The Senate met at 12 noon and was called to order by the Honorable Joni Ernst, a Senator from the State of Iowa.

PRAYER

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

Let us pray.

Eternal God, the center of our joy, You are our strength. Thank You for Your guidance and protection.

Lord, be a stronghold for our lawmakers, providing them with strength for today and hope for tomorrow. May they cast their cares on You, knowing that no one is more concerned about the things that threaten their peace. Show Yourself faithful to the faithful, rewarding integrity with Your bountiful blessings.

Lord, arm our Senators with courage for life’s battles, keeping them humble and faithful in their work. Help us all to do the best we can each day and leave the results to You.

We pray in Your strong Name. Amen.

PLEDGE OF ALLEGIANCE

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

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

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

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

The senior assistant legislative clerk read the following letter:


To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable Joni Ernst, a Senator from the State of Iowa, to perform the duties of the Chair.

OREN G. HATCH, President pro tempore.

MRS. ERNST thereupon assumed the Chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

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

HEALTHCARE LEGISLATION

Mr. McConnell, Madam President, in the many years since ObamaCare was imposed on the American people, it has continued to hurt the people we represent over and over and over again with higher costs, fewer choices, pain and heartbreak for the middle class.

We have watched ObamaCare unravel before our very eyes with each passing year. Now it teeters on the edge of collapse, and we face a choice: Allow the unsustainable ObamaCare status quo to continue hurting more Americans or take action to finally move forward.

Early on, Democrats made it clear they did not want to work with us toward that goal in a serious or bipartisan way. I regret that. But we have a responsibility to move forward, and we are.

As I have said, our entire conference has been active and engaged in moving beyond the failures of ObamaCare for quite some time now, and we are focused on the following: stabilizing insurance markets, which are collapsing under ObamaCare; improving the affordability of health insurance, which keeps getting more expensive under ObamaCare; freeing Americans from ObamaCare mandates, which force them to buy insurance they don’t want; strengthening Medicaid for those who need it the most; and preserving access to care for patients with preexisting conditions. Those are the principles.

We believe we can do better than the ObamaCare status quo, and we fully intend to do so. We have all received the calls, letters, and emails from our constituents who have been hurt by this healthcare law. We all know the pain it has caused in our home States.

Take my home State of Kentucky, for example. Under ObamaCare, insurance markets are collapsing in Kentucky, just as we see them collapsing across the country. We want to stabilize them. Kentucky was once held up as an ObamaCare success story, but ObamaCare made a mess of healthcare markets in my home State, just as it has made a mess of markets all across the Nation. Too many families in Kentucky who liked their insurance plans or their doctors soon found they were unable to keep them. When families are kicked off their plan, they must find a new insurer, often at a higher price. When families must change doctors, they often lose a bond of trust they develop with a physician who is familiar with their medical history.

When insurers flee the exchanges, it leaves families with fewer options for their healthcare. In fact, Kentuckians in nearly half of our counties now have only one option on the ObamaCare exchanges, and as we all know, one option really isn’t an option at all.

A woman from Lexington contacted my office about her difficulty finding a plan on the exchanges. Here is what she had to say: “I live in one of the three largest cities in our state, and I had two options for insurance this year.” She wrote that the limited networks on both of those two plans “[eliminated] a huge number of providers in Fayette County,” the second largest county in my State. In addition to the limited access to care on these plans, she said, “The lowest deductible option was $10,000.”

The lowest deductible option—$10,000. For this Kentuckian and for so many others, ObamaCare has failed. We must do better, better for Kentuckians and...
better for families all across the country. That is why we have to act.

Under ObamaCare, healthcare costs are skyrocketing in Kentucky, just as they are skyrocketing across the country. We want to improve affordability. Too many Kentuckians have learned firsthand that the so-called Affordable Care Act has really been anything but affordable. Premiums and deductibles continue to climb higher as ObamaCare takes a larger bite out of Kentuckians’ budgets.

A recent Health and Human Services report shows that ObamaCare premiums in Kentucky have spiked an average of 75 percent since 2013, when the law was fully implemented. This year alone, ObamaCare premiums have shot up by as much as 47 percent.

After years of being frustrated by ObamaCare, a small business owner from Lancaster, KY, said she had “decided it was utter nonsense to buy insurance that covered nothing.” She said that she flatly refused to buy insurance that covered nothing.

Although she pays a large sum every month, her plan “covers no office visits, no prescription coverage, [and] has a $6,000 deductible.” In her estimate, “[It is] useless. The rising costs of ObamaCare add a burden that many in my State simply cannot bear. I have received heartbreaking letters from Kentuckians, such as one family faced with this dilemma: ‘My health insurance provides no food on the table. As ObamaCare collapses, these families are stuck dealing with the consequences. Increasing costs have become the status quo under ObamaCare, and it is completely unsustainable—unsustainable for Kentuckians and unsustainable for families across the country. That is why we have to act.

Under ObamaCare, Kentuckians are being forced to buy insurance plans they don’t want, just as Americans are being similarly forced to do so all across our country. We want to free them from those mandates. The American people have made clear that they don’t like the mandate, which compels individuals to purchase unaffordable ObamaCare plans or pay a penalty. When you combine those who pay the fine and those who received a waiver, it adds up to millions of Americans who decided they didn’t want or simply could not afford ObamaCare.

Listen to the story of a single mom from Berea, KY, who recently wrote my office. She is a full-time student trying to make ends meet. When she began searching for a plan on the ObamaCare exchanges, she saw a startling picture: high premiums and a staggering deductible. She wrote:

At this rate, I would honestly be better not to take health insurance at all and hope for the best.

Americans like myself need something better.

Some families, instead of bracing for another double-digit increase next year, are considering not buying health insurance at all. Because of the ObamaCare mandate, they are forced to buy insurance they just can’t afford. The elimination of the mandate will restore to Americans the freedom to choose the healthcare plans that are right for them, instead of being forced to pay for plans they do not need. The American people, just like this Kentucky mom, deserve a better healthcare system than ObamaCare.

The Senate Republican conference is focused on addressing the issues I mentioned as we work toward strengthening Medicaid and preserving access to care for patients with preexisting conditions. The Kentuckians’ stories I have read this morning are just a sample of the pain felt by so many across my State, just as Americans from States across the country continue to share similar concerns with their Senators. ObamaCare’s years-long legacy of soaring prices, shrinking choices, and total failure will continue to get worse unless we act.

The ObamaCare status quo is simply unsustainable. It is hurting Americans, and it will continue to do so unless we act. The American people are demanding relief, and we intend to deliver it to them. That is why Senate Republicans are continuing to work toward smarter healthcare solutions that will finally allow us to move beyond this failed law.

I want to repeat what I said yesterday. A discussion draft will be made public tomorrow. Every Member of the Senate will have it, and it will be posted online for everyone to review.

For the past 7 years, ObamaCare has continued to hurt the people we represent. For the past 7 years, Republicans have offered ideas for a better way forward. Soon we will finally have the chance to turn the page on this failing law.

ORDER OFPROCEDURE

Mr. McCONNEL, Madam President, I ask unanimous consent that all time postcloture on the Mandelker nomination is considered expired at 4:15 p.m. today; further, that if cloture is invoked on the Billingslea nomination, it be as if cloture had been invoked at 6:30 p.m. tonight. The ACTING PRESIDENT pro tempore. Is there objection? Without objection, it is so ordered.

Mr. McCONNELL. I suggest the absence of a quorum. The ACTING PRESIDENT pro tempore. The clerk will call the roll. The senior assistant legislative clerk proceeded to call the roll.

Mr. SCHUMER. Madam President, I ask unanimous consent that the order for the quorum call be rescinded. The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

HEALTHCARE LEGISLATION

Mr. SCHUMER. Madam President, we are only a little more than a week away from having to vote on a secret Republican healthcare bill, according to the timelines given by the majority leader to the press—just 1 week away from voting on legislation that will reorder one-sixth of our economy and impact every single American in this country, and not a soul in America has seen it.

I have never seen a more radical or reckless legislative process in my time in politics—write the bill in secret; discuss it in secret; send it to the CBO in secret; then rush it to the floor with no committee hearings, no amendments, and just 10 hours of debate for the minority.

That is not how America ever got big things done. That is not how we do big things like healthcare in this country. That is hardly how we do small things, and my Republican friends know it.

Republican Senator BILL CASSIDY, of Louisiana, said: “I’ve always said I would have preferred a more open process.”

Republican Senator MURKOWSKI, from Alaska, said: “If I’m not going to see a bill before we have a vote on it, that’s just not a good way to handle something that is as significant and important as health care.”

I couldn’t have said it better myself.

Republican Senator MORAN said: “My hope is that we treat the bill seriously, that we have hearings, that we have witnesses. I want regular order to work.”

In addition, Republican Senators RUBIO, CORNER, GARDNER, MCCAIN, COLLINS, PAUL, DAINES, FISCHER, JOHNSON, and LEE have all complained about the lack of transparency in the process.

Why did they flatly refuse to say to the majority leader: Let’s have a hearing. Let’s accept amendments in committee. Let’s have regular order and real debate on this bill. It is too important.

If they do not want to say it to the majority leader directly, I hope they express their frustration with this process with their votes on the motion to proceed, which looks like we will have next week.

We Democrats had all of the things they had asked for. They did not vote for our bill, those who were here, but at least they had input. They could offer amendments on the floor or in the committees, if they were in the relevant committees. They could debate. Not today. Not next week. Why is it that my Republican friends have resorted to such secrecy?

There is only one reason: They are ashamed of their bill. They must think...
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they are better off not talking about the bill publicly. We all know, if my Republican friends believed it was a good healthcare bill, one that actually lowered costs and improved care and helped more Americans afford insurance, they would be preaching it from the rooftops.

There was a brass band down every Main Street in America that would be announcing this new legislation—but no. They are afraid to even whisper about their bill. They want it out in the open for as little time as possible in order for it to receive as little scrutiny as possible. They do not want the American people to see that their healthcare bill is little more than a vehicle to give another tax break to the wealthy, made possible by cutting care and raising costs on middle-class Americans and those who are struggling to get to the middle class.

They do not want the American people to know their healthcare bill is mean, and inherently a Republican bill. Trump said it was, because they do not think it could survive an open process so they are keeping it secret and leaving almost no time for its review. If a bill cannot survive scrutiny or public debate, if a bill cannot survive a committee process or the threat of a single, open hearing, it should never become law—plain and simple.

Now, for months, we Democrats have tried to reach out to Republicans to bring an end to this dangerous game and reach for a bipartisan process. We want to improve our Nation's healthcare system. If Republicans were serious about wanting to improve our healthcare system, too, they would get the President to guarantee the cost-sharing payments, stop sabotaging our healthcare system, and come talk with Democrats about bipartisan solutions. Instead, they are just sabotaging the bill.

As for the insurance companies which are pulling out of some exchanges and raising premiums, ask them; the No. 1 reason: no permanent cost sharing. Who is standing in the way of permanent cost sharing? The President and our Republican colleagues. They are the reason people are pulling out of exchanges and premiums are going up. They cannot escape that.

We Democrats were willing to try to work with our colleagues. We asked to have a bipartisan meeting in the Old Senate Chamber so we could discuss this—just the 100 Senators—among one another. We were rejected on that. We have been rebuffed overall, but the invitation and sentiment remains. I would remind my Republican colleagues that time is getting short for them to change their minds.

RUSSIA SANCTIONS

Mr. SCHUMER. Madam President, now, on another matter, Russia sanctions.

Just last week, the Senate approved a package of Russia sanctions that would lock in existing sanctions, give Congress the ability to review any sanctions relief, and implement tough, new sanctions to punish Mr. Putin and his allies for meddling in our election.

The importance of this legislation is reflected in President Trump's overwhelming bipartisan support. There was a vote of 98 to 2. It is heartening that the House of Representatives is under pressure from the White House, and they might blue-slip the bill, which could delay or prevent it from passing.

Now, one of the facts of the Senate bill was written to avoid such a problem, as my friend, the chairman of the Foreign Relations Committee, Senator CORKER, said when he heard the news. Never mind that, and make no mistake about it, the blue-slip threat is nothing more than a procedural excuse by House Republicans who dредed it up to cover for a President who has been far too soft on Russia. This administration has been far too eager to put sanctions relief on the table. That is what this is about.

Many people, from one end of America to the other, are asking: Why? Why is he afraid of tough sanctions on Russia?

Just yesterday, the White House spokesperson said that he had never spoken to the President about Russia's interference in our election. What has Russia concluded from all of this? Putin now knows he will not suffer any consequences for disinfection campaigns, for shelling homes of civilians, for supporting planes, for threatening our European allies, for cyber hacks, energy coercion, or his ongoing support for Russian separatists in Ukraine.

Now, in a short time, the Trump administration is sending one of our most senior diplomats to Russia to meet with his Russian counterpart. Is the White House encouraging House Republicans to delay this bill so they can offer the Russians something in their upcoming talks? We do not know. It sure seems possible, even likely, and it is a flatou, wrong approach, as Democrats and Republicans in this Chamber agree.

The United States should not be afraid to engage with Russia, but we cannot look the other way or, worse yet, reward Putin after he directed an assault on our democratic institutions. That is why the Senate passed this package of sanctions, sending a powerful message to President Trump that he should not lift sanctions on Russia. Responding to Russia's assault on our democracy should be a bipartisan issue that unites both Democrats and Republicans in the House and in the Senate. The House Republicans need to pass this bill as quickly as possible. Their blue-slip excuse does not hold water.

CHINA AND NORTH KOREA

Mr. SCHUMER. Madam President, finally, a word on China and North Korea.

Yesterday, the President tweeted: "While I greatly appreciate the efforts of President Xi and China to help with North Korea, it has not worked out. At least I know China tried!"

We will wait to see if this tweet actually signals a shift in U.S. policy—you know with these tweets—that no doubt it is a confession that the President's conciliatory approach toward China has failed.

Just months after he was elected, President Trump said he was willing to "engage" with North Korea. Now, on another matter, Russia sanctions. That President Trump's tweet yesterday means he has given up on North Korea—going back on years of campaign rhetoric about getting tough on trade with China, which is something I have fully supported and opposed, frankly, both President Bush and President Obama for being too weak on trade with China. When I heard that President Trump, during the campaign, was going to be tough on China, I was glad. I thought this was an area in which we could work together.

Yet the minute he sits down with Xi, Xi sort of wins him over, and he says: Well, we will get something out of North Korea.

I told the President on the telephone that China will not back off and help us with North Korea unless they feel the sting of economic sanctions for their illicit, unfair trade practices which have robbed millions of American jobs.

The idea that China would suddenly start to cooperate with the United States after President Trump dropped his threats to get tough on China was always unrealistic and misguided. China has been unwilling to cooperate with the United States in the economic or foreign policy spheres for decades. China puts itself first. That is what it is doing now.

Let's not forget that millions of American workers have been hurt by China's rapacious trading practices over the decades. Selling out those American workers and simply hoping that China will not back off and help North Korea never made sense.

The best approach to dealing with China is to be clear and consistent and tough about America's foreign policy and economic interests. President Trump, rather than going soft on trade with China, should get tough on trade with China. That is the best way to get China to work with us on North Korea, and it is the right thing to do for the American worker.

I have some hope that President Trump's tweet yesterday means he has come to this realization and will work with us to get tough on China on trade. I yield the floor.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.
CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will proceed to executive session to resume consideration of the Mandelker nomination, which the clerk will report.

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

The ACTING PRESIDENT pro tempore. The Democratic whip. 

HEALTHCARE LEGISLATION

Mr. DURBIN. Madam President, it was about a month ago that the House of Representatives, by a narrow vote, voted to repeal the Affordable Care Act and to replace it with their own creation. That effort by the House of Representatives passed by, I believe, 2, 3, or 4 votes. It was very close, and it was a partisan rollcall—all Republicans voting for it and no Democrats voting for it. So it came to the floor of the House without any bipartisan preparation. It was only after the vote that the Congressional Budget Office took a look at the measure and reported to the American people its impact.

Now, that is unusual because, when you take a big issue like the reform of America’s healthcare system, historically, traditionally, Members of the Congress—the House and Senate—will send their versions of the bill to the Congressional Budget Office and ask for an analysis. Tell us how much this will cost. Tell us the impact on the deficit. Tell us what it will do in terms of healthcare coverage. But the House Republicans chose to vote before the analysis.

Well, the analysis still came out, and when it came out, the report was unsettling because it had a dramatic negative impact on healthcare in America. The House Republican repeal, according to the Congressional Budget Office, would mean that 23 million Americans would lose their health insurance. Remember, we started this debate 6 or 7 years ago because we were concerned that too few Americans had health insurance and we wanted to expand the reach of health insurance and make sure that it was good for those uninsured, and that is why we passed the Affordable Care Act. We fell short in some respects, but we certainly achieved our goal of increasing the number of insured Americans with the Affordable Care Act. In my home State of Illinois, the percentage of those uninsured with health insurance was cut in half. In fact, it was even better than that. So more and more people ended up with coverage through Medicaid, as well as through private health insurance.

Now comes the repeal of the Affordable Care Act, and the Republicans in the House decide to not only erase all of that progress but also to cut off health insurance for more families but to make it worse—to make the number of the uninsured even higher than it was. So if that is the starting point of healthcare reform, you ask yourself: Is that really a worthy goal? Why would you do that?

Well, they were forced to do it. They really were. The House Republicans, really, in fairness to them, had no choice, because they made the initial decision that their highest priority was to give a tax break of about $700 billion to the wealthiest people in America. So by creating this tax break—giving this money back to wealthy people—they took that same amount of money out of America’s healthcare system. When you talk about the American people’s healthcare system, here is what happens. People who are currently receiving their health insurance through Medicaid, a government program, will have fewer and fewer opportunities to take advantage of the fact, that they acknowledged that. The Republicans said in the House: We are just cutting back on Medicaid.

Secondly, you reduce or eliminate the helping hand we give to working families who can’t afford to pay their hospitalization premiums. If you are in certain categories, we give you a subsidy to pay for your premiums. So follow the logic: If you cut the taxes by $700 billion and take $700 billion out of the healthcare system, you have less money to provide Medicaid health insurance for those in low-income categories, and you have less money to help working families pay for their health insurance premiums.

The Congressional Budget Office looked at that and said that the net result at the end of the day is that 23 million Americans will lose their health insurance because of this decision by the Republican House. In the State of Illinois, a State of about 12.5 million people, 1 million people would lose their health insurance because of this action taken by the Republican House of Representatives.

Well, from basic civics we know that here we are in the Senate and we get our chance once the House has acted. So we have been waiting—waiting for almost a month for the process to begin. The sad reality is it never even started—not the ordinary, open, public, transparent process of debating a change in America’s public health system. Instead, Senator MCCONNELL, the Republican leader, said: What I am going to do is to take 13 of my male Republican Senators, put them in a room, and let them write an alternative to the House bill. Why he didn’t initially include the women in his caucus, he can explain, but it was 13 of the male Republicans who would sit in a room to write, in secret, their alternative.

We think: Well, most legislative ideas start with that kind of a meeting—a closed-door meeting in the quiet of a room, basic negotiation. But it is the wrong form of government that at some point this becomes public. Shouldn’t it? If we are going to change the laws about health insurance—basic fundamental coverage for American families—shouldn’t we know it? Shouldn’t we know what the changes will be before we vote on them?

Well, there is a pretty rampant rumor that tomorrow, for the first time, there will be a limited disclosure of this Republican effort over the last several weeks. We are told—and it is only a rumor—that the Senate Republican leadership will sit down with the Senate Republican caucus and show them for the first time what they want to propose that we vote on.

One might say: Well, that sounds like the beginning of a good, long process. It is not. It is the beginning of a short process, because the Republican leader has said that this time next week we will be into debating that issue and voting on it. That is 10 days, that is 10 days, start to finish, to rewrite the healthcare system of America, 10 days on a measure that has not been disclosed to the Republican Senators—not all of them—let alone the Democratic Senators and let alone the American people. That is what we are faced with.

When we wrote the Affordable Care Act, which was widely criticized by the Republicans, let me tell you the process we followed with the Affordable Care Act. In 2009, the Senate HELP Committee—or the Health, Education, Labor, and Pensions Committee—held 13 public, bipartisan hearings, 20 walk-throughs of various proposals, and a markup in the committee. We voted on for 1 calendar month, and 160 amendments offered by the Republicans were adopted. That was in 2009 with the Affordable Care Act.

The Senate Finance Committee, which writes the tax laws, held 17 roundtables, summits, and hearings on the legislation, 13 Member meetings and walk-throughs, and 38 meetings and negotiations.

Keep in mind that we still haven’t seen the Republican proposal. We are supposed to vote on next week—this secret proposal.

The Senate Finance Committee on the Affordable Care Act held a 7-day markup and adopted 11 Republican amendments. At the end of the day, none of the Republican Senator voted for the measure, but they offered amendments, and those amendments were debated and many of them were adopted by the Democratic majority.

When the Affordable Care Act came to the floor of the Senate, it was 25 consecutive days in session considering that bill—25 days. As to what Senator
McConnell and the Republicans will offer to us in what we call reconciliation, we will be lucky to get 25 hours. We spent 25 days on the Affordable Care Act. In total, the Senate spent more than 160 hours on the Affordable Care Act and more than 150 Republican amendments. It is a bipartisan effort. Even a single Republican Senator ended up voting for the bill. We opened it to their amendments and adopted their amendments. It was a bipartisan effort. What has been the process this time around? No debate, no markup, no public input, no support from the medical advocacy community at all. Don’t have a single medical advocacy group in Illinois that supports what the Republicans did in the House of Representatives—not one. Hospitals, doctors, nurses, pediatricians, and disease advocacy groups, like cancer and heart, are all opposed to what was done in the House of Representatives, and we are being told, when it comes to the Senate’s turn: Get ready. It is going to be fast. You might miss it.

Let me tell my colleagues what else we have. We have a record of quotations from leaders on the Republican side who, even though the Affordable Care Act went through all of these hearings and all this deliberation, were very explicit in their criticism. Here is a partisan comment from a partisan Senator. These are nonpartisan groups.

The American Heart Association, what do they say? They say: “The House bill will erode pre-existing condition protections, including for patients suffering from cardiovascular disease.”

About a third of us on Earth—or at least a third of us in America—have some preexisting condition. For the longest time, insurance companies said: If you are a woman, it is a preexisting condition.

Go figure. But now, at least a third of us have some condition which, in the old days, would disqualify us from insurance coverage or make it too expensive.

So now we put in the Affordable Care Act a prohibition against discriminating against any American because they have a preexisting medical condition. I think that is important. My family has certainly had the same experience as other families when it comes to preexisting conditions.

Now the Republicans have said: We are going to take that out. We want to give you more choice. Choice means another reason to say no. Choice means coverage that isn’t there when you need it. Choice means restrictions on your health insurance policy. That may not bother you at all today, but tomorrow, when you go to that doctor for that diagnosis you will never forget as long as you live or get involved in an accident and finally take a close look at that health insurance policy, you want to make sure it is there if you need it, don’t you?

The Republicans say we need more choice. The American Heart Association says that, when it comes to preexisting conditions, the House Republican repeal bill would seriously erode protection of Americans.

The American Medical Association, the largest group of physicians in America, said: “We cannot support the bill that would permanently erode because of the expected decline in health insurance coverage and the potential harm it would cause to vulnerable patient populations.”

The American Diabetes Association said: “It would give insurers the ability to charge people with pre-existing conditions—such as diabetes—higher prices [for health insurance] . . . and would allow insurers to deny people with diabetes the care and services they need to treat their disease.”

The America Association of Retired Persons has weighed in. Here is what they say: “This bill would weaken Medicare’s fiscal sustainability, dramatically increase health care costs for Americans aged 50–64, and put at risk the health care of millions of children and adults with disabilities, and poor seniors who depend on the Medicaid program for long-term services and supports.”

AARP is working overtime to notify Americans over the age of 50 and their kids that the repeal of the Affordable Care Act that passed the House of Representatives is a bad deal for seniors and their families.

There is something else going on, too. For more than 6 years, Republicans in Congress have been shouting “repeal and replace” from the rooftops, and they voted last year 50 times to repeal the Affordable Care Act. They never liked it from the start. They put language into bills to make it more difficult for the Affordable Care Act to work, such as funding needed to make historic change in healthcare in America. I have told the story repeatedly, and I will not tell it in detail, but it was Paul Wellstone, a progressive from Minnesota, who sat right there, and Pete Domenici, a conservative from New Mexico, who sat across from me, who came together—these two unlikely partners—because they each had members of their families who suffered from mental illness. They said: Why is it that we don’t treat mental illness like an illness? Why is it that health insurance just covers physical illness?

They were right. They fought the insurance companies for years, and they won. We put it in the Affordable Care Act. We said: If you offer health insurance, you have to cover mental illness. My friends, it is time for us to step out of the shadows, where mental illness was considered a curse and not an illness, and deal with it as something that needs to be addressed. We put it in the bill, and most Americans would agree that it was the right thing to do.

There was another part of it, though, that slipped my attention and now I know it is critically important. It wasn’t just mental illness. It was coverage for mental illness and substance abuse treatment.
How important is substance abuse treatment in America today? Go to Maine, go to Iowa, go to Illinois, and ask the question: Are there any problems with opioids? Heroin? Overdosing? Death? Of course.

When you go to the rehab and addiction treatment centers and you ask people: How is your family paying for this care to try to rescue this young child in your family or someone dealing with addiction, they say they are either paying out of pocket, under the Medicaid, the government insurance program, or their health insurance policy covers substance abuse treatment. Why? Because Wellstone and Domenici effectively included that in the bill. Now, under the bill that passed in the House of Representatives, an estimated 1.3 million Americans with mental disorders and 2.8 million seeking help with substance abuse will lose their coverage for treatment. It is no longer a priority under the Republican idea of giving you choice with your tax dollars.

Choice—when you are a father buying health insurance for your family and you are picking out a health insurance policy and you have a choice, could you anticipate the teenaged daughter will associate with alcohol and that will one day face an addiction and desperately need substance abuse treatment to save her life? Did you think about that when you signed up for the right choice in a lower cost health insurance policy? I feel, and many feel, that this is essential when it comes to services and health insurance. Republicans say: No, it is an option; take it or leave it. People who leave the city and then need it find themselves in a terrible predicament. They can’t provide the lifesaving treatment their kids and other members of the family they love desperately need.

I see my colleague on the floor, and I will not say any further other than to say to me in this government, when, 10 days before the final vote on changing healthcare for 360 million Americans, it is in a proposal that no one has seen and no one has read and no one has analyzed? It is an embarrassment to this great institution, the Senate, that we are not deliberating on this measure—this lifesaving, life-and-death measure—with the kind of expertise that it deserves, with the kind of experience that it deserves.

My Republican Senate colleagues have said it well—Senator MURKOWSKI, Senator MORAN, and others: The Senate ought to do what the Senate was elected to do. Take up an important measure like this, read it carefully, debate it, amend it, bring in the experts, and don’t move so quickly on it that you could jeopardize the healthcare of millions of Americans. I am sorry it has reached that point.

If 5 Republican Senators out of 52—if three of them will step up and say: This is wrong; we need to do this the right way, a transparent way, a fair way, a bipartisan way. If three will step up and do that, then we can roll up our sleeves and do the right thing for America.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Maine.

Mr. KING. Just a moment. Madam President—now for the healthcare bill. I know it is here somewhere. I haven’t been able to find it and have been looking all morning. I suspect maybe we will find it in the next couple of days.

I wish to talk about Medicaid. Medicaid is often perceived as a welfare program, and it isn’t. It is essential medical support.

Now, let’s talk about who receives Medicaid. Seventy-two percent of the people who receive assistance from Medicaid are children, people with disabilities, and the elderly. Indeed, 85 percent of the expenditures for Medicaid, as opposed to enrollees—85 percent of the expenditures—are for those same groups of children, the disabled, and the elderly.

Particularly, what a lot of people don’t realize is that Medicaid is one support—if not the principal support—for nursing home care throughout the country and my State of Maine. I suspect, if we surveyed people—perhaps some even in this body, but certainly in the general public: How are you going to cover Aunt Minnie’s nursing home care when she has to have it later in her life, most people would say: Oh, we have Medicare. People I talk to at home say: Medicare is going to take care of me. No, except in very rare and limited circumstances, Medicare does not cover nursing home care. It doesn’t cover long-term care. That is Medicaid.

Sixty-eight percent of all the Medicaid spending in Maine was for elderly or disabled people in 2014. About one in three people nationwide is going to require nursing home care—one in three. Nationally, about three-quarters of all nursing home residents are covered by Medicaid. So if we are talking in this bill, wherever it is—if anybody finds it, let me know—about significant cuts to Medicaid, we are talking about people’s ability to have long-term care in nursing homes. Make no mistake about it. You cannot cut Medicaid by over $1 trillion in 10 years and not have it affect those people.

Now, some say we are giving the States flexibility. We are giving the States flexibility to make agonizing decisions between disabled people, children, and seniors. That is not flexibility. To quote the President, that is “mean.” That is cruel. The States are only going to have two choices. They are either going to have to cut people off and limit services—and remember that three-quarters of the people are disabled, elderly, and children—or they are going to have to raise taxes on their other clients.

Now, we are claiming we are going to help the Federal budget. We are going to reduce the deficit by $800 billion over 10 years by passing this bill. But we are just shifting the bill to the States. That is nice work, if you can get it. Why don’t we shift the cost of the Air Force to the States? That would make the Federal budget look better. But it is not a real savings to our citizens if they have to pay out of their pocket at all or in their city, or if they have to pay part in their income taxes. That is no savings. That is a smoke screen to tell people: We are cutting government expenditures. No, we are going to those States to another level of government where you are going to have to pay for them there as well.

But to get back to Medicaid. Seventy percent of the nursing home residents in Maine are covered by Medicaid. Who are they? They are people who can’t be cared for at home any longer. They require nearly constant care and support. These aren’t welfare recipients. These are our former teachers, police officers, people who look after our car, who built our houses, the nurses who cared for us in hospitals, the wait staff who served us meals, the veterans who served in times of trouble and fought for our freedom.

These people are simply part of our communities. They are not welfare recipients. They are people who have paid their fair share throughout their lives. They have worked hard. They have done all the things they were supposed to do, all the things that were expected of them. They stayed in their homes, by and large, as long as they possibly could. But at some point, after their assets and ability to pay were exhausted, they had Medicaid to help them in terms of long-term care.

I often say when I talk about this that it really frustrates me that we talk about this healthcare issue in terms of ideology and the free market and all of these kinds of things. No, this is about people.

This is about Jim and Cora Banks from Portland, ME. They lived in Portland. He was a State employee, and she was a beautician, who worked out of a concession stand on the field, which is still used today.

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At 55, tragically, Cora began to have memory issues. Because they had health insurance—because they had health insurance—they could get great care at a geriatric practice in Portland. Friends and family were helpful, and Jim was the principal caregiver for many years. But it was clear that Cora needed full-time care, and Jim could not provide that level of care. The doctors said she needed to be

...
in a residential setting. Her assets were exhausted. She qualified for Medicaid, which is what we call Medicaid. Her nursing home care was covered, and she lived for a year in that nursing home.

Two-thirds of the income for all of our nursing homes in Maine come from Medicaid, from MaineCare. What happens to this resource of the nursing homes if suddenly their revenues are significantly cut? What happens? But, mostly, what happens to people like Cora?

There is also an idea—and I heard the head of the OMB talk about it: We are not really cutting; we are just cutting the rate of growth. Well, if the demand is growing, the cost is growing, and you cut the rate of growth, you are cutting. Less money will be available than is necessary to meet the need. That is a real cut.

All of us know we are facing a demographic bulge from the baby boom generation, who are aging and are going to require more and more medical treatment, and they are going to put a greater demand on our nursing homes. In projecting we are projecting a 105,000-person increase in the next 10 years of people over 65. One in four Maine people will be over 65 in the next two decades.

The Alzheimer’s Association projects that 35,000 Maine seniors will be afflicted with the tragic disease of Alzheimer’s within 10 years; 25,000 had the disease in 2014. People with dementia are 10 times more likely to live in a nursing home.

There is a lot in the bill, I am told. I don’t know; I haven’t seen it. I have been looking for it. But the central premise seems to be, if it is anything like the House bill, a massive cut in Medicaid and a massive tax cut to the people in our society who least need it. The tax cut is targeted at the very wealthiest Americans. Yet the results of that decision will be to cut essential medical support for elderly people and disabled people, and children. I don’t understand that bargain. I don’t understand that equation—a gigantic tax cut to the wealthiest and a substantial cut in support for those who most need it.

Maybe I will be pleasantly surprised when I see the bill, whenever that is. I hope it is more than a few hours before we are called upon to vote on it. Right now, what we are hearing and what we are learning and what the House bill looks like is that it is a tragedy for our country and a tragedy for real people.

I don’t understand the impulse to give a tax cut and to hurt people when we know that is going to be the case. And again, these are not welfare recipients; these are your friends and neighbors.

In all of our States, almost two-thirds of the nursing home residents are on Medicaid. We are not going to be able to cut Medicaid in the dramatic way that has been proposed without affecting those people.

I hope this body will take the time necessary to analyze this issue, to openly debate it, to argue about it, and to find solutions that make sense and will work for the people of America, not try to ram something through for the purpose of checking a box on a campaign promise made years ago.

The reality of our fiscal plan, in my view, not only to solve the problem in a compassionate and rational and efficient way but also to develop and run a process here that respects the institution and respects the American people.

This is not the way this place is supposed to run—to have a bill drafted in secret, brought to the floor within hours or a few days of voting, and then force a vote without the kind of consideration, hearings, input, argument, and debate that is supposed to be the hallmark of this institution.

This is a very important decision, I think one of the most important any of us will ever make. I, for one, am going to be able to tell my children and grandchildren for Maine, for our children, for our elderly, for our disabled people. And when the chips are down, the United States Senate is going to do the right thing.

I yield the floor.

The PRESIDENTING OFFICER. The Senator from Iowa.

Mrs. ERNST. Mr. President, no choice and a proposed 43-percent increase in premiums—that is what ObamaCare and its harmful impact will bring to Iowa. This year, it brought premium increases up to 42 percent. Last year, it brought increases up to 29 percent. ObamaCare is not sustainable and not affordable for Iowans.

To anybody who has studied healthcare reform, this should come as no surprise. In the past, many States have tried to reform their individual market. Twenty-seven years ago, Kentucky made an attempt and implemented the Kentucky Health Care Reform Act of 1994. This bill was similar to ObamaCare in many respects. It contained more taxes, more regulations, and more mandates. Within 3 years—3 years—insurers fled the individual market and the State was hit with skyrocketing premiums.

What happened in Kentucky then is eerily similar to what is happening in Iowa today as a result of ObamaCare. When it comes to affordability and choice, my home State of Iowa has been hit particularly hard.

While traveling across the State, I hear from Iowans who are looking for affordable coverage. Far too often, I hear that high monthly premiums are squeezing pocketbooks and that soaring out-of-pocket costs, such as deductibles and copays, make coverage unaffordable to use for those who do have it. That is not what ObamaCare promised, but that is what it has brought.

One Iowan who works at a small business in Hinton wrote to me and said:

Over the past seven years, prices have jumped considerably and the coverage employees are getting for the amount of money spent is substantially less! We have tried to help our employees by minimizing the changes in premiums, but these last two years we have had to start paying on some of the increases in order to survive.

We can no longer absorb the constant rate increases, nor can we offer a health plan to our employees. Therefore, we find ourselves between the proverbial rock and the hard place. We certainly are not the only small businesses facing the same dilemma.

Employees at this small business can breathe a small sigh of relief because their employer still has the ability to offer coverage, even if they are forced to pay more and more because of ObamaCare. Other Iowans are on the edge because their options for coverage are shrinking.

In 2016, UnitedHealthcare left the individual market in Iowa. A few months ago, Wellmark and Aetna both announced they would be leaving the individual market in Iowa. Now, the only remaining statewide carrier, and while they appear to be staying for the next year, it will take a massive rate increase on Iowans for them to do so.

The Iowa insurance commissioner said:

Iowa has hit a point within our market’s collapse that a 43 percent rate increase will drive healthier, younger, and middle aged individuals out of the market. Iowa’s individual market remains unsustainable.

If Medica leaves after next year, there is a very real possibility that tens of thousands of Iowans will have nothing to purchase on the individual market.

To put this issue into perspective and show why it matters so much, I want to share concerns I received from a constituent in Ames, IA. This constituent is the parent of a child with a rare disease. The family purchased a plan from Medicare and Medicaid Serv-
Mr. REED. 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. REED. As a proud resident of Rhode Island, a proud Providence planters, I thank the Chair for the recognition.

Mr. President, I want to join my colleagues in expressing strong opposition to the Republican efforts to repeal the Affordable Care Act and to work with my Republican colleagues to abandon these efforts. They are crafted behind closed doors, and they embrace a huge tax cut for the wealthy at the expense of the most vulnerable among us.

Indeed, I implore Republicans to work with us on a bipartisan basis, in good faith, to make improvements to our healthcare system. We can make these improvements. I hope we can.

Just a couple of weeks ago, the nonpartisan Congressional Budget Office told us that 23 million Americans would lose health insurance under TrumpCare. Let me say that again: 23 million Americans would lose health insurance under the Republican bill. That is more people than live in Alas- ska, Hawaii, Idaho, Kansas, Maine, Montana, New Hampshire, New Mexico, Nebraska, North Dakota, South Dakota, Vermont, West Vir- ginia, Wyoming, the District of Colum- bia, and my home State of Rhode Is- land—nearly one-quarter of our popula- tion—a huge portion of Americans. That is a shocking number.

What is worse is that my colleagues on the other side of the aisle plan to dismantle our healthcare system—one-sixth of the country’s economy—with- out so much as a hearing to get input on the bill. Their bill is being written in secret, and from what we can glean of the process the Republicans are em- ploying, we likely will not even see the text of the Clear future, although I am encouraged that there is some discus- sion of releasing the text tomorrow. Regardless of whether it is released to- morrow, there has been no deliberate consideration in a hearing. There has been no thoughtful interaction between Republicans and Democrats.

In sharp contrast, I was a member of the HELP Committee while we drafted the Affordable Care Act. The Senate spent 25 consecutive days in session on the Affordable Care Act, the second longest consecutive session in the history of the Senate. The Senate Health, Education, Labor and Pensions Committee, which I served on at the time, held more than 47 bipartisan hearings, roundtables, and walkthroughs on health reform. In fact, the HELP Committee considered over 300 amendments over the course of a month-long markup, one of the longest in the history of the Congress.

Over the last half century, dozens of amendments were from Republicans. This bi- partisan input, along with testimony and consultation from healthcare organiza- tions representing hospitals, doc- tors, nurses, and patients, among other- ers, over the course of a year led to a better, more informed bill.

We have a lengthy legislative process for a reason. Yet the Republican leader- ship—up until this moment at least— continues to write their bill in secret as they seek to convince their col- leagues to support a bill that nearly every major healthcare organization opposes, to say nothing of the 23 mil- lion Americans across all of our States who would lose their health coverage, and millions more would seek in- creased costs because of TrumpCare.

I would like to remind everyone that these are real people who will be hurt if we go forward as my Republican col- leagues intend to. These 23 million peo- ple came up and needed to leave my position members, our friends and neighbors. In fact, since the beginning of this year, I have heard from thousands of my con- stituents from all walks of life, through phone calls, letters, emails, appearances at townhall events, and everywhere, as we spoke about shopping around the State or on the air- plane to Washington and back to Rhode Island. They have all indicated how they have benefited from the ACA and how TrumpCare could have a dev- astating impact on their families.

For example, David from Providence, RI, wrote to me to tell me how his life has been affected by the Affordable Care Act. He said:

I don’t usually write Senators, actually I’ve never written before. I have great concerns about my healthcare. I have a pre- existing condition, two heart attacks and open heart surgery, triple bypass. I had med- ical issues and needed to leave my position at a full-time job 3 years ago to get well. During that leave, the company went chap- ter 11. I lost my healthcare and had no in- come. I was able to acquire Medical Insur- ance through the Affordable Care Act. I started my own design business as a sole pro- prietor and worked a second job to make ends meet. I financed the sale of my business for two years. I am now successful in my design business and will be paying back the subsidy for this year and no longer need the subsidy going forward. I was able to purchase afford- able healthcare through the Health Connect- ion in RI. Affordable healthcare and the subsidy were there when I needed it. This al- lowed me to start my business and become a successful business/sole proprietor in RI. It is critical for my continued success to have access to affordable healthcare and not be judged by preexisting conditions.

As David describes, the Affordable Care Act gave individuals and families control over their healthcare for the first time. He was able to get the care he needed, regardless of preexisting conditions, and able to start a new business. This is something I have heard a number of times from my con- stituents.

I have also heard from Andrew and his wife in Little Compton, RI, who de- cided to strike out on their own and open a dairy farm after the Affordable Care Act was implemented. Andrew said: “We took this plunge and started a business knowing that the stability of health care was there—we have a four year old daughter—and if it goes away, we are not sure what we will do.”

Time and again, I hear from Rhode Islanders who are now free to take risks and start new businesses and pursue their creative pursuits knowing that they will be able to access affordable healthcare. I ask my Republican col- leagues: Do you want to go back to the days when people are locked into their jobs for health insurance? The only reason they are there is for health in- surance. Their creativity, their ability to innovate and to invigorate our econ- omy is stifled literally because they need the health insurance. Do you want to discourage your constituents from starting new businesses? Under TrumpCare, people like David, with preexisting conditions, would not have the option, and Andrew and his wife may not have been willing to take on the risk of leaving a job with health in- surance to start a new business.

Before TrumpCare, my Republican colleagues are meeting in secret plan- ning to take away these opportunities. I encourage my Republican colleagues to meet with their constituents, to hear their stories about the ACA. They are all unique to Rhode Island.

It is not enough to just ban insurance companies from denying coverage to people with preexisting conditions. The ACA eliminated annual and lifetime limits. In fact, yesterday I bumped into a family—two families—one with an adorable little girl who had a tracheo- tomy and was being pushed around in a stroller. She is about 2 or 3 years old. And I met some other chil- dren, another young boy named Tim with a tracheotomy. Today I found out that their problem is lifetime limits. These are very young children, 2 years, 3 years old. Most insurance policies, ex- cept for the ACA, would have a lifetime limit. This is the story of hundreds of thousands of people.

So it is not just the preexisting con- ditions. The ACA eliminated annual and lifetime limits. When I saw those darling children yesterday, I just knew that has to be the law. Otherwise, it is just a matter of time. Maybe in 5 years, maybe in 6 years, but the kind of conditions they have, at some point, they will hit that limit and at some point the insurance company will say: No thanks.

We made those changes in the ACA. They are going to be disposed of in the proposals I have seen. The ACA requires coverage of basic healthcare services like maternity care. That is not guaranteed.

Before the ACA, insurance companies would cut off coverage just when it was needed most and priced people with health conditions out of the market. These are not abstract concepts. I hear from constituents each and every day about the importance of the critical consumer protections under the ACA,
Indeed, the most significant costs for Medicaid in my State and every other State is nursing home care. It is exactly those men and women, like my constituent from Pascoag, a vigorous 101-year-old, who will be forced to pay more or even eliminated. Of cutbacks in service at the facility not to have two or three people on duty but just one. All of that we can foresee, and we only can prevent it if we reject this attempt to replace, to repeal, to undercut affordable care.

Now, the Medicaid crisis is serious, and it is not just going to affect the healthcare sector because we know the pressure is on the States to make up some of this lost funding. It will not just be by transferring funds within healthcare efforts. They will have to go everywhere through their budgets: That is K through 12 education. That is infrastructure. That is law enforcement. That is all the things States and localities do but particularly States, the things they will have to give up because they will have people, like I have described who have written me, coming and not just demanding but obviously in need of healthcare, and they will try to respond, but the response will affect our competitiveness, our education systems, our infrastructure. It will be a profound impact.

In fact, a significant number of jobs in my State and a significant number of jobs projected for the future are in the healthcare industry. With this significant reduction of resources to the healthcare sector comes about, the jobs will go, too, because without the resources, you will not employ people—you can’t employ people.

Let me share a letter from one of my constituents because it succinctly describes what TrumpCare will really mean for this country. Glenn and Paula from Wakefield, RI, shared a letter from their daughter, Gianna, who has type 1 diabetes. Let me offer you a translation of what your votes mean: I will die younger and sicker. Probably much sicker. My kids will have a mother for less of their lives. Your votes are what will cause this. Because no matter how consciously I care for myself, no matter how responsible I am, I won’t matter if my insurance refuses to cover me. And it won’t matter for you either. If you are one of the vast majority of Americans who will end up with a pre-existing condition over the course of your life. If you think you can simply pay the costs yourself, you are in for a rude awakening.

These are only a few examples of the letters, calls, and emails I have received from constituents. The response has been overwhelming by the very people whom it will impact the most. I hope my colleagues will listen to these concerns, not just the Rhode Island stories I am sharing today but also from their own constituents. People’s lives are at stake.

I urge my colleagues on the other side of the aisle to abandon this effort to pass TrumpCare and start working with us on bipartisan solutions to improve our healthcare system.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The legislative clerk will call the roll.

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

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

Mr. BARRASSO. Mr. President, I come to the floor today, having returned from the weekend in Wyoming, talking to people as a physician, and talking to former patients of mine. What I see is that the pain of ObamaCare is continuing to worsen around the country for men, women, families, and people who have been living under the Obama healthcare law for a number of years. It is not going to go away.

This is an important day, when insurance companies have to come up with the filings and the plans on what they plan to do for next year with regard to plans that meet the ObamaCare mandate. So very soon, people will find out if they are going to be able to buy an insurance plan in their own communities, regardless of the cost. We have seen that the Blue Cross Blue Shield group in Maryland has proposed rate increases up to 58 percent for next year in the State of Maryland. This is after they went up 24 percent last year. How many families can afford such a thing? But that is what we are dealing with.

That is why it is so critical that we get involved in trying to provide relief for American families at this time, with the Obama healthcare insurance market, certainly, collapsing. The head of Blue Cross Blue Shield in Maryland, which is the largest insurer in the State, has said that they see their system is in the early throes of what is known as the insurance death spiral. Prices are continuing to go up, fewer people are signing up, and, as a result, prices are going to have to be raised even more. We saw last year that they went up 24 percent, and this year the proposal, going forward to next year, is 58 percent. This is a terrifying reality for people on ObamaCare today.

One of the big reasons we have been working so hard on healthcare reform is to improve access to healthcare—not empty coverage, but actual healthcare. So what we want to do as Republicans is get rid of some of the excessive mandates, the expensive mandates, things that are driving up the cost of care and certainly driving up the cost of coverage for that care.

When prices come down, people are able to afford insurance and companies are ready to sell that insurance. I know we have people in Wyoming who are looking forward to buying it. They want to improve access to insurance. It is how you also improve access to care. You don’t do it by forcing the prices up and
then requiring people to buy coverage, which is what the Democrats who voted for ObamaCare did. They said: “You have to buy it, it is a mandate, whether you like it or not. We know better than you do. That is what we heard from the Democrats during the debate on President Obama’s healthcare law. That is what they passed. They passed it. They voted for it. They didn’t know what was in it. Actually, it was the Speaker of the House, who said: First you have to pass it before you even get to find out what is in it.”

President Obama gave a big speech to a joint session of Congress and said that if people like their plans, they can keep their plans. One of the newspapers called that the “Lie of the Year.” So millions of Americans then got letters from insurance companies; over 5,000 in Wyoming got that letter. It said: ‘Sorry, your insurance plan isn’t good enough for government.’

People ought to be able to make that decision for themselves. Families ought to be able to make that decision, not Democrats in Washington who voted for the ObamaCare law. They shouldn’t have the right to tell the people of my State or any State what is best for them and their family. It is interesting because the Democrats don’t seem to want to remember that anymore. They have selective amnesia.

It turned out that if people liked their plan, they weren’t really allowed to keep it. I heard about it again a week ago at a Wyoming stock growers meeting—farmers and ranchers from around the State of Wyoming who come together each year, an organization that has been in existence longer than the State has been a State. These are hard-working people who know what works best for them, what works best for their families. Some of these outfits have been in those families for 100 years. We have something called the Centennial Ranch program where they gather all the family members when they have been in that family for 100 years, and they have been able really to survive so much over the years. Often they would say, you know, whether they deal with floods, whether they deal with fire, the biggest problem they have is often dealing with the Federal Government. We have seen it all across the board, and healthcare is just one of the last things to add to a long litany of Federal Government involvement in the lives of the people of our State or of Wyoming.

So here we are today with this incredible government overreach and the failure of that overreach, and even the insurance companies, some of whom support of the healthcare law, are saying that this is not working. How they reflect the fact that it is not working is they say: “OK, we are not going to sell insurance anymore. You can’t make them sell insurance. The prices have to go up too much, and it is just not worth the effort.”

One of the big insurance companies, Humana, is dropping out of the ObamaCare exchange entirely next year. They made the announcement. Aetna said that it is quitting the internal markets in Delaware, Iowa, Nebraska, and Virginia. Anthem is pulling out of Ohio. The list goes on.

Now, so far, there are over 40 counties across the country that are expected to have no one selling insurance on the exchange—no one. In Wyoming, we are down to one company that sells it. We had two; one lost so much money, they were pulled off of the market. The second one didn’t sell insurance in Wyoming, continues to lose money by selling on the exchange. They are committed to stay, but they just scratch their heads about what the potential future may hold. We are now seeing over 40 counties across the country where no one is selling insurance. That is the reality of ObamaCare.

Remember, President Obama said: “If you pass this, there will be huge competition, big marketplaces. If there is a lot of one company, there is not a marketplace; it is a monopoly.”

Next year, the Centers for Medicare and Medicaid Services has said that about 40 percent of all the counties in America will have just one company selling insurance. If forty percent of the counties all across America. That is a monopoly. What happens when those companies decide to drop out?

Even people who get an ObamaCare subsidy, if there is no one in that community, in that county selling ObamaCare insurance, the subsidy has no value whatsoever. It can’t be used.

That is another part of the story that the Democrats refuse to talk about. In fact, Democrats say a lot of things about insurance coverage that aren’t really telling the whole story. They have talked about the Congressional Budget Office report; they talk about a number of numbers—interesting things about the Congressional Budget Office report—the CBO report, kind of the scorekeepers that take a look at things—on the bill that passed the House said that there will be millions of people fewer who will have insurance if the Republican-passed bill becomes law. Well, the news headlines screamed that the House bill would mean millions of people lose their insurance. Well, that is wrong. That is not at all what will happen.

According to the Congressional Budget Office, when you look at it and see why is it that there will be fewer people with insurance under ObamaCare if you eliminate the individual mandate—the part of the law that says you must buy a government-approved program—the Congressional Budget Office says that if you don’t mandate it, a lot of people don’t want to buy it. They don’t view it as a good benefit to them. They don’t view it as worth their money.

If people aren’t required to buy insurance, millions of them will choose not to purchase the insurance, especially when they believe it is not a good deal for them personally. I believe Americans have that right. Apparently, the Democrats don’t believe that Americans have that right. They like the mandate. They like making people do things. That, to me, is the difference between a Republican system which provides for freedom, and a Democratic approach of government and mandates.

We want to give people the right to decide what is right for them and their families. That is what we at Wyoming, at the Wyoming Stock Growers Association and as I travel around the State. People know what is best for them and their families. Then, when all of a sudden what they had is taken off the market because the government says that you can’t sell it anymore, that is an affront to their ability to choose what works for them and their family, and it is things they have had in the past. Then they got stuck buying some very expensive plan that covers a lot of things they didn’t need, didn’t want, and couldn’t afford, but the government said: We know better than you do, the people of Wyoming, the people of America.

So the Congressional Budget Office said that 8 million people who get coverage in the individual market will decide it is just not worth buying. They also said that there will be 4 million people on Medicaid next year, and if you eliminate the mandate, they aren’t going to sign up for it, even when it is free, because they realize that, for many people, being on Medicaid—a failing system—isn’t providing much for them at all.

So insurance isn’t being taken from people; these are people who are making a decision as free individuals—Americans—of how they want to spend their money and what they want to sign up for, or not.

So the legislation that passed the House really makes those changes in Medicaid in 2018. Yet, the CBO says millions of people on Medicaid will drop it when the mandate goes away.

The Senate is coming up with its own solution. We are looking at ways to make sure that Americans have access to insurance that works for them, not just what works for Democrats in Washington. We roll back some of the worst parts of ObamaCare. Prices for health insurance will go down. People will have better options, one-size-fits-all plans that Washington has forced on the American people. They will have other options that will work better for them and their families.

Our goal is to not do what the Democrats did. ObamaCare actually kicked people off insurance that worked for them, pulled the rug right out from under them; Republicans don’t want to pull the rug out from anyone. Our goal is to reform the American healthcare system so that insurance costs less and the needs of the people who buy it. Republicans’ goal is to focus on care, not just useless coverage that ObamaCare had provided for many,
with narrower networks so you can’t keep your doctor, you can’t go to the hospital in your community, you can’t get the care you need, you can’t see certain specialists, which is what we have seen with ObamaCare.

If Democrats want to talk about people who are losing their insurance because their insurers are walking away from them, they need to look at what ObamaCare is doing to people right now. They need to look at people who are losing their insurance because of the premium increases we are seeing requested in Maryland: 24 percent is actually how much it went up last year and 38 percent in certain areas requested for this year.

Now I hear the Democrats say that they are worried about whether people with preexisting conditions get insurance. As a doctor, I will tell you, my wife is a breast cancer survivor; we are absolutely committed as Republicans to make sure no one with a preexisting condition is left out. Democrats can’t make that claim. They have made it over the years. But if there is no one selling insurance where you live, there is no exchange being offered, and you live in those 40 counties right now with no one selling—none—zero, and that number of counties is going to expand next year—if you have a preexisting condition and you are living under ObamaCare, you cannot get insurance no matter what any Democrat says, because no one is willing to sell it to you, even if you get a government subsidy—no one. You are left out. That is what the Democrats have given us in this country with their failed ObamaCare system.

So ObamaCare continues collapsing. It is going to harm more Americans who have preexisting conditions.

The other day, Senator SCHUMER admitted that ObamaCare isn’t providing affordable access to care. I think it is an incredible admission from the minority leader. Now it is time for him and the Democrats to join with Republicans in the Senate—join us in providing Americans the care they need from a doctor they choose at lower costs.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. 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.

Mr. CORNYN. Mr. President, as the Senate knows—and I suspect a lot of people outside of the Chamber know—we will move forward on the healthcare reform effort to repeal and replace ObamaCare very soon. A bill will be released tomorrow morning, representing a discussion draft.

I think it is important to remind all of our colleagues of the urgency that we face. We already know that insurance premiums have gone up since 2013 alone for those in the individual market—those would be individuals with small businesses—by 105 percent. This is 2013. Can you imagine in 2013 paying a premium only to realize that over the next 4 years it would quadruple in just a short period of time?

Most Americans can’t absorb that additional cost. We know that many people are struggling from the high cost and the lack of affordability in the choices available to them.

Again, on the cost issue, when ObamaCare was being sold to the American people, I still remember President Obama saying that the average family of four would see a decrease in their premiums of $2,500. I think the correct figure is based on experience. They have seen their premiums go up $3,000.

I shared a story last week about a small business owner in Texas who had lost his healthcare. He lost his doctor, and yet he had to pay astronomically more for what ends up to be less coverage. I would say he is only one person who I have heard from. I have heard from many, many more under similar circumstances.

Even those who receive their healthcare from their employer are feeling trapped by ObamaCare. I had a constituent, for example, from Needville, TX, and his story, yet again, is all too familiar. After his employer renewed their healthcare plan, premiums rose 50 percent, and his current doctor refused his plan from the ObamaCare marketplace. While his healthcare costs rose, of course, his salary did not follow suit.

He has been forced to dramatically cut back on his standard of living and is living from paycheck to paycheck.

In his letter, he said he is worried about being able to provide for his family. Can you imagine what that must be like? And not thinking of himself, but what this means for his coworkers, as well, as his family.

This is one of the endless stories that my constituents have sent me over the past few years, and I know Texas isn’t alone, which causes me to wonder who our colleagues are listening to or not listening to in their States.

I mentioned yesterday that I had one colleague, whose name I won’t mention out of respect for his confidential communication—this is a Democratic Senator who has seen his insurance premiums go up to $7,500. Sorry, that is the deductible. But his premium has gone up $5,000. He told me that his son’s out-of-pocket costs for healthcare was $12,500 a year.

That is a reality of ObamaCare. Yet, when we are looking around to see how many Democrats are willing to join us to come to the rescue of people who are being hurt by the destruction of the healthcare markets, we see no one raising their hand or coming forward.

For our Democratic friends to attack us for trying to fix the havoc that they wreaked in our healthcare system is really ridiculous. Our friends on the other side of the aisle had their chance. They passed ObamaCare by a party-line vote. In the interim, it demonstrated that this is an experiment in big government and massive spending that has simply failed.

Our friends on the other side know that. They also realize that, regardless of who won the election in November, we would be moving towards a new, better healthcare alternative, but they are simply unwilling to participate and are sitting on their hands and waiting. Indeed, they are helping to make sure we fail in our efforts to save many Americans—millions of Americans—from a healthcare system they were promised but one that was not delivered.

Instead of working with us, they effectively are throwing what could only be called a temper tantrum. They are trying to shut down any productive activity in the Senate, including bipartisan committee work.

I was in three committee hearings this morning, one involving the Intelligence Committee and our investigation into Russian active measures involving the 2016 election. I was in another important Finance Committee hearing where we talked about the importance of modernizing the North American Free Trade Agreement, or NAFTA, and then another one in the Judiciary Committee where we talked about the influx of dangerous gangs into the United States, including MS-13, from Central American countries. Yet our Democratic colleagues are so bent out of shape over the healthcare debate that they are willing to shut down legitimate bipartisan concerns for each of those issues by not letting our committees operate as they should.

Here is the rub. If they actually had a better plan, we would be more than happy to listen. We would be more than happy to work with them. But the only thing they have offered has been one that was not delivered.

Instead of working with us, they effectively are throwing what could only be called a temper tantrum. They are sitting on their hands and waiting. Unfortunately, our Democratic colleagues have let the far left faction of...
their own conference hold them hostage to pushing for a single-payer system that would make ObamaCare look like a wild and resounding success.

As I said, we need only look to our neighbors to the north, who under a single-payer system have their healthcare decisions decided for them by the government, while they see their taxes go up every single day.

Canada is marketed as an affordable outcome, but only if your procedure is deemed necessary by the heavy hand of government. In other words, if the government doesn’t think the procedure you need is necessary, good luck with that.

Would you want somebody in the government making your medical decisions for you or your family without considering your individual medical history? I certainly wouldn’t. Under a single-payer system, this could lead to many families having to buy supplemental health insurance on top of the taxes they have already paid or simply pay out-of-pocket, with high-income individuals with a better level of healthcare above that offered to the rank-and-file citizens under a government program.

Single-payer systems are not a solution, they are only not in this country. Not only is choice and cost threatened under a single-payer system, but so is quality of care.

Just last year in Canada, it took an average of 20 weeks for patients to receive mental health care that was deemed necessary—the longest recorded wait time since wait times began to be tracked. One report estimated the Canadians are waiting for nearly 1 million healthcare procedures.

Can you imagine having to wait up to 38 weeks for some medical procedure, the whole time worrying about your health or the health of your loved one?

Single-payer is a costly, inefficient, and unfeasible option, and, perhaps because of that, we do hear increasing numbers of people on the floor stating what I believe to be the case, which is that it is the only choice being offered by our friends across the aisle. They are not willing to come here and debate the merits of what we are proposing, which is a market-driven, individual-choice system, which is designed to keep premiums down in a way that makes it more affordable. They are not willing to debate that and a government takeover of a single-payer option with all of its assorted problems.

The reforms we are seeking are patient-centered and market-driven. These are the sorts of things that many of our colleagues across the aisle said they would like to see as well, but they have somehow fallen in line with part of their political base, which makes it impossible for them to have an open, rational discussion about the merits of each proposal.

We will go in with no option but to finalize our discussion draft and introduce that tomorrow so that the world can see it and so it can be put on the internet, so we can have a fulsome debate and we can have unlimited amendments in the so-called vote-arama process, which I know is very popular around here. We will vote dozens of times or more on proposed amendments to the bill. That is the kind of transparency I think is important when you are dealing with something as important as healthcare.

Here are the goals of what we are going to propose tomorrow in this discussion draft.

First, we need to stabilize the market that has left millions in the country with no choices when it comes to insurance providers. Under ObamaCare, insurance markets have collapsed. In Texas, one-third of Texas counties have only one option for health insurance, which is no choice whatsoever. Of course, in addition to threatening competition, it also lowers quality while doing nothing about rising costs.

Second, we have to address the balloononing price of ObamaCare premium increases. I mentioned, just in the ObamaCare exchanges since 2013, they have gone up. Not only are we doing nothing about it, they are going to go up by double digits again next year, so doing nothing is not an option. Again, without competition, there is no room for these prices to go anywhere but up, and we have to come to the rescue of the millions of Americans who are simply being priced out of the health insurance market.

Third, something our Democratic colleagues have repeatedly called for is that we have to protect people with preexisting conditions. If we want our healthcare system to work, we must be able to provide coverage, particularly for preexisting conditions, for all Americans. We will do that in the discussion draft proposed tomorrow.

Lastly, I believe we need to give the States greater flexibility when providing for the low-income safety net known as Medicaid, in a way that is understandable and cost-effective. For example, in my State, we have asked for a waiver in order to provide managed care for people on Medicaid. More than 90 percent are on managed care, which means if you have a chronic illness—if you have a particularly complicated medical problem—you have a medical home and somebody keeping track of your treatment, making sure you get the treatment you need and are on an affordable plan.

Now we have the opportunity to make Medicaid a sustainable program. We know that it is not, as currently written. What we are proposing is to spend more money each year on Medicaid in order to do so at a cost-of-living index that will be affordable and sustainable by the American taxpayer. We have the opportunity to address the quality issues and redtape issues and provide this important entitlement to make sure that it remains on a stable path.

The American people have made clear, time and again, that the status quo of ObamaCare is not working. All you have to do is look around. There were 60 Democratic Senators in 2010 who voted for ObamaCare. They were in the majority—a big majority. How many are there today? Well, there are not 60 anymore. They have gone from the majority to the minority, in large part because of the unfulfilled promises of ObamaCare.

I encourage our colleagues across the aisle—indeed, I encourage all of us to listen to the stories from our constituents. There are too many families asking us to step up and come to their aid. We need to do more than just give floor speeches or loft impossible single-payer options, which simply won’t work. We need to actually deliver on the promises we made to deliver healthcare reform and to do so to the best of our ability.

I am under no illusion that this will be perfect. Indeed, when you are operating under the constraints of the budget, there are too many folks asking us to step up and come to their aid. It is impossible for us to come up with the best possible product we could under the circumstances. But I dare say, it will be better than the status quo, a meltdown in the insurance markets, and we will take large steps forward in not only stabilizing the markets but bringing premiums down, while assuring coverage for preexisting conditions and putting Medicaid on a sustainable path forward.

We invite our Democrat colleagues to join us, if they will. But under present circumstances, it doesn’t look as though they plan to do so.

REQUESTS FOR AUTHORITY FOR COMMITTEES TO MEET

Mr. President, I have nine requests for committees to meet during today’s session of the Senate. They do not have the approval of the Democratic leader; therefore, they will not be permitted to meet today beyond 2 p.m. But I ask unanimous consent for a list of the committees requesting authority to meet be printed in the RECORD.

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

Committee on Commerce, Science, and Transportation
Committee on Finance
Committee on Foreign Relations
Committee on Homeland Security and Governmental Affairs
Committee on the Judiciary
Committee on Intelligence
Subcommittee on Seapower
Subcommittee on Public Lands, Forests, and Mining

Mr. CORNYN. Mr. President, if I could take 30 seconds more—because my colleague from Louisiana is here—

frankly, think the objection to nine committees meeting in the Senate is indefensible. I mentioned the three committee hearings we had this morning, but they are just an indicator of important issues and investigation by the Intelligence Committee of Russian involvement in our election; the Judiciary Committee looking into
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the role of MS-13, one of the most dan-
gerous and violent street gangs in
America, with about 10,000 gang mem-
bers present in the United States. We
are looking at things like trade and the
importance of modernizing NAFTA and
the 5 million jobs that binational trade
supports with Mexico or the $8 million
jobs with Canada.

For our Democratic colleagues to ob-
tend to be able to meet in com-
mittees because of their pique over
healthcare—which they have volun-
tarily taken themselves out of—is just
beyond indefensible. I hope the Amer-
ican people realize exactly what they
are doing. This is the temper tantrum
I talked about a moment ago. This is
not about having an open and honest
debate and trying to solve a problem
that, frankly, is not just our problem;
it is a problem for all Americans. We
ought to do better than that. We ought
to hold ourselves to a higher standard
than that. But this is the kind of tem-
per tantrum, unfortunately, you get
when a political party is not willing to
participate in the debate and where
they have no ideas that are actually
workable, other than a single-payer
system that will bankrupt the country
and won't fail to deliver quality
healthcare to all our citizens.

I yield the floor.

The PRESIDING OFFICER (Mr.
TOOMEY). The Senator from Louisiana.

HEALTHCARE LEGISLATION

Mr. CASSIDY. Mr. President, I am
also here, as Senator CASSIDY has,
on the state of play, if you will,
and the repeal and replacement of
ObamaCare. I think sometimes the
American people feel like collateral
damage as Republicans and Democrats
go back and forth as to what is the best
policy.

I am a physician, a doctor who
worked in a public hospital for the
uninsured for decades before I went into
politics. I guess from my perspective,
the primary thing is not Republican
politics. I guess from my perspective,
insured for decades before I went into
medicine. What are we doing for them?

One thing that is not said is that
under the Affordable Care Act, which
they like to call ObamaCare, health-
care—which they have volun-
tarily taken themselves out of—is just
beyond indefensible. I hope the Amer-
ican people realize exactly what they
are doing. This is the temper tantrum
I talked about a moment ago. This is
not about having an open and honest
debate and trying to solve a problem
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they have no ideas that are actually
workable, other than a single-payer
system that will bankrupt the country
and won't fail to deliver quality
healthcare to all our citizens.

I yield the floor.

The PRESIDING OFFICER (Mr.
TOOMEY). The Senator from Louisiana.
could use to create what was called the invisible high-risk pool—a reinsurance program, if you will—so that if you are a patient on dialysis, a patient with cancer, very expensive to care for, you would continue to get the care you require. But everyone else in that insurance market has their premiums lowered because there is a little bit of help for those folks with those higher cost conditions. By that, we lower premiums.

President Trump, when he was running for President, said he wanted to continue coverage, care for those with preexisting conditions, eliminate the ObamaCare mandates, and lower premiums. What I have seen or, at least, heard is we are on the path to fulfilling President Trump’s pledge. Now, again, reserving judgment until I have seen written language, I will say that what I have seen so far keeps the patient as the focus, would address someone like Brian, the needs of his family, the needs of the family’s newsletter as well as their health, and build a basis so that going forward, States would have the ability to innovate, to find a system that works best for them.

On behalf of those patients, I hope that every member of my party, what our party, are successful. I hope going forward we, as a Senate, no matter what our party, put the patient as the focal point, hoping that our combined efforts—again, no matter what our party—will address her needs or his needs, both financially and particularly for their health.

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. BLUMENTHAL. 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. BLUMENTHAL. Mr. President, earlier this week, on Monday morning at 9 a.m., I held a last-minute emergency field hearing on healthcare. With our colleagues on the other side of the aisle refusing to hold any official hearing on the bill and refusing to even show us the bill—what almost certainly is almost bad policy that is contained in the bill—I want the people of Connecticut and anyone else who follows this debate to see where their voices and their faces would be heard and seen here in Washington, DC, and their stories would be told with or without an official committee hearing.

When I say this emergency field hearing was last minute, it was truly last minute, with many people having not even days but hours of advance notice to come and speak and share with me and others what the Affordable Care Act has meant to them, to their families, to their communities, and what losing it would mean to them.

To say the room was full would be a gross understatement. Every seat was filled, and when those seats were gone, people lined the wall two or three deep and squeezed in through the door. They were so anxious to be heard, and they were loud and clear. They were heard by me, and now I want their voices to be heard here.

We are continuing this hearing. In fact, we are having a second hearing on Friday afternoon at 1:30 in New Haven. We are sending out notices, blasting them to the people of Connecticut. We will have a third, if appropriate and necessary.

Their people came to this emergency field hearing in Connecticut were no different from millions of other people around the country, and they were speaking, in a sense, for all Americans. In my mind, they were speaking for parents who are suffering, providers who are healing, kids fighting back against dreaded diseases. They came because the closed-door discussions held in secret here by a small number of colleagues across the aisle impact them every single day for the rest of their lives. My constituents and the people of Connecticut and the people of the country are unrepresented in those discussions. That is a travesty and a betrayal of our trust and our duty.

So, on Friday, we are going to do the same thing. We are holding another emergency hearing in New Haven so people of my State can be heard, despite this disgraceful process that has left their faces, and those on the outside looking in. They are excluded from democracy, and that is unconscionable.

If nothing else, I hope my colleagues will realize one thing. This is what democracy looks like. This is how we are meant to make decisions with many opinions—much debate, diversity of viewpoint, sometimes messy but always transparent, open, and clear to people whose lives are affected by it. That is why this emergency field hearing was designed to do.

Since it is becoming increasingly clear that this bedrock principle of our democracy—the right to open and honest debate—is being denied, I want to share some of the stories I heard on Monday, just some of them, and I will be sharing more of these stories over the coming days.

Justice Brianna Croucht was described by her mother as a beautiful young woman. You can see from this side of the photo. She was filled with compassion and at 21 years old had a beautiful and meaningful life ahead of her, all of her life ahead of her. She was a full-time student in a dental program, and she had a 4.0 average.

Justice, like far too many people, particularly young people in Connecticut and around the country, had a substance use disorder, and she needed effective, long-term treatment to begin that road to recovery. For Justice, this treatment came too late, and on August 23, 2015, she overdosed on heroin. It led to a brain injury. It is likely she will never recover from that injury.

“More likely than not,” her mother said, “I will have to make the decision to bring my daughter home with hospice care. No parent should be faced with these decisions.” That is what Jennifer Kelly said at the hearing on Monday.

This is a picture of Justice as she is today.

I want to read exactly what Jennifer Kelly said because her words are far more powerful and meaningful than mine could ever be.

The American Health Care Act—

The House version of the so-called replacement for the Affordable Care Act—would reduce Medicaid funding by $800 million, which provides coverage to an estimated 3 in 10 adults dealing with an opioid addiction. This will be so devastating to those seeking treatment for an opioid addiction. In a system where families are already seeking help, this will be a tremendous step backward.

So here I am, almost two years later, pleading for life, fighting once again for families I have never met, because I believe that we should have the right to get help for addiction in this country like my daughter did. So my question is, Mr. President and the members of the Senate, what number of lives have to be enough? When will others in this body realize that gutting our healthcare system and stripping millions of care will simply make this opioid epidemic worse?

Jennifer was unfortunately not the only person who came to speak about the opioid epidemic. The most moving and powerful among those moments came from Maria Skinner, who runs the McCall Center for Behavioral Health in Connecticut, who was there to give her thoughts and share the stories of two young people. I was actually lucky enough to meet both of them.

Once again, I am going to share her words directly:

What I want to do is talk to you about two people and make that a real, personal, granular, human story. . . . And you know these two people very well—it’s Frank and Sean.

She was speaking to me.

[You have met Frank and Sean, who were able to access care and get clean and sober because of the Medicaid expansion, because they were able to have coverage.

And they’ve come here, to these rooms, to speak courageously and publicly about their lives and about their recovery, and about how grateful they are to be able to be clean and sober because of the access of care afforded them through their insurance coverage.

We went to Sean’s funeral on Saturday, and . . . Frank would be here today if he wasn’t as brokenhearted as I am. Sean was 26 and had been doing really well, was on Naltrexone, was taking a Vivitrol shot, and he had to have surgery for a hernia, because
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he raced motorbikes professionally and the hernia hurt him. He wanted to go back and was doing so well, he was speaking publicly to youth and was anxious to go back into doing what he loved. So he had that surgery and had to come off of his medication to do that. He was very vulnerable after his surgery, and he slipped once, and he used.

I’ve attended many funerals and seen too many mothers and fathers brokenhearted at the coffins of their sons and daughters. We can’t make this any harder than it already is. To me, it is unconscionable.

Maria is right, and so is Jennifer. Gutting Medicaid would be unconscionable. Weakening the protections afforded those with mental health or substance use disorder would be truly unconscionable. Repealing the Affordable Care Act and the provisions within it that have meant more coverage, more healthcare, and more healing for those with substance use disorders and mental health disorders. What other co-morbidities like substance abuse and in this state are over the age of 50 and weaving its way through Congress would weaken the protections for those with preexisting conditions.

Alternative funds, as some reports say have never been agreed upon. We consider will never replace a permanent insurance program like Medicaid because Medicaid guarantees that coverage is there when families need it. No alternative can do that.

In Connecticut, nearly half of all medication-assisted treatment for people with substance use disorders is paid by Medicaid. My fear is that the Republican bill in place will mean that these people would have no place to go. They would have no support for their medications, counseling, and help, no chance to get better, no place to go. I refuse to let us find out the answer to what would happen to them if Medicaid were gutted. I refuse to allow it to happen.

People with substance use disorder are not the only ones who will see their coverage threatened by a weakening of protections for those with preexisting conditions. In Connecticut on Monday, Shaye Hurd of AIDS-Connecticut expanded on what this bill would mean for the people living with HIV in this country.

Some of us lived through the early days of the plague when we went to funeral after funeral, memorial service after memorial service, week after week, month after month, watching our friends wither away and die. The home care that is currently available by weaving its way through Congress would bring us back to the early days of the plague.

HIV is a preexisting condition. Over half of the people who are living with HIV in the United States and in this state are over the age of 50 and rely on Medicaid as their primary source of insurance. Most of those people also have other co-morbidities like substance abuse disorders and mental health disorders. What little we know about this bill would be devastating to people with HIV and AIDS, and it essentially would amount to a death sentence. Once again, having lived through those early days, we don’t want to go back there.

Shawn’s story is one of many I heard about the fear of losing coverage due to a preexisting condition.

Gay Hyre, a 60-year-old breast cancer survivor, has similar concerns about what gutting the Affordable Care Act would mean not just for her but for everyone around her. She said this about why she came to speak at the hearing:

I’m not just worried for my own care, although I will be on the receiving end of a lot of bad news. I care passionately about the other 23 million Americans who are my fellow citizens of every age, type, and need. It’s about the future, it’s about what’s going to happen to our kids, or who won’t have access to treatments, who won’t have access to doctors.

I know my colleagues across the aisle don’t want to hear these stories. If they wanted to hear these stories from the inside of the United States, millions of stories, we would have hearings—not just emergency field hearings; we would have hearings here in Washington before the Committee on Health, Education, Labor, and Pensions and before the Committee on Finance and other committees that have jurisdiction on the House side as well as in the Senate. We would be having a real debate, a robust discussion, and everyone of us here would have a chance to really review this bill, and comment on it and hear from the people we represent. But unfortunately my colleagues across the aisle don’t want to hear about the details of repealing the Affordable Care Act.

One witness at my hearing, Ellen Andrew of the Connecticut Health Policy Project, really summed up the reason. Here is what she said:

We have been working on expanding health coverage, high-quality, affordable coverage to everyone in the state and now everyone in the nation. I looked back, actually, to 2010, how many people were uninsured in this state before the Affordable Care Act, it was 397,000 people, almost 400,000. Last year it was down by 262,000. That is 262,000 fewer people living in our state without insurance because of the Affordable Care Act.

I want to share one final story. It is about a little boy in Connecticut who has a life-threatening disease called muscular dystrophy, a degenerative terminal illness that has no cure. Most people with the disease don’t survive past their midtwenties. Connor’s family wrote that their sweet boy, who was just 5 and full of life, would now lose his ability to walk, to lift his arms. Eventually, they said, he would lose the ability to hug them at all.

Connor needs complex care from multiple specialists, costing an estimated $54,000 a year. Thanks to the Affordable Care Act, he cannot be denied coverage and the needs to receive care. His family also wrote that any elimination of lifetime caps or elimination of essential health benefits will hinder his family’s ability to access the care that Conner needs.

This is Conner in a picture that has been provided by his family.

The ACA removed barriers to Conner’s care, and they are concerned I—that this recklessly, reprehensible bill will put them back to the place that they were when they first learned about Conner’s diagnosis.

Should Conner’s disease progress, he will very likely need access to Medicaid in order to offset the costs of living with a disability, but for his family, the question now is, Will Medicaid be there? If that devastating day comes, will he continue to receive the care he needs?

Conner’s family is not about to give up. They have come to my office annually since he was diagnosed in order to fight for a cure and to fight for the Affordable Care Act—sometimes with tears in their eyes. They raise awareness, and they fight for their little boy.

I know they would do it a million times again if it meant that Conner could get better, live a long and healthy life.

Conner and others like him are why I am here. Conner and others like him are why I will continue this fight against any attempts to repeal the Affordable Care Act and replace it with a shameful, disgraceful bill that has been written behind closed doors—destroying lives and degrading the quality of life for millions of Americans.

The people whom I have met in Connecticut who came to this hearing—and countless others who have talked to me about the Affordable Care Act—are fighting for their lives and their health and for others who need it as well.

Those people whom I met in Connecticut and the others who will come to our hearing on Friday and, perhaps, across the country are the reason I am fighting for better coverage for all of the people of Connecticut and our country.

Those people are the best of our country with their fighting spirit and devotion to the people whom we represent. Failing to do so is unconscionable just as destroying the Affordable Care Act would be unconscionable, just as denying Conner what he needs would be unconscionable, just as ignoring our voice and Senator Hatch’s bill would be unconscionable. I hope my colleagues will listen.

I yield the floor.

THE PRESIDING OFFICER. The Senate is in order.

Mr. HATCH. Mr. President, I am pleased to yield 5 minutes to the distinguished Senator from Georgia.
The PRESIDING OFFICER. The Senator from Georgia.

Mr. ISAACSON. Mr. President, I thank the distinguished President pro tempore of the Senate, the chairman of the committee. I am honored to take that 5 minutes.

VETERANS HEALTHCARE

Mr. President, a lot of us wake up in the morning with a plan for the day, and we know what we are going to do each hour—and every 5 minutes if you are a Member of the Senate. Some days surprise us. I went to breakfast this morning for Members of the Senate who are veterans of the U.S. military. There were three of us at that breakfast. There were supposed to be more, but some didn’t come at the last minute.

One of the people at the breakfast handed me a piece of paper—four pages as a matter of fact—and asked: Have you seen this?

I did not know what it was, but I turned the page and looked at it. It was a white paper on the impact of President Trump’s proposed budget on the American veteran.

The guy said: You are the chairman of the Veterans’ Affairs Committee. I want you to explain why all of this is true.

I quickly turned through it, from one page to another, and looked at each of the headlines and subtitles. Every one of them was wrong. There was not a statement of fact in it, but there was a purpose to the paper.

So I thought all morning about what I would do today to try and get the word out about what is true without getting into a partisan or a bickering battle on the floor of the Senate about documents that have been sent out circuitously by one Member of the Senate or another. Facts are facts, and facts are stubborn things. It is very important for me as chairman of the committee to make sure that the Members of the Senate know what we are dealing with as we lead up to making important decisions.

This white paper alleges that President Trump’s budget is a circuitous route to privatize VA health services for our veterans, which is patently untrue and wrong, and the authors of this in the Senate who have written it know it is untrue because they are on the committee. It further alleges that the funding of healthcare for veterans has been cannibalized by privatization programs in order to take healthcare out of the Veterans Health Administration and put it into the private sector.

I know, within a few weeks, that I am going to be coming to the floor with, hopefully, the entire Veterans’ Affairs Committee and will be seeking additional funds for the Choice Program so as to continue to meet the demand for our veterans and their healthcare.

It was less than 2 years ago that this Senate and the House of Representatives passed and signed legislation that guaranteed that every veteran, no matter where he lived, could get services within the private sector in his community that were approved by the VA—services that he could not get from the VA anywhere. In other words, he got a choice. If he were denied an appointment within 30 days, he got a choice if he lived more than 40 miles from the VA facility. It became known as the Choice Program—popular but difficult to manage. It was popular in that 2.7 million appointments were held in the next 2 years over the previous 2 years because of the increased accessibility of healthcare for our veterans.

I come to the floor to say that the Veterans’ Affairs Committee is working with the appropriators and the authors of this legislation, and it further alleges that the healthcare money that needs to be appropriated for our veterans is appropriately done in the budget proposal that we pass out of this body.

I want everybody on the floor to remember, every time you allege as a member of the Senate that money for veterans is being cannibalized and that they are not going to get their healthcare services, you are accusing the Congress and the Senate of not doing their constitutional duty of providing the funds for the government and for these women when they voluntarily sign up to serve our country, serve for the eligible time necessary, and get VA status.

I am never going to forsake my obligation to the men and women who serve us today, have served us in the past, and will serve us in the future. I am never going to be one of those politicians who is not trustworthy in standing behind every promise that is made.

We have made a great promise to the veterans of America, and we are going to keep it because they made the greatest promise of all—that they would risk their lives for each of us.

So, I can tell you the facts that read “The Impact of President Trump’s Proposed Budget on America’s Veterans” and read it and it talks about the cannibalization of VA healthcare and its going to a privatized system of healthcare, put it in the trash can because that is where it belongs. It is full of quotes that have been taken out of context and that have been put together to tell a story to frighten folks.

Today and every day, we are in the process in the Veterans’ Affairs Committee of working toward seeing to it that we meet the funding shortfalls that exist, to see to it that our veterans get the healthcare that they deserve and they come to our Veterans Health Administration for or that they have a choice, and we will continue to do so.

I have but one responsibility in the U.S. Senate, which is of paramount importance, and that is my chairmanship on the Veterans’ Affairs Committee. I am not going to let our veterans down, and I am not going to let somebody else allege that we on the committee are trying to do something that would not help the veterans or guarantee them their healthcare. On the contrary, we are going to see to it that nobody else takes it away. We are going to do for our veterans what they have done for us—pledge our sacred honor to see that the service they deserve have not been cut, and have not had their lives for.

I thank the Senator from Utah for yielding the time.

The PRESIDING OFFICER. The Senator from Utah.

HEALTHCARE LEGISLATION

Mr. HATCH. Mr. President, for the last several weeks, we have been hearing quite a bit about process here in the Senate, particularly as it relates to the ongoing debate over the future of ObamaCare.

My friends on the other side of the aisle have, apparently, poll-tested the strategy of decrying the supposed secrecy surrounding the healthcare bill and the lack of regular order in its development. They have come to the floor, given interviews, and even hijacked committee meetings to hear their colleagues express the supposedly righteous indignation about how Republicans are proceeding with the healthcare bill.

Of course, hearing Senate Democrats lecture about preserving the customs and traditions of the Senate is a bit ironic, but I will get back to that in a minute.

Last week, the Senate Finance Committee, which I chair, held a routine nominations markup to consider a slate of relatively uncontroversial nominees. On that same day, several of our colleagues and congressional staff had been viciously attacked by an armed assailant, and a Member of the House of Representatives, of course, was in critical condition in the hospital.

I opened the meeting by respectfully asking my colleagues to allow the committee to use the markup as an opportunity to demonstrate unity in the face of a violent attack against Congress as an institution. Even then, my Democratic friends were, apparently, unable to pass up an opportunity to try to score partisan points and rack up video clips for social media by playing for the cameras as they lamented the committee’s position in the healthcare debate.

Once again, the situation is dripping with irony. As I said, I will get to that in a minute.

If my Democratic colleagues are going to continue grandstanding over the healthcare debate, I have a few numbers I would like to cite for them. Under ObamaCare, health insurance premiums in the State of Oregon have gone up by an average of 110 percent. In Michigan, they have gone up by 90 percent. In Florida, they have gone up by 110 percent. In Indiana, they have gone up by 108 percent. In Ohio, they have gone up by 86 percent. In Pennsylvania, they have gone up by 120 percent. In
Virginia, they have gone up by 77 percent. In Missouri, they have gone up by 145 percent.

I have not picked those States at random. Each of these States is currently represented by a Democrat on the Senate Finance Committee. Of course, those trends extend well beyond the committee.

In Illinois, where the Senate minority whip resides, premiums have gone up by 109 percent.

In West Virginia and Wisconsin, both of which are also represented by Democratic Senators, premiums have gone up by 109 percent and 93 percent, respectively.

Montana is in a similar situation with premiums rising by 133 percent under ObamaCare.

Now, just so people do not go thinking that I am picking on the Democrats, I will note those in Utah, where both health insurance premiums have gone up by an average of 101 percent.

In Wyoming, they have gone up by 107 percent, and in Nebraska, they have gone up by 133 percent.

I can understand, my friends, that some may think my point is clear: Health insurance premiums have skyrocketed all over the country by an average of 105 percent. I will repeat that. Under ObamaCare, the average health insurance premiums in the United States have seen triple-digit increases.

These are the fruits of the so-called Affordable Care Act. This is the burden that ObamaCare has placed on patients and families throughout our country, and people are feeling that burden whether they vote for Democrats or Republicans.

The only difference is that, for 7½ years, my Republican colleagues and I have been talking about the failures of ObamaCare, and for 7½ years, Senate Democrats have done virtually nothing to address these problems.

For 7½ years, Republicans like myself have pleaded with our Democratic colleagues in the previous administration to work with us to address the failures of ObamaCare, and for 7½ years, it has been virtually impossible to get any Democrat in Washington to even acknowledge that there have been any problems with ObamaCare to begin with.

As the cost of healthcare in this country has skyrocketed out of control and the system created by the so-called Affordable Care Act has collapsed under its own weight, Democrats in the Senate have been cherry-picking what few positive data points they can find and telling the American people that everything is fine and that ObamaCare is working.

Give me a break.

By no honest or reasonable measure is ObamaCare living up to the promises that were made at the time it was passed. As a result, the American people are saddled with a healthcare system that was poorly designed and recklessly implemented.

Sure, it has made for partisan political theater for my colleagues to cherry-pick and say, press shock and dismay at the current state of the healthcare debate. I am quite certain the strategy has poll-tested very well among the Democratic base, and the Senate minority leader clearly has an elaborate media campaign gone forward for the benefits of the Affordable Care Act.

Before they begin berating Republicans, I hope my Democratic colleagues were able to come up with something to tell their constituents whose healthcare costs have exploded as a result of ObamaCare. I have just mentioned a few.

I hope they have answers for their voters for wondering why they only have one insurance option available to them, if they even have that, and, most importantly, I hope they have an explanation as to why they have been more or less silent while the law they supported—and still support—has wreaked havoc on our Nation's healthcare system.

Until they can answer those questions and provide those explanations, my good friends should spare anyone within earshot their lectures about what is currently happening in the Senate.

Finally, let me address the irony of my Democratic colleagues' process complaints. Some of them have selective memories when it comes to the history of ObamaCare. We have heard our colleagues talk about the number of committee hearings held in advance of ObamaCare's passing. What we don't hear is that there was not a single hearing held in the Senate on the ObamaCare reconciliation bill, which was an essential element that ensured passage of the Affordable Care Act in the House.

We have heard our colleagues talk about the markup process in committee and the number of amendments that were filed and accepted. What we don't hear about is the fact that the HELP Committees were tossed aside so the healthcare bill could be rewritten behind closed doors in Senator Reid's office, who was then the majority leader. The final product was only made public a few days before the Senate voted on it.

The truth is this: Senate committees—including the Finance Committee—have had literally dozens of hearings wherein the failings of ObamaCare's passing, the failure of the law and its implementation—have been thoroughly examined. Between all the relevant committees, there have been at least 66 healthcare hearings in the Senate since ObamaCare became the healthcare law of the land. More than half of those were in the Finance Committee.

Committees have conducted countless oversight investigations and inquiries into these matters over the years. Few matters in the history of our country have received as much of the Senate's attention as ObamaCare has received. Very few laws have been examined as extensively as the so-called Affordable Care Act, which is anything but affordable. ObamaCare is the very definition of well-covered territory.

The majority leader has made clear that Members will have an opportunity to vote to replace the forlorn healthcare bill, and I expect that to be the case. He has always made assurances that when the bill is debated on the floor, we will have a fair and open amendment process, as required under the rules. There is really no reason for anyone to expect otherwise.

Let's also recall that a couple of years later, one of the chief architects of the so-called Affordable Care Act bragged about the lack of transparency that surrounded its passage and said it was necessary to, in his words, take advantage of the "stubbornness of the American voter."

Any argument that the process that resulted in ObamaCare was a picture of transparency and deliberation is so off base that it would almost be humorous if the issue was something less important.

As I said in committee last week, I want to welcome my Democratic colleagues to the healthcare debate. Ever since ObamaCare was signed into law, Democrats have more or less assumed that the debate was over and that all they had to do was keep telling the American people that everything was just fine, as if repetition alone would make it come true.

Everyone is going to see the bill, and everyone is going to get their chance to say their piece about it.

For now, I simply hope my Democratic colleagues will spare us their lectures and maybe look in the mirror because it is their law. Democrats have more or less assumed that the debate was over and that all they had to do was keep telling the American people that everything was just fine, as if repetition alone would make it come true.

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without asking, What in the heck have we done here? Are we so stupid that we believe the Federal Government is the last answer to everything?

Well, we will see, because I think some people are that stupid and, frankly— I don’t blame anybody, and I hope I am wrong, but I have been here 41 years and I have seen a lot of stupidity around this place and you will have to really go a long way to find anything worse than the so-called “affordable” healthcare bill.

This is supposed to be a piece of legislation that is going to wreck our country if we don’t, as Democrats and Republicans, get together and reform it. This is an opportunity for my friends on the Democratic side as well as the Republican side to see what we can do about this and to get this thing straightened out.

This is the greatest country in the world. There is nobody in this country who should go without basic healthcare. When we have terrible cases like my distinguished friend and colleague from Connecticut has mentioned, yes, we want to make sure people who suffer like that are taken care of, and there are some on our side who could have been a little more humane and compassionate, but there are some on the other side, too, who could be a little more humane and compassionate and maybe a little more honest when they talk about this bill.

We are a long way from solving the healthcare problems in this country, and if we go down this road any further, we will be an even longer way from solving these problems, and we may very well bankrupt the American economy, which will then really show us how bad we are with regard to healthcare in this country.

My friends on the other side never ask, Where is the money going to come from? Who is going to pay for this? Who is going to strive to get through this? We are just going to throw money at it, and we are $100 trillion in unfunded liability in this country and $20 trillion in national debt. It is astounding. Who is going to pay for it, especially when it doesn’t work any better than that.

I spent some of my prior life in medical malpractice work defending doctors and hospitals and healthcare providers, and some of that was really astounding. I always knew some of those cases were brought just to get the defense costs, which were always pretty high because those cases were brought just to get the defendants, which were always pretty high because those cases were really as—

I remember a pledge by their leadership that the Senate would return to regular order. Well, regular order means public hearings on legislation. Regular order means committees have a chance to gather input from expert witnesses, consider a policy’s potential impact, and amend bills before they come to the floor.

Prior to enacting ObamaCare, the Senate Finance and HELP Committees held nearly 100 hearings, roundtables, and walkthroughs on healthcare reform. In the House, where I served at the time, there were over 70 bipartisan hearings and markups that included an opportunity for our Republican colleagues to offer input and amendments in the bill. Dozens of Republican amendments were adopted during the House committee markups of the Affordable Care Act. That is an open process.

What are we seeing now is a bill drafted in secret, seen, and hidden behind closed doors. But why? Is it because Republicans know that this bill is not a good deal for the American people? You could call the recent process a lot of things, but you can’t call it open, and you can’t call it regular order.

Supposedly, the bill has been assembled by a working group of 13 of my Republican colleagues, but just yesterday— just yesterday—one of these Members complained that he had not yet seen a draft. In fact, he went on to say—this is a Republican colleague of mine in this working group:

It has become increasingly apparent in the last few days that even though we thought we were going to be in charge of writing a bill within this working group, it’s not being written by us. It’s apparently being written by a small handful of staffers for members of the Republican leadership in the Senate.

“When Senators in the majority party are unable to tell you who is writing the bill, let alone what is in the bill, we have a problem. While we clearly have a problem with the secretive, rushed process, this process is a symptom, not the disease. The underlying disease is that this bill, which we reportedly will see tomorrow, is almost certainly terrible for the American people.

There are two explanations for keeping a product under wraps: Either you want to build excitement for it or you are worried about the weaknesses that will be exposed overnight. I don’t believe for a moment that Republicans are trying to build excitement by hiding this bill. This bill is not next year’s model of the Ford Mustang or Chevy Camaro waiting to be unveiled at the Detroit auto show to great fanfare. This bill is like a disaster that will negatively impact millions of Americans. This bill is the iceberg that sunk the Titanic, and Republican leadership questions like these: What are your policy goals here? How do you think this will help people afford quality insurance coverage? What will the bill do for tens of millions of Americans who have gained healthcare coverage in recent years? What will it do for patients with preexisting conditions? What will the bill do for the hundreds of thousands of Michiganders covered under the successful Healthy Michigan Program? What will the bill do for small business owners and employees? What will the bill do for seniors who need affordable, long-term care options? What will the bill do for individuals battling opioid addiction? These are questions I am asking, along with all of my Democratic colleagues.

I serve on the Permanent Subcommittee on Investigations, and just a few weeks ago we held a hearing on opioid abuse and how the epidemic is simply ravaging our state. I had the opportunity to speak with a police chief from our southern border State of Ohio. He was very clear that if Medicaid expansion were to go away—and it is under the House bill and expected to see in the Senate bill—it will make it much more difficult for local police departments to tackle this crisis because of dramatically scaled-back
availability of addiction treatment. I spoke with a coroner, a medical doctor, and an addiction expert on the panel as well.

These are professionals dealing with a public health crisis each and every day—not people on an ideological agenda. They all agreed that medical expansion is critical to combating addiction, improving public health, and helping individuals suffering from addiction have an opportunity to be productive citizens and have a second chance at life.

The bottom line is that this bill—this secretive, rushed bill that we will supposedly see tomorrow—will move us backward and rip healthcare away from millions of Americans. When you take health coverage away from people, people will die.

As a Member of the House, I voted for the Affordable Care Act because I knew that, at the end of the day, it would save people’s lives. As elected officials and public servants, there are only a handful of votes we cast that are literally about life and death. Next week, we will see one of those votes.

I urge my colleagues on both sides of the aisle to read the bill, whenever we get it, and then talk to doctors, patients, families, clinics, and hospitals in their State. I also urge my colleagues to vote no next week and to start a truly bipartisan process that keeps what works, fixes what doesn’t, but, most importantly, helps all Americans afford quality healthcare in their communities.

I stand here ready and willing to be a partner in a bipartisan process and to work with my Republican colleagues to improve our healthcare system. Show us and the American people you are serious about health reform. Let’s have an open and honest process and pass a bill that is genuinely in the best interest of the American people.

I support the existence of a quorum.

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

The bill clerk proceeded to call the roll.

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

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

CLIMATE CHANGE

Mr. WHITEHOUSE. Mr. President, I come weekly to the Senate whenever we are in session to give my “Time to Wake Up” speech, talking about climate change and, quite often, talking about the climate denial campaign that prevents us from taking action and, quite often, talking about the campaign finance problems in our country that make climate denial effective. Here, in Congress, it is not hard to connect the dots from campaign finance to climate denial.

The Supreme Court’s Republican majority’s Citizens United decision was requested by the fossil fuel industry, and the fossil fuel industry took instant advantage of it—almost like they saw it coming. The industry and its front groups instantly used their new power conferred by Citizens United to come after politicians—Republicans in particular. Ask Bob Inglis, who backed responsible climate policy in Congress. Citizens United created new American dark-money emperors, and no surprise—the new emperors love their new political power.

Their first payoff was that Republicans in Congress fled from any legislative action on climate. Before Citizens United, there were multiple bipartisan climate bills. Year after year—when I was here in 2007, 2008, 2009—there were bipartisan climate bills to the left of you, bipartisan climate bills to the right of you, bipartisan climate bills cropping up all over. Today, we watch our Republican President trying to undo curbs on carbon emissions and, to the cheers of Republicans in Congress, withdrawing the United States from the historic Paris Agreement. We join Syria and Nicaragua as the only nations to reject this common cause. That, my friends, is the heavy hand of fossil fuel influence, driving us into isolation and abdication of American leadership.

Of course, no Republican can safely sponsor any bill to limit carbon dioxide emissions, and so none do. Very different than before the Citizens United decision in January of 2010. That changed everything. When those five Republican Supreme Court justices opened up unlimited political spending to the big Republican special interests, that unlimited political spending was inevitably going to find dark-money channels. Dark-money channels hide the identity of the political donor, so that big special interests can pollute our politics with their money with seemingly clean hands.

The climate denial scheme of the fossil fuel cartel is powered politically by the lure of dark money coming in for you in a political race or the threat of dark money coming in against you in a political race, dark money powers climate denial. Well, we have just learned something new about dark money.

Chairman GRAHAM and I held hearings in our Judiciary Subcommittee on Crime and Terrorism to look at Russian interference in the recent 2016 election and what it portends for elections to come. It is alarming to us that Russia has strategically manipulated politics in Europe for decades. They started working in the former Soviet Union countries, and they expanded to where they are manipulating politics in France, Germany, Holland, England, and all over Europe. The witnesses warned us that we in America must be prepared for that. They jumped the Atlantic to manipulate the 2016 elections, and they are not going away.

One identified weakness of the United States against Russian influence was this dark money in our politics. Why is that? Well, it is obvious. Once you allow dark money in, dark is dark. Cash from Vladimir Putin is no more traceable than cash from Charles and David Koch. One witness, a former Republican national security official, told us: “It is critical that we effectively enforce the campaign finance laws that would prevent this type of financial influence by foreign actors.”

“It is critical that we effectively enforce the campaign finance laws” against foreign influence by foreign actors.

The two best studies of Russian influence in Western Europe in their elections and in their policies are “The Kremlin Playbook,” by CSIS, or the Center for Strategic and International Studies, and “The Kremlin’s Trojan Horses,” by the Atlantic Council. Both of them report that Russia takes advantage of nontransparency in campaign financing to build its shadowy web of influence and control. If you leave dark-money channels lying around, it is likely that Vladimir Putin and his oligarchs will find them.

The “Trojan Horses” report warns this: “The Kremlin’s blatant attempts to influence and direct U.S. presidential election should serve as an inspiration for a democratic push back.” That is a lower case “d” for “democratic push back,” and it points to one key way we need to push back.

I will quote them again.

Electoral rules should be amended, so that publically funded political groups, primarily political parties, should at the very least be required to report their sources of funding.

That is, end dark money.

Likewise, the “Kremlin Playbook” report warns:

- Enhancing transparency and the effectiveness of the Western democratic tools, instruments, and institutions is critical to resilience against Russian influence.
- Enhancing transparency means ending dark money.

Our hearing and these reports reveal another political influence tool used by the Kremlin: fake news. As we shore up our democracy to defend against Russia’s fake news information warfare, we must remember this: Climate denial was the original fake news.

To give an example, here is a story that may sound familiar. An unknown hacker illegally breaks into and steals an organization’s emails. The organization’s emails are held until they can be released at a politically strategic moment. The strategy is that the emails are leaked to a website with shady ties. The leaks are then amplified and spun by fake news, driven into the regular media, and have their desired political effect. Does any of that sound familiar? Of course, it is the methodology of the Russians’ hack of the Democratic National Committee, right? Unknown hacker, stolen emails, strategic release, caching them until they can be used, shady website, fake news spin-up, regular media takes the bait, political damage.

If you step back and look at just the methodology, we have seen this pattern before—so-called climategate, the
fake scandal years ago cooked up by the climate denial machine. It was 2009, not 2017. The organization hacked was not the DNC but the Climate Research Unit at the University of East Anglia in the United Kingdom. The release was timed to the U.N. climate conference in Copenhagen, not the Presidential election. The documents went to climate skeptic blogs—wit, interestingly, the first upload in Russia—instead of to WikiLeaks, but the mainstream media took the bait, and the political damage was done.

At the time, the New York Times wrote:

The[se] revelations are bound to inflame the public debate as hundreds of negotiators prepare to negotiate an international climate accord at meetings in Copenhagen next month.

This climategate scheme worked so well that in November 2011, the climategate operation did it again just before the U.N. climate conference in Durban. They also did climategate 2.0. Of course, the whipped-up climategate hysteria was all fake news.

As the Guardian wrote in February 2010:

Almost all the media and political discussion about the hacked climate emails has been based on soundbites publicised by professional [climate] sceptics and their blogs. In many cases, these have been taken out of context and twisted to mean something they were never intended to.

Eight times, everyone from the inspector general of the U.S. Department of Commerce, to the National Science Foundation, to the British Parliament found no evidence of any misconduct by the scientists, but for the climate denial groups, the truth was never the point.

This climategate stunt was the product of a fake news infrastructure built by the industry to attack and undermine real climate science—disinformation campaigns, false-front organizations, stables of paid-for scientists, and propaganda honed by public relations experts. This denial operation aspires to mimic and rival real science, and it is an industrial-strength adversary with big advantages. It does not need to win its disputes with real science; it just needs to create the public illusion of a real dispute. It doesn’t have to waste time in peer review, and it doesn’t have to be true; it just has to sound like it might be. This industrial fake news operation isn’t going anywhere. It is too valuable to the big polluters.

As we prepare to face down Russia’s campaign of election interference, we will have to face up to these two hard facts:

If the Kremlin wants to deploy fake news information warfare in our country, the climate denial fake news infrastructure already exists. Remember, climate denial was the original fake news.

If the Kremlin wants to deploy a surreptitious financial influence campaign, the dark money infrastructure already exists. The fossil fuel industry’s dark money election manipulation machinery is ready to go. Putin doesn’t have to build a thing. The fossil fuel dark money and fake news infrastructure is ready to go.

Unfortunately, we know it works because it has worked for years for the fossil fuel cartel, particularly since Citizens United allowed the fossil fuel industry to enforce silence on the Republican Party.

The dangers of fake news, dark money, climate denial, and foreign interference in our elections are all intermixed. They have brought us to the point where the President of the United States will leave the Paris Agreement, betting the country’s interests, in the service of the fossil fuel industry, the Koch brothers’ climate denial operation, and Breitbart fake news.

This calls for an American response. Dark money and fake news are a sinister combination, whoever is behind them. America must address the twin threats of fake news and dark money. It is bad enough when these are the tools of the fossil fuel industry’s climate denial operation, but are we on notice now. We are on notice from these reports and from multiple witnesses that the Kremlin can borrow these tools too.

I will close by asking that we clean up this mess. It may take citizen action, given the stranglehold dark money and fake news have on Congress, but this is a fight worth having. There is no good that comes out of dark money and fake news, whoever is behind them. We should rid ourselves of this sinister combination.

I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio?

Mr. PORTMAN. Mr. President, I rise today to talk about a promising young man from Wyoming, OH—just outside of Cincinnati, my hometown—a young man whose life was drastically cut short at just 22 years of age. I rise to talk about Otto Warmbier.

Otto had all the smarts and talent you could ever ask for. He was a homecoming king and the salutatorian of the Wyoming High School class he graduated from a few years ago. He was a student at the University of Cincinnati. He was a smart kid. He was as bright as it could possibly be.

I was there with Fred and Cindy Warmbier when Otto finally returned to the United States in January 2018. His father, Otto’s father, Dr. Warmbier—a college kid—who was taken prisoner by the North Korean regime in 2016.

To those who loved him.

Otto’s release last week and to bring Otto home. I believe he knew he was among those who loved him. I believe he knew he was among those who loved him. I believe he knew he was among those who loved him.

I want to thank State Department Special Representative Joe Yun, Deputy Secretary Sullivan, and Secretary Tillerson for their work to help secure Otto’s release last week and to bring him home.
There are still three Americans who are being detained by the North Koreans. They should be released immediately, and we should do everything we can do as a country to secure their release.

Otto’s case is a reminder that we must, on the one hand, increase pressure on North Korea to force them to change. There will soon be more to discuss on that. At the same time, we have to maintain an open line of communication to deal with the deadly serious issues we face. Those are some of the lessons I have taken from the last 18 months.

Fred, Cindy, and the entire Warmbier family have been incredibly strong through this ordeal. No one should have to go through what that family has experienced. My wife Jane and I will continue to be at their side, including at the funeral service tomorrow afternoon.

I urge my colleagues and everybody listening at home to continue to hold up this family in prayer, but also let’s ensure that this tragedy is a wake-up call about the true nature of this brutal regime.

Mr. President, I yield back.

The PRESIDING OFFICER. The Senator from Massachusetts.

HEALTHCARE LEGISLATION

Ms. WASHINGTON. Mr. President, President Trump said last week that the healthcare bill passed by the House was “mean,” and then he said the Senate should make the bill more “generous, kind [and] with heart.” It sounds like the President is having second thoughts about this Republican bill.

So now, Mr. President, you are wakening up and noticing just how heartless this bill is; you know, the bill your Republican buddies in Congress slapped together in a back room; you know, the one you celebrated with a big press conference in the Rose Garden a few weeks ago; you know, the bill that you and House Republicans gave each other high fives over for taking away healthcare from millions of people, and now it sounds like you want a do-over.

Too bad no one explained to the President that mean is just part of the deal the Republicans have struck. Mean is baked into every sentence of this bill. When you set out to trade health insurance of millions of American families for massive tax cuts for the wealthy, things get real mean fast.

This mean bill does a lot of things, but the best thing it does is remind us how hard it will hit American women. To pay for the hundreds of billions of dollars in tax cuts for this bill, Republicans chose to make one of their classic moves—a sort of old reliable for Republicans: attack women’s healthcare.

Let’s run through just a few examples. Today, most people helped by Medicaid are women. The Republican bill cuts Medicaid by $334 billion. Republicans say millions of women who lose healthcare will do just fine.

Today, plans on the individual market have to cover maternity care and treatment for postpartum depression. The Republican bill says: Forget it. Let the States drop those benefits. Women are the only ones using them anyway.

Today, the law says you can’t charge women more by labeling things like pregnancy as preexisting conditions. The Republican bill says: Who cares? Go for it.

Today, women can choose healthcare providers they trust the most, but the Republicans want to eliminate that choice by eliminating Planned Parenthood. Republicans say women can do just fine without the care they need.

Frankly, I am sick of many coming down to the Senate floor to explain to Republicans what Planned Parenthood does. I am sick of explaining that it provides millions of women with birth control, cancer screenings, and STI tests every year. I am sick of pointing out, again and again, that Federal dollars do not fund abortion services at Planned Parenthood anywhere else.

Women come to the floor, we explain, we cite facts, but Republicans would rather base healthcare policy on politics than on facts.

Speaker Ryan called this mean bill pro-life, but it is just the biggest political play of all. Calling something pro-life will not keep women from dying in back-alley abortions. It will not help women pay for the cancer screenings that could save their lives. It will not help them take care of their families, have safe sex, or afford their medical bills. The pro-life label is the Republicans playing politics with women’s lives.

Let’s be blunt. The Republican bill will make it more likely—not less likely—that women and their children will die. Women aren’t fools. We can feel the difference. We can tell the difference between reality and lies, and that is why we are here today. That is why we are fighting back on the Senate floor today.

Right now, 13 Senators—all men—are sitting in a room writing revisions to the secret Republican bill. These 13 men will not show us the bill and will not hold hearings on its contents. Just in case anyone missed the point, please note that all 13 of these men have already voted during their time in the Senate to reduce women’s access to contraception and abortion. Republicans have told the press that Americans shouldn’t worry about the fact that women are shut out because “reducing[s]” the 13 men to their gender is a “game . . . of identity politics.”

This is not identity politics, and it is certainly not a game. This bill will affect every woman in this country, and we know what is going on behind closed doors: 13 men are trading away women’s healthcare for tax cuts for the rich.

American women deserve better than this mean Republican bill, and American women are here to fight back.

Thank you.

I yield the floor.
the Senate advise and consent to the Mandelker nomination?

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

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

The result was announced—yeas 96, nays 4, as follows:

[Roll Call Vote No. 150 Ex.]

YEAS—96

Alexander
Alexander
Baldwin
Baldwin
Barrasso
Barrasso
Bennet
Bennet
Blumenthal
Blumenthal
Blunt
Blunt
Boozman
Boozman
Brown
Brown
Burr
Burr
Cantwell
Cantwell
Capito
Capito
Cardin
Cardin
Carper
Carper
Carter
Carter
Casey
Casey
Cassidy
Cassidy
Cochran
Cochran
Collins
Collins
Coons
Coons
Cornyn
Cornyn
Cortez Masto
Cortez Masto
Cotton
Cotton
Crapo
Crapo
Cruz
Cruz
Daines
Daines
Donnelly
Donnelly
Duckworth
Duckworth
Durbin
Durbin
Enzi
Enzi
Ernst
Ernst
Feinstein
Feinstein
Fischer
Fischer
Gillibrand
Gillibrand
Yeas—4

The nomination was confirmed.

The PRESIDING OFFICER (Mr. LEE). The majority leader.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the motion to reconsider be considered made and laid upon the table and the President be immediately notified of the Senate's action.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.  

CLOTURE MOTION

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

The senior assistant legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Marshall Billingslea, of Virginia, to be Assistant Secretary for Terrorist Financing, Department of the Treasury.

The PRESIDING OFFICER. The majority leader.

FREE SPEECH

Mr. MCCONNELL. Mr. President, today I wish to touch on a topic that, as I announced recently, I am going to continue to speak about in the coming weeks and months on the Senate floor; that is, the right of free speech.

This fundamental right is one of our most cherished. It forms the beating heart of our democracy. It sits at the core of our civic identity. Yet, these days, it seems to be coming under an increasing threat all across our country.

The challenges it faces are different from what we have seen in the recent past, but we must confront these, too, if we are to preserve this right for future generations. That is certainly what I intend to do. I view free speech as a responsibility that we share as a country, and I believe it is the responsibility of Congress to defend it.

Our colleagues know this is a topic I have devoted a large part of my career to. Throughout the Obama years, I warned that our ability to freely engage in civic life and organize in defense of our beliefs was under coordinated assault from an administration that appeared determined to shut up anyone—anyone—who challenged it. These efforts to suppress speech were well documented, they extended throughout the Federal Government, and they were often aided by the Obama administration's allies here in Congress.

There were threats before then as well. I know, because I took up the fight against many of them. Sometimes it was a lonely battle. Often it was an unpopular one, but, in my view, it was necessary because whether the threats to free speech came from the IRS or the Obama administration's SEC, they shared a similar goal: to shut down or scare off the stage those who chose to think differently.

Today, however, the threat to free speech is evolving. The speech suppression crowd may no longer control the levers of Federal power, but it hasn't given up its commitment to silencing those with an opposing view.

Yesterday, in the Judiciary Committee, Chairman GRASSLEY held a hearing to explore the worsening problem of a lack of tolerance on college campuses—imagined or real—on college campuses of all places—for the views of others—lack of tolerance on college campuses for the views of others. One of the witnesses at the hearing was Floyd Abrams, whom our former colleague Senator Moynihan rightly described as “the most significant First Amendment lawyer of our age.” Mr. Abrams noted that we are witnessing “an extraordinary perilous moment with respect to free speech on campuses where ‘too many students seem to want to see and hear only views they already hold. And to prevent others from hearing views with which they differ.’”

So what could account for this?

A profound lack of information is one answer. For example, Mr. Abrams cites a study where “nearly a third of college students could not even identify the First Amendment as the one that deals with freedom of speech.” The day before, across the street, the Supreme Court reminded us of the importance of a vibrant right to free
speech, where its exercise does not depend upon the suffering of the government.

In striking down the disparagement clause of Federal trademark law, the Court reminded us of what too many of those on college campuses appear not to have learned: that too many others seem to have forgotten: “Speech may not be banned on the ground that it expresses ideas that offend.” “Speech may not be banned on the ground that it expresses ideas that offend.”

\[...\]

The trend is getting worse, not simply in terms of the overall number of incidents but—more worryingly—in terms of the growing aggressiveness of those who target speakers. There have been multiple instances of intimidation, violence, and rioting at universities across the country. There has been nasty and thuggish behavior aimed at suppressing speech. Sadly, it has often succeeded.

As USA TODAY put it in a recent editorial: “In just the place where the clash of ideas is most valuable, students are shutting themselves off to points of view they don’t agree with. At the moment when young minds are supposed to assess the strengths and weaknesses of arguments, they are answering challenges to their beliefs with anger and violence instead of facts and reason.

This should worry all of us, regardless of party, regardless of ideology.”

Hearing criticisms of one’s beliefs and learning the beliefs of others is simply training for life in a democratic society. It doesn’t mean one has to agree with those opinions, but no one is served by trapping oneself and others in cocoons of ignorance. That is hardly the recipe for a free and informed society.

“To quote Frederick Douglass, ‘To suppress free speech is a double wrong [because] it violates the rights of the speaker as well as those of the listener.’ Just as it was not right during the Obama years for Americans to endure harassment or incur crippling expenses because the government didn’t like what they believed, it certainly is not right today for Americans to live in the shadow of fear simply because they dare to speak up or think differently or support a candidate or a cause that the speech suppression crowd may disagree with.

It really doesn’t matter who you are or whether what you are saying is popular. These rights do not exist to protect what is popular; they exist precisely to protect what isn’t.

That is one reason I have long opposed ideas like the flag-burning constitutional amendment. That doesn’t mean I agree the flag should be burned. Of course, I don’t. I disagree strongly, but it is the principle that matters because the moment we allow ourselves to believe that some people stand outside the free speech protections of the First Amendment, then we are all in trouble—all of us.

The growing trend of intolerance we are seeing has taken many forms lately, but the underlying hostility to free speech has not changed. As I noted earlier, in recent years, the threat had often come from the Federal Government.

As USA TODAY put it in a recent editorial: “To suppress free speech is a double wrong [because] it violates the rights of the speaker as well as those of the listener.”

That is what we are called upon to do again now—to inform, to engage, to empower; in the end, to instill in young Americans to rally in its defense.

Others are using their platforms to advance similar goals, as Chairman Grassley did yesterday. I hope more will join as this discussion continues because free speech is crucial to who we are as Americans, regardless of party, and we owe it to future generations to do what we can today to defend it.

LEGISLATIVE SESSION

MORNING BUSINESS

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

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

TRIBUTE TO RECIPIENTS OF THE CONGRESSIONAL AWARD

Mr. MCCONNELL. Mr. President, today I wish to congratulate this year’s winners of the Congressional Award. Established by Congress in 1979, the award recognizes the achievements of young Americans between the ages of 14 and 23 years old. It celebrates their accomplishment in four program areas: voluntary public service, personal development, physical fitness, and expedition/exporation.

The Award challenges participants to set goals in an area that interests them. If they successfully achieve their goals, they earn bronze, silver, and gold certificates and medals. Through the program, these young Americans gain new skills, earn greater confidence, and position themselves to be productive citizens.

Each year in June, these young people are presented their Congressional Awards at a ceremony here in our Nation’s Capitol. On behalf of the U.S. Senate, I would like to congratulate all of the winners for their accomplishments and for the example they set for others. Among this group, my State of Kentucky is home to five medalists. Through their efforts, the recipients of the 2017 Congressional Awards are strengthening their communities and our Nation.

Mr. President, I ask unanimous consent that a list of this year’s recipients of the Congressional Award be printed in the RECORD.

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

Alabama: Madison Haney.

Arizona: Fiyaporn Chivatanaporn, Ayesha Atpour, Jacob Ryder, Emily Hartzler, Jacob Matsumoto.

California: Alannah Ruiz, Edward Jung, Nathaniel Chien, Katie Wong, Abhiraj Chowdhury, Hannah Lee, Conrad Chu, Riya Dholia, Ethan Teo, Kai Fisher, Megan Pollon, Minyoung Cho, Michael Ngan, Reed Funder, Hee Won Jung, Suzie Kim, Yoojin Kim, Jonathan Liu, William Choi, Naomi Kim, Austin Noll, Daniel Hong, YuYing Dai, Steven G., Hyeyun Lee, Kayla Samini, Alexander Huang, Tiffany Bryant, Orange County: Desirée Gutierrez, Kasey Kumaran, Danielle Lee, Jihyun Woo, Sung Ho Woo, Jung Hyo Balk, Snehyun Byron, Gordon Chan, David Huh, Jordan Jessen, Bosley, Katherine Kim, Young Young Kong, Brandon Lee, Connie Lee, Serena Liou, Harris Liu, Hasan Liou, Daniel Nenew, Choi, Dean Colarossi, Connor Piddler, Emily Ha, Jeimin Ha, Sonia Kim, Yena Kim, Alice Lee, Tyler Nguyen, Peter Stewart, Jennifer Yi, Yan Zhang, Hee Won Jung, Jamie Ostmann, Janice Park, Katrina Chan, Jung-yub Chung, Alexander Scott, David Bao, Jake Leung, Lauren Rennecker, Naomi Kim.

Colorado: Edwin Bodoni, Spencer Christensen.


Delaware: Kayleigh Barnes, Micah Petersen.


Sofia Santa-Cruz.
VOTE ELECTION

Mr. BENNET. Mr. President, on June 5, 2017, the Senate adopted S. Res. 176, a resolution commemorating the 50th anniversary of the reunification of Jerusalem. I am a cosponsor of this resolution. Unfortunately, I missed the vote due to a delayed flight. If I were in Washington, DC, during the time of this vote, I would have cast my vote in support of this resolution.

DEPARTMENT OF VETERANS AFFAIRS ACCOUNTABILITY AND WHISTLEBLOWER PROTECTION ACT

Ms. HIRONO. Mr. President, earlier this month, the Senate passed by voice vote the Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017. I recognize this bill is the result of a bipartisan compromise, and I commend Senator Tester, ranking member of the Senate Veterans’ Affairs Committee, for his efforts to find agreement on this particularly challenging issue.

Everyone in a position of public trust, particularly those serving at the VA, must be held accountable for their actions. Whistleblowers must also be protected so that misconduct can be brought to light. This balance between accountability and transparency is essential to ensure that the services provided to the public—particularly to veterans—are of the highest quality and that we can attract the best and brightest to Federal service.

Unfortunately, while the bill passed by Congress seeks to strike the appropriate balance, I remain seriously concerned by the absence of hearings, the evidentiary standard for firing rank-and-file employees for misconduct from ‘preponderance’ of the evidence, 50 percent or more, to ‘substantial, 30 percent or more. Reducing due process protections for rank-and-file VA employees in this manner will make it harder for the Federal Government to attract the best and brightest to public service.

Therefore, going forward, I will closely monitor the VA’s implementation of the evidentiary standard for firing rank-and-file employees for misconduct which would expedite the process and that we can attract the best and brightest to Federal service.

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Therefore, going forward, I will closely monitor the VA’s implementation of the evidentiary standard for firing rank-and-file employees for misconduct which would expedite the process and that we can attract the best and brightest to Federal service.
of public debate, and of any bill text at all, my colleagues on the other side of the aisle will go to any length to suppress the undeniable successes associated with the Affordable Care Act.

Unfortunately, that now includes block-voting. The deliberate decision to block-vote, to promote and bring awareness to National Minority Health Month simply by drafting behind closed doors, reflects the undeniable successes associated with the Affordable Care Act. They have decided that concealing the reality of what this Administration has brought to minority communities is more important than promoting minority health.

I am proud to help lead this resolution with Senator CARDEÑ and my colleagues here this afternoon because raising awareness and finding ways to promote minority health is critically important to the future of our Nation and should be a shared priority amongst my colleagues. As of last year, over half of nonelderly Americans who could have obtained coverage were people of color and minorities face increased barriers when trying to access the care that is available to them.

In the past, our Republican colleagues worked with us on this resolution, but it has since ben a partisan and unanimous support. Now, however, like the secret healthcare bill they are drafting behind closed doors, they have turned an important and commonsense resolution into a political roadblock, refusing to pass it unless it is stripped of any and all facts that don’t fit their false narrative on the Affordable Care Act. The fact of the matter is that the Affordable Care Act has worked for minority communities. The Affordable Care Act has reduced the uninsured rate for minority communities by at least 35 percent.

It has led to a 7 percent drop in the uninsured rate amongst African Americans and has cut the uninsured rate for Latinos, Asian Americans, Native Hawaiians, and Pacific Islanders in half. It has provided new protections for American Indians and Native Alaskans while cutting the uninsured rate amongst those communities by nearly 10 percent. The facts show that minorities have seen some of the largest gains in health insurance coverage under the Affordable Care Act and, despite the work we still have before us, have more access to affordable care than ever before.

Still, many in minority communities struggle to obtain coverage and receive quality care, despite chronic diseases disproportionately impacting many minority groups. That is why the Prevention and Public Health Fund, which was created to address and prevent chronic disease under the ACA, is so critical to minority health. That is also why these same communities will yet again feel the brunt of these calamitous and misguided cuts should the prevention fund be eliminated along with the ACA.

African Americans are twice as likely to die from diabetes as White Americans. Thankfully, the prevention fund has invested $291 million in diabetes prevention. Latino women are 44 percent more likely to be diagnosed with cervical cancer than White women. Therefore, the prevention fund has invested $218 million in breast and cervical cancer prevention. Overall, the prevention fund has invested $227 million to the Racial and Ethnic Approaches to Community Health Program. But eliminating the prevention fund wouldn’t just negatively impact minority communities. In Connecticut, the Fund has invested over $27 million in our communities since 2010, improving the lives and well-being of people there every day.

This strong investment has provided more Connecticut women with screenings for cancer. It has given our State health department the ability to better prevent diabetes, heart disease, and stroke and fight obesity through improved physical activity. It has allowed Connecticut to address school health more successfully, enriching our children’s lives and inspiring a new generation of more healthy and happy citizens. It has provided the Connecticut Immunization Program with nearly half of its funding, with the program stating they “don’t know how we could continue to exist without this funding.”

Should the Affordable Care Act be repealed and the Prevention Fund eliminated, with TrumpCare cruelly and inadequately trust upon our Nation in its place, the consequences would be devastating, not only for minority communities, but for the country as a whole. Bottom line: the Affordable Care Act has improved access to quality and affordable healthcare for all Americans and particularly for those that need it the most.

I sincerely hope that my Republican colleagues stop denying, ignoring, and concealing the Affordable Care Act— and the minority communities that benefited from it—has helped our Nation’s health. I stand ready to build upon the great strides made in improving minority health since the Affordable Care Act, and I hope my colleagues are ready to do the same. Thank you.

ADDITIONAL STATEMENTS

RECOGNIZING THE LITTLE ROCK AIR FORCE BASE COMMUNITY COUNCIL

Mr. BOOZMAN. Mr. President, today I wish to recognize and congratulate the Little Rock Air Force Base, LRAFB, Community Council team on their recognition as the 2017 Association of Defense Communities Member of the Year. This prestigious honor is indicative of the community council’s exceptional and unwavering commitment for the past 62 years to the Department of Defense, U.S. Air Force, U.S. Air Force Reserve, and Arkansas National Guard. These organizations, along with the LRABF surrounding communities, form the celebrated Team Little Rock.

Since its founding in 1955, Little Rock Air Force Base has enjoyed a tremendous amount of support, respect, and appreciation from within the local community. The LRABF Community Council, comprised of dedicated local civic leaders, has championed the base’s mission, while fostering partnership efforts between the military and civilian communities. Furthermore, as the Department of Defense and U.S. Air Force have faced an unprecedented 8 years of fiscal uncertainty, the community council has remained a steadfast leader and staunch advocate for the Team Little Rock mission, its airmen, and their families.

The LRABF Community Council long participated in both exercises and real-world scenario’s with its Arkansas congressional delegation to ensure a sustained awareness of base needs, successes, and challenges. This outstanding example of leadership demonstrates the community council’s commitment to building a dedicated and resilient community network around Little Rock’s sole Air Force Installation.

The level of collaboration between the community council and Team Little Rock is simply unprecedented. For example, Jacksonville and Little Rock have adopted ordinances and regulations preventing civilian encroachment that would impede aircraft operations, while many military initiatives have been formulated to offer mutual services, thus improving quality of life on both sides of the fence. Moreover, the Jacksonville fire department and emergency services team regularly participate in both exercises and real-world scenarios with their military counterparts. Finally, Arkansas Governor Asa Hutchinson appointed past community council president Brad Hegeman to chair the Governor’s military affairs commission to address the assets, economic impact, benefits, and needs of military installations and military-related businesses throughout Arkansas.

Throughout my time in Congress, I have consistently witnessed the extraordinary and tireless support received by Team Little Rock on behalf of the Little Rock Air Force Base Community Council. The entire community council team is very deserving of this incredible honor, and I am thrilled to officially recognize them as the 2017 Association of Defense Communities Member of the Year. Congratulations, Team Little Rock.

TRIBUTE TO WENDY NOREN

Mrs. McCASKILL. Mr. President, fair elections and voting rights for all Americans are integral to our way of life. Today I wish to honor a dedicated public servant and great Missourian who has spent her entire career ensuring these principals for Boone.
Countians, Missourians, and people of the United States, Ms. Wendy Noren. After 39 years in the Boone County clerk’s office—35 as the Boone County clerk—Ms. Noren is resigning on June 23, 2017.

Wendy began her service to Boone County as deputy county clerk in 1972. She won her first election to county clerk in 1982 and won the next eight consecutive elections, only once having an opponent.

In addition to registering generations of Missourians to vote, Wendy has worked tirelessly during the last 35 years to ensure smooth, fair, and accurate elections and results. She is a leading election expert at local, State, Federal, and international levels. Some of her accomplishments include serving as an international elections monitor in Albania in 1997 and again in Bosnia in 2001; in 2008, she hosted international election experts studying methods for conducting elections. As the legislative chair of the Missouri County Clerks and Election Authorities, she helped draft several Missouri election laws, assisted in writing the Help America Vote Act, and was a part of the reformation of national election policies after the 2000 election. Ms. Noren has been reappointed to the US Election Assistance Commission every 2 years since first being appointed in 2004.

Closer to Missourians’ hearts, Wendy is implicitly trusted for her fairness and accuracy and her tireless devotion to ensuring all Missourians have the opportunity to vote. Concerned that rural counties couldn’t afford election expenses prompted by the Help America Vote Act, she advocated that the Federal Government assist local election authorities to implement the law. She has been an early adapter of technology to assist voters to register, to be informed about elections, and to securely cast their votes. For instance, rather than using the existing software to join a federally required voter registration database, she developed her own, saving taxpayers approximately $125,000.

I ask today that my fellow Senators join me in recognizing Wendy Noren, Missouri’s own “Empress of Elections,” as a great Missourian, Boone Countian, and public servant dedicated to ensuring all Americans—and, indeed, citizens of the world—are able to participate in fair, free elections.

RECOGNIZING MONTPELIER SENIOR ACTIVITY CENTER

Mr. SANDERS. Mr. President, this month we celebrate the Montpelier Senior Activity Center’s 50th anniversary. For half a century, the center has provided opportunities for healthy aging and lifelong learning that enhance the quality of life for seniors. The Montpelier Senior Activity Center, established in 1967 and nestled in our State’s capital, has the mission of enhancing the quality of life for the older adults in the Montpelier area by developing physical, mental, cultural, social, and economic well-being in a welcoming and flexible environment.

A Nation is judged by how it cares for its most vulnerable. It is undeniable that we are living in a time when many Vermonters and Americans are having to do more with less and the most vulnerable among us are making the unacceptable decisions like choosing between paying for healthcare, food on the table, or a roof over their head. In Vermont, more than 11,000 seniors are living in poverty. At a time of massive political discontent, we need to focus on building up, not dismantling, our communities.

In Montpelier, VT, just that is happening, as seniors are able to access services that help them live out their lives in dignity. The center serves more than 1,000 seniors every year, including more than one of every five seniors in Montpelier. In 2016, the Montpelier Senior Activity Center provided more than 17,000 nutritious home-delivered and community meals for seniors. More than 80 percent of senior activity center participants report that their participation makes them feel healthier.

The Montpelier Senior Activity Center celebrated its 50-year anniversary on Saturday, June 10, 2017. To know that seniors have been able to access supportive care and resources for so long and have truly become a well-established part of the community is commendable. As Montpelier Senior Activity Center Day is commemorated, please understand that the center’s work saves and empowers countless lives. I join the Montpelier community to celebrate this milestone anniversary.

125TH ANNIVERSARY OF SUMMIT, SOUTH DAKOTA

Mr. THUNE. Mr. President, today I recognize Summit, SD. The town of Summit will be celebrating its quasquicentennial on June 23 through 25, 2017. Summit will host quasquicentennial events, which include school tours, alumni gatherings, a craft and flea market, competitions, tournaments, and a parade.

Summit is located in the Coteau des Prairies in Roberts County. The Summit area has long been known as a community enriched with various outdoor activities, such as fishing, hunting, and camping. Since its founding 125 years ago, the community of Summit continues to serve as a strong example of South Dakota values and traditions. It is also known as the location of the annual Fog Fest.

I offer my congratulations to the citizens of Summit on their quasquicentennial celebration and wish them continued prosperity in the years to come.

MESSAGES FROM THE PRESIDENT

The President of the United States was communicated to the Senate by Ms. Ridgway, one of his secretaries.

PRESIDENTIAL MESSAGES

REPORT ON THE CONTINUATION OF THE NATIONAL EMERGENCY THAT WAS ORIGINALLY DECLARED IN EXECUTIVE ORDER 13466 OF JUNE 26, 2008, WITH RESPECT TO NORTH KOREA—PM 10

The President of the United States was communicated to the Senate by Ms. Ridgway, one of his secretaries.

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, within 90 days of the anniversary date of its declaration, the President publishes in the Federal Register and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with that provision, I have sent to the Federal Register for publication the enclosed notice stating that the national emergency with respect to North Korea declared in Executive Order 13466 of June 26, 2008, expanded in scope in Executive Order 13551 of August 30, 2010, addressed further in Executive Order 13570 of April 18, 2011, further expanded in scope in Executive Order 13687 of January 2, 2015, and under which additional sanctions in Executive Order 13722 of March 15, 2016, is to continue in effect beyond June 26, 2017.

The existence and risk of proliferation of weapons-usable fissile material on the Korean Peninsula; the actions and policies of the Government of North Korea that destabilize the Korean Peninsula and imperil United States Armed Forces, allies, and trading partners in the region, including its pursuit of nuclear and missile programs; and other provocative, destabilizing, and repressive actions and policies of the Government of North Korea, continue to constitute an unusual and extraordinary threat to the national security, foreign policy, and economy of the United States. For this reason, I have determined that it is necessary to continue the national emergency with respect to North Korea.

DONALD J. TRUMP.

REPORT ON THE CONTINUATION OF THE NATIONAL EMERGENCY THAT WAS ORIGINALLY DECLARED IN EXECUTIVE ORDER 13219 OF JUNE 26, 2001, WITH RESPECT TO THE WESTERN BALKANS.

The PRESIDING OFFICER laid before the Senate the following message from the President of the United States, together with an accompanying report, which was referred to the Committee on Banking, Housing, and Urban Affairs.

To the Congress of the United States:

Section 202(d) of the National Emergency Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, within 90 days of the anniversary date of its declaration, the President publishes in the Federal Register and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with that provision, I have sent to the Federal Register for publication the enclosed notice stating that the national emergency with respect to the Western Balkans region, and elsewhere in the Western Balkans, for the reason that it poses an unusual and extraordinary threat to the national security and foreign policy of the United States. For this reason, I have determined that it is necessary to continue the national emergency with respect to the Western Balkans.

DONALD J. TRUMP.


MESSAGES FROM THE HOUSE

At 12:02 p.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House has passed the following bill, in which it requests the concurrence of the Senate:

H.R. 625. An act to provide for joint reports by relevant Federal agencies to Congress regarding incidents of terrorism, and for other purposes.

H.R. 1383. An act to limit the authority of States to tax certain income of employees for employment duties performed in other States.

H.R. 1551. An act to amend the Internal Revenue Code of 1986 to modify the credit for the production from advanced nuclear power facilities.

H.R. 2132. An act to require the implementation of a redress process and review of the Transportation Security Administration’s intelligence-based screening rules for aviation security, and for other purposes.

H.R. 2196. An act to amend the Homeland Security Act of 2002 to direct the Under Secretary for Management of the Department of Homeland Security to make certain improvements in managing the Department’s real property portfolio, and for other purposes.

H.R. 2283. An act to amend the Homeland Security Act of 2002 to direct the Under Secretary for Management of the Department of Homeland Security to make certain improvements in managing the Department’s real property portfolio, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

H.R. 2347. An act to make improvements to the John H. Chafee Foster Care Independence Program and related provisions; to the Committee on Finance.

H.R. 2357. An act to support foster care maintenance payments for children with parents in a licensed residential family-based treatment facility for substance abuse; to the Committee on Finance.

H.R. 2366. An act to review and improve licensing standards for placement in a foster family home; to the Committee on Finance.

MEASURES PLACED ON THE CALENDAR

The following bill was read the first and second times by unanimous consent, and placed on the calendar:

H.R. 2484. An act to ensure that the United States Government and its representatives, and the United States, values, promotes, and advances the meaningful participation of women in mediation and negotiation processes seeking to prevent, mitigate, or resolve violent conflict.

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–1977. A communication from the Secretary of Commerce, transmitting, pursuant to law, a report relative to the export to the People’s Republic of China of items not detained by relevant Federal agencies to the Committee on Banking, Housing, and Urban Affairs.

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

H.R. 625. An act to provide for joint reports by relevant Federal agencies to Congress regarding incidents of terrorism, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

H.R. 1383. An act to limit the authority of States to tax certain income of employees for employment duties performed in other States; to the Committee on Finance.

H.R. 2132. An act to require the implementation of a redress process and review of the Transportation Security Administration’s intelligence-based screening rules for aviation security, and for other purposes; to the Committee on Commerce, Science, and Transportation.

H.R. 2196. An act to amend the Homeland Security Act of 2002 to direct the Under Secretary for Management of the Department of Homeland Security to make certain improvements in managing the Department’s real property portfolio, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

H.R. 2283. An act to amend the Homeland Security Act of 2002 to improve morale within the Department of Homeland Security workforce by conferring new responsibilities to the Chief Human Capital Officer, establishing an employee engagement steering committee, requiring action plans, and authorizing an annual employee award program, and for other purposes.

H.R. 2484. 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.

H.R. 2742. An act to amend title IV of the Social Security Act to require States to adopt an electronic system to help expedite the placement of foster children, foster care guardianship, or for adoption, across State lines, and to provide funding to aid States in developing such a system, and for other purposes.

H.R. 2834. An act to improve the well-being of, and improve permanency outcomes for, children and families affected by heroin, opioids, and other substance abuse.

H.R. 2847. An act to make improvements to the John H. Chafee Foster Care Independence Program and related provisions.


H.R. 2866. An act to review and improve licensing standards for placement in a relative foster family home.

The message also announced that the House agreed to the amendments of the Senate (H.R. 2868) to the bill (H.R. 1238) to amend the Homeland Security Act of 2002 to improve morale within the Department of Homeland Security workforce by conferring new responsibilities to the Chief Human Capital Officer, establishing an employee engagement steering committee, requiring action plans, and authorizing an annual employee award program, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

H.R. 2884. An act to improve the well-being of, and improve permanency outcomes for, children and families affected by heroin, opioids, and other substance abuse; to the Committee on Finance.

The following bills, in which it requests the concurrence of the Senate:

H.R. 1351. An act to amend the Internal Revenue Code of 1986 to modify the credit for the production from advanced nuclear power facilities.

H.R. 2132. An act to require the implementation of a redress process and review of the Transportation Security Administration’s intelligence-based screening rules for aviation security, and for other purposes.

H.R. 2196. An act to amend the Homeland Security Act of 2002 to direct the Under Secretary for Management of the Department of Homeland Security to make certain improvements in managing the Department’s real property portfolio, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

H.R. 2283. An act to amend the Homeland Security Act of 2002 to improve morale within the Department of Homeland Security workforce by conferring new responsibilities to the Chief Human Capital Officer, establishing an employee engagement steering committee, requiring action plans, and authorizing an annual employee award program, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

H.R. 2347. An act to make improvements to the John H. Chafee Foster Care Independence Program and related provisions; to the Committee on Finance.

H.R. 2357. An act to support foster care maintenance payments for children with parents in a licensed residential family-based treatment facility for substance abuse; to the Committee on Finance.

H.R. 2366. An act to review and improve licensing standards for placement in a relative foster family home; to the Committee on Finance.

MEASURES REFERRED

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


EC–1977. A communication from the Secretary of Commerce, transmitting, pursuant to law, a report relative to the export to the People’s Republic of China of items not detained by relevant Federal agencies to the Committee on Banking, Housing, and Urban Affairs.
EC–1978. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Risk Management Programs Under the Clean Air Act; Further Delay of Effective Date” (FRL No. 9963–55–OLEM) received in the Office of the President of the Senate on June 13, 2017; to the Committee on Environment and Public Works.

EC–1979. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Approval and Promulgation of Implementing Regulations for the Interstate and Intrastate Transport for the 2012 Fine Particulate Matter Standard” (FRL No. 9968–41–Region 6) received in the Office of the President of the Senate on June 13, 2017; to the Committee on Environment and Public Works.

EC–1980. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Approval of California Air Plan Revisions; Mojave Desert Air Quality Management District, Northern Sierra Air Quality Management District, and San Diego County Air Pollution Control District” (FRL No. 9969–40–Region 9) received in the Office of the President of the Senate on June 13, 2017; to the Committee on Environment and Public Works.

EC–1981. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Approval of California Air Plan Revisions; Mojave Desert Air Quality Management District” (FRL No. 9970–7–Region 6) received in the Office of the President of the Senate on June 13, 2017; to the Committee on Environment and Public Works.

EC–1982. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Approval of Nevada Air Plan Revisions; Clark County Department of Air Quality and Washoe County Health District” (FRL No. 9977–9–Region 9) received in the Office of the President of the Senate on June 13, 2017; to the Committee on Environment and Public Works.

EC–1983. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to law, a report prepared by the Department of State on progress toward a negotiated solution of the Cyprus question covering the period February 1, 2017 through March 31, 2017; to the Committee on Foreign Relations.

EC–1984. A communication from the Acting Chief Executive Officer, Corporation for National and Community Service, transmitting, pursuant to law, a corrected Semiannual Report to the President and Congress for the period from October 1, 2016 through March 31, 2017; to the Committee on Homeland Security and Governmental Affairs.

EC–1985. A communication from the Deputy Assistant Attorney General, Office of Legal Policy, Department of Justice, transmitting, pursuant to law, the report of a rule entitled “Civil Monetary Penalties Inflation Adjustment” (OAG 156) received during adjournment of the Senate in the Office of the President of the Senate on June 13, 2017; to the Committee on the Judiciary.

EC–1986. A communication from the Deputy Chief Counsel, National Institute of Standards and Technology, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled “Technology Innovation—Personnel Exchanges” (RIN0963–A862) received in the Office of the President of the Senate on June 15, 2017; to the Committee on Commerce, Science, and Transportation.

EC–1987. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled “Proposed Amendment of Class D Airspaces; Kingsville, TX” (RIN2120–A686) (Docket No. FAA–2016–9111) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC–1988. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled “Establishment of Class E Airspace; Grass Range, MT” (RIN2120–A966) (Docket No. FAA–2017–0497) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC–1989. 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; Rolls-Royce plc Turbofan Engines” (RIN2120–A646) (Docket No. FAA–2017–0186) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC–1990. 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; Rolls-Royce plc Turboprop Engines” (RIN2120–AA64) (Docket No. FAA–2016–9226) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC–1991. 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; Siemens Turboprop Airplanes” (RIN2120–AA64) (Docket No. FAA–2017–0048) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.


EC–1993. A communication from the Executive Director, Consumer Product Safety Commission, transmitting, pursuant to law, the report of a rule entitled “Airworthiness Directives; Rolls-Royce plc Turbofan Engines” (RIN2120–A646) (Docket No. FAA–2014–0863) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC–1994. 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–A646) (Docket No. FAA–2016–9438) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC–1995. 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; Bombardier, Inc. Airplanes” (RIN2120–A646) (Docket No. FAA–2016–9438) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC–1996. 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–A646) (Docket No. FAA–2016–9438) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC–1997. 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; NavWerx, Inc. Automatic Dependent Surveillance Broadcast Universal Access Transceiver Units” (RIN2120–AA64) (Docket No. FAA–2016–9226) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC–1998. 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; Bombardier, Inc. Airplanes” (RIN2120–A646) (Docket No. FAA–2017–0124) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC–1999. 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; Bombardier, Inc. Airplanes” (RIN2120–A646) (Docket No. FAA–2016–9438) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC–2000. 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; Bombardier, Inc. Airplanes” (RIN2120–A646) (Docket No. FAA–2016–9438) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC–2001. 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–A646) (Docket No. FAA–2016–9438) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.
16, 2017; to the Committee on Commerce, Science, and Transportation.

EC-2003. 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; Airbush Airplanes” ((RIN2120-AA64) (Docket No. FAA-2016-8182)) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC-2004. 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; Airbush Airplanes” ((RIN2120-AA64) (Docket No. FAA-2016-7262)) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC-2005. 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; Airbush Airplanes” ((RIN2120-AA64) (Docket No. FAA-2017-0123)) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC-2006. 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; Airbush Airplanes” ((RIN2120-AA64) (Docket No. FAA-2015-0084)) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC-2007. 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; Airbush Airplanes” ((RIN2120-AA64) (Docket No. FAA-2016-8182)) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC-2008. 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; Airbush Airplanes” ((RIN2120-AA64) (Docket No. FAA-2016-9524)) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC-2009. 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; Zodiac Seata California LLC Seating System” ((RIN2120-AA64) (Docket No. FAA-2016-5595)) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC-2010. 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; Boeing Company Airplanes” ((RIN2120-AA64) (Docket No. FAA-2016-6667)) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC-2011. 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-2016-6170) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC-2012. 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-2016-8484)) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC-2013. 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-2016-9075)) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC-2014. 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-2016-6666)) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC-2015. 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; Learjet, Inc., Airplanes” ((RIN2120-AA64) (Docket No. FAA-2017-0501)) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC-2016. 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-2017-8566)) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC-2017. 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; ZLIN AIRCRAFT a.s. Airplanes” ((RIN2120-AA64) (Docket No. FAA-2017-0156)) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC-2018. 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; Piper Aircraft, Inc. Airplanes” ((RIN2120-AA64) (Docket No. FAA-2016-9550)) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC-2019. 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-2016-9507)) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC-2020. 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; British Aerospace Regional Aircraft Airplanes” ((RIN2120-AA64) (Docket No. FAA-2017-0053)) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC-2021. 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; Stemme AG Gliders” ((RIN2120-AA64) (Docket No. FAA-2017-0614)) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC-2022. 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; Stemme AG Gliders” ((RIN2120-AA64) (Docket No. FAA-2017-0614)) received during adjournment of the Senate in the Office of the President of the Senate on June 16, 2017; to the Committee on Commerce, Science, and Transportation.

EC-2023. A communication from the Acting Deputy Assistant Administrator for Regulations, Bureau of Oceans, Fisheries, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled “Magnuson-Stevens Fishery Conservation and Management: Import Monitoring Program” (RIN0048-BP99) received in the Office of the President of the Senate on June 15, 2017; to the Committee on Commerce, Science, and Transportation.

REPORTS OF COMMITTEES

The following reports of committees were received:

By Ms. MURKOWSKI, from the Committee on Energy and Natural Resources, without amendment:

EC-2017. A report to enable civilian research and development of advanced nuclear energy technologies by private and public institutions, to expand theoretical and practical knowledge of nuclear physics, chemistry, and materials science, and for other purposes (Rept. No. 115–115).

EXECUTIVE REPORTS OF COMMITTEE

The following executive reports of nominations were submitted:
INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

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

By Mr. ROUNDS (for himself, Mr. CASTEEL, and Mr. BOOKER):
S. 1387. A bill to require the Secretary of Defense to implement processes and procedures to provide expedited evaluation and treatment for prenatal surgery under the TRICARE program; to the Committee on Armed Services.

By Mr. ROUNDS:
S. Res. 196. A resolution expressing the sense of the Senate on the challenges the conflict in Syria poses to long-term stability and prosperity in Lebanon; to the Committee on Foreign Relations.

By Mr. PAUL:
S. Res. 197. A resolution to provide sufficient time for legislation to be read; to the Committee on Rules and Administration.

By Mr. TESTER:
S. Res. 198. A resolution expressing the sense of the Senate that any sweeping health care legislation must be drafted in public under the watchful eye of the people of the United States; to the Committee on Rules and Administration.

ADDITIONAL COSPONSORS

S. 190. At the request of Mr. RUBIO, the name of the Senator from North Carolina (Mr. TULLIS) was added as a cosponsor of S. 190, 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. 294. At the request of Mr. NELSON, the name of the Senator from Arkansas (Mr. COTTON) 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 Rhode Island (Mr. WHITEHOUSE) was added as a cosponsor of S. 298, a bill to require Senate candidates to file designations, statements, and reports in electronic form.

S. 340. At the request of Mr. CRAPO, the name of the Senator from Oklahoma (Mr. LANKFORD) was added as a cosponsor of S. 340, a bill to clarify Congressional intent regarding the regulation of the use of pesticides in or near navigable waters, and for other purposes.

S. 466. At the request of Mr. CASEY, the name of the Senator from Colorado (Mr. BENNET) was added as a cosponsor of S. 466, a bill to amend title XVIII of
the Social Security Act to provide for
the non-application of Medicare com-
petitive acquisition rates to complex
rehabilitative wheelchairs and acces-
sories.
S. 515
At the request of Mr. Casey, the
name of the Senator from Michigan
(Ms. Stabenow) was added as a cospon-
sor of S. 515, a bill to require the Sec-
retary of Labor to maintain a publicly
available list of all employers that re-
locate a call center overseas, to make
such companies ineligible for Federal
grant awards, and to require disclosal
of the physical loca-
tion of business agents engaging in cus-
tomer service communications, and for
other purposes.
S. 540
At the request of Mr. Thune, the
name of the Senator from South Da-
ksota (Mr. Rounds) and the Senator
from Texas (Mr. Cruz) were added as
cosponsors of S. 540, a bill to limit the
authority of States to tax certain in-
come of employees for employment du-
ting or exiting the United States are
region accounts belonging to or in the
State law.
S. 103
At the request of Mrs. Caputo, the
name of the Senator from Delaware
(Mr. Coons) was added as a cosponsor
of S. 103, a bill to amend the Internal
Revenue Code of 1986 to provide tax
benefits for investments in gigabit op-
portunity zones.
S. 1020
At the request of Ms. Baldwin, the
name of the Senator from New Jersey
(Mr. Booker) was added as a cosponsor
of S. 1020, a bill to amend the Internal
Revenue Code of 1986 to provide for the
proper tax treatment of personal ser-
vice income earned in pass-thru entities.
S. 1091
At the request of Ms. Collins, the
name of the Senator from Massachu-
setts (Ms. Warren) was added as a co-
sponsor of S. 1091, a bill to establish a
Federal Task Force to Support Grand-
parents Raising Grandchildren.
S. 174
At the request of Mr. Leahy, the
name of the Senator from New Mexico
(Mr. Udall) and the Senator from Cali-
ifornia (Mrs. Feinstein) were added as
cosponsors of S. 1091, a bill to create
memorative coins in recognition of the
100th anniversary of The American Le-
S. 1182
At the request of Mr. Donnelly, the
name of the Senator from North Da-
ksota (Ms. Heitkamp) was added as a co-
sponsor of S. 1182, a bill to require the
Secretary of the Treasury to mint coin
and medallions to commemorate the
75th anniversary of the end of World
War II.
S. 1256
At the request of Mr. Markey, the
name of the Senator from New Hamp-
shire (Mrs. Herring) was added as a co-
sponsor of S. 1256, a bill to award a
Congressional Gold Medal to the 23rd
Headquarters, Special Troops and the
3133d Signal Service Company in recog-
nition of their unique and distin-
guishable service as a “Ghost Army”
that conducted deception operations in
Europe during World War II.
S. 1311
At the request of Mr. Cornyn, the
name of the Senator from Wisconsin
(Mr. Johnson) was added as a cospon-
sor of S. 1311, a bill to provide assistance in abolishing
human trafficking in the United States.
S. 1312
At the request of Mr. Grassley, the
name of the Senator from Connecticut
(Mr. Blumenthal) was added as a co-
sponsor of S. 1312, a bill to prioritize
the fight against human trafficking in
the United States.
S. 1320
At the request of Mr. Inhofe, the
name of the Senator from Arkansas
(Mr. Boozman) was added as a cospon-
sor of S. 1320, a bill to reform appor-
tionments to general aviation airports
under the airport improvement pro-
gram, to improve project delivery at
certain airports, and to designate cer-
tain airports as disaster relief airports,
and for other purposes.
S. 1332
At the request of Mr. Cantwell, the
name of the Senator from New York
(Mrs. Gillibrand) was added as a co-
sponsor of S. 1332, a bill to establish a
tax credit for on-site apprenticeship
programs, and for other purposes.
S. 1357
At the request of Mr. Leahy, the
name of the Senator from Delaware
(Mr. Coons) was added as a cosponsor
of S. 1357, a bill to require States to
automatically register eligible voters
for other purposes.
S. 1373
At the request of Ms. Baldwin, the
name of the Senator from Maine (Mr.
King) was added as a cosponsor of S.
1373, a bill to require States to automat-
ically register eligible voters to vote in elections for Federal offices,
S. J. Res. 8
At the request of Mr. Cantwell, the
name of the Senator from California
(Ms. Harris) was added as a cosponsor of S.J. Res. 8, a joint resolution pro-
posing an amendment to the Constitu-
tion of the United States relating to
corporations and the right to proprie-
ty intended to affect elections.
S. J. Res. 46
At the request of Mr. Daines, the
name of the Senator from Montana
(Mrs. Fischer) was added as a cospon-
sor of S.J. Res. 46, a joint resolution pro-
posing an amendment to the Constitu-
tion of the United States relating to
corporations and the right to proprie-
ty intended to affect elections.
S. J. Res. 8
At the request of Mr. Cornyn, the
name of the Senator from Wisconson
(Mr. Johnson) was added as a cospon-
sor of S. Res. 102, a resolution reaffirming
the strategic partnership between the
United States and Mexico, and recog-
nizing bilateral cooperation that ad-
Advancing the national security and
national interests of both countries.
S. Res. 135
At the request of Mr. Cornyn, the
name of the Senator from Minnesota
(Ms. Klobuchar) and the Senator from

S. Res. 135
California (Mrs. FEINSTEIN) were added as cosponsors of S. Res. 195, a resolution recognizing June 20, 2017, as "World Refugee Day".

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. REED (for himself, Mr. BROWN, Mr. TESTER, Mr. BLUMENTHAL, Mr. Kaine, Ms. DUCKWORTH, Ms. WARREN, Ms. BALDWIN, Mr. FRANKEN, Mr. KLOBUCAR, Ms. CORTEZ MASTO, Mr. VAN HOLLEN, Mr. MENENDEZ, Ms. HIRONO, and Mr. DURBIN):

S. 1389. A bill to allow the Bureau of Consumer Financial Protection to provide greater protection to servicemembers; to the Committee on Banking, Housing, and Urban Affairs.

Mr. REED. Mr. President, today, along with my colleagues, I am reintroducing the Military Consumer Enforcement Act to further strengthen consumer protections for service members.

Our Nation has a strong tradition of working to protect our service members while they sacrifice to keep our Nation safe. Building on those efforts, Congress passed the Soldiers’ and Sailors’ Civil Relief Act in 1940 to provide essential financial protections for service members to “enable such persons to devote their entire energy to the defense needs of the Nation.” Now called the Servicemembers Civil Relief Act (SCRA), this law provides such protections as prohibiting the eviction of service members and their dependents from rental or mortgaged properties and allowing interest rates on debts incurred prior to an individual entering active duty military service.

Despite the importance of the SCRA’s protections to our service members, enforcement of this critical law has been inconsistent and subject to the discretion of our financial regulators. For example, according to a July 2012 report from the Government Accountability Office, the estimated percentage of depository institutions that serviced mortgages that were examined for SCRA compliance varied by year between 2007 through 2011 at a rate of 4% in 2007, 17% in 2008, 18% in 2009, 26% in 2010, and 15% in 2011. Without a law, SCRA enforcement will continue to be subject to the changing priorities of the financial regulators, which can also change with each newly elected President. Simply put, prioritizing the consumer protection of service members should not be discretionary; it should be mandatory.

Our legislation ensures that SCRA enforcement will be a permanent priority for the Consumer Financial Protection Bureau, CFPB, which Congress created to enforce Federal consumer financial protection laws.

In 2010, as we debated the authorizing legislation for the CFPB, I led the bipartisan effort to ensure that the CFPB would play a key role in protecting service members through the establishment of an Office of Servicemember Affairs, OSA. Since that time, the CFPB, through its enforcement actions, has helped service members recover approximately $130 million in relief from unscrupulous actors in the financial marketplace and through the OSA’s monitoring of complaints, the CFPB has helped other regulators provide more than $90 million in relief for more than 78,000 service members harmed by SCRA violations. Imagine how much more the CFPB could do for our service members if it could do more than just refer potential SCRA violations to other regulators and educate service members about their SCRA rights. With this demonstrated record of success in protecting our service members, the CFPB should be empowered, as it would be under this legislation, to enforce certain key SCRA provisions, such as the protections against default judgments and being charged no more than the maximum rate of interest on debts incurred before military service.

We should do all we can to make sure there is a strong watchdog on the beat that can enforce the protections we have put in place. When it comes to the SCRA, that strong watchdog should be the CFPB. Our legislation is supported by more than thirty groups, including the National Military Family Association, the Military Officers Association of America, Veterans Education Success, Student Veterans of America, Consumer Federation of America, Americans for Financial Reform, Public Citizen, the Sargent Shriver National Center on Poverty Law, U.S. PIRG, Consumers Union, National Association of Consumer Advocates, National Consumer Law Center (on behalf of its low income clients), National Community Reinvestment Coalition, Center for Popular Democracy, Alliance for Justice, American Association for Justice, and the Center for Responsible Lending. I urge our colleagues to help honor our commitment to our Nation’s service members by joining us in this effort to improve the supervision and enforcement of the SCRA.

By Mr. CORNYN (for himself, Ms. WARREN, Mr. BLUMENTHAL, Mr. KAY HAWLEY, Mr. SULLIVAN):

S. 1393. A bill to streamline the process by which active duty military, reservists, and veterans receive commercial driver’s licenses; to the Committee on Commerce, Science, and Transportation.

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

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

S. 1393

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 “Jobs for Our Heroes Act”.

SEC. 2. MEDICAL CERTIFICATE FOR VETERANS OPERATING COMMERCIAL MOTOR VEHICLES.

(a) QUALIFIED EXAMINERS.—Section 5403(d)(2) of the FAST Act (49 U.S.C. 31149 note; 129 Stat. 1548) is amended to read as follows:

“(2) QUALIFIED EXAMINER.—The term ‘qualified examiner’ means an individual who—

(A) is employed by the Department of Veterans Affairs as an advanced practice nurse, doctor of chiropractic, doctor of medicine, doctor of osteopathy, physician assistant, or other medical professional;

(B) is licensed, certified, or registered in a State to perform physical examinations;

(C) is familiar with the standards for, and physical requirements of, an operator required to be medically examined under section 31149 of title 49, United States Code; and

(D) has never, with respect to such section, been found to have acted fraudulently, including by fraudulently awarding a medical certificate.”.

(b) CONFORMING AMENDMENTS.—Section 5403 of the FAST Act (49 U.S.C. 31149 note; 129 Stat. 1548) is amended—

(1) in subsection (a), by striking “physician-approved veteran operator, the qualified physician” and inserting “a veteran operator approved by a qualified examiner, the qualified examiner”;

(2) in subsection (b)(1)—

(A) by striking “physician” and inserting “the examiner”; and

(B) by striking “qualified physician” and inserting “qualified examiner”;

(3) in subsection (c)—

(A) by striking “qualified physicians” and inserting “qualified examiners”;

(B) by striking “such physicians” and inserting “such examiners”; and

(4) in subsection (d)—

(A) by redesignating paragraphs (1), (2), and (3) as paragraphs (3), (1), and (2), respectively, and by moving the text of paragraph (3), as redesignated, to appear after paragraph (2), as redesignated; and

(B) in paragraph (3), as redesignated—

(1) in the paragraph heading, by striking “PHYSICIAN-APPROVED VETERAN OPERATOR” and inserting “VETERAN OPERATOR APPROVED BY A QUALIFIED EXAMINER”; and

(2) by striking “(2) QUALIFIED PHYSICIAN” and inserting “(2) VETERAN OPERATOR APPROVED BY A QUALIFIED EXAMINER”;

(c) RULEMAKING.—The amendments made by this section shall be incorporated into any rulemaking proceeding related to section 5403 of the FAST Act (49 U.S.C. 31149 note; 129 Stat. 1548) that is being conducted as of the date of the enactment of this Act.

SEC. 3. COMMERCIAL DRIVERS LICENSE STANDARDS FOR CURRENT AND FORMER MEMBERS OF THE ARMED FORCES.

Section 31305(d) of title 49, United States Code, is amended—

(1) in the subsection heading, by striking “VETERAN OPERATORS” and inserting “PERSONS WHO ARE MEMBERS OF THE ARMED FORCES, RESERVISTS, OR VETERANS”;

(2) in paragraph (1)(B), by striking “(A) has never, with respect to such section, been found to have acted fraudulently, including by fraudulently awarding a medical certificate.”.

By Mr. CARPER (for himself and Mr. COONS):

S. 1395. A bill to revise the boundaries of certain John H. Chafee Coastal

June 21, 2017
Barbar Resources System units in Delaware; to the Committee on Environment and Public Works.

Mr. CARPER. Mr. President, today I am introducing legislation to adjust the boundary of the Coastal Barrier Resources Act, CBRA, map unit for North Bethany Beach, Delaware. I am pleased to be in the company of the junior Senator from Delaware, Mr. COONS, who joins me as an original cosponsor.

This map change implements a recommendation made by the U.S. Fish and Wildlife Service. The Service discovered during a recent digital mapping pilot project that a portion of the North Bethany Beach unit encompassing the South Shore Marina development was included by mistake when the map was created in 1990. The Fish and Wildlife released a report to Congress in November of 2016 on the results of the mapping pilot project required by the 2006 Coastal Barrier Resources Reauthorization Act (PL 109–226). Delaware was part of the pilot project, and the report contains the recommendation for this map change.

This map change can occur only through an act of Congress.

CBRA is a map-based law enacted in 1982 recognizing that certain actions and programs of the Federal Government subsidize and encourage development on coastal barriers. This coasts, building on the loss of natural resources and threatens human life, health and property. The CBRA system currently contains 859 geographic units in 23 States and territories along the Atlantic, Gulf of Mexico, Great Lakes, U.S. Virgin Islands, and Puerto Rico coasts. The CBRA units are depicted on a set of maps that is maintained by the Secretary of the Interior through the U.S. Fish and Wildlife Service.

While CBRA does not prohibit or regulate development, it removes the Federal financial assistance (e.g., beach nourishment, disaster assistance, and flood insurance) in areas designated within the CBRA system. That is why Mr. President, it is important to make sure these maps are accurate and that they do not include previously developed property. This bill will achieve that objective for the North Bethany Beach area.

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. 1395

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

SECTION 1. REPLACEMENT OF JOHN H. CHAFEE COASTAL BARRIER RESOURCES SYSTEM MAP.

(a) In General.—The map subtitled “Delaware Seashore Unit DE-07P, North Bethany Beach Unit H01” and dated December 6, 2013, that is included in the set of maps entitled “Coastal Barrier Resources System” referred to in section 4(a) of the Coastal Barrier Resources Act (16 U.S.C. 3503(a)) and relating to certain John H. Chafee Coastal Barrier Resources System units in the State of Delaware, is replaced by the map entitled “Delaware Seashore Unit DE-07/DE-07P, North Bethany Beach Unit H01” and dated March 16, 2016.

(b) Availability.—The Secretary of the Interior shall keep the replacement map referred to in subsection (a) on file and available for inspection in accordance with section 4(b) of the Coastal Barrier Resources Act (16 U.S.C. 3503(b)).

By Ms. COLLINS (for herself and Ms. HEEKAMP):

S. 1402. A bill to amend the Richard B. Russell National School Lunch Act to require the Secretary of Agriculture to make loan guarantees and grants to finance certain improvements to school lunch facilities, to train school food service personnel, and for other purposes; to provide funding under the Agriculture, Nutrition, and Forestry.

Ms. COLLINS. Mr. President, I am pleased to join my colleague from North Dakota, Senator HEITKAMP, in sponsoring the School Food Modernization Act to assist schools in providing healthier meals to students throughout the country.

School meals play a vital role in the lives of our young people. More than 30 million children participate in the National School Lunch Program every school day and more than 14 million eat school breakfasts, with participation rising steadily in Maine and nationwide. In Maine, 48 percent of children qualify for free or reduced-price meals based on income. Moreover, the food served at schools affects children’s health and well-being. Many children consume up to half their daily caloric intake at school and some get a nutritious meal of the day at school instead of at home. At the same time, too many of our children are at risk of serious disease, which may have a lifelong effect on their health as they grow to adulthood.

In response to these health concerns, our schools have stepped up. For example, in the New Sweden Consolidated School in Aroostook County, Maine, Food service manager Melanie Lagasse prepares meals from scratch instead of opening cans or pushing a defrost button. The school’s 64 students, aged preschool to 8th grade, have grown to relish the chicken stew, baked fish, and meatloaf that are now staples.

Many schools, however, lack the right tools for preparing meals rich in fresh ingredients. Schools built decades ago often lack the equipment and infrastructure necessary to do more than reheat and serve one or two meal options each day.

To serve healthier meals, 99 percent of Maine school districts need to acquire at least one piece of equipment and almost 50 percent of districts need kitchen infrastructure upgrades. The median equipment need per school alone is $45,000. Making the required changes to infrastructure is even more costly, with 41 percent of schools needing more physical space, 22 percent more electrical capacity, 21 percent more plumbing capacity, and 19 percent more ventilation.

It is estimated that $58.8 million would be necessary just in Maine for the equipment and up-grades needed to serve healthy meals to all of our students. That far exceeds the $89,000 in grants that the U.S. Department of Agriculture awarded Maine last fiscal year. Maine is not alone. In a recent survey of school nutrition directors, the most frequently cited financial concern was equipment costs, ranking higher than even labor and food costs.

The School Food Modernization Act seeks to help food service personnel offer a wide variety of appealing meals and snacks to all students. First, the bill would establish a loan guarantee assistance program within USDA to help schools acquire new equipment to prepare and serve healthier meals. Second, it would provide targeted grant assistance to provide the seed funding needed to upgrade kitchen infrastructure or to purchase high-quality equipment such as commercial ovens, steamers, and stoves. Finally, to aid school food service personnel in running successful, healthy programs, the legislation would authorize USDA to provide support on a competitive basis to highly qualified third-party trainers to develop and administer training and technical assistance, including online programs.

Senator HEITKAMP and I appreciate that provisions of this legislation were incorporated into the Child Nutrition Reauthorization legislation that was passed out of the Agriculture Committee last Congress. We encourage our colleagues to continue to support school kitchen equipment needs as the reauthorization process continues.

Mr. President, if our school children are going to be able to learn and compete, they need to be healthy and their minds and bodies fully nourished. This bill would help us achieve that goal.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 196—EXPRESSING THE SENSE OF THE SENATE ON THE CHALLENGES THE CONFLICT IN SYRIA POSES TO LONG-TERM STABILITY AND PROSPERITY IN THE MIDDLE EAST

Mrs. SHAHEEN (for herself, Mr. PERDUE, and Mr. BENNET) submitted the following resolution; which was referred to the Committee on Foreign Relations:
S3690

CONGRESSIONAL RECORD — SENATE June 21, 2017

S. Res. 196

Whereas the stability of Lebanon, a pluralistic democracy in the Middle East, is in the interests of the United States and United Nations allies in the region;

Whereas the United States has provided more than $2,000,000,000 in assistance to Lebanon in the past decade, including training and equipment for the Lebanese Armed Forces (LAF);

Whereas the conflict in Syria threatens stability in Lebanon as a result of violent attacks against Lebanese citizens perpetrated by combatants active in Syria, as well as a massive influx of refugees fleeing the conflict;

Whereas the United States has contributed more than $6,500,000,000 in humanitarian assistance for victims of the conflict in Syria, including for refugees in Lebanon;

Whereas the people of Lebanon have shown great generosity in welcoming more than 1,500,000 refugees from Syria, a refugee population equal to 1/4 of its native population;

Whereas Lebanon is hosting more refugees proportionally than any nation in the world;

Whereas the refugee crisis has challenged Lebanon’s economy, which faces a national debt that is approximately 140 percent of gross domestic product and underperforming economic growth;

Whereas the LAF have been called into direct conflict with the Islamic State in Iraq and al-Sham (ISIS) as a result of attacks carried out by the terrorist group in Lebanon;

Whereas the Syrian conflict has placed additional strains on the Government of Lebanon as it continues to confront political deadlock that has kept the presidency vacant for more than two years;

Whereas the unique political constitution of Lebanon hinges on that nation’s distinct demographic and social equilibrium;

Whereas the prolongation of the Syrian conflict has the potential to upset the precarious social and political balance in Lebanon;

Whereas the constitution of Lebanon is further undermined by undue foreign influence, particularly by the Islamic Republic of Iran through its terrorist proxy Hezbollah;

Whereas the United Nations Security Council passed Resolution 1701 in 2006, which calls for the disarmament of all armed groups in Lebanon and stresses the importance of full control over Lebanon by the Government of Lebanon; and

Whereas Hezbollah continues to violate United Nations Security Council Resolution 1701, including by replenishing its stock of rockets and missiles in South Lebanon: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes the importance of bilateral United States assistance to the Government of Lebanon in building its capacity to provide services and security for Lebanese citizens and curbing the influence of Hezbollah; (2) encourages continued coordination between the Department of State, the United Nations High Commissioner for Refugees, and humanitarian organizations to ensure that refugees from the conflict in Syria, including those in Lebanon, are supported in such a way as to mitigate any potentially adverse effect on their host countries;

(3) recognizes that the interests of the United States to seek a negotiated end to the conflict in Syria that includes the ultimate departure of Bashar al-Assad, which would appear to contribute to the eventual return of the millions of Syrian refugees in Lebanon, Jordan, Turkey, and other countries around the world;

(4) supports full implementation of United Nations Security Council Resolution 1701; and

(5) recognizes the LAF as the sole institution entrusted with the defense of Lebanon’s sovereignty and supports United States partnerships with the LAF, particularly through the global coalition to defeat the terrorist group ISIS.

SENATE RESOLUTION 197—TO PROVIDE SUFFICIENT TIME FOR LEGISLATION TO BE READ

Mr. PAUL submitted the following resolution; which was referred to the Committee on Rules and Administration:

S. Res. 197

Resolved, That (a) it shall not be in order for the Senate to consider any bill, resolution, message, conference report, amendment between the Houses, amendment, treaty, or any other measure or measure until 1 session day has passed since introduction for every 20 pages included in the measure or matter in the usual form plus 1 session day for any number of remaining pages less than 20 in the usual form.

(b)(1) Any Senator may raise a point of order that consideration of any bill, resolution, message, conference report, amendment, treaty, or any other measure or matter is not in order under subsection (a). No motion to table the point of order shall be in order.

(2) Paragraph (1) may be waived or suspended only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. All motions to waive under this paragraph shall be debatable collectively for not to exceed 3 hours equally divided between the Senator raising the point of order and the Senator moving to waive the point of order or their designees. A motion to waive the point of order shall not be amendable.

(3) This resolution is enacted pursuant to the power granted to each House of Congress to determine the Rules of its Proceedings in clause 2 of section 5 of article 1 of the Constitution of the United States.

SENATE RESOLUTION 198—EXPRESSION OF THE SENSE OF THE SENATE THAT ANY SWEETING HEALTH CARE LEGISLATION MUST BE DRAFTED IN PUBLIC UNDER THE WATCHFUL EYE OF THE PEOPLE OF THE UNITED STATES

Mr. TESTER submitted the following resolution; which was referred to the Committee on Rules and Administration:

S. Res. 198

Whereas the people of the United States deserve and demand that legislation be created, drafted, and enacted in an open and transparent manner, free from fear of retribution or reprisal; and whereas the proper functioning of representative democracy requires full transparency in the legislative process;

Whereas it has been widely reported that a group of Senators is working privately in a partisan fashion to craft national health care legislation in the Senate;

Whereas this group is secretly gathering in closed-door meetings that exclude the public and press;

Whereas Senate leadership has refused to commit to holding a single public hearing on this legislation before going directly to the Senate floor;

Whereas the draft health care legislation under consideration by a secretive group is one of the largest public policy reforms taken up by Congress in generations;

Whereas this legislation will affect the lives of all people in the United States;

Whereas health care constitutes 1/4 of the gross domestic product of the United States; and

Whereas Congress is elected by the people to serve the people; Now, therefore, be it

Resolved, That it is the sense of the Senate that the creation of any sweeping health care legislation must be done in a transparent, bipartisan manner in full view of the people of the United States and not behind closed doors.

ORDERS FOR THURSDAY, JUNE 22, 2017

Mr. MCCONNELL. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 11 a.m. on Thursday, June 22, further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and morning business be closed; further, that following leader remarks, the Senate proceed to executive session and resume consideration of the Billingslea nomination postcloture; finally, that all time during morning business, recess, adjournment, and leader remarks count postcloture on the Billingslea nomination.

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

ORDER FOR ADJOURNMENT

Mr. McCONNELL. If there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks of our Democratic colleagues, the PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Washington.

HEALTHCARE LEGISLATION

Mrs. MURRAY. Mr. President, since the first day of this administration, I have heard from women in my home State and nationwide who are fearful of what President Trump will do to their health and rights—from appointing a Supreme Court Justice who has made clear that he opposes the historic ruling in Roe v. Wade, to trying at every turn to undermine women’s access to safe, legal abortion here in the United States and abroad, to proposing a budget that would defund Planned Parenthood and devastate investments in women’s health. I know from letters, calls, emails, tweets, rallies—you name it—that across the country women feel under attack because of this administration’s policies and the willingness of Republicans in Congress to make sure they are carried out.

Women are worried and, unfortunately, they have a right to be, especially in this moment. In a matter of
days. Senate Republicans could bring their version of TrumpCare to this floor. As many of us have said, this is the worst bill for women in a generation. It will cut off access to critical healthcare services at Planned Parenthood, the largest provider of women’s healthcare. It will allow our insurance companies to go back to charging women more and interfere with women’s constitutionally protected reproductive rights. In fact, at literal cost of life, TrumpCare would stand in the way of women’s access to the healthcare they need.

Under this bill, young girls nationwide would lose Medicaid coverage. College students across the nation who go to Planned Parenthood for contraception would find the centers they rely on shuttered. Women would pay $1,000 more a month for maternity care, and women battling cancer and women with pre-existing conditions will be denied access to medical services. Women have never been able to understand that women across the country—who will be forced to pay more for their care or lose it altogether—are going to be ready to make sure Republicans own every ounce of the harm they cause. So I am here today to tell Republicans to make the right choice, and I will join women across the country in holding them fully accountable if they don’t.

I yield the floor.

The PRESIDING OFFICER. (Mr. TILLIS). The Senator from Hawaii.

Ms. HIRONO. Mr. President I join my colleagues, Senator MURRAY and others, and I thank Senator MURRAY for her leadership on this important issue. Right now, 13 of our male colleagues are sequestered away somewhere, plotting—and I use that word, and that is an accurate word because that is what it feels like to those of us who are shut out of the process of putting together the Senate bill. These 13 men are plotting how to deprive millions of women across our country access to essential healthcare—women all over our country. Thank God for our population. Frankly, it is sad that we are having this debate about the need for openness and transparency that impacts half of our population and that is one-sixth of our economy.

So what is surprising. Republicans in Congress have fought to deny women access to healthcare for decades. Now they have a willing and complicit ally in this crusade—Donald Trump. In their zeal to repeal the Affordable Care Act, the President and his allies in Congress don’t appear to be concerned about the collateral damage they leave behind. For women, this means facing a return to a time when our gender—our very gender—was considered a pre-existing condition. Before the Affordable Care Act, insurance companies could discriminate against women of child-bearing age. They could charge outrageous rates for birth control and contraceptives. Under the ACA, women have secure access to care before, during, and after their pregnancies. They can no longer be charged outrageous rates or denied access to mental health services if they suffer from postpartum depression. Women can now receive free contraceptive care, like birth control pills and IUDs. But now the President and Republicans in Congress are determined to drag us backward, all in the name of giving the richest Americans a huge tax cut.

Let’s be really clear on this. The outrageous sick people in our country are going to suffer so that the richest people in our country can get a huge tax cut under this bill. We need to do everything we can to fight against all these misguided efforts.

Although we haven’t seen the likely monstrosity currently being hatched in secret, we have a pretty good idea of what is going to be in this bill. In the House version of TrumpCare, States have the ability to opt out of the Affordable Care Act’s essential health benefits, which include access to birth control, pregnancy, and mental health coverage.

A Republican Congressman even had the audacity to say he shouldn’t have to subsidize pregnancy care because he can’t get pregnant. How the heck do you think he even arrived on this Earth? I really think this is outrageous. This is an outrageous statement that speaks for itself.

The bill also makes good on a longstanding Republican promise to defund Planned Parenthood, regardless of the cost in lives. Over the past few years, Republicans in Congress have tried everything they could think of to defund Planned Parenthood—passing stand-alone bills, attaching poison pills to must-pass bills, threatening a government shutdown, and passing TrumpCare in the House. In March, the majority leader held the floor open for over an hour to allow the Vice President to travel to the Capitol to break a tie to repeal a regulation on title X funding meant to preserve access to Federal family planning services.

I understand that many of my friends on the other side of the aisle have strong feelings about abortion, but I don’t understand how this translates into attacking an organization that uses no Federal funds to provide abortions. In fact, Planned Parenthood uses its Federal funding to provide low-cost healthcare to the people in our country who need it most but who can’t afford it.

In 2014 alone, Planned Parenthood provided over 600,000 cancer screenings
and over 4 million tests and treatments for sexually transmitted infections. These are real facts, not alternative facts.

I have heard from hundreds of my constituents over the past 6 months about how important Planned Parenthood is to them and I would like to share a few of their stories.

Tiffany from Honolulu made her first visit to Planned Parenthood when she was 21, under unexpected circumstances during a pregnancy scare. She felt that having a child at that time in her life would be extremely difficult and would have negatively impacted her ability to finish school. During her visit to the clinic, Tiffany took a pregnancy test and discovered she wasn’t pregnant. Her caregivers were then able to counsel Tiffany about her sexual health without judgment. They walked her through the different options she had and administered an STD test. She left the clinic with a prescription for birth control.

Kim, a young attorney from my State, recently wrote to my office to tell her story about turning to Planned Parenthood when she faced an unexpected pregnancy. After having a safe and confidential conversation with the staff at her local Planned Parenthood, Kim decided she was not ready to have a baby and ended her pregnancy. Planned Parenthood gave her the space and opportunity to make the best decision for her. As she recounted to us, “You don’t have to like someone’s choice, but you don’t get to take away their freedom to make it.”

The fight against TrumpCare continues, but I am going to do everything I can to protect women’s health and their right to control their bodies—to control our bodies. I urge my colleagues to oppose any measure in TrumpCare that takes women back to the days when our very gender was considered a preexisting condition.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Ms. HASSAN. Mr. President, I thank my colleague from Hawaii for her words and Senator MURRAY for organizing this group of speakers.

I rise today to join my colleagues in making clear that TrumpCare would be a disaster for women in New Hampshire and across the Nation.

Right now Senate Republicans continue to meet behind closed doors on their TrumpCare bill, and the reason they have not been transparent is because they know they can’t defend this dangerous piece of legislation. It is critical that people in New Hampshire and across our Nation continue efforts to play partisan games with a woman’s right to make her own healthcare decisions and control her own destiny.

It is clear that TrumpCare, which would eventually see the bill, is going to be a disaster for women. TrumpCare is a disaster for women. TrumpCare defunds Planned Parenthood, which would take away a critical source of care for women. This care includes birth control and breast and cervical cancer screenings. Defunding Planned Parenthood would leave many women in the Granite State and throughout the country without access to care. It is plain and simple. There aren’t enough other providers, as I heard from the providers themselves. It is clear that TrumpCare would increase the cost to women from maternity care in two ways:

First, it would undermine the requirement that insurance companies must cover essential health benefits, including maternity care. In fact, the Congressional Budget Office has stated that the House-passed TrumpCare bill would increase out-of-pocket spending for maternity care for women who have private insurance by thousands of dollars per year. TrumpCare slashes Medicaid funding. Medicaid pays for nearly half of all births in the United States, meaning, with the 25-percent cut in expenditures over the next decade that is called for in the TrumpCare bill, that at least some of this maternity coverage would also be cut.

Any cut to Medicaid would disproportionately affect Granite State women, as 62 percent of Medicaid recipients in New Hampshire are women. These cuts would also strain at-risk families because Medicaid covers nearly one in three children across our country and nearly 30 percent of the children in my State of New Hampshire.

It is not just that a small group has been writing the bill behind closed doors. It is also that, in my view, we do not want to see the bill, it is going to be rushed to the floor without a hearing. So we will not have the benefit of feedback from our constituents, from stakeholders, from people who understand what the impact of this bill will be. This is simply unacceptable.

To compete economically on a level playing field, women must be able to make their own healthcare decisions. Currently, they must all agree that women do for their healthcare. They should be able to visit providers of their own choice who understand and have expertise in women’s healthcare needs. The health insurance that is available to them should be equal to that of their male colleagues. That means it should cover their basic healthcare needs.

To fully participate not only in our economy but also in our democracy, women have to be recognized for their capacity to make their own healthcare decisions—just as men are.

I have heard from many constituents whose lives have been changed by being able to get the healthcare they need from the providers they trust. One of those people is Carla from Newfields, N.H. A college student, Carla suffered from significant pain. She needed immediate medical care, so she went to her local Planned Parenthood.

It turned out that her pain was caused by ovarian cysts, and the treatment for those cysts was birth control. As a college student on a limited budget, before the Affordable Care Act had passed, Carla couldn’t afford birth control. Because she went to Planned Parenthood, though, she got the treatment she needed at a price she could afford. Her pain went away. She was able to graduate college and eventually start a family—something she might not have been able to do if her underlying condition had not been treated, caught when it was. That was the power of access to appropriate and affordable health care in her life at the right time.

Carla’s story is the story of the thousands of New Hampshire women who received primary and preventive healthcare services from Planned Parenthood.

TrumpCare is a disaster for women. TrumpCare defunds Planned Parenthood, which would take away a critical source of care for women. This care includes birth control and breast and cervical cancer screenings. Defunding Planned Parenthood would leave many Granite State and throughout the country without access to care, plain and simple. There aren’t enough other providers, as I heard from medical providers throughout my State when I was Governor there, to absorb all of the patients Planned Parenthood cares for now.

TrumpCare also includes harmful language that restricts women’s constitutionally protected rights to access abortion services. Additionally, under TrumpCare, if you are a mother, giving birth could actually be considered a pre-existing condition that insurance companies could use to discriminate against you and charge you more.

TrumpCare would increase the cost to women from maternity care in two ways:

First, it would undermine the requirement that insurance companies must cover essential health benefits, including maternity care. In fact, the Congressional Budget Office has stated that the House-passed TrumpCare bill would increase out-of-pocket spending for maternity care for women who have private insurance by thousands of dollars per year. TrumpCare slashes Medicaid funding. Medicaid pays for nearly half of all births in the United States, meaning, with the 25-percent cut in expenditures over the next decade that is called for in the TrumpCare bill, that at least some of this maternity coverage would also be cut.

Any cut to Medicaid would disproportionately affect Granite State women, as 62 percent of Medicaid recipients in New Hampshire are women. These cuts would also strain at-risk families because Medicaid covers nearly one in three children across our country and nearly 30 percent of the children in my State of New Hampshire.

It is clear that TrumpCare, which would eventually see the bill, is going to be a disaster for women. TrumpCare is a disaster for women. TrumpCare defunds Planned Parenthood, which would take away a critical source of care for women. This care includes birth control and breast and cervical cancer screenings. Defunding Planned Parenthood would leave many women in the Granite State and throughout the country without access to care, plain and simple. There aren’t enough other providers, as I heard from medical providers throughout my State when I was Governor there, to absorb all of the patients Planned Parenthood cares for now.

TrumpCare also includes harmful language that restricts women’s constitutionally protected rights to access abortion services. Additionally, under TrumpCare, if you are a mother, giving birth could actually be considered a pre-existing condition that insurance companies could use to discriminate against you and charge you more.

To compete economically on a level playing field, women must be able to make their own healthcare decisions. Currently, they must all agree that women do for their healthcare. They should be able to visit providers of their own choice who understand and have expertise in women’s healthcare needs. The health insurance that is available to them should be equal to that of their male colleagues. That means it should cover their basic healthcare needs.

To fully participate not only in our economy but also in our democracy, women have to be recognized for their capacity to make their own healthcare decisions—just as men are.

I have heard from many constituents whose lives have been changed by being able to get the healthcare they need from the providers they trust. One of those people is Carla from Newfields, N.H. A college student, Carla suffered from significant pain. She needed immediate medical care, so she went to her local Planned Parenthood.

It turned out that her pain was caused by ovarian cysts, and the treatment for those cysts was birth control. As a college student on a limited budget, before the Affordable Care Act had passed, Carla couldn’t afford birth control. Because she went to Planned Parenthood, though, she got the treatment she needed at a price she could afford. Her pain went away. She was able to graduate college and eventually start a family—something she might not have been able to do if her underlying condition had not been treated, caught when it was. That was the power of access to appropriate and affordable health care in her life at the right time.

Carla’s story is the story of the thousands of New Hampshire women who received primary and preventive healthcare services from Planned Parenthood.

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TrumpCare would increase the cost to women from maternity care in two ways:

First, it would undermine the requirement that insurance companies must cover essential health benefits, including maternity care. In fact, the Congressional Budget Office has stated that the House-passed TrumpCare bill would increase out-of-pocket spending for maternity care for women who have private insurance by thousands of dollars per year. TrumpCare slashes Medicaid funding. Medicaid pays for nearly half of all births in the United States, meaning, with the 25-percent cut in expenditures over the next decade that is called for in the TrumpCare bill, that at least some of this maternity coverage would also be cut.

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I think they are going to see through the facts of this plan and hear what they are hearing and then tell the American people that they are going to have one of the most consequential debates about domestic policy in decades. It is going to fly through the Senate with hardly any public input and debate.

A big part of what I wanted to do tonight is come to the floor of the Senate to say to Americans that this is the time to get loud, to get very loud and to tell your friends and your neighbors—everybody who you know and trust—basic checkups, cancer screenings, preventive care, HIV tests.

It is long past time to end this crusade against Planned Parenthood, which is taking away from women in this country the ability to make their own judgments about whom they want to see and the doctors they trust.

Physicians are the people that they trust when they are going to have the choice of the physician they trust for their healthcare. The reality is, that is the only way you come up with approaches that are sustainable—build on principles that both sides feel strongly about and lock it into a bipartisan agreement.

And what we are looking at, again, not in 6 weeks from tomorrow, is the Senate Republicans saying: We are going to use this reconciliation—not the bipartisan approaches that I think yield the real dividends but a partisan approach. It is called reconciliation. It means “It happens our way or the highway.” The reality is, it is going to be loud with you. This isn’t some mundane debate where the two sides couldn’t square their differences, the kind most people choose to ignore; this is an out-and-out attack on the healthcare of millions of Americans and especially women.

I think that when the facts get out to women in this country, they are going to say this is wrong, and they are going to say this is personal. The people in Washington have a lot of things and throw around lots of Washington lingo like “reconciliation,” but I think they are going to see through exactly what these proposals mean for them. It is a significant rollback of their rights on matters like being able to choose the doctors they trust.

I will close with this, and I have felt this way since the days when I was co-director of the senior citizens at home in Oregon. Political change hardly ever is top-down. It comes from government officials and trickles down to people—it is almost always bottoms-up, where the voices of Americans are heard and they tell their elected officials when they are off base, when they are doing something that will hurt them rather than help them.

I close by way of saying that I hope this has provided at least some useful information so Americans—particularly women—can get engaged, get loud, and do it now.

Mr. President, I yield the floor.

I note my colleagues are prepared to speak.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. BLUMENTHAL. Mr. President, I am proud and honored to follow my colleague from Oregon who has been such a steadfast leader when it comes to our Nation’s healthcare and insurance and particularly when it comes to women’s healthcare. I have been really proud to stand side by side with him, Senator MURRAY, and other colleagues who have been here today.

I must say, sometimes on the floor of this Senate, at this time of day or night, we can feel alone, as though no one is listening, but I know millions of Americans are listening because of the voices like my colleague Senator WYDEN. I would join him in urging our fellow Americans to make their voices heard, to be loud, and to be heard in Connecticut this Friday, at 1:30 in the afternoon, when I continue the emergency field hearing we began on Monday, giving the people of Connecticut an opportunity to make their voices heard, to be loud, and to be heard because, unfortunately, that opportunity has been denied by a process that has been secretive and hasty. Secrecy and speed are a toxic recipe for any democracy. They can disguise deception and mistakes.

I am here to call attention to one of the profoundly mistaken courses that this new bill is expected to take. There is no doubt in my mind that the Republican bill will contain language to defund one of the most respected and accessible and significant of our healthcare providers in the United States; namely, Planned Parenthood.

I have been an advocate of women’s healthcare and reproductive rights and choice since my days as a law clerk for Justice Blackmun in the 1970s. Our Nation has made progress—halting and sometimes it steps back—but Planned Parenthood has helped to improve, enduringly and profoundly, women’s healthcare.

In my home State of Connecticut, Planned Parenthood has 17 sites and services for more than 60,000 women and men, and they have been covered by the Medicaid Program. That coverage will be decimated under the measure we expect to see today; and funding these clinics could do irreparable damage to the communities that Planned Parenthood clinics serve.

As a nurse practitioner at Planned Parenthood in Southern Connecticut told me, patients trust the services they receive at Planned Parenthood because they rely on them, and they know Planned Parenthood clinics have
I hope my Republican colleagues will cease to ignore and deny these benefits. We stand ready to work with them to improve the Affordable Care Act, not to repeal it, not to decimate or destroy it, to improve it, to mend its defects, to preserve Planned Parenthood, to make sure that women and men who have no other option besides Planned Parenthood for their women’s healthcare providers are an integral part of that success story, but it isn’t only women of color, it isn’t only women in underserved communities, and it isn’t only women. It is families who have benefited—men, women, and children—because the quality of healthcare and preventive healthcare, particularly, has been raised immeasurably.

To decimate that network of care would be profoundly destructive to our Nation. I hope my colleagues will think again before they side with the forces of degrading and demeaning women who seek those protections. We need a national effort and appreciation to increase their capacity to provide contraceptive care, and they would have to increase it by 228 percent to overcome the care deficit left by defunding Planned Parenthood. With these craven attempts to immediately and completely defund Planned Parenthood as a part of TrumpCare—really TrumpCare 2.0—it will be even more challenging for so many women to get the healthcare they need and deserve.

Defunding of Planned Parenthood also jeopardizes gains our Nation made for women of color and patients who are served in areas where there are few, if any, other options.

Planned Parenthood centers and clinics are nothing short of a lifeline for quality healthcare in the underserved communities. The fact is, the Affordable Care Act has worked for women and particularly women of color. Planned Parenthood and other women’s healthcare providers are an integral part of that success story, but it isn’t only women of color, it isn’t only women in underserved communities, and it isn’t only women. It is families who have benefited—men, women, and children—because the quality of healthcare and preventive healthcare, particularly, has been raised immeasurably.

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women and families with fewer healthcare options. In New Hampshire, it would mean that between 12,000 and 13,000 women and men would lose access to basic primary and preventive health services, including lifesaving cancer screenings and HIV testing.

According to poll after poll, the American people all across the political spectrum strongly support Planned Parenthood and oppose efforts to defund it. Despite efforts by Republican leaders in the House and Senate to misrepresent the facts, Planned Parenthood does not use taxpayer dollars to fund abortions. Indeed, Federal law expressly forbids the use of Federal funds to pay for abortions except under extremely narrow circumstances that have been agreed to by Congress, so the real issue here is not abortion. This is about ensuring that American women have access to the basic healthcare they need where they want to receive it. Remember that Planned Parenthood plays an especially important role in delivering essential health services to low-income, uninsured, and vulnerable individuals, including in rural areas.

Earlier this year I received a letter from Samantha Fox of Bow, NH, and she writes:

In 2007, I was a 19-year-old just barely starting out when I was denied health insurance due to a preexisting condition. Had I been able to access affordable coverage, my preexisting condition, a reproductive system disorder, would have been easily manageable. . . . [A]t that time, I was able to access care through Planned Parenthood which likely preserved my ability to conceive in the future. Flash forward 10 years: I am expecting my first child and I have coverage which, thanks to the Affordable Care Act, includes prenatal care.

Now, here in Washington, some people think that repealing the Affordable Care Act is all about politics and notching a win on their scoreboard. But for ordinary people in New Hampshire and across the country, including millions of women, repealing the Affordable Care Act isn’t about politics, it is about life and death. We need to listen to the women and men in each of our States whose lives and finances would be turned upside down if the Affordable Care Act is repealed.

Furthermore, it is just wrong to exclude women, to exclude their colleagues, to exclude Democrats, to exclude the public and to pursue a strictly partisan approach to healthcare—the same approach that produced a terrible bill in the House. And it is deeply misguided to bring legislation to the floor that we all know would hurt tens of millions of Americans and do particular harm to women.

There is a better way forward in the Senate. Let’s put ideology and partisanship aside. Let’s work together. Let’s strengthen the elements of the Affordable Care Act that are working in the real world, including Medicaid expansion, and let’s fix what is not working. It doesn’t matter what we call this. It doesn’t have to be called ObamaCare. We can call it whatever we want. The important thing is to have legislation that would provide access to healthcare for Americans, healthcare they can afford, that is quality, that is there when people need it. This is what the great majority of the American people want us to do. It is time now to respect their wishes. Let’s strengthen the Affordable Care Act so that it works even better for all Americans.

I yield the floor.

ADJOURNMENT UNTIL 11 A.M. TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 11 a.m. tomorrow.

Thereupon, the Senate, at 6:49 p.m., adjourned until Thursday, June 22, 2017, at 11 a.m.

CONFIRMATION

Executive nomination confirmed by the Senate Wednesday, June 21, 2017:

DEPARTMENT OF THE TREASURY

SIGAL MANDELKER, OF NEW YORK, TO BE UNDER SECRETARY FOR TERRORISM AND FINANCIAL CRIMES.