenses incurred in carrying out this section; and

''(B) remain available until expended.

''(f) NOTIFICATION.—The Commissioner of U.S. Customs and Border Protection shall notify the Committee on Homeland Security of the House of Representatives and the Committee on Homeland Security and Governmental Affairs of the Senate not later than 60 days after the expenditures of funds to operate and provide ABT Card services beyond the amounts collected under subsection (e)(1).

''(g) TRUSTED TRAVELER PROGRAM DEFINED.—In this section, the term 'trusted traveler program' means a voluntary program of the Department that allows U.S. Customs and Border Protection to expedite clearance of pre-approved, low-risk travelers arriving in the United States.''.

(b) CLERICAL AMENDMENT.—The table of contents in section 1(b) of the Homeland Security Act of 2002 is amended by inserting after the item relating to section 417 the following new item:

''Sec. 418. Asia-Pacific Economic Cooperation Business Travel Cards.''.

SEC. 3. ACCOUNT.

(a) IN GENERAL.—Notwithstanding the repeal of the Asia-Pacific Economic Cooperation Business Travel Cards Act of 2011 (Public Law 112–54; 8 U.S.C. 1185 note) pursuant to section 4(b)(1), amounts deposited into the APEC Business Travel Card Account established pursuant to such Act as of the date of the enactment of this Act are hereby transferred to the Asia-Pacific Economic Cooperation Business Travel Card Account established pursuant to section 418(e) of the Homeland Security Act of 2002 (as added by section 2(a) of this Act), and shall be available without regard to whether such amounts are expended in connection with expenses incurred with respect to an ABT Card issued at any time before or after such date of enactment.

(b) AVAILABILITY.—Amounts deposited in the Asia-Pacific Economic Cooperation Business Travel Card Account established pursuant to section 418(e) of the Homeland Security Act of 2002, in addition to the purposes for which such amounts are available pursuant to such subsection, shall also be available for expenditure in connection with expenses incurred with respect to ABT Cards issued at any time before the date of the enactment of such section.

(c) TERMINATION.—After the completion of the transfer described in subsection (a), the Asia-Pacific Economic Cooperation Business Travel Card Account established pursuant to the Asia-Pacific Economic Cooperation Business Travel Cards Act of 2011 shall be closed.

SEC. 4. CONFORMING AMENDMENTS AND REPEAL.

(a) CONFORMING AMENDMENTS.—Section 411(c) of section 411 of the Homeland Security Act of 2002 (6 U.S.C. 211(c)) is amended—

(1) in paragraph (17), by striking ''and'' at the end;

(2) by redesignating paragraph (18) as paragraph (19); and

(3) by inserting after paragraph (17) the following:

''(18) carry out section 418, relating to the issuance of Asia-Pacific Economic Cooperation Business Travel Cards; and''.

(b) REPEAL.—

(1) IN GENERAL.—The Asia-Pacific Economic Cooperation Business Travel Cards Act of 2011 (Public Law 112–54; 8 U.S.C. 1185 note) is repealed.

(2) SAVING CLAUSE.—Notwithstanding the repeal under paragraph (1), an ABT Card issued pursuant to the Asia-Pacific Economic Cooperation Business Travel Cards Act of 2011 before the date of the enactment of this Act that, as of such date, is still valid, shall remain valid on and after such date until such time as such Card would otherwise expire.

SA 1105. Mr. CORNYN (for Mr. LEE) proposed an amendment to the bill S. 1057, to amend the Harmful Algal Bloom and Hypoxia Research and Control Act of 1998 to address harmful algal blooms, and for other purposes; as follows:

Beginning on page 10, strike line 4 and all that follows through page 12, line 15 and insert the following:

SEC. 7. HYPOXIA OR HARMFUL ALGAL BLOOM OF NATIONAL SIGNIFICANCE.

(a) RELIEF.—

(1) IN GENERAL.—Upon a determination under subsection (b) that there is an event of national significance, the appropriate Federal official is authorized to make sums available to the affected State or local government for the purposes of assessing and mitigating the detrimental environmental, economic, subsistence use, and public health effects of the event of national significance.

(2) FEDERAL SHARE.—The Federal share of the cost of any activity carried out under this subsection for the purposes described in paragraph (1) may not exceed 50 percent of the cost of that activity.

(3) DONATIONS.—Notwithstanding any other provision of law, an appropriate Federal official may accept donations of funds, services, facilities, materials, or equipment that the appropriate Federal official considers necessary for the purposes described in paragraph (1). Any funds donated to an appropriate Federal official under this paragraph may be expended without further appropriation and without fiscal year limitation.

(b) DETERMINATIONS.—

(1) IN GENERAL.—At the discretion of an appropriate Federal official, or at the request of the Governor of an affected State, an appropriate Federal official shall determine whether a hypoxia or harmful algal bloom event is an event of national significance.

(2) CONSIDERATIONS.—In making a determination under paragraph (1), the appropriate Federal official shall consider the toxicity of the harmful algal bloom, the severity of the hypoxia, its potential to spread, the economic impact, the relative size in relation to the past 5 occurrences of harmful algal blooms or hypoxia events that occur on a recurrent or annual basis, and the geographic scope, including the potential to affect several municipalities, to affect more than 1 State, or to cross an international boundary.

(c) DEFINITIONS.—In this section:

(1) APPROPRIATE FEDERAL OFFICIAL.—The term ''appropriate Federal official'' means—

(A) in the case of a marine or coastal hypoxia or harmful algal bloom event, the Under Secretary of Commerce for Oceans and Atmosphere; and

(B) in the case of a freshwater hypoxia or harmful algal bloom event, the Administrator of the Environmental Protection Agency.

(2) EVENT OF NATIONAL SIGNIFICANCE.—The term ''event of national significance'' means a hypoxia or harmful algal bloom event that has had or will likely have a significant detrimental environmental, economic, subsistence use, or public health impact on an affected State.

(3) HYPOXIA OR HARMFUL ALGAL BLOOM EVENT.—The term ''hypoxia or harmful algal bloom event'' means the occurrence of hypoxia or a harmful algal bloom as a result of a natural, anthropogenic, or undetermined cause.

AUTHORITY FOR COMMITTEES TO MEET

Mr. FLAKE. Mr. President, I have 8 requests for committees to meet during today's session of the Senate. They have the approval of the Majority and Minority leaders.

Pursuant to rule XXVI, paragraph 5(a), of the Standing Rules of the Senate, the following committees are authorized to meet during today's session of the Senate:

COMMITTEE ON ARMED SERVICES

The Committee on Armed Services is authorized to meet during the session of the Senate on Tuesday, September 26, 2017, at 10 a.m., in open session to consider the nomination of:

COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS

The Committee on Banking, Housing, and Urban Affairs is authorized to meet during the session of the Senate on Tuesday, September 26, 2017, at 10 a.m. to conduct a hearing entitled, ''Oversight of the U.S. Securities and Exchange Commission.''

COMMITTEE ON ENERGY AND NATURAL RESOURCES

The Senate Committee on Energy and Natural Resources is authorized to meet during the session of the Senate in order to hold a hearing on Tuesday, September 26, 2017, at 10 a.m. in Room 366 of the Dirksen Senate Office Building in Washington, DC.

COMMITTEE ON FOREIGN RELATIONS

The Committee on Foreign Relations is authorized to meet during the session of the Senate on Tuesday, September 26, 2017 at 10:30 a.m., to hold a business meeting.

COMMITTEE ON FOREIGN RELATIONS

The Committee on Foreign Relations is authorized to meet during the session of the Senate on Tuesday, September 26, 2017 at 10:45 a.m., to hold a hearing entitled, ''Managing Security Assistance to Support Foreign Policy.''

COMMITTEE ON THE JUDICIARY

The Committee on the Judiciary is authorized to meet during the session of the Senate, on September 26, 2017 at 10 a.m., in room SD–226 of the Dirksen Senate Office Building, to conduct a hearing entitled, ''Special Counsels and the Separation of Powers.''

COMMITTEE ON INTELLIGENCE

The Senate Select Committee on Intelligence is authorized to meet during

the session of the 115th Congress of the U.S. Senate on Tuesday, September 26, 2017 from 2 p.m., in room SH–219 of the Senate Hart Office Building to hold a Closed Member Roundtable.

COMMITTEE ON CONSUMER PROTECTION, PRODUCT SAFETY, INSURANCE, AND DATA SECURITY

The Committee on Commerce, Science, and Transportation is authorized to hold a meeting during the session of the Senate on Tuesday, September 26, 2017, at 2:30 p.m. in room 253 of the Russell Senate Office Building.

The Committee will hold Subcommittee Hearing on ''FTC Stakeholder Perspectives: Reform Proposals to Improve Fairness, Innovation and Consumer Welfare.''

HURRICANES HARVEY, IRMA, AND MARIA EDUCATION RELIEF ACT OF 2017

Mr. CORNYN. Mr. President, I would like to address a bill that was actually recommended to me by the chairman of the Health, Education, Labor, and Pensions Committee, Senator ALEXANDER. I appreciate his bringing this matter to my attention. I will explain what it does in a moment.

Basically, it deals with the educational impact of hurricanes on our population, whether they be in Texas, whether they be in Florida, or whether they be in Puerto Rico. I think it is important, as the Presiding Officer knows in his having been to Puerto Rico recently, that we deal with all of these hurricanes and their aftermaths in a similar and combined and joint fashion.

This legislation is called the Hurricanes Harvey, Irma, and Maria Education Relief Act of 2017, and it has three vital hurricane relief-related purposes.

First, it provides the Secretary of Education with the authority to waive Federal matching requirements for two campus-based aid programs under the Higher Education Act. First is the Federal Supplemental Educational Opportunity Grant Program. Second is the Federal Work-Study Program. Notably, in my State, 18 campuses of higher education will be eligible for the waiver of Federal matching requirements. If not passed before September 30, which is on Saturday, if I am not mistaken, these matching funds will no longer be available. So this is a rare window of opportunity for us. As I said, this waiver of authority and relief was also done following Hurricanes Katrina, Rita, and Sandy, I believe.

No. 2, the bill requires the Secretary to reallocate any remaining supplemental educational opportunity grant or Federal work study funds from the 2016 and 2017 award years to colleges and universities located in hurricane-impacted areas. Currently, this second amount totals $17.5 million, and if it is not used by the end of September, like these matching funds, it will no longer be available. These funds provide financial aid to students who have been harmed by the hurricanes at those schools.

Finally, the third thing this bill will do is restore the equitable distribution to all schools in the Project School Emergency Response to Violence Program.

These grants go to schools to assist recovery following a crisis. They can be used for a wide variety of activities, including mental health assessments, emergency transportation needs, and increased costs for teacher overtime. My State alone can be expected to submit applications for this funding next week, and over 14,000 campuses would be eligible. Obviously, given the limited funds, not all of them will receive the maximum they could, but the point is, this is a widely needed and important source of funds for those 14,000 campuses in Texas alone. Previously, Louisiana, New Jersey, New York, and Connecticut all received these funds after Katrina and Sandy.

Colleagues, Congress needs to act or we will forgo our opportunity to use all three categories of these funds since, as I said, the time expires next Saturday.

When so many people in my home State of Texas and States such as Louisiana and Florida and places such as Puerto Rico are dealing with the aftermath of devastating hurricanes, we cannot allow this opportunity to go to waste.

Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. 1866, introduced earlier today.

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

The senior assistant legislative clerk read as follows:

A bill (S. 1866) to provide the Secretary of Education with waiver authority for the reallocation rules and authority to extend the deadline by which funds have to be reallocated in the campus-based aid programs under the Higher Education Act of 1965 due to Hurricane Harvey, Hurricane Irma, and Hurricane Maria, to provide equitable services to children and teachers in private schools, and for other purposes.

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

Mr. CORNYN. Mr. President, I ask unanimous consent that the bill be considered read a third time and passed and the motion to reconsider be considered made and laid upon the table.

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

The bill (S. 1866) was ordered to be engrossed for a third reading, was read the third time, and passed, as follows:

S. 1866

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Hurricanes Harvey, Irma, and Maria Education Relief Act of 2017''.

SEC. 2. ALLOCATION AND USE OF CAMPUS-BASED HIGHER EDUCATION ASSISTANCE.

(a) DEFINITIONS.—In this section:

(1) AFFECTED AREA.—The term ''affected area'' means an area for which the President declared a major disaster or an emergency under section 401 or 501, respectively, of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5170 and 5191) as a result of Hurricane Harvey, Hurricane Irma, Hurricane Maria, Tropical Storm Harvey, Tropical Storm Irma, or Tropical Storm Maria.

(2) AFFECTED STUDENT.—The term ''affected student'' means an individual who has applied for or received student financial assistance under title IV of the Higher Education Act of 1965 (20 U.S.C. 1070 et seq.), and who—

(A) was enrolled or accepted for enrollment on August 25, 2017, at an institution of higher education that is located in an affected area;

(B) is a dependent student who was enrolled or accepted for enrollment on August 25, 2017, at an institution of higher education that is not located in an affected area, but whose parent or parents resided or was employed on August 25, 2017, in an affected area; or

(C) suffered direct economic hardship as a direct result of Hurricane Harvey, Hurricane Irma, Hurricane Maria, Tropical Storm Harvey, Tropical Storm Irma, or Tropical Storm Maria, as determined by the Secretary.

(3) INSTITUTION OF HIGHER EDUCATION.—The term ''institution of higher education'' has the meaning given the term in section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002).

(4) SECRETARY.—The term ''Secretary'' means the Secretary of Education.

(b) WAIVERS.—

(1) WAIVER OF NON-FEDERAL SHARE REQUIREMENT.—Notwithstanding sections 413C(a)(2) and 443(b)(5) of the Higher Education Act of 1965 (20 U.S.C. 1070b–2(a)(2) and 1087–53(b)(5)), with respect to funds made available for award years 2016–2017 and 2017–2018—

(A) in the case of an institution of higher education that is located in an affected area, the Secretary shall waive the requirement that a participating institution of higher education provide a non-Federal share to match Federal funds provided to the institution for the programs authorized pursuant to subpart 3 of part A and part C of title IV of the Higher Education Act of 1965 (20 U.S.C. 1070b et seq. and 1087–51 et seq.); and

(B) in the case of an institution of higher education that is not located in an affected area but has enrolled or accepted for enrollment any affected students, the Secretary may waive the non-Federal share requirement described in subparagraph (A) after considering the institution's student population and existing resources.

(2) WAIVER OF REALLOCATION RULES.—

(A) AUTHORITY TO REALLOCATE.—Notwithstanding sections 413D(d) and 442(d) of the Higher Education Act of 1965 (20 U.S.C. 1070b–3(d) and 1087–52(d)), the Secretary shall—

(i) reallocate any funds returned under such section 413D or 442 of the Higher Education Act of 1965 that were allocated to institutions of higher education for award year 2016–2017 to an institution of higher education that is eligible under subparagraph (B); and

(ii) waive the allocation reduction for award year 2018–2019 for an institution of higher education that is eligible under subparagraph (B) returning more than 10 percent of its allocation under such section 413D or 442 of the Higher Education Act of 1965 for award year 2017–2018.

(B) INSTITUTIONS ELIGIBLE FOR REALLOCATION.—An institution of higher education is eligible under this subparagraph if the institution—

(i) participates in the program for which excess allocations are being reallocated; and

(ii)(I) is located in an affected area; or

(II) has enrolled or accepted for enrollment any affected students in award year 2017–2018.

(C) BASIS OF REALLOCATION.—The Secretary shall—

(i) determine the manner in which excess allocations will be reallocated pursuant to this paragraph; and

(ii) give preference in making reallocations to the needs of institutions of higher education located in an affected area.

(D) ADDITIONAL WAIVER AUTHORITY.—Notwithstanding any other provision of law, in order to carry out this paragraph, the Secretary may waive or modify any statutory or regulatory provision relating to the reallocation of excess allocations under subpart 3 of part A or part C of title IV of the Higher Education Act of 1965 (20 U.S.C. 1070b et seq. and 1087–51 et seq.) in order to ensure that assistance is received by institutions of higher education that are eligible under subparagraph (B).

(3) AVAILABILITY OF FUNDS DATE EXTENSION.—Notwithstanding any other provision of law—

(A) any funds available to the Secretary under sections 413A and 441 of the Higher Education Act of 1965 (20 U.S.C. 1070b and 1087–51) for which the period of availability would otherwise expire on September 30, 2017, shall be available for obligation by the Secretary until September 30, 2018, for the purposes of the programs authorized pursuant to subpart 3 of part A and part C of title IV of the Higher Education Act of 1965 (20 U.S.C. 1070b et seq. and 1087–51 et seq.); and

(B) the Secretary may recall any funds allocated to an institution of higher education for award year 2016–2017 under section 413D or 442 of the Higher Education Act of 1965 (20 U.S.C. 1070b–3 and 1087–52), that, if not returned to the Secretary as excess allocations pursuant to either of those sections, would otherwise lapse on September 30, 2017, and reallocate those funds in accordance with paragraph (2)(A).

(c) EMERGENCY REQUIREMENT.—This section is designated as an emergency requirement pursuant to section 4(g) of the Statutory Pay-As-You-Go Act of 2010 (title I of Public Law 111–139; 2 U.S.C. 933(g)).

(d) REPORT.—Not later than October 1, 2018, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Education and the Workforce of the House of Representatives information on—

(1) the total volume of assistance received by each eligible institution of higher education under subsection (b)(2); and

(2) the total volume of the non-Federal share waived for each institution of higher education under subsection (b)(1).

(e) SUNSET.—The provisions of subsection (b) shall cease to be effective on September 30, 2018.

SEC. 3. PROJECT SERV AND EQUITABLE SERVICES FOR CHILDREN AND TEACHERS IN PRIVATE SCHOOLS.

Section 8501(b)(1) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7881(b)(1)) is amended—

(1) in subparagraph (D), by striking ''and'';

(2) in subparagraph (E), by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following:

''(F) section 4631, with regard to Project SERV.''.

RAISE FAMILY CAREGIVERS ACT

Mr. CORNYN. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 78, S. 1028.

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

The bill clerk read as follows:

A bill (S. 1028) to provide for the establishment and maintenance of a National Family Caregiving Strategy, and for other purposes.

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

Mr. CORNYN. I ask unanimous consent that the Collins substitute amendment, which is at the desk, be agreed to; that the bill, as amended, be considered read a third time and passed; that the Collins title amendment, which is at the desk, be agreed to; and that the motions to reconsider be considered made and laid upon the table.

The amendment (No. 1101) in the nature of a substitute was agreed to.

(The amendment is printed in today's RECORD under ''Text of Amendments.'')

The bill (S. 1028), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

The amendment (No. 1102) was agreed to, as follows:

(Purpose: To amend the title)

Amend the title so as to read: ''A bill to provide for the establishment and maintenance of a Family Caregiving Strategy, and for other purposes.''.

EXPRESSING THE SENSE OF THE SENATE ON HUMANITARIAN CRISES IN NIGERIA, SOMALIA, SOUTH SUDAN, AND YEMEN

Mr. CORNYN. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of Calendar No. 115, S. Res. 114.

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

The bill clerk read as follows:

A resolution (S. Res. 114) expressing the sense of the Senate on humanitarian crises in Nigeria, Somalia, South Sudan, and Yemen.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Foreign Relations, with an amendment to strike all after the resolving clause and insert the part printed in italic, and with an amendment to strike the preamble and insert the part printed in italic, as follows:

Whereas Nigeria, Somalia, South Sudan, and Yemen are all in famine, pre-famine, or at risk of famine in 2017;

Whereas, according to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), 20,000,000 people are at risk of starvation this year in Nigeria, Somalia, South Sudan, and Yemen;

Whereas, on March 22, 2017, Mr. Yves Daccord, the Director-General of the International Committee of the Red Cross, testified before Congress that the crisis represents ''one of the most critical humanitarian issues to face mankind since the end of the Second World War'' and warned that ''we are at the brink of a humanitarian mega-crisis unprecedented in recent history'';

Whereas, according to the United States Agency for International Development (USAID), ''[m]ore than 5.1 million people face severe food insecurity in northeastern Nigeria'';

Whereas, according to USAID, ''An estimated 6.2 million people—more than half of Somalia's total population—currently require urgent humanitarian assistance.'';

Whereas, according to USAID, ''An estimated 5.5 million people—nearly half of South Sudan's population—will face life threatening hunger by July.'';

Whereas, according to USAID, in Yemen, ''More than seventeen million people—an astounding 60% of the country's population—are food insecure, including seven million people who are unable to survive without food assistance.'';

Whereas, according to the United Nations Children's Fund (UNICEF), ''[s]ome 22 million children have been left hungry, sick, displaced and out of school in the four countries'' and ''Nearly 1.4 million are at imminent risk of death this year from severe malnutrition.'';

Whereas the humanitarian crises in each of these regions are, to varying degrees, man-made and preventable—exacerbated by armed conflict and deliberate restrictions on humanitarian access;

Whereas parties to the conflicts, including even some government forces, have harassed, attacked, and killed humanitarian workers, blocked and hindered humanitarian access, and continue to deprive the world's most hungry people of the food they need;

Whereas humanitarian actors, coordinated by OCHA, have appealed for $5,600,000,000 in 2017 to address famines in Yemen, South Sudan, Nigeria, and Somalia; and

Whereas Mr. Daccord testified before Congress on March 22, 2017, ''Our main message is clear: immediate, decisive action is needed to prevent vast numbers of people starving to death.'': Now, therefore, be it

Resolved,

That it is the sense of the Senate that—

(1) the United States should lead an urgent and comprehensive international diplomatic effort to address obstacles in Nigeria, Somalia, South Sudan, and Yemen that are preventing humanitarian aid from being delivered to millions of people who desperately need it;

(2) the United States should encourage other governments to join the United States in providing the resources necessary to address the humanitarian crises in Nigeria, Somalia, South Sudan, and Yemen;

(3) parties to the conflicts in Nigeria, Somalia, South Sudan, and Yemen should allow and facilitate rapid and unimpeded passage of humanitarian relief for civilians in need and respect and protect humanitarian and medical relief personnel and objects; and

(4) the United States, working with international partners, should support efforts to hold accountable those responsible for deliberate restrictions on humanitarian access in Nigeria, Somalia, South Sudan, and Yemen.

Mr. CORNYN. I ask unanimous consent that the committee amendment to the resolution be withdrawn; the Lee amendment at the desk be agreed to; the resolution, as amended, be agreed to; the amendment to the preamble be agreed to; the preamble, as amended, be agreed to; and the motions to reconsider be considered made and laid upon the table.

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

The committee-reported amendment in the nature of a substitute to the resolution was withdrawn.

The amendment (No. 1103) in the nature of a substitute was agreed to, as follows:

(Purpose: To recognize that charities, nonprofit organizations, religious organizations, and businesses of the United States have an important role in addressing humanitarian crises)

Strike all after the resolving clause and insert the following:

SECTION 1. SENSE OF THE SENATE.

It is the sense of the Senate that—

(1) an urgent and comprehensive international diplomatic effort is necessary to address obstacles in Nigeria, Somalia, South Sudan, and Yemen that are preventing humanitarian aid from being delivered to millions of people who desperately need it;

(2) the United States should encourage other governments to join in providing the resources necessary to address the humanitarian crises in Nigeria, Somalia, South Sudan, and Yemen;

(3) parties to the conflicts in Nigeria, Somalia, South Sudan, and Yemen should allow and facilitate rapid and unimpeded passage of humanitarian relief for civilians in need and respect and protect humanitarian and medical relief personnel and objects;

(4) the United States, working with international partners, should support efforts to hold accountable those responsible for deliberate restrictions on humanitarian access in Nigeria, Somalia, South Sudan, and Yemen; and

(5) the contributions of charities, non-profit organizations, religious organizations, and businesses of the United States have an important role in addressing humanitarian crises.

SEC. 2. RULE OF CONSTRUCTION.

Nothing in this resolution shall be construed as a declaration of war or authorization to use force.

The resolution (S. Res. 114), as amended, was agreed to.

The committee-reported amendment in the nature of a substitute to the preamble was agreed to.

The preamble, as amended, was agreed to.

The resolution, as amended, with its preamble, as amended, reads as follows:

S. RES. 114

Whereas Nigeria, Somalia, South Sudan, and Yemen are all in famine, pre-famine, or at risk of famine in 2017;

Whereas, according to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), 20,000,000 people are at risk of starvation this year in Nigeria, Somalia, South Sudan, and Yemen;

Whereas, on March 22, 2017, Mr. Yves Daccord, the Director-General of the International Committee of the Red Cross, testified before Congress that the crisis represents ''one of the most critical humanitarian issues to face mankind since the end of the Second World War'' and warned that ''we are at the brink of a humanitarian mega-crisis unprecedented in recent history'';

Whereas, according to the United States Agency for International Development (USAID), ''[m]ore than 5.1 million people face severe food insecurity in northeastern Nigeria'';

Whereas, according to USAID, ''An estimated 6.2 million people—more than half of Somalia's total population—currently require urgent humanitarian assistance.'';

Whereas, according to USAID, ''An estimated 5.5 million people—nearly half of South Sudan's population—will face life threatening hunger by July.'';

Whereas, according to USAID, in Yemen, ''More than seventeen million people—an astounding 60% of the country's population—are food insecure, including seven million people who are unable to survive without food assistance.'';

Whereas, according to the United Nations Children's Fund (UNICEF), ''[s]ome 22 million children have been left hungry, sick, displaced and out of school in the four countries'' and ''Nearly 1.4 million are at imminent risk of death this year from severe malnutrition.'';

Whereas the humanitarian crises in each of these regions are, to varying degrees, man-made and preventable—exacerbated by armed conflict and deliberate restrictions on humanitarian access;

Whereas parties to the conflicts, including even some government forces, have harassed, attacked, and killed humanitarian workers, blocked and hindered humanitarian access, and continue to deprive the world's most hungry people of the food they need;

Whereas humanitarian actors, coordinated by OCHA, have appealed for $5,600,000,000 in 2017 to address famines in Yemen, South Sudan, Nigeria, and Somalia; and

Whereas Mr. Daccord testified before Congress on March 22, 2017, ''Our main message is clear: immediate, decisive action is needed to prevent vast numbers of people starving to death.'': Now, therefore, be it

Resolved,

SECTION 1. SENSE OF THE SENATE.

It is the sense of the Senate that—

(1) an urgent and comprehensive international diplomatic effort is necessary to address obstacles in Nigeria, Somalia, South Sudan, and Yemen that are preventing humanitarian aid from being delivered to millions of people who desperately need it;

(2) the United States should encourage other governments to join in providing the resources necessary to address the humanitarian crises in Nigeria, Somalia, South Sudan, and Yemen;

(3) parties to the conflicts in Nigeria, Somalia, South Sudan, and Yemen should allow and facilitate rapid and unimpeded passage of humanitarian relief for civilians in need and respect and protect humanitarian and medical relief personnel and objects;

(4) the United States, working with international partners, should support efforts to hold accountable those responsible for deliberate restrictions on humanitarian access in Nigeria, Somalia, South Sudan, and Yemen; and

(5) the contributions of charities, non-profit organizations, religious organizations, and businesses of the United States have an important role in addressing humanitarian crises.

SEC. 2. RULE OF CONSTRUCTION.

Nothing in this resolution shall be construed as a declaration of war or authorization to use force.

APEC BUSINESS TRAVEL CARDS REAUTHORIZATION ACT OF 2017

Mr. CORNYN. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar 190, S. 504.

The PRESIDING OFFICER (Mr. DAINES). The clerk will report the bill by title.

The bill clerk read as follows:

A bill (S. 504) to permanently authorize the Asia-Pacific Economic Cooperation Business Travel Card Program.

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

Mr. CORNYN. Mr. President, I ask unanimous consent that the Hirono substitute amendment, which is at the desk, be agreed to; that the bill, as amended, be read a third time and passed; and that the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

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

The amendment (No. 1104) in the nature of a substitute was agreed to, as follows:

(Purpose: In the nature of a substitute)

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Asia-Pacific Economic Cooperation Business Travel Cards Act of 2017''.

SEC. 2. ASIA-PACIFIC ECONOMIC COOPERATION BUSINESS TRAVEL CARDS.

(a) IN GENERAL.—Subtitle B of title IV of the Homeland Security Act of 2002 (6 U.S.C. 211 et seq.) is amended by inserting after section 417 the following:

''SEC. 418. ASIA-PACIFIC ECONOMIC COOPERATION BUSINESS TRAVEL CARDS.

''(a) IN GENERAL.—The Commissioner of U.S. Customs and Border Protection is authorized to issue an Asia-Pacific Economic Cooperation Business Travel Card (referred to in this section as an 'ABT Card') to any individual described in subsection (b).

''(b) CARD ISSUANCE.—An individual described in this subsection is an individual who—

''(1) is a citizen of the United States;

''(2) has been approved and is in good standing in an existing international trusted traveler program of the Department; and

''(3) is—

''(A) engaged in business in the Asia-Pacific region, as determined by the Commissioner of U.S. Customs and Border Protection; or

''(B) a United States Government official actively engaged in Asia-Pacific Economic Cooperation business, as determined by the Commissioner of U.S. Customs and Border Protection.

''(c) INTEGRATION WITH EXISTING TRAVEL PROGRAMS.—The Commissioner of U.S. Customs and Border Protection shall integrate application procedures for, and issuance, renewal, and revocation of, ABT Cards with existing international trusted traveler programs of the Department.

''(d) COOPERATION WITH PRIVATE ENTITIES AND NONGOVERNMENTAL ORGANIZATIONS.—In carrying out this section, the Commissioner of U.S. Customs and Border Protection may consult with appropriate private sector entities and nongovernmental organizations, including academic institutions.

''(e) FEE.—

''(1) IN GENERAL.—The Commissioner of U.S. Customs and Border Protection shall—

''(A) prescribe and collect a fee for the issuance and renewal of ABT Cards; and

''(B) adjust such fee to the extent the Commissioner determines necessary to comply with paragraph (2).

''(2) LIMITATION.—The Commissioner of U.S. Customs and Border Protection shall ensure that the total amount of the fees collected under paragraph (1) during any fiscal year is sufficient to offset the direct and indirect costs associated with carrying out this section during such fiscal year, including the costs associated with operating and maintaining the ABT Card issuance and renewal processes.

''(3) ACCOUNT FOR COLLECTIONS.—There is established in the Treasury of the United States an 'Asia-Pacific Economic Cooperation Business Travel Card Account' into which the fees collected under paragraph (1) shall be deposited as offsetting receipts.

''(4) USE OF FUNDS.—Amounts deposited into the Asia Pacific Economic Cooperation Business Travel Card Account established under paragraph (3) shall—

''(A) be credited to the appropriate account of the U.S. Customs and Border Protection for expenses incurred in carrying out this section; and

''(B) remain available until expended.

''(f) NOTIFICATION.—The Commissioner of U.S. Customs and Border Protection shall notify the Committee on Homeland Security of the House of Representatives and the Committee on Homeland Security and Governmental Affairs of the Senate not later

than 60 days after the expenditures of funds to operate and provide ABT Card services beyond the amounts collected under subsection (e)(1).

''(g) TRUSTED TRAVELER PROGRAM DEFINED.—In this section, the term 'trusted traveler program' means a voluntary program of the Department that allows U.S. Customs and Border Protection to expedite clearance of pre-approved, low-risk travelers arriving in the United States.''.

(b) CLERICAL AMENDMENT.—The table of contents in section 1(b) of the Homeland Security Act of 2002 is amended by inserting after the item relating to section 417 the following new item:

''Sec. 418. Asia-Pacific Economic Cooperation Business Travel Cards.''.

SEC. 3. ACCOUNT.

(a) IN GENERAL.—Notwithstanding the repeal of the Asia-Pacific Economic Cooperation Business Travel Cards Act of 2011 (Public Law 112–54; 8 U.S.C. 1185 note) pursuant to section 4(b)(1), amounts deposited into the APEC Business Travel Card Account established pursuant to such Act as of the date of the enactment of this Act are hereby transferred to the Asia-Pacific Economic Cooperation Business Travel Card Account established pursuant to section 418(e) of the Homeland Security Act of 2002 (as added by section 2(a) of this Act), and shall be available without regard to whether such amounts are expended in connection with expenses incurred with respect to an ABT Card issued at any time before or after such date of enactment.

(b) AVAILABILITY.—Amounts deposited in the Asia-Pacific Economic Cooperation Business Travel Card Account established pursuant to section 418(e) of the Homeland Security Act of 2002, in addition to the purposes for which such amounts are available pursuant to such subsection, shall also be available for expenditure in connection with expenses incurred with respect to ABT Cards issued at any time before the date of the enactment of such section.

(c) TERMINATION.—After the completion of the transfer described in subsection (a), the Asia-Pacific Economic Cooperation Business Travel Card Account established pursuant to the Asia-Pacific Economic Cooperation Business Travel Cards Act of 2011 shall be closed.

SEC. 4. CONFORMING AMENDMENTS AND REPEAL.

(a) CONFORMING AMENDMENTS.—Section 411(c) of section 411 of the Homeland Security Act of 2002 (6 U.S.C. 211(c)) is amended—

(1) in paragraph (17), by striking ''and'' at the end;

(2) by redesignating paragraph (18) as paragraph (19); and

(3) by inserting after paragraph (17) the following:

''(18) carry out section 418, relating to the issuance of Asia-Pacific Economic Cooperation Business Travel Cards; and''.

(b) REPEAL.—

(1) IN GENERAL.—The Asia-Pacific Economic Cooperation Business Travel Cards Act of 2011 (Public Law 112–54; 8 U.S.C. 1185 note) is repealed.

(2) SAVING CLAUSE.—Notwithstanding the repeal under paragraph (1), an ABT Card issued pursuant to the Asia-Pacific Economic Cooperation Business Travel Cards Act of 2011 before the date of the enactment of this Act that, as of such date, is still valid, shall remain valid on and after such date until such time as such Card would otherwise expire.

The bill (S. 504), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

HARMFUL ALGAL BLOOM AND HYPOXIA RESEARCH AND CONTROL AMENDMENTS ACT OF 2017

Mr. CORNYN. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 205, S. 1057.

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

The bill clerk read as follows:

A bill (S. 1057) to amend the Harmful Algal Bloom and Hypoxia Research and Control Act of 1998 to address harmful algal blooms, and for other purposes.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Commerce, Science, and Transportation, with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Harmful Algal Bloom and Hypoxia Research and Control Amendments Act of 2017''.

SEC. 2. REFERENCES TO THE HARMFUL ALGAL BLOOM AND HYPOXIA RESEARCH AND CONTROL ACT OF 1998.

Except as otherwise expressly provided, wherever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Harmful Algal Bloom and Hypoxia Research and Control Act of 1998 (33 U.S.C. 4001 et seq.).

SEC. 3. INTER-AGENCY TASK FORCE.

Section 603(a) (33 U.S.C. 4001(a)) is amended—

(1) in paragraph (12), by striking ''and'' at the end;

(2) by redesignating paragraph (13) as paragraph (14); and

(3) by inserting after paragraph (12) the following:

''(13) the Army Corps of Engineers; and''.

SEC. 4. SCIENTIFIC ASSESSMENTS OF FRESHWATER HARMFUL ALGAL BLOOMS.

Section 603 (33 U.S.C. 4001) is amended—

(1) by striking subsection (f);

(2) by redesignating subsections (g), (h), (i), and (j) as subsections (f), (g), (h), and (i), respectively; and

(3) by amending subsection (g) to read as follows:

''(g) SCIENTIFIC ASSESSMENTS OF MARINE AND FRESHWATER HARMFUL ALGAL BLOOMS.—Not less than once every 5 years the Task Force shall complete and submit to Congress a scientific assessment of harmful algal blooms in United States coastal waters and freshwater systems. Each assessment shall examine both marine and freshwater harmful algal blooms, including those in the Great Lakes and upper reaches of estuaries, those in freshwater lakes and rivers, and those that originate in freshwater lakes or rivers and migrate to coastal waters.''.

SEC. 5. NATIONAL HARMFUL ALGAL BLOOM AND HYPOXIA PROGRAM.

(a) PROGRAM DUTIES.—Section 603A(e) (33 U.S.C. 4002(e)) is amended—

(1) in paragraph (1), by inserting '', including to local and regional stakeholders through the establishment and maintenance of a publicly accessible Internet website that provides information as to Program activities completed under this section'' after ''Program'';

(2) in paragraph (3)—

(A) in subparagraph (B), by striking ''; and'' and inserting a semicolon;

(B) in subparagraph (C), by inserting ''and'' after the semicolon at the end; and

(C) by adding at the end the following:

''(D) to accelerate the utilization of effective methods of intervention and mitigation to reduce the frequency, severity, and impacts of harmful algal bloom and hypoxia events;'';

(3) in paragraph (4), by striking ''and work cooperatively with'' and inserting '', and work cooperatively to provide technical assistance to,''; and

(4) in paragraph (7)—

(A) by inserting ''and extension'' after ''existing education''; and

(B) by inserting ''intervention,'' after ''awareness of the causes, impacts,''.

(b) NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION ACTIVITIES.—Section 603A(f) (33 U.S.C. 4002(f)) is amended—

(1) in paragraph (3), by inserting '', which shall include unmanned systems,'' after ''infrastructure'';

(2) in paragraph (5), by striking ''and'' at the end;

(3) in paragraph (6)(C), by striking the period at the end and inserting a semicolon; and

(4) by adding at the end the following:

''(7) use cost effective methods in carrying out this Act; and

''(8) develop contingency plans for the long-term monitoring of hypoxia.''.

SEC. 6. CONSULTATION REQUIRED.

Section 102 of the Harmful Algal Bloom and Hypoxia Amendments Act of 2004 (33 U.S.C. 4001a) is amended by striking ''the amendments made by this title'' and inserting ''the Harmful Algal Bloom and Hypoxia Research and Control Act of 1998''.

SEC. 7. HYPOXIA OR HARMFUL ALGAL BLOOM OF NATIONAL SIGNIFICANCE.

(a) RELIEF.—

(1) IN GENERAL.—Upon a determination under subsection (b) that there is an event of national significance, the appropriate Federal official is authorized to make sums available to the affected State or local government for the purposes of assessing and mitigating the environmental, economic, social, and public health effects of the event of national significance.

(2) FEDERAL SHARE.—The Federal share of the cost of any activity carried out under this subsection for the purposes described in paragraph (1) may not exceed 75 percent of the cost of that activity.

(3) DONATIONS.—Notwithstanding any other provision of law, an appropriate Federal official may accept donations of funds, services, facilities, materials, or equipment that the appropriate Federal official considers necessary for the purposes described in paragraph (1). Any funds donated to an appropriate Federal official under this paragraph may be expended without further appropriation and without fiscal year limitation.

(b) DETERMINATIONS.—

(1) IN GENERAL.—At the discretion of an appropriate Federal official, or at the request of the Governor of an affected State, an appropriate Federal official shall determine whether a hypoxia or harmful algal bloom event is an event of national significance.

(2) CONSIDERATIONS.—In making a determination under paragraph (1), the appropriate Federal official shall consider such factors as the toxicity of the harmful algal bloom, the severity of the hypoxia, its potential to spread, the economic impact, the relative size in relation to the past 5 occurrences of harmful algal blooms or hypoxia events that occur on a recurrent or annual basis, and the geographic scope, including the potential to affect several municipalities, to affect more than 1 State, or to cross an international boundary.

(c) DEFINITIONS.—In this section:

(1) APPROPRIATE FEDERAL OFFICIAL.—The term ''appropriate Federal official'' means—

(A) in the case of a marine or coastal hypoxia or harmful algal bloom event, the Under Secretary of Commerce for Oceans and Atmosphere; and

(B) in the case of a freshwater hypoxia or harmful algal bloom event, the Administrator of the Environmental Protection Agency.

(2) EVENT OF NATIONAL SIGNIFICANCE.—The term ''event of national significance'' means a hypoxia or harmful algal bloom event that has had or will likely have a significant environmental, economic, or public health impact on an affected State.

(3) HYPOXIA OR HARMFUL ALGAL BLOOM EVENT.—The term ''hypoxia or harmful algal bloom event'' means the occurrence of hypoxia or a harmful algal bloom as a result of a natural, anthropogenic, or undetermined cause.

SEC. 8. AUTHORIZATION OF APPROPRIATIONS.

Section 609(a) (33 U.S.C. 4009(a)) is amended by inserting '', and $22,000,000 for each of fiscal years 2019 through 2023'' before the period at the end.

Mr. CORNYN. Mr. President, I ask unanimous consent that the committee-reported substitute amendment be considered, the Lee amendment be considered and agreed to, the committee-reported substitute amendment, as amended, be agreed to, and the bill, as amended, be considered read a third time.

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

The amendment (No. 1105) was agreed to, as follows:

(Purpose: To improve the bill)

Beginning on page 10, strike line 4 and all that follows through page 12, line 15 and insert the following:

SEC. 7. HYPOXIA OR HARMFUL ALGAL BLOOM OF NATIONAL SIGNIFICANCE.

(a) RELIEF.—

(1) IN GENERAL.—Upon a determination under subsection (b) that there is an event of national significance, the appropriate Federal official is authorized to make sums available to the affected State or local government for the purposes of assessing and mitigating the detrimental environmental, economic, subsistence use, and public health effects of the event of national significance.

(2) FEDERAL SHARE.—The Federal share of the cost of any activity carried out under this subsection for the purposes described in paragraph (1) may not exceed 50 percent of the cost of that activity.

(3) DONATIONS.—Notwithstanding any other provision of law, an appropriate Federal official may accept donations of funds, services, facilities, materials, or equipment that the appropriate Federal official considers necessary for the purposes described in paragraph (1). Any funds donated to an appropriate Federal official under this paragraph may be expended without further appropriation and without fiscal year limitation.

(b) DETERMINATIONS.—

(1) IN GENERAL.—At the discretion of an appropriate Federal official, or at the request of the Governor of an affected State, an appropriate Federal official shall determine whether a hypoxia or harmful algal bloom event is an event of national significance.

(2) CONSIDERATIONS.—In making a determination under paragraph (1), the appropriate Federal official shall consider the toxicity of the harmful algal bloom, the severity of the hypoxia, its potential to spread, the economic impact, the relative size in relation to the past 5 occurrences of harmful algal blooms or hypoxia events that occur on a recurrent or annual basis, and the geographic scope, including the potential to affect several municipalities, to affect more than 1 State, or to cross an international boundary.

(c) DEFINITIONS.—In this section:

(1) APPROPRIATE FEDERAL OFFICIAL.—The term ''appropriate Federal official'' means—

(A) in the case of a marine or coastal hypoxia or harmful algal bloom event, the Under Secretary of Commerce for Oceans and Atmosphere; and

(B) in the case of a freshwater hypoxia or harmful algal bloom event, the Administrator of the Environmental Protection Agency.

(2) EVENT OF NATIONAL SIGNIFICANCE.—The term ''event of national significance'' means a hypoxia or harmful algal bloom event that has had or will likely have a significant detrimental environmental, economic, subsistence use, or public health impact on an affected State.

(3) HYPOXIA OR HARMFUL ALGAL BLOOM EVENT.—The term ''hypoxia or harmful algal bloom event'' means the occurrence of hypoxia or a harmful algal bloom as a result of a natural, anthropogenic, or undetermined cause.

The committee-reported amendment in the nature of a substitute, as amended, was agreed to.

The bill was ordered to be engrossed for a third reading and was read the third time.

Mr. CORNYN. Mr. President, I know of no further debate on the bill.

The PRESIDING OFFICER. Is there further debate on the bill?

Hearing none, the bill having been read the third time, the question is, Shall it pass?

The bill (S. 1057), as amended, was passed, as follows:

S. 1057

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Harmful Algal Bloom and Hypoxia Research and Control Amendments Act of 2017''.

SEC. 2. REFERENCES TO THE HARMFUL ALGAL BLOOM AND HYPOXIA RESEARCH AND CONTROL ACT OF 1998.

Except as otherwise expressly provided, wherever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Harmful Algal Bloom and Hypoxia Research and Control Act of 1998 (33 U.S.C. 4001 et seq.).

SEC. 3. INTER-AGENCY TASK FORCE.

Section 603(a) (33 U.S.C. 4001(a)) is amended—

(1) in paragraph (12), by striking ''and'' at the end;

(2) by redesignating paragraph (13) as paragraph (14); and

(3) by inserting after paragraph (12) the following:

''(13) the Army Corps of Engineers; and''.

SEC. 4. SCIENTIFIC ASSESSMENTS OF FRESHWATER HARMFUL ALGAL BLOOMS.

Section 603 (33 U.S.C. 4001) is amended—

(1) by striking subsection (f);

(2) by redesignating subsections (g), (h), (i), and (j) as subsections (f), (g), (h), and (i), respectively; and

(3) by amending subsection (g) to read as follows:

''(g) SCIENTIFIC ASSESSMENTS OF MARINE AND FRESHWATER HARMFUL ALGAL BLOOMS.—Not less than once every 5 years the Task Force shall complete and submit to Congress a scientific assessment of harmful algal blooms in United States coastal waters and freshwater systems. Each assessment shall examine both marine and freshwater harmful algal blooms, including those in the Great Lakes and upper reaches of estuaries, those in freshwater lakes and rivers, and those that originate in freshwater lakes or rivers and migrate to coastal waters.''.

SEC. 5. NATIONAL HARMFUL ALGAL BLOOM AND HYPOXIA PROGRAM.

(a) PROGRAM DUTIES.—Section 603A(e) (33 U.S.C. 4002(e)) is amended—

(1) in paragraph (1), by inserting '', including to local and regional stakeholders through the establishment and maintenance of a publicly accessible Internet website that provides information as to Program activities completed under this section'' after ''Program'';

(2) in paragraph (3)—

(A) in subparagraph (B), by striking ''; and'' and inserting a semicolon;

(B) in subparagraph (C), by inserting ''and'' after the semicolon at the end; and

(C) by adding at the end the following:

''(D) to accelerate the utilization of effective methods of intervention and mitigation to reduce the frequency, severity, and impacts of harmful algal bloom and hypoxia events;'';

(3) in paragraph (4), by striking ''and work cooperatively with'' and inserting '', and work cooperatively to provide technical assistance to,''; and

(4) in paragraph (7)—

(A) by inserting ''and extension'' after ''existing education''; and

(B) by inserting ''intervention,'' after ''awareness of the causes, impacts,''.

(b) NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION ACTIVITIES.—Section 603A(f) (33 U.S.C. 4002(f)) is amended—

(1) in paragraph (3), by inserting '', which shall include unmanned systems,'' after ''infrastructure'';

(2) in paragraph (5), by striking ''and'' at the end;

(3) in paragraph (6)(C), by striking the period at the end and inserting a semicolon; and

(4) by adding at the end the following:

''(7) use cost effective methods in carrying out this Act; and

''(8) develop contingency plans for the long-term monitoring of hypoxia.''.

SEC. 6. CONSULTATION REQUIRED.

Section 102 of the Harmful Algal Bloom and Hypoxia Amendments Act of 2004 (33 U.S.C. 4001a) is amended by striking ''the amendments made by this title'' and inserting ''the Harmful Algal Bloom and Hypoxia Research and Control Act of 1998''.

SEC. 7. HYPOXIA OR HARMFUL ALGAL BLOOM OF NATIONAL SIGNIFICANCE.

(a) RELIEF.—

(1) IN GENERAL.—Upon a determination under subsection (b) that there is an event of national significance, the appropriate Federal official is authorized to make sums available to the affected State or local government for the purposes of assessing and mitigating the detrimental environmental, economic, subsistence use, and public health effects of the event of national significance.

(2) FEDERAL SHARE.—The Federal share of the cost of any activity carried out under this subsection for the purposes described in paragraph (1) may not exceed 50 percent of the cost of that activity.

(3) DONATIONS.—Notwithstanding any other provision of law, an appropriate Federal official may accept donations of funds, services, facilities, materials, or equipment that the appropriate Federal official considers necessary for the purposes described in paragraph (1). Any funds donated to an appropriate Federal official under this paragraph may be expended without further appropriation and without fiscal year limitation.

(b) DETERMINATIONS.—

(1) IN GENERAL.—At the discretion of an appropriate Federal official, or at the request of the Governor of an affected State, an appropriate Federal official shall determine whether a hypoxia or harmful algal bloom event is an event of national significance.

(2) CONSIDERATIONS.—In making a determination under paragraph (1), the appropriate Federal official shall consider the toxicity of the harmful algal bloom, the severity of the hypoxia, its potential to spread, the economic impact, the relative size in relation to the past 5 occurrences of harmful algal blooms or hypoxia events that occur on a recurrent or annual basis, and the geographic scope, including the potential to affect several municipalities, to affect more than 1 State, or to cross an international boundary.

(c) DEFINITIONS.—In this section:

(1) APPROPRIATE FEDERAL OFFICIAL.—The term ''appropriate Federal official'' means—

(A) in the case of a marine or coastal hypoxia or harmful algal bloom event, the Under Secretary of Commerce for Oceans and Atmosphere; and

(B) in the case of a freshwater hypoxia or harmful algal bloom event, the Administrator of the Environmental Protection Agency.

(2) EVENT OF NATIONAL SIGNIFICANCE.—The term ''event of national significance'' means a hypoxia or harmful algal bloom event that has had or will likely have a significant detrimental environmental, economic, subsistence use, or public health impact on an affected State.

(3) HYPOXIA OR HARMFUL ALGAL BLOOM EVENT.—The term ''hypoxia or harmful algal bloom event'' means the occurrence of hypoxia or a harmful algal bloom as a result of a natural, anthropogenic, or undetermined cause.

SEC. 8. AUTHORIZATION OF APPROPRIATIONS.

Section 609(a) (33 U.S.C. 4009(a)) is amended by inserting '', and $22,000,000 for each of fiscal years 2019 through 2023'' before the period at the end.

Mr. CORNYN. Mr. President, I ask unanimous consent that the motion to reconsider be considered made and laid upon the table.

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

CREATING HIGH-QUALITY RESULTS AND OUTCOMES NECESSARY TO IMPROVE CHRONIC (CHRONIC) CARE ACT OF 2017

Mr. CORNYN. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 206, S. 870.

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

The bill clerk read as follows:

A bill (S. 870) to amend title XVIII of the Social Security Act to implement Medicare payment policies designed to improve management of chronic disease, streamline care coordination, and improve quality outcomes without adding to the deficit.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Finance, with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2017''.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

TITLE I—RECEIVING HIGH QUALITY CARE IN THE HOME

SEC. 101. EXTENDING THE INDEPENDENCE AT HOME DEMONSTRATION PROGRAM.

Section 1866E of the Social Security Act (42 U.S.C. 1395cc–5) is amended—

(1) in subsection (e)—

(A) in paragraph (1), by striking ''5-year period'' and inserting ''7-year period''; and

(B) in paragraph (5), by striking ''10,000'' and inserting ''15,000'';

(2) in subsection (g), in the first sentence, by inserting '', including, to the extent practicable, the use of electronic health information systems as described in subsection (b)(1)(A)(vi),'' after ''program''; and

(3) in subsection (i)(A), by striking ''will not receive an incentive payment for the second of 2'' and inserting ''did not achieve savings for the third of 3''.

SEC. 102. EXPANDING ACCESS TO HOME DIALYSIS THERAPY.

(a) IN GENERAL.—Section 1881(b)(3) of the Social Security Act (42 U.S.C. 1395rr(b)(3)) is amended—

(1) by redesignating subparagraphs (A) and (B) as clauses (i) and (ii), respectively;

(2) in clause (ii), as redesignated by subparagraph (A), strike ''on a comprehensive'' and insert ''subject to subparagraph (B), on a comprehensive'';

(3) by striking ''With respect to'' and inserting ''(A) With respect to''; and

(4) by adding at the end the following new subparagraph:

''(B) For purposes of subparagraph (A)(ii), an individual determined to have end stage renal disease receiving home dialysis may choose to receive monthly end stage renal disease-related clinical assessments furnished on or after January 1, 2019, via telehealth if the individual receives a face-to-face clinical assessment, without the use of telehealth, at least once every three consecutive months.''.

(b) ORIGINATING SITE REQUIREMENTS.—

(1) IN GENERAL.—Section 1834(m) of the Social Security Act (42 U.S.C. 1395m(m)) is amended—

(A) in paragraph (4)(C)(ii), by adding at the end the following new subclauses:

''(IX) A renal dialysis facility, but only for purposes of section 1881(b)(3)(B).

''(X) The home of an individual, but only for purposes of section 1881(b)(3)(B).''; and

(B) by adding at the end the following new paragraph:

''(5) TREATMENT OF HOME DIALYSIS MONTHLY ESRD-RELATED VISIT.—The geographic requirements described in paragraph (4)(C)(i) shall not apply with respect to telehealth services furnished on or after January 1, 2019, for purposes of section 1881(b)(3)(B), at an originating site described in subclause (VI), (IX), or (X) of paragraph (4)(C)(ii).''.

(2) NO FACILITY FEE IF ORIGINATING SITE FOR HOME DIALYSIS THERAPY IS THE HOME.—Section 1834(m)(2)(B) of the Social Security (42 U.S.C. 1395m(m)(2)(B)) is amended—

(A) by redesignating clauses (i) and (ii) as subclauses (I) and (II), and indenting appropriately;

(B) in subclause (II), as redesignated by subparagraph (A), by striking ''clause (i) or this clause'' and inserting ''subclause (I) or this subclause'';

(C) by striking ''SITE.—With respect to'' and inserting ''SITE.—

''(i) IN GENERAL.—Subject to clause (ii), with respect to''; and

(D) by adding at the end the following new clause:

''(ii) NO FACILITY FEE IF ORIGINATING SITE FOR HOME DIALYSIS THERAPY IS THE HOME.—No facility fee shall be paid under this subparagraph to an originating site described in paragraph (4)(C)(ii)(X).''.

(c) CONFORMING AMENDMENT.—Section 1881(b)(1) of the Social Security Act (42 U.S.C. 1395rr(b)(1)) is amended by striking ''paragraph (3)(A)'' and inserting ''paragraph (3)(A)(i)''.

TITLE II—ADVANCING TEAM-BASED CARE

SEC. 201. PROVIDING CONTINUED ACCESS TO MEDICARE ADVANTAGE SPECIAL NEEDS PLANS FOR VULNERABLE POPULATIONS.

(a) EXTENSION.—Section 1859(f)(1) of the Social Security Act (42 U.S.C. 1395w–28(f)(1)) is amended by striking ''and for periods before January 1, 2019''.

(b) INCREASED INTEGRATION OF DUAL SNPS.—

(1) IN GENERAL.—Section 1859(f) of the Social Security Act (42 U.S.C. 1395w–28(f)) is amended—

(A) in paragraph (3), by adding at the end the following new subparagraph:

''(F) The plan meets the requirements applicable under paragraph (8).''; and

(B) by adding at the end the following new paragraph:

''(8) INCREASED INTEGRATION OF DUAL SNPS.—

''(A) DESIGNATED CONTACT.—The Secretary, acting through the Federal Coordinated Health Care Office established under section 2602 of the Patient Protection and Affordable Care Act, shall serve as a dedicated point of contact for States to address misalignments that arise with the integration of specialized MA plans for special needs individuals described in subsection (b)(6)(B)(ii) under this paragraph and, consistent with such role, shall—

''(i) establish a uniform process for disseminating to State Medicaid agencies information under this title impacting contracts between such agencies and such plans under this subsection; and

''(ii) establish basic resources for States interested in exploring such plans as a platform for integration, such as a model contract or other tools to achieve those goals.

''(B) UNIFIED GRIEVANCES AND APPEALS PROCESS.—

''(i) IN GENERAL.—Not later than April 1, 2020, the Secretary shall establish procedures, to the extent feasible, unifying grievances and appeals procedures under sections 1852(f), 1852(g), 1902(a)(3), 1902(a)(5), and 1932(b)(4) for items and services provided by specialized MA plans for special needs individuals described in subsection (b)(6)(B)(ii) under this title and title XIX. The Secretary shall solicit comment in developing such procedures from States, plans, beneficiaries and their representatives, and other relevant stakeholders.

''(ii) PROCEDURES.—The procedures established under clause (i) shall be included in the plan contract under paragraph (3)(D) and shall—

''(I) adopt the provisions for the enrollee that are most protective for the enrollee and, to the extent feasible as determined by the Secretary, are compatible with unified timeframes and consolidated access to external review under an integrated process;

''(II) take into account differences in State plans under title XIX to the extent necessary;

''(III) be easily navigable by an enrollee; and

''(IV) include the elements described in clause (iii), as applicable.

''(iii) ELEMENTS DESCRIBED.—Both unified appeals and unified grievance procedures shall include, as applicable, the following elements described in this clause:

''(I) Single written notification of all applicable grievances and appeal rights under this title and title XIX. For purposes of this subparagraph, the Secretary may waive the requirements under section 1852(g)(1)(B) when the specialized MA plan covers items or services under this part or under title XIX.

''(II) Single pathways for resolution of any grievance or appeal related to a particular item or service provided by specialized MA plans for special needs individuals described in subsection (b)(6)(B)(ii) under this title and title XIX.

''(III) Notices written in plain language and available in a language and format that is accessible to the enrollee, including in non-English languages that are prevalent in the service area of the specialized MA plan.

''(IV) Unified timeframes for grievances and appeals processes, such as an individual's filing of a grievance or appeal, a plan's acknowledgment and resolution of a grievance or appeal, and notification of decisions with respect to a grievance or appeal.

''(V) Requirements for how the plan must process, track, and resolve grievances and appeals, to ensure beneficiaries are notified on a timely basis of decisions that are made throughout the grievance or appeals process and are able to easily determine the status of a grievance or appeal.

''(iv) CONTINUATION OF BENEFITS PENDING APPEAL.—The unified procedures under clause (i) shall, with respect to all benefits under parts A and B and title XIX subject to appeal under such procedures, incorporate provisions under current law and implementing regulations that provide continuation of benefits pending appeal under this title and title XIX.

''(C) REQUIREMENT FOR UNIFIED GRIEVANCES AND APPEALS.—For 2021 and subsequent years, the contract of a specialized MA plan for special needs individuals described in subsection (b)(6)(B)(ii) with a State Medicaid agency under paragraph (3)(D) shall require the use of unified grievances and appeals procedures as described in subparagraph (B).

''(D) REQUIREMENTS FOR INTEGRATION.—For 2021 and subsequent years, a specialized MA plan for special needs individuals described in subsection (b)(6)(B)(ii) shall meet one or more of the following requirements, to the extent permitted under State law, for integration of benefits under this title and title XIX:

''(i) The specialized MA plan must meet the requirements of contracting with the State Medicaid agency described in paragraph (3)(D) in addition to coordinating long-term services and supports or behavioral health services, or both, by meeting an additional minimum set of requirements determined by the Secretary through the Federal Coordinated Health Care Office established under section 2602 of the Patient Protection and Affordable Care Act based on input from stakeholders, such as notifying the State in a timely manner of hospitalizations, emergency room visits, and hospital or nursing home discharges of enrollees, assigning one primary care provider for each enrollee, or sharing data that would benefit the coordination of items and services under this title and the State plan under title XIX. Such minimum set of requirements must be included in the contract of the specialized MA plan with the State Medicaid agency under such paragraph.

''(ii) The specialized MA plan must meet the requirements of a fully integrated plan described in section 1853(a)(1)(B)(iv)(II) (other than the requirement that the plan have similar average levels of frailty, as determined by the Secretary, as the PACE program), or enter into a capitated contract with the State Medicaid agency to provide long-term services and supports or behavioral health services, or both.

''(iii) In the case where an individual is enrolled in both the specialized MA plan and a Medicaid managed care organization (as defined in section 1903(m)(1)(A)) providing long term services and supports or behavioral health services that have the same parent organization, the parent organization offering both the specialized MA plan and the Medicaid managed care plan must assume clinical and financial responsibility for benefits provided under this title and title XIX.''.

(2) CONFORMING AMENDMENT TO RESPONSIBILITIES OF FEDERAL COORDINATED HEALTH CARE OFFICE.—Section 2602(d) of the Patient Protection and Affordable Care Act (42 U.S.C. 1315b(d)) is amended by adding at the end the following new paragraphs:

''(6) To act as a designated contact for States under subsection (f)(8)(A) of section 1859 of the Social Security Act (42 U.S.C. 1395w–28) with respect to the integration of specialized MA plans for special needs individuals described in subsection (b)(6)(B)(ii) of such section.

''(7) To be responsible for developing regulations and guidance related to the implementation of a unified grievance and appeals process as described in subparagraphs (B) and (C) of section 1859(f)(8) of the Social Security Act (42 U.S.C. 1395w–28(f)(8)).''.

(c) IMPROVEMENTS TO SEVERE OR DISABLING CHRONIC CONDITION SNPS.—

(1) CARE MANAGEMENT REQUIREMENTS.—Section 1859(f)(5) of the Social Security Act (42 U.S.C. 1395w–28(f)(5)) is amended—

(A) by striking ''ALL SNPS.—The requirements'' and inserting ''ALL SNPS.—

''(A) IN GENERAL.—Subject to subparagraph (B), the requirements'';

(B) by redesignating subparagraphs (A) and (B) as clauses (i) and (ii), respectively, and indenting appropriately;

(C) in clause (ii), as redesignated by subparagraph (B), by redesignating clauses (i) through (iii) as subclauses (I) through (III), respectively, and indenting appropriately; and

(D) by adding at the end the following new subparagraph:

''(B) IMPROVEMENTS TO CARE MANAGEMENT REQUIREMENTS FOR SEVERE OR DISABLING CHRONIC CONDITION SNPS.—For 2020 and subsequent years, in the case of a specialized MA plan for special needs individuals described in subsection (b)(6)(B)(iii), the requirements described in this paragraph include the following:

''(i) The interdisciplinary team under subparagraph (A)(ii)(III) includes a team of providers with demonstrated expertise, including training in an applicable specialty, in treating individuals similar to the targeted population of the plan.

''(ii) Requirements developed by the Secretary to provide face-to-face encounters with individuals enrolled in the plan not less frequently than on an annual basis.

''(iii) As part of the model of care under clause (i) of subparagraph (A), the results of the initial assessment and annual reassessment under clause (ii)(I) of such subparagraph of each individual enrolled in the plan are addressed in the individual's individualized care plan under clause (ii)(II) of such subparagraph.

''(iv) As part of the annual evaluation and approval of such model of care, the Secretary shall take into account whether the plan fulfilled the previous year's goals (as required under the model of care).

''(v) The Secretary shall establish a minimum benchmark for each element of the model of care of a plan. The Secretary shall only approve a plan's model of care under this paragraph if each element of the model of care meets the minimum benchmark applicable under the preceding sentence.''.

(2) REVISIONS TO THE DEFINITION OF A SEVERE OR DISABLING CHRONIC CONDITIONS SPECIALIZED NEEDS INDIVIDUAL.—

(A) IN GENERAL.—Section 1859(b)(6)(B)(iii) of the Social Security Act (42 U.S.C. 1395w–28(b)(6)(B)(iii)) is amended—

(i) by striking ''who have'' and inserting ''who—

''(I) before January 1, 2022, have'';

(ii) in subclause (I), as added by clause (i), by striking the period at the end and inserting ''; and''; and

(iii) by adding at the end the following new subclause:

''(II) on or after January 1, 2022, have one or more comorbid and medically complex chronic conditions that is life threatening or significantly limits overall health or function, have a high risk of hospitalization or other adverse health outcomes, and require intensive care coordination and that is listed under subsection (f)(9)(A).''.

(B) PANEL OF CLINICAL ADVISORS.—Section 1859(f) of the Social Security Act (42 U.S.C. 1395w–28(f)), as amended by subsection (b), is amended by adding at the end the following new paragraph:

''(9) LIST OF CONDITIONS FOR CLARIFICATION OF THE DEFINITION OF A SEVERE OR DISABLING CHRONIC CONDITIONS SPECIALIZED NEEDS INDIVIDUAL.—

''(A) IN GENERAL.—Not later than December 31, 2020, and every 5 years thereafter, the Secretary shall convene a panel of clinical advisors to establish and update a list of conditions that meet each of the following criteria:

''(i) Conditions that meet the definition of a severe or disabling chronic condition under subsection (b)(6)(B)(iii) on or after January 1, 2022.

''(ii) Conditions that require prescription drugs, providers, and models of care that are unique to the specific population of enrollees in a specialized MA plan for special needs individuals described in such subsection on or after such date and—

''(I) as a result of access to, and enrollment in, such a specialized MA plan for special needs individuals, individuals with such condition would have a reasonable expectation of slowing or halting the progression of the disease, improving health outcomes and decreasing overall costs for individuals diagnosed with such condition compared to available options of care other than through such a specialized MA plan for special needs individuals; or

''(II) have a low prevalence in the general population of beneficiaries under this title or a

disproportionally high per-beneficiary cost under this title.

''(B) REQUIREMENT.—In establishing and updating the list under subparagraph (A), the panel shall take into account the availability of varied benefits, cost-sharing, and supplemental benefits under the model described in paragraph (2) of section 1859(h), including the expansion under paragraph (1) of such section.''.

(d) QUALITY MEASUREMENT AT THE PLAN LEVEL FOR SNPS AND DETERMINATION OF FEASABILITY OF QUALITY MEASUREMENT AT THE PLAN LEVEL FOR ALL MA PLANS.—Section 1853(o) of the Social Security Act (42 U.S.C. 1395w–23(o)) is amended by adding at the end the following new paragraphs:

''(6) QUALITY MEASUREMENT AT THE PLAN LEVEL FOR SNPS.—

''(A) IN GENERAL.—Subject to subparagraph (B), the Secretary may require reporting of data under section 1852(e) for, and apply under this subsection, quality measures at the plan level for specialized MA plans for special needs individuals instead of at the contract level.

''(B) CONSIDERATIONS.—Prior to applying quality measurement at the plan level under this paragraph, the Secretary shall—

''(i) take into consideration the minimum number of enrollees in a specialized MA plan for special needs individuals in order to determine if a statistically significant or valid measurement of quality at the plan level is possible under this paragraph;

''(ii) take into consideration the impact of such application on plans that serve a disproportionate number of individuals dually eligible for benefits under this title and under title XIX;

''(iii) if quality measures are reported at the plan level, ensure that MA plans are not required to provide duplicative information;

''(iv) ensure that such reporting does not interfere with the collection of encounter data submitted by MA organizations or the administration of any changes to the program under this part as a result of the collection of such data.

''(C) APPLICATION.—If the Secretary applies quality measurement at the plan level under this paragraph, such quality measurement may include Medicare Health Outcomes Survey (HOS), Healthcare Effectiveness Data and Information Set (HEDIS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures and quality measures under part D.

''(7) DETERMINATION OF FEASIBILITY OF QUALITY MEASUREMENT AT THE PLAN LEVEL FOR ALL MA PLANS.—

''(A) DETERMINATION OF FEASIBILITY.—The Secretary shall determine the feasibility of requiring reporting of data under section 1852(e) for, and applying under this subsection, quality measures at the plan level for all MA plans under this part.

''(B) CONSIDERATION OF CHANGE.—After making a determination under subparagraph (A), the Secretary shall consider requiring such reporting and applying such quality measures at the plan level as described in such subparagraph.''.

(e) GAO STUDY AND REPORT ON STATE-LEVEL INTEGRATION BETWEEN DUAL SNPS AND MEDICAID.—

(1) STUDY.—The Comptroller General of the United States (in this paragraph referred to as the ''Comptroller General'') shall conduct a study on State-level integration between specialized MA plans for special needs individuals described in subsection (b)(6)(B)(ii) of section 1859 of the Social Security Act (42 U.S.C. 1395w–28) and the Medicaid program under title XIX of such Act (42 U.S.C. 1396 et seq.). Such study shall include an analysis of the following:

(A) The characteristics of States in which the State agency responsible for administering the State plan under such title XIX has a contract with such a specialized MA plan and that delivers long term services and supports under the State plan under such title XIX through a managed care program, including the requirements under such State plan with respect to long term services and supports.

(B) The types of such specialized MA plans, which may include the following:

(i) A plan described in section 1853(a)(1)(B)(iv)(II) of such Act (42 U.S.C. 1395w–23(a)(1)(B)(iv)(II)).

(ii) A plan that meets the requirements described in subsection (f)(3)(D) of such section 1859.

(iii) A plan described in clause (ii) that also meets additional requirements established by the State.

(C) The characteristics of individuals enrolled in such specialized MA plans.

(D) As practicable, the following with respect to State programs for the delivery of long term services and supports under such title XIX through a managed care program:

(i) Which populations of individuals are eligible to receive such services and supports.

(ii) Whether all such services and supports are provided on a capitated basis or if any of such services and supports are carved out and provided through fee-for-service.

(E) How the availability and variation of integration arrangements of such specialized MA plans offered in States affects spending, service delivery options, access to community-based care, and utilization of care.

(F) The efforts of State Medicaid programs to transition dually-eligible beneficiaries receiving long term services and supports (LTSS) from institutional settings to home and community-based settings and related financial impacts of such transitions

(2) REPORT.—Not later than 2 years after the date of the enactment of this Act, the Comptroller General shall submit to Congress a report containing the results of the study conducted under paragraph (1), together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

TITLE III—EXPANDING INNOVATION AND TECHNOLOGY

SEC. 301. ADAPTING BENEFITS TO MEET THE NEEDS OF CHRONICALLY ILL MEDICARE ADVANTAGE ENROLLEES.

Section 1859 of the Social Security Act (42 U.S.C. 1395w–28) is amended by adding at the end the following new subsection:

''(h) NATIONAL TESTING OF MODEL FOR MEDICARE ADVANTAGE VALUE-BASED INSURANCE DESIGN.—

''(1) IN GENERAL.—In implementing the model described in paragraph (2) proposed to be tested under section 1115A(b), the Secretary shall revise the testing of the model under such section to cover, effective not later than January 1, 2020, all States.

''(2) MODEL DESCRIBED.—The model described in this paragraph is the testing of a model of Medicare Advantage value-based insurance design that would allow Medicare Advantage plans the option to propose and design benefit structures that vary benefits, cost-sharing, and supplemental benefits offered to enrollees with specific chronic diseases proposed to be carried out in Oregon, Arizona, Texas, Iowa, Michigan, Indiana, Tennessee, Alabama, Pennsylvania, and Massachusetts.

''(3) TERMINATION AND MODIFICATION PROVISION NOT APPLICABLE UNTIL JANUARY 1, 2022.—The provisions of section 1115A(b)(3)(B) shall apply to the model described in paragraph (2), including such model as expanded under paragraph (1), beginning January 1, 2022, but shall not apply to such model, as so expanded, prior to such date.

''(4) FUNDING.—The Secretary shall allocate funds made available under section 1115A(f)(1) to design, implement, and evaluate the model described in paragraph (2), as expanded under paragraph (1).''.

SEC. 302. EXPANDING SUPPLEMENTAL BENEFITS TO MEET THE NEEDS OF CHRONICALLY ILL MEDICARE ADVANTAGE ENROLLEES.

(a) IN GENERAL.—Section 1852(a)(3) of the Social Security Act (42 U.S.C. 1395w–22(a)(3)) is amended—

(1) in subparagraph (A), by striking ''Each'' and inserting ''Subject to subparagraph (D), each''; and

(2) by adding at the end the following new subparagraph:

''(D) EXPANDING SUPPLEMENTAL BENEFITS TO MEET THE NEEDS OF CHRONICALLY ILL ENROLLEES.—

''(i) IN GENERAL.—For plan year 2020 and subsequent plan years, in addition to any supplemental health care benefits otherwise provided under this paragraph, an MA plan may provide supplemental benefits described in clause (ii) to a chronically ill enrollee (as defined in clause (iii)).

''(ii) SUPPLEMENTAL BENEFITS DESCRIBED.—

''(I) IN GENERAL.—Supplemental benefits described in this clause are supplemental benefits that, with respect to a chronically ill enrollee, have a reasonable expectation of improving or maintaining the health or overall function of the chronically ill enrollee and may not be limited to being primarily health related benefits.

''(II) AUTHORITY TO WAIVE UNIFORMITY REQUIREMENTS.—The Secretary may, only with respect to supplemental benefits provided to a chronically ill enrollee under this subparagraph, waive the uniformity requirement under subsection (d)(1)(A), as determined appropriate by the Secretary.

''(iii) CHRONICALLY ILL ENROLLEE DEFINED.—In this subparagraph, the term 'chronically ill enrollee' means an enrollee in an MA plan that the Secretary determines—

''(I) has one or more comorbid and medically complex chronic conditions that is life threatening or significantly limits the overall health or function of the enrollee;

''(II) has a high risk of hospitalization or other adverse health outcomes; and

''(III) requires intensive care coordination.''.

(b) GAO STUDY AND REPORT.—

(1) STUDY.—The Comptroller General of the United States (in this subsection referred to as the ''Comptroller General'') shall conduct a study on supplemental benefits provided to enrollees in Medicare Advantage plans under part C of title XVIII of the Social Security Act. To the extend data are available, such study shall include an analysis of the following:

(A) The type of supplemental benefits provided to such enrollees, the total number of enrollees receiving each supplemental benefit, and whether the supplemental benefit is covered by the standard benchmark cost of the benefit or with an additional premium.

(B) The frequency in which supplemental benefits are utilized by such enrollees.

(C) The impact supplemental benefits have on—

(i) indicators of the quality of care received by such enrollees, including overall health and function of the enrollees;

(ii) the utilization of items and services for which benefits are available under the original Medicare fee-for-service program option under parts A and B of such title XVIII by such enrollees; and

(iii) the amount of the bids submitted by Medicare Advantage Organizations for Medicare Advantage plans under such part C.

(2) REPORT.—Not later than 5 years after the date of the enactment of this Act, the Comptroller General shall submit to Congress a report containing the results of the study conducted under paragraph (1), together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

SEC. 303. INCREASING CONVENIENCE FOR MEDICARE ADVANTAGE ENROLLEES THROUGH TELEHEALTH.

(a) IN GENERAL.—Section 1852 of the Social Security Act (42 U.S.C. 1395w–22) is amended—

(1) in subsection (a)(1)(B)(i), by inserting '', subject to subsection (m),'' after ''means''; and

(2) by adding at the end the following new subsection:

''(m) PROVISION OF ADDITIONAL TELEHEALTH BENEFITS.—

''(1) MA PLAN OPTION.—For plan year 2020 and subsequent plan years, subject to the requirements of paragraph (3), an MA plan may provide additional telehealth benefits (as defined in paragraph (2)) to individuals enrolled under this part.

''(2) ADDITIONAL TELEHEALTH BENEFITS DEFINED.—

''(A) IN GENERAL.—For purposes of this subsection and section 1854:

''(i) DEFINITION.—The term 'additional telehealth benefits' means services—

''(I) for which benefits are available under part B, including services for which payment is not made under section 1834(m) due to the conditions for payment under such section; and

''(II) that are identified as clinically appropriate to furnish using electronic information and telecommunications technology when a physician (as defined in section 1861(r)) or practitioner (described in section 1842(b)(18)(C)) providing the service is not at the same location as the plan enrollee.

''(ii) EXCLUSION OF CAPITAL AND INFRASTRUCTURE COSTS AND INVESTMENTS.—The term 'additional telehealth benefits' does not include capital and infrastructure costs and investments relating to such benefits.

''(B) PUBLIC COMMENT.—Not later than November 30, 2018, the Secretary shall solicit comments on—

''(i) what types of items and services (including those provided through supplemental health care benefits) should be considered to be additional telehealth benefits; and

''(ii) the requirements for the provision or furnishing of such benefits (such as licensure, training, and coordination requirements).

''(3) REQUIREMENTS FOR ADDITIONAL TELEHEALTH BENEFITS.—The Secretary shall specify requirements for the provision or furnishing of additional telehealth benefits, including with respect to the following:

''(A) Physician or practitioner licensure and other requirements such as specific training.

''(B) Factors necessary to ensure the coordination of such benefits with items and services furnished in-person.

''(C) Such other areas as determined by the Secretary.

''(4) ENROLLEE CHOICE.—If an MA plan provides a service as an additional telehealth benefit (as defined in paragraph (2))—

''(A) the MA plan shall also provide access to such benefit through an in-person visit (and not only as an additional telehealth benefit); and

''(B) an individual enrollee shall have discretion as to whether to receive such service through the in-person visit or as an additional telehealth benefit.

''(5) TREATMENT UNDER MA.—For purposes of this subsection and section 1854, additional telehealth benefits shall be treated as if they were benefits under the original Medicare fee-for-service program option.

''(6) CONSTRUCTION.—Nothing in this subsection shall be construed as affecting the requirement under subsection (a)(1) that MA plans provide enrollees with items and services (other than hospice care) for which benefits are available under parts A and B, including benefits available under section 1834(m).''.

(b) CLARIFICATION REGARDING INCLUSION IN BID AMOUNT.—Section 1854(a)(6)(A)(ii)(I) of the Social Security Act (42 U.S.C. 1395w–24(a)(6)(A)(ii)(I)) is amended by inserting '', including, for plan year 2020 and subsequent plan years, the provision of additional telehealth benefits as described in section 1852(m)'' before the semicolon at the end.

SEC. 304. PROVIDING ACCOUNTABLE CARE ORGANIZATIONS THE ABILITY TO EXPAND THE USE OF TELEHEALTH.

(a) IN GENERAL.—Section 1899 of the Social Security Act (42 U.S.C. 1395jjj) is amended by adding at the end the following new subsection:

''(l) PROVIDING ACOS THE ABILITY TO EXPAND THE USE OF TELEHEALTH SERVICES.—

''(1) IN GENERAL.—In the case of telehealth services for which payment would otherwise be made under this title furnished on or after January 1, 2020, for purposes of this subsection only, the following shall apply with respect to such services furnished by a physician or practitioner participating in an applicable ACO (as defined in paragraph (2)) to a Medicare fee-for-service beneficiary assigned to the applicable ACO:

''(A) INCLUSION OF HOME AS ORIGINATING SITE.—Subject to paragraph (3), the home of a beneficiary shall be treated as an originating site described in section 1834(m)(4)(C)(ii).

''(B) NO APPLICATION OF GEOGRAPHIC LIMITATION.—The geographic limitation under section 1834(m)(4)(C)(i) shall not apply with respect to an originating site described in section 1834(m)(4)(C)(ii) (including the home of a beneficiary under subparagraph (A)), subject to State licensing requirements.

''(2) DEFINITIONS.—In this subsection:

''(A) APPLICABLE ACO.—The term 'applicable ACO' means an ACO participating in a model tested or expanded under section 1115A or under this section—

''(i) that operates under a two-sided model—

''(I) described in section 425.600(a) of title 42, Code of Federal Regulations; or

''(II) tested or expanded under section 1115A; and

''(ii) for which Medicare fee-for-service beneficiaries are assigned to the ACO using a prospective assignment method, as determined appropriate by the Secretary.

''(B) HOME.—The term 'home' means, with respect to a Medicare fee-for-service beneficiary, the place of residence used as the home of the beneficiary.

''(3) TELEHEALTH SERVICES RECEIVED IN THE HOME.—In the case of telehealth services described in paragraph (1) where the home of a Medicare fee-for-service beneficiary is the originating site, the following shall apply:

''(A) NO FACILITY FEE.—There shall be no facility fee paid to the originating site under section 1834(m)(2)(B).

''(B) EXCLUSION OF CERTAIN SERVICES.—No payment may be made for such services that are inappropriate to furnish in the home setting such as services that are typically furnished in inpatient settings such as a hospital.''.

(b) STUDY AND REPORT.—

(1) STUDY.—

(A) IN GENERAL.—The Secretary of Health and Human Services (in this subsection referred to as the ''Secretary'') shall conduct a study on the implementation of section 1899(l) of the Social Security Act, as added by subsection (a). Such study shall include an analysis of the utilization of, and expenditures for, telehealth services under such section.

(B) COLLECTION OF DATA.—The Secretary may collect such data as the Secretary determines necessary to carry out the study under this paragraph.

(2) REPORT.—Not later than January 1, 2026, the Secretary shall submit to Congress a report containing the results of the study conducted under paragraph (1), together with recommendations for such legislation and administrative action as the Secretary determines appropriate.

SEC. 305. EXPANDING THE USE OF TELEHEALTH FOR INDIVIDUALS WITH STROKE.

Section 1834(m) of the Social Security Act (42 U.S.C. 1395m(m)), as amended by section 102(b)(2), is amended by adding at the end the following new paragraph:

''(6) TREATMENT OF STROKE TELEHEALTH SERVICES.—

''(A) NON-APPLICATION OF ORIGINATING SITE REQUIREMENTS.—The requirements described in paragraph (4)(C) shall not apply with respect to telehealth services furnished on or after January 1, 2021, for purposes of evaluation of an acute stroke, as determined by the Secretary.

''(B) NO ORIGINATING SITE FACILITY FEE.—In the case of an originating site that does not meet the requirements described in paragraph (4)(C), he Secretary shall not pay an originating site facility fee (as described in paragraph (2)(B)) to the originating site with respect to such telehealth services.''.

TITLE IV—IDENTIFYING THE CHRONICALLY ILL POPULATION

SEC. 401. PROVIDING FLEXIBILITY FOR BENEFICIARIES TO BE PART OF AN ACCOUNTABLE CARE ORGANIZATION.

Section 1899(c) of the Social Security Act (42 U.S.C. 1395jjj(c)) is amended—

(1) by redesignating paragraphs (1) and (2) as subparagraphs (A) and (B), respectively, and indenting appropriately;

(2) by striking ''ACOs.—The Secretary'' and inserting ''ACOs.—

''(1) IN GENERAL.—Subject to paragraph (2), the Secretary''; and

(3) by adding at the end the following new paragraph:

''(2) PROVIDING FLEXIBILITY.—

''(A) CHOICE OF PROSPECTIVE ASSIGNMENT.—For each agreement period (effective for agreements entered into or renewed on or after January 1, 2020), in the case where an ACO established under the program is in a Track that provides for the retrospective assignment of Medicare fee-for-service beneficiaries to the ACO, the Secretary shall permit the ACO to choose to have Medicare fee-for-service beneficiaries assigned prospectively, rather than retrospectively, to the ACO for an agreement period.

''(B) ASSIGNMENT BASED ON VOLUNTARY IDENTIFICATION BY MEDICARE FEE-FOR-SERVICE BENEFICIARIES.—

''(i) IN GENERAL.—For performance year 2018 and each subsequent performance year, if a system is available for electronic designation, the Secretary shall permit a Medicare fee-for-service beneficiary to voluntarily identify an ACO professional as the primary care provider of the beneficiary for purposes of assigning such beneficiary to an ACO, as determined by the Secretary.

''(ii) NOTIFICATION PROCESS.—The Secretary shall establish a process under which a Medicare fee-for-service beneficiary is—

''(I) notified of their ability to make an identification described in clause (i); and

''(II) informed of the process by which they may make and change such identification.

''(iii) SUPERSEDING CLAIMS-BASED ASSIGNMENT.—A voluntary identification by a Medicare fee-for-service beneficiary under this subparagraph shall supersede any claims-based assignment otherwise determined by the Secretary.''.

TITLE V—EMPOWERING INDIVIDUALS AND CAREGIVERS IN CARE DELIVERY

SEC. 501. ELIMINATING BARRIERS TO CARE COORDINATION UNDER ACCOUNTABLE CARE ORGANIZATIONS.

(a) IN GENERAL.—Section 1899 of the Social Security Act (42 U.S.C. 1395jjj), as amended by section 304(a), is amended—

(1) in subsection (b)(2), by adding at the end the following new subparagraph:

''(I) An ACO that seeks to operate an ACO Beneficiary Incentive Program pursuant to subsection (m) shall apply to the Secretary at such time, in such manner, and with such information as the Secretary may require.'';

(2) by adding at the end the following new subsection:

''(m) AUTHORITY TO PROVIDE INCENTIVE PAYMENTS TO BENEFICIARIES WITH RESPECT TO QUALIFYING PRIMARY CARE SERVICES.—

''(1) PROGRAM.—

''(A) IN GENERAL.—In order to encourage Medicare fee-for-service beneficiaries to obtain medically necessary primary care services, an ACO participating under this section under a payment model described in clause (i) or (ii) of paragraph (2)(B) may apply to establish an ACO Beneficiary Incentive Program to provide incentive payments to such beneficiaries who are furnished qualifying services in accordance with this subsection. The Secretary shall permit such an ACO to establish such a program at the Secretary's discretion and subject to such requirements, including program integrity requirements, as the Secretary determines necessary.

''(B) IMPLEMENTATION.—The Secretary shall implement this subsection on a date determined appropriate by the Secretary. Such date shall be no earlier than January 1, 2019, and no later than January 1, 2020.

''(2) CONDUCT OF PROGRAM.—

''(A) DURATION.—Subject to subparagraph (H), an ACO Beneficiary Incentive Program established under this subsection shall be conducted for such period (of not less than 1 year) as the Secretary may approve.

''(B) SCOPE.—An ACO Beneficiary Incentive Program established under this subsection shall provide incentive payments to all of the following Medicare fee-for-service beneficiaries who are furnished qualifying services by the ACO:

''(i) With respect to the Track 2 and Track 3 payment models described in section 425.600(a) of title 42, Code of Federal Regulations (or in any successor regulation), Medicare fee-for-service beneficiaries who are preliminarily prospectively or prospectively assigned (or otherwise assigned, as determined by the Secretary) to the ACO.

''(ii) With respect to any future payment models involving two-sided risk, Medicare fee-for-service beneficiaries who are assigned to the ACO, as determined by the Secretary.

''(C) QUALIFYING SERVICE.—For purposes of this subsection, a qualifying service is a primary care service, as defined in section 425.20 of title 42, Code of Federal Regulations (or in any successor regulation), with respect to which coinsurance applies under part B, furnished through an ACO by—

''(i) an ACO professional described in subsection (h)(1)(A) who has a primary care specialty designation included in the definition of primary care physician under section 425.20 of title 42, Code of Federal Regulations (or any successor regulation);

''(ii) an ACO professional described in subsection (h)(1)(B); or

''(iii) a Federally qualified health center or rural health clinic (as such terms are defined in section 1861(aa)).

''(D) INCENTIVE PAYMENTS.—An incentive payment made by an ACO pursuant to an ACO Beneficiary Incentive Program established under this subsection shall be—

''(i) in an amount up to $20, with such maximum amount updated annually by the percentage increase in the consumer price index for all urban consumers (United States city average) for the 12-month period ending with June of the previous year;

''(ii) in the same amount for each Medicare fee-for-service beneficiary described in clause (i) or (ii) of subparagraph (B) without regard to enrollment of such a beneficiary in a medicare supplemental policy (described in section 1882(g)(1)), in a State Medicaid plan under title XIX or a waiver of such a plan, or in any other health insurance policy or health benefit plan;

''(iii) made for each qualifying service furnished to such a beneficiary described in clause (i) or (ii) of subparagraph (B) during a period specified by the Secretary; and

''(iv) made no later than 30 days after a qualifying service is furnished to such a beneficiary described in clause (i) or (ii) of subparagraph (B).

''(E) NO SEPARATE PAYMENTS FROM THE SECRETARY.—The Secretary shall not make any separate payment to an ACO for the costs, including incentive payments, of carrying out an ACO Beneficiary Incentive Program established under this subsection. Nothing in this subparagraph shall be construed as prohibiting an ACO from using shared savings received under this section to carry out an ACO Beneficiary Incentive Program.

''(F) NO APPLICATION TO SHARED SAVINGS CALCULATION.—Incentive payments made by an ACO under this subsection shall be disregarded for purposes of calculating benchmarks, estimated average per capita Medicare expenditures, and shared savings under this section.

''(G) REPORTING REQUIREMENTS.—An ACO conducting an ACO Beneficiary Incentive Program under this subsection shall, at such times and in such format as the Secretary may require, report to the Secretary such information and retain such documentation as the Secretary may require, including the amount and frequency of incentive payments made and the number of Medicare fee-for-service beneficiaries receiving such payments.

''(H) TERMINATION.—The Secretary may terminate an ACO Beneficiary Incentive Program established under this subsection at any time for reasons determined appropriate by the Secretary.

''(3) EXCLUSION OF INCENTIVE PAYMENTS.—Any payment made under an ACO Beneficiary Incentive Program established under this subsection shall not be considered income or resources or otherwise taken into account for purposes of—

''(A) determining eligibility for benefits or assistance (or the amount or extent of benefits or assistance) under any Federal program or under any State or local program financed in whole or in part with Federal funds; or

''(B) any Federal or State laws relating to taxation.'';

(3) in subsection (e), by inserting '', including an ACO Beneficiary Incentive Program under subsections (b)(2)(I) and (m)'' after ''the program''; and

(4) in subsection (g)(6), by inserting ''or of an ACO Beneficiary Incentive Program under subsections (b)(2)(I) and (m)'' after ''under subsection (d)(4)''.

(b) AMENDMENT TO SECTION 1128B.—Section 1128B(b)(3) of the Social Security Act (42 U.S.C. 1320a–7b(b)(3)) is amended—

(1) by striking ''and'' at the end of subparagraph (I);

(2) by striking the period at the end of subparagraph (J) and inserting ''; and''; and

(3) by adding at the end the following new subparagraph:

''(K) an incentive payment made to a Medicare fee-for-service beneficiary by an ACO under an ACO Beneficiary Incentive Program established under subsection (m) of section 1899, if the payment is made in accordance with the requirements of such subsection and meets such other conditions as the Secretary may establish.''.

(c) EVALUATION AND REPORT.—

(1) EVALUATION.—The Secretary of Health and Human Services (in this subsection referred to as the ''Secretary'') shall conduct an evaluation of the ACO Beneficiary Incentive Program established under subsections (b)(2)(I) and (m) of section 1899 of the Social Security Act (42 U.S.C. 1395jjj), as added by subsection (a). The evaluation shall include an analysis of the impact of the implementation of the Program on expenditures and beneficiary health outcomes under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(2) REPORT.—Not later than October 1, 2023, the Secretary shall submit to Congress a report containing the results of the evaluation under paragraph (1), together with recommendations for such legislation and administrative action as the Secretary determines appropriate.

SEC. 502. GAO STUDY AND REPORT ON LONGITUDINAL COMPREHENSIVE CARE PLANNING SERVICES UNDER MEDICARE PART B.

(a) STUDY.—The Comptroller General shall conduct a study on the establishment under part B of the Medicare program under title XVIII of the Social Security Act of a payment code for a visit for longitudinal comprehensive care planning services. Such study shall include an analysis of the following to the extent such information is available:

(1) The frequency with which services similar to longitudinal comprehensive care planning services are furnished to Medicare beneficiaries, which providers of services and suppliers are furnishing those services, whether Medicare reimbursement is being received for those services, and, if so, through which codes those services are being reimbursed.

(2) Whether, and the extent to which, longitudinal comprehensive care planning services would overlap, and could therefore result in duplicative payment, with services covered under the hospice benefit as well as the chronic care management code, evaluation and management codes, or other codes that already exist under part B of the Medicare program.

(3) Any barriers to hospitals, skilled nursing facilities, hospice programs, home health agencies, and other applicable providers working with a Medicare beneficiary to engage in the care planning process and complete the necessary documentation to support the treatment and care plan of the beneficiary and provide such documentation to other providers and the beneficiary or the beneficiary's representative.

(4) Any barriers to providers, other than the provider furnishing longitudinal comprehensive care planning services, accessing the care plan and associated documentation for use related to the care of the Medicare beneficiary.

(5) Potential options for ensuring that applicable providers are notified of a patient's existing longitudinal care plan and that applicable providers consider that plan in making their treatment decisions, and what the challenges might be in implementing such options.

(6) Stakeholder's views on the need for the development of quality metrics with respect to longitudinal comprehensive care planning services, such as measures related to—

(A) the process of eliciting input from the Medicare beneficiary or from a legally authorized representative and documenting in the medical record the patient-directed care plan;

(B) the effectiveness and patient-centeredness of the care plan in organizing delivery of services consistent with the plan;

(C) the availability of the care plan and associated documentation to other providers that care for the beneficiary; and

(D) the extent to which the beneficiary received services and support that is free from discrimination based on advanced age, disability status, or advanced illness.

(7) Stakeholder's views on how such quality metrics would provide information on—

(A) the goals, values, and preferences of the beneficiary;

(B) the documentation of the care plan;

(C) services furnished to the beneficiary; and

(D) outcomes of treatment.

(8) Stakeholder's views on—

(A) the type of training and education needed for applicable providers, individuals, and caregivers in order to facilitate longitudinal comprehensive care planning services;

(B) the types of providers of services and suppliers that should be included in the interdisciplinary team of an applicable provider; and

(C) the characteristics of Medicare beneficiaries that would be most appropriate to receive longitudinal comprehensive care planning services, such as individuals with advanced disease and individuals who need assistance with multiple activities of daily living.

(9) Stakeholder's views on the frequency with which longitudinal comprehensive care planning services should be furnished.

(b) REPORT.—Not later than 18 months after the date of the enactment of this Act, the Comptroller General shall submit to Congress a report containing the results of the study conducted under subsection (a), together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

(c) DEFINITIONS.—In this section:

(1) APPLICABLE PROVIDER.—The term ''applicable provider'' means a hospice program (as defined in subsection (dd)(2) of section 1861 of the Social Security Act (42 U.S.C. 1395ww)) or other provider of services (as defined in subsection (u) of such section) or supplier (as defined in subsection (d) of such section) that—

(A) furnishes longitudinal comprehensive care planning services through an interdisciplinary team; and

(B) meets such other requirements as the Secretary may determine to be appropriate.

(2) COMPTROLLER GENERAL.—The term ''Comptroller General'' means the Comptroller General of the United States.

(3) INTERDISCIPLINARY TEAM.—The term ''interdisciplinary team'' means a group that—

(A) includes the personnel described in subsection (dd)(2)(B)(i) of such section 1861;

(B) may include a chaplain, minister, or other clergy; and

(C) may include other direct care personnel.

(4) LONGITUDINAL COMPREHENSIVE CARE PLANNING SERVICES.—The term ''longitudinal comprehensive care planning services'' means a voluntary shared decisionmaking process that is furnished by an applicable provider through an interdisciplinary team and includes a conversation with Medicare beneficiaries who have received a diagnosis of a serious or life-threatening illness. The purpose of such services is to discuss a longitudinal care plan that addresses the progression of the disease, treatment options, the goals, values, and preferences of the beneficiary, and the availability of other resources and social supports that may reduce the beneficiary's health risks and promote self-management and shared decisionmaking.

(5) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

TITLE VI—OTHER POLICIES TO IMPROVE CARE FOR THE CHRONICALLY ILL

SEC. 601. PROVIDING PRESCRIPTION DRUG PLANS WITH PARTS A AND B CLAIMS DATA TO PROMOTE THE APPROPRIATE USE OF MEDICATIONS AND IMPROVE HEALTH OUTCOMES.

Section 1860D–4(c) of the Social Security Act (42 U.S.C. 1395w–104(c)) is amended by adding at the end the following new paragraph:

''(6) PROVIDING PRESCRIPTION DRUG PLANS WITH PARTS A AND B CLAIMS DATA TO PROMOTE THE APPROPRIATE USE OF MEDICATIONS AND IMPROVE HEALTH OUTCOMES.—

''(A) PROCESS.—Subject to subparagraph (B), the Secretary shall establish a process under which a PDP sponsor of a prescription drug plan may submit a request for the Secretary to provide the sponsor, on a periodic basis and in an electronic format, beginning in plan year 2020, data described in subparagraph (D) with respect to enrollees in such plan. Such data shall be provided without regard to whether such enrollees are described in clause (ii) of paragraph (2)(A).

''(B) PURPOSES.—A PDP sponsor may use the data provided to the sponsor pursuant to subparagraph (A) for any of the following purposes:

''(i) To optimize therapeutic outcomes through improved medication use, as such phrase is used in clause (i) of paragraph (2)(A).

''(ii) To improving care coordination so as to prevent adverse health outcomes, such as preventable emergency department visits and hospital readmissions.

''(iii) For any other purpose determined appropriate by the Secretary.

''(C) LIMITATIONS ON DATA USE.—A PDP sponsor shall not use data provided to the sponsor pursuant to subparagraph (A) for any of the following purposes:

''(i) To inform coverage determinations under this part.

''(ii) To conduct retroactive reviews of medically accepted indications determinations.

''(iii) To facilitate enrollment changes to a different prescription drug plan or an MA-PD plan offered by the same parent organization.

''(iv) To inform marketing of benefits.

''(v) For any other purpose that the Secretary determines is necessary to include in order to protect the identity of individuals entitled to, or enrolled for, benefits under this title and to protect the security of personal health information

''(D) DATA DESCRIBED.—The data described in this clause are standardized extracts (as determined by the Secretary) of claims data under parts A and B for items and services furnished under such parts for time periods specified by the Secretary. Such data shall include data as current as practicable.''.

SEC. 602. GAO STUDY AND REPORT ON IMPROVING MEDICATION SYNCHRONIZATION.

(a) STUDY.—The Comptroller General of the United States (in this section referred to as the ''Comptroller General'') shall conduct a study on the extent to which Medicare prescription drug plans (MA–PD plans and standalone prescription drug plans) under part D of title XVIII of the Social Security Act and private payors use programs that synchronize pharmacy dispensing so that individuals may receive multiple prescriptions on the same day to facilitate comprehensive counseling and promote medication adherence. The study shall include a analysis of the following:

(1) The extent to which pharmacies have adopted such programs.

(2) The common characteristics of such programs, including how pharmacies structure counseling sessions under such programs and the types of payment and other arrangements that Medicare prescription drug plans and private payors employ under such programs to support the efforts of pharmacies.

(3) How such programs compare for Medicare prescription drug plans and private payors.

(4) What is known about how such programs affect patient medication adherence and overall patient health outcomes, including if adherence and outcomes vary by patient subpopulations, such as disease state and socioeconomic status.

(5) What is known about overall patient satisfaction with such programs and satisfaction with such programs, including within patient subpopulations, such as disease state and socioeconomic status.

(6) The extent to which laws and regulations of the Medicare program support such programs.

(7) Barriers to the use of medication synchronization programs by Medicare prescription drug plans.

(b) REPORT.—Not later than 18 months after the date of the enactment of this Act, the Comptroller General shall submit to Congress a report containing the results of the study under subsection (a), together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

SEC. 603. GAO STUDY AND REPORT ON IMPACT OF OBESITY DRUGS ON PATIENT HEALTH AND SPENDING.

(a) STUDY.—The Comptroller General of the United States (in this section referred to as the ''Comptroller General'') shall, to the extent data are available, conduct a study on the use of prescription drugs to manage the weight of obese patients and the impact of coverage of such drugs on patient health and on health care spending. Such study shall examine the use and impact of these obesity drugs in the non-Medicare population and for Medicare beneficiaries who have such drugs covered through an MA–PD plan (as defined in section 1860D–1(a)(3)(C) of the Social Security Act (42 U.S.C. 1395w–101(a)(3)(C))) as a supplemental health care benefit. The study shall include an analysis of the following:

(1) The prevalence of obesity in the Medicare and non-Medicare population.

(2) The utilization of obesity drugs.

(3) The distribution of Body Mass Index by individuals taking obesity drugs, to the extent practicable.

(4) What is known about the use of obesity drugs in conjunction with the receipt of other items or services, such as behavioral counseling, and how these compare to items and services received by obese individuals who do not take obesity drugs.

(5) Physician considerations and attitudes related to prescribing obesity drugs.

(6) The extent to which coverage policies cease or limit coverage for individuals who fail to receive clinical benefit.

(7) What is known about the extent to which individuals who take obesity drugs adhere to the prescribed regimen.

(8) What is known about the extent to which individuals who take obesity drugs maintain weight loss over time.

(9) What is known about the subsequent impact such drugs have on medical services that are directly related to obesity, including with respect to subpopulations determined based on the extent of obesity.

(10) What is known about the spending associated with the care of individuals who take obesity drugs, compared to the spending associated with the care of individuals who do not take such drugs.

(b) REPORT.—Not later than 18 months after the date of the enactment of this Act, the Comptroller General shall submit to Congress a report containing the results of the study under subsection (a), together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

SEC. 604. HHS STUDY AND REPORT ON LONG-TERM RISK FACTORS FOR CHRONIC CONDITIONS AMONG MEDICARE BENEFICIARIES.

(a) STUDY.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall conduct a study on long-term cost drivers to the Medicare program, including obesity, tobacco use, mental health conditions, and other factors that may contribute to the deterioration of health conditions among individuals with chronic conditions in the Medicare population. The study shall include an analysis of any barriers to collecting and analyzing such information and how to remove any such barriers (including through legislation and administrative actions).

(b) REPORT.—Not later than 18 months after the date of the enactment of this Act, the Secretary shall submit to Congress a report containing the results of the study under subsection (a), together with recommendations for such legislation and administrative action as the Secretary determines appropriate. The Secretary shall also post such report on the Internet website of the Department of Health and Human Services.

TITLE VII—OFFSETS

SEC. 701. MEDICARE IMPROVEMENT FUND.

Section 1898(b)(1) of the Social Security Act (42 U.S.C. 1395iii(b)(1)) is amended by striking ''$270,000,000'' and inserting ''$0''.

SEC. 702. MEDICAID IMPROVEMENT FUND.

Section 1941(b)(1) of the Social Security Act (42 U.S.C. 1396w–1(b)(1)) is amended by striking ''$5,000,000'' and inserting ''$0''.

Mr. WYDEN. Mr. President, today is a big day in the ongoing effort to update and strengthen Medicare's guarantee to seniors. Senate passage of the

Finance Committee's chronic care bill means seniors with multiple chronic illnesses will have their individual needs better met and get the type of care they need earlier.

It is my judgment that the Finance Committee has no job more significant than updating the Medicare guarantee, and that is exactly what today is all about. The CHRONIC Care Act begins a transformational change in the way Medicare works for seniors who suffer from chronic illnesses like cancer, diabetes, and Alzheimer's disease.

If you could bring the lawmakers responsible for the creation of Medicare into 2017, they would barely recognize the program they created more than half a century ago. Back then, if a senior needed surgery for a broken hip, he or she visited a hospital and used Medicare Part A. If a senior needed treatment for a nasty bout of the flu, he or she visited their doctor and used Part B.

Today, more than 90 percent of the Medicare dollar goes toward seniors who have two or more chronic conditions. Today's seniors get their care in a variety of ways. It is not just fee-for-service; there are Medicare Advantage, Accountable Care Organizations, and other new systems under development.

Keeping up with those changes—updating the Medicare guarantee—is a big policymaking challenge, and that is why the Finance Committee worked so hard, for so long, to get this bill across the finish line. There are still more steps before these policies reach the President's desk, but with strong bipartisan backing of the entire U.S. Senate, I am confident the job will get done.

The CHRONIC Care Act will mean more care at home and less in institutions. It will expand the use of lifesaving technology. It places a stronger focus on primary care. It gives seniors, however they get Medicare, more tools and options to receive care specifically targeted to address their chronic illnesses and keep them healthy. Those are all important steps forward in updating the Medicare guarantee. Still to come is ensuring that every senior with multiple chronic conditions has an advocate to help them navigate through the Byzantine healthcare system.

Finally just a few points about the bipartisan process leading to this bill's passage today. The Finance Committee, in my view, has handed the Congress a model for how to legislate on a bipartisan basis. I want to thank Chairman HATCH, with whom I formed a bipartisan chronic care working group almost exactly 2 years ago, and I want to thank Senators WARNER and ISAKSON who generously took on the challenge of leading it.

Of course this bill wouldn't have materialized at all if not for the sweat equity put in by staff. Somewhere amid all the endless hours of work that went into writing this bill, they found time for multiple weddings, the birth of three children, and a handful of job changes. Thank you to Karen Fisher, Hannah Hawkins, Kelsey Avery, Leigh Stuckhardt, Liz Jurinka, Beth Vrabel, and Matt Kazan—our chronic care lead—all on my team. Chairman HATCH, I thank you for your commitment to keep working on this and to your staff, including Jay Khosla, Brett Baker, Jen Kuskowski, Katie Meyer-Simeon, and the chronic care lead, Erin Dempsey. Thank you also to Senators WARNER and ISAKSON for lending us Marvin Figueroa and Jordan Bartolomeo.

Mr. CORNYN. Mr. President, I ask unanimous consent that the committee-reported amendment be agreed to, and the bill, as amended, be considered read a third time.

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

The committee-reported amendment in the nature of a substitute was agreed to.

The bill was ordered to be engrossed for a third reading and was read the third time.

Mr. CORNYN. Mr. President, I know of no further debate on the bill.

The PRESIDING OFFICER. Is there further debate on the bill?

Hearing none, the bill having been read the third time, the question is, Shall it pass?

The bill (S. 870), as amended, was passed.

Mr. CORNYN. Mr. President, I ask unanimous consent that the motion to reconsider be considered made and laid upon the table.

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

MEASURE READ THE FIRST TIME—H.R. 3354

Mr. CORNYN. Mr. President, I understand there is a bill at the desk, and I ask for its first reading.

The PRESIDING OFFICER. The clerk will read the bill by title for the first time.

The bill clerk read as follows:

A bill (H.R. 3354) making appropriations for the Department of the Interior, environment, and related agencies for the fiscal year ending September 30, 2018, and for other purposes.

Mr. CORNYN. Mr. President, I now ask for a second reading and, in order to place the bill on the calendar under the provisions of rule XIV, I object to my own request.

The PRESIDING OFFICER. Objection is heard.

The bill will be read for the second time on the next legislative day.

ORDERS FOR WEDNESDAY, SEPTEMBER 27, 2017

Mr. CORNYN. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 10 a.m., Wednesday, September 27; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of the proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and morning business be closed; finally, that following leader remarks, the Senate resume consideration of the motion to proceed to S. 1519.

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

ORDER FOR ADJOURNMENT

Mr. CORNYN. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks from the Senator from Maryland, Mr. VAN HOLLEN.

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

The Senator from Maryland.

PUERTO RICO AND U.S. VIRGIN ISLANDS RECOVERY EFFORT

Mr. VAN HOLLEN. Mr. President, I want to start by saying a few words about what is happening in Puerto Rico and the Virgin Islands where, in front of our eyes on the television sets, we see a growing humanitarian crisis that needs our urgent attention.

Hurricane Maria has left unimaginable devastation. Less than half of the population of Puerto Rico has potable water. Cell service is out on 95 percent of the island, making it difficult to contact loved ones and call emergency services, and only 5 percent of the power grid in Puerto Rico is working.

My office has been fielding hundreds of calls from across the State of Maryland, some from constituents who are eager and desperate to reach their loved ones, others from fellow Americans who are watching the devastation and who are asking us to act quickly.

We all know that in the runups to Hurricanes Harvey and Irma, Texas and Florida braced for impact. We here in the Senate quickly organized to promise we would deliver the resources they would need to rebuild. We provided an emergency downpayment, and we gave them assurances that we would also stand ready to provide assistance when it comes to rebuilding.

We need to make that same urgent commitment to the people of Puerto Rico and the U.S. Virgin Islands, our fellow Americans. The administration needs to bring to bear its full resources from the military, to the Army Corps, to FEMA to deliver critical supplies and access to people in all parts of those areas.

We have heard that we might get an emergency request for appropriations in a week or two. We need to move much more quickly, given the urgency of the situation; 3.5 million of our fellow Americans should not be left to languish without water or power. That is not who we are. We need all hands on deck, and we need them now, so I hope we will move on to that.

HEALTHCARE, THE DREAM ACT, AND TAX REFORM

Mr. VAN HOLLEN. Mr. President, we had some good news—or I should say the American public had some good news today in the announcement from the Republican leader that the Senate will not be proceeding to debate what is known as the Graham-Cassidy legislation, the latest version of TrumpCare, which would have had a devastating impact on our healthcare system and created harm throughout the country and in my State of Maryland. In fact, I know millions of Marylanders will be breathing a sigh of relief as a result of this decision.

Mr. President, I ask unanimous consent to have printed in the RECORD the personal testimonials of Marylanders who, in the last few days, have sent to me their very powerful stories about how the Graham-Cassidy legislation would have harmed their loved ones.

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

VAN HOLLEN CONSTITUENT HEALTHCARE/ACA STORIES

9/19/2017

''I am a Registered Nurse who specializes in perianesthesia care. Please do not wind back the clock and make it harder for people to seek care during an illness. I am heartbroken that I have cared for patients who delayed care for weeks and months because they were more afraid of medical bills than dying. When people are ill and do not seek care, they jeopardize their lives—and in the case of communicable diseases they jeopardize the lives of others by delaying care and treatment.''—Beth

''My 14 year old daughter is a leukemia survivor. She has multiple serious long term side effects from her chemotherapy regiment. By repealing Obamacare, she becomes uninsurable due to her preexisting conditions and the fact that she has met her life time maximum many times over.''—Caroline

''I have a neuromuscular autoimmune disease called Myasthenia Gravis. It affects my voluntary muscles, muscles I use to walk, carry my groceries, see, swallow and breathe. I already have to fight with my insurance to get them to pay for my immunoglobulin infusions, which most of the time they deny, which sends me to the emergency room because I can't breathe. If for any reason I have to find a new insurance, such as my husband getting a different job, it could be a death sentence for me. Just one month of outpatient immunoglobulin therapy is $27,000. My immunosuppressants I have to take daily can run up to $2000 for a 3 month supply. Then couple my health issues and the cost of medications and I would probably die within a month or less. I didn't ask to get sick. I never imagined at 41 I would be facing my mortality.''—Chrissy

''My older sister has been profoundly disabled by mental illness for the last 50 years. She is 62 now. She has severe behavioral issues She cannot work. . . . She has been one step from living on the street if it weren't for Medicaid and SSDI. She is not getting rich from these safety nets by any means. If these go away the republican congress and this presidential administration will be responsible for making challenging lives that much more miserable We don't treat our most vulnerable as if they are disposable.''—Cat

''My son, 6, has a complex congenital heart defect called Hypoplastic Left Heart Syndrome (HLHS). He has had four open heart surgeries and several cardiac catheterizations. A transplant could be needed one day. I worry every day about how he will have heart care should something happen and when he is too old to be on our plan.''—Dara

''I am a nurse practitioner and worked for the VA Healthcare System for 15yrs. While this system is not without its challenges, without it, many of our veterans would not be receiving the healthcare and support they need to remain healthy and productive members of society They would not be able to work and support their families and as a result, would likely not seek healthcare until they needed emergency services. By then their previously untreated condition may already have worsened to the point of permanent disability or death, leaving their families to fall into poverty, despair and having to rely on Gov't. Assistance. If they do not die, their disability care costs far more than the early and maintenance treatment they should have been receiving even if they needed this maintenance treatment for a lifetime!''—Becky

''My 25 yr old son has Crohn's disease. His entire large intestine was surgically removed when he was 17. He must get a remicade infusion every 6 weeks to keep his immune system from attacking his intestines. No hospital ER will administer his remicade infusion as this is considered maintenance of his disease. When his situation becomes life threatening and he needs the Intervention of the ER . . . the damage is already done. Why don't our republican senators get this? Shouldn't they be aware of this. . . . if they think they are the experts, representing us? Trey will lose his insurance next June when he turns 26.''—Darlene

''Deep Medicaid Cuts would be devastating to the millions of people with disabilities. The Home and Community Waivers would be in jeopardy. Because of the Community Pathways Medicaid Waiver, Our 32 year old son is able to live in his own apartment, volunteer in the community, hold a 30 hr week job in Gaithersburg, and have a social life. Without the supports he would lose his independence. . . . Please don't make deep cuts to Medicaid.''—Reda

''We have 14 year-old twins, both of whom have Cerebral Palsy. . . . It isn't their fault that they have a disability and they should not be punished for it.''—Danica

''I work with medically fragile children with disabilities. Without Medical Assistance, these children and their families cannot afford the equipment, supplies & therapies that help them grow and thrive.''—Carmel

''I'm 48. I was diagnosed with scoliosis at age 13, and I had spinal fusion surgery to save my life from it at age 21. The surgery saved my live, but also had lifelong consequences. I have had this pre-existing condition for most of my life. My parents, and then me when I came of age, have always had to be careful to make sure that pre-existing conditions were covered. I once turned down a job in part because their insurance didn't cover pre-existing conditions. The ACA meant I no longer had to worry. Today, I work as a contractor for the US military, helping defend US cyberspace. I wouldn't be here, doing important work and being a productive member of society, if I couldn't get coverage for my pre-existing conditions.''—Bruce

''Obamacare saved my roommate's life. He was a server at a very popular restaurant, hardworking, got good tips but could not afford health insurance. He got prostate cancer. Obamacare got him the care he needed.''—Deborah

''I had a mitral valve prolapse. It was discovered when I was a little girl, and basically that means that one of the valves in my heart never fully closed. I was followed annually by a cardiologist, and she told me to expect to have it fixed in my 30s. She also told me to have children in my 20s because if I needed to have it replaced (not just repaired), I would need to take blood thinners that would not allow me to be pregnant. I had my heart repaired four days after my 30th birthday, when my kids were 5 and 9 months. It was not fun, especially being a mom with little ones, but I am as good as new five years later. Only my health insurance doesn't think so. Prior to the ACA, I was rejected by the BCBS policy my husband's company was providing for us and his employees. They told us they were happy to offer coverage for my family but would not include me on our plan. Everyone gets sick. Everyone gets old. You can do everything right and take care of yourself—and still have a preexisting condition that makes you more expensive to cover. And without the ACA, I may find myself having to fight for health insurance again.''—Justine

''My daughter was diagnosed with a rare Autoimmune disorder at age 18 . . . . Thanks to Obamacare, she was able to stay on our insurance until age 26 then purchase her own through her employer. Preventative care keeps her in remission. Losing the ability to afford insurance means she cannot afford care. One medication alone costs over $2,000/month!''—Cheryl

''I am the first to acknowledge that there are major problems under the ACA. Premiums and deductibles are far too high and increasing far too much annually. I am self-employed and the individual market is getting exceedingly worse each year. CareFirst proposed a 50% rate hike for 2018 for plans that already have a $6500 deductible. This is not sustainable. However, prior to the ACA, I was denied coverage by every insurer in the State of Maryland. The reason for the denial was that I was prescribed Lovenox, an injectable blood thinner, when I was pregnant with my three children. The letters denying coverage said I was at increased risk for thrombosis, despite the fact that I had medical documentation stating otherwise because my particular blood clotting concerns exist only in pregnancy. Before the three children in my profile picture were born, our first daughter was stillborn and I had two miscarriages. Initial pathology following her stillbirth showed that the placenta was badly clotted and blood testing showed that my Protein S levels were low. Following the two miscarriages and substantial blood work, my doctors concluded that my protein S levels dip to deficient levels in pregnancy and that I needed blood thinner in order to maintain a pregnancy. I find it ironic that the ''pro-life'' Republican party wishes to punish me and my family because of medication I took to ensure that my children were born alive and well. We need to fix the ACA, but this is not it.''—Kim

''I have been a type I diabetic for 25 years. When my husband and I had health insurance coverage through his employer, my prescription for life-sustaining insulin cost us $300 each month. After he began working for a new employer who did not offer health insurance, we were encouraged to shop for our healthcare on the Maryland Exchange. With our ACA plan, my insulin is now much more affordable at $50 a month. If I have to go back to paying exorbitant amounts of money for a medication I need in order to survive, I will be forced to cut corners. If I do not take the necessary amount of insulin, I face a host of complications including kidney failure, neuropathy, blindness, and so much more. My husband and children should not have to watch me suffer the preventable side-effects of this disease. Like all other

Americans, I deserve affordable health insurance coverage and the Affordable Care Act provides that for me!''—Katie

''I am a 55-year-old humorous, fun-loving, and fiercely idealistic daughter, sister, friend, 5th grade teacher, volunteer, advocate, and 9 year breast cancer SURVIVOR. Please!! Do not allow them to change the words ''breast cancer survivor'' into something I loathe and fail to celebrate!! If the GOP is successful, which I CANNOT bear to consider, I become no more than a ''pre-existing condition and cancer VICTIM'' in the eyes of our government, insurance companies, and the healthcare system. If the GOP is successful, I become a 55-year-old angst-ridden daughter, sister, friend, 5th grade teacher, volunteer, advocate, and SCARED AS HELL breast cancer VICTIM who fears bankruptcy and spends countless hours contemplating my mortality. Please!! Keep fighting for all of us. I sincerely believe that EVERYONE IS A SURVIVOR—NOT A VICTIM—OF SOMETHING IN THIS LIFE!! Please!! Do not let the GOP take control of our narrative. We all have people who count on us. If we cannot take care of ourselves because of sky-rocketing medical costs . . . If we cannot function in our jobs properly because of constant fear and worry . . . . How can we possibly take care of our beloved family, friends, and those in our care both professionally and in our volunteer endeavors???''—Carla

''Thank you for fighting this. I am a 7 1/2 year cancer survivor, but could be prohibited from coverage if my previous diagnosis is included in pre-existing condition exemptions.''—Pat

''My daughter is medically fragile, and dependent on a ventilator, due to a genetic condition (Neurofibromatosis type 1, also known as NF). She also has a rare cerebrovascular disorder, called Moyamoya Disease that caused her to suffer two strokes at age 15 months old. Daphne has been through heart surgery, neurosurgeries, chemotherapy, and countless hospitalizations. She also suffers from epilepsy. Because of her vast health issues, she requires 24 hour care and receives in-home nursing through Medicaid for 16 hours a day. Cuts to Medicaid coupled with allowing insurers to deny for pre-existing conditions, and bringing back high-risk pools would put the most vulnerable people at risk . . . . Every ACA repeal bill that has come forward has been a threat to my daughter's wellbeing, and this one is no exception. This is not the right path forward. The Senate should be working hard to make sure every American has access to healthcare, every Senator should be looking out for the most vulnerable Americans. There are measures needed to improve our healthcare system; but cutting access to healthcare to the people who need it most is not an improvement. For families like mine, it would be devastating.''—Jenny

''In 1994, I was 24 years old and working at Dartmouth College in New Hampshire, when I suddenly got very sick and was hospitalized. I was diagnosed with acute pancreatitis of unknown cause, and spent 11 weeks in the hospital and had 2 surgeries. I did have health insurance, but the final costs from that initial illness that were billed to insurance totaled over $250,000. Two years later I experienced a recurrence of the pancreatitis, and I was told that I now was almost assuredly going to have what is known as Idiopathic Recurrent Acute Pancreatitis. This time I was only hospitalized for 30 days, but the costs were mounting, and I began to be afraid that I was going to easily hit the one million dollar lifetime limit that was currently part of my policy. I also was unable to consider moving away from New Hampshire (to be closer to family resources and support, for example), because of the strict Pre-existing Conditions clauses at that time. In 1998, when President Clinton signed the bill that forbade insurance providers from denying coverage for preexisting conditions, I was able to change jobs and move back to my hometown of Baltimore, Maryland. Now, after working for The Johns Hopkins University for 15 years, I have been forced by necessity to leave my job and obtain Social Security Disability benefits, and now I am also being covered primarily by Medicare. I am already living on a fixed income, at age 47, and I am not making enough money to even live without a roommate, let alone enough money to face increasing premiums as well as decreasing coverage for my medical care. Please, please, please do not let Congress pass this bill!! I would be honored for you to tell my story, and I hope that maybe it could be eye-opening for some of the representatives who seem to believe that if you are a well-educated, younger, tax paying citizen these changes won't have a big impact. This kind of unexpected medical disaster could happen to anyone.''—Nicole

''11 months ago, I had to consent to a C-section at 28 weeks pregnant due to pre-eclampsia. The only thing worse than having to put my tiny son's health in jeopardy to save my life was the fear of my dying and leaving my husband to raise a 4 year old and a potentially medically-fragile infant. Now I worry, will his prematurity and my high blood pressure come back to haunt us? I got through his 142 day stay in the NICU by dreaming of what his life could be. I dream of him running when he is two, arms outstretched, of when he is 22 and graduates from college, maybe to be a NICU nurse, of when he gets married and I dance with him . . . . My nightmare is that this will affect our ability to have that future I dreamed of, mostly that I won't be there for him. We have fought so hard to get our own ''normal'', please keep fighting for us.''—Rachel

''I am a Montgomery County Maryland resident and have an aged severely disabled aged brother in a nursing home who depends on Medicaid and an adult daughter with Crohn's disease and a preexisting condition she acquired as a teenager and both of their lives will be put in jeopardy if they lose their current . . . medical coverage and I am worried and angry at the cruel and heartless Republican attempt to reduce or eliminate their life saving health coverage.''—Richard

''My husband and I have both have had life threatening medical conditions. To lose our health insurance due to pre-existing conditions will be a death sentence when we run out of options. I worry most though for our medically fragile children and seniors.''—Val

''Twelve years ago, before the Affordable Care Act, I was a single parent of two school age children and was denied health insurance coverage because of pre-existing conditions. I frantically searched for employment where I could have coverage in an employer plan. I was fortunate to find this . . . . In 2014 I had to leave employment to become a care giver for my husband who was diagnosed with Parkinson's disease. I considered myself fortunate to be able to do this because the Affordable Care Act would allow me to purchase health insurance without worrying about my pre-existing conditions. My premiums and deductibles have been very expensive, but at least I could obtain coverage. I remember the stress and fear from being previously denied coverage.''—Roberta

''My 25 year old daughter is about to hit her 90-day sobriety date, thanks to her hard work, and the treatment she is receiving at a great rehab in PA. She is still going to outpatient, and she is living in a sober house with roommates. My health insurance has covered her treatment. Thank God she is still able to be covered under our family plan. Please do not take the chance for a life in recovery, and addiction treatment services away from our children It is saving lives.''—Deb

''It would be a death sentence for me. As it is now I am fighting to get on disability now. I have 4 serious pre-existing conditions. The ACA saved my husband's life no joke as he had cancer life threating cancer and without it he would NEVER had survived period. He also has 3 other preexisting conditions. Our medical bills as it stands now are more then all our other bills combined per month. In the middle of an opiate epidemic as well OMG addiction and or mental health issues are considered pre-existing conditions what are they thinking and ripping millions of people safety net away from them in the middle of this crisis is not human.''—Jean

''I have asthma, which was and is a pre-existing condition. Early in my twenties when I was in college but not able to be on my parent's insurance, I would put off going to the doctor because I couldn't afford it when I got sick. Consequently, this meant I ended up in the ER for asthma related problems. Every 6 months I would come down with pneumonia because there was no vaccine for it then, and each time it meant a visit to the ER for intensive breathing treatments because I could not breathe. This happened so many times I eventually had to declare bankruptcy to get out from under the bills. Today my asthma medicine is covered with a nominal co-pay, I can see my doctor before a case of bronchitis becomes something worse, and I do not need to go to the ER for treatment. Now I have a twenty year old in college who has pre-existing conditions, unlike me she is still covered under our health insurance and her prescriptions are affordable. What happens to me, my daughter, and my husband who all have pre-existing conditions if our insurance is allowed to go back to the old days of charging more for our coverage? What happens to my daughter if she can no longer be on our policy? Surely the Republicans can't think that repealing these protections and replacing them with nothing is something good for our country? Are they that out of touch with the middle class? Please do not pass this, you will be hurting many, many people.''—Pamela

''As a type 1 diabetic, I used to skimp on my insulin to make the bottles last longer. Keeping my blood sugar levels higher than they had to be is catastrophically unhealthy. Please don't make people with chronic illnesses have to choose between food and medicine!''—Sandra

''My sister who has Cerebral Palsy and is able to live at home at the age of 41 with my parents would lose the medical coverage and supports that ensures her wellbeing. My father who is 87 years old would now be subject to pre-existing condition exclusions. This is a man who served in the army and retired from the Postal Service in his 70's. He grew up in the Great Depression and worked tirelessly his entire life. Name me one person who does not have a pre-existing condition by the age of 87.''—Bonnie

''My daughter has had pre-existing conditions since she was 22 months. She is now 23, still with developmental delays and chronic medical conditions. She will need good care and Medicaid and a Medicaid waiver program the rest of her life. She will never be able to work. If there are cuts to Medicaid and she gets denied private insurance for pre-existing conditions, our government is basically telling me and telling her, ''We really don't want her to live. We really only want healthy and non-disabled people living in America. We would like her to die.'' That is exactly what their plan sounds like to me.''—Kimbell

''I am guilty of being born with an autoimmune condition. For much of my young adult life I was not insurable because of the pre-existing condition clause, and arthritis caused by my autoimmune condition left me stuck in bed more days than not. Since the ACA, I am insured and as a result have been able to start a treatment for my condition which is literally life-changing. I can leave the house, I can have a normal life, and I'm even fostering a dog for a rescue that took dogs from the Harvey shelters before the storm, to make room for displaced pets. He needs a walk every day, at least once a day, and I can do that. The repeal makes no sense—if I can buy insurance I can work and contribute to the community. If I can't get insurance I can't get healthcare, and without healthcare I can't work, I can't contribute to society through volunteering—how do people benefit from making sure people like me can't get the healthcare we need to be able to have lives? Even if you don't care about us as people, society benefits when more people can work and pay taxes and volunteer.''—Kris

''In 2006 at age 41, I was diagnosed with a rare, incurable and life-threatening disease. I had insurance through a Health Savings Account, which had a $3,000 annual deductible and monthly premiums that increased 400% in 5 years. I've been disabled by this illness and many complications and rely on Medicare and Medicaid to survive. If either is cut I won't be able to afford the highly specialized medical care this rare disease requires. I will die as a result. Please do everything in your power to protect all of us whose lives are at risk.''—Sangye

''My Wife's Father, Dennis, passed away a little over two years ago of congestive heart failure. He wasn't even 60. He was a CT Native that lived alone in SC with just his beloved German Shepheard Bobbi at his side. While his medical issues were great, he managed to hide most of them from the family . . . . Had he gotten treatment early his conditions could have been easily managed but because he went untreated for years, his issues became fatal. There was eventually nothing that could be done. The saddest part of this is that we fought with him for years to sign up under the Affordable Care Act. He refused because he felt this was a hand out and he was too proud for that. When he eventually became too weak to carry out even the most basic tasks, which included hiding his condition from the family, he finally agreed to sign up. While he did sign up, he would never see his first appointment. He passed in his sleep before it could even be scheduled . . . . Dennis should have lived. He could have lived. If he simply had access to the care he needed all along then he would still be with us. But we don't get to have that. Instead my Wife has a hole in her heart that may never be repaired. Tormented with the ''what ifs'' that can never be answered. The only thing we can be thankful for in this is that we were able to claim Bobbi, the dog he lived for. She has become a truly beloved member of our family.''—Jason

''Thank you for fighting for us. If pre-existing conditions aren't covered I will quickly go bankrupt. I will lose my house that I just purchased. I have a good, steady job and a Master's degree but this would quickly bankrupt me.''—Rebecca

''People need to understand how easy it is to feel like a relatively healthy person, then be saddled with a ''pre-existing condition''. I work in a field where it is difficult to get employer sponsored health insurance. Before the ACA, when I was applying for my own policy . . . . I had to go through underwriting. They called every doctor I ever had. They requested that my entire file be sent to the insurance company. It was very invasive . . . . Finally, I received a letter. I do not qualify for insurance due to pre-existing conditions. I have never been seriously ill, never been hospitalized. I use an asthma inhaler as needed and I take one generic pill every day for another condition. This was enough to deny me. I had to go on a high risk plan which cost me almost as much as our ACA plan for a family of three. There was no drug coverage whatsoever. I had to pay list price for drugs . . . . I had a well-paying job with no dependents and I still needed help from my parents to pay for all of this . . . . With this new bill, these are the days we are going back to. We can't. We just can't.''—Hilary

Mr. VAN HOLLEN. Now that we have decided not to vote on that legislation, it is essential that this Senate move forward expeditiously to take up bipartisan legislation that has been in the works through Senator ALEXANDER and Senator MURRAY. Those conversations were bearing fruit. They were productive until the Senate decided to veer off, once again, to try to pass legislation that would have destroyed the Affordable Care Act. But now that we have decided not to go down that path, we have to quickly come back to those bipartisan talks and adopt some commonsense measures to strengthen the insurance system in a smart and targeted way.

There were many commonsense ideas that are part of those discussions, including making more permanent the so-called cost-sharing provisions, which help to lower the costs of healthcare and help to reduce the premiums, the copays, and the deductibles, and the reinsurance provisions that also have that effect, as well as discussions about how we might be able to streamline waivers within the Medicaid system without sacrificing or jeopardizing the important principles and protections that Medicaid provides on a national level.

We know we have to move quickly on this front because insurance companies all over the country have already started or are on the brink of starting the process of announcing their premiums. Unless this Senate takes action, we are going to see many high premiums. So we have to move quickly. As we do, the White House needs to stop their efforts to undermine and sabotage the Affordable Care Act.

On day one of his Presidency, President Trump adopted an Executive order that began to sabotage that program. We are already seeing the impact when it comes to some of the early premium announcements we have seen from insurance companies that offer insurance in the exchanges. That decision—that early Executive order—has created a big spike. So the President needs to act right away to assure the folks who provide healthcare throughout the country that he is going to stop the sabotage and begin to make sure that we stabilize those markets. It is under his control to say today, if he wanted, that he will continue those cost-sharing payments until the Senate and the House adopt permanent legislation to address those issues.

So it is really important that the Trump administration take those actions now to avert increasing premiums in the exchanges in the days to come. It is also essential that the Senate move forward on that legislation.

I hope we will also move forward with the continuation and some strengthening and modifications of the Children's Health Insurance Program. Again, there is bipartisan agreement on that proposal. We need to move forward right away with the support for community health centers because that authority will also expire.

I hope we will then get on with the business of putting into law the agreement in principle that was reached by President Trump and the Democratic leaders in the House and the Senate to provide protections for the Dreamers. As we all know, the President lit the 6-month fuse on these young people who were brought here through no fault of their own, and it is incumbent on all of us to make sure that these young people, who have grown up knowing only America as their country and who have grown up pledging allegiance to the flag, not face the threat of deportation 6 months from now. That is what they are facing as of this moment. The Senate should act quickly to pass the bipartisan Dream Act.

I hope we will also move forward in a bipartisan way on the important issue of tax reform because I think all of us agree that our Tax Code could be simplified. There is a lot of junk in our Tax Code that has been put there by powerful special interests who were able to hire high-priced lobbyists to exempt themselves from certain tax provisions that all other Americans have to pay. We need to clear out that underbrush and make other important reforms, and we can simplify the Tax Code.

As we do that, I was very much hoping that we would take the advice of our colleague, Senator MCCAIN, who said we need to get back to the regular order. We need to get back to the Senate conducting its business in a transparent manner. We need to have hearings. We need to bring witnesses from all different perspectives and points of view to testify as to the impact of tax reform proposals.

We short-circuited that process when it came to healthcare, and the result was a healthcare bill that the overwhelming majority of the American people rejected, including every single patient advocacy organization that weighed in on that bill—from the American Cancer Society to the American Heart Association and the American Diabetes Association. We have seen that very long list, with all of the healthcare providers, from the nurses to the doctors to the hospitals. Hospitals in rural areas, suburban areas, and urban areas all said that the healthcare bill that did not go through the regular process and did not go through the regular order was deeply flawed and would hurt America.

We should learn a lesson from that. The lesson we should learn is that tax reform, which also has an incredibly wide-reaching impact on our economy and on our country, should go through the regular order of debate. It is very alarming to see that, as of now, it appears that the process on tax reform is going to go through the same short-circuited effort as we saw with respect to healthcare, because what we have seen is that the Senate Budget Committee, on which I am proud to serve, will soon—maybe as early as next week—be taking up a budget bill that will include what are known as budget reconciliation instructions, which would provide for a tax cut that would be deficit-financed. What does that mean? It means that we would be cutting taxes and not paying for them. We would be cutting taxes and putting it on the American credit card and, as a result, dramatically increasing our debt. In fact, the reports indicate that the proposal will actually green-light a $1.5 trillion increase in the Federal deficit.

Now, I have heard our Republican colleagues in the House and in the Senate for years talk about the fact that the debt is a huge burden overhanging on our economy. The debt is a big problem, and we need to deal with it. In fact, a few months ago, Leader MCCONNELL said that any tax overhaul plan would ''have to be revenue-neutral'' because of the ''alarming $20 trillion Federal debt.'' Yet, just months after that statement, we are told that we are probably going to get a proposal that would actually green-light—open the door—to increasing the Federal debt by $1.5 trillion in order to provide a tax cut.

Now, the Democrats have put forward some principles for tax reform that I believe reflect the views of the American public. What we have said is this. No. 1, tax reform should be there to help the middle class and working families with some relief, and we should not be providing millionaires in the top 1 percent with yet another tax cut windfall. That should not be the priority of the country. In fact, Secretary Mnuchin, when he was testifying during his confirmation hearings, put forward something that we called the Mnuchin rule, which said that there should be no net tax cut for the very wealthy. So we have adopted that as one of our principles for tax reform.

We have also said what Leader MCCONNELL said a few months ago, that tax reform should not add to the deficit and debt. We shouldn't pass that burden on to taxpayers and future generations to pay the interest on that debt.

Finally, we have said that it should go through the regular order, as Senator MCCAIN indicated, where we have that debate in an open forum so that everybody can understand the impact and have their say before people try to rush it through the Senate in a short period of time. So I hope that is what we will do. These reports that we are talking about short-circuiting the process are alarming.

Then, we just heard within the last few days that, in addition to creating a process that would fast-track tax cuts that could go overwhelmingly to the wealthy and add to our deficit, this reconciliation bill will be written in a way that might allow us to try to fast-track the destruction of the Affordable Care Act again. We have finished this debate for this fiscal year, but suggestions are that it will open the door to destroying the Affordable Care Act through that fast-track, so-called reconciliation process in the months ahead.

So we would have in one piece of legislation a proposal that says: Let's cut taxes for very wealthy people, and it will add to the deficit, but we are also going to try to reduce the deficit a little bit by cutting healthcare for millions of Americans.

We thought we just had that debate, and we thought the American public just weighed in on that debate. The result of the American public's weighing in was very clear, and that is why we are not voting on that this week in the Senate. We should not open the door again to that kind of fast-track process that could do such grave harm to the healthcare of the American people.

So I hope that when it comes to tax reform, we will take a different path. As I indicated, there are things we can and should do to simplify our Tax Code. What we should not do is what we have seen in the past. What we saw in the past in the early 2000s was this fast-track procedure used to pass tax cuts that went overwhelmingly to the wealthiest Americans. In fact, after that tax cut was put in place, what went up was the income of the top 1 percent. What went up was the deficit and the debt, and everybody else was left flat or sinking. So that would be a terrible mistake.

For example, we are told that part of this will be eliminating entirely the so-called estate tax. Right now, the estate tax only applies to estates over $11 million, for couples—over $11 million. So 0.2 percent of Americans are impacted by the estate tax, and they are the wealthiest of the very wealthy. Yet this proposal says we are going to actually increase the debt by $1.5 trillion in order to make room for tax cuts that benefit the top two-tenths of 1 percent of the American public.

That is heading in the wrong direction. I am pretty confident that, at least, in my State of Maryland, the overwhelming majority of our citizens would be very much opposed to that effort. What always happens is that, when it comes to cutting taxes for the very wealthy or for powerful special interests, many of our Republican colleagues here forget about all the talk about the importance of the deficit and debt. It is OK to run up a $1.5 trillion debt on top of our already high debt in order to provide tax cuts. But then, when those debts go up, always the conversation comes around to cutting—cutting our investments in education; cutting Medicare, turning it into a voucher program, as various Republican budgets in the House and Senate have proposed over the years; cutting Medicaid, which is what the Graham-Cassidy bill would have done and, according to the Congressional Budget Office, it is over a $1 trillion cut, and that is before it went over a total cliff in the outyears.

So let's, please, colleagues, learn the lesson from how this healthcare fiasco unfolded. When it comes to things like tax reform, let's proceed in a bipartisan way. Let's begin in the coming week to get back to the bipartisan discussions on healthcare, so that as we head into the fall, people are not going to experience wounds that are inflicted by the lack of action by this Congress—by this Senate and this House.

I thank you, Mr. President. I hope we can get back to regular order at some point in time and really do the people's work the way it is intended to be done—in an open, transparent, and bipartisan way.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. GRASSLEY. Mr. President, I ask unanimous consent to speak for approximately 6 or 7 minutes.

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

EPA PROPOSAL ON BIODIESEL

Mr. GRASSLEY. Mr. President, I come to the floor because I am very disturbed about some actions coming out of EPA affecting biofuels and contrary to what the President promised. In other words, I think people working for the President aren't following the President's direction.

As my colleagues know well, I have championed renewable fuels and other energies for a long period of time. I have worked hard to enact policies to encourage the growth of renewable electricity from sources such as wind and solar. The same is true for biofuels. I have pursued policies to grow our country's production of renewable fuels, such as conventional corn ethanol, biodiesel, and cellulosic ethanol. I support renewable energy because it is good for the economy. It is good for our national security. It is good for our balance of trade. It is good for the rural economies, and it is good for energy independence.

I was pleased that in the most recent Presidential election, then Candidate Trump—now our President—made clear his support for ethanol and the renewable fuels standard. He said clearly: ''We are going to protect the Renewable Fuels Standard.''

On another occasion, Candidate Trump recognized the benefits of the industry when he said this at an ethanol biorefinery:

Amazing what you've been able to do—amazing. And it's great for the country and

the investment is great. Beyond even the product, the investment and the jobs and everything else are great for the country.

Finally, at a summit focusing on renewable fuels in Iowa, as a candidate in January of 2016, Mr. Trump said this:

The RFS, which is Renewable Fuel Standard, is an important tool in the mission to achieve energy independence to the United States. I will do all that is in my power as President to achieve that goal. . . . As President, I will encourage Congress to be cautious in attempting to charge and change any part of the RFS. . . . Energy independence is a requirement of America to become great again.

Candidate Trump continued:

My theme is 'Make America Great Again.' It's an important part of it. The EPA should ensure that biofuel RVOs, or blend levels, match the statutory level set by Congress under the RFS.

These are, in fact, very strong words and went over well with farmers and alternative energy people in my State and throughout the country, and I am glad he said them. After years of delay and uncertainty from the previous administration, Iowans are very grateful to hear such determination and conviction from Candidate Trump, now President Trump.

I was somewhat cautious early on when the President named a few members of his Cabinet who were from oil-producing States. Fearful of Big Oil's opposition to biofuels and then concerned about whether the President would keep his promise, I, along with a number of my Senate colleagues, held a meeting in my office with the nominees for Director of EPA and Secretary of Energy, among others. We expressed to those nominees our support for biofuels and renewable energy and the benefits of strong biofuels policies. One by one, these nominees assured us of their support because they were made well aware of President Trump's support by the President himself. They told us that they knew who was boss, and they knew the President supported the Renewable Fuel Standard.

About a month ago, the President called me. I was traveling to Northwest Iowa for my town meetings. He called me. We talked on the cellphone for maybe a couple of minutes. He was somewhat worried—although he didn't say why he was worried—that people might be questioning whether he still supported ethanol and other biofuels. He made very clear to me that he supports renewable fuels and that he will keep his word on the Renewable Fuel Standard. He said he wanted me to tell that to the people of Iowa.

There are a lot of ways you can tell the people of Iowa, but one of the ways I did what he asked is I tweeted it to the 140,000 people who are on my Twitter feed. I have done what he asked me to do.

Here we are today. You can imagine my surprise this very day when I saw that President Trump's EPA has released a proposal out of the blue to reduce the volume requirements for biodiesel for 2018 and 2019 under the Renewable Fuel Standard. That is the RFS.

This action today has come out of nowhere. The EPA just released a proposal in July to set blending levels for biodiesel. It did not touch the 2018 level, which was already finalized at 2.1 billion gallons. The July proposal would keep the 2019 levels steady at 2.1 billion gallons.

This is what happened today, which I have already referred to. Today's announcement proposes to reduce both levels, contrary to what the President had said that he was supporting. It is outrageous that the EPA would change course and propose a reduction in renewable fuel volumes in this particular way. This seems like a bait and switch from the EPA's prior proposal and from assurances from President Trump himself and from those Cabinet Secretaries who came to my office to assure us of their support for the RFS.

Reducing volumes as the EPA proposes would undermine renewable fuel production. That is contrary to the worthwhile goal of America first. It will undermine U.S. workers and harm the U.S. economy, particularly in rural America. It is contrary to the goal of meeting the country's fuel needs through domestic production, which is critical to job creation and economic growth.

This all gives me a strong suspicion that big oil companies and big oil refineries are prevailing once again in this Trump EPA, as they did in the Obama administration, despite assurances to the contrary that I have received from this administration.

You can bet that I plan to press the administration to drop this terrible plan. I hope the officials working for the President will keep the President's word, so I will make sure that EPA hears loud and clear the impact the EPA's proposal will have on Iowa's corn and soybean farmers and the biofuel producers in my State and all the jobs connected with it. That is not a way to make America strong once again.

I yield the floor.

ADJOURNMENT UNTIL 10 A.M. TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 10 a.m. tomorrow.

Thereupon, the Senate, at 7:08 p.m., adjourned until Wednesday, September 27, 2017, at 10 a.m.