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Senate

The Senate met at 9:30 a.m. and was called to order by the President pro tempore (Mr. HATCH).

PRAYER

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

Let us pray.

O Lord, our God, merciful and holy, clear away from our lives anything that would hinder Your providential purposes.

Enter the hearts of our Senators, guiding them with Your truth. May Your truth fill them with hope and faith even when they seem surrounded by exasperating experiences. Supply them with what they need to persist and endure in spite of obstacles. Lord, provide them with creative thoughts and energy to accomplish Your will on Earth, even as it is done in Heaven. Give them the integrity to say what they mean and mean what they say.

We pray in Your great Name. Amen.

PLEDGE OF ALLEGIANCE

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

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

RECOGNITION OF THE MAJORITY LEADER

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

OBAMACARE

Mr. MCCONNELL. Mr. President, ObamaCare is a direct attack on the middle class of our country. It is a partisan law that puts ideology before people, that hurts many of the very Americans it was supposed to help. It resulted in millions of cancellation notices for hard-working Americans who had plans they liked and who had done nothing wrong. It raised premiums, it raised copays, and it raised deductibles and taxes for Americans who were already struggling. It restricted choice and access to doctors and hospitals for patients in need.

We see the pain and the hurt of this law all across the country. We see it where we live. In my home State of Kentucky, health costs have spiked. ObamaCare first caused tens of thousands of Kentuckians to lose the health care plans they were promised they could keep during the first year of implementation, then victimized 50,000 more when the Commonwealth's much-vaunted ObamaCare co-op completely collapsed. ObamaCare has also contributed to Kentucky hospitals being forced to cut jobs, reduce wages, and even shut down altogether.

Some in Washington may have cheered when a Democratic administration in Frankfort poured one-quarter of a billion dollars of tax money into Kentucky's ObamaCare exchange or when our Democratic Governor confidently declared it an ''undisputed fact''—this is what he said: an ''undisputed fact''—that ObamaCare's Medicare expansion had added 12,000 jobs to Kentucky's economy. But like so much of ObamaCare, it was just another broken promise. Those jobs numbers were not an undisputed fact at all; they were just projections, and they failed to ever materialize. Health care jobs have actually declined in Kentucky. They did not go up; they declined.

Today, few of those ObamaCare cheerleaders are cheering anymore. Nearly 80 percent of Kentucky's enrollees were simply shoehorned into an already-broken Medicaid system, and many of the remaining 20 percent found themselves stuck with unaffordable ObamaCare coverage.

Listen to what this mom from Breckinridge County wrote to say:

My family is being pushed out of the middle class by the Obamacare law. How can we pay almost $1,200 a month on health insurance?

Listen to what this father of two boys from Owensboro wrote to tell me:

Before the Affordable Care Act, we paid around $100 bi-weekly for the family plan. That has now increased to $235 during the same timeframe. It seems these days there is no incentive to work. We are punished for working hard and trying to provide for our children while others are encouraged to not further themselves because if they do they would be in our particular situation. What happened to being rewarded for working hard in America? What happened to the American dream?

This Kentucky dad is not the only one wondering this; Americans across the country continue to demand a better way forward. Americans made that clear last November. Kentuckians made that doubly clear again last month.

This is simply the reality. Democrats cannot deny it. They cannot deny it. They can try to deny it. Democrats can again dismiss Americans' real-life experience as lies. Democrats can continue to lecture Americans about their supposed inability to understand just how great ObamaCare has been for them. But Americans are intimately familiar with the painful reality of ObamaCare.

Americans want a fresh start. Americans want to see Washington build a bridge away from ObamaCare and toward better care for them. That is what the bill before us would do. It is something every Senator should support, Republicans and Democrats alike. Democrats may have forced this law on the middle class. Democrats may own the pain they have caused across the country, especially in States like Kentucky. But it is not too late for our Democratic colleagues to work with us to build a bridge to better care. This is their chance and President Obama's chance to begin to make amends for the pain and the hurt they have caused.

For all of the broken promises, for all of the higher costs, for all of the failures, this is America's chance to turn

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

the page and write a new and more hopeful beginning. This is our chance to work toward a healthier and more prosperous future, with true reform that moves beyond the failures of a broken law.

ACCOMPLISHMENTS OF THE NEW CONGRESS

Mr. MCCONNELL. Mr. President, on another matter, in the past few days I have noted some of the achievements of a new Congress that is back to work on the side of the American people. We have passed bills no one ever thought Washington could touch. We have made reforms that have previously languished for years without result. Even more remarkably, we have often done so on a bipartisanship basis.

Consider just the bills I have mentioned already:

A landmark, bipartisan education bill that would take decisionmaking away from distant Federal bureaucrats in order to empower parents and teachers instead. The pundits said we would never pass it. We did, 81 to 17.

A breakthrough, bipartisan highway bill that would finally provide States and local governments the kind of certainty they need to focus on longer term road and bridge projects. After years of short-term extensions, this long-term highway bill passed the new Senate 65 to 34.

A milestone, bipartisan cyber security bill that would protect the personal information of people we represent by defeating cyber attacks through the sharing of information. The issue languished in previous Congresses, but this Senate passed it with 74 votes.

Today, I would like to mention another important bill this new Congress has passed. It is hard for many Americans to believe that human trafficking—modern-day slavery—can happen where they live, but it does right here in our country. It happens in all 50 of our States. In Kentucky alone, the Commonwealth has been able to identify more than 100 victims since they began keeping relevant records in 2013. This kind of abuse often begins around the age of 13 or 14.

The victims of modern slavery deserve a voice. They deserve justice. After years of inaction, the new Congress was determined to give them both. Of course, there was an unforeseen impediment, to put it mildly, to getting this bill done, but success was possible because the new majority kept its focus on facts, on substance, and on good policy for the people who have always remained our focus throughout the debate, the victims of modern slavery.

The bill we ultimately passed with strong bipartisan support, the Justice for Victims of Trafficking Act, represents a vital ray of hope for the countless victims of modern slavery who need our help. Victims groups and advocates told us that this human rights legislation would provide unprecedented support to domestic victims of trafficking. They urged the Congress to pass it. We did. The President signed it into law as well. It proves that with unwavering compassion and unbowed determination—something Senator CORNYN knows a thing or two about—justice can prevail. I am grateful to him and so many other Senators for working so hard to ensure that it ultimately did.

The Justice for Victims of Trafficking Act was another important step forward for our country. It is another example of what we can achieve in a new Congress that is back to work for the American people.

MEASURE PLACED ON THE CALENDAR—H.R. 427

Mr. MCCONNELL. Mr. President, I understand there is a bill at the desk due a second reading.

The PRESIDING OFFICER. The clerk will read the bill by title for the second time.

The legislative clerk read as follows:

A bill (H.R. 427) to amend chapter 8 of title 5, United States Code, to provide that major rules of the executive branch shall have no force or effect unless a joint resolution of approval is enacted into law.

Mr. MCCONNELL. In order to place the bill on the calendar under the provisions of rule XIV, I object to further proceedings.

The PRESIDING OFFICER. Objection having been heard, the bill will be placed on the calendar.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The Democratic leader is recognized.

WORK OF THE SENATE

Mr. REID. Mr. President, the Republican leader comes to the floor virtually every day and talks about this great new Senate.

He talked about the Elementary and Secondary Education Act. We tried to do that many times. It was blocked by Republicans. That is why it was not done before.

Highways. We tried valiantly to do something on highways, but all we could ever get, because of the obstruction of the Republicans, was short-term extensions.

Cyber security. My friend the Republican leader comes to the floor and talks about, we got cyber security done. We got it done. It is not a great bill. It is better than nothing. But we tried for years—5 years. Every time we tried, it was blocked by Republicans.

One of the newspapers here has a Pinocchio check. They look at the facts and analyze them, and they can give up to four Pinocchios, meaning people simply did not tell the truth.

So I want to remind everybody here that I am happy to participate in getting something done with the Elementary and Secondary Education Act, led by, on our side, the senior Senator from Washington. We were able to get that done because of her good work and others. It was not because we did not try before. We could not get it done before because of the obstruction of the Republicans.

This is the most unproductive Senate in the history of the country, and there are facts and figures to show that. So we are not going to be awarding Pinocchios here based on the statements of my friend the Republican leader, but everyone should understand there are different ways of presenting the facts. It is always best to present facts that are accurate. He said, for example, that bills—TSA, highways, and cyber—languished in the Senate. That is true, because of Republican filibusters. We tried to pass those bills in the last two Congresses. They were blocked by Republicans. We are now helping pass legislation, and that is our job. The job of Republicans was to oppose everything President Obama wanted, and that is, in fact, what was done.

OBAMACARE

Mr. REID. Mr. President, on ObamaCare, one newspaper reports:

Fewer Patients Have Been Dying From Hospital Errors Since ObamaCare Started.

Report says about 87,000 lives have been saved since 2010.

This is as a result of that legislation. I am not going to read the whole article.

Mr. President, I ask unanimous consent to have printed in the RECORD the article to which I just referred.

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

[From the Huffington Post, Dec. 1, 2015]

FEWER PATIENTS HAVE BEEN DYING FROM HOSPITAL ERRORS SINCE OBAMACARE STARTED

(By Jonathan Cohn)

Hospitals have cut down on deadly medical errors, saving around 87,000 lives since 2010, according to a new government report.

Pinning down the precise reasons for this change is difficult, to say nothing of predicting whether the decline will continue. Improvement has slowed in just the last year, the report suggests. But many analysts think government initiatives within the Affordable Care Act have played a significant role in the progress so far.

In short, Obamacare may literally be saving lives.

The new report comes from Agency for Healthcare Research and Quality, which is part of the Department of Health and Human Services and is something like an in-house think tank dedicated to making medical care safer and more effective. Since 2010, the agency has been tracking the incidence of common and frequently fatal medical errors, which include everything from a nurse accidentally giving a patient the wrong medication to a doctor inserting an intravenous line in a way that leads to a blood-borne infection.

On Tuesday, the agency announced its latest findings on these ''hospital-acquired conditions,'' based on preliminary data from 2014. For every 1,000 patients admitted to and

then discharged from a hospital, the agency found, roughy 121 of them developed such a condition. That rate is unchanged from last year, but it is down 17 percent from 2010, when it was about 145 out of every 1,000 patients.

Based on the existing research about what happens to patients who get sick in the hospital and what it costs to treat them afterwards, that decline works out to roughly 87,000 lives saved and $19.8 billion not spent on extra medical care, according to the report.

''The progress is historic,'' David Blumenthal, president of the Commonwealth Fund, told The Huffington Post.

''We have never demonstrated a comparable decline in the history of the U.S. health system,'' added Blumenthal, a physician and researcher who also served in the Obama administration.

Broadly speaking, the progress is the result of a crusade that dates back at least to 1990s, when the Institute of Medicine released ''To Err Is Human,'' a seminal report suggesting that nearly 100,000 people were dying each year because of preventable medical mistakes. Over time, researchers learned more about why these errors were so common and started developing methods for avoiding them. Probably the most famous of these was the introduction of checklists, like the ones that airplane pilots use before takeoff, for making surgery safer.

But getting hospitals to adopt these methods was difficult, despite the best efforts of some private-sector organizations, in part because existing financial incentives did not reward hospitals for improving quality. If anything, the opposite was true. Hospitals made money for every new treatment and a patient who got sick in the hospital needed more care, rather than less.

A major goal of the Affordable Care Act was to reduce and eventually eliminate these incentives for poor quality care, while rewarding the hospitals that getter better results. Today, for example, Medicare pays less to institutions with high rates of hospital-acquired infection, injury and readmission—in other words, large numbers of patients returning to the hospital for treatment shortly after discharge. That's because of a series of penalties the health care law created in 2010, which started affecting hospital revenue three years later. And under an initiative called Partnership for Patients, the federal government provides extra funding to hospitals that agree to monitor patient safety and implement schemes for improving quality.

Experts can't be sure about the impact of these reforms, in part because previous studies showed that errors were declining even before 2010, albeit at a slower rate. And the new initiatives raise plenty of serious criticisms—whether from hospital officials saying they are cumbersome to implement or from researchers who think the underlying data is unreliable.

But after the agency published last year's results, showing the steep decline in errors, a wide array of experts said the law's new incentives were influencing hospital behavior—and that, as a result, patients were getting better care. Lucian Leape, a professor at the Harvard School of Public Health and a pioneer in the patient safety movement, told Politifact, ''I think these data reliable, and the ACA (Affordable Care Act) deserves credit.''

The real cautionary note in Tuesday's report may be what it says about the future. If this year's preliminary data holds up, and the error rate for 2014 is truly no lower than it was for 2013, that would suggest progress had stalled—with infections and injuries lower than before, but not as low as they could be.

''On the positive side, there has been no backsliding, so hospitals are, in the lingo of quality improvement, 'holding the gains,''' Blumenthal said. ''But from the standpoint of public policy and given our obligation to eliminate preventable problems, we would should aim to see continued reductions in rates.''

HHS officials on Tuesday offered similar thoughts. At a conference in Baltimore focusing on health care quality, an announcement of the new data drew large applause. But Patrick Conway, chief medical officer at the federal government's Centers for Medicare and Medicaid Services, warned his audience not to be complacent. ''The goal is to get to zero'' errors, he said. ''We've made significant progress. Now the question is how you accelerate that.''

Mr. REID. Mr. President, among other things, this article says: ''Hospitals have cut down on deadly medical errors, saving around 87,000 lives since 2010, according to a new government report.''

I am not going to read the whole thing, but it is part of the RECORD.

The article also says:

Many analysts think government initiatives within the Affordable Care Act have played a significant role in the progress so far.

In short, ObamaCare may literally be saving lives.

The new report comes from Agency for Healthcare Research and Quality. . . . On Tuesday, the agency announced its latest findings on these ''hospital-acquired conditions''. . . . That rate is unchanged from last year, but it is down 17 percent from 2010, when it was about 145 out of every 1,000 patients.

That is not the case anymore.

Continuing:

That decline works out to roughly 87,000 lives saved and $19.8 billion not spent on extra medical care, according to the report. . . . A major goal of the Affordable Care Act was to reduce and eventually eliminate these incentives for poor quality care, while rewarding the hospitals that get better results. Today, for example, Medicare pays less to institutions with high rates of hospital-acquired infection, injury and readmission—in other words, large numbers of patients returning to the hospital for treatment shortly after discharge. . . . And under an initiative called Partnership for Patients, the federal government provides extra funding to hospitals that agree to monitor patient safety and implement schemes for improving quality.

So to my friend who continually berates ObamaCare, we have before us today and tomorrow an effort to show how wasteful the time is trying to wipe out ObamaCare. The House has voted 46 times. The Republicans, of course, have lost every time. In the Senate, I think it has been 16 times or 17 times trying to repeal ObamaCare. Each time, it failed, as it will fail in the next day or two.

RHETORIC OF THE REPUBLICAN PARTY

Mr. REID. Mr. President, when Americans elect leaders, they do so in good faith. Our constituents want us to govern responsibly and work to embody American values. Both elected officials and candidates must realize that our words have deep meaning and can influence people far and wide. That is why I am very disappointed that instead of talking about issues important to the middle class, the Republicans have turned to the politics of hatred and division.

It seems no one is safe from this Republican vitriol. Republicans demagogue women seeking health care through Planned Parenthood. Republican candidates use women, infants, and children seeking refuge from terrorism to fearmonger. Muslim Americans, immigrants, and even Americans exercising their constitutional rights in support of the Black Lives Matter movement are all subject to Republican insults and slander.

Over and over again, Republican candidates have resorted to hatred instead of appealing to the highest sensibilities of the American people. We all know that on race and other controversial issues, Republicans have long practiced subtle bigotry, but Republicans now simply say out loud the many things at which they used to merely hint.

Words have power, and when spoken by influential leaders, they infiltrate every corner of our society.

In the wake of last week's murderous attack at a Planned Parenthood health center in Colorado, a leading conservative activist said:

It really is surprising more Planned Parenthood facilities and abortionists are not being targeted.

Given the public light shed on the atrocities committed by Planned Parenthood and both the government and media's turning a blind eye to it . . . it really should be surprising that Americans convicted of the need to stop the murder of children have not taken the law into their own hands.

That is what the quote says.

We know how exaggerated, untruthful, and unfair the film was that was put together as some B-grade movie and that has so maligned Planned Parenthood. One out of every five American women will go to Planned Parenthood during her lifetime. It is the only health care that women have in many parts of America. Is that the kind of language you want to encourage in the United States of America, that there should be more violence in these health clinics? Certainly not, but it is all too common in the Republican Party of today.

Instead of recognizing the concerns of communities riddled by decades of police brutality and racial injustice, Republicans have vilified the Black Lives Matter movement, which has been drawing attention to these disturbing inequities. Rush Limbaugh has gone so far as labeling protesters a ''hate group'' for trying to bring equality to our criminal justice system.

Just a few weeks ago, supporters of the Republican Presidential hopeful Donald Trump attacked a Black Lives Matter protester on video at a rally. Instead of condemning the violence displayed by his supporters, Donald Trump encouraged it. When asked

about the incident, Trump said, referring to the protester, ''Maybe he should have been roughed up.'' That is stunning. A Republican candidate for President of the United States urged violence to silence his critics.

Last week, four masked men with apparent White supremacist ties opened fire on Black Lives Matter protestors in Minneapolis.

I am amazed that the junior Senator from Texas had the audacity to say earlier this week that ''the overwhelming majority of violent criminals are Democrats.'' And the article he quoted has been said to have been quoted improperly. That is really quite stunning, that someone with the academic background of the junior Senator from Texas cannot read a simple report. ''The overwhelming majority of violent criminals are Democrats.'' Think about that. Fanning the flames of intolerance is un-American. We are better than this.

I am disappointed that Republicans who should know better are not speaking out against this vile rhetoric. According to the New York Times, ''Some of the highest-ranking Republicans in Congress and some of the party's wealthiest and most generous donors have balked at trying to take down Mr. Trump because they fear a public feud with the insult-spewing media figure.'' That is a sad reflection on one of America's major political parties.

The Republican Party once claimed to stand for American leadership in the world, but as millions of Syrians have fled their country, seeking refuge from death and destruction, Republicans have instead used the humanitarian crisis as an opportunity to spread fear and animosity. Republican Presidential candidate Ben Carson described the Syrian refugees as ''rabid dogs.'' Mike Huckabee referred to the Syrian refugees as a bag of poisonous peanuts. Even more disturbing is the junior Senator from Texas, who went so far as to suggest a religious test for accepting refugees fleeing violence and oppression. He only wants to accept Christians.

The Republican Party used to claim to stand for religious freedom, but they are now just pretending. Ben Carson doesn't think Muslims should be allowed to become President. The junior Senator from Florida, also a Republican Presidential candidate, speaks of a ''clash of civilizations.'' Those are buzz words meaning a crusade against Islam. He is saying that ISIS extremists are representative of an entire religion.

It doesn't stop there. Republicans have targeted immigrants also—not just people who are seeking refuge, not just refugees, but also immigrants. The Republican Party wants to paint all immigrants as murderers and rapists. Congressman STEVE KING says all immigrants are drug traffickers. Republicans only talk about deporting families. Senator RUBIO, the Republican establishment favorite, walked away from his single positive legislative accomplishment—comprehensive immigration reform—to please the party's extreme anti-immigrant base. He has gone from supporting citizenship for undocumented immigrants to wanting to deport DREAMers. And even Jeb Bush speaks of ''anchor babies.''

With the way our democracy is structured, there will always be disagreement about the best way elected officials can serve our Nation, but as we debate and disagree, we must do so responsibly.

President Bill Clinton once said that those of us with influence must be mindful of our words because they fall ''on the serious and delirious alike.'' The venom Republicans continue to spew has consequences. History will judge those who stand idle as fear and animosity become the platform of an American political party.

The simple fact is that Republicans are running on a platform of hate, and every Republican who fails to speak out against the hateful, dangerous rhetoric being spewed by their party is complicit.

For the moral character of our Nation, we must demand that the Republicans return to the values on which our country was founded.

Mr. President, Senator MCCONNELL and I have finished our remarks. Would the Chair announce the business of the day.

RESERVATION OF LEADER TIME

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

RESTORING AMERICANS' HEALTHCARE FREEDOM RECONCILIATION ACT OF 2015

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of H.R. 3762, which the clerk will report.

The legislative clerk read as follows:

A bill (H.R. 3762) to provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016.

Pending:

McConnell amendment No. 2874, in the nature of a substitute.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, I ask unanimous consent that the time spent in quorum calls requested during Senate consideration of H.R. 3762 be equally divided and come off of the reconciliation bill.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. ENZI. Mr. President, I ask unanimous consent that for the duration of the Senate's consideration of H.R. 3762, the majority and Democratic managers of the reconciliation bill, while seated or standing at the managers' desks, be permitted to deliver floor remarks, retrieve, review, and edit documents, and send email and other data communications from text displayed on wireless personal digital assistant devices and tablet devices. I further ask unanimous consent that the use of calculators be permitted on the floor during consideration of the budget resolution.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. ENZI. For the information of Senators, this UC does not alter the existing traditions that prohibit the use of such devices in the Chamber by Senators in general, officers, and staff. It also does not allow the use of videos or pictures, the transmitting of sound, even through earpieces, for any purposes, the use of telephones or other devices for voice communications, any laptop computers, any detachable keyboards, the use of desktop computers or any other larger devices.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. ENZI. Mr. President, earlier this year, Congress approved its first balanced 10-year budget since 2001. In addition to helping make our government more efficient, effective, and accountable, this balanced budget resolution contained reconciliation instructions to provide for the repeal of Obamacare and pave the way for real health care reforms to strengthen the doctor-patient relationship; expand choices; lower health care costs; and improve access to quality, affordable, innovative health care.

These instructions focused on the key congressional committees with jurisdiction over Obamacare—the Senate Finance Committee; Senate Health, Education, Labor and Pensions Committee; House Energy and Commerce Committee; House Education and the Workforce Committee; and the House Ways and Means Committee.

Our friends in the House passed their repeal bill in October and November, which repealed key parts of Obamacare, including the individual and employer mandates, the Cadillac tax, and the medical device tax, which is pending here today.

As most everyone knows, while the House and Senate are known collectively as Congress, they both have very different rules. This is why it is important to ensure that the House-passed repeal bill is in line with Senate rules and procedures.

The reconciliation process is governed by a combination of statutory rules, budget resolution provisions, precedents—and the interpretations of all these applicable standards ensure that any legislation which says it qualifies for reconciliation does actually do so.

The repeal bill passed by the House, H.R. 3762, contained material that qualified the bill in the House as meeting the conditions for reconciliation. The provisions were marked up and reported out of the three House reconciled committees, combined together

by the House Budget Committee, improved upon by the House Rules Committee, and acted on by the full House of Representatives.

The Obamacare repeal bill approved by the House contains provisions which fall in the jurisdiction of the Senate Finance and HELP Committees and satisfies the Senate reconciliation instruction by reducing the deficit well over $1 billion.

However, while the House bill does qualify as meeting the essential standards necessary for reconciliation in the Senate, it is not immune from the Senate-specific requirements under the Byrd rule, which is the reason for the McConnell amendment offered earlier.

The Byrd rule was crafted in an effort to ensure that matter inside a reconciliation bill has at its core a budgetary effect. The Byrd rule and the reconciliation instruction work together to evaluate the material inside H.R. 3762 for its consideration in the Senate.

Working with the committees reconciled in the Senate, Leader MCCONNELL and his leadership team, the House Budget Committee, the Senate Parliamentarian and her staff, the staff of the minority and the Congressional Budget Office and the Joint Committee on Taxation, H.R. 3762 has been exhaustively examined, debated, and had decisions rendered as to how to evaluate it from a reconciliation and Byrd rule perspective.

I think it is important for all Senators to understand what has been done to address those challenges to ensure that the House bill's provisions are not vulnerable to a variety of Byrd rule challenges.

In H.R. 3762, section 1 contains both a short title and a table of contents that have no score and therefore do not qualify as reconciliation material. The McConnell substitute amendment does not contain section 1.

Obamacare mandated that businesses with more than 50 employees automatically enroll their employees in Obamacare, the so-called auto-enrollment provision. H.R. 3762 eliminated that mandate. Subsequent to House passage, the administration struck a spending deal with Congress, which used the repeal of the auto-enrollment provision as an offset. Since that provision is now law, it does not score for purposes of reconciliation and was Byrdable. The House removed that language when it engrossed the bill and sent it to the Senate last month. It is no longer in the House bill and is not addressed in the McConnell amendment.

Obamacare created a fund, the so-called Prevention and Public Health Fund, which has been used for a variety of purposes since 2010. The House bill in section 101 repealed that fund and rescinded its unobligated balances. The McConnell amendment does the same.

In section 102 of H.R. 3762, a deficit reduction provision for Medicaid was included, creating a new class of prohibited entities for which Medicaid reimbursement is barred. While the House language qualifies for reconciliation consideration in the Senate, the McConnell amendment makes even clearer how the language is to apply to Medicaid, not any Federal spending. As well, it clarifies the tests applied to entities to determine whether or not they fall into the prohibited class.

Section 103 of the House bill created new resources for community health center programs, and the McConnell amendment contains the same language.

Obamacare imposed mandates to purchase health care insurance on both individuals and employers. Sections 201 and 202 of the House bill repealed those mandates.

Unfortunately, this language does not qualify under the Byrd rule in the Senate. In the judgement of the Parliamentarian, the policy impact of these repeals outweighs their fiscal impact. As well, there is technical and conforming language in both sections 201 and 202 of the House bill that do not score and therefore are inappropriate for reconciliation in the Senate.

As a result, the McConnell amendment addresses the mandates but in a different way. Rather than containing language that repeals them, the McConnell amendment repeals the penalties, which Obamacare instituted to punish those who wanted the freedom to choose in the health care insurance market.

Obamacare imposed a tax on medical devices, which section 203 of H.R. 3762 repealed. The McConnell amendment does the same without the conforming and clerical amendments in this section that the House bill contains. Clerical and conforming amendments do not score and so do not qualify for consideration under the Byrd rule.

Obamacare imposed a tax on high-quality health insurance, the so-called Cadillac tax. H.R. 3762 repealed that tax, but the repeal contained technical and conforming language that violates the Byrd rule. As well, according to CBO, the House language created a possible deficit sometime well after the reconciliation window, which is another violation of the Byrd rule.

To address these problems, the McConnell amendment removes the technical and conforming language that violates the Byrd rule and sunsets the Cadillac tax repeal at the end of 2024.

The McConnell amendment also contains an additional policy.

Working in concert with the Senate Finance Committee, the McConnell amendment contains reconciliation-compliant language to recapture excess exchange subsidies that have been paid but which were not supposed to go out the door. Over 10 years, this will have a significant deficit reduction impact.

The pending McConnell amendment, then, addresses the Byrd rule challenges contained within the House bill. It has a deficit reduction impact equal to the House-passed bill. It is reconciliation compliant. It will be the pending language to which amendments should be drafted and offered during consideration of the repeal bill.

The Budget Act calls for a submission for the RECORD of Byrdable material contained in the reconciliation bill, and I will ask that the list of Byrdable material in H.R. 3762 be printed in the RECORD.

Mr. President, pursuant to section 313(c) of the Congressional Budget Act of 1974, I submit for the RECORD a list of material considered to be extraneous to H.R. 3762, the Restoring Americans' Healthcare Freedom Reconciliation Act of 2015. The inclusion or exclusion of a provision on this list does not constitute a determination of extraneousness by the Presiding Officer of the Senate. I ask unanimous consent the list be printed in the RECORD.

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

Section	Subject	Violation	Rationale
1	Short Title, Table of Contents	313(b)(1)(A)	No budgetary effect
	Title I—Committee on Energy and Commerce		
102(a) lines 15–16	Federal Payments to States	313(b)(1)(A)	No budgetary effect [1]
	Title III—Committee on Ways and Means		
201	Repeal of individual mandate	313(b)(1)(D)	Budgetary effects are merely incidental
202	Repeal of Employer Mandate	313(b)(1)(D)	Budgetary effects are merely incidental
204(b)	Tax on Employee Health Insurance Premiums—Reporting Requirement	313(b)(1)(A)	No budgetary effect
204(c)	Tax on Employee Health Insurance Premiums—Clerical Amendment	313(b)(1)(A)	No budgetary effect

[1] This matter contains citations in error. Permissible if corrected.

Mr. ENZI. I also ask unanimous consent that two scores from CBO be printed in the RECORD: a score of H.R. 3762 as received in the Senate and a score of the McConnell amendment.

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

ESTIMATE OF DIRECT SPENDING AND REVENUE EFFECTS OF H.R. 3762, THE RESTORING AMERICANS' HEALTHCARE FREEDOM RECONCILIATION ACT, AS PASSED BY THE HOUSE AND FOLLOWING ENACTMENT OF THE BIPARTISAN BUDGET ACT OF 2015 [a]

	By fiscal year, in billions of dollars—											
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2016–2020	2016–2025
ESTIMATED CHANGES WITHOUT MACROECONOMIC FEEDBACK												
Changes in Direct Spending												
Title I—Committee on Education and the Workforce												
Auto-Enrollment for Certain Large Employers: [b]												
Estimated Budget Authority	0	0	0	0	0	0	0	0	0	0	0	0
Estimated Outlays	0	0	0	0	0	0	0	0	0	0	0	0
Title II—Committee on Energy and Commerce												
Prevention and Public Health Fund:												
Estimated Budget Authority	−1.0	−1.0	−1.3	−1.3	−1.5	−1.5	−2.0	−2.0	−2.0	−2.0	−6.0	−15.5
Estimated Outlays	−0.2	−0.5	−0.9	−1.1	−1.3	−1.4	−1.6	−1.8	−1.9	−2.0	−4.1	−12.7
Medicaid:												
Estimated Budget Authority	−0.2	*	*	*	*	*	*	*	*	0	−0.2	−0.2
Estimated Outlays	−0.2	*	*	*	*	*	*	*	*	0	−0.2	−0.2
Community Health Center Program:												
Estimated Budget Authority	0.2	0.2	0	0	0	0	0	0	0	0	0.5	0.5
Estimated Outlays	0.1	0.2	0.1	*	0	0	0	0	0	0	0.5	0.5
Title III—Committee on Ways and Means												
Repeal Individual and Employer Mandates [c]:												
Estimated Budget Authority	−8.7	−17.2	−21.1	−24.5	−26.7	−28.6	−30.6	−32.2	−33.9	−35.4	−98.3	−258.9
Estimated Outlays	−8.7	−17.2	−21.1	−24.5	−26.7	−28.6	−30.6	−32.2	−33.9	−35.4	−98.3	−258.9
Repeal Excise Tax on Certain High-Premium Insurance Plans:												
Estimated Budget Authority	0	0	−0.7	−0.9	−1.4	−1.6	−2.4	−3.1	−3.9	−4.1	−3.0	−18.2
Estimated Outlays	0	0	−0.7	−0.9	−1.4	−1.6	−2.4	−3.1	−3.9	−4.1	−3.0	−18.2
Total Changes in Direct Spending:												
Estimated Budget Authority	−9.7	−18.0	−23.1	−26.7	−29.6	−31.7	−35.0	−37.3	−39.8	−41.5	−107.1	−292.4
Estimated Outlays	−9.1	−17.5	−22.6	−26.5	−29.3	−31.6	−34.6	−37.1	−39.7	−41.5	−105.1	−289.6
Changes in Revenues												
Title I—Committee on Education and the Workforce												
Auto-Enrollment for Certain Large Employers [b]	0	0	0	0	0	0	0	0	0	0	0	0
Title III—Committee on Ways and Means												
Repeal Individual and Employer Mandates [c]	−10.1	−7.7	−7.0	−8.1	−8.2	−8.4	−9.4	−10.1	−10.4	−10.7	−41.2	−90.4
Repeal Medical Device Tax	−1.4	−2.0	−2.1	−2.2	−2.3	−2.5	−2.6	−2.8	−2.9	−3.1	−10.0	−23.9
Repeal Excise Tax on Certain High-Premium Insurance Plans	0	0	−2.9	−8.1	−9.7	−11.5	−14.0	−17.1	−20.8	−25.0	−20.8	−109.3
Interaction within Title III	0	0	*	2.1	2.0	1.7	1.7	1.6	1.6	1.4	4.1	12.1
Total Changes in Revenues:	−11.5	−9.7	−12.0	−16.3	−18.2	−20.7	−24.3	−28.4	−32.5	−37.4	−67.9	−211.5
On-Budget	−13.0	−13.8	−16.2	−20.5	−22.4	−24.6	−27.7	−31.3	−34.9	−38.9	−86.2	−243.7
Off-Budget [d]	1.5	4.1	4.2	4.2	4.2	3.9	3.5	2.9	2.4	1.5	18.3	32.2
NET INCREASE OR DECREASE (−) IN THE DEFICIT WITHOUT MACROECONOMIC FEEDBACK												
Impact on Deficit	2.4	−7.9	−10.6	−10.2	−11.1	−10.8	−10.3	−8.6	−7.2	−4.0	−37.2	−78.1
On-Budget	3.9	−3.7	−6.4	−6.0	−6.9	−7.0	−6.8	−5.8	−4.8	−2.6	−19.0	−45.9
Off-Budget [d]	−1.5	−4.1	−4.2	−4.2	−4.2	−3.9	−3.5	−2.9	−2.4	−1.5	−18.3	−32.2
ESTIMATED BUDGETARY IMPACT OF MACROECONOMIC FEEDBACK [e]												
Effects on Outlays	*	−0.2	−0.3	−0.2	*	0.4	0.6	0.8	1.0	1.1	−0.7	3.1
Effects on Revenues	0.5	1.1	2.5	4.3	5.4	6.4	7.2	8.1	8.9	9.6	13.8	54.0
Effects on the Deficit	−0.6	−1.3	−2.8	−4.5	−5.3	−6.0	−6.6	−7.3	−8.0	−8.6	−14.5	−50.9
On-Budget	−0.3	−0.8	−1.9	−3.1	−3.7	−4.2	−4.6	−5.1	−5.6	−6.0	−9.9	−35.4
Off-Budget [d]	−0.2	−0.4	−0.9	−1.4	−1.6	−1.8	−2.0	−2.2	−2.4	−2.6	−4.6	−15.5
TOTAL ESTIMATED CHANGES, INCLUDING MACROECONOMIC FEEDBACK [f]												
Effects on Outlays	−9.1	−17.7	−22.9	−26.8	−29.3	−31.2	−34.0	−36.3	−38.7	−40.4	−105.8	−286.5
Effects on Revenues	−11.0	−8.6	−9.5	−12.1	−12.9	−14.4	−17.1	−20.3	−23.6	−27.8	−54.1	−157.5
Effects on the Deficit [d]	1.9	−9.1	−13.4	−14.7	−16.4	−16.8	−16.9	−16.0	−15.1	−12.6	−51.7	−129.0
On-Budget	3.6	−4.6	−8.3	−9.2	−10.6	−11.1	−11.5	−10.9	−10.4	−8.6	−28.9	−81.3
Off-Budget [d]	−1.7	−4.6	−5.1	−5.5	−5.8	−5.7	−5.4	−5.0	−4.8	−4.1	−22.8	−47.7

Sources: Congressional Budget Office; staff of the Joint Committee on Taxation.

Notes: Numbers may not add up to totals because of rounding;* = an increase or decrease between zero and $50 million.

On October 23, 2015, the House passed H.R. 3762 (see https://www.congress.gov/114/bills/hr3762/BILLS-114hr3762eh.pdf). That bill removed subtitle B of H.R. 3762 as reported by the House Committee on the Budget on October 16, 2015, which would have repealed the Independent Payment Advisory Board. Additionally, the Bipartisan Budget Act of 2015 (Public Law 114–74) was enacted on November 2, 2015, and included a provision identical to title I of this legislation. This estimate differs from CBO and JCT's prior estimate of H.R. 3762 as reported by the House Committee on the Budget (see https://www.cbo.gov/publication/50918) as a result of these two legislative actions.

[a] For outlays, a positive number indicates an increase (adding to the deficit) and a negative number indicates a decrease (reducing the deficit); for revenues, a positive number indicates an increase (reducing the deficit) and a negative number indicates a decrease (adding to the deficit); for the deficit, a positive number indicates an increase and a negative number indicates a reduction.

[b] The Bipartisan Budget Act of 2015 (P.L. 114–74) was enacted on November 2, 2015. Title VI of that law includes a provision identical to title I of this legislation. Therefore, CBO estimates that title I would have no effect relative to current law.

[c] CBO previously estimated additional effects of combining the repeal of the auto-enrollment requirement for large employers with the repeal of the individual and employer mandates. Because the former is now current law (see P.L. 114–74), that interaction effect is included in our estimate of the repeal of the individual and employer mandates.

[d] Excluding macroeconomic feedback, all off-budget effects would come from changes in revenues. (The payroll taxes for Social Security are classified as off-budget.) Off-budget effects from macroeconomic feedback include changes in Social Security spending and revenues.

[e] An explanation of these estimates of macroeconomic feedback can be found in the cost estimate for H.R. 3762 as reported by the House Committee on the Budget on October 16, 2015. The effects of the changes proposed in the legislation analyzed here are quite similar to the effects estimated previously. As a result, CBO and JCT's estimated economic effects and macroeconomic feedback to the budget are not appreciably changed from that previous analysis.

[f] Including macroeconomic effects, CBO and JCT estimate that enacting the legislation would not increase net direct spending by more than $5 billion in any of the first three consecutive 10-year periods beginning in 2026; however, the agencies are not able to determine whether enacting the legislation would increase net direct spending by more than $5 billion in the fourth 10-year period. The agencies estimate that enacting the legislation would increase on- budget deficits by more than $5 billion in one or more of the four consecutive 10-year periods beginning in 2026. Excluding macroeconomic feedback, the agencies estimate that enacting the legislation would not increase net direct spending by more than $5 billion in any of the four consecutive 10-year periods beginning in 2026, and would increase on-budget deficits by more than $5 billion in one or more of the four consecutive 10-year periods beginning in 2026.

PRELIMINARY ESTIMATE OF DIRECT SPENDING AND REVENUE EFFECTS OF H.R. 3762, THE RESTORING AMERICANS' HEALTHCARE FREEDOM RECONCILIATION ACT, WITH AN AMENDMENT IN THE NATURE OF A SUBSTITUTE (S.A. 2874.) [a]

	By fiscal year, in billions of dollars—											
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2016–2020	2016–2025
ESTIMATED CHANGES WITHOUT MACROECONOMIC FEEDBACK												
Changes in Direct Spending												
Title I—Finance												
Medicaid:												
Estimated Budget Authority	−0.2	*	*	*	*	*	*	*	*	0	−0.2	−0.2
Estimated Outlays	−0.2	*	*	*	*	*	*	*	*	0	−0.2	−0.2
Eliminate Individual and Employer Mandate Penalties:												
Estimated Budget Authority	−7.5	−14.3	−17.7	−21.0	−23.2	−25.2	−27.3	−29.0	−30.9	−32.6	−83.9	−228.8
Estimated Outlays	−7.5	−14.3	−17.7	−21.0	−23.2	−25.2	−27.3	−29.0	−30.9	−32.6	−83.9	−228.8
Repeal Excise Tax on Certain High-Premium Insurance Plans:												
Estimated Budget Authority	0	0	−0.7	−0.9	−1.4	−1.6	−2.4	−3.1	−3.9	−1.2	−3.0	−15.3
Estimated Outlays	0	0	−0.7	−0.9	−1.4	−1.6	−2.4	−3.1	−3.9	−1.2	−3.0	−15.3
Elimination of Limitation on Subsidy Recapture:												
Estimated Budget Authority	−1.8	−3.3	−3.8	−3.9	−3.9	−4.0	−4.2	−4.4	−4.6	−4.8	−16.6	−38.5
Estimated Outlays	−1.8	−3.3	−3.8	−3.9	−3.9	−4.0	−4.2	−4.4	−4.6	−4.8	−16.6	−38.5
Title II—Health, Education, Labor and Pensions												
Prevention and Public Health Fund:												
Estimated Budget Authority	−1.0	−1.0	−1.3	−1.3	−1.5	−1.5	−2.0	−2.0	−2.0	−2.0	−6.0	−15.5
Estimated Outlays	−0.2	−0.5	−0.9	−1.1	−1.3	−1.4	−1.6	−1.8	−1.9	−2.0	−4.1	−12.7
Community Health Center Program:												
Estimated Budget Authority	0.2	0.2	0	0	0	0	0	0	0	0	0.5	0.5

PRELIMINARY ESTIMATE OF DIRECT SPENDING AND REVENUE EFFECTS OF H.R. 3762, THE RESTORING AMERICANS' HEALTHCARE FREEDOM RECONCILIATION ACT, WITH AN AMENDMENT IN THE NATURE OF A SUBSTITUTE (S.A. 2874.) [a]—Continued

	By fiscal year, in billions of dollars—											
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2016–2020	2016–2025
Estimated Outlays	0.1	0.2	0.1	*	0	0	0	0	0	0	0.5	0.5
Total Changes in Direct Spending:												
Estimated Budget Authority	−10.3	−18.4	−23.5	−27.1	−30.0	−32.3	−35.9	−38.5	−41.4	−40.6	−109.3	−297.9
Estimated Outlays	−9.7	−17.9	−23.0	−26.9	−29.7	−32.2	−35.5	−38.3	−41.3	−40.6	−107.3	−295.1
Changes in Revenues												
Title I—Finance:												
Eliminate Individual and Employer Mandate Penalties	−10.3	−8.9	−8.0	−9.0	−9.1	−9.3	−10.3	−10.9	−11.2	−11.5	−45.4	−98.6
Repeal Medical Device Tax	−1.4	−2.0	−2.1	−2.2	−2.3	−2.5	−2.6	−2.8	2.9	−3.1	−10.0	−23.9
Repeal Excise Tax on Certain High-Premium Insurance Plans	0	0	−2.9	−8.1	−9.7	−11.5	−14.0	−17.1	−20.8	−8.9	−20.8	−93.2
Elimination of Limitation on Subsidy Recapture	0.3	1.2	1.5	1.6	1.5	1.5	1.5	1.6	1.6	1.7	5.9	14.0
Interaction within Title I	0	0	*	2.1	2.0	1.7	1.7	1.6	1.6	1.4	4.1	12.1
Total Changes in Revenues:	−11.4	−9.7	−11.5	−15.6	−17.6	−20.1	−23.7	−27.6	−31.7	−20.4	−66.2	−189.6
On-Budget	−12.8	−13.5	−15.5	−19.6	−21.5	−23.7	−26.8	−30.3	−33.9	−25.4	−83.3	−223.2
Off-Budget [b]	1.4	3.8	4.0	4.0	3.9	3.6	3.2	2.7	2.2	5.0	17.1	33.6
Net Increase or Decrease (−) in the Deficit Without Macroeconomic Feedback [c]												
Impact on Deficit:	1.7	−8.3	−11.5	−11.3	−12.1	−12.0	−11.8	−10.6	−9.6	−20.1	−41.1	−105.5
On-Budget	3.1	−4.4	−7.5	−7.3	−8.2	−8.5	−8.6	−8.0	−7.4	−15.2	−24.1	−71.9
Off-Budget [b]	−1.4	−3.8	−4.0	−4.0	−3.9	−3.6	−3.2	−2.7	−2.2	−5.0	−17.1	−33.6

Sources: Congressional Budget Office; staff of the Joint Committee on Taxation.

Notes: Numbers may not add up to totals because of rounding; * = an increase or decrease between zero and $50 million.

This amendment triggers the requirement for a macroeconomic analysis. However, because of the very short time available to prepare this estimate, CBO and JCT have determined that it is not practicable to provide that analysis at this time.

[a] For outlays, a positive number indicates an increase (adding to the deficit) and a negative number indicates a decrease (reducing the deficit); for revenues, A positive number indicates an increase (reducing the deficit) and a negative number indicates a decrease (adding to the deficit); for the deficit, a positive number indicates an increase and a negative number indicates a reduction.

[b] Excluding macroeconomic feedback, all Off-Budget effects would come from changes in revenues. (The payroll taxes for Social Security are classified as off-budget.)

[c] Excluding macroeconomic feedback, the agencies estimate that enacting title I or title II would not increase net direct spending or on-budget deficits in any year after 2025 or in any of the four consecutive 10-year periods beginning in 2026.

Mr. ENZI. I think Members are looking forward to an open and spirited debate about the future of America's health care system and the importance of restoring the trust of hard-working taxpayers.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

AMENDMENT NO. 2876 TO AMENDMENT NO. 2874

(Purpose: To ensure that this Act does not increase the number of uninsured women or increase the number of unintended pregnancies by establishing a women's health care and clinic security and safety fund)

Mrs. MURRAY. Mr. President, I call up my amendment No. 2876.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Washington [Mrs. MURRAY] proposes an amendment numbered 2876 to amendment No. 2874.

Mrs. MURRAY. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

(The amendment is printed in today's RECORD under ''Text of Amendments.'')

The PRESIDING OFFICER (Mr. COTTON).

The Senator from Washington.

Mrs. MURRAY. Mr. President, I think we can all agree there is a lot of work that needs to be done in this Congress—priorities such as continuing to improve health care for our families, creating jobs, boosting wages, expanding economic security for workers, and making higher education more affordable and accessible, just to name a few. Unfortunately, instead of working with Democrats to focus on those challenges—the ones that families face every day—far too many Republicans have doubled down on a favorite pastime—attacking women's health and rights in order to pander to their extreme base.

I am very proud to be on the floor today with many of my Democratic colleagues to say enough is enough and to make clear that even as Republicans try to take women's health backwards, we are going to push harder in the other direction for continued progress on women's access to health care and constitutionally protected reproductive rights.

This year alone, according to NARAL Pro-Choice America, more than 40 bills have been introduced in this Congress that would undermine a woman's constitutionally protected right to make her own choices about her own body. The House and Senate have voted a total of 17 times—17 times—on legislation to undermine women's health care and rights. That is right. In the year 2015—in the year 2015 alone—Republicans in Congress have introduced over 40 bills and held 17 votes on whether Congress should roll back women's rights. That is completely unacceptable. The bill we are debating here on the floor today would defund Planned Parenthood, and that is just more of the same. It is another effort to force through extreme policies under a fast-track process.

A vote on the bill before us today is a vote on whether a young woman should be able to go to the provider she trusts to get birth control, whether cancer screenings should be more or less available to women across the country, and whether the 2.7 million men and women who visit Planned Parenthood each year should continue to get health care services they rely on.

Over the last few months of Republican political attacks on Planned Parenthood and women's health, I have been proud to stand with women nationwide who are making their voices heard and fighting for their right to make their own health care decisions—women such as Shannon, who lives in Tumwater, WA, and says the care she received at Planned Parenthood as a young woman protected her ability to have children and that today she has Planned Parenthood to thank for her little girl; women such as Breanne from Seattle, who went to Planned Parenthood as an uninsured student, where providers caught abnormal cell growth on her cervix wall before—before—it could turn into cancer; and the women and advocates at the Planned Parenthood Center in Pullman, WA, who, after their building was damaged in an arson attack, came together as a community and established a pop-up clinic to make sure that women and families could continue to get the care they needed.

I know many of us here today are thinking of those who are suffering and who lost loved ones as a result of the tragic violence in Colorado Springs last week. People across the country—men and women—have had enough of extremism and violence, including at Planned Parenthood health care centers. When a woman seeks health care—constitutionally protected health care—she should not have to feel threatened in any way. A doctor in a women's health clinic should not have to worry about wearing a bulletproof vest under her lab coat. Women's health care should not be controversial, much less a cause for violence in the 21st century. Women and their families have had enough.

I have heard from so many women and men who are tired of women's health being undermined, being threatened, and being used as a political football here in Washington, DC. Who can believe that in the 21st century a Presidential candidate would claim that expanding access to birth control is as easy as setting up a few more vending machines in men's bathrooms? These women and men across the country are speaking up and saying ''not on our watch'' to those who want to turn back the clock on women's health and women's rights. I am going to continue, along with my colleagues, to bring their voices and their stories and their fight to the Senate floor.

As we all know, this is a tired political effort to dismantle the Affordable Care Act and take Planned Parenthood down with it. It is at a dead end. But if Republicans are going to try to cut off women's access to health care, I am going to make sure they hear about it and that people across this country know exactly where Democrats stand—with women. That is why I am very proud to be introducing this amendment today that would strike the harmful language defunding Planned Parenthood from this legislation and replace it—replace it—with a new fund to support women's health care and clinic safety.

There is so much more we need to do to improve women's health care in this country today, from strengthening the women's health care workforce to expanding access to constitutionally protected reproductive health care to raising awareness about violence against women—so much more. This fund that is part of this amendment would offer an opportunity to make progress on goals such as these and more to support women's health providers and clinics at a time when they need it most. Critically, it would show women and families that their constitutional rights, that their safety and their health care should come before tea party political pandering, not the other way around. By the way, this amendment is fully paid for by the Buffett rule.

Democrats are going to keep standing up for women and encouraging Republicans to focus on the real challenges that families face, rather than their political attacks that their tea party base is so focused on. I urge my colleagues to join me in standing against this harmful effort to defund Planned Parenthood and delivering a clear message, again, to Republicans in Congress who want to play politics with women's health—not on our watch.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wisconsin.

AMENDMENT NO. 2875 TO AMENDMENT NO. 2874

Mr. JOHNSON. Mr. President, I ask unanimous consent to set aside the pending amendment in order to call up my amendment No. 2875.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The clerk will report.

The legislative clerk read as follows:

The Senator from Wisconsin [Mr. JOHNSON] proposes an amendment numbered 2875 to amendment No. 2874.

Mr. JOHNSON. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To amend the Patient Protection and Affordable Care Act to ensure that individuals can keep their health insurance coverage)

At the appropriate place, insert the following:

SEC. ___. AMENDMENT TO THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.

(a) IN GENERAL.—Part 2 of subtitle C of title I of the Patient Protection and Affordable Care Act (42 U.S.C. 18011 et seq.) is amended by striking section 1251 and inserting the following:

''SEC. 1251. FREEDOM TO MAINTAIN EXISTING COVERAGE.

''(a) NO CHANGES TO EXISTING COVERAGE.—

''(1) IN GENERAL.—Nothing in this Act (or an amendment made by this Act) shall be construed to require that an individual terminate coverage under a group health plan or health insurance coverage in which such individual was enrolled during any part of the period beginning on the date of enactment of this Act and ending on December 31, 2013.

''(2) CONTINUATION OF COVERAGE.—With respect to a group health plan or health insurance coverage in which an individual was enrolled during any part of the period beginning on the date of enactment of this Act and ending on December 31, 2013, this subtitle and subtitle A (and the amendments made by such subtitles) shall not apply to such plan or coverage, regardless of whether the individual renews such coverage.

''(b) ALLOWANCE FOR FAMILY MEMBERS TO JOIN CURRENT COVERAGE.—With respect to a group health plan or health insurance coverage in which an individual was enrolled during any part of the period beginning on the date of enactment of this Act and ending on December 31, 2013, and which is renewed, family members of such individual shall be permitted to enroll in such plan or coverage if such enrollment is permitted under the terms of the plan in effect as of such date of enrollment.

''(c) ALLOWANCE FOR NEW EMPLOYEES TO JOIN CURRENT PLAN.—A group health plan that provides coverage during any part of the period beginning on the date of enactment of this Act and ending on December 31, 2013, may provide for the enrolling of new employees (and their families) in such plan, and this subtitle and subtitle A (and the amendments made by such subtitles) shall not apply with respect to such plan and such new employees (and their families).

''(d) EFFECT ON COLLECTIVE BARGAINING AGREEMENTS.—In the case of health insurance coverage maintained pursuant to one or more collective bargaining agreements between employee representatives and one or more employers that was ratified before December 31, 2013, the provisions of this subtitle and subtitle A (and the amendments made by such subtitles) shall not apply until the date on which the last of the collective bargaining agreements relating to the coverage terminates. Any coverage amendment made pursuant to a collective bargaining agreement relating to the coverage which amends the coverage solely to conform to any requirement added by this subtitle or subtitle A (or amendments) shall not be treated as a termination of such collective bargaining agreement.

''(e) DEFINITION.—In this title, the term 'grandfathered health plan' means any group health plan or health insurance coverage to which this section applies.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect as if included in the Patient Protection and Affordable Care Act (Public Law 111–148).

Mr. JOHNSON. Mr. President, at a townhall meeting in Green Bay, WI, on June 11, 2009, President Obama was trying to sell his health care law, and this is the claim he made. This is the quote, and this is the promise he made to the American public. He said:

No matter how we reform health care, I intend to keep this promise: If you like your doctor, you'll be able to keep your doctor; if you like your health care plan, you'll be able to keep your health care plan.

Less than a week later, in remarks to the American Medical Association, the Nation's largest association of medical doctors, the President said:

I know that there are millions of Americans who are content with their health care coverage—they like their plan and, most importantly, they value the relationship with their doctor. They trust you. And that means that no matter how we reform health care, we will keep this promise to the American people: If you like your doctor, you will be able to keep your doctor, period. If you like your health care plan, you'll be able to keep your health care plan, period. No one will take that away, no matter what.

Now, a number of years have passed since President Obama made that promise. It wasn't just those two times that President Obama made that promise either. I think it has been documented that he made that promise to the American people over 30 times. Other supporters of the bill repeated that promise. It was a promise. It was a promise to the American public. It was a promise he knew would not be kept. It was a promise about which the supporters of the bill knew there was no way under ObamaCare that people would be able to keep their health care plan, that they would become able to keep and maintain the relationship with the doctor they trusted, knew, and had faith in.

President Obama called it a promise. PolitiFact had another name for it. PolitiFact, in 2013, termed that promise its ''Lie of the Year.'' Think of that. The President of the United States was trying to sell a massive restructuring of a health care system—and that is what he was trying to do. He was trying to sell it. He was marketing a bill, a law, a concept, and in order to market that concept, President Obama and other supporters of the bill repeatedly made a promise that PolitiFact termed the ''Lie of the Year'' of 2013.

I come from the private sector. It is incumbent on people in the private sector, when they are selling products to consumers, to tell the truth about the product. If you don't, you will be accused of consumer fraud. You can be sued. You can probably be sued out of existence. Imagine how the trial bar would treat a businessperson who tried to sell a product by making a promise that turned out to be 2013's ''Lie of the Year.'' I don't believe that business would be in business today.

ObamaCare, at its heart, is a massive consumer fraud—a massive consumer fraud. So the purpose of my amendment has the purpose of a piece of legislation I introduced in 2013—the same thing. It is designed to honor the promise that President Obama made and that he did not keep—the promise that was made under ObamaCare that was not kept.

The bill I introduced in 2013 was simply titled ''If You Like Your Health

Care Plan, You Can Keep it Act.'' What is rather unique about my piece of legislation is that it used the exact same wording of ObamaCare. ObamaCare actually did have a section in it called a grandfather clause that purported to allow people to keep their health care and allowed them to maintain their relationship with their doctor if they liked their health care plan and their doctor. The problem is it was a grandfather clause that allowed you to keep your plan as long as you completely changed it. So what my bill in 2013 did was it just said: Listen, you can actually keep your health care plan and you don't have to change it.

That is what my amendment does today. It restores that promise—the promise of President Obama and the supporters of ObamaCare. Let me use the real name: The Patient Protection and Affordable Care Act. Of the Orwellian-named laws that have been passed through this Chamber, this is probably the most Orwellian because the Patient Protection and Affordable Care Act did neither, because that promise was not kept. It was a lie. Patients weren't protected. They lost their health care plan. We have all received letters from constituents, often heartbreaking letters. There was a couple in Wisconsin, they both had cancer. He is recovering from prostate cancer. She had stage IV lung cancer. They had health care in the State high-risk pool. They could afford it. It worked for them. They lost it because of ObamaCare. They called our office panicked—panicked—because they couldn't log on to healthcare.gov. They tried almost 40 times. They lost their health care plan. That promise was broken. I don't hear supporters of the law pointing to those individuals.

So my amendment would restore the promise that if you had health care that you liked in 2013, insurance companies can offer those same plans again. They were far more affordable—far more affordable. As I just stated with that one little example, patient protection in the Affordable Care Act didn't protect patients, and it certainly hasn't been more affordable. We have also received hundreds of letters from people whose premiums have doubled, their out-of-pocket maximum has doubled and tripled. They can't even afford to use the health care they were able to secure because it has become so expensive. The reality of ObamaCare is it has been a miserable failure, and the promises made under it literally were abject lies. That is the reality. That is the very sad fact.

I encourage all my colleagues to unanimously support the promise President Obama and the law's supporters made and vote for my amendment, which would allow Americans, if they like their health care plan, if they like their doctor, they actually will be able to keep it.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from California.

Mrs. BOXER. Mr. President, I thoroughly support the right of my colleague to his opinion, but we have never had more people insured in modern history because of ObamaCare. It doesn't mean it is perfect, but let me tell you—I don't know what my colleague's constituents tell him, but I will tell you what mine do. They say thank you. Thank you for the fact that I can get insurance. Thank you for the fact that I can get it even if I have a heart condition. Thank you for the fact that my child can stay on my policy until he is 26 years old. Thank you. Thank you. Thank you. Thank you for the lifesaving preventive care I get. Thank you. Thank you for the cheaper prescription drugs.

So people live in a different universe, I guess, but I prefer to stick with the facts, and the facts are millions and millions and millions of Americans now have the peace of mind of being insured. They don't become a burden on their families, they don't become a burden on the emergency room, and they don't become a burden on their communities. I thank President Obama for his courage. We can fix what is wrong with ObamaCare, but time and time again—more than 50 times—they tried to repeal it, the GOP, and they are going to try again, and they are going to fail again. Secretly, I think they hope they fail because they have nothing—nothing—to replace it with. It is kind of a joke. Nothing. Oh, let's just open up the free market. Well, folks, we tried that forever. ObamaCare isn't government care. It is insurance exchanges, and it is Medicaid expansion in those States that wish to have it. I have to tell you, in those States who have it, the people are very happy.

AMENDMENT NO. 2876

I rise not only to respond to that attack on health care that we have heard again for the 90th time from the other side, I really rise to thank Senator MURRAY. I thank her again for her unbelievable leadership in protecting women's health. Beyond that, she is a leader in protecting children's health, men's health, families' health, and our seniors' health. Today what she is doing is very important. She is saying to the Republicans: We don't like the fact that you are defunding a health care organization that serves 3 million Americans every year with lifesaving health care, preventive health care, STD testing, breast cancer exams, and these 3 million Americans want us to stand and fight for them. That is what Senator MURRAY is doing today, and I am proud to be by her side.

What she is simply saying is, no, we are not going to defund Planned Parenthood. She is going to strike that out of this bill they have put forward, but also we are going to pay for an expansion of women's health care because we know all you have is your health. Just ask people who may have everything else in the world, but somebody gets cancer, somebody gets a heart attack, somebody gets a stroke, someone in the family is diagnosed with Alzheimer's, Parkinson's, their whole world is turned upside down.

So what do my friends on the other side do? They strike funding from an organization that has more respect in this country than their party or my political party or this Congress has. Well, it would be easy to beat the reputation of this Congress, but the vast majority of the American people understand the role of Planned Parenthood.

So I strongly support this amendment, and I want to reiterate something Senator MURRAY said. Republicans have introduced more than 40 bills to take away women's health care in this Congress—40 bills—40 bills. And then they say: Oh, no, we are not conducting a war on women. Yes, you are. Yes, you are. When you want to turn the clock back to the days when women died from back-alley abortions, you are conducting a war on women. By the way, if you don't believe a woman should have the right to choose, I respect you. Take that ideology to your own family, of course, but don't tell everyone in America they have to think the way you think. I don't tell them they have to think the way I think. If I have a constituent who says: Senator, I have a certain belief and it means no abortion, I say: God bless you, of course. But if you don't have that belief and you do believe in Roe v. Wade—which most of the people in this country do, where a woman should have the right to choose early in her pregnancy without government interference—if you do believe in that, and that is the law of the land, then you should have that right.

May I ask that there be quiet? Thank you. This is a very serious point—a very serious point.

I have to say, you have now, over on the other side, in the House, a new special committee which is going to continue the witch hunt on Planned Parenthood. Why do they need a new committee? They have several committees. I served proudly in the House for 10 years. There are so many committees that have jurisdiction over health, health care, science, and the rest. If you want to repeal Roe v. Wade, if you want to take away a woman's right to choose, then have the courage to introduce an amendment and do it—just do it. The last time it was done, it failed, here, but if that is what you want to do, I respect you. Come on down and say you think abortion should be a crime, subject to jail time for women, for doctors. Go ahead. Do it. Do it. I will debate you.

I was thinking the other day, the GOP has changed—the Grand Old Party that I knew. The first President George Bush was on the board of Planned Parenthood—was on the board of Planned Parenthood. I was on the board of Planned Parenthood in the 1970s. I was one of the few Democrats. This was a bipartisan issue, women's health, reproductive freedom. It was not a partisan issue. So the Grand Old Party has changed from the GOP. I call them the POP, the ''party of the past.'' They are the party of the past. Not only do they

want to reverse Roe v. Wade, but they don't have the courage to come down and do it directly. Oh, no, they defund Planned Parenthood. Come on. I wasn't born yesterday. It is obvious, and I know what this is all about: take away the clinics, take away the health care, take away women's right to choose. It is happening all over the country. If you don't like Roe v. Wade, come down and try to overturn it here.

OK. Now, fetal tissue research. There are organizations all over this country that do make fetal tissue available to save lives—to save lives. How long has this been in place? It was under Ronald Reagan, when he was President, that he set up this special committee that was headed by a pro-life judge, an anti-choice judge. They studied this and said it is very important to do it—very important to do it.

In 1993, Congress voted to federally fund fetal tissue research. If you don't like fetal tissue research, if you think we ought to stop it, come down with a bill, introduce it, and we will argue it. If you don't want to do fetal tissue research, if you don't think it is good to find cures for Parkinson's, Alzheimer's, you come down and put the bill in the hopper. Oh, no, they don't want to do that. They just want to conduct a witch hunt on one of the organizations that help make fetal tissue research possible, and this after—this after they had the head of Planned Parenthood before the Congress for 4 or 5 hours straight, only topped by what they did to former Secretary of State Hillary Clinton. I think she was there 11 hours. So after all those hours that Cecile Richards—and they asked her what she was paid to do her work. I never heard them ask anybody else what they get paid. As it turned out, she was on the low scale of what equivalent jobs are. That is not the point. They harassed her for hours—hours—and their rhetoric was not good.

What we say matters. What we say matters. When I say I respect people who feel they would never allow their child or their wife to have an abortion, I respect that, but if somebody else says we agree with Roe v. Wade that in the early stages it ought to be an option for women and their family, I respect them. I don't demonize one side, but the other side does over and over again. I have stood on this floor for many years now, frankly, with my colleague PATTY MURRAY and my colleague DIANNE FEINSTEIN, and we have heard mostly men come down and lecture us about how it is terrible. Roe v. Wade should never be the law of the land. There should be no abortion, and the rest of it. That is their right. I do not believe it is their right to take away funding from an organization that serves 3 million Americans a year and saves lives.

So while Republicans—the party of the past—have put in 40 bills to take away a woman's right to choose, essentially, we say today, through the Murray amendment, we are looking at the future, we are looking with clear eyes, we are looking at our people, and we support people who go to Planned Parenthood for their health care, and we are going to vote—and I pray we win this vote—to strip out this attack on Planned Parenthood. We are here to say: Stop this assault on women's health care. It is wrong. It is absolutely wrong.

I want to put it into context. I said that Planned Parenthood serves 3 million people. I want to give even more specifics. Four hundred thousand women receive their Pap tests to protect themselves against cervical cancer. They want to stop that funding. They want to take away services from 400,000 women. They say: Oh, no, we really don't. They will go other places. They will go to little health care centers.

Excuse me. I have those health care system centers—more than anybody. They are overworked, overloaded, and they support Planned Parenthood. They are attacking 500,000 women who get breast exams, and if a doctor finds a lump, they refer them for a mammogram. They go after women and men who have nowhere else to turn for their most basic health care. We have been down this road before.

A few months ago in this very Senate, we defeated the Republicans' attempt to defund Planned Parenthood, but they are back again with the same old, same old party of the past attitude. They are attacking Planned Parenthood because Planned Parenthood has a host of services, 97 percent of which have nothing to do with abortion. If you don't want to have abortion legal, you want to make it a crime, you want to put doctors in jail, you want to put women in jail, then come down here and put something in a bill form, repeal Roe v. Wade, and criminalize abortion.

I am old enough to remember when it was a crime. Let me tell you something. There are graves all over this country with women who died from back-alley abortions and botched abortions. They never said it was from that because then they would have died as a criminal. We are not going to go back to those days. The party of the past is not winning on this. They are not going to win, because President Obama is going to veto this bill. Maybe this next Senate will have a pro-choice Senate for a change.

In 2011, Republicans threatened to shut down the entire Government of the United States of America if Planned Parenthood wasn't defunded. Remember, 97 percent of what Planned Parenthood does has nothing to do with abortion, but Planned Parenthood is in their line of attack and they haven't stopped. The rhetoric matters. What they say matters.

In fact, these attacks go back to 1916 when Planned Parenthood's founder was arrested because she was providing birth control information to poor people. Imagine, a woman was arrested for explaining to some people how they could prevent unwanted pregnancies—arrested. I admit that we have come a long way, but these people want to take us back. Yes, a woman was arrested for advocating birth control. Now you have Republicans right in this Senate and in this Congress who say that women shouldn't have access to free birth control.

If they don't want to take birth control, fine. Don't; it is fine with me. I respect it. If you don't think your family should ever have an abortion, I am with you all the way on your right. That is your right. But this is America. We don't have Big Government think. We don't have Big Government telling you what to think about your own body or what your religion should be.

This is a major issue. I always thought the old GOP was the party of independence. We have our views, but people have a right to think the way they want to think. No, that is the old GOP. This is the new POP, the party of the past.

Let me say this. This is sad. This is the 21st century. We should be working together to ensure that every family has access to legal health care. If you want to make something illegal, have the courage to come down here and say it is illegal. Don't start defunding organizations that give women health care. Also, stop the demonizing rhetoric. One candidate for President on the Republican side called people who were pro-choice barbarians, and he happens to be a Senator. He called us barbarians.

What we say matters. Political witch hunts are wrong. What we say matters. Special committees set up to demonize an organization like Planned Parenthood—that is wrong. I wrote to Speaker RYAN. I asked him to disband the latest House committee that was set up. It is costing taxpayers hundreds of thousands of dollars for a special committee when they have a slew of committees that have jurisdiction over health care and over science and fetal tissue research. It is a political witch hunt being paid for by taxpayers after they hauled the President of Planned Parenthood before them and had her sit there for hour after hour.

The American people have to wake up to this. That is why I am taking all of this time. This isn't a small matter of supporting PATTY MURRAY's amendment, which is so important. It is a very simple amendment. We are going to stop them from defunding Planned Parenthood, and we are actually going to increase spending on women's health. I can assure you that when you catch breast cancer early, it pays dividends, first and foremost to the woman and her family—she is going to live—and second of all, to the taxpayers. They don't have to treat cancer with expensive drugs and surgeries. The same is true when you catch cervical cancer.

When my friend suggests that we spend more on health care to prevent these problems, she is doing something

right for the taxpayers. Let's be clear. There is a dangerous climate out there for Planned Parenthood, and it is going to be exacerbated today. Since 1977, there have been 11 murders, 17 attempted murders, 42 bombings, and 186 arsons against abortion clinics and providers for doing something that is legal. Anything we say that promotes this kind of terrorism and violence—anything we say that results in this—we should never say. We need to protect medical personnel and staff who put their lives on the line every day working in these clinics, and we should protect the patients who rely on them.

As my colleague said, imagine a doctor, a nurse having to wear protective gear under their uniform. The Women's Health Care and Clinic Security and Safety Fund that my friend is proposing is very important. It is a very important vote. It will provide compensation for health providers who provide the full spectrum of comprehensive women's health care services, and it will enhance safety at clinics.

The great Ted Kennedy and I worked on the FACE Act. That was his bill. The FACE Act was meant to protect patients and doctors at clinics. All those years ago—I was a young, new Senator then, and he asked if I would be his lieutenant and help him get the bill through.

We got the bill through, but I think what Senator MURRAY is doing today is responding to the violence, the increased violence, the atmosphere of fear that we see at these clinics. Her amendment also requires the Secretary of Health and Human Services to work in coordination with the Attorney General's National Task Force on Violence Against Health Care Providers to submit an annual report to Congress identifying the best practices to ensure the security and safety of clinics, providers, facilities, and staff. We cannot waste another minute on yet another vicious, wrongheaded assault on women's health.

As I said, if you don't want women to have the right to choose, then have the courage to come down here and take it away. But don't do it through the back door by attacking an organization that provides health care to 3 million people every year. If you don't want fetal tissue research that has been legal for a very long time—since 1993 we have had government funding. If you don't like it, if you don't think it is helping find cures for diseases, come down here and stop it. Don't attack an organization that is involved in that activity legally. If you want to take us back to pre-1973 when women died in back alleys, have the courage to come down here and make your case. Believe me, we will take you on, but do it because that is what you want. Don't hide behind attacking these organizations. That is a phony way to approach something. Approach it straight ahead.

We have fought this fight before. We have won this fight before. They wanted to shut down the government. We said: Go ahead; try it. And we beat them.

They are doing it again. I have to say, this isn't about me. This isn't about Senator MURRAY. This isn't about any individual Senator on the other side.

We are here for a little time in history. In America, we don't go back. I say to the party of the past: We don't go back in America. We go forward. We don't take away rights. We expand rights. We don't have Big Government telling people what to do in the privacy of their own homes, their own bedrooms, their own lives. We let them make the decision, as long as it is legal. We are going to fight to make sure men and women across this country continue to get the services they need. We are going to make sure that Planned Parenthood is still there for the millions of women and families who depend on it.

I strongly support the Murray amendment. I compliment her for putting it together. I hope we get a good vote—maybe even a majority vote—and make a strong statement for this Senate that we stand with the 3 million people who rely on Planned Parenthood, and we stand for health care.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. LANKFORD. Mr. President, I have been able to sit in and listen to the debate today about bringing forward a bill that will do two simple things: remove funding from the single largest provider of abortions in the country, an organization that has recently sold the body parts of children to the highest bidder. Also, we would deal with one of the main issues that I face every single day in my State, as people struggle under the harmful effects every day of the Affordable Care Act, which has proven to be neither affordable nor caring to many people in my State.

Let me say some of the things that I have heard recently—that this is all about going after women's health. As a very proud husband of a very beautiful lady and a proud dad of two beautiful daughters and as a son of a breast cancer survivor, this has nothing to do with going after women's health, nor demonizing women, nor the war on women, nor all the other accusations that I have recently heard. This is not about protecting what I have heard called a lifesaving health care organization where 325,000 children died in it last year. This is about a simple thing: children.

In the past, back in the old days, they used to identify tissue as just tissue. The wart on your skin and other tissues in your body were expendable, and it was just tissue, so why does it matter? In the past people used to think that way, but now science is able to look inside the womb and is able to count 10 fingers and 10 toes on a child and watch a child suck its thumb. Scientists can look inside and take a sample and see that that child has different DNA than the mom and dad. We are now able to look inside the womb and see a unique fingerprint that is different from the mom and dad's fingerprint. We understand something different now because in the past there was a belief that it was just tissue, but now we understand it is not tissue. It is a child. As Americans we believe in a simple thing: life, liberty, and the pursuit of happiness. It has been what we have been all about from the beginning. This is not some attack on women's health. These are millions of voices rising up around the Nation and saying: We are better than this as a nation.

Why would we continue to supplement the death of children? Why would we do that? Can we be better than that? In the days ahead, I firmly believe we are on the right side of history, those of us who stand up for children and for those who cannot speak for themselves. The most innocent and vulnerable in our society need our protection. Just because they are small and just because you can't see them doesn't mean they are not valuable and can be thrown away. These are children we are talking about—little girls, little boys—and we think it is important that someone in this country speaks out for them.

I have heard of late that those of us who speak for life should be quieter because there are irrational people in the country who would attack a Planned Parenthood clinic. I just have to reinforce this point: No one who speaks for life goes and takes a life. No one who speaks for the lives of children runs out and takes the life of an adult and says that is justifiable. It is not justifiable. It is horrific. But just like those individuals who speak tenaciously against religion shouldn't be silenced because there was a shooting in a church, saying people who are anti-faith should suddenly have no voice in America because some irrational person shoots someone in a church, the same is true that individuals who speak out for the lives of children shouldn't suddenly be silenced by being screamed down because an insane person does a shooting in a clinic. Both of them are wrong.

It is reasonable for us to ask a simple question: Can we, as a nation, start a conversation again about children with 10 fingers and 10 toes and unique DNA with life and promise? Can someone speak out for them? I think we can.

This conversation today is also about the Affordable Care Act, its promises, and what has actually occurred. There is no question we have major health care delivery issues in America. There is no question we have major insurance issues in America. It has been that way for a while, and it needs desperate resolution.

My State, like many other States, started stepping into this. A Democratic Governor from my State led the way with our legislature in 2004 to pass

something called Insure Oklahoma and start the process in our State, asking: What can we do to try to help the most vulnerable in our State? How can we help provide some supplement to another plan?

We received waivers around Medicaid and started working through a process both for those who are employed and not employed to help provide that safety net for those individuals. It was a very successful plan until the Affordable Care Act was passed, and then the waivers were removed from our State and those individuals under that plan lost their plan and had to change to another one. In fact, I had some of those individuals approach me and say: I know this is a plan that is provided by our State so it will be grandfathered into the Affordable Care Act, won't it? I had to tell them: No, it will not. We have been denied on that.

It is remarkable to me, as we deal with these two topics side by side, how some of the opponents of life can say: We want freedom of choice and Big Government out of our lives, but when we get to health care delivery, the bigger the government, the better. We want less choice. We don't want States to have the option to do that. We don't want businesses to be able to choose how they are going to do that. We don't want individuals to be able to have that choice. We want Big Government to step into people's lives and their health care delivery and tell them how it is going to be done. It is fascinating to me to be able to see those two issues juxtaposed all of a sudden—get government out of our lives but get more government into our health care.

Now what do we do?

In 2010, President Obama made this statement in his State of the Union Address:

> By the time I'm finished speaking tonight, more Americans will have lost their health insurance. Millions will lose it this year. Our deficit will grow. Premiums will go up. Copays will go up. Patients will be denied the care they need. Small business owners will continue to drop coverage altogether. I will not walk away from these Americans and neither should the people in this Chamber.

It is an interesting statement based on what actually occurred then after the Patient Protection and Affordable Care Act was actually passed, which is another issue to me. It is interesting to me how now this is really called ObamaCare or the Affordable Care Act. Almost no one calls it the Patient Protection and Affordable Care Act, when that was originally its name, and now for some reason patient protection has been dropped from our vernacular when this bill is discussed.

So he made the statement that more Americans will have lost their health insurance. I have already referenced how we had thousands of Oklahomans lose their health care coverage as soon as the Affordable Care Act went into place because they were on Insure Oklahoma. That coverage was lost for them. We now have fewer options in Oklahoma for health care.

Blue Cross Blue Shield began notifying 40,000 Oklahomans it will no longer offer the Blue Choice provider network to individuals. CommunityCare of Oklahoma, a Tulsa-based company offering health maintenance organization plans, has notified the Federal Government it plans to drop out of the Affordable Care Act market. GlobalHealth, another Tulsa-based HMO insurer, said it has already notified Oklahomans it is leaving the Affordable Care Act market. Assurant Health, a Wisconsin company that has also covered Oklahomans, has now notified the government it is leaving the health care coverage area. UnitedHealthcare, the new participant in Oklahoma's Affordable Care Act market, has not announced the details of the plans it will offer, but State officials said its rates will be competitive. That will be interesting because next year the rates in Oklahoma will go up, on average, 35 percent. That is not some projected number. That is the actual number that rates will increase in my State—35 percent.

It is interesting to me that yesterday on this same floor I heard arguments back and forth about the cost-of-living increase and the need for individuals who are in a vulnerable position and are receiving Social Security—need that help for a cost-of-living increase. I completely understand the dynamic of that, but at the same time individuals who would support a cost-of-living increase for Social Security recipients don't seem to bat an eye when people in my State have health insurance increases of 35 percent next year. Do you know how difficult it is to cover a 35-percent health care premium increase?

While the President was speaking in 2010, he said that the premiums will go up. Under the plan he put into place, the premiums will dramatically go up in my State in 2016. The President said while speaking in 2010: ''The copays will go up unless we don't do something.''

The editorial board of the great Oklahoma newspaper, The Oklahoman, on November 30, said:

> Numerous reports have noted that policies sold through ObamaCare exchanges increasingly rely on very high deductibles with limited provider networks. For someone with a major illness such as cancer, these policies are still beneficial. But for relatively healthy people, the deductibles are so high that there's little functional difference between being uninsured and insured when it comes to an impact on one's personal finances.

I cannot tell you the number of Oklahomans I have talked to who have said this one thing to me: I have insurance because the law requires me to do it, but it is so expensive I cannot use it. So I literally pay for something because I am forced to, but I can't actually use it on a day-to-day basis because the copays are so high.

I hear the same thing from doctors and hospitals. Hospitals were told that their charity care would go down because everyone will be forced to have insurance. Here is what I actually hear from the hospitals in Oklahoma: Their charity care has gone up, all of them. Their charity care and their writeoff have gone up because now those individuals walk into those hospitals and say: I have insurance. But when they get the bill and realize how high their payment will be, they say: I cannot pay it. So the charity care at hospitals has actually gone up.

This is from a statement President Obama made in 2010: ''Patients will be denied the care that they need.'' Well, let me give you an example. On June 4 of this year, there was a highlight of Kaylen Richter, a 4-year-old who was denied coverage under the marketplace for a prescription she needed for her asthma. We have a loss of choice and a loss of competition in my State. Instead of more options, we have fewer options.

Doctors' offices are selling out because physicians can't seem to make ends meet. There are so many requirements on them, they are selling their private practice and going into larger hospital practices. Hospitals are actually having to take in diagnostic facilities. Hospitals are taking care of individual physician practices. Hospitals are combining with other hospitals.

Instead of greater competition, we see a smaller number of hospitals and a smaller number of entities. Instead, hospitals and entities are becoming larger and larger to be able to sustain that. We have even seen that nationally in the insurance market. Because of what is happening in the Affordable Care Act, it is pushing out insurance around the country. Remember the great statement: It is not government-controlled health care, it is insurance. Right now, Anthem, Cigna, Aetna, and Humana are all going through a combining process, where those four insurance companies that are national, large-scale companies realize they cannot make it under the Affordable Care Act and are merging into one giant company to see if they can make it as a giant company, resulting in fewer options, fewer choices, and centrally controlled health care.

How do we turn this back? I will tell you in some ways, you can't. The Democrats and President, who have passed this, have succeeded in permanently changing health care in America.

Those individual physicians who used to practice individual medicine all over the country and have now merged into larger hospitals, you don't undo that. Those individuals who were going to go into medical school but chose not to now, you don't undo that for a generation. These insurance companies that combined into large groups, you don't undo that. The diagnostic facilities that are going out of business and merging with large hospitals, you don't just quickly undo that. They have succeeded at permanently changing health care delivery in America.

The challenge now is, How do we help in the days ahead? What do we do? I

will say that some things can be done. We can continue to provide greater options, but the first thing we can do is stop the hemorrhaging. First, do no harm. First, engage and try to help the people who are affected by this.

I have offered an amendment in this bill that deals with something called the health care compact. It allows individual States that want to be able to manage their health care to be able to manage the health care in their State. This may seem like a crazy idea except it is already done in every single State right now. Every single State already has a Medicaid process, has a health care authority, and has already made decisions which are severely limited by Federal regulations, but that structure is already in place to take care of the most vulnerable in our Nation.

The health care compact would allow States to be able to broaden their authorities and to be able to do what needs to be done in order to take care of the individuals in their State, as my State has tried so hard to do with Insure Oklahoma and other options to be made available to people in my State that are being forbidden by the Federal Government. This would open that back up and would allow that competition.

I can assure you that every time I speak to smaller rural hospitals in my State, they cannot get the attention of CMS and the Federal Government because they are small and rural and people in DC don't know where they are located and they don't have a big enough lobbying voice. They are just another one of those community hospitals out there. That doesn't happen if they are interacting with people in my State. Because those health care parameters are being set by people in Oklahoma City and our State capitol, they know every small rural hospital and the dynamics and difficulties there. They are not last in line. They are a part of the family.

Allowing individual States to be able to make health care decisions through a health care compact that actually allows that State to be able to manage health care in their State is a tremendous asset. My State, along with eight other States, has asked for that. It is not an unfair request. It is something we should make available to States that choose to do that.

Will every State choose to do that? No. Some States will probably want the Federal Government to be able to manage their health care. Those States are free to do that, but for States that want to be able to have that choice, allow them to have the freedom to do that. If they have the structure in place to fulfill the needs within their State, why would we forbid it? Why in the world would we say that those of us in Washington, DC, know and care more for Oklahomans than Oklahomans? When the folks in Washington, DC, say: No, we care more about that State and those people in that State rather than the people of that State, I think they are misguided. This can be done differently.

What are we up against? We are up against real people who face real issues. It has been incredibly difficult for them to be able to walk through the ObamaCare transition. This is not about patient protection, and it has been far from affordable as prices continue to go up.

Let me read one story from my State. It is from a lady who lives in a rural area in my State, which has been one of the toughest areas. The Affordable Care Act assumes everyone lives in New York City or some metropolitan area. Welcome to the rest of America. Not everyone lives in big, urban settings. This is one of those folks. She lives in a rural area, not too far, but a good distance, from Oklahoma City.

She said she sold some land recently—and by the way, she is on a health care exchange. She sold some land recently, which we do in rural America. That made her income go up significantly for that 1 year—one land sale. She said the marketplace doesn't see it as a 1-year thing, so they take all the information about her subsidies on that before taxes. So it raised her premium from $43 to $400. She said she is going to try to figure out a way to be able to manage that.

Then she says this: Why does she have to pay so much for a plan that is not even usable in her area? No one will take her insurance, and providers are dropping it because they are not getting paid. She has to travel now all the way to Oklahoma City so she can find care at all. All she is looking for is an affordable option and providers in her area that will actually take it. It is one thing to say it provides an option. It is another thing to say people can actually access that option.

We can do better as Americans. This is a conversation we should have. Let's have it. Let's talk about a better way to be able to do this. This is not about fixing something. This is about a transition that is happening in health care in America that needs to be corrected. We can never go back to where we were. There has been too much permanent damage in the system. Now it is a matter of what can be done that is best for people—not what is best for the Federal Government but what is best for the people of our States. Let's do it.

I encourage the adoption of my amendment, and I encourage the adoption of this reconciliation package that is before our Nation and this body in the days ahead.

I yield the floor.

The PRESIDING OFFICER. The Senator from California.

Mrs. BOXER. Mr. President, I have a few remarks to respond to my colleague's remarks, and then I ask—I am not going to be long—to be immediately followed by Senator BLUMENTHAL.

Mr. LANKFORD. Mr. President, I would have objection to that request if I am not able to respond to the comments she makes.

Mrs. BOXER. OK, I will just yield to the Senator from Connecticut for a question, and I will give him his time that way.

My colleague from Oklahoma came down, and, first of all, he talks about ObamaCare and forgets the fact that there are millions and millions and millions of Americans who now have insurance, the same kind of insurance he has as a Senator and I have as a Senator. He forgets the fact, No. 1, that we have seen more people insured than in modern history. He conveniently forgets that fact. He forgets the fact that there are no limits on coverage. Insurance companies can't cancel a person's health insurance.

He talks about children with great eloquence—and I am sure he is a fantastic parent—but he forgets that 17 million children with pre-existing conditions are insured, which is a pretty important point.

I really have to take offense to some of the remarks of my colleague. He makes an eloquent point about States' rights. He finishes his argument about ObamaCare saying: Don't have the Federal Government tell my State what to do. Well, in essence, ObamaCare doesn't do that. We have an exchange. But, yes, we do require people to get insurance. That is true, and that comes from the plan of a Republican Governor named Mitt Romney. Then he says: Leave my State alone. Then he wants to take away a woman's right to choose an abortion. He wants to do that. He thinks the Federal Government should do that. So he makes an eloquent point about States' rights, but he, as a Senator who doesn't believe in abortion—and that is his total right, and I respect it and I defend it—basically says he wants to decide for everybody in the country that they shouldn't be able to have an abortion because he doesn't approve of that. What makes his opinion more important than mine? There are dozens—it isn't. This is America. We all have different views about when life begins, about Roe v. Wade. Yet he stands here and uses rhetoric that I say is irresponsible. That is my opinion. It is my opinion, not his.

Now, the Senator started off his discussion by saying the truth, that he has a beautiful wife and a beautiful family. Well, I want the Senator to know I have a handsome husband and a beautiful family. So he has a beautiful wife and a beautiful family, and I have a handsome husband and a beautiful family. What the heck does that have to do with anything else? We are both parents. I am a grandparent. I gave birth. What does that have to do with this conversation? The fact of the matter is it is not about your beautiful family or my beautiful family. It is about the beautiful families out there who, A, need insurance, and B, will make their own decision in America about when life begins, and who will make their own decision in America as to whether they support Roe v. Wade.

Then my friend says that someone in his family survived cancer—and thank God. I have had friends who have survived it, and I have friends who have died from it and family members as well.

This conversation has nothing to do with our lives personally. It has to do with the other lives that we impact when we say we are going to take away health care from 3 million Americans who get it from Planned Parenthood.

Now, my friend lectures us. He has done this before. He and I have gone at this before. It is fine. He talks about his deep feelings about how he is against abortion at any stage. Then why doesn't he come to the floor, after all his rhetoric—I listened to it and I am offended by it, frankly—why doesn't he come down here and right a wrong that says it is a crime to have an abortion and you should go to jail. That is what he is basically saying, if we listen to his rhetoric, the words he used. No, he doesn't do that. I checked his legislative record. He just wants to defund organizations that are operating under complete legality—under Roe v. Wade, the law of the land.

Abortion has been legal since 1973. The Senator doesn't agree with it. I have total respect for that. But if you think it is a crime, then go ahead, instead of coming here and giving these speeches about those of us who happen to believe it is up to a woman to decide these issues. He is really basically saying we are advocating a crime, and that is offensive. I would never say that to my friend, never. And then, of course, the whole party over there is attacking an organization that is operating legally under the law. Ninety-seven percent of what they do is breast cancer screenings, STD screenings, cervical cancer screenings—saving peoples' lives. I have met them. I have looked them in the eye. I know what I am talking about.

So if you don't think that 3 percent of the work Planned Parenthood does—which is absolutely connected to reproductive health, the 3 percent—then come down and say it is a crime. But I bet none of my friends would do that, because if I went to my people and I said Republicans think you should go to jail if you have an abortion or go to jail if you take a contraception—some of them feel that way, not all of them—they would really be in trouble at the polls.

When you make these verbal attacks on people who don't agree with you, sir, your words matter. Your words matter. They have an impact. You are here because you are eloquent. Your words have an impact, and if what you want to have happen is to put people in jail for performing a legal procedure, come down here and do that, but don't come down here and say what you think is a crime and then say, therefore, we are going to defund an organization that is operating illegally.

Now, my friend from the other side of the aisle may not like it, but 3 million people count on Planned Parenthood, and his approach is an attack on those 3 million people. More than—I don't know how many people live in Oklahoma, but I would assume it is fewer than that, perhaps.

This obsession in repealing ObamaCare, despite the fact that it is helping so many people, is of epic proportions. We have seen a repeal in the House of Representatives 52 times.

I wonder if my friend from Connecticut wanted me to yield for a question or if he is going to wait.

Mr. BLUMENTHAL. I will wait.

Mrs. BOXER. Mr. President, just to sum it all up, it is offensive to hear someone describe what is the law of the land as a criminal act. It is offensive, to describe it as a crime. But more than that, if that is what you believe—and I respect your right to believe it—then come up here and do what you are doing. Overturn Roe v. Wade. Tell the women of America they have no right to choose anymore. If that is what you want to do, go ahead and do it. If you want to make it a crime, make it a crime. That is honest. What is dishonest is to attack an organization that is acting within the law, which is helping 3 million people, and I would say that is what this debate is about.

I just hope the Murray amendment passes today. It will send a strong signal. And if it doesn't pass, we know this bill is going to be vetoed, because this President understands that this government is not the be all and end all. We are not the moral voice of the universe. We are not. People don't even like us as an institution. Let them make up their own minds in their own homes, with their own God, with their own family. I support them, whatever their decision is. Whether they are pro-choice, whether they are anti-choice, I will fight for their right to decide for themselves, but I will not force my view on somebody else. That is what being pro-choice means, that you are willing to understand that there are different positions. I don't have every answer, and the Senator from Oklahoma doesn't have every answer. It is called humility. I don't have the answer. I will trust my constituents to make that decision.

I hope that we will stop this attack on Planned Parenthood. If this is really about a woman's right to choose, let's have that debate. If you want to call it a crime, which I have heard on this floor, then put your bill out there. Tell people they are committing a crime. Put them in jail. Do that. We will have the debate, and we will win that debate, but don't go after organizations that are acting completely within the law.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, I yield such time as the Senator from Oklahoma needs to respond.

The PRESIDING OFFICER (Mr. SULLIVAN). Senators are reminded that they will refer to each other in the third person.

The Senator from Oklahoma.

Mr. LANKFORD. Thank you, Mr. President.

That was actually the first thing I was going to say, that we refer back to Senate rules that we are to address the Presiding Officer rather than each other, and I appreciate the Presiding Officer acknowledging that, according to Senate rules.

My simple statement today was not intended to be offensive. In fact, I think if I went back through the transcript of what I said—I am looking for what was offensive rhetoric that was stated multiple times by the Senator from California. As I try to think back through what was offensive rhetoric, my saying that children have ten fingers and ten toes, unique DNA, and a unique fingerprint doesn't seem to be offensive. I think also if I went through the legislative record, I never talked about criminalizing anything. I heard multiple times through a conversation on the floor that I was criminalizing, criminalizing, criminalizing. I was actually speaking out for millions of children each year that die and saying: Would we not want to reconsider the new science that has been available in America for decades now, to look inside the womb and see ten fingers and ten toes and unique DNA and a fingerprint that is different from the mom or the dad, and to understand that we have a basic principle as Americans to life, liberty, and the pursuit of happiness? That is a unique value.

Even the Supreme Court, when they ruled on Roe v. Wade, talked about viability. Current science continues to press on what is viable. A friend of mine delivered last year a little girl that was 14 ounces. That little girl is a healthy little girl now over 1 year old, continuing and doing fine. In 1973 that child would not have been viable. She is very much a child. She is beautiful.

As for this whole conversation about millions of people losing insurance if ObamaCare goes away and don't I care about millions of people and insurance, the issue is not millions of people being covered. There are other ways to be able to help millions of Americans. As I acknowledged when I spoke, there are real issues in health care delivery in America and there are significant issues that continue to this day. My simple statement was that those issues get larger and larger, and my concern is that while individuals would stand up and say we have millions of people covered, they ignore a 35-percent increase of premiums in my State. They ignore the reality of a growing copay in my State and that people are forced by law to buy a product they cannot actually afford to use. My simple statement is this: Can we not acknowledge—not that there are not millions of people not newly covered—that we have millions of people now that have a coverage that they cannot use and cannot afford to keep yet they are compelled

by law to do it. In fact, they become criminals if they don't buy the health care coverage required by law. These are real issues and they really do need dialogue. Good civil dialogue will help us work these things out—and centering in on the facts.

With that, I yield back.

The PRESIDING OFFICER. The Senator from Connecticut.

AMENDMENT NO. 2876

Mr. BLUMENTHAL. Mr. President, I want to thank my colleagues from Oklahoma and California for this exchange of views, and most particularly I want to thank my colleague from the State of Washington for the amendment that she has offered that would, in effect, remove or eliminate a harmful provision in the budget reconciliation bill, a provision that would eliminate funding for Planned Parenthood and other providers of reproductive health services for women. Very importantly, it would also establish a fund to assist the Department of Justice in monitoring and combating violent opposition to women seeking access to lawful reproductive health services.

We can have a broad and comprehensive debate on a great many of the subjects that are related to the amendment offered by Senator MURRAY, but the simple fact is that funding for Planned Parenthood helps with women's health care. It provides services such as cancer screening, birth control, and STI testing and treatment that simply are inaccessible and unavailable to those women anywhere else. For all the talk about alternatives to Planned Parenthood, the women who receive services through Planned Parenthood have nowhere else to go in so many instances. In the majority of the care provided by Planned Parenthood, cancer screenings, birth control, and STI testing and treatment result in pregnancies that are wanted and intended and produce healthy children, as opposed to pregnancies that are unintended and unwanted, which certainly in this body and in America generally, no one wants to see.

So I hope that we have common ground here, that an organization such as Planned Parenthood, which does so much good, and the men and women of Planned Parenthood, who have so much courage and fortitude in the face of threats and intimidation that confront them every day, should be supported, not demeaned or dismissed. Their funding should be enhanced, not diminished. So far as enforcement is concerned, the Department of Justice should be doing more and doing better. It should be provided with those funds that will assist in combatting and monitoring the violent opposition to women who are seeking services. We have seen in just the past few days the impact of that violence, tragically, in death and injury in Colorado. But that tragedy is simply the tip of ongoing and apparently unceasing threats and intimidation at many of those clinics and health care services around the country. So I say with sadness—not anger but grief—in seeing the horrific impact of this violence, that the services are necessary, health care should be supported, and violent opposition should be monitored and prosecuted wherever it occurs.

Today I pay tribute to clinicians, professionals, volunteers, escorts, and all those who support Planned Parenthood and who continue their work in the face of the dangers that confront them day in and day out. I hope my colleagues will support me in endorsing Senator MURRAY's amendment so we can ensure women continue to have access to these necessary basic health care services.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. At the end of the year, Mr. President, when there is so much to do, I think it is particularly important for this body to try to find common ground on difficult issues, to try to be bipartisan. I mentioned it yesterday, but literally 24 hours ago, I joined with the senior Senator from Iowa, Mr. GRASSLEY, on a bipartisan effort to deal with this enormous challenge of making sure that when we have breakthrough cures for serious illnesses here in our country, Americans are going to be able to afford them. Senator GRASSLEY and I teamed up for 18 months, reviewed 20,000 documents, did an exhaustive inquiry into the new drugs that have come out to deal with hepatitis C, and they are extraordinary drugs. The question is, Will Americans be able to pay for them? Senator GRASSLEY and I thought it was very important to do it because this is what the future is going to be about.

I know the distinguished Senator's son is very interested in these health issues. As we try to get cures for Alzheimer's, diabetes, heart disease, and the question of hepatitis C, it is wonderful to have the cure. The question is, Is it going to be beyond the reach of the people? Senator GRASSLEY and I, for over 18 months, worked painstakingly in a bipartisan kind of way, and it has been very well received. So 24 hours ago we were talking about that, and what I am so troubled about this morning is that when we need bipartisanship more than ever, we are looking at a partisan reconciliation bill that, in my view, will undermine women's health care in this country by denying funding to Planned Parenthood.

My view is that to take away health care choices from American women that have nothing to do with abortion—particularly after the horrific act last week in Colorado—is just an act of legislative malpractice that is beneath the Senate.

I note that it is going to get a veto if it hits the President's desk. My hope is that this body will not let it get that far.

It is long past time, in my view, to end the ongoing campaign to undermine the fundamental right of all women to make their own reproductive choices and access affordable high quality health care. Millions of American women, including tens of thousands in my home State of Oregon, turn to Planned Parenthood for the routine health care services that this bill puts at risk. I have read this list on the floor before, but it appears not to be sinking in. So let me repeat it. This bill, for millions of women, could eliminate access to pregnancy testing, possibly gone; and birth control, possibly gone; prenatal services, possibly gone; HIV tests, possibly gone; cancer screenings, possibly gone; vaccinations, possibly gone; testing and treatment for sexually transmitted infections, possibly gone; basic physical exams, possibly gone; treatment for chronic conditions, possibly gone; pediatric care, possibly gone; hospital and specialist referrals, possibly gone; adoption referrals, possibly gone; and nutrition programs, possibly gone. When you wipe out Planned Parenthood's funding, you dramatically curb access for women in this country to health care services that have absolutely nothing to do with abortion. I know that there is a smear campaign out there that says that is not the case, but it is.

Senator MURRAY and I have a proposal that has taken a different tack. Our amendment says that instead of putting women's health care at risk, let's do more to guarantee that women in Oregon and Washington and Alaska and across the country get the high quality care they need. Let's help our health care clinics treat more women, and let's help them keep their patients safe when they walk through that door. The proposal that Senator MURRAY and I have put forward, in my view, is worthy of support from Democrats and Republicans. That has always been the case.

I have enjoyed talking to my new colleague from Alaska, and we talked about what has happened to this question of the Senate's historically bipartisan approach, which is why I spent some time talking about how proud I was to team up yesterday with the distinguished senior Senator from Iowa, Mr. GRASSLEY, on this question of making sure that when there are breakthrough blockbuster cures, people can actually afford them and can actually get them. Those kinds of issues, along with women's health, ought to be a bipartisan cause. It has historically been a bipartisan cause. My hope is that my new colleague from Alaska, the distinguished Presiding Officer of the Senate, is going to continue that as we talk about that kind of historical approach where we try to find common ground on issues such as women's health care.

I also wish to note, colleagues, the reconciliation bill involves the Senate Finance Committee. Chairman HATCH, of course, chairs the committee; I am the ranking member. We have a significant role with respect to these public

health programs, and we have tried to work in a bipartisan way. But this reconciliation bill is a rejection of bipartisanship. It is going to pump more noise into the echo chamber, but my view is it is going to drive the parties further apart in this effort that I look forward to talking to our new colleague about, which is how we are going to get people together to work in a bipartisan way for improving women's health care.

When you create such a vitriolic fever pitch, there are obviously real consequences. To me, the politics of hostility and extremism help spark a culture of violence. And amid that dangerous and toxic culture, a man walked into a Planned Parenthood clinic determined to do enormous harm. In my view, it attacks women's health. It is an attack on the American public, and it cannot be tolerated. It must be fought and resisted at every opportunity.

At a moment when the Senate has a long list of issues to wrap up before the year's end and many serious challenges to face, my view is that we ought to be in the business of trying to solve problems, not create more of them. It is not as if there is a shortage of things that have to be addressed; we have plenty of stuff. So why in the world would we want to reject the Senate's long tradition of bipartisanship and take a very partisan turn with this reconciliation bill?

I hope my colleagues will support the Murray-Wyden amendment when we vote on it, end the campaign against women's health, and do everything we can to restore the historic tradition of this body working in a bipartisan way on women's health.

Without going into too much of the history when I was thinking about coming over and thinking about the tradition of the Senate, one of the first things that happened when I came to the Senate is I had the opportunity to work with our former colleague Senator Snowe of Maine, who was a champion of exactly these kinds of issues: choices for women and improvements in women's health care.

We can have all of that again—men and women working together in the Senate on behalf of the States that sent us to support improvements in women's health. To do that this week you have to support the Murray-Wyden amendment.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Alabama.

Mr. SESSIONS. Mr. President, I support the reconciliation bill that is before us. It will do the job. It will end the Affordable Care Act that the American people rightly have opposed, and it will put us in a position to repeal this monstrosity of a 1,700-page bill that was jammed through Congress in the last hours before Christmas Eve in 2009.

I remember that day very well. It was a strict party-line vote and was passed despite the objections of the American people. It resulted in quite a number of people who voted for it not being in the Senate or the House again, and it remains a decisive issue for our country.

Six years ago, the American people did not favor this legislation, they resisted it. But the Democratic leadership and President Obama determined they were going to pass it, no matter what the people said. They were going to get this done, and they rammed it through on Christmas Eve of 2009, even though Scott Brown was elected a month later in Massachusetts on a campaign to kill the bill. Had he been here at that time, there would have been only 59 votes, insufficient votes to shut off debate, and the bill would not have passed. He won in Massachusetts—one of our most liberal States—on a campaign that said: I will be the vote that kills this legislation. So I want to say first and foremost that the American people knew this wouldn't work. They opposed it from the beginning, they opposed the philosophy of it, and they knew we were going to have a mess on our hands.

Now we have a majority of Republicans in both Houses. There are 54 Republican Senators in the Senate. We are going to move this reconciliation bill, and it will end the effectiveness of ObamaCare. But we know the President will veto it.

I will just say this, colleagues. This is a historic moment. This is a moment of great importance nearly 6 years after this bill passed. You can be sure the people who pushed it to passage were absolutely confident that although the people opposed it then, they would get used to it, they would go along with it, and it could never be repealed. But that has not happened. The voters have elected Members of Congress to oppose this legislation. The polling data shows continued strong opposition to this legislation. What we are going to do is establish that the elected Congress, a majority in both Houses, opposes this terrible law and we will vote to end this incredible piece of legislation.

We knew it was bad, but there was no way we could have understood what was in all of those pages. Health care is utterly complex. It is so different in every state from Wyoming, Alabama, New York, Massachusetts, and California, and even cities within the States—it is all different. So, a one-sized-fits-all approach dictated by the federal government simply will not work.

The Federal Government cannot run anything very well, frankly. We absolutely do not need to be involving ourselves in and dominating health care in America. That is not the way to get better health care for our people.

It was obvious from the beginning that we were going to have high costs and difficulties, but it actually rolled out with more difficulty than people could have imagined, starting with the failed computer systems. We had Democrats and Republicans concerned over how it was being carried out. It was bad from the beginning, and things are not getting any better.

One of the most dramatic promises the President of the United States made to the American people was in September of 2009. In pushing for this legislation, he said:

> The plan I'm announcing tonight would meet three basic goals. . . . it will slow the growth of health care costs for our families, our businesses, and our government.

Well, that has not happened. In fact, health care costs for the insured in America are surging. In Alabama we are seeing 28 percent increases in premiums. I am going to read some letters from people who say what has happened to their insurance premiums and how incredibly high the deductibles are. No one has written my office to tell me that their healthcare costs have decreased.

President Obama went so far at one point to promise that his health care plan would ''bring down premiums by $2,500 for the typical family.''

The American people didn't buy that. They have heard these kinds of big government schemes before. They want to go to their doctors. They were pretty confident in their plans, and they were worried about costs, so this promise meant a lot to them. The President of the United States had said that costs were going to come down. That meant a lot, but they were skeptical. Their instinct, though, was correct because it hasn't happened, and health care costs have continued to go up.

The administration has acknowledged that many consumers will see noticeable premium increases—and indeed we have—when buying health care on the ObamaCare exchanges in 2016. According to Health and Human Services' own data—government's agency—premiums would increase by an average of 7.5 percent for the benchmark silver plans in 2016 in 37 States using the exchanges, which includes Alabama. But, the rates for the benchmark plan in Alabama will increase by even more than that in 2016—by 12.6 percent.

For 2016, Blue Cross Blue Shield of Alabama, the largest insurer in the State, reported an increase of 28 percent for individual plans and 13.8 percent for small group plans. These are huge costs. Currently, Blue Cross Blue Shield plans on the Obamacare exchange cover about 174,000 Alabamans. This is real money for a lot of people.

BCBS initially proposed to increase the premiums for the platinum plans, the highest coverage, by 71 percent but later reported a final increase of 28 percent. We saw the same trend with the gold plans—BCBS initially requested a 53 percent increase, but it was finally reduced to 28 percent.

UnitedHealthcare, the second largest insurer in the State and one of the largest in the country, reported an average increase of 24.5 percent. This amounts to real money out of the pockets of real Americans.

So, it is clear that the healthcare law is fundamentally raising costs, reducing choice, and is opposed by the American people.

In June of 2009, President Obama stated:

> If you like your health care plan, you will be able to keep your health care plan. Period.

That meant a lot to people. A lot of people said: Well, if they do all that—but if I can keep my plan, I am not too worried about it, as long as I can keep my plan.

Did that turn out to be true? No, it did not. By the end of 2013, the Associated Press reported that 4.7 million Americans received cancellation notices for their insurance plans due to the Affordable Care Act.

In 2013, PolitiFact defined the ''Lie of the Year'' as President Obama's promise that ''If you like your health care plan, you can keep it.''

They just said it. Costs are going down, and you can keep your health care plan if you want to. They continued to say that, and they were able to get the law through Congress. But even then, the polling data showed the American people did not support this plan. Scott Brown of Massachusetts ran on it in the liberal State of Massachusetts. He said: Elect me, and I will be the vote that kills it. But, they got it done before he could take office.

Under this so-called ''affordable act,'' we have higher premiums and higher deductibles. Great Scott, I am amazed at how high the deductibles have become. This is a communication from an individual in the Birmingham area. He wrote to me in June of this year:

> I am an owner of a small 10 person CPA firm in Vestavia. In our group plan offered by BCBS, for our family of 5 our BCBS health insurance went up by $6k a year last year and we are facing more increases this year from BCBS. In our case, this puts our family spending right at $24,000 a year on health insurance. We are blessed enough that we don't qualify for a subsidy and our new policy has less coverage much higher deductibles and more out of pocket costs than ever before. But that said, we are currently spending 18% of our family's AGI on health insurance premiums.

He is not happy.

Another individual from Mobile, AL, writes me:

> First year premiums 300 per month, last year 405 dollars per month and now for 2016 premium to be 1562 per month. I am being penalized for having worked all my life and having a retirement and income that puts me in an area with no subsidy. The premium is more than what I get from Social Security. This is going to put me into a area where we decide, my wife and I, on whether or not to get insurance.

This is from a Ph.D., who wrote:

> For the first time, in 2011, my medical insurance premiums exceeded my mortgage, and they have continued to climb ever since. I now pay over $1,400 a month for mediocre coverage, and it's breaking us. . . . We need a new approach that is market driven and consumer oriented, an approach that doesn't penalize people for failure to participate in the market through a cleverly disguised fine designed to coerce participation from the free citizens of these United States.

Another individual in the Montgomery area wrote:

> We just received notification at my place of employment that our health insurance premiums are going [up] at least 25 percent this year and possibly 40 percent next year. As the controller here, with 100 employees, we cannot afford these increases. We have already seen our benefits reduced to try to keep the costs lower but if we keep on at this rate we will be paying even more for less coverage.

That is the real world. And I feel strongly that this is happening out there all over our country.

What I want to say to those who are frustrated, who think nothing can be done, that is not so. What will be demonstrated today is that the majority of both Houses of Congress has the ability to pass legislation that will essentially eliminate this plan and require a complete overhaul of our health care system. We have the votes to do it. Yes, it will be vetoed by the President of the United States. He has rejected any and all improvements ever since the bill was passed. He has fought virtually everything that would make the bill better. No changes can be made in this legislation. But he won't be President forever. We are going to have another President soon. That is a fact. And this new President can sign a reconciliation bill. We will then be able to improve health care in America, to use common sense and not create a government bureaucracy of monumental proportions, and to actually serve the people we represent. We can enable them to have the type of health care policies that they need, at prices they can afford, and help people in need, in the same way we do today. But, we will eliminate this entire government takeover of healthcare.

Several years ago, when asked if he believed in a single-payer plan for health care in America, Senator REID, the Democratic leader, said: Yes, yes, absolutely yes. I raised that in the Committee on the Budget, and we had two Democratic members say: I, too, believe in a single payer for health care in America. One said: I will acknowledge the health care law is not workable today, and the only way to really make it work is to go to a single payer—in other words, a government-dominated health care system in America. I don't think that is the right way to go. The American people don't think that is the right way to go. They oppose that now, they opposed it steadfastly throughout, and they are being proven correct. It is not working. The promises made for it were wrong then and are being proven wrong every month that goes by.

Mr. President, this is an important vote. Don't let anyone suggest it is not. It is a definitional vote: Do you want to fix the broken health care system or do you want to just continue it with no real reform? That is the choice.

I hope we will have bipartisan support for making this kind of change. I hope and believe that if this legislation is vetoed by this President, we will have a new President in not too many months who will sign such legislation and allow us then to create the kind of positive health care system the people of this country deserve.

I thank the Chair, and I yield the floor.

The PRESIDING OFFICER. The Senator from California.

Mrs. BOXER. Mr. President, I want to say that it has been interesting to hear the debate. It has touched on a lot of things that are close to my heart and that I know are close to a lot of other people's hearts, which is getting health care to more people—health care that is affordable, health care that wasn't available before—and also, frankly, making sure we don't have attacks continue on an organization called Planned Parenthood that delivers lifesaving health care to 3 million Americans each and every year.

There are a couple of points I would like to make. In a very strong debate I had with the Senator from Oklahoma, Mr. LANKFORD, I stated that I was offended because I believed that—Mr. President, I will go through you. The Senator basically said that those of us who are pro-choice are essentially supporting a crime against children, and he took issue with that and said he didn't. Well, I want to place in the RECORD his exact words, if I might.

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

Mrs. BOXER. This is from the transcript. After talking about abortion, he says:

> Why would we continue to supplement the death of children?

''Why would we continue to supplement the death of children?'' As I read the English language, that would be an accessory to a crime. So I stand by my words. And I would say again, if the issue is whether abortion should be legal, that is a fair issue. And I think if people feel it is a crime, then they ought to come down here with their legislation to put women in jail. I think that debate would be important. But they shouldn't attack an organization that is legal—Planned Parenthood—that is living within the law, and 97 percent of what they do has nothing to do with choice, and the other 3 percent is totally legal.

The GOP has tried to repeal ObamaCare dozens of times. This is another time. I do agree we have to fix certain aspects of the Affordable Care Act, ObamaCare. Absolutely. In my State, it is a raging success. In California, I want you to know we have 40 million people, so this is a very big test case. We are like the fifth or sixth largest country when it comes to the economy. We have seen the uninsured rates in California drop from 17.2 percent in 2013 to 12.4 percent today—in 2014. We have seen more than 4 million previously uninsured Californians get some sort of health care coverage. And I can say that, yes, we have to make

sure the competition works. What we have in place is not a single-payer law. We have in place an exchange where private companies come in. The competition is important, and if it isn't robust, there are going to be these increases. So I think it is very important. For the people who can't afford to get insurance off Covered California, which is our exchange, we have seen 3.5 million more Californians enroll in Medi-Cal thanks to the Medicaid expansion.

Also, in this country, 30 million women with health insurance are able to access contraception without any cost-sharing. That is very, very important because I would hope we would agree that unintended pregnancies are not what we want regardless of whether we are pro-choice or anti-choice. That is important for planning pregnancies. In 2013 women across this country saved more than $483 million in out-of-pocket costs for birth control.

I know there is concern about ObamaCare that continues and rages on. I think the question is, Do we want to make it work better—of course there are things we can do to make it work better—or do we want to go back to the days when if you had high blood pressure or diabetes, you couldn't get a policy?

I remember so clearly constituents grabbing me by the arm and saying: My son was born with a disability. I can't get coverage. What am I going to do?

People went broke. People lost their homes and they lost their savings before the Affordable Care Act.

As I say, nothing is perfect, nobody is perfect—not each of us, that is for sure—and the Affordable Care Act is not perfect. We need to fix it, but what we have heard over and over again from the other side is not a legitimate point; it is just an attack, a screaming attack against ObamaCare—the Affordable Care Act—and there is nothing in its stead. We have said to the other side: Let us know. Well, the reason there is nothing in its stead is the underlying form of ObamaCare—the Affordable Care Act—is a Republican idea, and it is that everybody needs to get health care, and it was based on Mitt Romney's plan that he put into effect in Massachusetts.

So I could go on and on about the amazing results of the Affordable Care Act. I mean, I have had people come up and say: Oh my God, my child can stay on my policy until age 26. That is amazing. I have cancer, and I used to have a limit on what my insurance would pay. Now those limits are off because of ObamaCare.

So whether it is preexisting conditions, or kicking a child off, or getting sick and then finding out, guess what, that is it for you, I don't want to go back to those bad old days. I am willing to sit down with anyone of good will and fix the parts of ObamaCare that aren't working. That is fine. But, again, what we see constantly is this trying to completely torpedo—and in this case by taking away the funds. In the case of Planned Parenthood, it is just: We do not like the underlying women's health reproductive laws, so we are going after the face of women's health—Planned Parenthood. That is an attack on women.

What we are seeing from the other side is an attack on women, an attack on reproductive health care, an attack on the Affordable Care Act—ObamaCare—which, although not perfect, is saving families, saving lives. This is important.

I hope we will support the Murray amendment today. If that passes, then Planned Parenthood will still be funded. If it fails, the President is going to veto this bill, and we will have enough votes to sustain that. But this is an exercise that is unfortunate because it is an attack on an organization that is doing everything under the law, everything that is legal. They had the president of Planned Parenthood sit for hour after hour after hour after hour after hour, haranguing her—haranguing her—a woman who really, in many ways, is working to save lives because when you discover breast cancer early—I think the Chair would agree with me—it is so treatable and so curable. If you find STDs, you can treat them. If you find cervical cancer in an early stage, you can save a life. That is what they are doing.

As my friend Senator WYDEN said—he is the ranking member of the Committee on Finance and a champion for women's health and health in general—the fact is, 97 percent of what Planned Parenthood does are these screenings, these important screenings. This is basic health care—making sure someone's blood pressure is OK. There are so many people who go there for their first line of health care. The fact that they are in women's reproductive health care—3 percent of their work entails that. It is legal. It is legal. It has been legal since 1973.

I say to my friends on both sides who don't like it, if you don't like it, come down here and try to change the law. Make it a crime. Do what you want. We will fight you. We will beat you. But that would be honest. What isn't honest is attacking an organization that has been in place for almost 100 years and the rhetoric associated with it.

We have seen across this country—I am not talking about Colorado because the facts aren't in—an increase in threats to doctors, nurses, patients, and clinics. We have seen real problems. So what we say matters. What we do matters. I want to thank my friend, who has worked so hard on this. I am so strongly supporting the Murray-Wyden amendment. I think it is absolutely critical. What I love about it is you expand access to health care, but you pay for it. That is really important.

So let's come together over party lines. Let's support that amendment, and let's defeat this attack on the Affordable Care Act, which, yes, we can make better. But to toss it out or to make it unworkable with cuts that we see in these reconciliation bills would be a blow to tens of millions of Americans.

I yield the floor.

The PRESIDING OFFICER (Mrs. ERNST). The Senator from Wisconsin.

AMENDMENT NO. 2875

Mr. JOHNSON. Madam President, I was listening to the good Senator from California use a couple words, obviously, calling the health care law the ''Affordable Care Act.'' To use the full name, the Patient Protection and Affordable Care Act is a real Orwellian name. She used the word ''amazing'' about the act.

She also accused Republicans of attacking women. Let me read an email I received from a 60-year-old woman in Spooner, WI, who describes an attack on her by the Patient Protection and Affordable Care Act. The email reads:

I am a 60-year-old married female and have maintained an individual health insurance policy since retiring from teaching in June of 2012. Prior to the implementation of the Affordable Care Act, my monthly premium was $276.16 a month. On December 1, 2014, the premium increased by 23 percent to $339.68 to comply with the coverages of the Public Health Service act. That is a 23 percent increase. In August 2015, I received notification that my insurance plan was no longer available, and in order to comply with the Affordable Care Act I would have to have new coverage effective December 1, 2015, with an annual premium of $661.94, a 95 percent increase.

Let me just review that. Prior to the Affordable Care Act, this 60-year-old woman in Spooner, WI, a retired teacher, was paying $276 per month for her health care, and she lost her health care plan. She could no longer buy that plan. Another plan was going to cost $661.94—a 95-percent increase in 1 year.

Today, October 31, 2015, I received notification that the ACA requires all coverage to renew on January 1st of every year, and that effective January 1, 2016, the premium would be $786.68, an increase over the December premium which would be in effect for only 1 month of 19 percent.

So she summarizes:

The increase in my premium between November 2014 and January 2016 is $510, a 185 percent increase.

She asked the very legitimate question of the Patient Protection and Affordable Care Act. She asked: ''How is this affordable?'' Of course, the answer is, it is not, and she was not protected. She goes on:

I have worked since I was age 16, and I have maintained my own health insurance either through my employer or individually. Now at age 60 I find that I can no longer afford the $9,440 annual premium for my health insurance. My husband and I are not wealthy. We have always lived modestly and saved as much as possible so we could live comfortably in our retirement. Now we are penalized for that savings, because our combined incomes, my husband is on Social Security and has income from a 401(k), we do not qualify for any financial assistance.

She ends with a pretty simple sentence, a pretty simple request—a request that I am going to try to honor

today. She says: ''Please work to repeal this unfair act.''

Let me review this one more time—again, the results, the attacks, the assault on our freedom caused by ObamaCare, the Patient Protection and Affordable Care Act. This 60-year-old woman from Spooner, WI, prior to ObamaCare was paying $276 per month for her insurance. She could afford it. She liked her health care plan. She probably liked her doctors. Next year, she will be paying $786 per month, a 185-percent increase—actually 2.3 times higher than what she was paying prior to the Affordable Care Act. Again, she lost coverage she liked. That has been the result of ObamaCare for far too many Americans.

So having listened to the Senator from California talk about how Republicans are attacking women, I think this email from a real person who has been damaged, harmed by ObamaCare in Spooner, WI—I would say the attack on women has come from the Patient Protection and Affordable Care Act.

Earlier this morning I offered my amendment, and I would like to thank Senator CORY GARDNER from Colorado for helping me offer it. It is a pretty simple amendment. It was modeled under the bill I introduced in 2013, the If You Like Your Health Plan, You Can Keep it Act. We have a similar type of amendment. It is designed to protect women who are under attack by ObamaCare, such as this 60-year-old woman from Spooner, WI, to restore their freedom—their choice—to be able to buy the health care they could afford, that suited their needs, that paid for medicine and health care with the doctor they trusted.

That is what ObamaCare has taken away from the American public, from this 60-year-old woman from Spooner, WI. It has taken away that freedom. It has taken away that choice. It has cost her dearly. It has been an attack on that woman from Spooner, WI. That is the reality. I don't care how much lipstick you try to put on the pig we call ObamaCare, the reality of the situation is it has done great harm to real people, and it is past time—well past time—that we repeal it. I will be pleased to vote yes in honor of her request to please work to repair or to repeal this unfair act.

I yield the floor.

The PRESIDING OFFICER. The Senator from Texas.

Mr. CORNYN. Madam President, I congratulate the Senator from Wisconsin for his amendment. I look forward to voting on it, this afternoon, I understand.

This is actually the promise that President Obama made: If you like the coverage you have, if you like your health insurance, you can keep it. But, in fact, we know that has not proven to be true.

I know when the Senator from Wisconsin ran for the Senate, one of the primary motivating factors was his own experience with his own daughter. I have heard him tell that story time and again. I know he feels strongly about it, as well as he feels strongly about his constituents who have been harmed as a result of this law, which has not performed as advertised.

Mr. JOHNSON. Will the Senator yield?

Mr. CORNYN. I will.

Mr. JOHNSON. The Senator mentioned my daughter, who, by the way, just blessed us with a granddaughter just 3 weeks ago. It is a very short story, if the Senator doesn't mind me telling it. It did motivate me to run. I think it illustrates how damaging ObamaCare has been and could be in the future.

Our daughter Carey was born 32 years ago with a very serious congenital heart defect. Her aorta and pulmonary artery were reversed. The first day of life, there was an incredibly dedicated, incredibly skilled medical professional—a doctor who President Obama just weeks before had accused of looking to fee schedules—not that individual doctor but doctors in general—to see what they would be willing to charge to take out a set of tonsils or amputate a foot to make a few more bucks. That charge is so offensive on so many levels because those doctors came in on her first day of life at 1:30 in the morning and saved Carey's life.

Then, 8 months later, when her heart was the size of a small plum, and with 7 hours of open-heart surgery, a team of incredibly dedicated medical professionals in 7 hours of open-heart surgery rebaffled the upper chamber of her heart. Her heart operates backwards today, but she is 32 years old. She is actually a nurse practitioner, practicing in the same hospital where her life was saved. Now she is a new mom, and she made me a new granddad.

Our health care system wasn't perfect prior to ObamaCare, but it was still a marvel. I am so concerned about the loss of freedom. My wife and I just went to renew our health insurance policy. We are buying it in Wisconsin. We can't buy a policy that will pay for care outside of the network. Our freedoms are being restricted. If I had that health care today, would I be able to go to the specialist outside of our network and get that first-class care that saved my daughter's life? I am not so sure. That is why it is vital that we repeal ObamaCare and, at a minimum, vote for this amendment so that if you actually do like your health care plan, this amendment allows you to keep it.

I appreciate the Senator for yielding and allowing me to tell that story.

The PRESIDING OFFICER. The Senator from Texas.

Mr. CORNYN. Madam President, I appreciate getting to hear that story again. I have heard that story a number of times from the Senator from Wisconsin. I think it shows how special this effort is to try to get people the health care they want at a price they can afford and how ObamaCare has done just the opposite. Rather than being part of this false narrative about a war on women, there are a lot of women and young girls who have been harmed by ObamaCare, which has been a disaster.

Of course, I remember being here on Christmas Eve, 7 a.m., 2009, when our Democratic colleagues, then in the majority, had 60 votes and they passed ObamaCare without a single Republican vote. I think that was a terrible mistake. It was a terrible mistake to take something as important to most Americans or virtually to every American—their health care—and totally reform the health care system in a partisan way and one that could not be sustained. Indeed, we have seen in the 5 years since that time that our country's health care system is in complete disarray.

We have all read the headlines that describe the double-digit premium increases and the skyrocketing deductibles that make people wonder why they should buy health insurance in the first place. I guess the answer to that is this: If you don't, under ObamaCare you are going to get penalized. That is the individual mandate that President Obama at one point said he was opposed to when he ran for President in 2008, although I guess he came to love it.

But that is the way the government operates when it mandates what you do. It takes away from your freedom, as the Senator from Wisconsin said, but it also uses coercion and financial penalties to force you to do something you wouldn't naturally do because it is not good for you or your family. You are being forced to buy coverage you don't need at a price you can't afford. So the only way the government makes this function—to the extent it has functioned—is out of coercion, out of penalizing the American people and forcing them to buy something they don't want. So it is no surprise that such a massive program of Federal overreach comes with a major pricetag. This is something that we haven't talked about enough.

In order to pay for ObamaCare, the Congressional Budget Office estimates it will cost taxpayers more than $116 billion a year—$116 billion. Over the next 10 years, that pricetag totals more than $1 trillion in new taxes. Now, I know for most of us we can't even conceive of what that number must be, but that is big. That is huge. It is a huge burden on American taxpayers and hard-working families. One reason people are struggling to pay the premiums for their ObamaCare coverage is because over the last 7 years wages have been basically stagnant. Our economy has been bouncing along the bottom, just barely out of range of a recession. So people are finding their cost of living going up—their price for food, their price for health care. Perhaps the only good news in the last few years has been that the price of gasoline has come down because of unrelated reasons. But people are struggling to

make ends meet, hard-working middle-class families who previously had been thriving in this economy.

The bottom line is that ObamaCare has left the American people paying more for their medical needs while reducing access and weakening coverage. The people I work for back home are adamant they want this to stop. So that is the vote we will have tomorrow—to stop this huge government overreach that does not serve the interests of the people whom presumably it was designed to protect and to provide access for.

The phone calls and letters and social media posts and face-to-face meetings that I have had in Texas over the last 5 years tell me how ObamaCare has hurt, not helped, hard-working Texans. Last month I received even more letters from my constituents who are exasperated about their health care plans. I heard from Texans who have lost their doctors and their insurance plans for the same reason that the Senator from Wisconsin mentioned. They no longer covered certain specialties that are outside the network, and that is because they have had to try to find a way to economize. What they have done is they have restricted access to doctors and hospitals.

Then there are the rising premiums. Because of the mandates, you are being forced to buy coverage that you don't need. For example, healthy men are being forced to purchase maternity care. It makes no sense. Young, healthy individuals are being forced to buy coverage to subsidize older Americans.

Then there is the matter of the deductibles. If there is one story that I have heard after another, it is from hospitals in Texas, saying that people are admitted to our hospital but they have such a high deductible, it is as if they are self-insured. Many of them can't afford to the pay the deductibles, so we have to eat it. We have to find a way to provide them health care because we know they won't able to pay their bill, particularly if it is not within the deductible.

One constituent wrote:

> We were happy with our insurance, but we didn't get to keep it. We were happy with our doctors, but we didn't keep them.

The same constituent said, ''Our plans to retire early have been sidetracked by the unaffordable cost of healthcare.''

I have also heard from folks who have lost their employer-provided health insurance and are now forced to pay double their previous rate.

One of my constituents wrote:

> Like many other companies [mine] dumped its retired employee medical benefits and said go get your own health care insurance. . . . [Before, it] was only $150 a month. Now, under ObamaCare our [insurance] will cost us $366 a month!

That may not seem like a lot of money to a lot of people, but if you are a retired person and you are on fixed income and if you made plans for your future—including your health care—to see your health care premiums more than double is a big deal.

The same person continued: ''I know where you stand on this issue, but wanted you to see another example of how terrible the problem is.''

That is a good word for it: ''terrible.''

I have also heard from other folks back home who are forced to spend countless hours of time and energy researching new plans because their previous insurance was canceled. The President and his allies in this takeover of America's health care system have said to some people who liked their health coverage that it wasn't good enough, so they basically made it illegal to continue to sell it.

One of my constituents wrote and said:

> I have to spend my valuable time researching yet again, a plan that meets my healthcare needs and possibly stays within my budget. . . . where is the affordable in the Affordable Care Act?

That is another good question. I think it is useful to understand that ObamaCare is not a topic that Texans or most Americans are simply indifferent about. People care strongly about making this law a thing of the past. My constituents overwhelmingly want this law repealed and replaced with more choices where people can buy the health care they need at a price they can afford. That does not seem like a lot to ask.

With the increasing reports from across the country about how ObamaCare is hurting American families, there should be no doubt about this vote. Although, I predict this will be a party-line vote where all of our Democratic friends who supported ObamaCare are sticking with it to the very end. But it is unsustainable. It will not work. What we would be more productive in doing is trying to work together to come up with what the alternative would be that would provide people more affordable care and the coverage they need.

The American people have made crystal clear—last November, in particular, when they put Republican majorities in both Chambers of Congress—that they want us to do something about this ill-advised, misguided law. I look forward to delivering on our promise to vote to repeal ObamaCare tomorrow evening before we adjourn for the week.

This legislation we are currently considering would eliminate more than $1 trillion in tax increases and will likely save the American people hundreds of billions of dollars in future spending. This is a time when our national debt is $18 trillion plus. All we are doing is adding more and more debt to future generations who someday are going to have to pay it back. Maybe my generation will not be around long enough to have to pay that bill, but the next generation and beyond will.

By repealing ObamaCare, we can craft a better way to provide health care options that actually work for every American at an affordable price. I look forward to getting this bill passed and hopefully providing relief to millions of Americans who are burdened by ObamaCare.

I wish to close by saying a good word about the chairman of the Budget Committee who has been a counselor, adviser, and navigator of sorts to many of us in this challenging procedural exercise known as budget reconciliation. I am incredibly grateful, not only for the good work he did in assisting us in passing the first budget that we have passed since 2009—that is pretty important—but now shepherding us through this very difficult process and helping us as the new majority to keep our promise to the American people to repeal ObamaCare. When we do that and we vote to pass this repeal of ObamaCare tomorrow evening, it will be in large part because of the invaluable contributions made by the chairman of the Budget Committee, the Senator from Wyoming, and his able staff. This has been a team effort. There is no doubt about it, but he has been a leader of that team effort.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Madam President, I ask unanimous consent to speak as in morning business.

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

PARIS CLIMATE CHANGE SUMMIT

Mr. CARDIN. Madam President, as the ranking Democrat on the Senate Foreign Relations Committee, my highest priority is America's security. Let me share with my colleagues how the climate change summit that is taking place in Paris affects global and U.S. security. Climate change is a global problem. Global problems require global solutions. As negotiators from over 180 nations gather in Paris, I think it is important that the Senate take note of this historic moment—when all countries, developed and developing, are finally coming together to tackle the global threat of climate change. The achievement of a new international agreement under the United Nations Framework Convention on Climate Change in Paris is our chance to ensure that future generations have the opportunity to enjoy a safer, healthier, and more prosperous world. Time is running out for us to act.

As world leaders gather to find cooperative solutions to combating climate change, I am reminded of the message of Pope Francis's Climate Change Encyclical and the environmental crisis facing our planet. Let me quote from Pope Francis.

> The urgent challenge to protect our common home includes a concern to bring the whole human family together to seek a sustainable and integral development, for we know that things can change. . . . I urgently appeal, for a new dialogue about how we are shaping the future of our planet. We need a

conversation which includes everyone, since the environmental challenge we are undergoing, and its human roots, concern and affect us all. . . . Climate change is a global problem with grave implications: environmental, social, economic, political, and for the distribution of goods. It represents one of the principal challenges facing humanity in our day.

Pope Francis is correct. World leaders are heeding the Holy See's call for collective action, and for the first time in history, we are on the cusp of reaching an agreement where all countries will commit to doing their fair share to lower greenhouse gases. Now, 187 nations representing 97 percent of the global carbon emitters have already submitted plans to lower or limit their carbon pollution.

U.S. diplomatic leadership helped spur countries like China, Brazil, Mexico, South Africa, and others, some of which were previously reluctant to pledge any action on reducing emissions or to make serious commitments to curb greenhouse pollution. To underscore these commitments, some developing countries are also contributing to the international climate finance mechanisms that will help the world's most vulnerable populations adapt to the world's worst impacts of climate change. China alone has pledged more than $3 billion to this effort.

Now that the United States has finally persuaded the broadest possible group of countries to take actions against climate change, it is no longer true to argue that the United States shouldn't reduce its emissions because developing countries refuse to follow suit. We have gotten them all to act. Paris is the best chance we have of forging an agreement where all countries pledge to lower their carbon emissions.

U.S. leadership brought us to where we are today, and now the United States must seize the opportunity for a truly global agreement to address climate change. The United States voluntarily submitted its carbon reduction goals very early in the process. Our deliberative early action, which included an explanation of the national policies that will result in the achievements of our mission reduction goals, spurred more than 180 countries to do the same.

China, for example, committed to lower its carbon emissions per unit of GDP by 60 percent to 65 percent below 2005 levels and increase renewable energy to account for 20 percent of its electricity generation by 2030. This will require China to build an additional 800 to 1,000 gigawatts of nonfossil electric generation, which is close to the entire installed capacity of all powerplants in the United States.

The global outpouring of support for cooperation is a true testament to the strength of U.S. global leadership on climate change. Optimism and global cooperation in these efforts are at an all-time high, and that is largely due to constructive U.S. engagement. If we want to lock in this progress, we must support a strong and ambitious agreement in Paris.

These initial pledges will not put an end to global warming, but they are a strong first step that sets the international community on a path to limit the rise of temperature by 2 degrees Celsius by 2100. Continuing on our current trajectory would result in a projected warming of 3.6 degrees Celsius by the end of this century. But with the pledges currently on the table in Paris, we can lower this to 2.7 degrees—more than halfway to the 2 degree goal.

More importantly, however, these Paris pledges are only the first wave of action. Actions coming out of Paris will give us a lasting framework whereby countries can update their pledges over time to ensure that they meet their global goal of 2 degrees Celsius.

By implementing their initial commitments and making further investments in clean energy, cheaper renewable fuels will allow for even more ambitious carbon reductions in the future. The Paris agreement alone will not end the threat of climate change, but it is a solid first step—one that includes countries at every stage of economic development.

The private sector has also come out to voice its support for this ambitious agreement in Paris. Already 154 U.S. companies, representing $4.2 trillion in annual revenue, operating in all 50 States, and employing 11 million Americans, have signed the American Business Act on Climate Pledge and are voicing their support for a positive outcome in Paris. It is not just governments. It is also the private sector, which we desperately need for Paris to be successful.

The Paris agreement will help send a strong market signal for clean, renewable energy worldwide, and that long-term certainty is exactly what investors need. If we don't embrace the clean energy revolution that the world is poised to leap forward into, then our competitors will. It will be the doubters and the deniers who will be blamed for the United States' descent from a global leader in clean energy technology innovation.

U.S. deployment of clean energy and technologies has grown exponentially in recent years. Renewable energy generation has experienced the fastest growth of all generation sectors. Since 2008, the cost of clean energy technologies has dropped dramatically, fostering this growth. For example, with wind energy, as of 2014, there were more than 65,000 megawatts of utility-scale wind power deployed across 39 States—enough to generate electricity for more than 16 million households. In solar energy, by 2014 the total capacity of the utility-scale solar PV reached 9.7 gigawatts with 99 percent of these installations occurring after 2008. This trend has continued with 15 percent of all electric generation capacity brought online from January to September 2015 arising from the utility-scale PV.

There is almost limitless growth potential in clean energy. The United States has traditionally led the world in energy technology development for more than a century. U.S. energy innovations brought power and light to the world, and that continued spirit of leadership is powering the global clean energy revolution. Strong outcomes in the international agreement that is coming together at COP21 Paris will be a catalyst in the clean energy revolution. The world is looking to the United States for continued leadership.

This week's announcement of the new Mission Innovation Initiative led by the U.S. Department of Energy and Secretary Moniz, which includes 19 other nations, is a gleaming example of U.S. clean energy diplomacy, sending another strong signal of U.S. cooperation and commitments to growing job and investment opportunities in the United States while providing global clean energy solutions that will allow developing global communities to bypass cheap and dirty power and thrive through deployment of affordable clean energy solutions. It will be U.S. technology helping the global community produce energy in a more cost-effective and cleaner way, thereby creating more jobs in the United States.

Climate change affects us all. The people of Maryland understand that. Those who live on Smith Island in the Chesapeake Bay are seeing their island disappear due to the more frequent storms we are experiencing and the health of the Chesapeake Bay.

Climate change is also a world stability issue. Climate refugees are a real concern for regional and U.S. security, so this is a national security imperative. The solution is COP21 Paris. Two percent Celsius goals will dramatically improve the environmental health of the planet, thereby helping us with our national security. It will give us energy security because we have renewables that are a lot easier to get to and are more plentiful than the fossil fuels. Health energy security will enable us to no longer be dependent on circumstances that occur in other parts of the world. And, yes, we will also create more jobs, particularly by the use of U.S. innovations.

The Paris agreement will serve as an important role in transitioning the world toward more renewable energy which will serve as a source of American job growth and innovation and put America back in control of our own energy future.

Paris is our best opportunity to avoid the most devastating impact of climate change. We need an agreement to ensure that all countries do their fair share to address this problem. In order to lock in years of U.S. leadership, we need an agreement to maintain the clean energy revolution that is so critical to job creation here at home and protecting our Nation's energy security, but most importantly, we need an

agreement to make sure we avoid the most catastrophic impacts of climate change that threaten the rights of our children and our grandchildren to pursue a healthy, safe, and prosperous life.

I thank my colleagues for their indulgence, and I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

AMENDMENT NO. 2875

Mr. WYDEN. Madam President, the distinguished Senator from Wisconsin has offered an amendment dealing with the Affordable Care Act. I have been talking to the staff of both the Finance Committee and the Budget Committee, and frankly it is a real head-scratcher because it appears that our colleague from Wisconsin is seeking to bring back the so-called grandfathered health plans that existed between 2010 and the end of 2013. We are still trying to sort through this, but at this point it looks to me like something of a health care Frankenstein. It seeks to bring the dead back to life by having all those plans that were grandfathered on December 31, 2013, and died on that date magically brought back to life by the Senator from Wisconsin. Many of the plans that were in existence on December 31, 2013, don't exist anymore. Plans continually change. Plans also changed in 2014, and they changed again in the beginning of 2015.

I am a U.S. Senator who believes very strongly in the role of the marketplace in American health care, but it seems to me that the amendment by the Senator from Wisconsin, as it is written, distorts marketplace forces. Knowing the Senator from Wisconsin as I do, I can't believe that would be his intent. We have been reviewing this amendment, and our understanding is that this amendment reflects an approach to private insurance that is not the way private insurance in America works.

I again come back to my desire to work with colleagues on both sides of the aisle and to work in a bipartisan fashion on health care. That is what the distinguished chairman of the Judiciary Committee did over an 18-month period when he was working with me on pharmaceutical issues. Yesterday, we issued an exhaustive report together that was bipartisan. What we were seeking to do was to make sure that the wonderful cures that are going to be coming to America to address horrendous illnesses will also be ones that will be affordable and accessible.

The important point is that this is bipartisan, and that is the way the big health care issues have historically been dealt with. But I don't see how you can turn back the clock on the health insurance market and somehow bring a dead period back to life. Plans change. That is the nature of the private insurance market. That is the way private insurance in America works.

I am sure we are going to have some more conversations about that, but I do want colleagues to know that at this point, I will have to oppose the amendment offered by the Senator from Wisconsin because I just don't see how we are going to take, as I said, health plans that died and bring them back to life.

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

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

Mr. ROBERTS. Madam President, for the first time in 5 years, Congress has enacted a full budget that balances. Under our previous leadership, we only passed one budget. We have to look all the way back to 2001 to find the last time Congress passed a balanced 10-year budget.

It is vitally important that we go through the regular budgeting process to ensure we are being efficient and effective when spending hard-working taxpayers' dollars.

Now that we have a final budget framework, we can have the opportunity to adjust spending and make policy changes to rein in the excesses of this administration. The first step in this is the consideration of the budget reconciliation bill.

We have before us a budget bill that not only reduces the Federal deficit, but it does so by dismantling many of the key provisions of the President's health care law known as ObamaCare. We are more than 5 years into its implementation; however, many of the same problems that those of us who were here during the original debate warned of are still causing harm to consumers, and new issues continue to arise. We continue, unfortunately, to see higher costs, less choice for individuals, and higher taxes.

Prior to open enrollment starting, CMS released the ''2016 Marketplace Affordability Snapshot.'' This shows that across the 37 States that use the Federal marketplace, Kansas included, the cost of the second lowest silver plan, or the benchmark plan, will increase on average 7.5 percent as of next year. That number is more than double for Kansas. On average, they are facing a 16-percent increase in the benchmark plan. I would assume the same thing will happen in Iowa, the State of the distinguished Presiding Officer. This is not the promised reduction in premiums the President promised. This is simply not affordable.

Madison from Overland Park, KS, recently wrote to me about her family's struggles. She said:

> Yet again our rates are going up to the point where we cannot afford our health insurance that I have had since before 2008. Out of network hospital and doctors limit my ability to provide for my children the health care they need.

Madison, you certainly hit the nail on the head.

Even if you can afford the increased premiums to maintain coverage, the high deductibles may make it nearly impossible for you to utilize the health services under your plan or your doctors are no longer in your network, thereby limiting your ability to keep the doctor you liked—another broken promise from the President.

Another local problem of concern for me was the announcement that one of the insurance companies that provided coverage on the exchange in Kansans will no longer be offering plans as of next year. This impacts nearly half of all Kansans enrolled through the marketplace who now will again have to find a new plan and possibly new providers.

We need to repeal this law—a law that includes more than $1 trillion in new taxes over the next 10 years. For Kansas households, the economic impact is an average tax increase of $876 a year.

We need to eliminate the individual and employer mandates. The employer mandate is stifling job creation, it is reducing workers' hours, and it is a disincentive for businesses to grow and expand.

Jeff from Kansas City contacted me about this one and the effect the law is having on his manufacturing business. He said:

> Without an exemption [from the employer mandate] I will be forced to cut my staff below 50 or let ObamaCare simply put me out of business in the year 2016. Taking the penalty by not offering health care to my staff is the least expensive option in 2016 and will still put me in the red.

These are not the options our job creators should be stuck contemplating—reducing staff or facing closure.

The individual mandate tax is set to increase on January 1. Individuals opting not to purchase or those not able to afford to purchase insurance next year will now face a penalty of $695 or 2.5 percent of household income, whichever is higher. Again, let me point out, whichever is higher not lower.

Removing this penalty will not only provide financial relief for these individuals, but it will restore the individual freedom of all Americans to choose whether to purchase the government-approved insurance. We need to repeal the so-called Cadillac tax, which if left in effect will lead to reduced benefits and increased costs for employers. We also need to remove the medicine cabinet tax—that is the medicine cabinet tax—a new requirement that people must obtain a prescription to purchase over-the-counter medication—the things we should not need a prescription for—with funds from people's flexible spending accounts.

This reconciliation bill eliminates many of the core provisions—the foundations, so to speak—of ObamaCare, and without a strong foundation of mandates and taxes to finance this massive overhaul, we can then turn to beginning to fix health care. I emphasize fix health care, not ObamaCare.

We need to give peace of mind to the families hurt by ObamaCare. The relief provided by this package does just that. I urge my colleagues to support this bill so we can then provide freedom to all Americans from the mandates of this law and give us an opportunity to pursue more patient-centered reforms that will improve access as well as lower costs for patients.

I yield the floor.

The PRESIDING OFFICER. The Senator from Hawaii.

EXPRESSING CONDOLENCES TO THE FAMILIES OF THOSE AFFECTED BY THE SHOOTING IN COLORADO SPRINGS

Ms. HIRONO. Madam President, before I begin my remarks, I wish to take a moment to express my condolences to the families of those affected by last week's shooting in Colorado Springs, including the family of Jennifer Markovsky. Jennifer grew up in Waianae, HI. She was killed this past Friday at a Planned Parenthood clinic in Colorado in a senseless act of violence. I spoke recently to Jennifer's husband Paul to express my condolences to him, their two young children, her parents, and her ohana.

Madam President, I wish to speak on an issue of grave importance to all women of the United States; that is, the Republican efforts to defund Planned Parenthood. One of my first forays into politics happened when as a young woman I wrote to my elected officials and asked them about their views on a woman's right to choose. At that time—1970—Hawaii was considering a bill that would legalize abortion. In fact, Hawaii became the first State to do so for our residents.

Choice to me is not something that should be restricted, whether it is the right to choose to end a pregnancy or the right to access birth control. Having control over one's health care decisions is a fundamental right. When a woman has access to a full range of health care services, she has control over her life and her future. Access to birth control and other reproductive options means that women have real control over their economic and personal security.

This latest attack on women's reproductive rights by defunding Planned Parenthood is a misguided attempt to demonize Planned Parenthood. There is currently no Federal funding for abortion services—a policy that already hinders the ability of lower income women to access a full range of reproductive options. Some States such as Hawaii recognize how fundamentally unfair this is and provide State funding for abortion services.

Limiting the ability of women to access health care services at Planned Parenthood clinics across the country is just one part of the Republican anti-women agenda. They refuse to fund day care, family leave or early childhood education. In fact, one Republican health care proposal would allow insurance companies to eliminate maternity care. What is going on here? On the one hand Republicans want to deny women access to reproductive care, on the other they also want to punish women for having children by not funding programs that support families.

I repeat, Federal law already prohibits family planning funding from being used for abortion services by anyone, including by Planned Parenthood. So the measure before us today does nothing more than deny millions of women across the country access to birth control and other health care services that are not only not prohibited but which are perfectly legal.

The real work of Planned Parenthood is preventive health care services. Birth control, STD screenings, and well women exams are the bulk of services provided by Planned Parenthood and its affiliates. Defunding Planned Parenthood will unjustly punish women who have access to no other health care providers for their basic health care needs.

The harm caused by defunding Planned Parenthood is brushed aside by my colleagues. They will argue that they have provided additional funding to community health centers to make up for the loss of funding for Planned Parenthood. This is a red herring. This very limited additional funding will not and cannot replace Planned Parenthood clinics and their important role as a safety net provided for millions of women across the country.

Defunding Planned Parenthood is nothing more than an attempt by some in Congress to pander to a fringe base. The fact is, the majority of Americans support Planned Parenthood and support health care services for women. The continuing efforts to defund Planned Parenthood are false proxies for banning abortion—that is calling a spade a spade—and all that will happen is that women's health care will be put at risk.

These attacks on Planned Parenthood must end. So let's stop wasting time undermining women's health care and get back to the real business at hand. Let's fund the government. Let's give middle-class families and small businesses tax relief. Let's pass bills to invest in our infrastructure and our children's education. These are all things we need to do in the next week that will actually make a difference—a positive difference—in the lives of millions of Americans.

I ask my colleagues to join me in rejecting this extremely partisan measure before us and move on to the real business of the Senate.

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

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

Mr. COATS. Mr. President, for those of us who were seeking office for the Senate in 2010, one of the primary issues we were engaged with and heard from tens of thousands, if not hundreds of thousands, of our citizens about was the concern over the passage of the Affordable Care Act, now called ObamaCare and now also called the Unaffordable Care Act. That was the bill that was jammed through the Senate on Christmas Eve without one Republican vote. Republicans were denied that vote because the Democratic Party controlled both the executive branch and the legislative branch, with numbers that put them in a position where they could jam anything through that they wanted without any offsets, without any amendments, without any changes, without any improvements, without any input from the other party.

I think we have learned through history that when one party has total control and passes legislation, it doesn't represent what the American people want. They want debate. They want adjustments. They want the other side of the story to be told. Then they want their representatives to be able to come to a kind of consensus in terms of how we would deal with, yes, an important issue called health care for the American people.

Were there needed improvements in our health care system that had to be addressed? Yes, there were. There was consensus—almost—on both sides of the aisle, Republicans and Democrats, that changes could be made, but the way the American people wanted that done was for us to represent their views, to look at all the options, to have some balance, which is generally how major programs that need to be addressed successfully can be addressed successfully.

Welfare reform is an example. Under President Clinton, it was a bipartisan effort, with both parties recognizing that changes needed to be made to a system that wasn't working as well as it could. By working together in a bipartisan way, we ended up with a very effective and efficient new system compared to the old system. That was not the case with ObamaCare.

So throughout the 2010 period of time, when I was campaigning for office, I heard the stories from Hoosiers all across the State—big cities, small cities, rural coffee shops, factories, including employers and employees, and I heard their concerns about how this would play out.

We were promised by the President that we didn't have to worry about losing our health insurance and that if we liked our current plan, we could hang onto it. That turned out to be totally false. We were also promised by the President that this would not cost one penny to the American taxpayer. Now we have the contrast to what this program has cost and will cost over a 10-year period of time, and it comes close to $1 trillion. So one penny compared

to $1 trillion—there is a pretty good gap between those numbers. Those were the taxes that were inserted into the Affordable Care Act, or ObamaCare, on the American people that were supposed to cover the cost of up to $1 trillion over a 10-year period of time.

We were told by the President that if we liked our current plan, the premiums would not go up, the premiums would not increase at all, period. Trust me. Take it to the bank. Obviously, that has not been true. We have now seen the rolling out of this done in a way that only the Federal Government could screw it up. Only the Federal Government could fail after spending an extraordinary amount of money—well over a billion to roll out this thing in a totally dysfunctional way.

Today, we continue to hear from our constituents about failed promises, about higher premiums, extraordinarily higher copayments, about how people have not been able to keep the doctor they had, and they are paying taxes to cover something that simply has not worked.

It has been a tortuous process to get to the point where we have the opportunity of not being blocked by the other side. We have an opportunity now that will occur tomorrow to finally get an up-or-down vote on a reconciliation bill that essentially is designed to repeal ObamaCare. There have been many alternatives out there that have been tried, tested, and true in terms of how we can deal with our health care system. We are not just simply walking away, leaving people in a lurch. We are simply saying this whole thing needs to be repealed so we can build a much better way of providing health care for our citizens, and this is the opportunity.

There will be all kinds of amendments. There will be gotcha amendments. I dare you to vote for that. They will be irrelevant to the final issue of what we are doing and what we are voting on. It will be clear to the American people that this is a vote strictly on the repeal of ObamaCare. You are either for it or against it. Come down here and defend it if you like it, if it has worked in your State. I haven't really heard any people coming down and singing its praises. But come down to the floor and say this is why we need it, this is why it is good, and refute what we say here. But I think it is pretty hard. I don't think I heard anybody come down and defend the statement that if you like your health care plan, you can keep it; that it won't cost you a penny, and that your premiums won't rise. We simply know that is not the case. So this is the moment.

We will be able to make our yea be yea and our nay be nay, and the American people will know exactly where we stand, and I believe we will have the votes to pass this in the Senate, as we will have a vote to pass it in the House of Representatives. It will then go to the President, and the President then will know where the Congress stands and where the American people stand, if he doesn't know already.

I would like to mention one aspect of it that has a pretty astounding negative impact on my State, and that is the imposition of a gross sales tax on the sale of medical devices. My State is one of the leading States in the Nation of medical device manufacturers. This tax is levied on their gross sales, not on their profits. In that sense, those small companies that are trying to develop something that will improve people's lives or save people's lives through medical device research and development and then ultimately market it have struggled because through the development process they have to pay a 2.3 percent tax on everything they sell, even if they are not yet making a profit. It has been devastating in terms of employment, in terms of research and development in this cutting edge business and manufacturing that is saving lives and improving the lives of people. So critical to this vote is the medical device tax, which is denying people the opportunity to produce medical devices that save people's lives and enhance their lives.

We have more than 300 FDA-registered medical device manufacturers in Indiana. It is boosting our State's economy and producing technologies that are changing and saving lives, but since the implementation, these companies have had to lay off workers and shelf plans to expand and build new facilities. One major manufacturer had lined up five new plants in Indiana for a significant increase in employment, a significant increase in research and development and production of medical devices, simply to cover the costs they now had to pay on the tax for previous sales of their other products. It is an egregious tax that has affected many companies in the State of Indiana.

In conclusion, how ironic it is that ObamaCare, which President Obama said would increase health care coverage, is actually a barrier to improving lives. So it is long past time for Washington to stop punishing the medical device industry and innovators in Indiana and across this country.

I want to conclude by saying ObamaCare, a poorly written and poorly executed health care plan, is not working for the overwhelming majority of Hoosiers in my State and the majority of Americans. Remember when the then Speaker of the House said: Well, we really don't know what is in this plan; we will have to pass it before we know what is in it. We now know what is in it. We now know what the impact has been. I have been on this floor for hours over the past 5 years talking about real-life examples of impacts of this Unaffordable Health Care Act on Hoosiers. I have given personal testimonies that have been given to me by people. I have heard the horror stories of people losing their insurance, of their premiums skyrocketing, of their deductible putting them in a position where they are not able to afford health care and praying every day that someone in the family won't get sick because they can't even afford the deductible before they get the coverage. This poorly written and poorly executed health care law is not working, and the law's continued unpopularity is a testament to what it has meant for most American families: rising premiums, higher costs, decreased choices, and a poor health care process. All the innovation and things that we could have done had we worked through a normal process on this are sitting on the shelf.

The time is now. It is an opportunity we have been waiting for now going on 6 years. So when we have that vote tomorrow—and despite all the chatter and despite all the attempts to define it as something other than what it is—the real vote comes down to whether you want to continue government-run health care or you want to look for a better model.

With that, 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.

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

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

Mrs. FISCHER. Mr. President, we are on the verge of fulfilling a promise that we made to the American people. They selected a new majority here in the Senate to repeal ObamaCare. In Nebraska, words and promises still mean something. They are not taken lightly. Trust me; Nebraskans will let you know when you aren't keeping your word.

Since the first day I took office, I have heard from Nebraskans about how this law is making it harder, not easier, for them to get health care. Nearly 20,000 people have contacted my office, and they have expressed their concerns about this law to me. They face a new reality and struggle to afford premiums for plans requiring thousands in out-of-pocket expenses. I have come to the floor many times to share these stories from Nebraskans, and unfortunately, these stories continue to come in.

Vivian from Saunders County in the State wrote regarding the deductible on her ObamaCare plan, which is so high that her husband, who is a cancer survivor, is forgoing regular checkups. They simply cannot afford the costs.

Kevin from Chappell, NE, shared his experience with struggling to afford the expensive premium while still facing a $10,000 deductible. He wants answers for why his family is being forced to buy a plan that includes services they just don't need.

Ann from Lincoln shared with me her struggle to get coverage for herself and her two children. After jumping

through bureaucratic hoops to get health care coverage, she is now forced to buy an insurance plan that will take 25 percent of her income. That is a quarter of her income.

Some could argue that these are only anecdotes—a small snapshot of what is happening in the State—but let's look at how premiums have changed in Nebraska since this law was passed. Next year, many Nebraskans will see double-digit increases in their health care costs. In 2014, some Nebraskans saw their premiums go up over 100 percent. Why are we still debating whether this law has been a success?

The President has said: ''If you like your plan, you can keep it.'' We have all heard that. Nebraskans were promised they could keep the plans they liked. Well, tell that to the thousands of people in Nebraska who have lost coverage when Nebraska's co-op failed last year. They were blindsided on Christmas Eve with news that they had to choose a new coverage. Now many more Americans are facing this same challenge as over half of the country's co-ops have failed.

Democrats have said this law would help the American people. Americans were promised more. They were promised lower costs for health care. We were promised a $2,500 decrease in insurance costs. Well, clearly that is not the case. This is a mess, and it didn't have to happen.

It is now our duty to fix it. I am proud that Republicans are taking the lead. We are showing the American people our commitment in repealing this law. We can do better. We can provide patient-centered health care. We can let people decide what kind of coverage they need. We can let people take their insurance with them when they move across State lines. We do that with car insurance. But the first step is to end this—a law that costs families more money and doesn't meet their needs.

So I ask, for the sake of all Americans, it is time to take that next step. We need to step up. We need to fix it.

Thank you, Mr. President.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. TOOMEY. 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. TOOMEY. Mr. President, I want to address an amendment that I have for the ObamaCare repeal bill we will be voting on, possibly soon. It is a simple amendment. I think it is an important one, and it addresses part of the $1.2 trillion in tax increases that are embedded throughout ObamaCare. This, in particular, is a tax increase on middle-class Americans who are battling with catastrophic health care challenges and costs. So I think it was a particularly ill-conceived tax increase and I want us to repeal it.

This is what the tax increase was about. Prior to ObamaCare, if a family had out-of-pocket medical expenses that exceeded 7.5 percent of their income, they could deduct from their taxable income any cost above 7.5 percent of their income. ObamaCare raised that threshold to 10 percent, and that has very real consequences. There was an exception for senior citizens, but that exception expires in 2016, and this tax increase on middle-class Americans makes it harder for families who are trying to deal with, to battle some kind of very problematic health situation they are in. It could be a chronic disease. It could be a catastrophic event.

Let me be specific with an example. Prior to ObamaCare, if a family who earned $50,000, for instance, had extraordinary medical costs, for whatever reason, that were, say, $4,500—so 9 percent of their income—that is a huge medical bill for a family who earns $50,000, obviously. Well, at least prior to ObamaCare, they could deduct $750 of it. That portion which exceeded the 7.5 percent of their income was deductible. Under ObamaCare, they can't deduct any of it. They get no deduction.

So think about what we are doing. We are saying that a middle-class, working-class family with unusually, extraordinarily high medical bills should lose the opportunity they have historically had to at least get a modest deduction to help soften the blow of the catastrophic health crisis they are dealing with. I think this is a terrible idea—to hit these folks with this tax increase—especially at a time when they are dealing with these very difficult circumstances or they wouldn't get the deduction anyway.

So I think it was a bad idea and one of many bad ideas in ObamaCare. What my amendment would do is simply restore that deduction to where it was before ObamaCare. It would restore the ability to deduct that extraordinary health care cost when it exceeds 7.5 percent of income rather than having to hit the 10-percent hurdle ObamaCare created.

By the way, I should point out that this is totally a tax increase on middle-class families. The IRS quantified this. They determined that 86 percent of the taxpayers who claim this deduction—86 percent—earn less than $100,000. This isn't a tax deduction for rich people. This is a tax deduction for ordinary Americans who are going through very difficult times.

Having the ability to take this deduction is more important now than it has ever been because ObamaCare has done so much to drive up people's costs. That is not just I saying this. A November 15 New York Times headline read: ''Many Say High Deductibles Make Their Health Law Insurance All but Useless.'' That is the New York Times.

High deductibles are one of the main contributing factors to people having high out-of-pocket costs. So ObamaCare has driven these plans into these high deductibles, thereby forcing people to lay out more cash and at the same time they are saying: Oh, but you can't deduct it like you used to be able to.

On November 2 CNBC reported that ''ObamaCare's cheapest plans just got more expensive.'' There are deductibles that are soaring to over $12,000, out-of-pocket maximums that are near $14,000. People are incurring out-of-pocket expenses like never before, and they are getting hit with the fact they can no longer take the kind of deduction they used to.

This was a bad idea in the first place. It is a tax increase on those who can least afford it—people who are sick, people who are undergoing maybe a terrible accident, some other disaster that caused them to incur these expenses. It could apply to someone who has long-term care expenses for a relative in a nursing home. It could be the special education expenses for a handicapped child. It could be a mom undergoing reconstructive surgery after a mastectomy. It could be a couple seeking to conceive a child needing fertility treatment. There are any number of circumstances for which I don't think we should be punishing people in this fashion.

My amendment would simply, as I said, restore the tax deduction to the threshold we had before ObamaCare and I would urge its adoption.

As I mentioned, I think this medical expense deduction issue is just one flaw of ObamaCare. It is important, but it is a narrow aspect of an unbelievably flawed bill. It is hard to know where to begin with the flaws of ObamaCare, but I would suggest several big categories of problems: The first is higher costs; the second, I would suggest, is the loss of employment; and the third, which is indisputable, is the loss of freedom.

I think higher costs are undeniable. The President promised us that average premiums would fall, they would fall by $2,500 in fact. He was confident enough to give us a figure, and of course the exact opposite is what has actually occurred. ObamaCare premiums have gone up dramatically. In my State of Pennsylvania, premiums are up, for next year alone, 11 percent. That is after several years of increases prior to an 11-percent increase. Whom do you know who has gotten an 11-percent pay raise? I don't know anybody. That is not what is happening. Yet their expenses are going up because of ObamaCare. Deductibles are rising at the same time. So not only does it cost more to buy the insurance, but the insurance covers less.

I have gotten letters from literally thousands of Pennsylvanians explaining their personal circumstances. One letter came from the DiBello family of Montgomery County and says that before ObamaCare they paid $662 a month for a health insurance plan for their family and they had a $6,000 deductible.

They were happy with their plan. They were promised if they were happy with their plan they could keep their plan. We all heard that promise. How many times was that promise made? That promise was made to the DiBello family. The only slightly unfortunate problem here is everybody knew it was untrue, including the people making the promise because the legislation explicitly forbids whole categories of plans. How could you keep your plan if it is being banned by the Federal law?

Unfortunately, the DiBello family experienced that. So the plan they are buying that goes into effect in 2016, instead of a $662 monthly premium, they are going to have to pay $1,141, and instead of a $6,000 deductible, they are going to have a $12,800 deductible.

You almost have to wonder what is your insurance paying for if the deductible is that high, but that is what ObamaCare has done to the DiBello family of Montgomery County, PA, and let me assure you they are but one of thousands and thousands of families I have heard from across Pennsylvania who are experiencing similar real difficulties.

I mentioned jobs as another category of problem that ObamaCare has created. Again, I think it is completely irrefutable. We know if you as an employer hire a 50th employee, you are suddenly subject to all the mandates of ObamaCare. That means the costs of health insurance for your workforce go through the roof. It creates a huge incentive not to hire the 50th employee. That is a terrible incentive to have, especially at a time when we have too few people working and we have inadequate wages. Yet this provision guarantees that it will be more difficult to get a job with a company that has 40-some employees.

In addition, ObamaCare puts pressure on employers to cut back on hours for workers because you are deemed to be a full-time worker if you work 30 hours or more. One way to deal with that is to have people work less than 30 hours. The problem is, employees want 40 hours. They want a normal workweek. But they can't get it because of the costs ObamaCare triggers if they were to have it.

Third is the loss of freedom. Again, that is completely irrefutable. If you had a plan you were happy with, if you had a plan that worked for you and your family, if it was the right mix of benefits, premiums, and deductibles for you and you wanted to keep that plan, well, good luck—you can only keep it if the government approves of it. So now we don't have the freedom to have the health insurance plan we want. We are forced to buy the health insurance plan the government dictates we should have whether we like it or not. What an egregious affront to the personal freedom of Americans to decide what is right for them and their families.

The last thing I want to point out is a very fundamental structural flaw in the model of ObamaCare—yet another reason why this needs to be repealed—and that is, this bill was designed with the idea that young and healthy people would buy health insurance through ObamaCare at an inflated price. Of course, in addition to dictating what is in a health care plan, ObamaCare dictates pricing as well. The theory was, what we will do is we will have all these expensive mandates, but we will force this category of people who tend to be younger and healthier—we will force them to pay more than it costs to actually insure them, and that is how we will subsidize coverage for people who are older and need more health care. There is only one small problem with that; that is, the younger and healthier people figured out pretty quickly that they are being forced to buy a product that doesn't suit their needs very well and they are forced to pay more than it is worth. So guess what. They are not doing it. And ObamaCare is falling short by millions on the number of these younger, healthier people their model depended on.

What is the result of that? Insurance companies are left insuring a population that therefore tends to be older and sicker. That costs more. When insurance companies lose many millions of dollars, which is what they have been doing, they go back to ''We have to raise premiums even further.'' That creates an even more powerful incentive for younger and healthier people not to buy the product. What started off as overpriced is now even more overpriced for them. This is known in insurance terms as a death spiral, this downward spiral whereby it becomes impossible to have a viable continuation of these insurance policies, because, increasingly, the only people who will buy them are the people who are very sick, and people who are relatively healthy are priced out of the market.

This explains why half of all insurance co-ops in America have already folded. Many seem to be heading in the same direction. A year from now, I doubt there will be many co-ops remaining. This also explains why, increasingly, insurance companies are simply saying: We are going to have to consider getting out of this market altogether. We are going to have to consider simply not participating in ObamaCare.

What does that mean for Pennsylvania families? It means they are going to be out of choices. If there are no insurance plans being offered through this exchange because the whole dynamic doesn't work, then how are my constituents going to get health insurance? This is the problem when the government steps in and tries to take control over an industry—in this case, something so important and so personal as our health care.

This is a fatally flawed piece of legislation. Americans have been living through its disastrous consequences in the form of losing the health care plans that they want, that they valued, that they chose; experiencing much higher premiums, higher out-of-pocket costs, and higher taxes on the costs they do incur; and fewer jobs and less hours for those who are employed. Now, in addition to all this, we see what I think is the relatively early stages of this death spiral that is going to result in probably a pretty massive exodus from this market.

It is long overdue that we repeal this legislation. I am very glad we will be able to consider this over the next day or so. I urge support for my amendment, which would restore the ability of people facing catastrophic costs to have the deduction they were able to have before ObamaCare, and I urge adoption of this repeal legislation.

I yield the floor.

The PRESIDING OFFICER. The Senator from Georgia.

Mr. PERDUE. Mr. President, I rise today to speak about a massive expansion of government that was fundamentally flawed from the start: the Affordable Care Act, better known as ObamaCare.

In the past 100 years, we have had three supermajorities, all Democratic. The first gave us the New Deal; the second, the Great Society; and the third gave us ObamaCare and Dodd-Frank. In many ways, these progressive, sweeping government spending programs have failed the very people they claim to champion: the working men and women of America. Together, they come at a massive expense to taxpayers and still continue to add to the Nation's debt crisis.

Right now, this law is saddling Americans with more than $1.2 trillion of new taxes over the next 10 years. In my State alone, ObamaCare is costing taxpayers over $2.7 billion over the next decade. The Senate's actions this week will help reverse the harmful effects of ObamaCare and remove the law's burdensome taxes on American families.

When I am back home in Georgia, one of the most frequent and sobering concerns I hear about is the insidious, negative impact of ObamaCare—whether it is reduced hours, increased premiums, increased deductibles, or just the mere fact that they can't get the doctor they want. I hear this more than any other complaint about what is going on in Washington today.

By enacting this law, President Obama and Washington put our health care system—almost one-sixth of our total economy—under government control, and the consequences are disastrous. ObamaCare has driven up the cost of health care. In addition, premium costs and deductible costs are also up, precluding many Americans from even applying for coverage. The law has eliminated health care choices, forced rural hospitals out of business, created a doctor shortage, and failed to live up to the expectations promised to the American people by the Obama administration.

First, Georgians are seeing their health care costs double. Just this

week a headline on the front page of the Atlanta-Journal Constitution read ''Health care costs on the rise in 2016'' and ''Some Affordable Care Act plans seeing double-digit hikes.'' The article went on to describe the peril of a Georgia family who plans to cancel their insurance plan because it is no longer affordable for them. And this family is not alone. As we just heard in the prior speech, deductibles have risen to a point now where people can't afford the health care plan that was picked for them.

In Georgia, premium increases are expected to range from 27 to 29 percent for Alliant Health individual policyholders, and the problem could only get worse as more insurance companies exit the ObamaCare exchange program. And deductibles are increasing seven times as fast as wages are increasing.

Last week, UnitedHealth Group—the largest health insurance company in the country—announced it is considering dropping out of ObamaCare because it is losing so much money and the marketplace doesn't appear to be sustaining itself. As a matter of fact, yesterday, UnitedHealth CEO Stephen Hemsley even admitted that joining the ObamaCare exchange was ''for us a bad decision.'' He went on to say, ''We did not believe it would form this slowly, be this porous, or become this severe.''

Washington cannot overlook this warning. Like my wife Bonnie and me, many people have already had their plans canceled—no matter what the administration said. They said: If you like your policy, you can keep your policy; if you like your doctor, you can keep your doctor. I can personally tell you that did not happen. A lot of people have lost access to their preferred doctors or were forced into insurance plans that cost more, not less—dramatically more. If UnitedHealth Group—the largest player in this space—exits, Americans will only have less choice, not more.

Aside from driving up health care costs and limiting insurance options, ObamaCare is forcing rural hospitals out of business as well. Since 2010 alone, five rural hospitals in Georgia have closed, and there is a possibility for more in the immediate future. Across the country, more than 50 rural hospitals—this is incredible—have closed just since 2010, and more than 280 are in danger of shutting down. Each closure eliminates local jobs and Americans' access to health care.

Additionally, given the growing aging population, ObamaCare is contributing to a dangerous doctor shortage. The Association of American Medical Colleges is predicting a shortage of as many as 90,000 doctors by 2025.

Another survey by the Physicians Foundation found that 81 percent of doctors describe themselves as either overextended or at full capacity, and 44 percent have said they plan to cut back on the number of patients they see. They may even retire and/or work part time. This further reduces access for people who need medical care.

Finally, the Obama administration's promise of greater access to health insurance has proven to be totally misleading. In fact, now almost half of health insurance co-ops created under ObamaCare have collapsed due to their failing financial performance. This has resulted in hundreds of thousands of Americans scrambling to find sustainable health insurance for their families, and the ones who do find it can't afford the deductibles that, as we said, have risen dramatically.

President Obama promised that his massive restructuring of the health care industry would give more people insurance. In reality, the law continues to disrupt Americans' health care at every turn, while failing to cover anywhere near as many people as its supporters predicted.

I am counted as one who signed up for ObamaCare. I didn't have a choice. My plan was canceled. My access to my doctor was eliminated. I had no choice. But I am counted, as a statistic, as one who signed up for it.

Make no mistake—our health care system needs to change. But one thing is clear: ObamaCare is ill-conceived law and is hurting people and our economy. It must be fully repealed and replaced. Georgians and Americans want access to affordable health care options and transportability across State lines. People want to keep their health care decisions between themselves and their doctors and not have to go through a bureaucrat.

These are commonsense health care policies we can debate now that would lower costs, increase accessibility and transportability, and restore the sacred doctor-patient relationship. It won't be easy, but it is achievable. We need to start debating replacement plans now. There are alternatives to Washington taking over our health care system, almost 17 percent of our economy.

Today, for the sake of our kids and our grandkids, we are taking a very important step to repeal ObamaCare and stop government-mandated insurance. We are also removing Washington's tax on the very medical devices patients and doctors rely on to deliver quality care.

It is quite clear that this law was flawed from the very beginning. The Web site failed, access went down, deductibles went up, and premiums are still skyrocketing. The Obama administration is in total denial, and they misled the American people and failed to live up to the promises made during campaigns and afterward. What further evidence do we need to realize this law—this sweeping expansion of the Federal Government that pushes more tax dollars to Washington—is not working?

In order to solve our debt crisis, we absolutely must fix this health care crisis, which is why the Senate is eliminating ObamaCare's fines on individuals and businesses and finally sending this broken law back to the President's desk.

Today is a momentous day. This week we will actually have this vote. I urge my colleagues to put partisanship aside and do what is right for the people of America.

I yield the floor.

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

Mr. COONS. Mr. President, I ask unanimous consent that following my remarks, the Senators from Connecticut and Ohio be recognized.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

TRIBUTE TO FRED SEARS

Mr. COONS. Mr. President, I rise to recognize a close friend from Delaware, Fred Sears, a community leader and a passionate advocate for all in our community, a man whose name is synonymous with business leadership and public service in my home State of Delaware and a man I am proud to call my friend. Fred is known statewide for his generosity, his enthusiasm, and his business acumen. For decades, his impact has been felt by elected officials, nonprofit, community leaders, and countless Delawareans of all backgrounds and careers. He is a true leader, an authentic champion of the community, and the embodiment of what service means in Delaware.

Fred Sears is a Delawarean through and through. He was born blocks away from his boyhood home at what was then called Wilmington Hospital, and he grew up across the river from Brandywine Zoo. This Delaware native attended Mt. Pleasant Elementary, Aldred I. DuPont Junior High, and Wilmington Friends for high school. Fred went on to earn a business degree from the University of Delaware. He had a great deal of fun, including a truly memorable spring break trip to the Bahamas with JOE BIDEN, his classmate and friend.

After graduating from UD in 1964, Fred began a nearly 40-year career in banking. Fresh out of college, Fred was scheduled to interview for a job with the Bank of Delaware but accidentally walked into Delaware Trust instead. Fortunately, Delaware Trust was also hiring. After starting as a management trainee, he rose to become the institution's first vice president of business development. From there, Fred went on to later work at Wilmington Trust, then Beneficial National Bank, and ultimately Commerce Bank, where he was Delaware market president.

While Fred was widely known as a leader in our financial services industry, he found many other ways to serve our community as well. Early in his career, Mayor Tom Maloney asked his friend Fred to take a leave of absence from Delaware Trust to serve as the city's director of finance and then later as director of economic development. Fred not only fulfilled those two roles terrifically, but decided afterward to run for an at-large city council seat in

1976. Fred won and went on to serve two full terms.

Many of us in younger generations in politics after Fred's elected service have called on his wisdom, his insight, and his ability to bring people together as we had important decisions to make. Fred served on the transition teams of Wilmington Mayor James Sills, Delaware Gov. Ruth Ann Minner, and cochaired my transition team after I was elected New Castle county executive in 2004.

For many of us, decades of success in finance, business, and politics might be the hallmark of a complete and successful career, but for Fred these experiences were just a few of the ways he fulfilled a lifelong passion for service in our State of Neighbors.

Just over 13 years ago, while Fred was at Commerce Bank, our mutual friend Jim Gilliam, Jr., called Fred one day and said to him: I have a job for you. After some convincing, Fred accepted the job. Since then, he has served admirably at the helm of one of the most important organizations in Delaware—the Delaware Community Foundation. The DCF plays an integral role in my home State, helping local nonprofits direct philanthropy to Delaware's most worthy causes and encouraging long-term charitable giving to improve our State. Since Fred began as CEO in 2002, the DCF has tripled its long-term charitable funds. It built its assets to $285 million. Dozens of nonprofits and community funds have flourished under Fred's leadership. He and his team and their astute financial guidance continues to generate the funding that enables them to serve. Fred didn't join the DCF, though, just to raise money and to be important and recognized; rather, he sought to improve the entire philanthropic community and the quality of community life in Delaware. His success in doing so reflects his values and his vision.

Fred is a true leader: honest, insightful, thoughtful, creative, positive, and confident. Fred possesses that rare quality, the ability to inspire others. He has used his passion for service to motivate the next generation of great leaders in our State. Take one of Fred's many initiatives called the Next Generation. It is one he is most proud of and justifiably so. Next Gen takes groups of civic-minded young professionals, with limited or no experience in philanthropy, and with just the right amount of guidance and encouragement, helps mold them into nonprofit board leaders. Since 2004, Next Gen's chapters up and down the State have helped direct over $300,000 in grants to community needs all over my home State of Delaware.

My good friend Tony Allen, who also calls Fred a mentor and a friend and a brother, tells a story of how Fred helped establish the African American Empowerment Fund. The fund today is known as the Council on Urban Empowerment, and it promotes philanthropy that supports educational, social, and economic empowerment of African-American Delawareans. As Tony notes, Fred didn't just help establish the fund, he wasn't just one of its first donors, he attended every meeting of the group.

In 2010, Tony introduced Fred when Fred Sears was set to receive an award for nonprofit leadership. As Tony put it then, while patience is a virtue, impatience is a weapon—and Fred can be appropriately impatient. Fred doesn't demur to what others would call insurmountable tasks or taboo topics of conversation. He takes every opportunity to constructively push the status quo. Tony is absolutely right. Given that legacy of leadership, it is no surprise Fred has been honored by countless organizations for his business and community efforts. He has received the Lifetime Achievement in Philanthropy Award from the Association of Fundraising Professionals. He has been given a Distinguished Service Award by the Wilmington Rotary Club. He has been deemed a Superstar in Business by the Delaware State Chamber of Commerce and was named Citizen of the Year by the Delmarva Council of the Boy Scouts of America.

Those awards and merits are certainly a reflection of Fred's values and his many successes, but those of us who have had the privilege to work closely with Fred and to know him know that his commitment to service shines most brightly in the hundreds of interactions he has with Delawareans every day, whether he is offering ideas or advice or saying a quick hello.

We know that even though Fred is leaving the Delaware Community Foundation, he will undoubtedly continue to serve the community he loves. In fact, Fred just accepted an appointment from Governor Markell to chair Delaware's Expenditure Review Commission, suggesting Fred has no intention of taking retirement literally.

In a testament to Fred's thoughtfulness, leadership, and sense of compassion, just a day after the passing of our beloved friend Beau Biden earlier this year, Fred spoke to the Bidens and offered to help the family establish an organization in Beau's name. That idea became the Beau Biden Foundation for the Protection of Children. Two days after it was launched, they had already raised over $125,000.

If this is all there was to Fred's story, it would be a remarkable one, but there is even more to Fred as a businessman, philanthropist, and a person. If you speak to those who have been around him the longest, they will tell you his true passion is his family: his wife JoAnn, his son Graham, his daughter-in-law Kathryn, his son Jason, his daughter-in-law Jen, and his treasured grandchildren, Kylie, Paxton, and Charlie. I have no doubt Fred's retirement means he will be spending a lot more time as Pop Pop to his three treasures, becoming even more of a fixture at their frequent school functions and baseball and soccer games.

Fred's friends and family will also tell you how much he adored his mother Marjorie, visiting her daily at Stonegates until her passing, and how much he cares for his father-in-law today. They will tell you that Fred loves dancing, snappy suspenders, and vinyl records.

Fred's friend Tom Shopa will tell you about Fred's passion for golf and how for decades he has kept track of all of his golf scores, the number of putts he made, the weather that day—recording every single detail just as his father did.

Friends and colleagues will tell you that they hear Fred say thank you dozens of times every day. Today I pause for a moment on the floor of this great institution to say thank you to Fred. Thank you for giving your time and talents, over decades, to more than 40 community nonprofit organizations, for serving on countless boards from Christiana Care to Rodel Foundation, from the Wilmington Housing Partnership to the United Way. Thank you for your decades of service to Wilmington and Delaware, for your lifelong commitment to family, friends, and community.

Fred, as our friend Tony Allen puts it, everyone in Delaware is better off because of your efforts. Thank you, Fred Sears, and congratulations on many jobs well done. I eagerly look forward to seeing where your so-called retirement will take you next.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, 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. MURPHY. 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. MURPHY. Mr. President, I am on the floor to speak to the debate that is happening now on reconciliation, specifically, the fact that we are here for the 16th time in the Senate debating the repeal of all or significant parts of the Affordable Care Act, and stack that on top of the 50 to 60 times this has been debated—the repeal of all or major parts of the Affordable Care Act—in the House of Representatives. As many of us have said over and over, we think the debate over repeal is over and that we should, A, accept the success of the Affordable Care Act and, B, to the extent that there need to be changes made, do it on a bipartisan basis—find the ways we can work together to try to perfect a law that is by and large working.

The data only tells one story. I want to review it for a moment because if you hear many of my Republican colleagues talk, they act in the absence and in the denial of the overwhelming evidence that tells you the Affordable Care Act is working. There are 17 million Americans who have insurance

today who didn't have it before the Affordable Care Act. They have gotten it either through these exchanges, these private health care exchanges with a tax credit from the Federal Government or they have gotten it through Medicaid expansion.

We have reduced the number of people without health care insurance in this country by 30 percent in the few first few years of implementation. That is with many States doing everything they can to undermine the act. That is with many States refusing to accept the expansion of Medicaid coverage that could make that number even greater than 17 million or 30 percent.

In my State of Connecticut, where we have been aggressively trying to implement the Affordable Care Act, we have actually reduced the number of people without insurance by 50 percent. The total numbers in Connecticut are pretty extraordinary, given the short amount of time we have had and given the fact that in Connecticut we had a pretty robust Medicaid Program to begin with.

Overall costs to the Federal Government are under control for the first time in many of our lifetimes. The average medical rate of inflation to the Federal Government is about 2 or 3 percent. The overall rate of medical inflation is the lowest since 1960. That is because the Affordable Care Act is transitioning payments away from volume-based payments, rewarding you for the more medicine you practice, to outcomes-based payments, rewarding you for keeping your patients healthy.

Quality is getting better. You look at a broad array of metrics. Things such as hospital readmission rates or hospital acquired infections are all going down. Let's be clear, the Affordable Care Act was not designed to fix every single problem in the health care system. There are still going to be problems, there are still going to be anecdotal failures, but if you are working to undermine the act in your State, you are going to have more problems with your health care system.

When I hear my colleagues come down to the floor of the Senate and complain about hospitals closing in their State, when their State is actively rejecting Federal money that would help expand Medicaid and provide more people walking into hospitals with reimbursement attached to them, there is more than a hint of irony to that complaint. If you want your health care system to work, then implement the Affordable Care Act.

AMENDMENT NO. 2875

Senator JOHNSON is offering an amendment which could be of particular harm to the people in my State and in neighboring States. His amendment would allow for plans that don't comport with minimum coverage requirements of the Affordable Care Act to continue to be offered.

Before I relinquish the floor, I wish to speak for a moment about this particular amendment. There is a little boy named Kyle from Simsbury, CT, whom I have talked about before on the floor. Kyle requires injections that cost about $3,000 per dose, and he has to take them three to four times a week for the treatment of a blood disorder. Because his previous insurance plan had an annual lifetime limit, his treatment threatened to bankrupt his family. That fear is no longer a reality for his family because the Affordable Care Act says if you want to offer an insurance plan in this country, it has to be a fair plan. It can't have annual or lifetime limits, and it can't charge you more because you are a woman. It has to cover basic medical necessities, such as maternity coverage.

The requirement of having insurance plans provide actual insurance that doesn't discriminate against a person based on their medical history or gender not only allows people to have access to health care they didn't have before, but it has given millions of families like Kyle's family peace of mind.

The Johnson amendment would take that peace of mind away from millions of families by allowing for plans to go back on the market throughout the country—plans that would cap coverage on an annual or lifetime basis and that could once again discriminate against you based on your gender or medical history.

There may be a lot of parts of the Affordable Care Act that people support or don't support. But the one thing that the people of all parties have generally supported is the idea that we should put patients and consumers back in charge of their health care, instead of the old days when the insurance companies were in charge and would tell you that you have insurance, but then halfway through the year, just because you used a lot of it, yank it away from you.

There are a number of reasons why we should reject this specific amendment, but on behalf of the millions of families like Kyle's out there that don't want to go back to a world in which their insurance companies could take away their coverage just because they needed it more than other families, their stories alone are example enough to reject this amendment.

I hope that we can move on from this debate and try to work together—Republicans and Democrats—to perfect the Affordable Care Act and that we can get beyond this perpetual, ongoing, never-ending debate about repeal. Specifically, with respect to the Johnson amendment, let's think about all of those families that have been jerked around by insurance companies for far too long and need relief that the Affordable Care Act has given them.

I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. BROWN. Mr. President, I wish to add to the comments of Senator MURPHY in opposition to that amendment. I wish to also to point out that one of the previous speakers bemoaned the number of hospitals that have closed in his State over the last 10 years. I bemoan them too. I also know that more of those hospitals would have closed if the Affordable Care Act hadn't passed. More of those hospitals would have closed if, in States like mine, the Governor didn't expand Medicaid.

We know that in States where rural hospitals have closed—particularly if there was a Republican Governor—the hospital association and many, many, many health care providers of all kinds, including nurses, physical therapists, and others, asked the Governor of that State to expand Medicaid so these hospitals could stay in business and keep serving rural people. This issue is not just about the rural poor people in South Carolina, but rural middle-class people who had insurance and were paying, but those hospitals couldn't stay open because they didn't have the revenues coming in. If Governors from those States had actually expanded Medicaid—as was the intent of the Affordable Care Act—instead of scoring political points, many of those hospitals would not have had to close.

I thank Senator MURPHY for his efforts.

Mr. President, I come to the floor to talk about an amendment that I will not offer at this time but will probably offer later today about Medicaid—again, to help perfect the Affordable Care Act.

Since the passage of the health law, Medicaid expansion has helped 600,000 Ohioans—many for the first time in their lives—in my State have health coverage just because of Medicaid's expansion. That is why the amendment I will offer will permanently extend the Medicaid expansion Federal matching rate at 100 percent. Some Governors—I think a bit disingenuously, but at least they are saying it—didn't expand Medicaid because the States will eventually have to pay up to 10 percent, even though the State gets all kinds of economic benefits, not to mention the humanitarian concerns that it addresses. Nonetheless, my amendment will make it 100 percent—no more excuses, first of all, to refuse to expand Medicaid.

At a time when some are looking to halt support for Medicaid, we should be increasing that support. Since its enactment in 1965, Medicaid served as a lifeline for millions of Americans ranging from children and pregnant women to seniors who almost certainly would otherwise not afford nursing home care without it.

Thanks to the Affordable Care Act—while my colleagues on the other side of the aisle are attempting to dismantle it—States now have the option to expand Medicaid the way Governor Kasich, the Republican Governor of my State did, including nonelderly adults without children. Thirty States, including the District of Columbia and, as I said, my State of Ohio, have taken up Medicaid expansion, and it has obviously mattered to a whole lot of people.

Federal Medical Assistance Percentages, which determine how much the Federal Government will pay for covered services in the State Medicaid programs, were increased for States that chose to expand their Medicaid under the Affordable Care Act. Under the health law, States that expand their Medicaid programs receive an enhanced Federal reimbursement for the costs incurred by newly eligible enrollees. That matching rate will phase down from 100 percent to 90 percent in 2020.

My amendment would make the enhanced FMAP, the Medicaid expansion reimbursement, permanent. It is paid for by closing corporate tax loopholes. States that have expanded Medicaid have experienced significant drops in the number of uninsured. They have realized budget savings and cut the cost of uncompensated care for hospitals.

The number of hospitals I have visited recently, including the hospital in which I was born, Medcentral in Mansfield, are bringing in more patients who are paying because of Medicaid and the Affordable Care Act and fewer patients for which they are uncompensated, thereby having to cut costs a little bit less and making that hospital easier to manage. Too often hospitals have to cut patient services when they have to cut their costs.

We should continue to support States that have done right and expanded access. We can do this by maintaining their current FMAP rates. This policy will provide States with financial security. It will free up State Medicaid budgets to address other Medicaid needs, such as increased access to mental health services or the higher costs of prescription drugs. With millions of Americans falling into the coverage gap in nonexpansion States—those couple of dozen States that have refused to expand Medicaid even though the Federal Government pays for almost all of it—this policy is likely to help encourage expansion of Medicaid in those States.

As I said, Ohio is one of the first States to accept Federal funds. I thank Governor Kasich, the Republican Governor of Ohio, for doing that. Without expansion, Ohioans would have fallen through the cracks by making too much for traditional Medicaid but too little to qualify for subsidies in the insurance marketplace. Now these individuals, including 600,000 in Ohio, have affordable coverage.

I don't understand how people who represent my State in the House or Senate can vote to repeal the Affordable Care Act when they have 600,000 people in Ohio who have insurance—and that is just the Medicaid part—let alone the hundreds of thousands of others. How can they vote to take away their insurance? Do they know those people? Do they ever look those people in the eye and say: Sorry; I am scoring a political point. I will vote against the Affordable Care Act. Sorry; you are going to lose your insurance, but maybe we will do something down the road to help you.

Under these new provisions, 24,000 Medicaid enrollees in Ohio are being treated for cancer. These include Ohioans like Pamela Harris, the mother of four children. She had no health insurance before the State expanded Medicaid—again giving credit to Republican Governor Kasich—and she found herself having to choose between paying for utility bills or medication. After her first stroke, Ms. Harris was unable to afford followup care and physical therapy, but when she survived her second stroke, her recovery was much better. Why? Because she was eligible for health insurance through Ohio's Medicaid expansion.

There are so many reasons to do this. Mr. President, 2015 marks the 50th anniversary of Medicaid. We should be strengthening the program that provides good quality health insurance to millions of Americans, including hundreds of thousands of people in Wyoming, Tennessee, South Carolina, and my State of Ohio. We should do that and not vote to take it away.

I will offer the amendment later.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

Ms. STABENOW. Mr. President, I come to the floor today to speak on behalf of millions of Americans who are very grateful they have health care now under the Affordable Care Act that they didn't have a few years ago.

Looking back over the years, I am reminded of the steps forward that we, as Americans, have taken, starting with Medicare and Medicaid, and how we have helped to lift a generation of seniors out of poverty and ill health because of lack of insurance and not having access to prescription drugs. The majority of Medicaid coverage, about 80 percent, is for seniors in nursing homes.

We are moving forward again and putting in place the ability of people to see a doctor and get the medical care that they need. With the Affordable Care Act, we took the next important step for over 17 million Americans. Moms and dads don't have to go to bed at night anymore and say: Please, God. Don't let the kids get sick. They know they will be able to take their child to a doctor. They know they are going to be able to get coverage and won't get dropped if they get sick, which was happening in too many cases before the Affordable Care Act. Women now know that just simply being a woman is not a preexisting condition, where we were paying twice as much for basic insurance or blocked from certain kinds of care.

I will never forget the debate in the Finance Committee when we included an amendment of mine for comprehensive preventive care, including maternity care for women, and a colleague asked: Why should we cover maternity care? He didn't need maternity care. I reminded him that his mom did, and I reminded him of the importance of maternity care for women and children and those of us who are now adults. So that is now a part of the Affordable Care Act.

Young people are now able to stay on their parents' insurance while looking for a full-time job after they graduate from college. Slowing the growth of insurance premiums is what we still need to do. That is what we should be focusing on today together—to continue to be laser focused in that area as well.

Now, 17.6 million Americans have health insurance coverage. Under the reconciliation bill—the budget bill in front of us—the rug is going to be pulled out from all of them, from millions of Americans. Passing this reconciliation bill will dismantle the framework, the structure for health care for millions of Americans—men and women and children.

It also will do something else. Instead of celebrating health care services that we have had for years—nearly 100 years of preventive health care services—through Planned Parenthood providing essential health services to men and women, particularly in areas that don't have services, such as in rural parts of my State as well as around the country—instead of strengthening those services, what we see is an effort to actually eliminate preventive health care services for women. It seems one more time women's health care is attacked. It takes on all kinds of different forms, but it always ends up with the same thing—challenges to women's health care.

So I am urging my colleagues to vote no on this Republican budget proposal that guts health care for families, that would strip funding for preventive health care, for family planning, and for other preventive health care. Millions will lose their coverage if this passes.

Instead of focusing on this bill, which is essentially something that we know is going to be vetoed by the President of the United States—he is not going to allow that health care coverage to be taken away; he is not going to allow preventive health care services to be taken away. We know what the outcome is really going to be. So this is really a political exercise. I understand that people want to say that they voted to eliminate the Affordable Care Act, to take away health insurance for people, and to stop funding for Planned Parenthood and other preventive health care services. But we all know where it is going to end. First of all, I can't believe that people think it is a good idea to do that, but maybe other States are different than Michigan, where people want to have health care for themselves and their families.

We have in front of us a whole other range of things that are very important to do right now. There is a major effort on a transportation bill that is, in fact—rather than being partisan and divisive as this budget reconciliation is—bipartisan, and we need to move that as soon as possible.

We are working on budget issues and tax policy and other areas where we can work together. The list is long of things the American people want us to get done.

We need to be tackling the affordability of college so that more people have the ability to work hard, get good grades, get accepted to school, and go to college. Instead, here we are debating whether people should have health care in the United States of America.

The bottom line is that according to the nonpartisan budget office, this bill on the whole would increase premiums by roughly 20 percent above what would be expected under current law. So on top of everything, including over 16 million people losing their health insurance, everybody is going to see their rates go up. Merry Christmas, happy Hanukkah, happy New Year—20-percent, on average, increase in premiums.

This reconciliation bill makes no sense. It is bad for the American people. It is bad for women. We ought to be focused on things that actually improve quality of life and continue to improve health care and bring down costs for all Americans.

I hope we will reject this bill and move on to things that make a lot more sense, certainly for families in Michigan and across the country.

I yield the floor.

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

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

Mr. BLUNT. Mr. President, I have listened carefully to the Presiding Officer's comments earlier and the comments of others who have talked about the importance of passing this bill and drawing focus again to the health care plan that is just not working. It is not working. The State exchanges are failing. They are sort of fleeing to a bigger Federal exchange, and the insurance companies are fleeing the Federal exchange as well as the State exchanges. They are moving out of the family market. They are moving out of the individual market.

The biggest health insurance company announced recently that they were likely to abandon this particular process next year. The plan where the insurance companies that had a profit would use some of that profit to offset the loss of other companies isn't working because, as others have well explained, the incentive for young, healthy people to be part of this plan is just not there. The premiums are too high, and the deductibles are too high.

There is no reason to be part of this, and there should be nothing new here. The failures of this plan were almost guaranteed when the House and Senate, under the control of our friends on the other side, decided they were going to pass the bill the Senate passed when there were 60 Democrats here to vote for a bill. It doesn't matter how flawed that bill was. It doesn't matter how many problems were in that bill. It is the only thing we can do, and we are going to do it, and in doing it, we are going to interject a government between not only a whole lot of the economy but between people and their health care.

I have said on this floor before and many other places that somebody told me one time that when everybody in your family is well, you have lots of problems; when somebody in your family is sick, you have one problem.

When the Federal Government decides they are going to help families in ways that families don't want that help, when the Federal Government decides they are going to interject themselves between families and their doctors, families and their health care, families and their insurance company choices, you can't really expect good things to happen.

The anticipation not too long ago was that on the individual exchange, where you go get your own insurance for yourself, there would be 20 million people signed up by the end of last year. When that projection was made, I think there were 14 million Americans on the exchange. Not too many weeks ago, they were back down to 9 million, and the Secretary of Health and Human Services said a better and more realistic goal for the end of 2016 would be 10 million people—exactly half of the number the administration thought would be there 6 months ago. What would be wrong that would cause that to happen? How could you be that far off in how you thought Americans and American families were going to respond to this? You could be that far off by just not listening.

For the first year of implementation of this plan, I came to the floor week after week after week, and week after week after week, I had letters, calls, and emails from Missourians talking about how this was impacting the lives of their families. I have told those stories on this floor before, so I won't tell them again today, but there are hundreds of them multiplied by thousands if you talk to anybody who has talked to anybody about this system.

Interestingly, those calls, letters, emails, and contacts appear to be coming back because people have now decided that this is not as bad as they thought it was; it is worse than they thought it was. The problems aren't as great as they had feared; they are worse than they had feared.

In 2013, Lance called our office. He was very concerned. He liked his coverage. The President said you could keep your coverage, but his coverage didn't conform to the new standards the Federal Government has suddenly decided you needed to have no matter what you thought and the Federal Government has decided you needed to pay for no matter whether or not you could pay for it. So he was told: You can't keep that policy. Well, like so many other things in this law, he was pretty quickly then told: Well, no, we figured out a way that for a year or so, you can keep your policy. So Lance was going to keep the policy, but he found out that for any number of reasons related to this big change in health care, the policy he wanted to keep was $150 more a month than he had been paying for it and the deductible increased by $7,500. So, like a lot of other people, he would have loved to have kept the policy he had before, but none of it made any sense for him anymore.

I received a letter just a few days ago from a friend of mine who runs a business in Kimberling City. In that letter, she mentioned they were 3 or 4 employees short of 50 employees. As employers, they didn't have to do this, but they had always provided group health and life. They wanted to do that again, but in her letter, she said that the prices have skyrocketed and the way companies now feel as though they have to aggregate their employees is much different than it used to be, particularly for older employees, if you are over 47.

Here are some numbers she gave me in that letter. If you are over 52, the increase this year over last year was $2,128. That is the annual increase. That is not the annual premium; that is the annual increase, $2,128.76. If you are 58, the annual increase was $4,599.60. Again, that is not the cost of the policy; that is the increase this year over last year. And if you were 61, the increase was $5,680.20.

This is a company that for years has done everything it could to provide this as a benefit. One, it is clearly a benefit they have a hard time affording, and suddenly it is a benefit that creates a huge obstacle for older workers. Where everybody used to be rated the same, they would rate your group, now they want to rate the individuals in your group.

In our State, in Missouri, the average premium has increased by more than 10 percent. In Kansas City, the increase is 20 percent. The silver plan—not the best plan and not the worst plan—is 13 percent higher. The bronze plan, which sort of meets the minimum standards the administration says you have to have or pay the penalty, is 16 percent higher. That is just 1 year, and this is just your insurance. It is not your higher utility bill that is higher because of another government regulation; it is not your higher this or your higher that; this is just your higher cost of not having to pay the penalty.

Just the other day, Health and Human Services said for the first time ever, the average deductible is over $2,000. There is a little merit to having some of your own money invested in your own health care as you make these decisions, but the average is over $2,000. Many families are now seeing a $5,000 individual deductible with a maximum of two family members, if you happen to have two people sick in the same year. Those same families may be paying $500, $600, $800 a month or more for insurance, so you have your insurance costs approaching $1,000 a month and your deductible of $10,000. For most families, that is just like not having insurance at all. You are writing this check every month hoping nobody gets sick. If you get sick, you might have to write another $10,000 check or more. As a matter of fact, I just mentioned that Lance had the policy where his deductible went up $7,500 as his premium was going up $150.

I spent a lot of time with the hospital community in our State. Over and over again, I said: OK, what is your fastest growing column of bad debt? Over and over again, the answer is people with health insurance. People with health insurance are the fastest growing column of bad debt because the health insurance has a deductible that family can't pay. If the deductible had been $500, you had that discussion: Well, we can do $200 of that, and maybe your mom and dad could help us with half of the other $300, and somebody else would help with the other $150, and we will pay it. But if it is a $5,000 deductible, many families just say: We are never going to pay—we can't pay $5,000. And so the health care provider writes that off.

They are also taxing health savings accounts and flexible savings accounts, which are other tools people were using and using pretty effectively to have that money for a deductible, to have that money to offset things they didn't want to insure against.

This is a system that is simply designed to fail, and there is no news here. There is no news here. Every time I came to this floor to talk about this—and that was many, many times—I explained why the system would fail. Some of the press in my State—at least I remember one column that said: Senator BLUNT is spending way too much time talking about the weaknesses of ObamaCare. This is everybody's health and 60 percent of the economy. It is pretty hard to spend too much time talking about those things.

The other thing we constantly hear is that there were no alternatives. Let me quickly list those, and I am going to then yield the floor to others.

The things that could have been done and still could be done, things that were proposed even though we constantly hear ''Well, there were no other ideas out there''—there were lots of ideas out there. Expand health savings accounts. Let those accounts be used for long-term care or long-term care insurance. Let small businesses join as a group. Let young adults stay on the policy longer. Liability reform, fair tax treatment, and buying across State lines are the kinds of things that could happen. Prohibit policy cancellation. Use what were very strong high-risk pools—expand those so that people with preexisting conditions could never be shut out of the insurance market. All of that fell on deaf ears, and now all we hear is that there were no other ideas, this is the only idea. This is a plan that is not working.

I urge my colleagues to vote yes on this bill that puts the responsibility right back where it belongs—on the President's desk.

I yield the floor.

The PRESIDING OFFICER. The Senator from South Dakota.

Mr. THUNE. Mr. President, you just heard my colleague from Missouri talk about many of the things that could be used to replace ObamaCare. There were a lot of ideas that make sense when it comes to health care in this country, that put patients and consumers more in charge of their health care decisions, and that create more competition and allow market forces out there to work to drive health care prices down, which is the exact opposite of what we have with ObamaCare.

For those who suggest there aren't other ideas out there, you just heard the Senator from Missouri go through a quite lengthy list of ideas that could be incorporated into a replacement for what has been a disastrous piece of legislation for the American people. The reason for that is because after 5 years now, one thing has become abundantly clear; that is, ObamaCare just isn't working. It flat isn't working. It is not lowering premiums, it is not reducing health care costs, and it is not protecting access to doctors or hospitals.

Instead, Americans are paying more for their premiums. The average cost of a family health care plan has risen to $17,545 a year up from $13,770 in 2010. That is nearly $4,000 a year in additional costs that the typical family in this country is having to contend with.

In addition to paying higher premiums, Americans with job-based insurance are also facing increased deductibles. The situation is also bad on the ObamaCare exchanges. Premiums on the exchanges will rise once again this year, with many Americans facing rate increases in the double digits.

Then there are the tax increases Americans are facing as a result of the law. While the Obama administration did its best to hide the true costs of the law, the truth is ObamaCare implements almost a dozen new taxes to the tune of $1 trillion. American families are going to face an average of $20,000 more in taxes over the next 10 years thanks to ObamaCare.

Now, I could go on. I could talk about the failing co-ops, the failed exchanges, the taxpayer dollars the law has wasted and much, much more. But today I would like to take just a few minutes to talk about the people behind those statistics—the individual Americans who are struggling under the tremendous burden ObamaCare has imposed. Over the past 5 years I have received numerous letters from constituents sharing the pain ObamaCare has caused them. I want to highlight just a few of the most recent.

I had a constituent of mine from Hill City, SD, write to tell me:

> My premium is going from $624.16 a month to $1,054.42 per month, an increase of 68.93 percent. My wife's premium is going from $655.70 to $1,083.41 per month, an increase of 65.23 percent. I was under the assumption that the new Affordable Health Care Act was to be just that, affordable. How can a yearly bill of $25,653.96 be affordable to a retired couple?

That is from a constituent in Hill City, SD. Another constituent in Aberdeen, SD, wrote to share a similar story:

> We just received our rate increase for our family health insurance. We have been paying $1,283.81 a month and the $557.45 increase will bring it up to $1,841.26. This amount has gone from 26 percent to 37 percent of our income. . . . After having insurance coverage for the past 38 years, we are faced with dropping coverage, which is ironic since that is not the purpose of the Affordable Care Act. We are considering dropping insurance and facing the penalty just so we can continue to live in our house, pay the bills, and buy groceries.

Another constituent from Redfield, SD, wrote to tell me:

> My current monthly premium is $863.12. The monthly change in my premium is $470.67, making my monthly premium a hefty sum of $1,333.79. I think this is outrageous.

Again, this is from a constituent in Redfield, SD. She continues to say:

> I know I am not the only one facing such enormous premium increases. My son, who is married and has two small children, received notice that his monthly premium will increase $495, making his monthly premium $1,571.

Well, unfortunately, she and her son are far from the only ones to face such enormous premium increases. A constituent in Sioux Falls, SD, is facing a 50-percent premium increase. The premium of a Deadwood constituent is increasing by 47 percent. A constituent in Milbank is facing a 62-percent premium increase. As I mentioned above, a constituent in Hill City is facing an increase of almost 69 percent.

More than one constituent has written to tell me that his health insurance costs more than his mortgage payment—more than a mortgage payment. One constituent told me she and her husband would have to pay 60 percent of their income to insure themselves and their four children—60 percent of their income. Think about that. If any more evidence was needed to demonstrate ObamaCare has failed, that should be sufficient.

The Affordable Care Act may have been a well-intentioned law, but it has failed to achieve its objective. Not only has it failed to make health care more

affordable, but it has actually driven up health care prices to unthinkable levels for far too many Americans. South Dakota families cannot afford 50-percent premium increases or health insurance payments that are double their mortgage payments. No family can afford that—no family anyplace in the country.

It is time for Democrats to stop defending this broken law and to work with Republicans to repeal it and to begin building a bridge to real health care reform for hard-working families across the country. The legislation before us today would do just that. It would give us that opportunity to move away from a health care plan that has failed, that has led to higher premiums and higher deductibles and higher copays and higher out-of-pocket costs and constructed networks where you can't get access to the same providers you perhaps could in the past. So the whole idea that if you like your health care, you can keep it is just not reflected in reality for most Americans.

The promises that were made have been broken. This health care law is a failed law. We can do much better by the American people, if we have that opportunity, but it starts with repealing this bad law and starting over and putting in place a health care system for this country that creates more affordable, more accessible health care for more Americans. I hope our colleagues here in the Senate will join together on both sides of the aisle and repeal this bad law.

I yield the floor.

The PRESIDING OFFICER. The Senator from Idaho.

Mr. CRAPO. Mr. President, I rise in opposition to the ObamaCare legislation we are dealing with today and in an effort to repeal. I join my colleagues in calling on the President to work with us to reform this very badly written law.

By any objective measure, the President's health care law is a disaster. Six years ago, at Christmas time, I was here on this floor as we held the final debate and held the final vote, after nearly a year of trying to stop this legislation from being forced into law. Unfortunately, it was passed in the most partisan and misguided way on a straight party-line vote after virtually every serious effort to amend it and repair it had been rejected outright.

Since that time, the American people have felt the impact of the law. Thirty of the Senators who forced it through this Chamber no longer serve in the Senate any more. I don't believe this legislation could pass again were it brought before us. Those of us who fought over it at that time raised a number of concerns and warned the American people that this proposal would result in widespread dislocation of the American health care economy, that it would increase taxes on nearly everyone, force people from health insurance plans and doctors whom they have and whom they like, push up premiums and out-of-pocket expenses, cut Medicare services, and, finally, undermine the employer-based health insurance program and market that so many people and families rely upon.

Unfortunately, time and again, we have been proven right. In truth, today we see that the situation is much worse than even we said it would be. The President not only managed to mangle the 2013 rollout of the ObamaCare exchanges, but he repeatedly has delayed key parts of the law because of the entirely predictable problems that have arisen and made selective interpretations of the law necessary to advance the administration's political interests.

The President, or a top administrative official, stated 37 times: ''If you like your health care plan, you can keep it.'' These included numerous national townhalls and weekly Presidential addresses. This statement proved to be PolitiFact's 2013 ''Lie of the Year.''

Since those statements, millions of cancellation notices have been sent out to Americans across this country, including over 100,000 in Idaho alone in 2013, rendering meaningless the President's oft- repeated pledge.

In January, CBO updated its estimate of the effects of the health care law, indicating that over 10 million individuals will lose their employer-based health care coverage by 2021. Further, CBO estimates the law will leave 31 million people uninsured, up from its original 2011 forecast of 23 million people.

We are also learning that the health care Consumer Operated and Oriented Plan Program—the CO-OP program—is failing nationally, despite receiving over $2 billion in taxpayer bailouts. Today, over half—12 of the original 23 public co-ops—have failed. Between October 9 and October 16, 4 co-ops announced they would not offer health insurance in 2016, leaving 176,000 patients scrambling to find a new plan.

The President is also annually faced with the reality of rising premiums and out-of-pocket expenses for health insurance plans. What is his line of argument? He again tries to lower expectations, saying that these costs are not as bad as they initially were projected to be, even though they are still going up.

Throughout the 2008 Presidential campaign, then-Senator Barack Obama repeatedly promised that his health care plan would bring down premiums by as much as $2,500 for the typical family. As President, he continued to make this claim, even after studies demonstrated that the opposite would occur. The truth was that the opposite did occur. Health care premiums have skyrocketed.

For the most recent open enrollment period, the average premium increase for the midlevel silver plans on the Federal exchange is 7.5 percent, more than triple last year's increase. In Idaho, which operates a State exchange, the average premium increase for a Blue Cross of Idaho plan is 23 percent. The average premium for a Regence BlueShield of Idaho plan is 10 percent. And the average premium increase for a SelectHealth plan is 14 percent. This is after year after year of increasing health care premiums.

What is the justification from the insurers? This is the first year prices are based on post-ObamaCare patients, enrollments costs, and mandates. Premiums are skyrocketing.

There are better solutions. To address the increasing costs and decreasing choices, the bill we have before us today eliminates the individual and employer mandates so Americans can once again choose the plan that fits their health care and budget needs.

It also repeals the taxes on employer contributions to flexible spending accounts and expands the availability of health savings accounts, FSAs, and health reimbursement accounts. These accounts are central to a consumer-driven health care system.

But it is not just premiums that are increasing. People are facing higher deductibles and copays as well, sometimes thousands of dollars higher than before. For the lowest cost ObamaCare plans in 2016, deductibles have increased by 10.6 percent for individuals and 10 percent for families.

Let me give just a couple of examples from constituents in Idaho. Daniel from Meridian, ID, recently contacted my office to explain why he and his family are uninsured for the first time in their lives. Daniel is employed and the sole provider for his family. His employer offers health coverage, but the estimated cost of premiums for his family would be over $900 per month. He chose to purchase insurance from the exchange but decided the coverage was not worth a $500-per-month premium and an $8,000 deductible. That is right, an $8,000 deductible.

Daniel is not the only constituent who has contacted my office about the so-called family glitch—an unfortunate but not uncommon flaw in ObamaCare that has left millions of Americans families uninsured.

Bill from Boise, ID, is a small business owner. He purchases his own health insurance and provides coverage to his 45 employees. He saw his premiums increase by 7 percent in 2014, by 12 percent in 2015, and was recently notified by his insurance company that premiums will increase by 25.6 percent in 2016. Bill says these increases, in addition to other regulations and mandates coming from the government, will likely cause small businesses to close their doors.

Lane from Melba, ID, experienced his premiums increase to over $900 per month for his family. Even without preexisting conditions, his plan includes a $3,500 deductible. These cost increases come as individuals are paying more in taxes also as a result of ObamaCare.

People may recall that at the time of the debate, the President stated again and again:

I can make a firm pledge . . . no family making less than $250,000 will see their taxes increase . . . not your income taxes, not your payroll taxes, not your capital gains taxes, not any of your taxes. . . . You will not see any of your taxes increase one single dime.

Well, when we debated the bill we pointed out that there was over $1 trillion—maybe close to $1.5 trillion—of new taxes, most of which were going to fall squarely on the middle class. Yet, during consideration of ObamaCare, the nonpartisan Joint Committee on Taxation sent me a letter confirming that there were at least seven specific tax increases in the bill which would raise taxes on middle-income American families.

According to CBO, ObamaCare will cost taxpayers more than $116 billion a year in taxes. The average American household can expect to pay more than $20,000 in new taxes over the next 10 years. In Idaho, my constituents will pay $360 million more in taxes over the next decade, or $6,055 per household.

The legislation we are considering today will solve this problem as well. It will eliminate more than $1 trillion in tax increases and save more than $500 billion in spending. And for all of the additional burdens, mandates, and costs, consumers are finding narrower insurance networks and limited plan offerings. In its recent Notice of Benefit and Payment Parameters for 2017, CMS actually stated that an excessive number of health plan options makes consumers less likely to make any plan selection and that standardized options are needed to provide consumers the opportunity to make simpler comparisons. This means these standardizations will once again mandate that insurers offer consumers fewer options.

To sum up, millions of Americans are being forced from plans they like and the doctors and hospitals they know. They face higher premiums and higher deductibles and out-of-pocket expenses, they navigate one of the least customer-friendly Web sites ever designed, they are obligated to share personal and sensitive financial information through a network that hackers have called a gold mine for thieves—and, which is managed by the IRS—and, in return, they are paying higher taxes and seeing Medicare benefits cut.

It is time that we in Congress place on the President's desk a solution, a repeal of these onerous and misguided health care policies and a reform of our health care system that will help move us to achieve the true objectives that Americans are asking for—helping to get a proper health care delivery system with a market-based delivery foundation that will help to reduce costs, increase the quality of care, and expand access to care across this country. We know we can do it. But we know now very clearly that ObamaCare is not the solution.

The PRESIDING OFFICER. The Senator from Utah.

Mr. HATCH. Mr. President, I ask unanimous consent that I be allowed to finish my remarks.

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

Mr. HATCH. Mr. President, this week marks another milestone in the long, sordid history of the so-called Affordable Care Act.

It has been roughly 5½ years since this law, cobbled together with spit and baling wire, went into effect. In a few weeks, we will reach the 6-year anniversary of the initial Senate passage of the legislation that would eventually become ObamaCare. Many of us remember those days well because we were here when it happened. Others who were here back then are no longer serving in Congress, and, in many cases, as a direct result of how they voted at the time. Still, for those of us who remain, I expect that this week—as we debate and hope to pass legislation to repeal the most harmful elements of ObamaCare—will bring back a flood of memories. It already has for me.

We all remember the absurd promises that were made by the President and his allies to try to win over the American public: If you like your health insurance, you can keep it; the bill will bring health care costs down; only rich people and evil corporations will see their taxes go up—and so on and so forth.

We all remember the deals cut behind closed doors to bring reluctant Democratic Senators on board. A number of those deals ended being so notorious that they even got nicknames: the ''Cornhusker kickback,'' the ''Louisiana purchase,'' the ''Bay State boondoggle,'' and ''Gatorade.'' We all remember a sitting Speaker of the House arguing with a straight face that Congress would have to pass the health care law before the American people could know what was in it.

More than anything, we all remember a Senate majority—a super majority, as some called it at the time—that was so committed to giving their President a political win that they forced a massive, poorly drafted bill through the Senate without a single Republican vote. They didn't need any Republican votes to pass it, and they sure weren't looking for any. Instead, they threw together a massive overhaul of a huge portion of the U.S. economy and forced it on the American people on a strictly partisan basis—not only here but also in the House.

I will tell you something else that I personally remember from that time. I remember sitting here on the floor shortly before the final cloture vote during the Senate's consideration of the bill and listening to our distinguished majority leader, who was at the time the minority leader. It was December 21, 2009. It was late, nearly 1 o'clock in the morning, and the good Senator stood up and offered some dire warnings for those who supported the bill. After detailing many of the problems the bill would cause—predictions that have all come true, by the way—Senator MCCONNELL said:

I understand the pressure our friends on the other side are feeling, and I don't doubt for a moment their sincerity. But my message tonight is this: The impact of this vote will long outlive this one frantic snowy weekend in Washington. Mark my words: This legislation will reshape our Nation. . . .

And he was right. That legislation—now a law—has in many ways reshaped our Nation, including some ways that I am not even sure Senator MCCONNELL could have predicted that night.

Yes, it has had a disastrous impact on our health care system. I will have more to say about that in a moment. But, in my view, it has also eroded the public's confidence in our institutions and undermined the ability of our government to function well. By passing this law—forcing it through Congress on a purely partisan basis—its proponents sent a clear message that partisanship trumped good judgment and the will of the voters.

After running a masterful election campaign, President Obama came into office in 2009 riding a wave of goodwill and promises to usher in an era of ''post-partisanship''—whatever that was supposed to mean—and allow us to transcend ideology to focus on good government and pragmatic solutions. Yet his biggest campaign promise, the top priority of his first term and his signature domestic achievement, ObamaCare, was the result of the largest exercise in naked partisanship in our Nation's history.

By any estimation, the debate and passage of ObamaCare deepened our Nation's partisan divide and drove more voters—on both ends of the spectrum—into deeper and more entrenched partisan and ideological positions. It made people more cynical and less trusting of our government and its leaders. It gave additional credence to the perception that politics and governing in America are more about tribalism and conflict than about providing real solutions to the problems plaguing our citizens.

Can anyone seriously argue that our Nation is less partisan or less divided now than it was prior to the passage of ObamaCare? I would like to see anyone try to make that claim with a straight face.

Sadly, that is not all. The damage wrought by ObamaCare extends well beyond our Nation's political discourse and into our governing institutions themselves. Most notably, we have had an administration so committed to ObamaCare that it has, on numerous occasions, exceeded its constitutional authority in order to preserve it.

The examples of overreach and abuse of power have been well documented. The Obama administration has unilaterally moved deadlines set by the statute that they found to be inconvenient. They have rewritten provisions in the

law to give favors and carve-outs to political supporters. They have selectively enforced other provisions in order to give more teeth to their regulations. And that is just the tip of the iceberg.

Make no mistake. President Obama's penchant for Executive overreach extends well beyond the implementation of the Affordable Care Act. But clearly, many of the most egregious examples of abuse on the part of this administration were undertaken to preserve a poorly constructed health system that simply could not work the way the law was drafted. Simply put, ObamaCare has led directly to a weakening of our constitutional order and an erosion of the separation of powers. Given all of these negative consequences, the question ultimately becomes this: Has it been worth it?

Don't get me wrong. In my opinion, all these terrible aftereffects would, by themselves, be enough justification to undo what was done in this Chamber nearly 6 years ago. Still, if the law was working—if it was having a positive overall impact on our health care system—proponents might have something to hang their hat on when it comes to this law. Indeed, if the American people now had better, more affordable health care, supporters of ObamaCare could at least try to argue that all of these other problems have been in service of some noble cause. Of course, we know the law is not working. The American people do not have better, more affordable health care under ObamaCare. Instead, the parade of horribles that began the day the law was enacted has extended beyond our politics, beyond our institutions, and into the lives and livelihoods of everyday Americans.

The system created by the Affordable Care Act—so-called Affordable Care Act—was based largely on the premise that the government could impose drastic new regulations on the individual health insurance market without dramatically increasing the cost of insurance because younger, healthier consumers would be drawn into the market, bringing down costs for everyone else. This claim was obviously fiction. Republicans argued at the time that without serious effort to reduce costs overall, this prized demographic group would stay out of the market, and premiums would skyrocket due to the various mandates and regulations. We now know that we were right. Younger and healthier patients are, by the millions, choosing to forego health insurance and pay fines rather than enter into the individual insurance market. According to most surveys, many of these individuals are choosing to go uninsured because, even with the benefit of ObamaCare premium subsidies, they cannot afford the cost of insurance.

As a result, premiums are going up all over the country. Premium spikes in the double digits have been increasingly common in the current enrollment period. My own home State of Utah has seen premiums go up in this enrollment period by an average 22 percent, which will undoubtedly wreak havoc on family budgets and local businesses. Other States have it even worse, with premiums spiking as much as 25 percent, 30 percent or, in the case of a State such as South Dakota, 63 percent.

Even with increased premiums, insurers are having a harder time doing business in a number of markets, leading providers to exit the various exchanges where patients buy insurance with the aid of ObamaCare subsidies. Just a few weeks ago, in fact, we saw reports that the largest health insurance company in the Nation—UnitedHealth Group—was considering withdrawing from the exchanges entirely. The result will inevitably mean fewer insurers, which means fewer choices and even higher premiums for consumers. It is no wonder, therefore, that next year's enrollment estimates for the exchanges are down dramatically. And, as enrollment drops, all of this—the costs, the reduced options, and the overall state of care—will get even worse in the individual health insurance market.

This downward spiral is all the more maddening when we consider that the President promised the American people that his law would actually reduce the cost of health insurance in the United States.

I am not done yet. There are other problems worth discussing here today. There is, for example, ObamaCare's massive Medicaid expansion. In virtually every case, when the proponents of ObamaCare cite numbers of newly insured individuals under the law, most of the increase can be attributed to the Medicaid expansion. Let's be clear. Medicaid is one of the most poorly constructed programs in all of government. It is extremely costly at the Federal level and even more so at the State level, where it is not uncommon for the program to take up as much as one-fourth to one-third of a State's financial resources. Even with all that cost, it is, in terms of available providers and services, one of the worst, if not the worst health insurance options in the country.

Some of us in Congress have been working for years to reform the structure of the Medicaid Program in order to reduce costs, improve the program, and preserve it for those who are in need. The Affordable Care Act did not fix these problems; it made them worse. Under ObamaCare, Medicaid is more expensive to taxpayers and an even larger burden on the States. With dramatically increased enrollment, Medicaid reform is likely to be even more difficult in the future.

Why anyone would brag about adding enrollees to an insolvent government health program that provides the lowest standard of service in the country with the fewest provider options is beyond me. I suppose those tasked with claiming ObamaCare is a success have to cite positive figures wherever they can dig them up.

The Affordable Care Act also increased taxes dramatically. It raised taxes on drug companies and medical device manufacturers, which have been passed directly to middle-income and lower income consumers because that is what happens when you increase taxes on businesses that produce goods and services. It includes a tax on the so-called Cadillac insurance plans, which proponents claim would only impact rich employees of very large corporations. Of course, the tax was structured in a way that guarantees that in the not too distant future, millions of middle-class Americans will be hit by the tax and see their insurance costs go up even further.

All told, there have been about $1 trillion in new taxes under ObamaCare. While the President and his allies may claim these taxes hold the middle class harmless, the facts tell a different story. That story, of course, isn't just now coming to light. Many of us on the Republican side have been talking about these issues from the very beginning.

I can go on and on. For example, the Affordable Care Act, with its various mandates, also increased costs to employers around the country, resulting in fewer new hires and reduced opportunities for many existing employees. Many small businesses now choose not to expand in order to avoid reaching the number of employees that will trigger new requirements. At the same time, because the law perversely defines a full-time employee as one working a minimum of 30 hours, other companies are avoiding the triggers by cutting back on workers' hours.

All of these developments—every single one of them—were predicted way back in 2009 when the law was being debated. The President told us we were wrong. His supporters in Congress did the same. They ignored the obvious warnings, and now the American people, as well as small businesses and job creators, are paying the price.

These issues and many others are why Republicans have spent more than 5 years fighting against ObamaCare. We have introduced bills to repeal the whole law, others to repeal just the most harmful elements. I personally have introduced bills to repeal the individual mandate, the employer mandate, and the medical device tax. On the Senate Finance Committee, we have conducted rigorous oversight on numerous aspects of the law and the implementation of various programs. Other committees have done the same within their jurisdictions. Virtually all of us have supported efforts to challenge elements of the law in court.

While we have differed on tactics from time to time, Republicans have been united in our desire to repeal and replace this misguided attempt at health care reform. Some of us have even come up with specific ideas on

how to replace ObamaCare. For example, earlier this year, Senator BURR, Chairman FRED UPTON from the House, and I released the latest draft of the Patient CARE Act, a legislative proposal that would fix many of the things the authors of ObamaCare got horribly wrong.

Most notably, as a number of health care experts have concluded, our proposal would actually reduce health care costs. As we all know, rising costs are the single biggest problem plaguing our health care system. Yet the President's health law did virtually nothing to address this issue. Unlike the poorly named Affordable Care Act, the Patient CARE Act would actually make health care more affordable throughout the United States.

At the beginning of this year, Republicans assumed the majority in the Senate, having committed—even promised in some cases—to work to repeal this so-called Affordable Care Act. This week, with the bill now before us, we will take a major step toward delivering on those promises. The legislation we are now debating would send the broadest possible ObamaCare repeal to the President's desk.

As the chairman of the Senate Finance Committee, I am pleased to have joined with my colleagues—the distinguished chairman of the Budget and HELP Committees, as well as the Senate Republican leadership—to lead this latest fight against ObamaCare. This bill would repeal many of the worst parts of ObamaCare. Among other things, it would repeal the individual mandate, the employer mandate, the medical device tax, and the Cadillac tax. All of these different parts of ObamaCare have contributed in one way or another to the long, slow death march we have witnessed over the past 5 years. All of them would be dealt with under this legislation.

The legislation would address another contentious debate: the one dealing with Planned Parenthood. The debate over Planned Parenthood has perplexed Congress and divided our country for years as many people have expressed ever more opposition to providing such a controversial organization—and I am being generous with that label—with taxpayer funds. As we all know, this debate reached a boiling point earlier this year.

The reconciliation package before us would prohibit Federal payments to Planned Parenthood and direct more funds to the Federal community health center program, putting an end to the Federal Government's entanglements with Planned Parenthood while alleviating legitimate concerns about funding for women's health. This is yet another reason to support this legislation.

As I said, the debate we are having this week is an important milestone in the history of ObamaCare, maybe even the most important milestone yet. But we need to be realistic. While this bill is an important step, it stands no real chance of becoming law. For that to happen, we are going to have to see even more changes. But that doesn't mean our efforts here are for nothing. This bill may not result in new law, but it will give the American people a fresh accounting of where each of us stands when it comes to ObamaCare.

It is funny, Republicans have taken some flack—not a lot but some—for referring to the Affordable Care Act as ''ObamaCare'' or ''the President's health care law.'' The President, for his part, hasn't shied away from these labels, but I have read a few pundits who think these terms are specifically intended to undermine the legitimacy of a statute duly passed by Congress. In some respects, I suppose that might be true. After all, even though we constantly refer to the law as ''ObamaCare,'' it is not as though President Obama passed it himself. He was aided and abetted by his allies in Congress.

While it may be useful shorthand to attach the President's name to it, I don't think the American people have forgotten the others who helped bring this terrible law to pass. President Obama will forever own the Affordable Care Act, that is for sure. People will likely always refer to it as ''ObamaCare.'' But those in Congress who drafted and voted for the law will own it too.

When President Obama vetoes this legislation, as we all expect he will, he will take ownership of the Affordable Care Act—not that he hasn't in the past—along with its many failures and gross inadequacies all over again. I think the same can be said for any of our colleagues who vote against repealing the worst elements of the law this week.

I hope my colleagues on the other side of the aisle will think about that as this debate moves forward and that they will consider voting with us to send this repeal to the President's desk. I think it would be a very wise move on their part.

This isn't going away even if the President does veto this bill. I hope he doesn't, but if he intends to do it, it would be a breath of fresh air for our colleagues on the other side of the aisle to help us to have a veto-proof majority to tell the President once and for all that this bill is not what we want in America.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Colorado.

Mr. GARDNER. Mr. President, I come to the Senate floor today to talk about the broken promises of ObamaCare and the negative impacts this poorly written law have had on my State of Colorado. While there have been many broken promises of ObamaCare, there have been three major broken promises that are the center of focus for hundreds of thousands of Coloradans.

I want to start with broken promise No. 1. If you like your plan, you can keep it. The President said over 35 times that Americans shouldn't worry about ObamaCare because if you like your plan, then you can keep it. And it wasn't just the President; time after time, supporters of ObamaCare came to the floor of the House or the Senate or before townhalls in their States or districts and repeated those words: If you like your plan, you can keep it. In fact, these words were used to justify the reason they supported ObamaCare in the first place.

Coloradans quickly learned this promise was far from the truth. In late 2013, roughly 335,000 insurance policies in Colorado were canceled because of ObamaCare. These cancellations also affected my family health care plan. Unfortunately, the cancellations in 2013 were the very beginning. In January of 2014, the Colorado Division of Insurance canceled an additional 249,000 plans because those plans didn't meet the requirements of ObamaCare.

The President said: If you like your plan, you can keep it. Supporters in Congress said: If you like your plan, you can keep it. But what he meant was, as long as the government approves of your plan, you can keep it.

In 2015, an additional 190,000 plans were canceled. In total, according to the Congressional Research Service, over 750,000 health insurance perhaps plans in Colorado were canceled between 2013 and 2015.

The fact-checking organization PolitiFact said this promise was ''impossible to keep'' and went on to deem President Obama's promise that if you like your health care plan, you can keep it the ''Lie of the Year'' for 2013.

Supporters of ObamaCare will tell you that it is OK that this happened because these 750,000 individuals must have had inferior health insurance and that the government knows best. You see, that is the exact problem with government. That is the arrogance of government and the arrogance of ObamaCare—that people in the government, bureaucrats and others, believe they know better than the American consumers what is best for them. They believe it is OK to cancel 750,000 policies because they must have been bad, so go ahead and cancel them. They will also say that it is all right because there are additional plans they can choose from. But that wasn't the promise of ObamaCare.

Broken promise No. 1: If you like your health care plan, you can keep it.

Broken promise No. 2: ObamaCare will reduce the costs for families, businesses, and our government.

Remember, when ObamaCare was passed, they said the family would save $2,500 a year relatively soon after its passage. Unfortunately, Coloradans have felt that broken promise as well. It is a broken promise that hit their pocketbooks and has broken the bank as well. For example, take the Western Slope of Colorado. I have a chart here. According to the Colorado Division of Insurance, individual insurance premiums for 2016 on the Western Slope of

Colorado will rise by an additional average of 25.8 percent.

There are people across America who are familiar with Colorado's Western Slope. These are the incredible mountain vistas, our forests, our national parks, our ski resorts.

They received a 25.8-percent increase in their health care costs this year. That is far from the promise of lowering the health care costs that ObamaCare was passed with. No one can afford these high prices. In fact, in 2013 one of my Democratic colleagues in the Colorado delegation even tried to exempt one of the wealthiest counties in Colorado from ObamaCare, citing that health insurance premiums would be too expensive. Let me say that again. A Member of the U.S. House of Representatives, a Democrat, tried to exempt portions of his district from ObamaCare because it was making his constituents pay too much for their insurance. Here is a quote:

> We will be encouraging a waiver. It will be difficult for Summit County residents to become insured. For the vast majority, it's too high a price to pay.

It doesn't matter whether you live in the Eastern Plains, Fort Collins, or the Western Slope, ObamaCare has simply made it more costly. Plans are getting more expensive, and promises are being broken.

Broken promise No. 3: President Obama promised greater competition in the marketplace through consumer-run co-ops. Yet over 80,000 Coloradans are feeling the impacts of this broken promise. To date, 12 out of 23 co-ops created by ObamaCare have been shut down across the United States, including the co-op in Colorado, which failed in October of this year.

Nationwide, the failed co-ops were loaned over $1 billion, which came from the hard-working taxpayers of this country. That taxpayer money was supposed to help get these co-ops off the ground, but now with these failures, that taxpayer money is at risk of never being paid back to the people of this country, and the health care of nearly 700,000 individuals across the United States is in jeopardy.

ObamaCare allowed policies to be offered that were never actuarially sound because they assumed there would be a bailout by the government to help make them actuarially sound. By banking on a bailout, they sold the American people a bill of goods.

Today we have a path forward that is turning away from the failed health care law that has been built on broken promises. The first step of this path forward is to repeal ObamaCare, and I urge my colleagues to support the repeal of ObamaCare that we will be voting on this week. Repealing ObamaCare will clear the way for a replacement plan and will put our country's health care on the right track.

First, we have to restore the ability of individuals to choose what is best for themselves instead of having Big Government choose for them. Coloradans don't want Dr. Congress. They want to keep the doctor they were promised they could keep in the first place. The best way to do this is to ensure that people get to keep the health plans that they want, and that is why I am working with Senator RON JOHNSON from Wisconsin on his amendment that simply says that if you like your health care plan, you can keep it.

I heard from countless individuals in Colorado who lost the plans they liked and wanted to keep. They were certainly promised they could keep them, and just because ObamaCare can't fulfill the promise that it was sold under doesn't mean we shouldn't do our jobs to make that promise a reality. The amendment Senator JOHNSON and I have offered would allow individuals to continue receiving health coverage on plans that would otherwise be canceled because of ObamaCare.

Second, we must ensure that taxpayer dollars are used responsibly. I filed an amendment that will help recover taxpayer money that was loaned to the failed co-ops. More than $1 billion in Federal loans were awarded to these failed co-ops. Congress has a duty to spend taxpayer dollars responsibly, and this amendment will ensure just that.

Lastly, we must make sure individuals have certainty in the health coverage they choose. My final amendment will make certain that co-ops can't rely on bailouts when they are calculating insurance premiums, setting false expectations for consumers. Several co-ops counted on these bailout provisions to keep premiums artificially low. Because these premiums were artificially low and since many co-ops were planning on receiving the bailout, many could no longer cover their expenses. Allowing co-ops to rely on a bailout was irresponsible and has resulted in nearly 700,000 individuals nationwide whose health coverage is now uncertain.

It is time to act. It is time to take the path forward. It is time to repeal ObamaCare, which is simply one big broken promise after another. This path to repeal ObamaCare will allow us to replace ObamaCare and will have fewer health care regulations for businesses and individuals. It will put us on a path forward for individual freedoms and a more prosperous America.

I yield back my time.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

OMNIBUS APPROPRIATIONS BILL AND POLICY RIDERS

Mr. NELSON. Mr. President, we are about to consider a big appropriations bill all wrapped up into one called an Omnibus appropriations bill. I think it will be a good bill. But here we go again, trying to attach all kinds of goodies to it.

Now, with just a few days left of funding before the U.S. Government spending authority and appropriations expire—to the best of my recollection that is about 9½ days away—we have to get something done. But what is happening is that the special interests are coming out of the woodwork, and they are hard at work to sneak sweetheart deals into what is a must-pass piece of legislation—the funding to keep the Government of the United States functioning. So these special interests that are suddenly popping up and sneaking around the corner don't have to get the votes to get it passed through their regular order for whatever their particular interest is. They want it so their interests are riders on the appropriations bill, and everybody has to vote for it with their special interests because if we don't, the government shuts down, which is obviously an unacceptable alternative.

These handouts to special interests are known as appropriations riders. Most ordinary Americans don't know that this stuff is going on.

Well, based on the appropriations bill that we saw earlier this year, we know that many of these riders could work their way in. For example, some people, particularly in the banking community, don't like some of the restrictions. In September of 2008, when we nearly had a financial meltdown as a result of Lehman Brothers going down, there was a big financial death spiral going on. A lot of excesses happened during that time in the bailout so that Wall Street would not go under, and there was legislation to correct some of those excesses. It is known by the name of the two authors, Senator Dodd and Congressman Frank. There are going to be people trying to put in a rollback of some of those provisions, but I hope some of our colleagues will remember what those were put in for, so that we don't have the likelihood of having another financial death spiral like that which almost occurred.

I hope we remember the picture in our minds of the Republican Secretary of the Treasury at the end of the George Bush administration, begging the leadership of Congress to pass the troubled assets relief bill to keep the financial integrity of the U.S. Government. There were a lot of excesses, including excessive executive salaries that came from that.

We know all about what happened to that supersized insurance company called AIG. I don't think Americans would want these kinds of things put on a necessary funding bill for the United States Government.

I will give another example. Another policy rider is to prohibit the United States from working with other countries to address climate change. This Senator has been in the middle of it because Miami Beach is ground zero on

climate change. The measurements over the last 40 years are an additional 5 to 8 inches that the sea level has risen at the seasonal high tide. The streets of Miami Beach are flooded. It is a real problem.

There are some, such as Senator INHOFE, who don't believe it. So we can have that debate. I am respectful of Senator INHOFE and of his position, although I think we can easily refute it with scientific evidence, but we ought to have that debate. Don't sneak it in on a rider on a must-pass, gargantuan appropriations bill in order to keep the government functioning.

There are other riders that are being discussed that are bad for the safety of families and making our highways more dangerous. For example, we picked up that some of the appropriators have suggested to continue the delay of the important implementation of safety laws, such as how long does it take for a trucker to become tired if they have to work longer and longer hours, and is that a safety concern. As the ranking member of the Commerce Committee, which has jurisdiction, we work on these issues. We debate them. Don't go trying to sneak something in under the rug in an appropriations bill regarding safety for surface transportation. We just hammered that out in a conference committee on the highway bill. The highway bill is a lot more than just highways and bridges; it is surface transportation. It includes safety measures as well for all modes of surface transportation.

Let me give an example of another rider that is out there lurking. There are some who want to take all of the additional fees—when someone buys a ticket to fly on an airline, a person ought to have the opportunity of knowing what all those fees are, and on a person's airline ticket that one buys from the airline, one usually does. But there are others who want to sell those airline tickets—not the airlines—and not disclose all of those fees. Yet the consumers are the ones who are paying for it. They are trying to sneak in under the rug another provision that would become law on an unrelated appropriations bill.

So I just wanted to add my voice to the others who are speaking this afternoon. Let's put the American people first, and let's use what we hear about all the time: Regular order. Let the committee system work to hammer out what ought to be in the bills instead of, at the eleventh hour of the 59th minute as we have to fund the government, trying to sneak something in, in the dead of night, in order to scratch the itch of someone's special interest.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, I ask unanimous consent to lead a colloquy with Senators BURR, ISAKSON, CASSIDY, and SCOTT for up to 20 minutes.

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

Mr. ALEXANDER. Mr. President, today we are talking about repealing Obamacare and moving in a completely different direction toward more choices and lower costs for Americans as they search for their health care plans.

I came to the floor yesterday and brought back a memory from 5½ years ago of the President's health care summit, nationally televised all day long at the Blair House, with 36 Members of Congress and the President of the United States. I had a chance, leading off for the Republican speakers that day, to say respectfully to President Obama: Mr. President, this health care plan of yours is going to impose a huge Medicaid unfunded mandate on State budgets, which will raise tuitions and take money from other State programs. It will take money out of Medicare and spend it on something else. It will increase taxes, it will raise premiums, and it will cost jobs. Unfortunately, that all turned out to be true.

The Senator from Georgia, Mr. ISAKSON, was there, as I was, on that Christmas Eve. It was a cold night when the Democrats had, for a few months, 60 votes, and they rammed through Obamacare in the middle of the night with all Democratic votes, no Republican votes, with us warning what would happen.

Now, I say to Senator ISAKSON, the premiums in Georgia, I believe will go up 29 percent for some plans.

Mr. ISAKSON. That is correct.

Mr. ALEXANDER. And I wonder if the Senator has been hearing from some of his constituents about their premium increases.

Mr. ISAKSON. Mr. President, let me confirm what the Senator from Tennessee just said about that cold night on Christmas Eve 6 years ago when the administration was promising lower premiums, better benefits, and that ObamaCare was going to be the solution for the problems of American families.

As the Senator from Tennessee said, I have gotten letters, as has he. Every Member has gotten letters from people who are having higher premiums, bigger deductibles, and fewer benefits. Let me give an example. A family in Roswell, GA, wrote me, a family of five. They had just been notified that their premium was going from $849 a month to $1,075 a month, a $300 increase, with a deductible of $11,900, an increase of $6,900 in their deductible. The mother, who had a family history of breast cancer, was denied mammograms because of her age, and a young daughter who had a precancerous mole removed was refused reimbursement.

So here is an increase in premiums, a reduction in benefits, and an increase in their deductible. It doesn't make any sense, but it is all because of the mandates of the ObamaCare law.

Secondly, a young couple in Smyrna, GA, wanted to plan for their retirement and start saving early in their early years of productivity. They recently received a notice from their insurance company that their premium was going from $607 a month to $1,379 a month—over a 100-percent increase. Where is that money coming from? They are having to reduce their savings for retirement just to pay the ObamaCare premium and get less of a benefit because their deductible is going from $2,000 to $4,000.

The promise of lower cost health care and better benefits was exactly wrong and what the American people were promised was wrong. I am proud that Mr. ENZI, the Senator from Tennessee, and others who have led this reconciliation vote to repeal ObamaCare have done so. It is time the American people got the truth—better coverage, lower costs, but do it the old-fashioned way with a private competitive system.

Mr. ALEXANDER. I thank the Senator from Georgia for his leadership on the HELP Committee on which all of us serve.

One of the newer members of the HELP Committee brings a lot of expertise: Senator CASSIDY from Louisiana. He wasn't there, at least not in the Senate, on the night Obamacare passed, but he has written forcefully about the fact that while premiums have been going up, something else was going down, and that is family incomes because of the 30-hour work week. Senator CASSIDY had an article in Forbes magazine in 2014 that pointed out the impact of the 30-hour work week in Obamacare and how that was hurting working families.

Mr. CASSIDY. I say to Senator ALEXANDER, one of the ironies of this is that it was promoted as a way to help lower income families make ends meet better. But if you require employers to provide insurance to low-wage workers, the predictable response of an employer who has thin margins is to actually convert those full-time workers to part-time workers. This doesn't happen for the CEO or for the CEO's lieutenants, and it doesn't happen for middle management. The folks it happens most to are those lower paid workers.

I once went grocery shopping in Baton Rouge, and a woman rung me up. The next day my wife sent me to another store to get something else at another store. The same woman was ringing me up. I said: I just saw you at that store, but now I see you at this store. She said—I am paraphrasing—my first employer reduced my hours, so now I have had to take a second job to make ends meet.

Now, that is the personal story. But what the labor statistics show is that since the recession has technically ended, the hours worked per week have recovered for higher income workers, but as for the lower income workers, they have continued to suffer. The most vulnerable have been the most affected in terms of hours worked, but it is not just the most vulnerable, it is also the middle class.

The New York Times wrote an article 2 weeks ago. The headline says it all:

''Many Say High Deductibles Make Their Health Law Insurance All But Useless.'' They quote a gentleman, David Reines from New Jersey. He is 60 years old. He said:

The deductible, $3,000 a year, makes it impossible to actually go to the doctor. . . . We have insurance, but can't afford to use it.

So it is the middle-income worker who also has a policy which previously would have allowed him or her to go to the doctor. Now they can't because the way ObamaCare is so structured is that it is too expensive for that out-of-pocket first exposure.

Mr. ALEXANDER. What the Senator is saying, if I hear him right, is that in the worst of circumstances, the effect of Obamacare on some of the people he is talking with means they are working less hours, so they have less money. Their insurance premium is higher, and so is their deductible. That is the effect.

Mr. CASSIDY. When it comes to insurance premiums, you can't make this up.

This is a fellow from Homewood, LA. His first name is Mark; we scratched out his last name. This is his letter from Blue Cross and Blue Shield of Louisiana informing him that his policy, which had previously been $207 per month, was going up in 2016 to $961 per month. His policy, which had been roughly $2,400 a year, is going up to $11,500 a year. And this is because of the Affordable Care Act—the Unaffordable Care Act.

Mr. ALEXANDER. The essential problem with Obamacare for people who buy individual insurance, it seems to me, I say to Senator ISAKSON, is that Washington tells you what insurance to buy.

I think of a woman named Emilie in Middle Tennessee who has lupus and who had a policy she could afford. It had modest benefits and it didn't cost very much, but it fit her needs, but Obamacare canceled that policy. When she went online to find another policy under Obamacare, her costs went up from $100 to $400 a month. I guess the Senator has heard stories like that as well in Georgia.

Mr. ISAKSON. All the time, because what happened with ObamaCare is the following: People who had insurance they could afford and who had bought coverage they needed were forced to buy coverage they didn't need because of the mandates in ObamaCare in terms of what had to be included. So it forced more coverage that you didn't need, which raised the premiums you paid. So you end up paying more and getting less, and it was the mandates of ObamaCare that did it.

Mr. ALEXANDER. Senator CASSIDY, of course, has a unique perspective on this as a practicing physician. I think he still practices some—as much as he can within the Senate rules—but he sees patients regularly. I ask Senator CASSIDY, what was the effect of this new health care law 5½ years ago on the ability of patients to choose their own physicians?

Mr. CASSIDY. The way the market has responded, in order to make insurance affordable despite the mandates, is there are so-called narrow networks. So someone signs up for the most affordable policy they can get. It turns out that the doctor they previously saw is not on this plan. So the narrow network is going to be just a small set of doctors. The specialists may be in another town; one hospital, not all hospitals. And patients are unfamiliar with this. They did not expect it. But that was their only affordable option. The mandates have driven up the costs so much.

By the way, going back to the letter you got about the mandated benefits, in my recent campaign, I had a woman walk up to me, and she said: My name is Tina, and I am angry. I had a hysterectomy. I am 56 years old and I have no children. My husband and I are paying $500 more per month for insurance, which we cannot afford, and I am paying for pediatric dentistry, and I am paying for obstetrical services.

She had had a hysterectomy, was 56 years old, and had no children.

Another woman—she was 58 and her husband was 57—told me: The only reason I would need obstetrical services, which I am forced to buy, is if my name is Sarah and my husband is Abraham, but that is not the case.

Mr. ALEXANDER. Senator ISAKSON, before he came to the Senate, was a small businessman in Georgia.

Probably the largest employer in our country is the hospitality industry—restaurants, hotels, that sort of thing, employing many young people, many minority people. I met with a number of restaurant owners, who told me after Obamacare passed that because of the costs of that insurance to the company, their goal would be to reduce the number of employees from 90 to 70. So Obamacare costs jobs. Did the Senator have that kind of experience in Georgia as well?

Mr. ISAKSON. Not only did it cost jobs, but it forced many people who had full-time jobs into part-time jobs because of the mandates. Small business got hurt and their employees got hurt.

The mandates of ObamaCare for coverage, the mandates for taxation, and the mandates for deductibles all contributed to the increasing costs of ObamaCare and made health care more out of reach than more accessible.

Mr. ALEXANDER. Memphis is proud of the fact that it is a center for medical device innovation. Some of the leading medical device companies in the world are located in Memphis, TN. The Obamacare bill—part of its trillion dollars in new taxes included a medical device tax which put an especially onerous tax on the gross income of medical devices companies, causing the President in Costa Rica to put up signs saying ''Welcome to Costa Rica'' to medical device companies.

I wonder if in Louisiana or Georgia you had any experience with the impact of the medical device tax on your constituents?

Mr. CASSIDY. There is a fellow who started a medical device startup in New Orleans, and he was saying that he had an offer to move his business to Panama because a major portion of his market is overseas.

So the medical device tax is, of course, a tax upon the gross of a business. If he moves overseas to Panama, taking those jobs with him, and continues to sell internationally and not pay tax on that but is taxed only on that which he brings back to the United States, then he is obviously reducing his tax burden. Those are high-paying, white-collar jobs in New Orleans, a city recovering from Katrina. If the power to tax is the power to destroy, this tax has the power to destroy the ability of this gentleman to continue to expand in New Orleans.

Mr. ALEXANDER. I say to Senator ISAKSON, I recall one of the most vigorous debates we had 5½ years ago was first the President saying: We won't touch Medicare. Next thing you know, they took $700 billion out of Medicare to spend on new programs, at a time when the Medicare trustees, whose job it is to tell us things like this, said: The program is going to go broke unless we do something about it. We were saying: If you are going to take money away from grandma's Medicare, you better spend it on grandma. But they didn't. It impacted Medicare recipients in Georgia, Tennessee, and Louisiana.

Mr. ISAKSON. Well, the President basically robbed Peter to pay Paul. He robbed the beneficiaries of Medicare benefits and then took the money and spent it on somebody else. So the person who had the benefits didn't have the benefits any longer.

The problem with this entire deal is it was a charade. Promises were made that if you like your policy, you can keep it. That turned out to be wrong. Premiums were going to go down. That turned out to be wrong. If you couldn't get insurance, you would be able to get insurance. Well, that ended up being true in part, but it became something known as a bronze policy. Do you know what a bronze policy is? It was a policy that gave you coverage, but the deductible was so big, you couldn't get to the coverage. So every time there was a promise, it was a broken promise, an increased cost, and less accessibility to coverage.

Mr. ALEXANDER. Mr. President, how much time remains in our colloquy?

The PRESIDING OFFICER. There is 6 minutes remaining.

Mr. ALEXANDER. Six minutes remaining.

We have heard a lot in the news about co-ops. Co-ops were an invention of Obamacare that were designed to provide health care to many Americans. I know that in South Carolina, for example—closure of these co-ops for 67,000 South Carolinians and 27,000 Tennesseans—means that suddenly they

have to find new coverage. I wonder if either in Louisiana or Georgia, you have had any experience with the new co-ops in Obamacare?

Mr. CASSIDY. Louisiana's co-op failed. It attempted to lower costs with a skinny network, but ultimately it still could not compete.

If I may point out, we have talked about how the low-wage worker has had her opportunity diminished by the law. We discussed how the middle-class family, who oftentimes had insurance they were told they could keep, lost it, and now they have a deductible of $3,000, which they say makes the insurance something they cannot afford. We are speaking about the U.S. taxpayer. The U.S. taxpayer has put billions of dollars toward these co-ops. There is some evidence that the administration continued to put money into them even when they knew they were going to fail, and yet now they are failing—over half and supposedly more slated to do so. It isn't just the low-wage worker and the middle-class family; it is all the taxpayers who have taken a hit for promises made but promises broken.

Mr. ALEXANDER. During the debate 5½ years ago at the health care summit at the Blair House, our Democratic friends said: Well, when are you Republicans going to come up with a big, comprehensive plan? My answer to them was: If you are waiting for Senator MCCONNELL to roll a wheelbarrow onto the Senate floor with a 2,700 page McConnell-care bill, you are going to be waiting until the sky turns purple because we don't believe in that. We don't think we are wise enough in Washington, DC, to write a comprehensive plan for everything about the American health care for all the people in this country.

Instead, what we proposed to do—and we proposed it over and over again—was to move step by step in a different direction toward more choices, more freedom, and lower costs. In fact, I counted it up, and 173 times in the CONGRESSIONAL RECORD in the year 2009, we Republicans laid out our plans step by step toward those causes, steps like the step Senator SCOTT from South Carolina took in a bipartisan way just this year to give States the ability to set the rates for the kind of insurance small businesses could buy and avoid an 18-percent increase in premiums. Those are the kinds of steps we would take in a different direction to give the American people those options.

Our time for the colloquy has expired. I thank the Senator from Georgia, Mr. ISAKSON, and the Senator from Louisiana, Mr. CASSIDY. We Republicans said 5½ years ago that premiums would go up, taxes would go up, jobs would be lost, and that State budgets would be burdened by Medicaid, and all that turned out to be true, unfortunately.

The President said: If you like your plan, you can keep it. That turned out to be untrue, unfortunately.

We are prepared to go in a different direction—more choices, more freedom, lower costs—but first, this week we are going to repeal Obamacare, which has caused such problems for the American people, and then we will head in a different direction.

I thank the Presiding Officer.

I yield the floor.

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

The PRESIDING OFFICER. Will the Senator withhold that request?

Mr. ISAKSON. I will withdraw the request.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. MERKLEY. Thank you, Mr. President.

I ask unanimous consent to conduct a colloquy with my colleagues from Massachusetts and Florida for roughly the next 30 minutes.

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

APPROPRIATIONS BILLS AND POLICY RIDERS

Mr. MERKLEY. Mr. President, 7 years ago Wall Street imploded, sending us into a recession that we hadn't seen since the Great Depression. While our economy has slowly bounced back, the memory of that crisis is still fresh in the minds of many Americans, millions of whom lost their jobs, millions of whom lost their homes, and millions of whom lost their retirement savings.

Nobody wants to repeat the financial collapse, the bailouts, the recession. Indeed, we have spent the last 6 years digging out of a hole. Despite this, Republican colleagues at this very moment are holding meetings and preparing policy riders to gut the reforms that shut down the Wall Street casino. They are working to open up that casino again, to the great detriment of families across this country. Their goal is to add poison pill policy riders to the fiscal year 2016 appropriation bills that may well be consolidated into an omnibus.

That is why I am here on the floor with my colleagues from Rhode Island and Massachusetts. Our colleague, Senator BILL NELSON from Florida, spoke earlier about these issues. We are here to say no to these policy riders that are seeking to reopen the Wall Street casino and put American families at peril.

To start things off, I turn to my colleague from Rhode Island, who has brought great expertise and diligence to this conversation over the responsible regulations, the ones that serve like the traffic signals that enable traffic to move slowly so they don't end up in auto wrecks, but they don't shut it down—the responsible regulations that will keep us from having another crash doing great damage to American families.

Mr. REED. Mr. President, I thank my colleague from Oregon for his leadership on this issue, and I thank my colleagues who are going to join us later.

I am joining them in urging all of our colleagues in the Senate not to roll back the protections that are in place due to the Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010.

Let me remind everyone where we have come from. When we passed the Wall Street reform act, the Dodd-Frank act, we were in the most painful financial crisis since the Great Depression. The Dow Jones dropped from roughly 13,700 points in July of 2007 to 7,235 points by March of 2009, about a 47 percent drop in wealth as indicated by the stock market. It was a huge, huge hit. The line at that time was: What is happening to your 401(k) plan?

Well, we have come back, and one of the reasons we have come back is because Dodd-Frank has now provided safer rules of the road for financial institutions.

Back then and going forward, we lost 8.6 million jobs from January of 2008 until January of 2010. There were 8 million jobs lost primarily because Wall Street lost its way, frankly. The unemployment rate doubled from 5 percent in January of 2008 to 10 percent in October of 2009. In that period of time, roughly from July 2007 to November of 2014, nearly 7.5 million families lost their homes.

These are sobering numbers. Behind each of these numbers is an individual or family—our constituents, who suffered real and serious damages. Again, this was traceable almost directly back to excesses on Wall Street, which we consciously tried to correct in the Dodd-Frank act, and it has provided a solid foundation for economic recovery. Slow as it has been, we are coming back.

What happened was that these families lost their retirements—wiped out. It was not only the financial loss but the sheer psychological trauma of being either retired or on the edge of retirement and suddenly it was all gone. It has left a lasting impression.

People have lost jobs, as I have indicated. It was a huge loss of jobs. Some have never gotten back into the market or gotten a job at the level they had before.

Then, of course, there were the foreclosures, thousands and thousands of Americans losing their homes. Without their homes, some of our constituents lost their whole sense of belonging to the community and their ability to find a new job because they were just battling a day at a time for shelter and for subsistence. These were real issues, and we seem to have forgotten all of that. We seem to have forgotten that Wall Street—without sound regulations, strong regulation—will find its way off the path and into this type of difficulty.

We all know people who suffered these losses, and we all are committed that they won't suffer them again. But that commitment requires us to follow through on the Dodd-Frank act, the Wall Street reform act.

In that legislation, I worked very closely with Senator WARREN to create the Consumer Financial Protection Bureau. It is just one of the examples of

the efforts in that bill that actually protected our constituents, not theoretically but practically. They have been protected from tricky people who were giving them mortgages they couldn't afford, engaging in illegal servicing and foreclosure practices in the mortgage industry, steering consumers into excessive loans they couldn't afford—and the person doing the steering knew they couldn't afford them—but those tricky people took the money and literally ran, and we have tried to stop them.

Because of the efforts of the Consumer Financial Protection Bureau, $11.2 billion in relief has been given to families throughout this country; $11 billion has been given to individuals and families all across this country. This is an example not of theoretical legalistic procedures but of practical help for people. That is the direct result of Dodd-Frank, and some of the proposals that we are hearing about would undo that.

In the process of creating the Consumer Financial Protection Bureau, I am particularly proud of working with colleagues to create the Office of Servicemember Affairs within the Consumer Financial Protection Bureau to serve as a watchdog for our military personnel. Under the leadership of Holly Petraeus, it has done a remarkable job. More than $90 million has been returned to servicemembers and their families from unscrupulous companies that preyed upon our military families deliberately—understanding the vulnerability of families that are in transit because of deployments and other things. Another example, the Military Lending Act, which has capped annual interest rates for military personnel, has been enforced through the efforts of the Consumer Financial Protection Bureau.

This has not only helped these families, but it has helped this Nation. It has helped our military readiness. I can tell you that basically a long time ago, I had the privilege of commanding soldiers, paratroopers in the 82nd, and it is hard to be a good soldier when you worry about whether your family is going to be able to make it through the week or the month to get your next paycheck. This is real help, and it is the result of Dodd-Frank. No, many things are the result of Dodd-Frank.

So why do we want to roll back these reforms? You ask people, and they will say: Well, it is burdensome, and they are hurting these financial institutions; you know, it is just so hard to operate a financial institution today.

Then you take a look at the stock performance of these institutions, the American global systemically important banks and even our regional banks. These institutions have seen their stock prices increase from July 2010 at least by 31 percent and in some cases as high as 114 percent. That is the market saying to these institutions and to all of us that they are in good shape. They are in great shape. They are not being burdened by financial regulations. They are not being overwhelmed. They are profit centers. They are doing great. Name other companies that have increased their value so much. One reason is because everyone is confident there is a stable, sound, rigorous regulatory structure that is ensuring that banks will not go off the cliff as they did in 2007 and 2008 when their stock prices collapsed.

So if you look at that, if you look at the markets, they are not complaining about Dodd-Frank. The markets are looking to say: That is where the money should go. That is what you should invest in.

So if you look at that growth and then draw a contrast between what has happened to average American families—they haven't seen that kind of wage growth. I don't know many working families who have seen a 31 percent increase in their income or a 114 percent increase in their income, but we have to do better with respect to our working families.

One thing we have to do is make sure that we keep in place protections that were built into the Dodd-Frank act.

There are always ways you can improve legislation, and there are a myriad of technical corrections that could be done, but to disguise some of these proposals as technical corrections is not appropriate.

I think also, frankly, if we are going to be sensible, sound, and thoughtful about technical corrections, let's go ahead and do it the way it should be done, the way Dodd-Frank was done. I was on the banking committee. We had hearings. We had a markup. We had, in fact, several markups until we got it right. Then we brought it to the floor, we had a vigorous debate, and we amended the bill. Then we took that bill to conference, then we had it changed in conference, and then we sent it to the President for his signature.

So if we are going to do corrections to improve the Dodd-Frank bill, let's do it the way we did it originally, not finding a convenient vehicle—a highway bill, an appropriations bill, any other bill—and sticking them in as sort of ''take it or leave it''—you have to do this or you lose highway funding or you lose funding for our schools, for education, for national defense.

I would hope that we can move forward in regular order and make corrections where necessary, but certainly let's not use these waning days of this session to undermine the Dodd-Frank Act with some of the proposals I have heard.

With that, I yield back to my colleague, the Senator from Oregon.

Mr. MERKLEY. I thank my colleague from Rhode Island for his comments and insights.

Now we are going to turn to the Senator from Massachusetts. We will be delighted to hear her thoughts on this challenge of taking serious issues related to the Wall Street casino, a system that brought down the prospects for so many American families, and how there is the consideration of restoring the Wall Street casino in the dark of night by policy riders being attached to other bills.

Ms. WARREN. Mr. President, I am pleased to join Senator MERKLEY, Senator NELSON, and Senator REED on the floor today. I thank Senator MERKLEY for pulling us together.

We are here to say no—no to the industry lobbyists, no to their friends in Congress who are threatening a government shutdown if we won't roll back rules that protect consumers and protect the safety of our financial system.

It is a pretty neat trick. The lobbyists probably know they can't get a rollback of financial regulations passed out in the open where the American people can actually see what is happening and see which Senators and which Representatives voted to gut the rules that protect working families. So instead they tack rollbacks onto must-pass legislation, such as the upcoming government funding bill, to give their friends in Congress a lot of cover for voting yes.

It is cynical. It is cynical and it is corrupt, but it usually works. Just last year, Citigroup lobbyists wrote a provision to blast a hole in Dodd-Frank. The part of the law that was blown up was called—and I am quoting the title—''Prohibition Against Federal Government Bailouts of Swaps Entities.'' The idea behind the rule was pretty simple. If a big bank wanted to engage in certain kinds of risky deals, such as the credit default swaps that had been at the heart of the 2008 crisis, they had to bear all of that risk themselves instead of passing it along to taxpayers.

Now the big banks wanted that rule repealed, and the only way to do it was to put it on a bill that had to pass or the government would shut down, and that is exactly what they did.

For 1 year, Congressman ELIJAH CUMMINGS and I worked to document the impact of that Citigroup amendment, and we finally got what we needed. The FDIC estimates that the provision written by Citigroup lobbyists last year that allows a few big banks to put taxpayers on the hook for risky swaps has an estimated value of almost $10 trillion. And who is gobbling up that $10 trillion of risk? It is three huge banks: Citigroup, JPMorgan Chase, and Bank of America. It is three banks, nearly $10 billion, and $10 trillion is a lot of risky business. These banks will happily suck down the profits when their high-stakes bets work out, and they will just as happily turn to the taxpayers to bail them out if there is a problem. All of this is because the lobbyists persuaded Congress to do just one little favor in a must-pass bill.

Now, a year after the Citigroup amendment, there are rumors of new giveaways in the upcoming funding bill: rollbacks that would make it harder for the government to stop the next AIG from taking down the entire

economy, rollbacks that would exempt many of the 40 largest banks in the country from tougher oversight, rollbacks that would undermine the consumer agency's rules to clean up mortgage- and auto-lending markets, rollbacks that would stop the agency from protecting consumers rights if they are cheated on credit cards or checking accounts, rollbacks that would allow financial advisers to continue lining their own pockets while robbing retirees of billions of dollars.

Why are these rollbacks at the top of Congress's agenda? Are constituents flooding the phone lines begging their Senators to weaken the rules for financial institutions? Are they writing in by the thousands insisting that their Senators make it easier for people to get cheated?

Of course not—survey after survey has shown that hardworking Americans want stronger regulation of Wall Street and more accountability for CEOs who break the law.

But like so many things around here, this process isn't about doing what hard-working Americans want. It is about pleasing the rich and powerful who are lined up for special favors.

I know some of my Democratic colleagues are frustrated by all of the gridlock in Washington. They say: Wall Street accountability is important, but I just want to get something done around here for a change; so let's go along with the Republicans and the special interests. Well, yes, I want to get something done too. Who doesn't? But I didn't come here to carry water for Wall Street and a bunch of special interests.

If Republicans think it is time to talk about financial reform, then let's put it on the table. If the industry wants to push rollbacks, then I want to make it easier to send bankers to jail when they launder money or cheat consumers. If the industry wants to chip away at financial oversight, then I want to have a serious conversation on the record about breaking up the biggest banks. If they are too scared to have that conversation out in the open, then Senators shouldn't be handing out special favors behind closed doors.

The upcoming debate about a government funding bill is going to boil down to one question: Whose side are you on? Are you on the side of working families who got punched in the gut and want stronger rules for Wall Street or are you on the side of the giant financial institutions that broke the economy, got bailed out, and are once again trying to call the shots on Capitol Hill? Well, me, I am with the families, and I am ready to say no to the bank CEOs, no to the industry lobbyists, and no to all of their buddies here in Congress.

Mr. President, I yield the remainder of my time to Senator MERKLEY.

Mr. MERKLEY. Mr. President, I appreciate the remarks of the senior Senator from Massachusetts, who has brought so much personal research in the course of her career and passion and insight to this battle and who put forward the idea of the Consumer Financial Protection Bureau to provide oversight of these predatory practices and who has been such a watchdog about these practices.

I would just ask her before she leaves the floor, why is it that this discussion is happening right now, in terms of policy riders on must-pass spending bills, rather than happening in the light of day with a committee hearing—a banking committee hearing—where this can be fully discussed and debated?

Ms. WARREN. Well, the Senator raises the right question, but I think it is pretty obvious. If these proposals were debated out in public, where everyone in America could see and hear them, they wouldn't pass. People don't want to line up to vote for fewer restrictions on Wall Street. They do not want to line up to vote for more opportunities to cheat American families. So, instead, the idea is just tack it on something else that is going to move through. Then the question is, Will people vote to keep the government open? And that gives a lot of people in Congress who want to help the big financial institutions a lot of cover, and that is fundamentally wrong.

Mr. MERKLEY. One of the things we have a lot of concern about is making sure that predatory mortgages don't return. They were a key product in helping drive the collapse in 2007–2008. We are concerned those could return if the ability of the CFPB to regulate them is diminished by changing the government structure of the CFPB or shutting down the funds that enable it to operate. Would that be a good idea or a bad idea?

Ms. WARREN. You know, the CFPB works. It works to help protect America's families. It works to help level the playing field. Already that agency has been up and operational for just a little over 4 years, and it has forced the biggest financial institutions in this country to return more than $11 billion directly to families they cheated. It has handled more than 750,000 complaints against big financial institutions, against payday lenders, and against college loan services that are cheating people and that are tricking people.

So what is the response? Well, it is helping the American people, but it is costing a handful of the biggest financial institutions in this country real money, and they are trying to find a way to make sure the consumer agency doesn't do its job. They want to find a way to weaken that agency, to tie that agency down, and to keep that agency from leveling the playing field for American families.

Mr. MERKLEY. I know my colleague and I have talked about this—the number increases. I will say something like the CFPB has returned $3 billion, and my colleague will say: Oh, Senator, it is now $5 billion. And when I say it is $5 billion, my colleague will remind me it is now $8 billion. And here we are at $12 billion?

Ms. WARREN. I think it is $11 billion.

Mr. MERKLEY. So $11 billion in returns. I believe that number includes real cash returned to individuals but does not include the vast savings that have come from families who were never cheated in the first place.

Ms. WARREN. I think one of the most important parts of this is the consumer agency said—when credit card companies, for example, got caught cheating people, it said to those credit card companies: Look, you have people's addresses to be able to cheat them. Now you have people's addresses to send them checks to pay them back.

It is as the Senator said. It was like a warning shot to everyone else out there cheating consumers. It said that this agency is on the level. This agency is tough. So I think there are millions of Americans who don't get cheated, who don't get tricked in one scam or another because we have a real watchdog out there—someone who is on the side of the American family.

Mr. MERKLEY. I thank my colleague so much for presenting this idea before she came to the U.S. Senate and for helping—well, stepping in to be the initial Director, getting it up and running, and now being here to make sure we defend its ability to provide fairer financial products for America's families—products that enable families to build their wealth rather than having wealth-stripping scams hurt and destroy the finances of American families.

Ms. WARREN. I only want to add that I am grateful for all the work my colleague has done on behalf of American consumers and all the work he did to get the consumer agency through Congress and now to protect it when the big banks were coming after it.

So I thank my colleague Senator MERKLEY for all he did.

Mr. MERKLEY. I thank the Senator very much.

Mr. President, as we have heard from this colloquy—and I appreciate that BILL NELSON was here earlier, the Senator from Florida, to discuss his insights on these dark-of-night policy riders designed to restore the Wall Street casino and cheat American families. I appreciate the comments he brought to this and that JACK REED, the senior Senator from Rhode Island, has brought forward and ELIZABETH WARREN, the senior Senator from Massachusetts, each of whom made important points. So I will be brief because they have laid out most of the issues I will try to echo.

The key point is the debate over changing the rules for these powerful financial institutions should be debated in the open, in front of the TV cameras, in front of the American people, not in secret negotiation rooms and not in the dark of night, which is happening at this very moment, because a lot is at stake.

We found from before that when regulations were stripped away and the

Wall Street casino went wild, we ended up with a crash that destroyed the finances of millions of families, many of whom will never recover. They lost their homes, their dreams of homeownership. That has been shattered, and they are not going to get it back. They lost their job and have been derailed and will never get back on track. They lost their retirement savings, and they will never be able to rebuild them. In fact, that golden vision of retirement may be something they feel they will never be able to be a part of—that chapter of their life will never come.

So a tremendous amount is at stake, and these dark-of-night negotiations to repeal, to undermine, to delay the shutdown of the Wall Street casinos are just wrong. Let us have the debate in the committee where it belongs. This is critical for working families everywhere in the country and certainly in my home State.

Let me mention one of the riders, which is to take and allow the Volcker rule to be voided for some of the financial institutions. What is the Volcker rule? The Volcker rule shut down the Wall Street casino. It said banks cannot bet with taxpayer-insured deposits. If a group wants to make big bets on the future of interest rates or monetary exchanges or the quality of mortgages and so forth, they must do so with private wealth funds, where the only persons at stake are those who have invested in the fund. Don't do it with taxpayer-insured banks. That is one example.

A second example is that we need to keep the quality mortgages we have now so they do not return to being a predatory instrument. We had a legalized kickback scheme, and that structure meant mortgage originators were paid for steering families from a prime mortgage that would build their wealth into a subprime mortgage with an exploding interest rate which would destroy their wealth. We ended those kickbacks. Let us not let that happen again.

Let us not undermine the role of the Financial Stability Oversight Council. When we had this dramatic massive increase in subprime loans, starting in 2003 and going through 2007, nobody was watching. We need to have someone say: Look at that surge in subprimes. And because of that surge, what is going on? Is this creating a bubble? Is this a big bet that is going to go bust? Is this going to destroy families?

We actually had an agency that was responsible for controlling these predatory practices. It was the Federal Reserve, but the Federal Reserve, full of sophisticated economists, said: Well, we want to talk monetary policy. That is what we do up in the penthouse of the Federal Reserve building. So they put consumer protection down in the basement and they locked the door and threw away the key and said: You know, we have that responsibility, but we just aren't going to do anything about it, and they let predatory schemes run wild and destroy millions of American families.

Now we have an organization—the Consumer Financial Protection Bureau—that is the watchdog making sure the disclosures and the structures are fair and square for American families so we can build the success of those families. You cannot be for the success of American families and be for these secret, dark-of-night measures designed to destroy the effort to rein in this Wall Street casino.

I hope we will see a return to regular order, the type of regular order my colleague from Rhode Island talked about, the type of light-of-day committee discussions my colleague from Massachusetts talked about because this is so important to our future and the success of American families. Let's make sure we work together to build the wealth and success through fair financial practices, not special favors done for very powerful institutions that are designed to exploit and operate as predatory measures to strip the wealth of American families.

I thank the Chair.

The PRESIDING OFFICER (Mr. LEE). The Senator from North Dakota.

Mr. HOEVEN. Mr. President, I rise to speak in support of repealing ObamaCare and replacing it with a step-by-step approach that restores choice and competition to consumers. The problems with ObamaCare are legion and have often been reported in the media and identified on the floor of the Senate.

I know we have all heard from our constituents. Hundreds of thousands have written and called all of our offices and, as a matter of fact, I will read one of the letters that came into my office—or at least part of it. It is addressed to me and starts out saying:

I'm sure I'm not the first one to contact you about rising health insurance deductibles. I have had this job for 3 years. The first 2 years my company plan had a $3,000 yearly deductible with no copay.

So he had a $3,000 yearly deductible with no copay. He continues:

Last year, it went to $4,000 with a 20 percent copay.

Again, it goes from $3,000 to $4,000 in annual deductible and it goes from no copay to a 20-percent copay.

This coming year, 2016, it will go to $6,700 with a 20-percent copay.

So in just 3 years it goes from a $3,000 yearly deductible with no copay to $6,700—more than double—with a 20-percent copay.

He goes on:

Even before my current job, I had a Blue Cross North Dakota policy that had a $2,000 deductible and a very fair monthly premium. I have always had good health insurance. Now I have an essentially worthless policy.

I had bone cancer in my pelvis 1½ years ago. Had to go to Mayo and have my left pelvis removed. I have spent the last 18 months learning to walk again. Doctors weren't able to reconstruct it.

I will have twice yearly follow up cancer screenings for the next several years. These follow ups cost about $3500.00 each. So I spend $7000.00 a year, which is all of my deductible.

He goes on:

What are you doing to make changes to this health care act?

He clearly identified what consumers across the country are experiencing. This is just one example. I have many more, as do all of the Members of this body.

As bad as ObamaCare is for them, it is going to get worse. In 2016, consumers will see significantly higher premiums yet again. Premiums for the lowest cost silver plan will increase by 13 percent, and the lowest cost bronze plan will rise by 16 percent on average.

That is not all. The inaptly named Affordable Care Act has led to higher out-of-pocket costs for older, middle, and lower income Americans as well. Today, the average deductible is more than $2,000 and for some it exceeds $6,000, discouraging people from seeking necessary care.

The law is also resulting in fewer choices. Employers are already reducing benefits for many family members. By 2018, more than half of employers plan to significantly reduce benefits for employees' children and spouses.

While many are seeing higher premiums and deductibles with fewer choices, ObamaCare has created dozens of new taxes that ultimately are passed down to small businesses and consumers. The Congressional Budget Office has estimated that ObamaCare will increase taxes by $1.2 trillion over the next decade.

The result is fewer jobs. Simply put, employers are already cutting jobs or reducing hours to part time to avoid the higher costs of ObamaCare.

I do believe there is a consensus across the Nation that we need health care reform, but ObamaCare is not the answer. Americans want commonsense reforms—reforms that truly are affordable and that truly do empower patients to make their own choices. In the short run, we need to pass budget reconciliation legislation that repeals ObamaCare, and, in particular, the individual and employer mandates. In the long run, we need to take a step-by-step approach to put individuals, families, and businesses on a path to better reforms. The right approach to health care reform empowers people to make their own choices in selecting health care providers and insurers that is patient centered and respects the relationship between doctor and patient. The way to accomplish that is with a market-based plan that creates more competition and reduces health care costs.

Here is what we could do: To foster competition and reduce health care costs, we can do things like expand tax-free health savings accounts, flexible savings accounts, and Archer medical savings accounts to encourage individuals to save for future health care needs. Combined with high-deductible, low-premium policies, people will be

able to meet their immediate health care needs and still be protected in the event of costly, serious illness.

We should provide portable health care plans so that individuals and families don't experience gaps in coverage when they change jobs. These plans could be given favorable tax treatment. For example, they could be treated as tax-preferred accounts so that dollars towards premiums could receive tax-exempt treatment. We should allow health care policies to be sold across State lines. This would result in more choices, more competition, and reduced costs for customers. We should give States more flexibility to manage Medicaid for low-income individuals and families. We should ensure affordable health care options are available to those in need and certainly those patients with preexisting conditions. That means bolstering State high-risk pools to make sure everyone has an opportunity to be covered.

ObamaCare is far from being the panacea it was promoted to be. The sticker shock hasn't faded. On the budget reconciliation we now have a real opportunity to turn the page on a failed experiment so that we can take steps toward replacing it with something the American people want.

I urge my colleagues to get behind the effort so we can start that process.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

GMO LABELING

Mr. TESTER. Mr. President, I want to talk a little bit today about food, transparency, and consumers' rights to know what is in their food.

As many folks in this body know, in my real life I am a farmer. I get to see exactly where my food comes from. Last month, I spent some time butchering and processing beef, knowing exactly where that came from. I like that. But not all Americans have the ability to know where their food comes from.

A few months ago, in July, the House passed a bill called the Safe and Accurate Food Labeling Act. It couldn't be anything more different from that, by the way. It basically denies Americans the right to know what is in their food by prohibiting the Federal Government, States, and municipalities from imposing any labeling standards that deal with genetically modified food.

I come from a State where transparency is very important. It makes our government work better. For the Federal Government in this case to undermine States and municipalities and not allow the consumer to know what is in their food—it is exactly the wrong step to take.

So why am I bringing this subject up today? I am bringing it up today because, quite frankly, there is some talk about air dropping an amendment that would allow the DARK Act to go into effect. It is not a bill we have debated on the floor to my knowledge. I don't know that it has even been heard in committee. But the bottom line is that this is bad policy.

The arguments would be that it is confusing; it is going to be expensive. That is bunk. Consumers are smart. They pay attention to what they eat. If you give them the ability to choose and the ability to know what is in their food, they will make the decision—which is their decision to make—on what they are going to feed their family and what mothers are going to feed their children.

It goes against everything this country stands for about letting people know we do have a great food system in this country. So let's be proud of it. Let's label it. Let's talk about what is in it. Let's let consumers have the choice. Consumers are smart, and they will absolutely make a choice that is best for their family.

Food is very important. Food, in my opinion, is medicine. If you know what you are eating, you will have a healthier family. If you pay attention to these kinds of things, your health care costs will go down.

The truth is that other countries require GMO labeling—countries like Russia, China, Saudi Arabia—not exactly countries that we would think would be very helpful to their consumers or transparent. But they think it is important to label it. We ought to here in this country too.

Big Money is coming in here saying: We don't want the consumers to know if they have GMO products in food; we want consumers to be ignorant. That is not something this body should do. Let's give consumers the information they deserve. Let's allow this labeling to move forward, as Vermont has already done. Other States like Maine and Connecticut also are taking steps in that direction.

The bottom line is, to put in an amendment that stops States or municipalities from requiring labeling is a step in the wrong direction. It is not fair to consumers, and, quite frankly, it is not fair to the folks who produce food in this country.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. PORTMAN. Mr. President, I want to talk a little about the legislation before us to repeal and replace ObamaCare, otherwise known as the Affordable Care Act.

When I travel around my home State of Ohio, I hear about a couple things a lot. One is the tough job market and flat wages, which makes it difficult to get ahead. The other is—and it is related—escalated health care costs. People are seeing in their lives that it is tough to find that job, and if they do have a job, they are finding their wages aren't going up as they would normally expect. Unfortunately, when we look nationally this is true. Wages on average are not just flat; they are slightly down. In other words, they have declined, which is not typical. On the other hand, expenses are up, and the biggest expense: health care.

So the middle-class squeeze is very real. It is affecting the people I represent as they see, again, unusually low wages, not the growth that we normally expect on the one hand, and on the other hand higher expenses, with health care taking the lead in those expenses.

Today in the Senate and tomorrow, as we debate this and vote on it, we have a chance to move the ball forward and show people that at least a majority in the Congress agree we ought to address this issue—the health care issue, of course—and try to stop the incredibly fast increase in premiums, deductibles, copays. Families, small businesses are getting hit hard. Also, we can help give the economy a shot in the arm by coming up with smarter ways to deal with health care.

This vote will show there are some in Congress who are listening and have some answers. Our job is to do what is right, and that is to pass this legislation to repeal and replace ObamaCare, to give us a chance to get rid of some of the most detrimental aspects of it that are eliminating jobs, that are pushing health care costs higher and higher.

The legislation—the Affordable Care Act—was sold as actually reducing costs. It was sold under false pretenses.

Specifically, the President said it would bring down premiums. He talked about it going down $2,500 on average per family. No; in fact, premiums are going up.

We were told Americans would be able to keep their insurance. Of course, millions have lost their health care insurance.

We were told that if you have a doctor whom you like, you can keep your doctor. Of course, a lot of people are now being told that under their new plan, they can't keep the doctor they have had.

We were told the Affordable Care Act could keep our economy strong, that it would grow jobs, create jobs. Instead, again, it has made things worse. If we look at the economy and what has happened, a lot of the issue is that people have given up looking for work. The so-called labor force participation rate is the lowest it has been since the 1970s—over 30 years. Some of that, again, is because we have this weak economy. Some of that is because a lot of the jobs that are available are part-time jobs, and the Affordable Care Act encourages part-time work, as we will talk about in a second.

So the results are in. We have seen it. We have seen that ObamaCare, with its mandates and centralized control, its top-down approach, has made it more difficult to get a job and has increased health care costs for families and small businesses—not the right way to provide quality health care for the people I represent in Ohio.

I hear stories every day. Sometimes they come in through our Web site, sometimes people call, sometimes I just run into people, and they tell me

their stories. I got one this morning. We have our weekly Buckeye coffee, where we bring in people who are here in Washington from around Ohio to talk to us about their issues. I ran into a small business owner, very typical—a manufacturer in this case. He said: ROB, my margins are between 2 and 3 percent. In other words, that is what my profit is, and yet I am seeing my health care costs go up by double digits every year. It just doesn't work. I can't make ends meet. I am having to pass this along, either to my employees with higher premiums, higher deductibles, higher copays, or to try to pass them on to my customers. But I am in a very competitive market and I can't really do that. That could mean having to lay some people off, downsize the business.

Take another small business owner who wrote to me recently who said this is going to hurt his business. He said he is going to have to tell his 35 employees their insurance will be canceled and that the cheapest replacement policies would include a 35-percent increase in premiums as well as a 33-percent increase in deductibles. This is another small business in Ohio.

Take the father of five who saw the cost of his family's insurance double under the Affordable Care Act or the man who saw his $100 deductible go to $4,000. Does that sound familiar? There are probably some people listening tonight who had that same experience where their deductible goes up so high, it is almost like you don't have insurance. This guy said he saw his deductible soar to $4,000 while his premiums went up to $1,000 a month.

Batavia is in Clermont County, OH, right near my home. Recently, a woman from Batavia wrote to me and said:

> I am a single mother. I pay for my own health insurance. I am active and fit. I have cycled over 4000 miles this year. I am seldom sick. In the three years that I've paid for my own insurance, I went to the doctor once for illness. My rate was $146 [a] month. In September, I received a letter from Anthem saying my plan does not meet the requirements of the Affordable Care Act and will be discontinued. I was offered the same coverage for $350 per month.

This is a real problem for this single mom, but it is for families all over Ohio. I am concerned about the impact on those families, concerned about the impact on our small businesses. I am also concerned about the indirect impact on employees who work for those small businesses.

We talked earlier about the fact that there is more and more part-time work and that jobs are hard to come by in Ohio. More and more small businesses in Ohio are becoming what they call 49ers or 29ers. Forty-niner refers to the fact that employers sometimes feel they have no choice but to freeze their growth, and they are hiring at 49 employees rather than 50 employees because when you hit 50, you come up with new requirements and mandates under ObamaCare.

Others have tried to reduce the hours their employees work. If you work less than 30 hours a week, you are not covered by the mandates under ObamaCare. So some employers have reduced hours from 40 hours to 29 hours. Those are the 29ers. That is one reason full-time work is harder to come by.

It is no surprise to me that the underemployment figure—those working part time but wanting to return to work full time—has been on the rise. When you see the jobs numbers coming out every month, look at the number of people who are part time rather than full time. It is concerning. Some of this has to be driven by what is happening with the Affordable Care Act. I am certainly hearing about it. I am certainly hearing about it from people on the ground, real-world situations. It is sad.

This morning I talked to Todd, the president of a small manufacturing company, and he talked about a double-digit increase in his health care expenses. Mike from Westlake wrote to me and said:

> I own a small business. Our health insurance rates for single employees under 30 went from $198 per month last year to $560 per month this year. That's a 260% increase thanks to ObamaCare! This bill is going to put small businesses out of business.

This one is from Tim in Canton. He said:

> The ACA fees being charged to us are $3,250 per year for 11 covered employees, which will be passed on to them. We are paying for the insurance premium increase of $15,186 by reducing our year-end bonus program. We also are offering an even higher deductible plan than we have now. (I will take the higher plan to lower the overall cost to soften the blow for my staff).

This is an interesting one because it is what I hear around Ohio. They are discontinuing their bonus program because of this. Other companies say we are discontinuing a research project. Others say we are discontinuing our match on our 401(k). Others say we are just plain cutting back; in other words, not hiring as many people as they would have.

It is happening out there. I know some economists have debates on this issue, but I hope they are talking to people in the real world who are being affected by this Affordable Care Act, the top-down approach, the mandates, and the inflexibility.

Not only are these small businesses affected by these new mandates, but a lot of them are now subject to one of the new taxes included in the Affordable Care Act. I think there are 21 new taxes in the Affordable Care Act. One of them is a tax on medical devices. This is an industry that is very important to Ohio and to our country. We have had a competitive edge in medical devices. We have a lot of great innovators in this country, including my home State of Ohio. We have been able to not only create some great opportunities in this country but we are exporting medical devices around the world. It is hard to overstate the impact the industry has on our State of Ohio and the ripple effect through our communities.

Over the past decade, we have added about 370 new bioscience and medical device companies in Ohio alone. It has been a growth area. These companies have brought high-paying jobs. I am told that for every one job, they create another 2.3 additional jobs. I visited a lot of these companies around the State of Ohio. I have been to companies in Cleveland, Cincinnati, and Columbus. Recently, I visited Zimmer Surgical, which is a company that employs about 300 workers in Dover, OH. They expressed the same concern I have heard at all these other companies I talk about, which is that this new tax under the Affordable Care Act makes it hard for them to be able to compete.

It is a very interesting tax. Normally you would have a tax on profits. If a company makes money, it pays taxes on those earnings and those profits. This is a tax on revenue, whether there is profit or not. It is an excise tax. Since this tax has taken effect, the companies I am talking about have seen a decrease in their operating margins. They are resulting in fewer jobs, they tell me, and less investment in the United States. Again, a lot of them say they are cutting back on research because they cannot afford to do the research they used to do because of the excise tax on their revenue—again, not on their profits, the money they are making, but just their revenue. That means their seed corn, as they call it, is being cut back.

I talked about the great innovation and the fact that this has been a cutting-edge industry for us in Ohio and around the country. The seed corn is research. That is what makes America a cutting-edge country in terms of these great medical device companies. A bunch of them are cutting back on research and that concerns me. Some have gone overseas. Some have moved their research overseas, even though they stayed headquartered in the United States.

If this tax continues, some have told me that they will be forced to close down manufacturing facilities. At a time when we need, more than ever, more made-in-America products in innovation, the medical technology industry is one where we are a leader on the world stage, and we should not be coming up with this kind of burdensome tax. That is why I am so glad that on this legislation that we will vote on tomorrow or the next day, that we will have the opportunity to repeal the medical device tax. By the way, there is a bipartisan consensus around that, I think. I know a lot of my colleagues on the other side of the aisle have talked about the need for us to do that as well.

If we do not do that, we are going to find out we have lost ground. Again, this goes to our economy. One thing that concerned me was that the founder of Zimmer Surgical in Dover, OH,

told me that had this tax been in place when he started his company, he doesn't think he ever would have made it off the ground. I talked earlier about the number of new startups. This is going to keep some of those startups from taking root in the first place and creating those jobs and opportunities.

Repealing a job-killing medical device tax, therefore, is a great step forward to promote policies to get Americans back to work. Even though we need to repeal these top-down mandates we talked about and get rid of some of these taxes that are so onerous on workers and hurt our economy, I don't think we should go back to the pre-Affordable Care Act status quo. I don't think it is enough to say we should repeal this bad law. I think we also should say: Let's come up with a better way to deal with health care costs. Health care costs are going to be a big problem unless we deal with them in a much more sensible way than the Affordable Care Act does. I think real reform is needed. It must be patient-centered. In other words, it must be about the patient giving them the incentive to be able to save costs by focusing on prevention and wellness, focused on their families, focused on what they need for themselves and family rather than these mandates that say you can't have this insurance policy you had for years, as this young woman in Clermont County told me who has seen her premiums go up so dramatically. She had a policy she was very happy with. Let people have the policies they want for themselves and their families.

Let's have less government and bureaucracy and more focus on patients. Let's be sure it is responsible in terms of keeping the tax burden down and does not kill jobs as the medical device tax does. ObamaCare should be repealed. It should be repealed and replaced with a system that actually works. The failures to ObamaCare actually point the way as to how we can do that. As I said, patient-centered, costs should be the focus. There are steps we can take—and take them today—to remove some of the shackles of government regulations from the market and help make health insurance and health care less expensive. We should start by allowing health care to be sold across State lines. Let's be sure we can compete, and the people who live in Cincinnati, OH, can get health care across the river in Kentucky or across the border in Indiana. It makes no sense. Some people live in Indiana and work in Ohio and vice versa or work in Kentucky and live in Ohio and they only get health care in the place where they live.

We should be able to look for our health care in New York or California. Whatever works best for our family. Make these companies compete for our business. We should take commonsense steps to rein in the staggering costs of frivolous lawsuits. This could save billions and billions of dollars in our health care system. There is a CBO estimate of the cost to the Federal Government that could be saved alone. It is tens of billions of dollars, but the medical profession will tell you it is more like hundreds of billions of dollars as it applies to all of us. That will help to make health care more affordable.

We should cover more Americans by creating a healthy, vibrant individual health care market, giving people a tax incentive to purchase health care insurance comparable by the incentives they receive at their employer-provided plan. Why shouldn't they have that same opportunity in the individual market that is part of the way you cover more people?

The sad truth about ObamaCare is that the coverage numbers are very disappointing, even to those who strongly supported the bill. Why? Because what has happened is that some people have gotten coverage, but others have lost coverage. The estimates by the Congressional Budget Office are that still 10 years after this legislation is in place there will be something like 30 million Americans without coverage.

We can do it and do it in a more cost-effective way and be sure people do have the opportunity to have access to quality health care. The bill we have before us this week will take that first step at removing the shackles of government regulation and put the country on the path forward to real health care reform. Not only does the legislation remove the mandates ObamaCare placed on individuals and businesses to purchase insurance, but it also rolls back some of the new programs, while giving the new President, the next President, and the new Congress, the next Congress, the time to be able to enact alternative reforms that will ensure all families have access to quality, affordable health care. It has to be a top priority to actually come up with not just repealing what is there but replacing it with something that makes more sense for families in Ohio and around the country.

I look forward to this vote and this debate because it gives us an opportunity to send to the President sensible legislation that gets rid of so many of the detrimental impacts of ObamaCare and sets us down the path of debating about what that future ought to be.

Some Democrats have said: Why are you doing this—because the President said he will veto it. I would ask them to look at what the majority of the American people are saying, which is that they do not believe the Affordable Care Act is the right way to go. I guess I would look at the fact that the majority in the Senate may feel that way as well. We should represent those folks back home. Because the President doesn't support it doesn't mean we shouldn't act and do what is right. Every President who served in this great country has had the opportunity to veto legislation coming from Congress. It doesn't mean Congress shouldn't send them legislation. I hope the President will not veto it. He probably will. It doesn't mean the Senate shouldn't act. I am glad we are acting.

I stand ready to work with my colleagues going forward on both sides of the aisle to enact real reforms that do provide the people I represent and people all around this great country the access to the quality care they deserve.

Mr. President, I yield my time.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Mr. President, for those who are keeping score, this is the 17th time that the Senate will be asked by the Republicans to vote to end ObamaCare, and they have added to this to defund Planned Parenthood. As one individual said the other day, here is a breakthrough press release: President Barack Obama is not going to end ObamaCare. That seems pretty obvious. So this is a political exercise. It doesn't solve the problems of America. It doesn't even address the problems of America.

The Affordable Care Act finds health insurance for 17 million Americans. We have reduced the number of uninsured Americans by 45 percent with this bill. The Republicans have opposed it from the start, never providing a single vote in support, never willing to sit down after it was passed to talk about changes that would make it even stronger or better. They want to end it. It is ObamaCare. It has the President's name on it—enough said for many of them. They want it to go away.

The reality is if it goes away, so does health insurance protection for millions of Americans. So you would expect that the Grand Old Party, the Republican Party, would have an alternative for us, right? Wrong. They have never come forward with any alternative that would provide coverage for these millions of Americans and the others who should have health insurance coverage as well. It just tells you that they are prepared to go back to the bad old days before ObamaCare and the Affordable Care Act.

Remember those days? Remember when a health insurance company could say to you: Sorry, you happen to have a sick child in your family, and we are not going to give you health insurance. Preexisting conditions were enough to say no, and if they said yes, it was at a premium that an average family couldn't even consider. We ended that discrimination against families and sick children. We ended it.

The Republicans today want to go back to those good old days when health insurance companies could turn you down in a New York minute and say: There will be no health insurance for you or your kids. They want to go back to those good old days. They are wrong.

They want to go back to the days when a family's health insurance plan wouldn't cover the graduate from college until he reached the age of 26. That is what the Affordable Care Act

does. It says that a family can keep that youngster—young man or woman—on their health insurance plan for their family while they are looking for a job, serving an internship or have a part-time opportunity.

I will tell you, as a father who has raised three children, I can remember those days after college when those kids didn't have coverage, and I used to ask them about that. I asked my daughter, Jennifer: Do you have health insurance now? She said: Dad, I don't need it; I feel just fine. That is not what a father wants to hear. The Republicans want to return to those good old days when those young men and women, after just having graduated from college, had to buy their own health insurance and couldn't stay on the family plan.

What about senior citizens with prescription drugs? The Affordable Care Act, which they want to repeal, helped seniors pay for their prescription drugs. They want to go back to the bad old days when seniors had a gap in coverage and had to go to their lifesavings to buy lifesaving prescription drugs. Those are the good old days that the Republicans want to return to. Well, those days weren't so good, and they certainly shouldn't return.

We have seen for the last 5 years the slowest rate of increase in health care costs in the last several decades. We have slowed down that rate of growth. We can do better. We should work together to do better on a bipartisan basis.

But instead, we are faced with a 17th vote by Republicans in the Senate to eliminate ObamaCare, to return to the old days of discrimination because of preexisting conditions and to take your kids who have graduated from college off your family health insurance plan. That is what they want to go back to.

America is not going to let that happen. Thank goodness this President won't let that happen. But we are going to waste several days on the floor of the Senate while they go through speeches that have been carefully rehearsed and delivered 17 different times with the same ultimate result, and nothing is going to happen. Instead, they should join us in a bipartisan effort to make the Affordable Care Act even stronger, fairer, and to help people have affordability and access to health insurance.

SHOOTING IN SAN BERNARDINO

Mr. President, earlier today there was a mass shooting in San Bernardino, CA. News reports are saying that up to three heavily armed gunmen attacked a social services center that helps developmentally disabled people and their families in the community.

Preliminary reports say that there have been 14 people killed and 14 wounded, although we don't know the exact number yet. There are videos of wounded people actually lying in the streets. The suspects apparently fled the scene in a black SUV, and a manhunt is underway.

This story is horrific, but it is also horribly familiar. There have been over 350 mass shootings in America this year. On average, 297 Americans are shot every single day, 89 fatally. Listen to this grim and sad statistic: There have been over 50 school shootings this year in America.

Our thoughts and prayers are with the victims and first responders in San Bernardino. But they and all the victims across our country deserve more than our thoughts and prayers. They deserve action. It is time for Congress—in a level-headed, commonsense moment—to vote on and pass legislation to protect innocent people across America from this horrific gun violence.

SYRIAN REFUGEES

Mr. President, I don't know if it was George Washington who said—although I think he is given the credit—when describing this institution of the Senate: It is the saucer that cools the tea.

I served in the House for 14 years and was proud to do it. We were elected every 2 years. It was a more volatile atmosphere because we were constantly running for reelection. The Senate is a different institution, with 6-year terms and a little more reflection, I hope, in what we do. I hope that we take the time that is necessary to exercise our constitutional opportunity here and think things over clearly and not react emotionally.

Well, it was about 2 weeks ago when the House of Representatives took action on the Syrian refugees and passed a measure that would give what they called a pause to receiving Syrian refugees in the United States. It was a heated moment. It was after the terrible tragedies that occurred in Paris and Beirut, and there were concerns about ISIL and the spread of their terrorist ways around the world. It was an emotional moment that really needs some reflection.

The simple fact of the matter is this. Over the last 4 years, during the course of the Syrian war, the United States has received about 2,000 refugees from Syria into our country. It is an elaborate, lengthy process.

Mr. President, I ask unanimous consent to have an article from last weekend's New York Times, which outlines all of the steps that need to be taken in order for a Syrian refugee to enter the United States, printed in the RECORD.

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

[From the New York Times, Nov. 20, 2015]

WHY IT TAKES TWO YEARS FOR SYRIAN REFUGEES TO ENTER THE U.S.

(By Haeyoun Park and Larry Buchanan)

Syrians must pass many layers of security checks before being admitted to the United States, a process that can take two years or longer. In most cases, the refugees do not enter the United States until the very end. They are also subject to an additional layer of checks beyond those for refugees of other nationalities; after the Paris attacks, the House voted to further tighten screening procedures. Since 2011, the United States has admitted fewer than 2,000 Syrian refugees.

1. Registration with the United Nations.

2. Interview with the United Nations.

3. Refugee status granted by the United Nations.

4. Referral for resettlement in the United States. The United Nations decides if the person fits the definition of a refugee and whether to refer the person to a country for resettlement. Only the most vulnerable are referred, accounting for fewer than 1 percent of refugees worldwide. Some people spend years waiting in refugee camps.

5. Interview with State Department contractors.

6. First background check.

7. Higher-level background check for some.

8. Another background check. The refugee's name is run through law enforcement and intelligence databases for terrorist or criminal history. Some go through a higher-level clearance before they can continue. A third background check was introduced in 2008 for Iraqis but has since been expanded to all refugees ages 14 to 65.

9. First fingerprint screening; photo taken.

10. Second fingerprint screening.

11. Third fingerprint screening. The refugee's fingerprints are screened against F.B.I. and Homeland Security databases, which contain watch list information and past immigration encounters, including if the refugee previously applied for a visa at a United States embassy. Fingerprints are also checked against those collected by the Defense Department during operations in Iraq.

12. Case reviewed at United States immigration headquarters.

13. Some cases referred for additional review. Syrian applicants must undergo these two additional steps. Each is reviewed by a United States Citizenship and Immigration Services refugee specialist. Cases with ''national security indicators'' are given to the Homeland Security Department's fraud detection unit.

14. Extensive, in-person interview with Homeland Security officer. Most of the interviews with Syrian refugees have been done in Amman, Jordan and in Istanbul.

15. Homeland Security approval is required. If the House bill becomes law, the director of the F.B.I., the Homeland Security secretary and the director of national intelligence would be required to confirm that the applicant poses no threat.

16. Screening for contagious diseases.

17. Cultural orientation class.

18. Matched with an American resettlement agency.

19. Multi-agency security check before leaving for the United States. Because of the long amount of time between the initial screening and departure, officials conduct a final check before the refugee leaves for the United States.

20. Final security check at an American airport.

Sources: State Department; Department of Homeland Security; Center for American Progress; U.S. Committee for Refugees and Immigrants.

Mr. DURBIN. It starts with registration with the United Nations, interview with the United Nations, refugee status granted by the United Nations, referral for resettlement in the United States, interview with State Department contractors, the first background check, higher level background checks, another background check, fingerprint screening with a photo taken, the second fingerprint screening, the third fingerprint screening, the case reviewed by U.S. immigration headquarters and

then in some cases referred for additional review, extensive in-person interviews with Homeland Security officers, and then—and only then—could Homeland Security approval be required. At that point the potential refugee is screened for contagious diseases, goes through a cultural orientation class, matched with an American resettlement agency, goes through a multiagency security check before leaving to enter the United States, and then faces a final security check when they arrive at an American airport.

I am entering this into the RECORD because those who are suggesting that we are taking Syrian refugees without appropriate screening are not aware of the reality. It is a process that takes 18 to 24 months, and in the 4 years we have accepted about 2,000 Syrian refugees, not a single one has been found to be involved in a terrorist activity.

We accept about 70,000 refugees in the United States each year, and I am glad that we do because for some people in some parts of the world, it is the only place they can turn to.

The public reaction against the House action that bars Syrian refugees is interesting. There was a Congressman, and I don't know him personally, but his name is Congressman STEVE RUSSELL of Oklahoma.

This is according to the POLITICO article:

He voted for the bill with serious reservations but in the hopes of affecting the debate as it moved ahead. If the existing bill were to come before the House again, ''I would vote against it,'' Russell said. ''I think it creates impossible barriers to refugees.''

Just 2 weeks ago, he voted for it, but he has thought it over. Why? This article says:

For Russell, the issue is personal. One of his close friends is an American citizen who was trying to get his mother out of Syria. The mother died this past summer before she could leave that war-torn country. Out of respect for his friend's privacy, [Congressman] Russell [of Oklahoma], a retired Army lieutenant colonel, declined to offer specifics, including exactly what happened to the woman. But he said: ''I'm certain had he been able to get her to the United States, she would still be alive.''

[Congressman] Russell urged [his fellow] Republicans in the Senate to think carefully before supporting the House bill, saying they should not get refugees confused with the broader issue of immigration. He pointed out that in the past the U.S. has denied entry to people in need of help, including Jews [who were] fleeing the Nazis [in Europe during World War II].

''We have had dark periods when we have done this in the past,'' he said. ''History never judges it kindly—never.''

That was a quote by Congressman RUSSELL, a Republican from the State of Oklahoma.

I think it is important to note, too, that ''in a letter to lawmakers released [yesterday], a group of national security experts, including figures prominent in Republican circles such as former Secretary of State [Henry] Kissinger, retired Gen. David Petraeus and former Homeland Security Secretary Michael Chertoff, urged [us] to stop the House bill.''

''Refugees are victims, not perpetrators of terrorism,'' the signatories wrote. ''Categorically refusing to take them only feeds the narrative of [the Islamic State] that there is a war between Islam and the West, that Muslims are not welcome in the United States and Europe, and that the [Islamic State] caliphate is their true home.''

Perhaps the saucer is cooling the tea, and perhaps the Senate will have the good sense not to follow the action of the House of Representatives in passing this provision.

I have two other items to add to the RECORD before I yield the floor to my colleagues who have gathered here today.

The first is an article that comes out of the city of Chicago, which I am honored to represent. I ask unanimous consent that the article be printed in the RECORD.

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

[From the Chicagoist.com, Dec. 1, 2015]

MEET THE NUNS WHO ARE PREPARING THEIR WEST RIDGE HOME TO TAKE IN SYRIAN REFUGEES

(By Tony Boylan)

Three nuns living in West Ridge plan to take in a Syrian refugee family not just with the blessing of their local community, but at its urging.

Despite Illinois Gov. Bruce Rauner's decision last month to join a number of other state governors in vowing to make it tougher for Syrian refugees to resettle in the U.S. in the wake of a recent terrorist attack on Paris, these women are preparing their home to make life a little easier for a refugee family.

The sisters, part of the Society of Helpers, live in a historic home once owned by the Dr. Scholl's Family with a finished basement they in the process of turning into a family apartment. The Society is an international order with progressive values based on the teachings of St. Ignatius. In other words, they get their hands dirty working with lots of issues other people of faith aren't always quick to embrace; the homeless, addicts, teenage mothers, domestic violence and those most in need of support and assistance.

From their mission statement: ''As contemplatives in action, we don't just pray for social justice and for peace—we make it our life's work.''

Putting their faith in action, the sisters moved swiftly to ready themselves to provide shelter to a refugee family they think could be with them as soon as January. Political leaders can debate and demagogue on the issue all they'd like, but the sisters don't care about that. Their faith declares what it declares, they say, and offering help is their faith.

''We would rather not make our decision on fear, we would rather make our decision on compassion,'' said Sister Mary Ellen Moore, a registered psychologist and one of three nuns who lives in the house. ''We were certainly disappointed in Gov. Rauner's statement on this issue. That kind of mentality if frightening and we know what it's led to in Europe and in other places in the past. It's really very sad.''

The plan predates the attacks in Paris, which have somehow been blamed on refugees—the same people trying to flee the horrific powers behind the carnage. The nuns and the members of St. Gertrude's parish in Edgewater took to heart the Pope's call for every congregation in America to help ease the international crisis and find a way to accommodate refugees.

The sisters do find it important to note that this isn't an entirely free ride. Refugee families from Syria, or anywhere else, are required as part of their status to obtain work almost immediately after getting settled. Catholic Charities will assist them with that. The family will also be asked to contribute something for electricity and other utilities in due time, and after a store of donated food is exhausted, the family will rely on its own income and some help from charity for food.

In this case, though, a family couldn't ask for hosts more qualified and prepared to help them assimilate. And the sisters think the multicultural nature of their neighborhood—near Devon Avenue and Loyola University—will be helpful.

Members of the parish, where the sisters attend church, but have no official attachment, almost immediately began collecting donations of money, furniture, bedding, kitchen supplies, and all the mundane things a family starting over with nothing might need to get by. (There still is a need for everything except clothing, which will wait until they know who is coming and can collect items appropriate to ages and size. Any help is appreciated and can be donated through either the Society of Helpers Facebook Page or website.

It's not as if the parishioners or sisters are entering into this without thinking through any potential risks. It's just that they know the risks are being wildly overstated and their mission is clear.

A letter written by parishioner John Neafsey was circulated among church members recently read, in part:

''Security concerns are understandable in the aftermath of the Paris attacks. But our understanding is that there is already a thorough and lengthy screening process in place for checking the backgrounds of refugees (agreed upon between the UNHCR and host countries, including the U.S.) prior to approving them for resettlement to the United States. We believe that an arbitrary refusal to allow Syrian refugees to come to our state is unnecessary, unfair, and un-Christian. This would needlessly scapegoat and penalize innocent men, women, and children who are fleeing violence and persecution. It deprives them of the chance to get a new start in a safe place where they are welcome. The motto of our parish is 'All Are Welcome.' For us, ''all'' includes Syrian refugees, whether they are Christian or Muslim.''

While neither the church members nor the sisters want this matter to be political, they understand the climate that has been created.

''It's very sad people just jump to judgement because people are different,'' said Sr. Jean Kielty, Director of the House of Good Shepherd and a social worker who has aided the homeless for a quarter century. She shares the house with Sister Mary Ellen, Sister Anna Maria Baldauf, and their dogs, Mocha and Snowball.

''This is just a different kind of homelessness—a more tragic one.''

There is a one ramification Sister Jean is concerned about, though: ''I'm not sure if my family will come visit me anymore.''

Here's a little more information about the nuns behind this initiative and the residence where they are providing a basement apartment to a refugee family next year:

JEAN KIELTY, SH

As a social worker, Jean's ministry has focused on addressing homelessness in the Chicagoland area for more than 25 years. She

has served as Director of Interim Housing with Catholic Charities of the Archdiocese of Chicago and is currently the Executive Program Director of the House of Good Shepherd. Jean is the founder and current chairperson of the board for Casa Esperanza, a transitional housing program for women and their children located in South Chicago. Jean is one of three leaders of the U.S. Province of the Society of Helpers and resides in her West Ridge home with two other Helpers and their dogs.

MARY ELLEN MOORE, SH, PH.D.

Mary Ellen is a registered psychologist and co-founder of Claret Center in Hyde Park that offers psychotherapy, workshops, and professional development that support wholeness in mind, body, and spirit. In addition to her advisory role at Claret Center, Mary Ellen provides psychotherapy and supervision to clients and students and is the director of training for the practicum at ''The Circle,'' a Helpers-sponsored resource center for Latina immigrant women in Brighton Park. Mary Ellen served served two previous terms as the Helpers' U.S. Provincial from 1985–1995 and another term from 2008–2014.

THE MILLER HOUSE

This West Ridge modified Georgian Colonial Revival was built by the Hutchins Brothers in 1911. In 1923, the Hutchins family sold the home to Frank Scholl, brother of Dr. William M. Scholl who founded the company Dr. Scholl's. Frank joined the business in 1910 and oversaw European operations. Featured on the 1996 Annual Fall House Tour and the 2013 Annual House Tour, this historical home boasts 5000 square feet with 5 bedrooms, 5.5 bathrooms and related living quarters.

Although this ''large home'' has undergone changes with each of the five previous owners, it maintains many qualities of its original historic charm. The Society of Helpers purchased the home in 2014, planning to utilize its space to welcome other Helpers visiting from around the world. They were thrilled to be able to offer the related living quarters to a Syrian refugee family when their parish, St. Gertrude, and Catholic Charities provided an opportunity to present a family in need of a safe home.

Mr. DURBIN. The article talks about a house in West Ridge, Chicago. It is a place where an order of Catholic nuns called the Society of Helpers has a house that they have turned into a refuge for homeless people. They have announced that they are going to accept Syrian refugees into their home so that the refugees know they will have a safe place to stay in the United States.

Sister Mary Ellen Moore, a registered psychologist and one of the nuns who lives in the house, said:

We would rather not make our decision on fear, we would rather make it on compassion . . . We were certainly disappointed in Gov. Rauner's statement on this issue. That kind of mentality is frightening and we know what it's led to in Europe and other places in the past. It's really very sad.

The people of France, after these horrific terrorist incidents, announced that they are going to accept 30,000 Syrian refugees. The people of Canada, after the terrible incident in Paris, announced virtually the same thing. And what has been the response of the United States and the House of Representatives? It has been an irrational response of fear.

Mr. President, I ask unanimous consent that this letter, which comes from a group called HIAS, and has the headline ''1000 Rabbis in Support of Welcoming Refugees'' be printed in the RECORD.

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

[From hias.org, Dec. 1, 2015]

1,000 RABBIS IN SUPPORT OF WELCOMING REFUGEES

We, Rabbis from across the country, call on our elected officials to exercise moral leadership for the protection of the U.S. Refugee Admissions Program.

Since its founding, the United States has offered refuge and protection to the world's most vulnerable. Time and time again, those refugees were Jews. Whether they were fleeing pogroms in Tzarist Russia, the horrors of the Holocaust or persecution in Soviet Russia or Iran, our relatives and friends found safety on these shores.

We are therefore alarmed to see so many politicians declaring their opposition to welcoming refugees.

Last month's heartbreaking attacks in Paris and Beirut are being cited as reasons to deny entry to people who are themselves victims of terror. And in those comments, we, as Jewish leaders, see one of the darker moments of our history repeating itself.

In 1939, the United States refused to let the S.S. St. Louis dock in our country, sending over 900 Jewish refugees back to Europe, where many died in concentration camps. That moment was a stain on the history of our country—a tragic decision made in a political climate of deep fear, suspicion and antisemitism. The Washington Post released public opinion polling from the early 1940's, showing that the majority of U.S. citizens did not want to welcome Jewish refugees to this country in those years.

In 1939, our country could not tell the difference between an actual enemy and the victims of an enemy. In 2015, let us not make the same mistake.

We therefore urge our elected officials to support refugee resettlement and to oppose any measures that would actually or effectively halt resettlement or prohibit or restrict funding for any groups of refugees.

As Rabbis, we take seriously the biblical mandate to ''welcome the stranger.'' We call on our elected officials to uphold the great legacy of a country that welcomes refugees.

Mr. DURBIN. I will close by reading just a portion of this letter that was handed to me this morning by this group that represents these Jewish rabbis all across the United States, from virtually every State in the Union.

It says:

We, Rabbis from across the country, call on our elected officials to exercise moral leadership for the protection of the U.S. Refugee Admissions Program.

Since its founding, the United States has offered refuge and protection to the world's most vulnerable. Time and time again, those refugees were Jews. Whether fleeing the pogroms in Tzarist Russia, the horrors of the Holocaust or persecution in Soviet Russia or Iran, our relatives and friends found safety on these shores.

We are therefore alarmed to see so many politicians declaring their opposition to welcoming refugees.

Last month's heartbreaking attacks in Paris and Beirut are being cited as reasons to deny entry to people who are themselves victims of terror. And in those comments, we, as Jewish leaders, see one of the darker moments of our history repeating itself.

They go on to talk about the United States turning away the SS *St. Louis* in 1939, and 900 Jews were sent back to Europe. The Holocaust Museum tells us that 200 of them perished in the Holocaust because the United States refused to accept them as refugees.

They end by saying:

As Rabbis, we take seriously the biblical mandate to ''welcome the stranger.'' We call on our elected officials to uphold the great legacy of a country that welcomes refugees.

I yield the floor.

The PRESIDING OFFICER (Mrs. ERNST). The Senator from Oklahoma.

Mr. INHOFE. Madam President, before we get too wrapped up with our concern for the Syrian refugees, let's keep in mind that this administration doesn't have a policy in the Middle East today and hasn't had one since it came into office. It doesn't have a policy in Syria. They don't know where we are. He has drawn a line in the sand and just ignored his commitments. We wouldn't have all of these Syrian refugees if we had a policy in the first place.

Secondly, it was this administration's own Director of National Intelligence, James Clapper, who said that it is a fact that the refugees who come in from Syria could very well be bringing terrorists into the United States, and I think we need to consider that and consider our citizens before we consider some of the others. There are other options. We could have no-fly zones and have refugees settled in their own country, and that would be a lot safer for America and a lot cheaper.

Anyway, that is not why I am here.

President Obama made a lot of points to the American people in 2010 about how ObamaCare would improve health care for everyone. He said it would lower costs, it would expand access, and it would make health care more affordable for everyone. Yet, 5 years after this law's passage, ObamaCare has only increased premiums and increased deductibles, cut down employee work hours, and threatened the religious liberty of many employers who are providing needed jobs in a slow economy.

Since Obama's disastrous rollout, I have listened to heartbreaking accounts of how ObamaCare has negatively impacted middle-class Oklahoma families. I go back every weekend and I talk to these people. Their budgets are taking the hardest hits. The longer this law has been on the books, the worse the stories have become.

Oklahoman Fred Imel's premium is going from $1,100 a month to $1,700 a month. In fact, it was just announced that next year Oklahomans will see an average increase of 35.7 percent in premium prices, which is the highest in the Nation. That is why I am concerned about this. We have an opportunity, actually, tomorrow to act on something that can change all of this.

In addition, BlueCross BlueShield notified 40,000 Oklahomans earlier this

year that they will no longer offer their current plans and that policyholders would be forced to move to other plans in the two other networks in the State. Both plan options have fewer participating doctors, hospitals, and other providers. In other words, access to care is going down for these people, all the while costs are going up.

At the same time, many other insurance companies are dropping out of the Affordable Care Act market altogether, leaving Oklahomans with even fewer choices, not more, as President Obama promised back in 2010. In fact, nationwide, ObamaCare offers, on average, 34 percent fewer providers than health care networks outside the exchanges.

But ObamaCare isn't delivering bad news just to Oklahoma. Across the Nation, federally backed co-ops are going under due to ObamaCare. On October 16, the Wall Street Journal had an article that said that these cooperatives are ''collapsing at such a rapid clip that some co-ops and small insurers are forming a coalition to consider legal action to try to change health-law provisions they blame for their financial distress.''

Twelve out of the 23 ObamaCare established co-ops have gone under. More than half of them have gone under, leaving more than 500,000 currently insured Americans to find new insurance once again or face a steep penalty from the Federal Government. These co-ops also received over $1 billion in taxpayer loans from the Federal Government, most of which will never get repaid. So it is really worse economically for this country.

Since the beginning of this Congress, I have sponsored 12 bills to dismantle and fully repeal ObamaCare, and my colleagues and I are committed to maintaining our promise to repeal and replace ObamaCare. This reconciliation bill is a step in that direction. The House passed reconciliation on October 23 with a vote of 240 to 189.

This bill repeals the major components of ObamaCare, including the individual and employer mandate. It also repeals the medical device tax and the Cadillac tax, which is a tax placed on certain high-value, employer-sponsored insurance plans.

The Senate reconciliation bill also takes repeal of ObamaCare a lot further by repealing $1 trillion in ObamaCare taxes and fully repealing the Medicare expansion and all ObamaCare subsidies by 2018.

Importantly, the reconciliation bill also prohibits Federal funding for Planned Parenthood and instead uses that money that is saved by that repeal to increase funding for community health care centers. We hear people talk about health care for woman who are going to be hurt if we get rid of Planned Parenthood, yet we have more than 9,000—9,000—community health centers. These facilities are better equipped to provide women with the health care they need when compared to only 700 Planned Parenthood facilities. So keep in mind that there are 700 Planned Parenthood facilities and 9,000 community health centers, so they actually have the opportunity to get better care.

This issue is of particular importance given the sting videos that were released over the last few months showing the lengths Planned Parenthood affiliates have gone to profit from the sale of fetal tissue following abortions.

Planned Parenthood is a private institution that largely serves urban areas. While abortion may not be the only service they provide, it is what they are primarily known for. Everybody knows that. Whether they have broken the law or not, the taxpayer money they currently receive would be better directed toward the community health centers, which, on a ratio of 12 to 1, would be able to help with women's services.

Life is one of the single most important issues we consider here in the Senate, and I am proud of what we have already done this year. A few months ago, a majority of Senators voted to defund Planned Parenthood. That vote has already taken place. A majority of us here—although the tally did not pass the 60-vote threshold that was necessary to break a filibuster, it did show that more than a majority of Senators support ending subsidies to the largest abortion provider in America.

More important than the Senate's views of this, a majority of the American people support protecting life of the unborn. Every survey demonstrates that very clearly. When I go back home, people say: Why is it that if this is something the American people want, this taking of life continues?

The American people support it, and it is very important to me and my constituents that we do everything possible to protect the sanctity of life. That is among the top reasons why it is necessary to vote for this reconciliation bill. We have the chance to end the Federal financing of the institution that has chopped up babies and negotiated the most profitable price for their organs. There is no moral gray area here.

Let me tell my colleagues something about Oklahoma. I am going to tell my colleagues about how immoral and abrasive ObamaCare has been. In my State of Oklahoma—I was in the State senate back in 1970. I had a good friend then whose name is David Green. He developed a business in his garage—this was in 1970—where he made picture frames. He had only one employee, and then he started growing. Over a period of time, he has grown to where he now has Hobby Lobby. Hobby Lobby has 600 stores, 23,000 employees, and it started in a garage in 1970.

David Green is a real Jesus guy. He loves the Lord. He has his own principles, his own morality, and his employees do too. So ObamaCare came along and required a contraceptive type of pill taken after fertilization that is very similar—it is a type of abortion, in the eyes of this man. Well, he refused to force his employees to do that.

ObamaCare—the Federal Government—came along and they sued him and they—no, they were fining him $1 million a day—$1 million a day for refusing to take human life. He filed a suit. Now, keep in mind, $1 million a day. He went to district court, and he won the case by a close decision over ObamaCare. Then they appealed the case to the circuit court. He won there, and he won ultimately in the U.S. Supreme Court by a split vote of 5 to 4. Here is a guy who is willing to risk $1 million a day because he knew what was morally right. This is something that actually happened.

I will tell my colleagues, we have to get rid of ObamaCare and get out of the abortion business. We will have that chance tomorrow.

I yield the floor.

The PRESIDING OFFICER. The Senator from Utah.

Mr. LEE. Madam President, nearly 6 years ago this body was on the verge of passing the Patient Protection and Affordable Care Act. Today the Senate is poised to repeal that insultingly misnamed law.

Back in the winter of 2009, of course, we still had yet to pass the bill to see what was in it, although one didn't need a Ph.D. in economics to foresee that the Affordable Care Act would be a mess. It wasn't just conservatives and Republicans raising concerns; every sensible observer saw the obvious flaws and the inevitable disasters embedded in the rickety, ideological scheme congressional Democrats were foisting on the American people in an exercise of unprecedented partisanship.

Six years later, the Democratic Party's dream of ObamaCare has become the American people's nightmare. For the past 5 years, the American people have lived with and have suffered through the chaos and dysfunction wrought by ObamaCare's assault on American health care. At every step along the way, opposition to the law has grown stronger and calls for its repeal by the American people have grown louder, which brings us here today.

Last year Republicans running for Congress promised to repeal ObamaCare as a first step toward replacing it with real health care and real insurance reform. It was largely on the basis of this pledge that the American people elected to put the GOP in charge of both the House of Representatives and the U.S. Senate. The bill we are scheduled to vote on later this week brings us as close to fulfilling that promise as is possible under the Senate rules, pursuant to the instructions from the budget resolution that Congress passed just a few months ago.

I applaud the majority leader for his steadfast leadership over the past several days and weeks, and I commend

the Senate Budget Committee for its tireless efforts, as Republicans have worked together to craft a reconciliation package that doesn't just tinker around the edges of ObamaCare but lays the groundwork for ObamaCare to be erased from the books altogether. This is the only responsible step for Congress to take because by the law's own standards, according to the promises of the ideologues who imposed it on an unwilling country, ObamaCare has been a failure.

As its name suggests, the overriding objective and promise of the Affordable Care Act was to make health care more affordable for Americans. Yet, nearly 5 years after its passage, no one seriously claims the law has made it easier or more affordable for the American people to access the health care services they need. Facts are not optional, and the facts prove that quality, affordable health care is harder to find in America today than it was 6 years ago, especially for low- and middle-income Americans.

With so much political and ideological capital invested in propping up and defending ObamaCare, President Obama and his allies here in Congress are forced to simply try to skirt the facts. Take, for instance, the left's favorite half-truth—the notion that ObamaCare has succeeded because there are fewer uninsured Americans today than before the Affordable Care Act was signed in the law. But the other salient fact routinely omitted by the President and congressional Democrats is that the vast majority of the newly insured receive their coverage through Medicaid. The reason ObamaCare supporters have made a habit of ignoring this fact is obvious: For 50 years, Medicaid has served as the preeminent case study of how not to run a health insurance program. Medicaid's abysmal track record of failing our most vulnerable populations will only get worse as millions of new, able-bodied adults join the program.

Then there is the fact that in 2016, insurance premiums are set to continue their steep assent toward unaffordability. That goes for insurance plans on the ObamaCare exchanges as well as commercial plans purchased in the private market.

ObamaCare supporters have long promised that rising premiums would be at worst a brief detour on the centrally planned road to affordable health care, but as it turns out the iron laws of economics have once again triumphed over ideological wishful thinking. According to a survey of commercial insurance brokers conducted by Morgan Stanley, the average rate hike in 2016 for individual insurance plans will be 12.6 percent—slightly higher than the 11.2-percent increase last year—and the increase in small group rates will be 13.5 percent, up from a hike of 11.7 percent last year. So this creep continues. It keeps getting worse for the American people.

The outlook for insurance plans on the ObamaCare exchanges is just as bleak. Last month the Department of Health and Human Services announced that insurance premiums will rise an additional 7.5 percent next year in the 37 States using the notoriously defective and flawed healthcare.gov, and that is just the average, which obscures the more dramatic premium increases for residents in several States in particular, such as Oklahoma and Alaska, both of which are projected to see their ObamaCare premiums spike more than 30 percent next year.

Compounding the continued acceleration of premium hikes is the simultaneous increase in deductibles and the narrowing of choices that patients face in the health care market. In my home State of Utah, for instance, the residents of 20 out of my State's 29 counties are limited to only one health insurance plan option.

This toxic combination of rising health care costs and limited health care choices has already had serious consequences, especially for low- and middle-income Americans who are most severely affected by the law and who are the least capable of dealing with adverse consequences. According to a recent Gallup poll, nearly one in three Americans report that they or a family member have postponed or delayed medical treatment within the past year because of the cost, and they are more likely to have done so for a serious medical condition than for a medical condition deemed nonserious. What is even more remarkable is that the proportion of Americans who delay medical treatment because of the cost has remained basically unchanged for the last decade, even as the number of Americans with insurance coverage has increased. It is not just patients who have found ObamaCare to be too expensive. Insurance providers are coming to the same conclusion. To date, half of the 23 cooperatives created by ObamaCare collapsed despite receiving billions of dollars of taxpayer subsidies. The shuttering of the once-celebrated ObamaCare co-ops is not just a sign of the law's unsustainability, it is also a major source of the stress and anxiety that millions of Americans are experiencing as a result of this unfortunate law.

Just ask the hundreds of thousands of Utahans who recently found out that Arches Health Plan, a co-op that served roughly one-quarter of the State's exchange enrollees could not afford to stay in business next year. The announcement came only 5 days before open enrollment began this fall, leaving families across Utah scrambling to find a new plan and hoping they can afford it—like so many before them, the collateral damage of the President's repeated broken promise that if you like your health care plan, you can keep it.

Then there was the recent warning from United Healthcare. United is the Nation's largest health insurance provider. It was supposed to be big enough and with enough efficiencies built into its operations to absorb the new costs associated with doing business within the ObamaCare regulatory framework. Yet just a few weeks ago, United announced that the financial realities of its ObamaCare plans may soon force the insurance giant to stop offering insurance plans through the public exchanges.

The Affordable Care Act has been described by some of its supporters as a train wreck. It certainly looks that way as we watch hard truths and economic realities unravel the coalition of insurers that were once great champions of ObamaCare, but when you think about it, the term ''train wreck'' isn't quite the right metaphor to describe the calamity that is the Affordable Care Act. It misses the crucial point. Train wrecks are accidents, aberrations, anomalies. The failures of ObamaCare were no such thing. They were entirely predictable. We knew they were coming, despite the President's repeated assurances to the contrary.

There was nothing unexpected about the collapse of a national health care pseudo market, governed by a perverse set of incentives and exemptions that encouraged young and healthy individuals to stay out of the health insurance market. Now, nearly 5 years after its passage, there is no denying the manifest failures of ObamaCare. The only question left is, What are we going to do about it?

For the Democratic Party, the answer is—as we have come to expect—more of the same. Shield the ramshackle architecture and bloated bureaucracy of ObamaCare from any meaningful reform, and whenever possible double down—more ill-conceived and costly regulations, more Federal micromanagement of the health decisions of individuals, families, doctors, hospitals, and insurance companies, more price controls, all peddled using the same hackneyed promises and proclamations of compassion and fairness that have nearly drowned out any honest discourse during the past 6 years regarding health care.

ObamaCare has given the American people a preview of this approach to health care policy, and they have emphatically rejected it, which is why the Senate will soon vote to repeal the Affordable Care Act, but just saying no is not by itself enough.

Conservatives and Republicans must also offer the country a health care reform agenda to be for, something they can support affirmatively, proactively. Already there are a number of conservative leaders in Congress who have developed reform plans that would replace ObamaCare's cumbersome, bureaucratic, and expensive health care system with one that is flexible, decentralized, and affordable. We must build on these plans and advance legislation that empowers patients and families—not distant, coercive, powerful bureaucracies—to decide how they want to spend their health care dollars, and

that encourages innovation and investment across all health care sectors. Repealing the Affordable Care Act is the first step in that process—the beginning, not the end of our road to building a market-based, patient-centered health care system in America.

I look forward to joining my colleagues in voting to repeal ObamaCare and entering this new phase of health care reform. I thank my colleagues who cooperated and worked together in developing this bill that I wholeheartedly support.

Thank you, Madam President.

The PRESIDING OFFICER. The Senator from Montana.

Mr. DAINES. Madam President, last year when I decided to run for Montana's open Senate seat, I promised the people of Montana I would work tirelessly to repeal ObamaCare. I am upholding that promise. Tomorrow the Senate will vote to repeal President Obama's broken health care law because for many Montana families the President's health care law hasn't been what it was promised to be.

Too many Montanans have seen their work hours cut, have been forced off the plans they liked, and were told they couldn't see the doctors they trusted. Health care premiums are not as affordable for Americans as President Obama claimed they would be. We are seeing premiums rising once again. In Montana, folks who are purchasing plans from the ObamaCare exchanges are getting hit with double-digit rate increases. More than 40,000 Montanans are expected to receive notices that their insurance rates have increased by double digits—an average of 34 percent for some plans. To put that into perspective, that is another $1,000 a year for a 40-year-old on one of Montana's silver plans.

Some Montanans have been hit with even higher rate increases. Take Cindy from Missoula, MT, who received a letter from her health insurance company that her premiums were increasing by 40 percent. Unfortunately, these rate hikes are the predictable result of forcing a partisan piece of legislation through Congress without transparent consideration or bipartisan input. Sadly, those impacted the hardest by these steep rate increases are often those who can least afford it.

Americans need access to affordable care, but ObamaCare not only takes uninsured Americans in the wrong direction, it is failing to reliably provide the basic coverage Americans deserve. Look no further than the health co-op system established under ObamaCare. All but one lost money in the last year—all but one. More than half have collapsed, forcing more than 700,000 Americans to find new health insurance options.

In 2007, President Obama said himself that by the end of his first term ObamaCare would ''cover every American and cut the cost of a typical family's premium by up to $2,500 a year.''

Montanans haven't seen their premiums decreased by $2,500 a year. It is not even close. Montanans are forced once again off the health care plans they liked and away from the doctors they trusted because when Washington, DC, bureaucrats take over a health care system, inevitably prices go up and the quality of care goes down. That is exactly what we have seen happen with ObamaCare. After more than 5 years of this Obama experiment, it is clear ObamaCare isn't working.

I grew up in Montana. Spending time outdoors is an important way of life for us back home. I was fly fishing before Brad Pitt made it cool in the movie ''A River Runs Through It.'' When you are in one of Montana's blue-ribbon streams and your fishing line gets tangled up, you have a couple different options. Sometimes you can take some time to untangle it and make another cast, but other times, your line gets so tangled up and knotted up that the best option is to cut the line and start over. It is time to cut the line on President Obama's failed health care law and tie on a new fly. That is what the Senate is going to do this week.

This bill dismantles President Obama's bungled health care law. It also puts our States on a glide path away from ObamaCare. It will build a bridge to replace this broken law with State-led solutions that put patients back in the center of the health care equation and return the health care decisions to Americans, to families, to their doctors and away from a bunch of DC bureaucrats. When we pass this historic legislation tomorrow, it will be the first time an ObamaCare repeal bill will be on President Obama's desk for his signature. He is going to have to decide whether to put the American people first or if he will continue imposing fines and substandard care on the hard-working people of this country.

Even if the President rejects the will of the American people and vetoes this bill, I will continue working to protect Montanans from rising health care costs, and I will keep working to ensure that all Americans receive the quality health care they deserve.

I yield the floor.

The PRESIDING OFFICER. The majority leader.

MORNING BUSINESS

Mr. MCCONNELL. Madam 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.

BUDGETARY REVISIONS

Mr. ENZI. Madam President, section 4305 of S. Con. Res. 11, the concurrent resolution on the budget for fiscal year 2016, allows the chairman of the Senate Budget Committee to revise the allocations, aggregates, and levels in the budget resolution for legislation related to health care reform. The authority to adjust is contingent on the legislation not increasing the deficit over either the period of the total of fiscal years 2016–2020 or the period of the total of fiscal years 2016–2025.

I find that Senate amendment 2874 fulfills the conditions of deficit neutrality found in sec. 4305 of S. Con. Res. 11. Accordingly, I am revising the allocations to the Committee on Finance; the Committee on Health, Education, Labor, and Pensions, HELP; and the budgetary aggregates to account for the budget effects of the amendment.

I ask unanimous consent that the accompanying tables, which provide details about the adjustment, be printed in the RECORD.

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

BUDGET AGGREGATES—BUDGET AUTHORITY AND OUTLAYS

(Pursuant to Section 311 of the Congressional Budget Act of 1974 and Section 4305 of S. Con. Res. 11, the Concurrent Resolution on the Budget for Fiscal Year 2016)

$ in millions	2016
Current Aggregates:	
Spending:	
Budget Authority	3,033,488
Outlays	3,091,974
Adjustments:	
Spending:	
Budget Authority	−10,300
Outlays	−9,700
Revised Aggregates:	
Spending:	
Budget Authority	3,023,188
Outlays	3,082,274

BUDGET AGGREGATE—REVENUES

(Pursuant to Section 311 of the Congressional Budget Act of 1974 and Section 4305 of S. Con. Res. 11, the Concurrent Resolution on the Budget for Fiscal Year 2016)

$ in millions	2016	2016–2020	2016–2025
Current Aggregates:			
Revenue	2,675,967	14,415,914	32,233,099
Adjustments:			
Revenue	−12,800	−83,300	−223,200
Revised Aggregates:			
Revenue	2,663,167	14,332,614	32,009,899

REVISION TO ALLOCATION TO THE COMMITTEE ON FINANCE

(Pursuant to Section 302 of the Congressional Budget Act of 1974 and Section 4305 of S. Con. Res. 11, the Concurrent Resolution on the Budget for Fiscal Year 2016)

$ in millions	2016	2016–2020	2016–2025
Current Allocation:			
Budget Authority	2,179,749	12,342,551	29,428,176
Outlays	2,169,759	12,322,705	29,403,199
Adjustments:			
Budget Authority	−9,500	−103,700	−282,800
Outlays	−9,500	−103,700	−282,800
Revised Allocation:			
Budget Authority	2,170,249	12,238,851	29,145,376
Outlays	2,160,259	12,219,005	29,120,399

REVISION TO ALLOCATION TO THE COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

(Pursuant to Section 302 of the Congressional Budget Act of 1974 and Section 4305 of S. Con. Res. 11, the Concurrent Resolution on the Budget for Fiscal Year 2016)

$ in millions	2016	2016–2020	2016–2025
Current Allocation:			
Budget Authority	12,137	87,301	174,372
Outlays	14,271	87,783	182,631
Adjustments:			
Budget Authority	−800	−5,500	−15,000
Outlays	−100	−3,600	−12,200
Revised Allocation:			
Budget Authority	11,337	81,801	159,372
Outlays	14,171	84,183	170,431

BUDGET SCOREKEEPING REPORT

Mr. ENZI. Madam President, I wish to submit to the Senate the budget scorekeeping report for December 2015. The report compares current law levels of spending and revenues with the amounts provided in the conference report to accompany S. Con. Res. 11, the budget resolution for fiscal year 2016. This information is necessary to determine whether budget points of order lie against pending legislation. It has been prepared by the Republican staff of the Senate Budget Committee and the Congressional Budget Office, CBO, pursuant to section 308(b) of the Congressional Budget Act.

This is the fourth report I have made since adoption of the fiscal year 2016 budget resolution on May 5, 2015. My last filing can be found in the CONGRESSIONAL RECORD on October 27, 2015. The information contained in this report is current through November 30, 2015. This will be the final scorekeeping report for calendar year 2015.

Table 1 gives the amount by which each Senate authorizing committee is below or exceeds its allocation under the budget resolution. This information is used for enforcing committee allocation pursuant to section 302 of the Congressional Budget Act of 1974, CBA. Over the fiscal year 2016–2025 period, which is the entire period covered by S. Con. Res. 11, Senate authorizing committees have spent $3.3 billion less than the budget resolution calls for.

Table 2 gives the amount by which the Senate Committee on Appropriations is below or exceeds the statutory spending limits. This information is used to determine points of order related to the spending caps found in section 312 and section 314 of the CBA. While no full-year appropriations bills have been enacted for fiscal year 2016, subcommittees are charged with permanent and advanced appropriations that first become available in that year.

Table 3 gives the amount by which the Senate Committee on Appropriations is below or exceeds its allocation for overseas contingency operations/globaI war on terrorism, OCO/GWOT, spending. This separate allocation for OCO/GWOT was established in section 3102 of S. Con. Res. 11 and is enforced using section 302 of the CBA. No bills providing funds with the OCO/GWOT designation on a full-year basis have been enacted thus far for fiscal year 2016.

The budget resolution established two new points of order limiting the use of changes in mandatory programs in appropriations bills, CHIMPS. Tables 4 and 5 show compliance with fiscal year 2016 limits for overall CHIMPS and the Crime Victims Fund CHIMP, respectively. This information is used for determining points of order under section 3103 and section 3104, respectively. No full-year bills have been enacted thus far for fiscal year 2016 that include CHIMPS.

In addition to the tables provided by the Senate Budget Committee Republican staff, I am submitting additional tables from CBO that I will use for enforcement of budget levels agreed to by the Congress.

For fiscal year 2016, CBO annualizes the effects of the Continuing Appropriations Act, P.L. 114–53, which provides funding through December 11, 2015. For the enforcement of budgetary aggregates, the Senate Budget Committee historically excludes this temporary funding. As such, the current law levels are $882.6 billion and $521.6 billion below budget resolution levels for budget authority and outlays, respectively. Revenues are $413 million above the level assumed in the budget resolution. Finally, Social Security outlays are at the levels assumed in the budget resolution for fiscal year 2016, while Social Security revenues are $18 million above assumed levels for the budget year.

CBO's report also provide information needed to enforce the Senate's pay-as-you-go rule. The Senate's pay-as-you-go scorecard currently shows deficit reduction of $16.7 billion over the fiscal year 2015–2020 period and $77.5 billion over the fiscal year 2015–2025 period. Over the initial 6-year period, Congress has enacted legislation that would increase revenues by $12 billion and decrease outlays by $4.6 billion. Over the 11-year period, Congress has enacted legislation that would increase revenues by $24.2 billion and decrease outlays by $53.3 billion. The Senate's pay-as-you-go rule is enforced by section 201 of S. Con. Res. 21, the fiscal year 2008 budget resolution.

All years in the accompanying tables are fiscal years.

I ask unanimous consent that the accompanying tables be printed in the RECORD.

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

TABLE 1. SENATE AUTHORIZING COMMITTEES—ENACTED DIRECT SPENDING ABOVE (+) OR BELOW (−) BUDGET RESOLUTIONS

(In millions of dollars)

	2016	2016–2020	2016–2025
Agriculture, Nutrition, and Forestry			
Budget Authority	0	0	0
Outlays	0	0	0
Armed Services			
Budget Authority	−66	−518	−1,117
Outlays	−50	−476	−1,099
Banking, Housing, and Urban Affairs			
Budget Authority	0	0	0
Outlays	0	0	0
Commerce, Science, and Transportation			
Budget Authority	130	650	1,300
Outlays	0	0	0
Energy and Natural Resources			
Budget Authority	0	0	0
Outlays	0	0	0
Environment and Public Works			
Budget Authority	0	0	−3,160
Outlays	0	0	−3,160
Finance			
Budget Authority	5	13	28
Outlays	5	13	28
Foreign Relations			
Budget Authority	0	0	0
Outlays	0	0	0
Homeland Security and Governmental Affairs			
Budget Authority	0	0	0
Outlays	0	0	0
Judiciary			
Budget Authority	0	1	2
Outlays	0	1	2
Health, Education, Labor, and Pensions			
Budget Authority	0	208	278
Outlays	0	208	278
Rules and Administration			
Budget Authority	0	0	0
Outlays	0	0	0
Intelligence			
Budget Authority	0	0	0
Outlays	0	0	0
Veterans' Affairs			
Budget Authority	−2	−1	−1

TABLE 1. SENATE AUTHORIZING COMMITTEES—ENACTED DIRECT SPENDING ABOVE (+) OR BELOW (−) BUDGET RESOLUTIONS—Continued

(In millions of dollars)

	2016	2016–2020	2016–2025
Outlays	388	644	644
Indian Affairs			
Budget Authority	0	0	0
Outlays	0	0	0
Small Business			
Budget Authority	0	0	0
Outlays	1	2	2
Total			
Budget Authority	67	353	−2,670
Outlays	344	392	−3,305

TABLE 2. SENATE APPROPRIATIONS COMMITTEE—ENACTED REGULAR DISCRETIONARY APPROPRIATIONS [1]

(Budget authority, in millions of dollars)

	2016	
	Security [2]	Nonsecurity [2]
Statutory Discretionary Limits	523,091	493,491
Amount Provided by Senate Appropriations Subcommittee		
Agriculture, Rural Development, and Related Agencies	0	9
Commerce, Justice, Science, and Related Agencies	0	0
Defense	41	0
Energy and Water Development	0	0
Financial Services and General Government	0	41
Homeland Security	0	9
Interior, Environment, and Related Agencies	0	0
Labor, Health and Human Services, Education and Related Agencies	0	24,678
Legislative Branch	0	0
Military Construction and Veterans Affairs, and Related Agencies	0	56,217
State Foreign Operations, and Related Programs	0	0
Transportation and Housing and Urban Development, and Related Agencies	0	4,400
Current Level Total	41	85,354
Total Enacted Above (+) or Below (−) Statutory Limits	−523,050	−408,137

[1] This table excludes spending pursuant to adjustments to the discretionary spending limits. These adjustments are allowed for certain purposes in section 251(b)(2) of BBEDCA.

[2] Security spending is defined as spending in the National Defense budget function (050) and nonsecurity spending is defined as all other spending.

TABLE 3. SENATE APPROPRIATIONS COMMITTEE—ENACTED OVERSEAS CONTINGENCY OPERATIONS/GLOBAL WAR ON TERRORISM DISCRETIONARY APPROPRIATIONS

(In millions of dollars)

	2016	
	BA	OT
OCO/GWOT Allocation [1]	96,287	48,798
Amount Provided by Senate Appropriations Subcommittee		
Agriculture, Rural Development, and Related Agencies	0	0
Commerce, Justice, Science, and Related Agencies	0	0
Defense	0	0
Energy and Water Development	0	0
Financial Services and General Government	0	0
Homeland Security	0	0
Interior, Environment, and Related Agencies	0	0

TABLE 3. SENATE APPROPRIATIONS COMMITTEE—ENACTED OVERSEAS CONTINGENCY OPERATIONS/GLOBAL WAR ON TERRORISM DISCRETIONARY APPROPRIATIONS—Continued

(In millions of dollars)

	2016	
	BA	OT
Labor, Health and Human Services, Education and Related Agencies	0	0
Legislative Branch	0	0
Military Construction and Veterans Affairs, and Related Agencies	0	0
State Foreign Operations, and Related Programs	0	0
Transportation and Housing and Urban Development, and Related Agencies	0	0
Current Level Total	0	0
Total OCO/GWOT Spending vs. Budget Resolution	−96,287	−48,798

BA = Budget Authority; OT= Outlays

[1] This allocation may be adjusted by the Chairman of the Budget Committee to account for new information, pursuant to section 3102 of S. Con. Res. 11, the Concurrent Resolution of the Budget for Fiscal Year 2016.

TABLE 4. SENATE APPROPRIATIONS COMMITTEE—ENACTED CHANGES IN MANDATORY SPENDING PROGRAMS (CHIMPS)

(Budget authority, millions of dollars)

	2016
CHIMPS Limit for Fiscal Year 2016	19,100
Senate Appropriations Subcommittees	
Agriculture, Rural Development, and Related Agencies	0
Commerce, Justice, Science, and Related Agencies	0
Defense	0
Energy and Water Development	0
Financial Services and General Government	0
Homeland Security	0
Interior, Environment, and Related Agencies	0
Labor, Health and Human Services, Education and Related Agencies	0
Legislative Branch	0
Military Construction and Veterans Affairs, and Related Agencies	0
State Foreign Operations, and Related Programs	0
Transportation and Housing and Urban Development, and Related Agencies	0
Current Level Total	0
Total CHIMPS Above (+) or Below (−) Budget Resolution	−19,100

TABLE 5. SENATE APPROPRIATIONS COMMITTEE—ENACTED CHANGES IN MANDATORY SPENDING PROGRAM (CHIMP) TO THE CRIME VICTIMS FUND

(Budget authority, millions of dollars)

	2016
2016 Crime Victims Fund (CVF) CHIMP Limit for Fiscal Year 2016	10,800
Senate Appropriations Subcommittees.	
Agriculture, Rural Development, and Related Agencies	0
Commerce, Justice, Science, and Related Agencies	0
Defense	0
Energy and Water Development	0
Financial Services and General Government	0
Homeland Security	0
Interior, Environment, and Related Agencies	0
Labor, Health and Human Services, Education and Related Agencies	0
Legislative Branch	0
Military Construction and Veterans Affairs, and Related Agencies	0
State Foreign Operations, and Related Programs	0
Transportation and Housing and Urban Development, and Related Agencies	0

TABLE 5. SENATE APPROPRIATIONS COMMITTEE—ENACTED CHANGES IN MANDATORY SPENDING PROGRAM (CHIMP) TO THE CRIME VICTIMS FUND—Continued

(Budget authority, millions of dollars)

	2016
Current Level Total	0
Total CVF CHIMP Above (+) or Below (−) Budget Resolution	−10,800

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, December 2, 2015.

Hon. MIKE ENZI,
Chairman, Committee on the Budget,
U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: The enclosed report shows the effects of Congressional action on the fiscal year 2016 budget and is current through November 30, 2015. This report is submitted under section 308(b) and in aid of section 311 of the Congressional Budget Act, as amended.

The estimates of budget authority, outlays, and revenues are consistent with the technical and economic assumptions of S. Con. Res. 11, the Concurrent Resolution on the Budget for Fiscal Year 2016.

Since our last letter dated October 27, 2015, the Congress has cleared and the President has signed the following acts that affect budget authority, outlays, or revenues for fiscal year 2016:

Bipartisan Budget Act of 2015 (Public Law 114–74);

Recovery Improvements for Small Entities After Disaster Act of 2015 (Public Law 114–88); and

National Defense Authorization Act for Fiscal Year 2016 (Public Law 114–92).

Sincerely,

KEITH HALL,
Director.

Enclosure.

TABLE 1—SENATE CURRENT LEVEL REPORT FOR SPENDING AND REVENUES FOR FISCAL YEAR 2016, AS OF NOVEMBER 30, 2015

(In billions of dollars)

	Budget Resolution [a]	Current Level [b]	Current Level Over Under(-) Resolution
On-Budget			
Budget Authority	3,033.5	3,159.0	125.5
Outlays	3,092.0	3,172.8	80.8
Revenues	2,676.0	2,676.4	0.4
Off-Budget			
Social Security Outlays [c]	777.1	777.1	0.0
Social Security Revenues	794.0	794.0	0.0

Source: Congressional Budget Office.

[a] Excludes $6,872 million in budget authority and $344 million in outlays assumed in S. Con. Res. 11 for disaster-related spending that is not yet allocated to the Senate Committee on Appropriations.

[b] Excludes amounts designated as emergency requirements.

[c] Excludes administrative expenses paid from the Federal Old-Age and Survivors Insurance Trust Fund and the Federal Disability Insurance Trust Fund of the Social Security Administration, which are off-budget, but are appropriated annually.

TABLE 2—SUPPORTING DETAIL FOR THE SENATE CURRENT LEVEL REPORT FOR ON-BUDGET SPENDING AND REVENUES FOR FISCAL YEAR 2016, AS OF NOVEMBER 30, 2015

(In millions of dollars)

	Budget Authority	Outlays	Revenues
Previously Enacted [3]			
Revenues	n.a.	n.a.	2,676,733
Permanents and other spending legislation	1,968,496	1,902,345	n.a.
Appropriation legislation	0	500,825	n.a.
Offsetting receipts	−784,820	−784,879	n.a.
Total, Previously Enacted	1,183.676	1,618,291	2,676,733
Enacted Legislation:			
An act to extend the authorization to carry out the replacement of the existing medical center of the Department of Veterans Affairs in Denver, Colorado, to authorize transfers of amounts to carry out the replacement of such medical center, and for other purposes (P.L. 114–25)	0	20	0
Defending Public Safety Employees' Retirement Act & Bipartisan Congressional Trade Priorities and Accountability Act of 2015 (P.L. 114–26)	0	0	5
Trade Preferences Extension Act of 2015 (P.L. 114–27)	445	175	−766
Steve Gleason Act of 2015 (P.L. 114–40)	5	5	0
Surface Transportation and Veterans Health Care Choice Improvement Act of 2015 (P.L. 114–41) [b]	0	0	99
Continuing Appropriations Act, 2016 (P.L. 114–53)	700	775	0
Airport and Airway Extension Act of 2015 (P.L. 114–55)	130	0	0
Department of Veterans Affairs Expiring Authorities Act of 2015 (P.L. 114–58)	−2	368	0

TABLE 2—SUPPORTING DETAIL FOR THE SENATE CURRENT LEVEL REPORT FOR ON-BUDGET SPENDING AND REVENUES FOR FISCAL YEAR 2016, AS OF NOVEMBER 30, 2015—Continued

(In millions of dollars)

	Budget Authority	Outlays	Revenues
Protecting Affordable Coverage for Employees Act (P.L. 114–60)	0	0	40
Bipartisan Budget Act of 2015 (P.L. 114–74)	3,424	4,870	269
Recovery Improvements for Small Entities After Disaster Act of 2015 (P.L. 114–88)	0	1	0
National Defense Authorization Act for Fiscal Year 2016 (P.L. 114–92)	−66	−50	0
Total, Enacted Legislation	4,636	6,164	−353
Continuing Resolution:			
Continuing Appropriations Act, 2016 (P.L. 114–53)	1,008,053	602,405	0
Entitlements and Mandatories:			
Budget resolution estimates of appropriated entitlements and other mandatory programs	962,619	945,910	0
Total Current Level [c]	3,158,984	3,172,770	2,676,380
Total Senate Resolution [d]	3,033,488	3,091,974	2,675,967
Current Level Over Senate Resolution	125,496	80,796	413
Current Level Under Senate Resolution	n.a.	n.a.	n.a.
Memorandum:			
Revenues, 2016–2025:			
Senate Current Level	n.a.	n.a.	32,262,618
Senate Resolution	n.a.	n.a.	32,233,099
Current Level Over Senate Resolution	n.a.	n.a.	29,519
Current Level Under Senate Resolution	n.a.	n.a.	n.a.

Source: Congressional Budget Office.

Notes: n.a. =not applicable; P.L. = Public Law.

[a] Includes the following acts that affect budget authority, outlays, or revenues, and were cleared by the Congress during this session, but before the adoption of S. Con. Res. II, the Concurrent Resolution on the Budget for Fiscal Year 2016: the Terrorism Risk Insurance Program Reauthorization Act of 2014 (P.L. 114–1); the Department of Homeland Security Appropriations Act, 2015 (P.L. 114–4), and the Medicare Access and CHIP Reauthorization Act of 2015 (P.L. 114–10).

[b] Pursuant to section 403(b) of S. Con. Res. 13, the Concurrent Resolution on the Budget for Fiscal Year 2010, amounts designated as an emergency requirement pursuant to section 403 of S. Con. Res. 13, shall not count for certain budgetary enforcement purposes. The amounts so designated for 2016, which are not included in the current level totals, are as follows:

	Budget Authority	Outlays	Revenues
Surface Transportation and Veterans Health Care Choice Improvement Act of 2015 (P.L. 114–41)	0	917	0

[c] For purposes of enforcing section 311 of the Congressional Budget Act in the Senate, the resolution, as approved by the Senate, does not include budget authority, outlays, or revenues for off-budget amounts. As a result, current level does not include these items.

[d] Periodically, the Senate Committee on the Budget revises the budgetary levels in S. Con Res. 11, pursuant to various provisions of the resolution. The Senate Resolution total below excludes $6,872 million in budget authority and $344 million in outlays assumed in S. Con Res. 11 for disaster-related spending that is not yet allocated to the Senate Committee on Appropriations:

	Budget Authority	Outlays	Revenues
Senate Resolution:	3,032,343	3,091,098	2,676,733
Revisions:			
Pursuant to section 4311 of S. Con. Res. 11	445	175	−766
Pursuant to section 311 of S. Con. Res. 11	700	700	0
Pursuant to section 311 of S. Con. Res. 11	0	1	0
Revised Senate Resolution	3,033,488	3,091,974	2,675,967

TABLE 3. SUMMARY OF THE SENATE PAY-AS-YOU-GO SCORECARD FOR THE 114TH CONGRESS—1ST SESSION, AS OF NOVEMBER 30, 2015

(In millions of dollars)

	2015–2020	2015–2025
Beginning Balance[a]	0	0
Enacted Legislation:[b, c, d]		
Iran Nuclear Agreement Review Act of 2015 (P.L. 114–17)[e]	n.e.	n.e.
Construction Authorization and Choice Improvement Act (P.L. 114–19)	20	20
Justice for Victims of Trafficking Act of 2015 (P.L. 114–22)	1	2
Uniting and Strengthening America by Fulfilling Rights and Ensuring Effective Discipline Over Monitoring Act of 2015 (P.L. 114–23)	*	*
An act to extend the authorization to carry out the replacement of the existing medical center of the Department of Veterans Affairs in Denver, Colorado (P.L. 114–25)	150	150
Defending Public Safety Employees' Retirement Act & Bipartisan Congressional Trade Priorities and Accountability Act of 2015 (P.L. 114–26)	−1	5
Trade Preferences Extension Act of 2015 (P.L. 114–27)	−640	−52
Boys Town Centennial Commemorative Coin Act (P.L. 114–30)[f]	0	0
Steve Gleason Act of 2015 (P.L. 114–40)	13	28
Surface Transportation and Veterans Health Care Choice Improvement Act of 2015 (P.L. 114–41)	−1,552	−6,924
Agriculture Reauthorizations Act of 2015 (P.L. 114–54)	*	*
Department of Veterans Affairs Expiring Authorities Act of 2015 (P.L. 114–58)	6224	624
Protecting Affordable Coverage for Employees Act (P.L. 114–60)	−32	−2
Gold Star Fathers Act of 2015 (P.L. 114–62)	*	*
Ensuring Access to Clinical Trials Act of 2015 (P.L. 114–63)	*	*
Adoptive Family Relief Act (P.L. 114–70)	*	*
Surface Transportation Extension Act of 2015 (P.L. 114–73)	*	*
Bipartisan Budget Act of 2015 (P.L. 114–74)	−15,050	−71,315
Illegal, Unreported, and Unregulated Fishing Enforcement Act of 2015 (P.L. 114–81)	*	*
Recovery Improvements for Small Entities After Disaster Act of 2015 (P.L. 114–88)	2	2
Improving Regulatory Transparency for New Medical Therapies Act (P.L. 114–89)	*	*
National Defense Authorization Act for Fiscal Year 2016 (P.L. 114–92)	−194	−10
Equity in Government Compensation Act of 2015 (P.L. 114–93)	*	*
Improving Access to Emergency Psychiatric Care Act (S. 599)	*	*
Current Balance	−16,659	−77,472
Memorandum:	2015–2020	2015–2025
Changes to Revenues	12,032	24,215
Changes to Outlays	−4,627	−53,257

Source: Congressional Budget Office.

Notes: n.e. = not able to estimate; P.L. = Public Law. * = between −$500,000 and $500,000.

[a] Pursuant to S. Con. Res. II , the Senate Pay-As-You-Go Scorecard was reset to zero.

[b] The amounts shown represent the estimated impact of the public laws on the deficit. Negative numbers indicate an increase in the deficit; positive numbers indicate a decrease in the deficit.

[c] Excludes off-budget amounts.

[d] Excludes amounts designated as emergency requirements.

[e] P.L. 114–17 could affect direct spending and revenues, but such impacts would depend on future actions of the President that CBO cannot predict. (http://www.cbo.gov/sites/default/files/cbofiles/attachments/s615.pdf)

[f] P.L. 114–30 will cause a decrease in spending of $5 million in 2017 and an increase in spending of $5 million in 2019 for a net impact of zero over the six-year and eleven-year periods.

COMMENDING SENATOR JONI ERNST

Mr. MCCAIN. Madam President, today I wish to honor a fellow veteran and colleague, Senator JONI ERNST, on her retirement from the Iowa National Guard as a lieutenant colonel after 23 years of distinguished service to our Nation.

Senator ERNST joined the U.S. Army Reserves as a second lieutenant upon her graduation from Iowa State University. After 9 years in the Army Reserves, she transitioned to the Iowa National Guard to continue her dedicated service to this Nation. As a logistics specialist, Senator ERNST has held numerous positions of authority throughout her career, culminating in command of the 185th Combat Sustainment Support Battalion, the largest in the Iowa National Guard.

On February 10, 2003, while serving as commander of the Iowa National Guard's 1168th Transportation Company, Senator ERNST was called to Active Duty and deployed to Kuwait and Iraq in support of Operation Iraqi Freedom. For 14 months, Senator ERNST and her fellow Guard members delivered vital supplies to coalition forces in support of the war effort. Her combat service was a key element in enabling a highly mobile allied force to sustain combat operations.

While this chapter of her career has come to a close, Senator ERNST continues her dedication to service. As the first woman elected to Congress from Iowa and the first female combat veteran in the Senate, Senator ERNST has fought tenaciously for our military and veterans through her work on the Senate Armed Services Committee and on

legislation she has authored and sponsored over this past year. I have no doubt that she will continue to be a strong voice for servicemembers, veterans, and their families in the years ahead.

Today I honor Lieutenant Colonel ERNST for her 23 years of dedicated service to the U.S. Army Reserve and the Iowa National Guard. Her service in support of this Nation has been exemplary—and her mission continues. I look forward to working with Senator ERNST for years to come as we tackle the many challenges ahead.

SUPPORT FOR PLANNED PARENTHOOD

Mrs. FEINSTEIN. Madam President, I wish to speak today in support of Planned Parenthood and express how heartbroken I am over last week's shooting in Colorado Springs. My thoughts are with the victims and their families. To experience such violence in a place dedicated to saving lives is unthinkable.

I would also like to thank the staff of the clinic in Colorado Springs—and all Planned Parenthood clinics across the country. The health care services you provide are invaluable. You help so many people, and you do it in the face of so many challenges. I am grateful for your bravery and your compassion.

Following last week's attack, the media reported that staff rushed to the clinic's safe room with their patients. Let me repeat: a health clinic with a safe room. That a clinic dedicated to helping women—many of whom have no other option for health care—needs a safe room is unbelievable.

I have been deeply troubled over the years by the toxic rhetoric targeted at Planned Parenthood—and this dangerous rhetoric has only increased in recent months. It sends a signal that using violence to intimidate health care professionals and shut down clinics is somehow acceptable.

Let me be clear: these actions are not acceptable. It is shameful and disgusting and should be universally condemned. I do believe there is a link between the poisonous rhetoric directed at these health care providers and the violence used against them.

And I hope all of my colleagues in Congress—and every public official around the country—thinks carefully about the effects their words can have.

An FBI intelligence assessment from September said, ''It is likely criminal or suspicious incidents will continue to be directed against reproductive health care providers, their staff and facilities.'' These incidents aren't new.

Over the last 40 years, there have been more than 200 arsons and bombings at women's health care clinics. Doctors and health care staff have been murdered. Since July, four Planned Parenthood facilities have been set on fire, including one in my home State of California. This type of violence is simply abhorrent.

And I strongly believe these aren't just attacks on Planned Parenthood and women's health; they are attacks on our way of life. This isn't what our country stands for.

The individuals who carry out these crimes have one goal: to terrorize doctors, nurses, and clinic staff; to make them quit their jobs; to force these health care clinics to close. They want to make it harder and harder for women to access reproductive health care and make their own health care choices.

In the wake of the Colorado Springs shooting, a former Planned Parenthood worker from Kansas shared some of her experiences. In the 3 years she worked at Planned Parenthood, there were four attempts to burn her clinic to the ground. Two cherry bombs were left at the door after hours. They exploded and forced the clinic to close temporarily. Windows were shot out on three occasions. And butyric acid—essentially a stink bomb—was put in the clinic's ventilation system numerous times. These aren't acts of political protest. These are serious crimes, and the perpetrators must be prosecuted to the full extent of the law.

Before I close, I would like to reiterate just how important Planned Parenthood is for our country. Planned Parenthood serves some of the most vulnerable women in our society. It cares for 2.7 million patients in the United States. Ninety-seven percent of Planned Parenthood services carried out by its 700 clinics involve basic health care.

This includes breast exams, cervical cancer screenings, testing for sexually transmitted diseases, and contraception. One in five women will use Planned Parenthood as their primary health care provider at some point in their lives. Nationwide, 80 percent of Planned Parenthood patients make less than $18,000 per year. And Planned Parenthood is often the only health care option for low-income women and women in rural communities.

Simply put, Planned Parenthood is vital for the women of this country. It is bad enough that some politicians want to limit women's health care options by defunding Planned Parenthood. It is even more inexcusable that violence is being used to achieve what my Republican colleagues have failed to do.

I stand with Planned Parenthood now more than ever. And I call for an end to the sickening campaign of violence against clinics nationwide. Thank you.

CHURCH PLAN CLARIFICATION ACT

Mr. CARDIN. Madam President, I am very pleased that the Senate may soon consider bipartisan legislation which I recently introduced with Senators PORTMAN and KLOBUCHAR: the Church Plan Clarification Act of 2015, S. 2308. By introducing this bill and asking for a unanimous consent agreement regarding its passage, our goal is to ensure the retirement security of clergy, church lay workers, and their families across the country.

The Church Plan Clarification Act addresses several unintended consequences resulting from the application of general tax and pension regulations to the unique structures of church pension plans. Churches and synagogues established some of the first pension plans in the country, several dating back to the 18th century, and they are designed to ensure that our clergy and lay staff have adequate resources during their retirement years.

Church pensions are critically important compensation plans that help support over 1 million clergy members across the country in their retirement—particularly those who dedicated their careers to serving in economically disadvantaged congregations.

Church plans are often structured to reflect the ecclesiastical teachings of their denomination. The resulting diversity of plan structures, coupled with the complexity of the legal and regulatory framework that applies to church plans, has led to the need for this legislation. The bill would correct several technical issues that, while small, are critical to the functioning and operation of church plans and the retirement benefits they provide.

While the corrections contained in S. 2308 would be of tremendous help to church plans, I want to make clear that the bill does not affect the definition of ''church plan'' under the Internal Revenue Code or Employee Retirement Income Security Act of 1974, ERISA. In particular, no inference is intended by this legislation regarding the statutory requirements a pension plan must meet to be considered or treated as a ''church plan'' under IRC section 414(e) of the Internal Revenue Code and section 3(33) of ERISA, and the bill has no bearing on the interpretation of those sections. Rather, the Church Plan Clarification Act is simply about fixing the rules that govern how church plans operate and serve their participants.

Again, the Church Plan Clarification Act is targeted, noncontroversial, and has broad bipartisan and bicameral support. I hope we can work quickly to provide clarity for these plans by enacting this legislation and thereby ensuring that those who dedicate their lives to religious service are not inappropriately and unfairly disadvantaged.

HONORING OUR ARMED FORCES

PRIVATE CHRISTOPHER J. CASTANEDA

Mr. SCOTT. Madam President, today I wish to honor the life of Private Christopher J. Castaneda, of Fripp Island, SC, who died while serving his country on November 19, 2015, in Al Anbar Province, Iraq.

In January of 2015, Private Castaneda made the noble decision to answer the

call to serve by joining our Nation's Army at the age of 19 years old. Serving in the Army's 10th Mountain Division as an infantryman allowed Private Castaneda to excel and leave a unique legacy of honor. Since his enlistment, Private Castaneda has been honored with numerous awards outlining his commitment to our country, such as the Global War on Terrorism Service Medal and the Army Achievement Medal.

The legacy of Private Castaneda will undoubtedly continue through his mother and grandfather he leaves behind. It is with great pride and homage we recognize Private Christopher J. Castaneda. May we never forget his service and sacrifice to protect our country.

REMEMBERING ANITA DATAR

Mr. CARDIN. Madam President, I wish to honor the life of Anita Ashok Datar—a loving mother, beloved daughter and sister, and dedicated humanitarian from Takoma Park in my home State of Maryland. She was one of 19 victims killed on November 20 in a terrorist attack in Mali.

Anita's life was one of service to others, both at home and abroad. She was born in Massachusetts and raised in Flanders, NJ. Her friends and classmates remember her as kind and smart, ''one of the good ones.'' After she graduated from Rutgers University, she served as a Peace Corps volunteer in Senegal—the beginning of her career helping the world's most disadvantaged.

From there, she went back to school to obtain master's degrees in public health and public administration and began her work improving the lives of the poorest as a global health professional with expertise in reproductive health, family planning, and HIV prevention and treatment. Ms. Datar spent over a decade working on critical development projects in Africa, Latin America, and Southeast Asia.

As my colleagues know, Mali has been in turmoil for several years. It is the location of the world's most dangerous peacekeeping mission. Despite the presence of a United Nations peacekeeping mission and a French-led military operation, terrorists have continued to carry out periodic attacks on Malians and foreigners.

Despite these dangers, Ms. Datar, who was serving as a senior director for field programs at Palladium, went to Mali as a U.S. Agency for International Development contractor to help those in need. Her dedication to seeing that vulnerable populations are not forgotten, overlooked, or marginalized epitomizes public service, and it exemplifies the best of American values and ideals. For that, she will always be remembered.

The attack on the Radisson Blu Hotel in Bamako was nothing more than a senseless act undertaken by people who have no compassion and clearly no regard for human life. We cannot and will not let actions like this stop us from pursuing the mission that people like Anita Datar are so passionate about: improving the lives of the poorest of the poor.

There is no better way to honor her legacy than to continue to help the needy, the disenfranchised, and those at risk both here at home and around the world.

Anita is survived by her 7-year-old son, a brother, her parents, and countless friends and colleagues. In addition to offering our condolences, we must commit to continuing her work and remembering the sacrifices that she and countless other development workers make each and every day.

REMEMBERING KATE ROGERS McCARTHY

Mr. WYDEN. Madam President, I rise today to honor a distinguished Oregonian who made it her life's work to protect many of Oregon's and the Nation's most beautiful and majestic natural places. On November 3, Kate Rogers McCarthy, a lifelong conservationist, activist, and friend, passed away in her hometown of Parkdale, OR. Born in 1917 adjacent to the snow-capped peaks of Mount Hood in Parkdale, Kate spent most of her life in awe of the natural beauty that surrounded her. Kate drew from that passion as she worked to preserve many of Oregon's most iconic outdoor spaces, eventually taking on many leadership roles in conservation groups at the State and national levels.

Growing up with the wilderness of Mount Hood as her backyard, Kate learned the value of nature and the importance of protecting our natural treasures. By the time she was in high school, Kate and her younger sister Betty ran an outdoor recreation camp for girls on the family property that introduced those girls to the beauty of Mount Hood. Kate attended Reed College, Yale Nursing School, and the University of Oregon Medical School. After earning her degrees and with new commercial development threatening the preservation of the Mount Hood wilderness, Kate began her lifelong campaign to preserve the lands she loved.

In the mid-1970s, with development rapidly expanding into wild areas near Mount Hood, Kate and a group of Parkdale residents began a campaign to encourage county representatives to vote on zoning options. Thanks to her diligence and that of the other residents, the county voted to protect agricultural zones. Agricultural zoning still protects farmland in the upper valley today. In 1977, Kate gathered a few friends and founded the Hood River Valley Residents Committee. The committee grew to 1,200 members under Kate's leadership and continues to protect the natural spaces that are so unique to Oregon.

A tireless advocate and conservationist, Kate was involved in a multitude of other conservation groups as well. She served as a member of the Oregon Natural Resources Council, what is now Oregon Wild; the Board of the Oregon Environmental Council; and Friends of the Columbia Gorge. She was also a charter member of 1000 Friends of Oregon. To motivate still greater involvement by citizens in the protection of Mount Hood, Kate helped form Friends of Mount Hood, a nonprofit organization dedicated to protecting the alpine meadows, wetlands, wildlife, and forests of Mount Hood by working with the Forest Service and the Oregon congressional delegation.

In 2002, Kate McCarthy was recognized as a Women of Distinction honoree by the soroptimists of Hood River for making a difference in the lives of women and girls in her local community. She also received the highest award given by the Mazamas Mountaineering Club, becoming only the 41st person given the top award since the club's founding in 1894. For several years, Kate worked closely with local organizations, as well as my office, to protect the north side of Mount Hood and Cooper Spur from a massive destination resort in the Hood River Valley. After years of hard-fought battles, Congress passed the Mount Hood Wilderness bill. The bill protects the more than 200,000 acres of wilderness and rivers in the Hood River Valley, an accomplishment I am proud to have been a part of.

Because of Kate's lifetime of work to protect some of our most beautiful wetlands, forests, wildlife, and farms, she has given Oregonians and people from around the world opportunities to experience Oregon's natural splendor for generations to come. Kate McCarthy, a mother, grandmother, great grandmother, friend, and advocate of the natural beauty around her, deserves the utmost appreciation for a life fully lived. I honor the prolific life and career of Kate Rodgers McCarthy and express my gratitude for her everlasting impact on our State and Nation.

TRIBUTE TO DR. KATHARINE BLODGETT GEBBIE

Mr. CARDIN. Madam President, I wish to pay tribute to Dr. Katharine Blodgett Gebbie, the past director of the National Institute of Standards and Technology's—NIST—Physics Laboratory and its successor, the Physical Measurement Laboratory. On December 10, 2015, the Precision Measurement Laboratory at NIST's Boulder campus will be formally renamed in honor of Dr. Gebbie, the first time in more than 50 years that a major NIST building has been named for an individual. This incredible recognition underscores and celebrates Dr. Gebbie's 45 years of service to NIST and her contributions on behalf of the scientific community and our Nation.

At a time when a much smaller percentage of women were a part of the

American workforce and pursued advanced academic degrees, Dr. Gebbie received an undergraduate degree in physics from Bryn Mawr. She went on to receive a B.S. in astronomy and a Ph.D. in physics from University College London. She began her career in 1966 by doing astrophysics research at the Joint Institute for Lab Physics—JILA—a cooperative enterprise between the University of Colorado at Boulder and NIST. She later joined NIST as a physicist in 1968, working in the quantum physics division of JILA.

Dr. Gebbie's ascent into a leadership role began in 1981, when she was named as a scientific assistant at the National Measurement Laboratory. In 1983, she became a program analyst for then-NIST Director Ernest Ambler and his deputy, Ray Kammer. In 1985, Dr. Ambler appointed Dr. Gebbie as the chief of JILA's quantum physics division, and in 1989, she was named as acting director of the new NIST Center for Atomic, Molecular, and Optical Physics at NIST's main facility, in Gaithersburg, MD.

From there, Dr. Gebbie's responsibilities only grew, reflecting her outstanding leadership, effective integration of emerging technologies, and unwavering dedication to the team of scientists and engineers who served under her. In 1990, Dr. Gebbie was named as the founding director of NIST's physics laboratory, which merged elements of five predecessor facilities based in Maryland and Colorado. Under her management, the NIST physics laboratory flourished. Her extensive support for her staff in the form of increased funding, encouragement, and logistical support contributed to an overall environment of scientific freedom, creativity, and innovation. The physics laboratory's scientific advances under her directorship are too numerous to recount here. Chief among them were progress in atomic clock technology, nanotechnology, advanced research on ultra-cold matter, and Bose-Einstein condensation—all of which prompted developments in a variety of scientific fields and helped to further establish NIST's status as ''America's laboratory.''

Out of this atmosphere, an impressive four physicists in Dr. Gebbie's organizational unit—Bill Phillips, Jan Hall, Eric Cornell, and David Wineland—were awarded Nobel prizes between 1997 and 2012. Other scientists honored under her leadership include MacArthur Fellowship winners Debbie Jin and Ana Maria Rey and International Union of Pure & Applied Physics—IUPAP—Young Scientist Prize winners Till Rosenband, Ian Spielman, Jacob Taylor, and Gretchen Campbell.

Among Dr. Gebbie's greatest contributions to the scientific community include her early promotion of the internet as a means of sharing scientific data at NIST through the laboratory's Electronic Commerce in Scientific & Engineering Data program and her support of a broad range of NIST initiatives and external programming like the Center for Nanoscale Science & Technology and the Joint Quantum Institute, a research partnership between the University of Maryland and NIST, founded in 2006.

Perhaps the most enduring aspect of Dr. Gebbie's legacy, however, will be the programs she pioneered to support diversity and her tireless efforts to promote the inclusion of women and minorities in so-called STEM—science, technology, engineering, and mathematics—fields around the country. In 1993, NIST implemented the Summer Undergraduate Research Fellowships—SURF—program, aimed at integrating under-represented minorities into the laboratory, allowing students to participate in the cutting-edge scientific and mathematical research at NIST. The program has since expanded to every NIST laboratory and is jointly funded by the National Science Foundation.

For her contributions to the scientific community and to the Nation, Dr. Gebbie has been recognized with numerous accolades, including the Women in Science & Engineering Lifetime Achievement Award, the Presidential Rank Awards for Meritorious Senior Executives, the Partnership for Public Service's Samuel J. Heyman Service to America Career Achievement Award, the Women in Science & Engineering WISE Award, and two Department of Commerce gold medals. She also serves as a fellow of the American Academy of Arts & Sciences, a fellow of the American Association for the Advancement of Science, a fellow of the American Physical Society, a fellow of the Washington Academy of Sciences, and she previously participated in the 2nd IUPAP International Conference on Women in Physics.

I ask my colleagues to join me in saluting Dr. Gebbie and in celebrating her legacy as one of the American scientific community's trailblazers. Her work will undoubtedly open the doors for countless scientists to come.

ADDITIONAL STATEMENTS

TRIBUTE TO MATTHEW BROWN

● Mr. BARRASSO. Madam President, I would like to take the opportunity to express my appreciation to Matthew Brown for his hard work as an intern in my Cheyenne office. I recognize his efforts and contributions to my office.

Matthew is from Laramie, WY, and a graduate of Laramie High School. He received a degree in history from the University of Wyoming. He has demonstrated a strong work ethic, which has made him an invaluable asset to our office. The quality of his work is reflected in his great efforts over the last several months.

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

TRIBUTE TO THOMAS MAPES

● Mr. BARRASSO. Madam President, I would like to take the opportunity to express my appreciation to Thomas Mapes for his hard work as an intern in my Washington, DC, office. I recognize his efforts and contributions to my office as well as to the State of Wyoming.

Thomas is a graduate of the University of Colorado, where he received a bachelor's degree in economics. He has demonstrated a strong work ethic, which has made him an invaluable asset to our office. The quality of his work is reflected in his great efforts over the last several months.

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

TRIBUTE TO ANDREW NEWBOLD

● Mr. BARRASSO. Madam President, I wish to take the opportunity to express my appreciation to Andrew Newbold for his hard work as an intern in my Rock Springs Office. I recognize his efforts and contributions to my office as well as to the State of Wyoming.

Andrew resides in Rock Springs, WY, and attends Western Wyoming Community College, where he is studying public administration. He has demonstrated a strong work ethic, which has made him an invaluable asset to our office. The quality of his work is reflected in his great efforts over the last several months.

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

TRIBUTE TO ADAM STAHL

● Mr. BARRASSO. Madam President, I would like to take the opportunity to express my appreciation to Adam Stahl for his hard work as an intern in my Republican Policy Committee office. I recognize his efforts and contributions to my office.

Adam is from Guilford, CT, and a graduate of the University of Rochester, where he majored in history. He recently received a Master of Philosophy, Russian, and East European Studies degree from the University of Oxford. He has demonstrated a strong work ethic, which has made him an invaluable asset to our office. The quality of his work is reflected in his great efforts over the last several months.

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

TRIBUTE TO HAYDEN TRUE

● Mr. BARRASSO. Madam President, I would like to take the opportunity to express my appreciation to Hayden True for his hard work as an intern in my Casper office. I recognize his efforts and contributions to my office as well as to the State of Wyoming.

Hayden is a native of Casper, WY. He currently attends Casper College, where he is studying science and medicine. He has demonstrated a strong work ethic, which has made him an invaluable asset to our office. The quality of his work is reflected in his great efforts over the last several months.

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

TRIBUTE TO ALYSSA VOLLMER

● Mr. BARRASSO. Madam President, I wish to take the opportunity to express my appreciation to Alyssa Vollmer for her hard work as an intern in my Casper office. I recognize her efforts and contributions to my office as well as to the State of Wyoming.

Alyssa is a native of Hanna, WY, and a graduate of Hanna-Elk Mountain Junior/Senior High School. She currently attends Casper College, where she is studying political science. She has demonstrated a strong work ethic, which has made her an invaluable asset to our office. The quality of her work is reflected in her great efforts over the last several months.

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

TRIBUTE TO CORPORAL WILLIAM B. SMOAK

● Mr. SCOTT. Madam President, today I would like to honor one of our Lowcountry World War II veterans, 96-year-old, CPL William B. Smoak. After the war, he was awarded multiple medals for his unmatched bravery on the field of battle.

Corporal Smoak was a radio control operator during the war who called in multiple airstrikes on the frontlines. His commanding officer told him that he was the only one of the radio controllers who seemed to be able to keep the radio on the air and thus call in more strikes; and because of this, Corporal Smoak risked his life by volunteering to go to the frontlines daily rather than switching out with the other radio controllers—which is considered by all above and beyond the call of duty.

In and out of the hospital battling malaria during the war and back in the States, he found out his commanding officer had put in for him to receive the Bronze Star. He was also awarded the Asiatic-Pacific Campaign Medal, the World War II Victory Medal, the Philippine Liberation Ribbon, the Good Conduct Medal, the Honorable Service Button WWII, the marksman badge, and the carbine bar.

It is with pride and honor that we recognize William B. Smoak and add his legacy to the CONGRESSIONAL RECORD. We will never forget his sacrifice.●

TRIBUTE TO JOHN MOORE, JR.

● Mr. SCOTT. Madam President, today I wish to acknowledge and honor the outstanding work of Mr. John R. Moore, Jr., of Anderson, SC, for his positive impact on the city. Throughout his over 30 years of exceptional duty, Mr. Moore has greatly enhanced the operations of the city through his hard work and dedication.

John began his journey as a city employee in 1976 and has gone above and beyond the call of duty since then to be a positive addition to city leadership. Displaying a genuine passion to work toward improving the lives of Anderson citizens, John has dedicated much of his career to public service. Appointed to city finance director in 1983 and then to city manager in 1991, Mr. Moore has continually done his due diligence to produce great results. Mr. Moore has taken an active interest in the welfare of the community through his roles in the chamber of commerce, local YMCA, United Way, and other public service organizations.

I acknowledge with pleasure the legacy of service Mr. John R. Moore will be retiring with and thank him for his efforts that will undoubtedly benefit the citizens of Anderson for years to come.●

MESSAGE FROM THE HOUSE

At 10:54 a.m., a message from the House of Representatives, delivered by Mr. Novotny, one of its reading clerks, announced that the House has passed the following bill and joint resolutions, without amendment:

S. 1170. An act to amend title 39, United States Code, to extend the authority of the United States Postal Service to issue a semipostal to raise funds for breast cancer research, and for other purposes.

S.J. Res. 23. Joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of a rule submitted by the Environmental Protection Agency relating to ''Standards of Performance for Greenhouse Gas Emissions from New, Modified, and Reconstructed Stationary Sources: Electric Utility Generating Units''.

S.J. Res. 24. Joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of a rule submitted by the Environmental Protection Agency relating to ''Carbon Pollution Emission Guidelines for Existing Stationary Sources: Electric Utility Generating Units''.

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

H.R. 4127. An act to authorize appropriations for fiscal year 2016 for intelligence and intelligence-related activities of the United States Government, the Community Management Account, and the Central Intelligence Agency Retirement and Disability System, and for other purposes.

ENROLLED BILL SIGNED

The President pro tempore (Mr. HATCH) reported that he had signed the following enrolled bill, which was previously signed by the Speaker of the House:

S. 611. An act to amend the Safe Drinking Water Act to reauthorize technical assistance to small public water systems, and for other purposes.

MEASURES PLACED ON THE CALENDAR

The following bill was read the second time, and placed on the calendar:

H.R. 427. An act to amend chapter 8 of title 5, United States Code, to provide that major rules of the executive branch shall have no force or effect unless a joint resolution of approval is enacted into law.

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

H.R. 4127. An act to authorize appropriations for fiscal year 2016 for intelligence and intelligence-related activities of the United States Government, the Community Management Account, and the Central Intelligence Agency Retirement and Disability System, and for other purposes.

ENROLLED BILL PRESENTED

The Secretary of the Senate reported that on today, December 2, 2015, she had presented to the President of the United States the following enrolled bill:

S. 611. An act to amend the Safe Drinking Water Act to reauthorize technical assistance to small public water systems, and for other purposes.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. VITTER, from the Committee on Small Business and Entrepreneurship, with amendments:

S. 2139. A bill to amend the Small Business Act to prohibit the use of reverse auctions for the procurement of covered contracts.

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. CASSIDY (for himself and Mr. PETERS):

S. 2340. A bill to require the Director of the Office of Management and Budget to issue a directive on the management of software licenses, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

By Mr. BENNET (for himself, Mr. MARKEY, Ms. CANTWELL, Mr. REID, Mr. DURBIN, Mr. UDALL, Mrs. MCCASKILL, Mr. WHITEHOUSE, Mr. FRANKEN, Mr. WYDEN, Mrs. MURRAY, Mr. CARDIN, Mr. HEINRICH, Mrs. BOXER, Mrs. SHAHEEN, Ms. BALDWIN, Mr. MERKLEY, Ms. STABENOW, Mr. SCHATZ, Mr. BOOKER, Mr. REED, Mr. PETERS, Mr. LEAHY, Ms. KLOBUCHAR, Ms. WARREN, Mr. BLUMENTHAL, Mr. SCHUMER, Ms. MIKULSKI, Mr. BROWN, Mr. SANDERS, Mr. MENENDEZ, Mr. MURPHY, Mr. TESTER, and Ms. HIRONO):

S. 2341. A bill to designate a portion of the Arctic National Wildlife Refuge as wilderness; to the Committee on Environment and Public Works.

By Mr. NELSON (for himself, Mr. SCHUMER, Mr. MENENDEZ, and Mr. BLUMENTHAL):

S. 2342. A bill to amend titles XVIII and XIX of the Social Security Act to make premium and cost-sharing subsidies available to low-income Medicare part D beneficiaries who reside in Puerto Rico or another territory of the United States; to the Committee on Finance.

By Mr. GARDNER (for himself and Mr. PETERS):

S. 2343. A bill to require the Center for Medicare and Medicaid Innovation to test the effect of including telehealth services in Medicare health care delivery reform models; to the Committee on Finance.

By Mr. COTTON:

S. 2344. A bill to provide authority for access to certain business records collected under the Foreign Intelligence Surveillance Act of 1978 prior to November 29, 2015, to make the authority for roving surveillance, the authority to treat individual terrorists as agents of foreign powers, and title VII of the Foreign Intelligence Surveillance Act of 1978 permanent, and to modify the certification requirements for access to telephone toll and transactional records by the Federal Bureau of Investigation, and for other purposes; to the Committee on the Judiciary.

By Mr. BURR (for himself, Mr. ISAKSON, Mr. SCOTT, Mr. ENZI, Mr. GRASSLEY, and Mr. HELLER):

S. 2345. A bill to establish an expedited process for removal of senior executives of the Internal Revenue Service based on performance or misconduct; to the Committee on Finance.

By Mr. NELSON:

S. 2346. A bill to amend the Internal Revenue Code of 1986 to temporarily allow expensing of certain costs of replanting citrus plants lost by reason of casualty; to the Committee on Finance.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

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

By Mr. ISAKSON (for himself and Ms. BALDWIN):

S. Res. 324. A resolution designating December 3, 2015, as ''National Phenylketonuria Awareness Day''; considered and agreed to.

By Mr. ISAKSON (for himself and Mr. BLUMENTHAL):

S. Res. 325. A resolution permitting the collection of clothing, toys, food, and housewares during the holiday season for charitable purposes in Senate buildings; considered and agreed to.

ADDITIONAL COSPONSORS

S. 170

At the request of Mr. TESTER, the name of the Senator from Rhode Island (Mr. REED) was added as a cosponsor of S. 170, a bill to amend title 38, United States Code, to increase the maximum age for children eligible for medical care under the CHAMPVA program, and for other purposes.

S. 314

At the request of Mr. GRASSLEY, the name of the Senator from Washington (Ms. CANTWELL) was added as a cosponsor of S. 314, a bill to amend title XVIII of the Social Security Act to provide for coverage under the Medicare program of pharmacist services.

S. 542

At the request of Mr. COATS, the name of the Senator from Kansas (Mr. ROBERTS) was added as a cosponsor of S. 542, a bill to enhance the homeland security of the United States, and for other purposes.

S. 551

At the request of Mrs. FEINSTEIN, the name of the Senator from Wisconsin (Ms. BALDWIN) was added as a cosponsor of S. 551, a bill to increase public safety by permitting the Attorney General to deny the transfer of firearms or the issuance of firearms and explosives licenses to known or suspected dangerous terrorists.

S. 579

At the request of Mr. GRASSLEY, the name of the Senator from Nebraska (Mrs. FISCHER) was added as a cosponsor of S. 579, a bill to amend the Inspector General Act of 1978 to strengthen the independence of the Inspectors General, and for other purposes.

S. 586

At the request of Mrs. SHAHEEN, the name of the Senator from New York (Mrs. GILLIBRAND) was added as a cosponsor of S. 586, a bill to amend the Public Health Service Act to foster more effective implementation and coordination of clinical care for people with pre-diabetes, diabetes, and the chronic diseases and conditions that result from diabetes.

S. 613

At the request of Mrs. GILLIBRAND, the name of the Senator from Massachusetts (Ms. WARREN) was added as a cosponsor of S. 613, a bill to amend the Richard B. Russell National School Lunch Act to improve the efficiency of summer meals.

S. 737

At the request of Mr. BROWN, the name of the Senator from Massachusetts (Ms. WARREN) was added as a cosponsor of S. 737, a bill to amend title XIX of the Social Security Act to extend the application of the Medicare payment rate floor to primary care services furnished under Medicaid and to apply the rate floor to additional providers of primary care services.

S. 786

At the request of Mrs. GILLIBRAND, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 786, a bill to provide paid and family medical leave benefits to certain individuals, and for other purposes.

S. 901

At the request of Mr. MORAN, the name of the Senator from Virginia (Mr. WARNER) was added as a cosponsor of S. 901, a bill to establish in the Department of Veterans Affairs a national center for research on the diagnosis and treatment of health conditions of the descendants of veterans exposed to toxic substances during service in the Armed Forces that are related to that exposure, to establish an advisory board on such health conditions, and for other purposes.

S. 1133

At the request of Mr. FRANKEN, the name of the Senator from Hawaii (Mr. SCHATZ) was added as a cosponsor of S. 1133, a bill to amend title 9 of the United States Code with respect to arbitration.

S. 1539

At the request of Mrs. MURRAY, the name of the Senator from Massachusetts (Ms. WARREN) was added as a cosponsor of S. 1539, a bill to amend the Richard B. Russell National School Lunch Act to establish a permanent, nationwide summer electronic benefits transfer for children program.

S. 1832

At the request of Mr. SANDERS, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. 1832, a bill to provide for increases in the Federal minimum wage.

S. 1874

At the request of Mr. HATCH, the name of the Senator from Alabama (Mr. SHELBY) was added as a cosponsor of S. 1874, a bill to provide protections for workers with respect to their right to select or refrain from selecting representation by a labor organization.

S. 1890

At the request of Mr. HATCH, the name of the Senator from Connecticut (Mr. MURPHY) was added as a cosponsor of S. 1890, a bill to amend chapter 90 of title 18, United States Code, to provide Federal jurisdiction for the theft of trade secrets, and for other purposes.

S. 1928

At the request of Mr. TESTER, the name of the Senator from New Mexico (Mr. UDALL) was added as a cosponsor of S. 1928, a bill to support the education of Indian children.

S. 1935

At the request of Ms. BALDWIN, the name of the Senator from New Jersey (Mr. BOOKER) was added as a cosponsor of S. 1935, a bill to require the Secretary of Commerce to undertake certain activities to support waterfront

community revitalization and resiliency.

S. 2051

At the request of Mr. CARPER, the names of the Senator from Kansas (Mr. MORAN), the Senator from Missouri (Mrs. MCCASKILL) and the Senator from Missouri (Mr. BLUNT) were added as cosponsors of S. 2051, a bill to improve, sustain, and transform the United States Postal Service.

S. 2163

At the request of Ms. KLOBUCHAR, the name of the Senator from New Jersey (Mr. BOOKER) was added as a cosponsor of S. 2163, a bill to amend title 23, United States Code, to direct the Secretary of Transportation to require that broadband conduits be installed as a part of certain highway construction projects, and for other purposes.

S. 2178

At the request of Mr. BOOZMAN, the name of the Senator from Mississippi (Mr. COCHRAN) was added as a cosponsor of S. 2178, a bill to amend the Internal Revenue Code of 1986 to make permanent certain provisions of the Heartland, Habitat, Harvest, and Horticulture Act of 2008 relating to timber, and for other purposes.

S. 2203

At the request of Mr. NELSON, his name was added as a cosponsor of S. 2203, a bill to amend the Internal Revenue Code of 1986 to make residents of Puerto Rico eligible for the earned income tax credit and to provide equitable treatment for residents of Puerto Rico with respect to the refundable portion of the child tax credit.

S. 2230

At the request of Mr. CRUZ, the name of the Senator from Utah (Mr. HATCH) was added as a cosponsor of S. 2230, a bill to require the Secretary of State to submit a report to Congress on the designation of the Muslim Brotherhood as a foreign terrorist organization, and for other purposes.

S. 2232

At the request of Mr. PAUL, the name of the Senator from Alaska (Mr. SULLIVAN) was added as a cosponsor of S. 2232, a bill to require a full audit of the Board of Governors of the Federal Reserve System and the Federal reserve banks by the Comptroller General of the United States, and for other purposes.

S. 2235

At the request of Mr. MARKEY, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. 2235, a bill to repeal debt collection amendments made by the Bipartisan Budget Act of 2015.

S. 2243

At the request of Mr. JOHNSON, the names of the Senator from Arkansas (Mr. COTTON) and the Senator from Kansas (Mr. MORAN) were added as cosponsors of S. 2243, a bill to amend the fresh fruit and vegetable program under the Richard B. Russell National School Lunch Act to include canned, dried, frozen, or pureed fruits and vegetables.

S. 2311

At the request of Mrs. GILLIBRAND, the name of the Senator from Massachusetts (Ms. WARREN) was added as a cosponsor of S. 2311, a bill to amend the Public Health Service Act to authorize the Secretary of Health and Human Services, acting through the Administrator of the Health Resources and Services Administration, to make grants to States for screening and treatment for maternal depression.

S. 2337

At the request of Mrs. FEINSTEIN, the names of the Senator from Missouri (Mrs. MCCASKILL) and the Senator from Connecticut (Mr. MURPHY) were added as cosponsors of S. 2337, a bill to improve homeland security by enhancing the requirements for participation in the Visa Waiver Program, and for other purposes.

S. RES. 148

At the request of Mr. KIRK, the name of the Senator from Nevada (Mr. HELLER) was added as a cosponsor of S. Res. 148, a resolution condemning the Government of Iran's state-sponsored persecution of its Baha'i minority and its continued violation of the International Covenants on Human Rights.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 324—DESIGNATING DECEMBER 3, 2015, AS ''NATIONAL PHENYLKETONURIA AWARENESS DAY''

Mr. ISAKSON (for himself and Ms. BALDWIN) submitted the following resolution; which was considered and agreed to:

S. RES. 324

Whereas phenylketonuria is a rare, inherited metabolic disorder that is characterized by the inability of the body to process the essential amino acid phenylalanine and which causes intellectual disability and other neurological problems, such as memory loss and mood disorders, when treatment is not started within the first few weeks of life;

Whereas phenylketonuria is also referred to as ''PKU'' or Phenylalanine Hydroxylase Deficiency;

Whereas newborn screening for PKU was initiated in the United States in 1963 and was recommended for inclusion in State newborn screening programs under the Newborn Screening Saves Lives Act of 2007 (Public Law 110–204);

Whereas approximately 1 out of every 15,000 infants in the United States is born with PKU;

Whereas PKU is treated with medical food;

Whereas the 2012 Phenylketonuria Scientific Review Conference affirmed the recommendation of lifelong dietary treatment for PKU made by the National Institutes of Health Consensus Development Conference Statement 2000;

Whereas in 2014, the American College of Medical Genetics and Genomics and Genetic Metabolic Dieticians International published medical and dietary guidelines on the optimal treatment of PKU;

Whereas medical foods are medically necessary for children and adults living with PKU;

Whereas adults with PKU who discontinue treatment are at risk for serious medical issues such as depression, impulse control disorder, phobias, tremors, and pareses;

Whereas women with PKU must maintain strict metabolic control before and during pregnancy to prevent fetal damage;

Whereas children born from untreated mothers with PKU may have a condition known as ''maternal phenylketonuria syndrome'', which can cause small brains, intellectual disabilities, birth defects of the heart, and low birth weights;

Whereas although there is no cure for PKU, treatment involving medical foods, medications, and restriction of phenylalanine intake can prevent progressive, irreversible brain damage;

Whereas access to health insurance coverage for medical food varies across the United States and the long-term costs associated with caring for untreated children and adults with PKU far exceed the cost of providing medical food treatment;

Whereas gaps in medical foods coverage have a detrimental impact on individuals with PKU, their families, and society;

Whereas scientists and researchers are hopeful that breakthroughs in PKU research will be forthcoming;

Whereas researchers across the United States are conducting important research projects involving PKU; and

Whereas the Senate is an institution that can raise awareness of PKU among the general public and the medical community: Now, therefore, be it

Resolved, That the Senate—

(1) designates December 3, 2015, as ''National Phenylketonuria Awareness Day'';

(2) encourages all people in the United States to become more informed about phenylketonuria and the role of medical foods in treating phenylketonuria; and

(3) respectfully requests that the Secretary of the Senate transmit a copy of this resolution to the National PKU Alliance, a nonprofit organization dedicated to improving the lives of individuals with phenylketonuria.

SENATE RESOLUTION 325—PERMITTING THE COLLECTION OF CLOTHING, TOYS, FOOD, AND HOUSEWARES DURING THE HOLIDAY SEASON FOR CHARITABLE PURPOSES IN SENATE BUILDINGS

Mr. ISAKSON (for himself and Mr. BLUMENTHAL) submitted the following resolution; which was considered and agreed to:

S. RES. 325

Resolved,

SECTION 1. COLLECTION OF CLOTHING, TOYS, FOOD, AND HOUSEWARES DURING THE HOLIDAY SEASON FOR CHARITABLE PURPOSES IN SENATE BUILDINGS.

(a) IN GENERAL.—Notwithstanding any other provision of the rules or regulations of the Senate—

(1) a Senator, officer of the Senate, or employee of the Senate may collect from another Senator, officer of the Senate, or employee of the Senate within Senate buildings nonmonetary donations of clothing, toys, food, and housewares for charitable purposes related to serving persons in need or members of the Armed Forces and the families of those members during the holiday season, if

the charitable purposes do not otherwise violate any rule or regulation of the Senate or of Federal law; and

(2) a Senator, officer of the Senate, or employee of the Senate may work with a nonprofit organization with respect to the delivery of donations described under paragraph (1).

(b) EXPIRATION.—The authority provided by this resolution shall expire at the end of the first session of the 114th Congress.

AMENDMENTS SUBMITTED AND PROPOSED

SA 2875. Mr. JOHNSON (for himself and Mr. GARDNER) proposed an amendment to amendment SA 2874 proposed by Mr. MCCONNELL to the bill H.R. 3762, to provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016.

SA 2876. Mrs. MURRAY (for herself, Mr. WYDEN, Mr. SANDERS, Mr. MARKEY, Mr. WARNER, Mr. COONS, and Ms. STABENOW) proposed an amendment to amendment SA 2874 proposed by Mr. MCCONNELL to the bill H.R. 3762, supra.

SA 2877. Mr. LANKFORD submitted an amendment intended to be proposed by him to the bill H.R. 3762, supra; which was ordered to lie on the table.

SA 2878. Mr. TOOMEY (for himself and Mr. COATS) submitted an amendment intended to be proposed to amendment SA 2874 proposed by Mr. MCCONNELL to the bill H.R. 3762, supra; which was ordered to lie on the table.

SA 2879. Mr. GARDNER submitted an amendment intended to be proposed by him to the bill H.R. 3762, supra; which was ordered to lie on the table.

SA 2880. Mr. GARDNER submitted an amendment intended to be proposed by him to the bill H.R. 3762, supra; which was ordered to lie on the table.

SA 2881. Mr. DURBIN (for himself, Mr. REED, Mr. WHITEHOUSE, and Mr. SANDERS) submitted an amendment intended to be proposed by him to the bill H.R. 3762, supra; which was ordered to lie on the table.

SA 2882. Mr. HELLER submitted an amendment intended to be proposed to amendment SA 2874 proposed by Mr. MCCONNELL to the bill H.R. 3762, supra; which was ordered to lie on the table.

SA 2883. Mr. BROWN (for himself, Ms. STABENOW, Mr. CASEY, Mr. WYDEN, and Ms. HIRONO) submitted an amendment intended to be proposed to amendment SA 2874 proposed by Mr. MCCONNELL to the bill H.R. 3762, supra; which was ordered to lie on the table.

SA 2884. Mr. MCCAIN (for himself and Ms. KLOBUCHAR) submitted an amendment intended to be proposed to amendment SA 2874 proposed by Mr. MCCONNELL to the bill H.R. 3762, supra; which was ordered to lie on the table.

SA 2885. Ms. COLLINS (for herself, Ms. MURKOWSKI, and Mr. KIRK) submitted an amendment intended to be proposed to amendment SA 2874 proposed by Mr. MCCONNELL to the bill H.R. 3762, supra; which was ordered to lie on the table.

SA 2886. Mr. REID submitted an amendment intended to be proposed by him to the bill H.R. 3762, supra; which was ordered to lie on the table.

SA 2887. Ms. HIRONO (for herself and Mr. BROWN) submitted an amendment intended to be proposed by her to the bill H.R. 3762, supra; which was ordered to lie on the table.

SA 2888. Mr. COATS (for himself and Mr. TOOMEY) submitted an amendment intended to be proposed to amendment SA 2874 proposed by Mr. MCCONNELL to the bill H.R. 3762, supra; which was ordered to lie on the table.

SA 2889. Mr. FLAKE submitted an amendment intended to be proposed to amendment SA 2874 proposed by Mr. MCCONNELL to the bill H.R. 3762, supra; which was ordered to lie on the table.

SA 2890. Mr. FLAKE submitted an amendment intended to be proposed to amendment SA 2874 proposed by Mr. MCCONNELL to the bill H.R. 3762, supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 2875. Mr. JOHNSON (for himself and Mr. GARDNER) proposed an amendment to amendment SA 2874 proposed by Mr. MCCONNELL to the bill H.R. 3762, to provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016; as follows:

At the appropriate place, insert the following:

SEC. ___. AMENDMENT TO THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.

(a) IN GENERAL.—Part 2 of subtitle C of title I of the Patient Protection and Affordable Care Act (42 U.S.C. 18011 et seq.) is amended by striking section 1251 and inserting the following:

"SEC. 1251. FREEDOM TO MAINTAIN EXISTING COVERAGE.

''(a) NO CHANGES TO EXISTING COVERAGE.—

''(1) IN GENERAL.—Nothing in this Act (or an amendment made by this Act) shall be construed to require that an individual terminate coverage under a group health plan or health insurance coverage in which such individual was enrolled during any part of the period beginning on the date of enactment of this Act and ending on December 31, 2013.

''(2) CONTINUATION OF COVERAGE.—With respect to a group health plan or health insurance coverage in which an individual was enrolled during any part of the period beginning on the date of enactment of this Act and ending on December 31, 2013, this subtitle and subtitle A (and the amendments made by such subtitles) shall not apply to such plan or coverage, regardless of whether the individual renews such coverage.

''(b) ALLOWANCE FOR FAMILY MEMBERS TO JOIN CURRENT COVERAGE.—With respect to a group health plan or health insurance coverage in which an individual was enrolled during any part of the period beginning on the date of enactment of this Act and ending on December 31, 2013, and which is renewed, family members of such individual shall be permitted to enroll in such plan or coverage if such enrollment is permitted under the terms of the plan in effect as of such date of enrollment.

''(c) ALLOWANCE FOR NEW EMPLOYEES TO JOIN CURRENT PLAN.—A group health plan that provides coverage during any part of the period beginning on the date of enactment of this Act and ending on December 31, 2013, may provide for the enrolling of new employees (and their families) in such plan, and this subtitle and subtitle A (and the amendments made by such subtitles) shall not apply with respect to such plan and such new employees (and their families).

''(d) EFFECT ON COLLECTIVE BARGAINING AGREEMENTS.—In the case of health insurance coverage maintained pursuant to one or more collective bargaining agreements between employee representatives and one or more employers that was ratified before December 31, 2013, the provisions of this subtitle and subtitle A (and the amendments made by such subtitles) shall not apply until the date on which the last of the collective bargaining agreements relating to the coverage terminates. Any coverage amendment made pursuant to a collective bargaining agreement relating to the coverage which amends the coverage solely to conform to any requirement added by this subtitle or subtitle A (or amendments) shall not be treated as a termination of such collective bargaining agreement.

''(e) DEFINITION.—In this title, the term 'grandfathered health plan' means any group health plan or health insurance coverage to which this section applies.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect as if included in the Patient Protection and Affordable Care Act (Public Law 111–148).

SA 2876. Mrs. MURRAY (for herself, Mr. WYDEN, Mr. SANDERS, Mr. MARKEY, Mr. WARNER, Mr. COONS, and Ms. STABENOW) proposed an amendment to amendment SA 2874 proposed by Mr. MCCONNELL to the bill H.R. 3762, to provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016; as follows:

Strike section 101 and insert the following:

SEC. 101. SENSE OF THE SENATE.

It is the sense of the Senate that—

(1) comprehensive access to reproductive health care is critical to improving the health and well-being of women and their families and is an essential part of their economic security;

(2) access to affordable contraceptives, including emergency contraceptives, and medically accurate information prevents unintended pregnancies, thereby improving the health of women, children, families, and society as a whole;

(3) it is imperative that women have access to the full range of reproductive health care services;

(4) women's health care providers, including Planned Parenthood, provide critical services such as birth control, cancer screenings, and other services, to millions of men and women across the United States; and

(5) all women and men should be able to access health care services without fear or intimidation or threat of violence.

SEC. 101A. WOMEN'S HEALTH CARE AND CLINIC SECURITY AND SAFETY FUND.

(a) IN GENERAL.—Title XIX of the Social Security Act (42 U.S.C. 1396 et. seq.) is amended by inserting after section 1941 the following new section:

''WOMEN'S HEALTH CARE AND CLINIC SECURITY AND SAFETY FUND

''SEC. 1941A. (a) ESTABLISHMENT.—

''(1) IN GENERAL.—The Secretary shall establish under this title a Women's Health Care and Clinic Security and Safety Fund (in this section referred to as the 'Fund') which shall be available to the Secretary for the purpose of making payments to women's health clinics or providers for the provision of eligible services to individuals described in subsection (b) and for expenditures of women's health clinics or providers that are attributable to ensuring the security and safety of such clinics or providers and of their staff and patients. Payments made from the Fund to women's health clinics or providers for eligible services or for security and safety expenditures shall be in addition to any payments that would otherwise be made to any such clinics or providers for such services or expenditures.

''(2) COORDINATION.—The Secretary shall coordinate with the National Task Force on

Violence Against Health Care Providers established by the Attorney General for purposes of submitting an annual report to Congress on violence against women's health clinics or providers, including violence against the facilities, staff, and patients of such clinics or providers, and shall identify in the report best practices for ensuring the security and safety of such clinics and providers and their facilities, staff, and patients.

''(b) INDIVIDUALS DESCRIBED.—For purposes of subsection (a), individuals described in this subsection are any of the following:

''(1) Any individual who is eligible for medical assistance under a State plan under this title or a waiver of such plan.

''(2) Any individual who does not have health insurance coverage.

''(3) Any individual who has health insurance coverage but is under insured, or who is otherwise determined by a women's health clinic or provider to need services.

''(c) DEFINITIONS.—In this section:

''(1) ELIGIBLE SERVICES.—The term 'eligible services' means any health care item or service for which medical assistance is available under any State plan under this title or under any waiver of any State plan that is in effect on the date of enactment of this section.

''(2) WOMEN'S HEALTH CLINIC OR PROVIDER DEFINED.—The term 'women's health clinic or provider' means an entity, including its affiliates, subsidiaries, successors, and clinics that, as of the date of enactment of this section—

''(A) is an organization described in section 501(c)(3) of the Internal Revenue Code of 1986 and exempt from tax under section 501(a) of such Code;

''(B) is an essential community provider described in section 156.235 of title 45, Code of Federal Regulations (as in effect on such date of enactment), that is primarily engaged in family planning services, reproductive health, and related medical care; and

''(C) provides for abortions, other than an abortion—

''(i) if the pregnancy is the result of an act of rape or incest; or

''(ii) in the case where a woman suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the woman in danger of death unless an abortion is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself.

''(d) APPLICATIONS, DETERMINATION OF PAYMENT AMOUNTS, ADVANCE PAYMENT.—

''(1) IN GENERAL.—Not later than March 1, 2016, the Secretary shall establish a process under which a women's health provider may request payments from the Fund.

''(2) DETERMINATION OF PAYMENT AMOUNTS; ADVANCE PAYMENT; RETROSPECTIVE ADJUSTMENT.—As part of the process established under paragraph (1), the Secretary shall establish procedures for—

''(A) ensuring that amounts available for making payments from the Fund are equitably distributed among all the women's health clinics or providers that apply for such payments for a fiscal year;

''(B) making payments under this section for each quarter of a fiscal year on the basis of advance estimates of expenditures submitted by women's health clinics or providers for such payments and such other investigation as the Secretary may find necessary; and

''(C) making reductions or increases in the payments as necessary to adjust for any overpayment or underpayment for prior quarters of such fiscal year.

''(e) FUNDING.—

''(1) IN GENERAL.—There shall be available to the Fund, for expenditures from the Fund, $1,000,000,000 for the period of fiscal years 2016 through 2025.

''(2) FUNDING LIMITATION.—Amounts in the Fund shall be available in advance of appropriations but only if the total amount obligated from the Fund does not exceed the amount available to the Fund under paragraph (1). The Secretary may obligate funds from the Fund only if the Secretary determines (and the Chief Actuary of the Centers for Medicare & Medicaid Services and the appropriate budget officer certify) that there are available in the Fund sufficient amounts to cover all such obligations incurred consistent with the previous sentence.''.

SEC. 101B. FAIR SHARE TAX ON HIGH-INCOME TAXPAYERS.

(a) IN GENERAL.—Subchapter A of chapter 1 of the Internal Revenue Code of 1986 is amended by adding at the end the following new part:

''PART VII—FAIR SHARE TAX ON HIGH-INCOME TAXPAYERS

''Sec. 59A. Fair share tax.

''SEC. 59A. FAIR SHARE TAX.

''(a) GENERAL RULE.—

''(1) IMPOSITITION OF TAX.—In the case of any high-income taxpayer, there is hereby imposed for a taxable year (in addition to any other tax imposed by this subtitle) a tax equal to the product of—

''(A) the amount determined under paragraph (2), and

''(B) a fraction (not to exceed 1)—

''(i) the numerator of which is the excess of—

''(I) the taxpayer's adjusted gross income, over

''(II) the dollar amount in effect under subsection (c)(1), and

''(ii) the denominator of which is the dollar amount in effect under subsection (c)(1).

''(2) AMOUNT OF TAX.—The amount of tax determined under this paragraph is an amount equal to the excess (if any) of—

''(A) the tentative fair share tax for the taxable year, over

''(B) the excess of—

''(i) the sum of—

''(I) the regular tax liability (as defined in section 26(b)) for the taxable year, determined without regard to any tax liability determined under this section,

''(II) the tax imposed by section 55 for the taxable year, plus

''(III) the payroll tax for the taxable year, over

''(ii) the credits allowable under part IV of subchapter A (other than sections 27(a), 31, and 34).

''(b) TENTATIVE FAIR SHARE TAX.—For purposes of this section—

''(1) IN GENERAL.—The tentative fair share tax for the taxable year is 30 percent of the excess of—

''(A) the adjusted gross income of the taxpayer, over

''(B) the modified charitable contribution deduction for the taxable year.

''(2) MODIFIED CHARITABLE CONTRIBUTION DEDUCTION.—For purposes of paragraph (1)—

''(A) IN GENERAL.—The modified charitable contribution deduction for any taxable year is an amount equal to the amount which bears the same ratio to the deduction allowable under section 170 (section 642(c) in the case of a trust or estate) for such taxable year as—

''(i) the amount of itemized deductions allowable under the regular tax (as defined in section 55) for such taxable year, determined after the application of section 68, bears to

''(ii) such amount, determined before the application of section 68.

''(B) TAXPAYER MUST ITEMIZE.—In the case of any individual who does not elect to itemize deductions for the taxable year, the modified charitable contribution deduction shall be zero.

''(c) HIGH-INCOME TAXPAYER.—For purposes of this section—

''(1) IN GENERAL.—The term 'high-income taxpayer' means, with respect to any taxable year, any taxpayer (other than a corporation) with an adjusted gross income for such taxable year in excess of $1,000,000 (50 percent of such amount in the case of a married individual who files a separate return).

''(2) INFLATION ADJUSTMENT.—

''(A) IN GENERAL.—In the case of a taxable year beginning after 2016, the $1,000,000 amount under paragraph (1) shall be increased by an amount equal to—

''(i) such dollar amount, multiplied by

''(ii) the cost-of-living adjustment determined under section 1(f)(3) for the calendar year in which the taxable year begins, determined by substituting 'calendar year 2015' for 'calendar year 1992' in subparagraph (B) thereof.

''(B) ROUNDING.—If any amount as adjusted under subparagraph (A) is not a multiple of $10,000, such amount shall be rounded to the next lowest multiple of $10,000.

''(d) PAYROLL TAX.—For purposes of this section, the payroll tax for any taxable year is an amount equal to the excess of—

''(1) the taxes imposed on the taxpayer under sections 1401, 1411, 3101, 3201, and 3211(a) (to the extent such tax is attributable to the rate of tax in effect under section 3101) with respect to such taxable year or wages or compensation received during such taxable year, over

''(2) the deduction allowable under section 164(f) for such taxable year.

''(e) SPECIAL RULE FOR ESTATES AND TRUSTS.—For purposes of this section, in the case of an estate or trust, adjusted gross income shall be computed in the manner described in section 67(e).

''(f) NOT TREATED AS TAX IMPOSED BY THIS CHAPTER FOR CERTAIN PURPOSES.—The tax imposed under this section shall not be treated as tax imposed by this chapter for purposes of determining the amount of any credit under this chapter (other than the credit allowed under section 27(a)) or for purposes of section 55.''.

(b) CLERICAL AMENDMENT.—The table of parts for subchapter A of chapter 1 of the Internal Revenue Code of 1986 is amended by adding at the end the following new item:

''PART VII—FAIR SHARE TAX ON HIGH-INCOME TAXPAYERS''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2015.

SA 2877. Mr. LANKFORD submitted an amendment intended to be proposed by him to the bill H.R. 3762, to provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___. HEALTH CARE COMPACT PILOT PROGRAM.

(a) ESTABLISHMENT.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary''), acting through the Administrator of the Centers for Medicare & Medicaid Services, shall establish a pilot program to permit at least 5 States to enter into the health care compact described in subsection (d).

(b) ELIGIBILITY.—To be eligible to participate in the pilot program established under

subsection (a), a State shall certify to the Secretary, that—

(1) the State has, in a manner consistent with that State's constitution, joined the Health Care Compact on or before January 1, 2017;

(2) all funds transferred to the State under subsection (f)(5) will be expended only on health care as defined in subsection (f)(1)(D); and

(3) the State has appointed a member to the Interstate Advisory Health Care Commission established under subsection (f)(6).

(c) EXCLUSIONS TO COMPACT CONSENT.—Notwithstanding the consent to the Health Care Compact granted under this section, the powers granted to member States under paragraphs (2), (3), and (4) of subsection (f) (the Health Care Compact) shall not apply with regard to the agencies described in subsection (d), and the Member State Base Funding Level and Member State Current Year Funding Level shall not include funds expended by such agencies.

(d) EXCLUDED AGENCIES.—The agencies described in this subsection are—

(1) the National Institutes for Health;

(2) the Centers for Disease Control and Prevention; and

(3) the Food and Drug Administration.

(e) REQUEST FOR APPLICATIONS AND ANNOUNCEMENT OF DETERMINATIONS.—

(1) APPLICATIONS.—Not later than January 1, 2017, the Secretary shall publish a request for applications to participate in the program established under subsection (a). The period for accepting such applications shall close on June 30, 2017.

(2) DETERMINATIONS.—Not later than December 31, 2017, the Secretary shall notify States submitting applications under paragraph (1) of the determinations of the Secretary with respect to such applications.

(f) HEALTH CARE COMPACT.—The health care compact described in this subsection is as follows:

(1) DEFINITIONS.—In this subsection:

(A) COMMISSION.—The term ''Commission'' means the Interstate Advisory Health Care Commission established under paragraph (6).

(B) COMPACT.—The term ''Compact'' means the Compact described in this subsection that is entered into by a State under the program established under subsection (a).

(C) EFFECTIVE DATE.—The term ''effective date'' means the date upon which this Compact shall become effective for purposes of the operation of State and Federal law in a Member State, which shall be the later of—

(i) the date upon which this Compact shall be adopted under the laws of the Member State; or

(ii) the date upon which this Compact receives the consent of Congress pursuant to Article I, Section 10, of the United States Constitution, after at least two Member States adopt this Compact.

(D) HEALTH CARE.—The term ''health care'' means care, services, supplies, or plans related to the health of an individual and includes—

(i) preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care and counseling, service, assessment, or procedure with respect to the physical or mental condition or functional status of an individual or that affects the structure or function of the body;

(ii) sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription; and

(iii) an individual or group plan that provides, or pays the cost of, care, services, or supplies related to the health of an individual;

except any care, services, supplies, or plans provided by the Department of Defense and Department of Veteran Affairs, or provided to Native Americans.

(E) MEMBER STATE.—The term ''member State'' means a State that has—

(i) an application for participation in the program established under subsection (a) approved by the Secretary; and

(ii) adopted the Compact under the laws of that State.

(F) MEMBER STATE BASE FUNDING LEVEL.—The term ''member State base funding level'' means a number equal to the total Federal spending on health care in the member State during Federal fiscal year 2010. On or before the effective date, each member State shall determine the member State base funding level for its State, and that number shall be binding upon that member State.

(G) MEMBER STATE CURRENT YEAR FUNDING LEVEL.—The term ''member State current year funding level'' with respect to a member State, means the member State base funding level multiplied by the member State current year population adjustment factor multiplied by the current year inflation adjustment factor for the State.

(H) MEMBER STATE CURRENT YEAR POPULATION ADJUSTMENT FACTOR.—The term ''member State current year population adjustment factor'' with respect to a member State, means the average population of the member State in the current year less the average population of the member State in Federal fiscal year 2010, divided by the average population of the member State in Federal fiscal year 2010, plus 1. The average population in a member State shall be determined by the United States Census Bureau.

(I) CURRENT YEAR INFLATION ADJUSTMENT FACTOR.—The term ''current year inflation adjustment factor'' means the total gross domestic product deflator in the current year divided by the total gross domestic product deflator in Federal fiscal year 2010. The total gross domestic product deflator shall be determined by the Bureau of Economic Analysis of the Department of Commerce.

(2) PLEDGE.—The member States shall take joint and separate action under this Compact to return the authority to regulate health care to the member States consistent with the goals and principles articulated in this Compact. The member States shall improve health care policy within their respective jurisdictions and according to the judgment and discretion of each of the member States.

(3) LEGISLATIVE POWER.—The legislatures of the member States have the primary responsibility to regulate health care in their respective States under the Compact.

(4) STATE CONTROL.—Each member State, within its State, may suspend by legislation the operation of all Federal laws, rules, regulations, and orders regarding health care that are inconsistent with the laws and regulations adopted by the member State pursuant to this Compact. Federal and State laws, rules, regulations, and orders regarding health care shall remain in effect unless a member State expressly suspends such laws, rules, regulations and orders pursuant to the authority provided under this Compact. For any Federal law, rule, regulation, or order that remains in effect in a member State under this paragraph after the effective date, that member State shall be responsible for the associated funding obligations in its State.

(5) FUNDING.—

(A) IN GENERAL.—Each Federal fiscal year, each member State shall have the right to Federal funds up to an amount equal to its member State current year funding level for that Federal fiscal year, provided by Congress as mandatory spending and not subject to annual appropriation, to support the exercise of member State authority under this Compact. Such funding shall not be conditional on any action of or regulation, policy, law, or rule being adopted by the member State.

(B) INITIAL FUNDING LEVEL.—By the beginning of each Federal fiscal year, Congress shall establish an initial member State current year funding level for each member State, based upon reasonable estimates. The final member State current year funding level shall be calculated, and funding shall be reconciled by Congress based upon information provided by each member State and audited by the Government Accountability Office.

(6) INTERSTATE ADVISORY HEALTH CARE COMMISSION.—

(A) ESTABLISHMENT.—There shall be established by the members States an Interstate Advisory Health Care Commission to be composed of members appointed by each member State through a process to be determined by each member State. A member State may not appoint more than two members to the Commission and may withdraw membership from the Commission at any time. Each Commission member shall be entitled to one vote. The Commission shall not act unless a majority of the members are present, and no action shall be binding unless approved by a majority of the Commission's total membership.

(B) CHAIRPERSON; BYLAWS; MEETINGS.—The Commission shall elect from among its membership a Chairperson. The Commission may adopt and publish bylaws and policies that are not inconsistent with the Compact. The Commission shall meet at least once a year, and may meet more frequently.

(C) STUDIES AND RECOMMENDATIONS.—The Commission may study issues of health care regulation that are of particular concern to the member States. The Commission may make non-binding recommendations to the member States. The legislatures of the member States may consider such recommendations in determining the appropriate health care policies in their respective States.

(D) INFORMATION AND DATA.—The Commission shall collect information and data to assist the member States in their regulation of health care, including assessing the performance of various State health care programs and compiling information on the prices of health care. The Commission shall make this information and data available to the legislatures of the member States. Notwithstanding any other provision in the Compact, no member State shall disclose to the Commission the individually identifiable health information of any individual, nor shall the Commission disclose any such health information of any individual.

(E) FUNDING.—The Commission shall be funded by the member States as agreed to by the member States. The Commission shall have the responsibilities and duties as may be conferred upon it by subsequent action of the respective legislatures of the member States in accordance with the terms of the Compact.

(F) LIMITATION.—The Commission shall not take any action within a member State that contravenes any State law of that member State.

SA 2878. Mr. TOOMEY (for himself and Mr. COATS) submitted an amendment intended to be proposed to amendment SA 2874 proposed by Mr. MCCONNELL to the bill H.R. 3762, to provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. _____. REPEAL OF INCREASE IN MINIMUM DEDUCTION FOR MEDICAL, DENTAL, ETC., EXPENSES.

(a) ALLOWANCE OF DEDUCTION.—Subsection (a) of section 213 of the Internal Revenue Code of 1986 is amended by striking ''10 percent'' and inserting ''7.5 percent''.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2015.

SA 2879. Mr. GARDNER submitted an amendment intended to be proposed by him to the bill H.R. 3762, to provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___. EXPEDITED REPAYMENT OF LOANS BY CO-OPS.

Section 1322(b)(3) of the Patient Protection and Affordable Care Act (42 U.S.C. 18042(b)(3)) is amended by striking ''loans shall'' and all that follows through ''15 years'' and inserting ''loans and grants shall be repaid within 5 years''.

SA 2880. Mr. GARDNER submitted an amendment intended to be proposed by him to the bill H.R. 3762, to provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___. LIMITATION ON CONSIDERING CERTAIN OBLIGATIONS IN THE SETTING OF PREMIUMS.

A person that has received a loan under section 1322(b) of the Patient Protection and Affordable Care Act (42 U.S.C. 18042(b)) shall not take into consideration any payments made or received under sections 1341 and 1342 of such Act (42 U.S.C. 18061 and 18062) in their business plans in setting the premium amounts for enrollment in health insurance coverage offered by such person.

SA 2881. Mr. DURBIN (for himself, Mr. REED, Mr. WHITEHOUSE, and Mr. SANDERS) submitted an amendment intended to be proposed by him to the bill H.R. 3762, to provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___. MODIFICATIONS TO RULES RELATING TO INVERTED CORPORATIONS.

(a) IN GENERAL.—Subsection (b) of section 7874 of the Internal Revenue Code of 1986 is amended to read as follows:

''(b) INVERTED CORPORATIONS TREATED AS DOMESTIC CORPORATIONS.—

''(1) IN GENERAL.—Notwithstanding section 7701(a)(4), a foreign corporation shall be treated for purposes of this title as a domestic corporation if—

''(A) such corporation would be a surrogate foreign corporation if subsection (a)(2) were applied by substituting '80 percent' for '60 percent', or

''(B) such corporation is an inverted domestic corporation.

''(2) INVERTED DOMESTIC CORPORATION.—For purposes of this subsection, a foreign corporation shall be treated as an inverted domestic corporation if, pursuant to a plan (or a series of related transactions)—

''(A) the entity completes after May 8, 2014, the direct or indirect acquisition of—

''(i) substantially all of the properties held directly or indirectly by a domestic corporation, or

''(ii) substantially all of the assets of, or substantially all of the properties constituting a trade or business of, a domestic partnership, and

''(B) after the acquisition, more than 50 percent of the stock (by vote or value) of the entity is held—

''(i) in the case of an acquisition with respect to a domestic corporation, by former shareholders of the domestic corporation by reason of holding stock in the domestic corporation, or

''(ii) in the case of an acquisition with respect to a domestic partnership, by former partners of the domestic partnership by reason of holding a capital or profits interest in the domestic partnership.

''(3) EXCEPTION FOR CORPORATIONS WITH SUBSTANTIAL BUSINESS ACTIVITIES IN FOREIGN COUNTRY OF ORGANIZATION.—A foreign corporation described in paragraph (2) shall not be treated as an inverted domestic corporation if after the acquisition the expanded affiliated group which includes the entity has substantial business activities in the foreign country in which or under the law of which the entity is created or organized when compared to the total business activities of such expanded affiliated group. For purposes of subsection (a)(2)(B)(iii) and the preceding sentence, the term 'substantial business activities' shall have the meaning given such term under regulations in effect on May 8, 2014, except that the Secretary may issue regulations increasing the threshold percent in any of the tests under such regulations for determining if business activities constitute substantial business activities for purposes of this paragraph.''.

(b) CONFORMING AMENDMENTS.—

(1) Clause (i) of section 7874(a)(2)(B) of such Code is amended by striking ''after March 4, 2003,'' and inserting ''after March 4, 2003, and before May 9, 2014,''.

(2) Subsection (c) of section 7874 of such Code is amended—

(A) in paragraph (2)—

(i) by striking ''subsection (a)(2)(B)(ii)'' and inserting ''subsections (a)(2)(B)(ii) and (b)(2)(B)'', and

(ii) by inserting ''or (b)(2)(A)'' after ''(a)(2)(B)(i)'' in subparagraph (B),

(B) in paragraph (3), by inserting ''or (b)(2)(B), as the case may be,'' after ''(a)(2)(B)(ii)'',

(C) in paragraph (5), by striking ''subsection (a)(2)(B)(ii)'' and inserting ''subsections (a)(2)(B)(ii) and (b)(2)(B)'', and

(D) in paragraph (6), by inserting ''or inverted domestic corporation, as the case may be,'' after ''surrogate foreign corporation''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years ending after May 8, 2014.

SA 2882. Mr. HELLER submitted an amendment intended to be proposed to amendment SA 2874 proposed by Mr. MCCONNELL to the bill H.R. 3762, to provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016; which was ordered to lie on the table; as follows:

On page 5, beginning with line 24, strike through page 6, line 3.

SA 2883. Mr. BROWN (for himself, Ms. STABENOW, Mr. CASEY, Mr. WYDEN, and Ms. HIRONO) submitted an amendment intended to be proposed to amendment SA 2874 proposed by Mr. MCCONNELL to the bill H.R. 3762, to provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016; which was ordered to lie on the table; as follows:

At the end of title I, add the following:

SEC. 107. FMAP FOR THE MEDICAID EXPANSION POPULATION.

Section 1905(y)(1) of the Social Security Act (42 U.S.C. 1396d(y)(1)) is amended by striking the semicolon after ''2016'' and all that follows through ''2020''.

SEC. 108. FAIR SHARE TAX ON HIGH-INCOME TAXPAYERS.

(a) IN GENERAL.—Subchapter A of chapter 1 of the Internal Revenue Code of 1986 is amended by adding at the end the following new part:

''PART VII—FAIR SHARE TAX ON HIGH-INCOME TAXPAYERS

''SEC. 59A. FAIR SHARE TAX.

''(a) GENERAL RULE.—

''(1) IMPOSITITION OF TAX.—In the case of any high-income taxpayer, there is hereby imposed for a taxable year (in addition to any other tax imposed by this subtitle) a tax equal to the product of—

''(A) the amount determined under paragraph (2), and

''(B) a fraction (not to exceed 1)—

''(i) the numerator of which is the excess of—

''(I) the taxpayer's adjusted gross income, over

''(II) the dollar amount in effect under subsection (c)(1), and

''(ii) the denominator of which is the dollar amount in effect under subsection (c)(1).

''(2) AMOUNT OF TAX.—The amount of tax determined under this paragraph is an amount equal to the excess (if any) of—

''(A) the tentative fair share tax for the taxable year, over

''(B) the excess of—

''(i) the sum of—

''(I) the regular tax liability (as defined in section 26(b)) for the taxable year, determined without regard to any tax liability determined under this section,

''(II) the tax imposed by section 55 for the taxable year, plus

''(III) the payroll tax for the taxable year, over

''(ii) the credits allowable under part IV of subchapter A (other than sections 27(a), 31, and 34).

''(b) TENTATIVE FAIR SHARE TAX.—For purposes of this section—

''(1) IN GENERAL.—The tentative fair share tax for the taxable year is 30 percent of the excess of—

''(A) the adjusted gross income of the taxpayer, over

''(B) the modified charitable contribution deduction for the taxable year.

''(2) MODIFIED CHARITABLE CONTRIBUTION DEDUCTION.—For purposes of paragraph (1)—

''(A) IN GENERAL.—The modified charitable contribution deduction for any taxable year is an amount equal to the amount which bears the same ratio to the deduction allowable under section 170 (section 642(c) in the case of a trust or estate) for such taxable year as—

''(i) the amount of itemized deductions allowable under the regular tax (as defined in section 55) for such taxable year, determined after the application of section 68, bears to

''(ii) such amount, determined before the application of section 68.

''(B) TAXPAYER MUST ITEMIZE.—In the case of any individual who does not elect to

itemize deductions for the taxable year, the modified charitable contribution deduction shall be zero.

''(c) HIGH-INCOME TAXPAYER.—For purposes of this section—

''(1) IN GENERAL.—The term 'high-income taxpayer' means, with respect to any taxable year, any taxpayer (other than a corporation) with an adjusted gross income for such taxable year in excess of $1,000,000 (50 percent of such amount in the case of a married individual who files a separate return).

''(2) INFLATION ADJUSTMENT.—

''(A) IN GENERAL.—In the case of a taxable year beginning after 2016, the $1,000,000 amount under paragraph (1) shall be increased by an amount equal to—

''(i) such dollar amount, multiplied by

''(ii) the cost-of-living adjustment determined under section 1(f)(3) for the calendar year in which the taxable year begins, determined by substituting 'calendar year 2015' for 'calendar year 1992' in subparagraph (B) thereof.

''(B) ROUNDING.—If any amount as adjusted under subparagraph (A) is not a multiple of $10,000, such amount shall be rounded to the next lowest multiple of $10,000.

''(d) PAYROLL TAX.—For purposes of this section, the payroll tax for any taxable year is an amount equal to the excess of—

''(1) the taxes imposed on the taxpayer under sections 1401, 1411, 3101, 3201, and 3211(a) (to the extent such tax is attributable to the rate of tax in effect under section 3101) with respect to such taxable year or wages or compensation received during such taxable year, over

''(2) the deduction allowable under section 164(f) for such taxable year.

''(e) SPECIAL RULE FOR ESTATES AND TRUSTS.—For purposes of this section, in the case of an estate or trust, adjusted gross income shall be computed in the manner described in section 67(e).

''(f) NOT TREATED AS TAX IMPOSED BY THIS CHAPTER FOR CERTAIN PURPOSES.—The tax imposed under this section shall not be treated as tax imposed by this chapter for purposes of determining the amount of any credit under this chapter (other than the credit allowed under section 27(a)) or for purposes of section 55.''.

(b) CLERICAL AMENDMENT.—The table of parts for subchapter A of chapter 1 of the Internal Revenue Code of 1986 is amended by adding at the end the following new item:

''PART VII—FAIR SHARE TAX ON HIGH-INCOME TAXPAYERS''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2015.

SEC. 109. MODIFICATION OF LIMITATION ON EXCESSIVE REMUNERATION.

(a) REPEAL OF PERFORMANCE-BASED COMPENSATION AND COMMISSION EXCEPTIONS FOR LIMITATION ON EXCESSIVE REMUNERATION.—

(1) IN GENERAL.—Paragraph (4) of section 162(m) of the Internal Revenue Code of 1986 is amended by striking subparagraphs (B) and (C) and by redesignating subparagraphs (D) through (G) as subparagraphs (B) through (E), respectively.

(2) CONFORMING AMENDMENTS.—

(A) Section 162(m)(5) of such Code is amended—

(i) by striking ''subparagraphs (B), (C), and (D) thereof'' in subparagraph (E) and inserting ''subparagraph (B) thereof'', and

(ii) by striking ''subparagraphs (F) and (G)'' in subparagraph (G) and inserting ''subparagraphs (D) and (E)''.

(B) Section 162(m)(6) of such Code is amended—

(i) by striking ''subparagraphs (B), (C), and (D) thereof'' in subparagraph (D) and inserting ''subparagraph (B) thereof'', and

(ii) by striking ''subparagraphs (F) and (G)'' in subparagraph (G) and inserting ''subparagraphs (D) and (E)''.

(b) EXPANSION OF APPLICABLE EMPLOYER.—Paragraph (2) of section 162(m) of the Internal Revenue Code of 1986 is amended to read as follows:

''(2) PUBLICLY HELD CORPORATION.—For purposes of this subsection, the term 'publicly held corporation' means any corporation which is an issuer (as defined in section 3 of the Securities Exchange Act of 1934 (15 U.S.C. 78c))—

''(A) the securities of which are registered under section 12 of such Act (15 U.S.C. 78l), or

''(B) that is required to file reports under section 15(d) of such Act (15 U.S.C. 78o(d)).''.

(c) APPLICATION TO ALL CURRENT AND FORMER OFFICERS, DIRECTORS, AND EMPLOYEES.—

(1) IN GENERAL.—Section 162(m) of the Internal Revenue Code of 1986, as amended by subsection (a), is amended—

(A) by striking ''covered employee'' each place it appears in paragraphs (1) and (4) and inserting ''covered individual'', and

(B) by striking ''such employee'' each place it appears in subparagraphs (A) and (E) of paragraph (4) and inserting ''such individual''.

(2) COVERED INDIVIDUAL.—Paragraph (3) of section 162(m) of such Code is amended to read as follows:

''(3) COVERED INDIVIDUAL.—For purposes of this subsection, the term 'covered individual' means any individual who is an officer, director, or employee of the taxpayer or a former officer, director, or employee of the taxpayer.''.

(3) CONFORMING AMENDMENTS.—

(A) Section 48D(b)(3)(A) of such Code is amended by inserting ''(as in effect for taxable years beginning before January 1, 2016)'' after ''section 162(m)(3)''.

(B) Section 409A(b)(3)(D)(ii) of such Code is amended by inserting ''(as in effect for taxable years beginning before January 1, 2016)'' after ''section 162(m)(3)''.

(d) SPECIAL RULE FOR REMUNERATION PAID TO BENEFICIARIES, ETC.—Paragraph (4) of section 162(m), as amended by subsection (a), is amended by adding at the end the following new subparagraph:

''(F) SPECIAL RULE FOR REMUNERATION PAID TO BENEFICIARIES, ETC.—Remuneration shall not fail to be applicable employee remuneration merely because it is includible in the income of, or paid to, a person other than the covered individual, including after the death of the covered individual.''.

(e) REGULATORY AUTHORITY.—

(1) IN GENERAL.—Section 162(m) of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

''(7) REGULATIONS.—The Secretary may prescribe such guidance, rules, or regulations, including with respect to reporting, as are necessary to carry out the purposes of this subsection.''.

(2) CONFORMING AMENDMENT.—Paragraph (6) of section 162(m) of such Code is amended by striking subparagraph (H).

(f) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2015.

SEC. 110. MODIFICATIONS TO RULES RELATING TO INVERTED CORPORATIONS.

(a) IN GENERAL.—Subsection (b) of section 7874 of the Internal Revenue Code of 1986 is amended to read as follows:

''(b) INVERTED CORPORATIONS TREATED AS DOMESTIC CORPORATIONS.—

''(1) IN GENERAL.—Notwithstanding section 7701(a)(4), a foreign corporation shall be treated for purposes of this title as a domestic corporation if—

''(A) such corporation would be a surrogate foreign corporation if subsection (a)(2) were applied by substituting '80 percent' for '60 percent', or

''(B) such corporation is an inverted domestic corporation.

''(2) INVERTED DOMESTIC CORPORATION.—For purposes of this subsection, a foreign corporation shall be treated as an inverted domestic corporation if, pursuant to a plan (or a series of related transactions)—

''(A) the entity completes after May 8, 2014, the direct or indirect acquisition of—

''(i) substantially all of the properties held directly or indirectly by a domestic corporation, or

''(ii) substantially all of the assets of, or substantially all of the properties constituting a trade or business of, a domestic partnership, and

''(B) after the acquisition, more than 50 percent of the stock (by vote or value) of the entity is held—

''(i) in the case of an acquisition with respect to a domestic corporation, by former shareholders of the domestic corporation by reason of holding stock in the domestic corporation, or

''(ii) in the case of an acquisition with respect to a domestic partnership, by former partners of the domestic partnership by reason of holding a capital or profits interest in the domestic partnership.

''(3) EXCEPTION FOR CORPORATIONS WITH SUBSTANTIAL BUSINESS ACTIVITIES IN FOREIGN COUNTRY OF ORGANIZATION.—A foreign corporation described in paragraph (2) shall not be treated as an inverted domestic corporation if after the acquisition the expanded affiliated group which includes the entity has substantial business activities in the foreign country in which or under the law of which the entity is created or organized when compared to the total business activities of such expanded affiliated group. For purposes of subsection (a)(2)(B)(iii) and the preceding sentence, the term 'substantial business activities' shall have the meaning given such term under regulations in effect on May 8, 2014, except that the Secretary may issue regulations increasing the threshold percent in any of the tests under such regulations for determining if business activities constitute substantial business activities for purposes of this paragraph.''.

(b) CONFORMING AMENDMENTS.—

(1) Clause (i) of section 7874(a)(2)(B) of such Code is amended by striking ''after March 4, 2003,'' and inserting ''after March 4, 2003, and before May 9, 2014,''.

(2) Subsection (c) of section 7874 of such Code is amended—

(A) in paragraph (2)—

(i) by striking ''subsection (a)(2)(B)(ii)'' and inserting ''subsections (a)(2)(B)(ii) and (b)(2)(B)'', and

(ii) by inserting ''or (b)(2)(A)'' after ''(a)(2)(B)(i)'' in subparagraph (B),

(B) in paragraph (3), by inserting ''or (b)(2)(B), as the case may be,'' after ''(a)(2)(B)(ii)'',

(C) in paragraph (5), by striking ''subsection (a)(2)(B)(ii)'' and inserting ''subsections (a)(2)(B)(ii) and (b)(2)(B)'', and

(D) in paragraph (6), by inserting ''or inverted domestic corporation, as the case may be,'' after ''surrogate foreign corporation''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years ending after May 8, 2014.

SA 2884. Mr. MCCAIN (for himself and Ms. KLOBUCHAR) submitted an amendment intended to be proposed to amendment SA 2874 proposed by Mr. MCCONNELL to the bill H.R. 3762, to provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016;

which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. _____. SAFE AND AFFORDABLE DRUGS FROM CANADA.

Chapter VIII of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381 et seq.) is amended by adding at the end the following:

"SEC. 810. IMPORTATION BY INDIVIDUALS OF PRESCRIPTION DRUGS FROM CANADA.

''(a) IN GENERAL.—Notwithstanding any other provision of this Act, not later than 180 days after the date of enactment of this section, the Secretary shall promulgate regulations permitting individuals to safely import into the United States a prescription drug described in subsection (b).

''(b) PRESCRIPTION DRUG.—A prescription drug described in this subsection—

''(1) is a prescription drug that—

''(A) is purchased from an approved Canadian pharmacy;

''(B) is dispensed by a pharmacist licensed to practice pharmacy and dispense prescription drugs in Canada;

''(C) is purchased for personal use by the individual, not for resale, in quantities that do not exceed a 90-day supply;

''(D) is filled using a valid prescription issued by a physician licensed to practice in a State in the United States; and

''(E) has the same active ingredient or ingredients, route of administration, dosage form, and strength as a prescription drug approved by the Secretary under chapter V; and

''(2) does not include—

''(A) a controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802));

''(B) a biological product (as defined in section 351 of the Public Health Service Act (42 U.S.C. 262));

''(C) an infused drug (including a peritoneal dialysis solution);

''(D) an intravenously injected drug;

''(E) a drug that is inhaled during surgery;

''(F) a parenteral drug;

''(G) a drug manufactured through 1 or more biotechnology processes, including—

''(i) a therapeutic DNA plasmid product;

''(ii) a therapeutic synthetic peptide product of not more than 40 amino acids;

''(iii) a monoclonal antibody product for in vivo use; and

''(iv) a therapeutic recombinant DNA-derived product;

''(H) a drug required to be refrigerated at any time during manufacturing, packing, processing, or holding; or

''(I) a photoreactive drug.

''(c) APPROVED CANADIAN PHARMACY.—

''(1) IN GENERAL.—In this section, an approved Canadian pharmacy is a pharmacy that—

''(A) is located in Canada; and

''(B) that the Secretary certifies—

''(i) is licensed to operate and dispense prescription drugs to individuals in Canada; and

''(ii) meets the criteria under paragraph (3).

''(2) PUBLICATION OF APPROVED CANADIAN PHARMACIES.—The Secretary shall publish on the Internet Web site of the Food and Drug Administration a list of approved Canadian pharmacies, including the Internet Web site address of each such approved Canadian pharmacy, from which individuals may purchase prescription drugs in accordance with subsection (a).

''(3) ADDITIONAL CRITERIA.—To be an approved Canadian pharmacy, the Secretary shall certify that the pharmacy—

''(A) has been in existence for a period of at least 5 years preceding the date of such certification and has a purpose other than to participate in the program established under this section;

''(B) operates in accordance with pharmacy standards set forth by the provincial pharmacy rules and regulations enacted in Canada;

''(C) has processes established by the pharmacy, or participates in another established process, to certify that the physical premises and data reporting procedures and licenses are in compliance with all applicable laws and regulations, and has implemented policies designed to monitor ongoing compliance with such laws and regulations;

''(D) conducts or commits to participate in ongoing and comprehensive quality assurance programs and implements such quality assurance measures, including blind testing, to ensure the veracity and reliability of the findings of the quality assurance program;

''(E) agrees that laboratories approved by the Secretary shall be used to conduct product testing to determine the safety and efficacy of sample pharmaceutical products;

''(F) has established, or will establish or participate in, a process for resolving grievances and will be held accountable for violations of established guidelines and rules;

''(G) does not resell products from online pharmacies located outside Canada to customers in the United States; and

''(H) meets any other criteria established by the Secretary.''.

SA 2885. Ms. COLLINS (for herself, Ms. MURKOWSKI, and Mr. KIRK) submitted an amendment intended to be proposed to amendment SA 2874 proposed by Mr. MCCONNELL to the bill H.R. 3762, to provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016; which was ordered to lie on the table; as follows:

Strike section 101.

SA 2886. Mr. REID submitted an amendment intended to be proposed by him to the bill H.R. 3762, to provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____. PROHIBITION ON FIREARM POSSESSION.

Section 922 of title 18, United States Code, is amended—

(1) in subsection (d)(9), by inserting ''or of a misdemeanor offense described in section 248(a) that involves force, the threat of force, or violent physical obstruction'' before the period at the end; and

(2) in subsection (g)(9), by inserting ''or of a misdemeanor offense described in section 248(a) that involves force, the threat of force, or violent physical obstruction'' before the comma at the end.

SA 2887. Ms. HIRONO (for herself and Mr. BROWN) submitted an amendment intended to be proposed by her to the bill H.R. 3762, to provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016; which was ordered to lie on the table; as follows:

At the end of the bill, add the following:

SEC. _____. FEDERAL PELL GRANTS.

Section 401(b) of the Higher Education Act of 1965 (20 U.S.C. 1070a(b)) is amended—

(1) in paragraph (2)(A), by striking ''The amount'' and inserting ''Except as provided in paragraph (8), the amount''; and

(2) by adding at the end the following:

''(8) MANDATORY FUNDING FOR FISCAL YEARS 2016 THROUGH 2020.—

''(A) IN GENERAL.—For each of fiscal years 2016 through 2020, there are authorized to be appropriated, and there are appropriated $26,354,000,000 to carry out this section, which amount shall be increased for each of such fiscal years by a percentage equal to the percentage change in the Consumer Price Index (as determined by the Secretary, using the definition in section 478(f)) for the most recent calendar year ending prior to the beginning of that fiscal year.

''(B) PROHIBITION OF DISCRETIONARY APPROPRIATIONS.—No funds other than funds provided under subparagraph (A) shall be appropriated to carry out this section for the period of fiscal years described in subparagraph (A).''.

SEC. _____. SPECIAL RULES FOR PARTNERS PROVIDING INVESTMENT MANAGEMENT SERVICES TO PARTNERSHIPS.

(a) IN GENERAL.—Part I of subchapter K of chapter 1 of the Internal Revenue Code of 1986 is amended by adding at the end the following new section:

"SEC. 710. SPECIAL RULES FOR PARTNERS PROVIDING INVESTMENT MANAGEMENT SERVICES TO PARTNERSHIPS.

''(a) TREATMENT OF DISTRIBUTIVE SHARE OF PARTNERSHIP ITEMS.—For purposes of this title, in the case of an investment services partnership interest—

''(1) IN GENERAL.—Notwithstanding section 702(b)—

''(A) an amount equal to the net capital gain with respect to such interest for any partnership taxable year shall be treated as ordinary income, and

''(B) subject to the limitation of paragraph (2), an amount equal to the net capital loss with respect to such interest for any partnership taxable year shall be treated as an ordinary loss.

''(2) RECHARACTERIZATION OF LOSSES LIMITED TO RECHARACTERIZED GAINS.—The amount treated as ordinary loss under paragraph (1)(B) for any taxable year shall not exceed the excess (if any) of—

''(A) the aggregate amount treated as ordinary income under paragraph (1)(A) with respect to the investment services partnership interest for all preceding partnership taxable years to which this section applies, over

''(B) the aggregate amount treated as ordinary loss under paragraph (1)(B) with respect to such interest for all preceding partnership taxable years to which this section applies.

''(3) ALLOCATION TO ITEMS OF GAIN AND LOSS.—

''(A) NET CAPITAL GAIN.—The amount treated as ordinary income under paragraph (1)(A) shall be allocated ratably among the items of long-term capital gain taken into account in determining such net capital gain.

''(B) NET CAPITAL LOSS.—The amount treated as ordinary loss under paragraph (1)(B) shall be allocated ratably among the items of long-term capital loss and short-term capital loss taken into account in determining such net capital loss.

''(4) TERMS RELATING TO CAPITAL GAINS AND LOSSES.—For purposes of this section—

''(A) IN GENERAL.—Net capital gain, long-term capital gain, and long-term capital loss, with respect to any investment services partnership interest for any taxable year, shall be determined under section 1222, except that such section shall be applied—

''(i) without regard to the recharacterization of any item as ordinary income or ordinary loss under this section,

''(ii) by only taking into account items of gain and loss taken into account by the holder of such interest under section 702 (other than subsection (a)(9) thereof) with respect to such interest for such taxable year, and

''(iii) by treating property which is taken into account in determining gains and losses to which section 1231 applies as capital assets held for more than 1 year.

''(B) NET CAPITAL LOSS.—The term 'net capital loss' means the excess of the losses from sales or exchanges of capital assets over the gains from such sales or exchanges. Rules similar to the rules of clauses (i) through (iii) of subparagraph (A) shall apply for purposes of the preceding sentence.

''(5) SPECIAL RULE FOR DIVIDENDS.—Any dividend allocated with respect to any investment services partnership interest shall not be treated as qualified dividend income for purposes of section 1(h).

''(6) SPECIAL RULE FOR QUALIFIED SMALL BUSINESS STOCK.—Section 1202 shall not apply to any gain from the sale or exchange of qualified small business stock (as defined in section 1202(c)) allocated with respect to any investment services partnership interest.

''(b) DISPOSITIONS OF PARTNERSHIP INTERESTS.—

''(1) GAIN.—

''(A) IN GENERAL.—Any gain on the disposition of an investment services partnership interest shall be—

''(i) treated as ordinary income, and

''(ii) recognized notwithstanding any other provision of this subtitle.

''(B) GIFT AND TRANSFERS AT DEATH.—In the case of a disposition of an investment services partnership interest by gift or by reason of death of the taxpayer—

''(i) subparagraph (A) shall not apply,

''(ii) such interest shall be treated as an investment services partnership interest in the hands of the person acquiring such interest, and

''(iii) any amount that would have been treated as ordinary income under this subsection had the decedent sold such interest immediately before death shall be treated as an item of income in respect of a decedent under section 691.

''(2) LOSS.—Any loss on the disposition of an investment services partnership interest shall be treated as an ordinary loss to the extent of the excess (if any) of—

''(A) the aggregate amount treated as ordinary income under subsection (a) with respect to such interest for all partnership taxable years to which this section applies, over

''(B) the aggregate amount treated as ordinary loss under subsection (a) with respect to such interest for all partnership taxable years to which this section applies.

''(3) ELECTION WITH RESPECT TO CERTAIN EXCHANGES.—Paragraph (1)(A)(ii) shall not apply to the contribution of an investment services partnership interest to a partnership in exchange for an interest in such partnership if—

''(A) the taxpayer makes an irrevocable election to treat the partnership interest received in the exchange as an investment services partnership interest, and

''(B) the taxpayer agrees to comply with such reporting and recordkeeping requirements as the Secretary may prescribe.

''(4) DISTRIBUTIONS OF PARTNERSHIP PROPERTY.—

''(A) IN GENERAL.—In the case of any distribution of property by a partnership with respect to any investment services partnership interest held by a partner, the partner receiving such property shall recognize gain equal to the excess (if any) of—

''(i) the fair market value of such property at the time of such distribution, over

''(ii) the adjusted basis of such property in the hands of such partner (determined without regard to subparagraph (C)).

''(B) TREATMENT OF GAIN AS ORDINARY INCOME.—Any gain recognized by such partner under subparagraph (A) shall be treated as ordinary income to the same extent and in the same manner as the increase in such partner's distributive share of the taxable income of the partnership would be treated under subsection (a) if, immediately prior to the distribution, the partnership had sold the distributed property at fair market value and all of the gain from such disposition were allocated to such partner. For purposes of applying subsection (a)(2), any gain treated as ordinary income under this subparagraph shall be treated as an amount treated as ordinary income under subsection (a)(1)(A).

''(C) ADJUSTMENT OF BASIS.—In the case of a distribution to which subparagraph (A) applies, the basis of the distributed property in the hands of the distributee partner shall be the fair market value of such property.

''(D) SPECIAL RULES WITH RESPECT TO MERGERS, DIVISIONS, AND TECHNICAL TERMINATIONS.—In the case of a taxpayer which satisfies requirements similar to the requirements of subparagraphs (A) and (B) of paragraph (3), this paragraph and paragraph (1)(A)(ii) shall not apply to the distribution of a partnership interest if such distribution is in connection with a contribution (or deemed contribution) of any property of the partnership to which section 721 applies pursuant to a transaction described in paragraph (1)(B) or (2) of section 708(b).

''(c) INVESTMENT SERVICES PARTNERSHIP INTEREST.—For purposes of this section—

''(1) IN GENERAL.—The term 'investment services partnership interest' means any interest in an investment partnership acquired or held by any person in connection with the conduct of a trade or business described in paragraph (2) by such person (or any person related to such person). An interest in an investment partnership held by any person—

''(A) shall not be treated as an investment services partnership interest for any period before the first date on which it is so held in connection with such a trade or business,

''(B) shall not cease to be an investment services partnership interest merely because such person holds such interest other than in connection with such a trade or business, and

''(C) shall be treated as an investment services partnership interest if acquired from a related person in whose hands such interest was an investment services partnership interest.

''(2) BUSINESSES TO WHICH THIS SECTION APPLIES.—A trade or business is described in this paragraph if such trade or business primarily involves the performance of any of the following services with respect to assets held (directly or indirectly) by one or more investment partnerships referred to in paragraph (1):

''(A) Advising as to the advisability of investing in, purchasing, or selling any specified asset.

''(B) Managing, acquiring, or disposing of any specified asset.

''(C) Arranging financing with respect to acquiring specified assets.

''(D) Any activity in support of any service described in subparagraphs (A) through (C).

''(3) INVESTMENT PARTNERSHIP.—

''(A) IN GENERAL.—The term 'investment partnership' means any partnership if, at the end of any two consecutive calendar quarters ending after the date of enactment of this section—

''(i) substantially all of the assets of the partnership are specified assets (determined without regard to any section 197 intangible within the meaning of section 197(d)), and

''(ii) less than 75 percent of the capital of the partnership is attributable to qualified capital interests which constitute property held in connection with a trade or business of the owner of such interest.

''(B) LOOK-THROUGH OF CERTAIN WHOLLY OWNED ENTITIES FOR PURPOSES OF DETERMINING ASSETS OF THE PARTNERSHIP.—

''(i) IN GENERAL.—For purposes of determining the assets of a partnership under subparagraph (A)(i)—

''(I) any interest in a specified entity shall not be treated as an asset of such partnership, and

''(II) such partnership shall be treated as holding its proportionate share of each of the assets of such specified entity.

''(ii) SPECIFIED ENTITY.—For purposes of clause (i), the term 'specified entity' means, with respect to any partnership (hereafter referred to as the upper-tier partnership), any person which engages in the same trade or business as the upper-tier partnership and is—

''(I) a partnership all of the capital and profits interests of which are held directly or indirectly by the upper-tier partnership, or

''(II) a foreign corporation which does not engage in a trade or business in the United States and all of the stock of which is held directly or indirectly by the upper-tier partnership.

''(C) SPECIAL RULES FOR DETERMINING IF PROPERTY HELD IN CONNECTION WITH TRADE OR BUSINESS.—

''(i) IN GENERAL.—Except as otherwise provided by the Secretary, solely for purposes of determining whether any interest in a partnership constitutes property held in connection with a trade or business under subparagraph (A)(ii)—

''(I) a trade or business of any person closely related to the owner of such interest shall be treated as a trade or business of such owner,

''(II) such interest shall be treated as held by a person in connection with a trade or business during any taxable year if such interest was so held by such person during any 3 taxable years preceding such taxable year, and

''(III) paragraph (5)(B) shall not apply.

''(ii) CLOSELY RELATED PERSONS.—For purposes of clause (i)(I), a person shall be treated as closely related to another person if, taking into account the rules of section 267(c), the relationship between such persons is described in—

''(I) paragraph (1) or (9) of section 267(b), or

''(II) section 267(b)(4), but solely in the case of a trust with respect to which each current beneficiary is the grantor or a person whose relationship to the grantor is described in paragraph (1) or (9) of section 267(b).

''(D) ANTIABUSE RULES.—The Secretary may issue regulations or other guidance which prevent the avoidance of the purposes of subparagraph (A), including regulations or other guidance which treat convertible and contingent debt (and other debt having the attributes of equity) as a capital interest in the partnership.

''(E) CONTROLLED GROUPS OF ENTITIES.—

''(i) IN GENERAL.—In the case of a controlled group of entities, if an interest in the partnership received in exchange for a contribution to the capital of the partnership by any member of such controlled group would (in the hands of such member) constitute property held in connection with a trade or business, then any interest in such partnership held by any member of such group shall be treated for purposes of subparagraph (A) as constituting (in the hands of such member) property held in connection with a trade or business.

''(ii) CONTROLLED GROUP OF ENTITIES.—For purposes of clause (i), the term 'controlled group of entities' means a controlled group of corporations as defined in section 1563(a)(1), applied without regard to subsections (a)(4) and (b)(2) of section 1563. A partnership or any other entity (other than a corporation) shall be treated as a member of a controlled group of entities if such entity is controlled (within the meaning of section 954(d)(3)) by members of such group (including any entity treated as a member of such group by reason of this sentence).

''(F) SPECIAL RULE FOR CORPORATIONS.—For purposes of this paragraph, in the case of a corporation, the determination of whether property is held in connection with a trade or business shall be determined as if the taxpayer were an individual.

''(4) SPECIFIED ASSET.—The term 'specified asset' means securities (as defined in section 475(c)(2) without regard to the last sentence thereof), real estate held for rental or investment, interests in partnerships, commodities (as defined in section 475(e)(2)), cash or cash equivalents, or options or derivative contracts with respect to any of the foregoing.

''(5) RELATED PERSONS.—

''(A) IN GENERAL.—A person shall be treated as related to another person if the relationship between such persons is described in section 267(b) or 707(b).

''(B) ATTRIBUTION OF PARTNER SERVICES.—Any service described in paragraph (2) which is provided by a partner of a partnership shall be treated as also provided by such partnership.

''(d) EXCEPTION FOR CERTAIN CAPITAL INTERESTS.—

''(1) IN GENERAL.—In the case of any portion of an investment services partnership interest which is a qualified capital interest, all items of gain and loss (and any dividends) which are allocated to such qualified capital interest shall not be taken into account under subsection (a) if—

''(A) allocations of items are made by the partnership to such qualified capital interest in the same manner as such allocations are made to other qualified capital interests held by partners who do not provide any services described in subsection (c)(2) and who are not related to the partner holding the qualified capital interest, and

''(B) the allocations made to such other interests are significant compared to the allocations made to such qualified capital interest.

''(2) AUTHORITY TO PROVIDE EXCEPTIONS TO ALLOCATION REQUIREMENTS.—To the extent provided by the Secretary in regulations or other guidance—

''(A) ALLOCATIONS TO PORTION OF QUALIFIED CAPITAL INTEREST.—Paragraph (1) may be applied separately with respect to a portion of a qualified capital interest.

''(B) NO OR INSIGNIFICANT ALLOCATIONS TO NONSERVICE PROVIDERS.—In any case in which the requirements of paragraph (1)(B) are not satisfied, items of gain and loss (and any dividends) shall not be taken into account under subsection (a) to the extent that such items are properly allocable under such regulations or other guidance to qualified capital interests.

''(C) ALLOCATIONS TO SERVICE PROVIDERS' QUALIFIED CAPITAL INTERESTS WHICH ARE LESS THAN OTHER ALLOCATIONS.—Allocations shall not be treated as failing to meet the requirement of paragraph (1)(A) merely because the allocations to the qualified capital interest represent a lower return than the allocations made to the other qualified capital interests referred to in such paragraph.

''(3) SPECIAL RULE FOR CHANGES IN SERVICES AND CAPITAL CONTRIBUTIONS.—In the case of an interest in a partnership which was not an investment services partnership interest and which, by reason of a change in the services with respect to assets held (directly or indirectly) by the partnership or by reason of a change in the capital contributions to such partnership, becomes an investment services partnership interest, the qualified capital interest of the holder of such partnership interest immediately after such change shall not, for purposes of this subsection, be less than the fair market value of such interest (determined immediately before such change).

''(4) SPECIAL RULE FOR TIERED PARTNERSHIPS.—Except as otherwise provided by the Secretary, in the case of tiered partnerships, all items which are allocated in a manner which meets the requirements of paragraph (1) to qualified capital interests in a lower-tier partnership shall retain such character to the extent allocated on the basis of qualified capital interests in any upper-tier partnership.

''(5) EXCEPTION FOR NO-SELF-CHARGED CARRY AND MANAGEMENT FEE PROVISIONS.—Except as otherwise provided by the Secretary, an interest shall not fail to be treated as satisfying the requirement of paragraph (1)(A) merely because the allocations made by the partnership to such interest do not reflect the cost of services described in subsection (c)(2) which are provided (directly or indirectly) to the partnership by the holder of such interest (or a related person).

''(6) SPECIAL RULE FOR DISPOSITIONS.—In the case of any investment services partnership interest any portion of which is a qualified capital interest, subsection (b) shall not apply to so much of any gain or loss as bears the same proportion to the entire amount of such gain or loss as—

''(A) the distributive share of gain or loss that would have been allocated to the qualified capital interest (consistent with the requirements of paragraph (1)) if the partnership had sold all of its assets at fair market value immediately before the disposition, bears to

''(B) the distributive share of gain or loss that would have been so allocated to the investment services partnership interest of which such qualified capital interest is a part.

''(7) QUALIFIED CAPITAL INTEREST.—For purposes of this section—

''(A) IN GENERAL.—The term 'qualified capital interest' means so much of a partner's interest in the capital of the partnership as is attributable to—

''(i) the fair market value of any money or other property contributed to the partnership in exchange for such interest (determined without regard to section 752(a)),

''(ii) any amounts which have been included in gross income under section 83 with respect to the transfer of such interest, and

''(iii) the excess (if any) of—

''(I) any items of income and gain taken into account under section 702 with respect to such interest, over

''(II) any items of deduction and loss so taken into account.

''(B) ADJUSTMENT TO QUALIFIED CAPITAL INTEREST.—

''(i) DISTRIBUTIONS AND LOSSES.—The qualified capital interest shall be reduced by distributions from the partnership with respect to such interest and by the excess (if any) of the amount described in subparagraph (A)(iii)(II) over the amount described in subparagraph (A)(iii)(I).

''(ii) SPECIAL RULE FOR CONTRIBUTIONS OF PROPERTY.—In the case of any contribution of property described in subparagraph (A)(i) with respect to which the fair market value of such property is not equal to the adjusted basis of such property immediately before such contribution, proper adjustments shall be made to the qualified capital interest to take into account such difference consistent with such regulations or other guidance as the Secretary may provide.

''(C) TECHNICAL TERMINATIONS, ETC., DISREGARDED.—No increase or decrease in the qualified capital interest of any partner shall result from a termination, merger, consolidation, or division described in section 708, or any similar transaction.

''(8) TREATMENT OF CERTAIN LOANS.—

''(A) PROCEEDS OF PARTNERSHIP LOANS NOT TREATED AS QUALIFIED CAPITAL INTEREST OF SERVICE PROVIDING PARTNERS.—For purposes of this subsection, an investment services partnership interest shall not be treated as a qualified capital interest to the extent that such interest is acquired in connection with the proceeds of any loan or other advance made or guaranteed, directly or indirectly, by any other partner or the partnership (or any person related to any such other partner or the partnership). The preceding sentence shall not apply to the extent the loan or other advance is repaid before the date of the enactment of this section unless such repayment is made with the proceeds of a loan or other advance described in the preceding sentence.

''(B) REDUCTION IN ALLOCATIONS TO QUALIFIED CAPITAL INTERESTS FOR LOANS FROM NONSERVICE-PROVIDING PARTNERS TO THE PARTNERSHIP.—For purposes of this subsection, any loan or other advance to the partnership made or guaranteed, directly or indirectly, by a partner not providing services described in subsection (c)(2) to the partnership (or any person related to such partner) shall be taken into account in determining the qualified capital interests of the partners in the partnership.

''(9) SPECIAL RULE FOR QUALIFIED FAMILY PARTNERSHIPS.—

''(A) IN GENERAL.—In the case of any specified family partnership interest, paragraph (1)(A) shall be applied without regard to the phrase 'and who are not related to the partner holding the qualified capital interest'.

''(B) SPECIFIED FAMILY PARTNERSHIP INTEREST.—For purposes of this paragraph, the term 'specified family partnership interest' means any investment services partnership interest if—

''(i) such interest is an interest in a qualified family partnership,

''(ii) such interest is held by a natural person or by a trust with respect to which each beneficiary is a grantor or a person whose relationship to the grantor is described in section 267(b)(1), and

''(iii) all other interests in such qualified family partnership with respect to which significant allocations are made (within the meaning of paragraph (1)(B) and in comparison to the allocations made to the interest described in clause (ii)) are held by persons who—

''(I) are related to the natural person or trust referred to in clause (ii), or

''(II) provide services described in subsection (c)(2).

''(C) QUALIFIED FAMILY PARTNERSHIP.—For purposes of this paragraph, the term 'qualified family partnership' means any partnership if—

''(i) all of the capital and profits interests of such partnership are held by—

''(I) specified family members,

''(II) any person closely related (within the meaning of subsection (c)(3)(C)(ii)) to a specified family member, or

''(III) any other person (not described in subclause (I) or (II)) if such interest is an investment services partnership interest with respect to such person, and

''(ii) such partnership does not hold itself out to the public as an investment advisor.

''(D) SPECIFIED FAMILY MEMBERS.—For purposes of subparagraph (C), individuals shall

be treated as specified family members if such individuals would be treated as one person under the rules of section 1361(c)(1) if the applicable date (within the meaning of subparagraph (B)(iii) thereof) were the latest of—

''(i) the date of the establishment of the partnership,

''(ii) the earliest date that the common ancestor holds a capital or profits interest in the partnership, or

''(iii) the date of the enactment of this section.

''(e) OTHER INCOME AND GAIN IN CONNECTION WITH INVESTMENT MANAGEMENT SERVICES.—

''(1) IN GENERAL.—If—

''(A) a person performs (directly or indirectly) investment management services for any investment entity,

''(B) such person holds (directly or indirectly) a disqualified interest with respect to such entity, and

''(C) the value of such interest (or payments thereunder) is substantially related to the amount of income or gain (whether or not realized) from the assets with respect to which the investment management services are performed,

any income or gain with respect to such interest shall be treated as ordinary income. Rules similar to the rules of subsections (a)(5) and (d) shall apply for purposes of this subsection.

''(2) DEFINITIONS.—For purposes of this subsection—

''(A) DISQUALIFIED INTEREST.—

''(i) IN GENERAL.—The term 'disqualified interest' means, with respect to any investment entity—

''(I) any interest in such entity other than indebtedness,

''(II) convertible or contingent debt of such entity,

''(III) any option or other right to acquire property described in subclause (I) or (II), and

''(IV) any derivative instrument entered into (directly or indirectly) with such entity or any investor in such entity.

''(ii) EXCEPTIONS.—Such term shall not include—

''(I) a partnership interest,

''(II) except as provided by the Secretary, any interest in a taxable corporation, and

''(III) except as provided by the Secretary, stock in an S corporation.

''(B) TAXABLE CORPORATION.—The term 'taxable corporation' means—

''(i) a domestic C corporation, or

''(ii) a foreign corporation substantially all of the income of which is—

''(I) effectively connected with the conduct of a trade or business in the United States, or

''(II) subject to a comprehensive foreign income tax (as defined in section 457A(d)(2)).

''(C) INVESTMENT MANAGEMENT SERVICES.—The term 'investment management services' means a substantial quantity of any of the services described in subsection (c)(2).

''(D) INVESTMENT ENTITY.—The term 'investment entity' means any entity which, if it were a partnership, would be an investment partnership.

''(f) EXCEPTION FOR DOMESTIC C CORPORATIONS.—Except as otherwise provided by the Secretary, in the case of a domestic C corporation—

''(1) subsections (a) and (b) shall not apply to any item allocated to such corporation with respect to any investment services partnership interest (or to any gain or loss with respect to the disposition of such an interest), and

''(2) subsection (e) shall not apply.

''(g) REGULATIONS.—The Secretary shall prescribe such regulations or other guidance as is necessary or appropriate to carry out the purposes of this section, including regulations or other guidance to—

''(1) require such reporting and recordkeeping by any person in such manner and at such time as the Secretary may prescribe for purposes of enabling the partnership to meet the requirements of section 6031 with respect to any item described in section 702(a)(9),

''(2) provide modifications to the application of this section (including treating related persons as not related to one another) to the extent such modification is consistent with the purposes of this section,

''(3) prevent the avoidance of the purposes of this section (including through the use of qualified family partnerships), and

''(4) coordinate this section with the other provisions of this title.

''(h) CROSS REFERENCE.—For 40-percent penalty on certain underpayments due to the avoidance of this section, see section 6662.''.

(b) APPLICATION OF SECTION 751 TO INDIRECT DISPOSITIONS OF INVESTMENT SERVICES PARTNERSHIP INTERESTS.—

(1) IN GENERAL.—Subsection (a) of section 751 of the Internal Revenue Code of 1986 is amended by striking ''or'' at the end of paragraph (1), by inserting ''or'' at the end of paragraph (2), and by inserting after paragraph (2) the following new paragraph:

''(3) investment services partnership interests held by the partnership,''.

(2) CERTAIN DISTRIBUTIONS TREATED AS SALES OR EXCHANGES.—Subparagraph (A) of section 751(b)(1) of such Code is amended by striking ''or'' at the end of clause (i), by inserting ''or'' at the end of clause (ii), and by inserting after clause (ii) the following new clause:

''(iii) investment services partnership interests held by the partnership,''.

(3) APPLICATION OF SPECIAL RULES IN THE CASE OF TIERED PARTNERSHIPS.—Subsection (f) of section 751 of such Code is amended—

(A) by striking ''or'' at the end of paragraph (1), by inserting ''or'' at the end of paragraph (2), and by inserting after paragraph (2) the following new paragraph:

''(3) an investment services partnership interest held by the partnership,'', and

(B) by striking ''partner.'' and inserting ''partner (other than a partnership in which it holds an investment services partnership interest).''.

(4) INVESTMENT SERVICES PARTNERSHIP INTERESTS; QUALIFIED CAPITAL INTERESTS.—Section 751 of such Code is amended by adding at the end the following new subsection:

''(g) INVESTMENT SERVICES PARTNERSHIP INTERESTS.—For purposes of this section—

''(1) IN GENERAL.—The term 'investment services partnership interest' has the meaning given such term by section 710(c).

''(2) ADJUSTMENTS FOR QUALIFIED CAPITAL INTERESTS.—The amount to which subsection (a) applies by reason of paragraph (3) thereof shall not include so much of such amount as is attributable to any portion of the investment services partnership interest which is a qualified capital interest (determined under rules similar to the rules of section 710(d)).

''(3) EXCEPTION FOR PUBLICLY TRADED PARTNERSHIPS.—Except as otherwise provided by the Secretary, in the case of an exchange of an interest in a publicly traded partnership (as defined in section 7704) to which subsection (a) applies—

''(A) this section shall be applied without regard to subsections (a)(3), (b)(1)(A)(iii), and (f)(3), and

''(B) such partnership shall be treated as owning its proportionate share of the property of any other partnership in which it is a partner.

''(4) RECOGNITION OF GAINS.—Any gain with respect to which subsection (a) applies by reason of paragraph (3) thereof shall be recognized notwithstanding any other provision of this title.

''(5) COORDINATION WITH INVENTORY ITEMS.—An investment services partnership interest held by the partnership shall not be treated as an inventory item of the partnership.

''(6) PREVENTION OF DOUBLE COUNTING.—Under regulations or other guidance prescribed by the Secretary, subsection (a)(3) shall not apply with respect to any amount to which section 710 applies.

''(7) VALUATION METHODS.—The Secretary shall prescribe regulations or other guidance which provide the acceptable methods for valuing investment services partnership interests for purposes of this section.''.

(c) TREATMENT FOR PURPOSES OF SECTION 7704.—Subsection (d) of section 7704 of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

''(6) INCOME FROM CERTAIN CARRIED INTERESTS NOT QUALIFIED.—

''(A) IN GENERAL.—Specified carried interest income shall not be treated as qualifying income.

''(B) SPECIFIED CARRIED INTEREST INCOME.—For purposes of this paragraph—

''(i) IN GENERAL.—The term 'specified carried interest income' means—

''(I) any item of income or gain allocated to an investment services partnership interest (as defined in section 710(c)) held by the partnership,

''(II) any gain on the disposition of an investment services partnership interest (as so defined) or a partnership interest to which (in the hands of the partnership) section 751 applies, and

''(III) any income or gain taken into account by the partnership under subsection (b)(4) or (e) of section 710.

''(ii) EXCEPTION FOR QUALIFIED CAPITAL INTERESTS.—A rule similar to the rule of section 710(d) shall apply for purposes of clause (i).

''(C) COORDINATION WITH OTHER PROVISIONS.—Subparagraph (A) shall not apply to any item described in paragraph (1)(E) (or so much of paragraph (1)(F) as relates to paragraph (1)(E)).

''(D) SPECIAL RULES FOR CERTAIN PARTNERSHIPS.—

''(i) CERTAIN PARTNERSHIPS OWNED BY REAL ESTATE INVESTMENT TRUSTS.—Subparagraph (A) shall not apply in the case of a partnership which meets each of the following requirements:

''(I) Such partnership is treated as publicly traded under this section solely by reason of interests in such partnership being convertible into interests in a real estate investment trust which is publicly traded.

''(II) Fifty percent or more of the capital and profits interests of such partnership are owned, directly or indirectly, at all times during the taxable year by such real estate investment trust (determined with the application of section 267(c)).

''(III) Such partnership meets the requirements of paragraphs (2), (3), and (4) of section 856(c).

''(ii) CERTAIN PARTNERSHIPS OWNING OTHER PUBLICLY TRADED PARTNERSHIPS.—Subparagraph (A) shall not apply in the case of a partnership which meets each of the following requirements:

''(I) Substantially all of the assets of such partnership consist of interests in one or more publicly traded partnerships (determined without regard to subsection (b)(2)).

''(II) Substantially all of the income of such partnership is ordinary income or section 1231 gain (as defined in section 1231(a)(3)).

''(E) TRANSITIONAL RULE.—Subparagraph (A) shall not apply to any taxable year of the partnership beginning before the date which

is 10 years after the date of the enactment of this paragraph.''.

(d) IMPOSITION OF PENALTY ON UNDERPAYMENTS.—

(1) IN GENERAL.—Subsection (b) of section 6662 of the Internal Revenue Code of 1986 is amended by inserting after paragraph (7) the following new paragraph:

''(8) The application of section 710(e) or the regulations or other guidance prescribed under section 710(g) to prevent the avoidance of the purposes of section 710.''.

(2) AMOUNT OF PENALTY.—

(A) IN GENERAL.—Section 6662 of such Code is amended by adding at the end the following new subsection:

''(k) INCREASE IN PENALTY IN CASE OF PROPERTY TRANSFERRED FOR INVESTMENT MANAGEMENT SERVICES.—In the case of any portion of an underpayment to which this section applies by reason of subsection (b)(8), subsection (a) shall be applied with respect to such portion by substituting '40 percent' for '20 percent'.''.

(B) CONFORMING AMENDMENT.—Subparagraph (B) of section 6662A(e)(2) of such Code is amended by striking ''or (i)'' and inserting '', (i), or (k)''.

(3) SPECIAL RULES FOR APPLICATION OF REASONABLE CAUSE EXCEPTION.—Subsection (c) of section 6664 of such Code is amended—

(A) by redesignating paragraphs (3) and (4) as paragraphs (4) and (5), respectively;

(B) by striking ''paragraph (3)'' in paragraph (5)(A), as so redesignated, and inserting ''paragraph (4)''; and

(C) by inserting after paragraph (2) the following new paragraph:

''(3) SPECIAL RULE FOR UNDERPAYMENTS ATTRIBUTABLE TO INVESTMENT MANAGEMENT SERVICES.—

''(A) IN GENERAL.—Paragraph (1) shall not apply to any portion of an underpayment to which section 6662 applies by reason of subsection (b)(8) unless—

''(i) the relevant facts affecting the tax treatment of the item are adequately disclosed,

''(ii) there is or was substantial authority for such treatment, and

''(iii) the taxpayer reasonably believed that such treatment was more likely than not the proper treatment.

''(B) RULES RELATING TO REASONABLE BELIEF.—Rules similar to the rules of subsection (d)(3) shall apply for purposes of subparagraph (A)(iii).''.

(e) INCOME AND LOSS FROM INVESTMENT SERVICES PARTNERSHIP INTERESTS TAKEN INTO ACCOUNT IN DETERMINING NET EARNINGS FROM SELF-EMPLOYMENT.—

(1) INTERNAL REVENUE CODE.—

(A) IN GENERAL.—Section 1402(a) of the Internal Revenue Code of 1986 is amended by striking ''and'' at the end of paragraph (16), by striking the period at the end of paragraph (17) and inserting ''; and'', and by inserting after paragraph (17) the following new paragraph:

''(18) notwithstanding the preceding provisions of this subsection, in the case of any individual engaged in the trade or business of providing services described in section 710(c)(2) with respect to any entity, investment services partnership income or loss (as defined in subsection (m)) of such individual with respect to such entity shall be taken into account in determining the net earnings from self-employment of such individual.''.

(B) INVESTMENT SERVICES PARTNERSHIP INCOME OR LOSS.—Section 1402 of such Code is amended by adding at the end the following new subsection:

''(m) INVESTMENT SERVICES PARTNERSHIP INCOME OR LOSS.—For purposes of subsection (a)—

''(1) IN GENERAL.—The term 'investment services partnership income or loss' means, with respect to any investment services partnership interest (as defined in section 710(c)) or disqualified interest (as defined in section 710(e)), the net of—

''(A) the amounts treated as ordinary income or ordinary loss under subsections (b) and (e) of section 710 with respect to such interest,

''(B) all items of income, gain, loss, and deduction allocated to such interest, and

''(C) the amounts treated as realized from the sale or exchange of property other than a capital asset under section 751 with respect to such interest.

''(2) EXCEPTION FOR QUALIFIED CAPITAL INTERESTS.—A rule similar to the rule of section 710(d) shall apply for purposes of applying paragraph (1)(B).''.

(2) SOCIAL SECURITY ACT.—Section 211(a) of the Social Security Act is amended by striking ''and'' at the end of paragraph (15), by striking the period at the end of paragraph (16) and inserting ''; and'', and by inserting after paragraph (16) the following new paragraph:

''(17) Notwithstanding the preceding provisions of this subsection, in the case of any individual engaged in the trade or business of providing services described in section 710(c)(2) of the Internal Revenue Code of 1986 with respect to any entity, investment services partnership income or loss (as defined in section 1402(m) of such Code) shall be taken into account in determining the net earnings from self-employment of such individual.''.

(f) SEPARATE ACCOUNTING BY PARTNER.—Section 702(a) of the Internal Revenue Code of 1986 is amended by striking ''and'' at the end of paragraph (7), by striking the period at the end of paragraph (8) and inserting '', and'', and by inserting after paragraph (8) the following:

''(9) any amount treated as ordinary income or loss under subsection (a), (b), or (e) of section 710.''.

(g) CONFORMING AMENDMENTS.—

(1) Subsection (d) of section 731 of the Internal Revenue Code of 1986 is amended by inserting ''section 710(b)(4) (relating to distributions of partnership property),'' after ''to the extent otherwise provided by''.

(2) Section 741 of such Code is amended by inserting ''or section 710 (relating to special rules for partners providing investment management services to partnerships)'' before the period at the end.

(3) The table of sections for part I of subchapter K of chapter 1 of such Code is amended by adding at the end the following new item:

''Sec. 710. Special rules for partners providing investment management services to partnerships.''.

(h) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as otherwise provided in this subsection, the amendments made by this section shall apply to taxable years ending after the date of the enactment of this Act.

(2) PARTNERSHIP TAXABLE YEARS WHICH INCLUDE EFFECTIVE DATE.—In applying section 710(a) of the Internal Revenue Code of 1986 (as added by this section) in the case of any partnership taxable year which includes the date of the enactment of this Act, the amount of the net capital gain referred to in such section shall be treated as being the lesser of the net capital gain for the entire partnership taxable year or the net capital gain determined by only taking into account items attributable to the portion of the partnership taxable year which is after such date.

(3) DISPOSITIONS OF PARTNERSHIP INTERESTS.—

(A) IN GENERAL.—Section 710(b) of such Code (as added by this section) shall apply to dispositions and distributions after the date of the enactment of this Act.

(B) INDIRECT DISPOSITIONS.—The amendments made by subsection (b) shall apply to transactions after the date of the enactment of this Act.

(4) OTHER INCOME AND GAIN IN CONNECTION WITH INVESTMENT MANAGEMENT SERVICES.—Section 710(e) of such Code (as added by this section) shall take effect on the date of the enactment of this Act.

SEC. _____. FAIR SHARE TAX ON HIGH-INCOME TAXPAYERS.

(a) IN GENERAL.—Subchapter A of chapter 1 of the Internal Revenue Code of 1986 is amended by adding at the end the following new part:

''PART VII—FAIR SHARE TAX ON HIGH-INCOME TAXPAYERS

''Sec. 59A. Fair share tax.

''SEC. 59A. FAIR SHARE TAX.

''(a) GENERAL RULE.—

''(1) IMPOSITITION OF TAX.—In the case of any high-income taxpayer, there is hereby imposed for a taxable year (in addition to any other tax imposed by this subtitle) a tax equal to the product of—

''(A) the amount determined under paragraph (2), and

''(B) a fraction (not to exceed 1)—

''(i) the numerator of which is the excess of—

''(I) the taxpayer's adjusted gross income, over

''(II) the dollar amount in effect under subsection (c)(1), and

''(ii) the denominator of which is the dollar amount in effect under subsection (c)(1).

''(2) AMOUNT OF TAX.—The amount of tax determined under this paragraph is an amount equal to the excess (if any) of—

''(A) the tentative fair share tax for the taxable year, over

''(B) the excess of—

''(i) the sum of—

''(I) the regular tax liability (as defined in section 26(b)) for the taxable year, determined without regard to any tax liability determined under this section,

''(II) the tax imposed by section 55 for the taxable year, plus

''(III) the payroll tax for the taxable year, over

''(ii) the credits allowable under part IV of subchapter A (other than sections 27(a), 31, and 34).

''(b) TENTATIVE FAIR SHARE TAX.—For purposes of this section—

''(1) IN GENERAL.—The tentative fair share tax for the taxable year is 30 percent of the excess of—

''(A) the adjusted gross income of the taxpayer, over

''(B) the modified charitable contribution deduction for the taxable year.

''(2) MODIFIED CHARITABLE CONTRIBUTION DEDUCTION.—For purposes of paragraph (1)—

''(A) IN GENERAL.—The modified charitable contribution deduction for any taxable year is an amount equal to the amount which bears the same ratio to the deduction allowable under section 170 (section 642(c) in the case of a trust or estate) for such taxable year as—

''(i) the amount of itemized deductions allowable under the regular tax (as defined in section 55) for such taxable year, determined after the application of section 68, bears to

''(ii) such amount, determined before the application of section 68.

''(B) TAXPAYER MUST ITEMIZE.—In the case of any individual who does not elect to itemize deductions for the taxable year, the modified charitable contribution deduction shall be zero.

''(c) HIGH-INCOME TAXPAYER.—For purposes of this section—

''(1) IN GENERAL.—The term 'high-income taxpayer' means, with respect to any taxable year, any taxpayer (other than a corporation) with an adjusted gross income for such taxable year in excess of $1,000,000 (50 percent of such amount in the case of a married individual who files a separate return).

''(2) INFLATION ADJUSTMENT.—

''(A) IN GENERAL.—In the case of a taxable year beginning after 2016, the $1,000,000 amount under paragraph (1) shall be increased by an amount equal to—

''(i) such dollar amount, multiplied by

''(ii) the cost-of-living adjustment determined under section 1(f)(3) for the calendar year in which the taxable year begins, determined by substituting 'calendar year 2015' for 'calendar year 1992' in subparagraph (B) thereof.

''(B) ROUNDING.—If any amount as adjusted under subparagraph (A) is not a multiple of $10,000, such amount shall be rounded to the next lowest multiple of $10,000.

''(d) PAYROLL TAX.—For purposes of this section, the payroll tax for any taxable year is an amount equal to the excess of—

''(1) the taxes imposed on the taxpayer under sections 1401, 1411, 3101, 3201, and 3211(a) (to the extent such tax is attributable to the rate of tax in effect under section 3101) with respect to such taxable year or wages or compensation received during such taxable year, over

''(2) the deduction allowable under section 164(f) for such taxable year.

''(e) SPECIAL RULE FOR ESTATES AND TRUSTS.—For purposes of this section, in the case of an estate or trust, adjusted gross income shall be computed in the manner described in section 67(e).

''(f) NOT TREATED AS TAX IMPOSED BY THIS CHAPTER FOR CERTAIN PURPOSES.—The tax imposed under this section shall not be treated as tax imposed by this chapter for purposes of determining the amount of any credit under this chapter (other than the credit allowed under section 27(a)) or for purposes of section 55.''.

(b) CLERICAL AMENDMENT.—The table of parts for subchapter A of chapter 1 of the Internal Revenue Code of 1986 is amended by adding at the end the following new item:

''PART VII—FAIR SHARE TAX ON HIGH-INCOME TAXPAYERS''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2015.

SEC. _____. MODIFICATION OF LIMITATION ON EXCESSIVE REMUNERATION.

(a) REPEAL OF PERFORMANCE-BASED COMPENSATION AND COMMISSION EXCEPTIONS FOR LIMITATION ON EXCESSIVE REMUNERATION.—

(1) IN GENERAL.—Paragraph (4) of section 162(m) of the Internal Revenue Code of 1986 is amended by striking subparagraphs (B) and (C) and by redesignating subparagraphs (D) through (G) as subparagraphs (B) through (E), respectively.

(2) CONFORMING AMENDMENTS.—

(A) Section 162(m)(5) of such Code is amended—

(i) by striking ''subparagraphs (B), (C), and (D) thereof'' in subparagraph (E) and inserting ''subparagraph (B) thereof'', and

(ii) by striking ''subparagraphs (F) and (G)'' in subparagraph (G) and inserting ''subparagraphs (D) and (E)''.

(B) Section 162(m)(6) of such Code is amended—

(i) by striking ''subparagraphs (B), (C), and (D) thereof'' in subparagraph (D) and inserting ''subparagraph (B) thereof'', and

(ii) by striking ''subparagraphs (F) and (G)'' in subparagraph (G) and inserting ''subparagraphs (D) and (E)''.

(b) EXPANSION OF APPLICABLE EMPLOYER.—Paragraph (2) of section 162(m) of the Internal Revenue Code of 1986 is amended to read as follows:

''(2) PUBLICLY HELD CORPORATION.—For purposes of this subsection, the term 'publicly held corporation' means any corporation which is an issuer (as defined in section 3 of the Securities Exchange Act of 1934 (15 U.S.C. 78c))—

''(A) the securities of which are registered under section 12 of such Act (15 U.S.C. 78l), or

''(B) that is required to file reports under section 15(d) of such Act (15 U.S.C. 78o(d)).''.

(c) APPLICATION TO ALL CURRENT AND FORMER OFFICERS, DIRECTORS, AND EMPLOYEES.—

(1) IN GENERAL.—Section 162(m) of the Internal Revenue Code of 1986, as amended by subsection (a), is amended—

(A) by striking ''covered employee'' each place it appears in paragraphs (1) and (4) and inserting ''covered individual'', and

(B) by striking ''such employee'' each place it appears in subparagraphs (A) and (E) of paragraph (4) and inserting ''such individual''.

(2) COVERED INDIVIDUAL.—Paragraph (3) of section 162(m) of such Code is amended to read as follows:

''(3) COVERED INDIVIDUAL.—For purposes of this subsection, the term 'covered individual' means any individual who is an officer, director, or employee of the taxpayer or a former officer, director, or employee of the taxpayer.''.

(3) CONFORMING AMENDMENTS.—

(A) Section 48D(b)(3)(A) of such Code is amended by inserting ''(as in effect for taxable years beginning before January 1, 2016)'' after ''section 162(m)(3)''.

(B) Section 409A(b)(3)(D)(ii) of such Code is amended by inserting ''(as in effect for taxable years beginning before January 1, 2016)'' after ''section 162(m)(3)''.

(d) SPECIAL RULE FOR REMUNERATION PAID TO BENEFICIARIES, ETC.—Paragraph (4) of section 162(m), as amended by subsection (a), is amended by adding at the end the following new subparagraph:

''(F) SPECIAL RULE FOR REMUNERATION PAID TO BENEFICIARIES, ETC.—Remuneration shall not fail to be applicable employee remuneration merely because it is includible in the income of, or paid to, a person other than the covered individual, including after the death of the covered individual.''.

(e) REGULATORY AUTHORITY.—

(1) IN GENERAL.—Section 162(m) of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

''(7) REGULATIONS.—The Secretary may prescribe such guidance, rules, or regulations, including with respect to reporting, as are necessary to carry out the purposes of this subsection.''.

(2) CONFORMING AMENDMENT.—Paragraph (6) of section 162(m) of such Code is amended by striking subparagraph (H).

(f) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2015.

SA 2888. Mr. COATS (for himself and Mr. TOOMEY) submitted an amendment intended to be proposed to amendment SA 2874 proposed by Mr. MCCONNELL to the bill H.R. 3762, to provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. _____. EXTENSION OF SPECIAL RULE FOR SENIORS RELATING TO INCOME LEVEL FOR DEDUCTION OF MEDICAL CARE EXPENSES.

Subsection (f) of section 213 of the Internal Revenue Code of 1986 is amended to read as follows:

''(f) SPECIAL RULE.—In the case of any taxable year beginning after December 31, 2012, and ending before January 1, 2024, subsection (a) shall be applied with respect to a taxpayer by substituting '7.5 percent' for '10 percent' if such taxpayer or such taxpayer's spouse has attained age 65 before the close of such taxable year.''.

SEC. ____. TEMPORARY SUSPENSION OF THE INFLATION ADJUSTMENT IN THE CALCULATION OF MEDICARE PART B AND PART D PREMIUMS.

Section 1839(i)(5) of the Social Security Act (42 U.S.C. 1395r(i)(5)) is amended—

(1) in the matter preceding clause (i), by striking ''2018 and 2019'' and inserting ''in 2018 through 2025''; and

(2) in clause (ii), by striking ''2020, August 2018'' and inserting ''2026, August 2024''.

SA 2889. Mr. FLAKE submitted an amendment intended to be proposed to amendment SA 2874 proposed by Mr. MCCONNELL to the bill H.R. 3762, to provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___. SUSPENSION OF SPECIFIED ENERGY GRANTS.

Section 1603 of division B of the American Recovery and Reinvestment Act of 2009 is amended by adding at the end the following new subsection:

''(k) SPECIAL RULE.—The Secretary of the Treasury shall not make any grant to any person under this section after the date of the enactment of this subsection and before the date that both the Inspector General of the Department of the Treasury and the Treasury Inspector General for Tax Administration have completed and submitted to Congress a comprehensive investigation relating to fraud with respect to the grants allowed under this section, including fraud—

''(1) through overestimating the cost bases of property for purposes of collecting such grants, and

''(2) through claiming both tax benefits and grants with respect to the same property.''.

SA 2890. Mr. FLAKE submitted an amendment intended to be proposed to amendment SA 2874 proposed by Mr. MCCONNELL to the bill H.R. 3762, to provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___. AUTHORITY TO OFFER ADDITIONAL PLAN OPTIONS.

(a) CATASTROPHIC PLANS.—Notwithstanding title I of the Patient Protection and Affordable Care Act (Public Law 111–148), a catastrophic plan as described in section 1302(e) of such Act shall be deemed to be a qualified health plan (including for purposes of receiving tax credits under section 36B of the Internal Revenue Code of 1986 and cost-sharing assistance under section 1402 of the Patient Protection and Affordable Care Act),

except that for purposes of enrollment in such plans, the provisions of paragraph (2) of such section 1302(e) shall not apply.

(b) INDIVIDUAL MANDATE.—Coverage under a catastrophic plan under subsection (a) shall be deemed to be minimum essential coverage for purposes of section 5000A of the Internal Revenue Code of 1986.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY

Mr. SESSIONS. Mr. President, I ask unanimous consent that the Committee on Agriculture, Nutrition, and Forestry be authorized to meet during the session of the Senate on December 2, 2015, at 10 a.m., in room 328A of the Russell Senate Office Building, to conduct a hearing entitled ''Agriculture's Role in Combating Global Hunger.''

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

COMMITTEE ON ARMED SERVICES

Mr. SESSIONS. Mr. President, I ask unanimous consent that the Committee on Armed Services be authorized to meet during the session of the Senate on December 2, 2015, at 9:30 a.m.

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

COMMITTEE ON FOREIGN RELATIONS

Mr. SESSIONS. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on December 2, 2015, at 2:15 p.m., to conduct a hearing entitled ''Nominations.''

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

COMMITTEE ON FOREIGN RELATIONS

Mr. SESSIONS. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on December 2, 2015, at 4 p.m., to conduct a classified briefing entitled ''JCPOA Oversight: The IAEA's Report on the Possible Military Dimensions of the Iranian Nuclear Program.''

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

COMMITTEE ON INDIAN AFFAIRS

Mr. SESSIONS. Mr. President, I ask unanimous consent that the Committee on Indian Affairs be authorized to meet during the session of the Senate on December 2, 2015, in room SD–628 of the Dirksen Senate Office Building, at 2:15 p.m., to conduct a hearing entitled ''Tribal Law and Order Act (TLOA)—5 Years Later: How have the justice systems in Indian Country improved?''

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

COMMITTEE ON THE JUDICIARY

Mr. SESSIONS. Mr. President, I ask unanimous consent that the Committee on the Judiciary be authorized to meet during the session of the Senate on December 2, 2015, at 10 a.m., in room SD–226 of the Dirksen Senate Office Building, to conduct a hearing entitled ''Protecting Trade Secrets: the Impact of Trade Secret Theft on American Competitiveness and Potential Solutions to Remedy This Harm.''

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

COMMITTEE ON THE JUDICIARY

Mr. SESSIONS. Mr. President, I ask unanimous consent that the Committee on the Judiciary be authorized to meet during the session of the Senate on December 2, 2015, at 2:30 p.m., in room SD–226 of the Dirksen Senate Office Building, to conduct a hearing entitled ''Oversight of the Administration's Criminal Alien Removal Policies.''

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

COMMITTEE ON VETERANS' AFFAIRS

Mr. SESSIONS. Mr. President, I ask unanimous consent that the Committee on Veterans' Affairs be authorized to meet during the session of the Senate on December 2, 2015, at 2:30 p.m., in room SR–418 of the Russell Senate Office Building.

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

PRIVILEGES OF THE FLOOR

Mr. ENZI. Mr. President, I ask unanimous consent that the following staff members from my staff and from Senator SANDERS' staff be given all-access floor passes for the duration of the consideration of H.R. 3762: Greg D'Angelo, George Everly, Tori Gorman, and Clint Brown from my staff; and Mike Jones, Josh Smith, Jill Harrelson, and Josh Ryan from Senator SANDERS' staff.

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

Mr. MERKLEY. Mr. President, I ask unanimous consent that my intern Jeff Slyfield and my intern Maria Givens be given privileges of the floor for the remainder of the day.

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

NATIONAL PHENYLKETONURIA AWARENESS DAY

Mr. MCCONNELL. Madam President, I ask unanimous consent that the Senate proceed to the consideration of S. Res. 324, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The senior assistant legislative clerk read as follows:

A resolution (S. Res. 324) designating December 3, 2015, as ''National Phenylketonuria Awareness Day.''

There being no objection, the Senate proceeded to consider the resolution.

Mr. MCCONNELL. Madam President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, and the motions to reconsider be laid upon the table with no intervening action or debate.

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

The resolution (S. Res. 324) was agreed to.

The preamble was agreed to.

(The resolution, with its preamble, is printed in today's RECORD under ''Submitted Resolutions.'')

PERMITTING THE COLLECTION OF CLOTHING, TOYS, FOOD, AND HOUSEWARES DURING THE HOLIDAY SEASON FOR CHARITABLE PURPOSES IN SENATE BUILDINGS

Mr. MCCONNELL. Madam President, I ask unanimous consent that the Senate proceed to the consideration of S. Res. 325, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The senior assistant legislative clerk read as follows:

A resolution (S. Res. 325) permitting the collection of clothing, toys, food, and housewares during the holiday season for charitable purposes in Senate buildings.

There being no objection, the Senate proceeded to consider the resolution.

Mr. MCCONNELL. Madam President, I ask unanimous consent that the resolution be agreed to and the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

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

The resolution (S. Res. 325) was agreed to.

(The resolution is printed in today's RECORD under ''Submitted Resolutions.'')

ORDERS FOR THURSDAY, DECEMBER 3, 2015

Mr. MCCONNELL. Madam President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 9:30 a.m., Thursday, December 3; that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, and the time for the two leaders be reserved for their use later in the day; further, that following leader remarks, the Senate then resume consideration of H.R. 3762, with the time until 1:30 p.m. equally divided in the usual form; finally, that all debate time on H.R. 3762 be deemed expired at 1:30 p.m. tomorrow.

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

ORDER FOR ADJOURNMENT

Mr. MCCONNELL. Madam President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks of Senators Tillis and Ernst.

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

The Senator from Iowa.

OBAMACARE

Mrs. ERNST. Mr. President, promises, promises, promises. Day in and

day out, I hear stories of the broken promises of the President's failed health care law in Iowa and across the country.

President Obama promised health insurance premiums would go down by $2,500. They haven't. In fact, the President's own administration admits that nationwide, premiums in the exchange for the next year have increased by more than 7 percent. The outlook for my State is even worse, with Iowans facing more than a 12-percent increase in premiums.

President Obama's promises don't pay these bills. Real folks in Iowa and across the country do.

Mark from Urbandale shared with me that the double-digit premium increases his family faces for 2016 are unsustainable and that it may be more cost effective to pay the individual mandate penalty instead.

Similarly, Angela from Centerville said that the plan she had hoped to purchase for 2016 increased by nearly $200, and that was the cheapest option for her. If she keeps her current coverage, her family will be strapped with a nearly $1,000-per-month bill for health insurance. She asks: ''How is it possible that the Affordable Care Act has made health care so unaffordable?''

Let me say that again: How is it possible that the Affordable Care Act has made health care so unaffordable?

It is a question I get when traveling all across the State of Iowa. The answer is pretty simple. ObamaCare is wrongly rooted in a Washington-knows-best mentality. Instead of empowering families and individuals to determine what they want and need in their health care plans, Washington has replaced choice with new one-size-fits-all mandates and taxes. It is another costly example of the Washington way failing everyday Americans.

The sad reality is that the consequences of this failed law go far beyond these unaffordable premium increases. Americans were promised job creation and economic growth, but instead we have seen employers reduce employee hours in an effort to avoid ObamaCare's employer mandate.

Small businesses, such as employers at a marina in Okoboji, have halted their plans to expand and create new jobs because of the mandate. They have even quit hiring folks to fill open jobs and had to cut back on hours for their existing employees to bring them to part time.

As employers brace themselves for the impending Cadillac tax, employees are already feeling the effects: rapidly increasing out-of-pocket costs. In fact, Ryan, from Newton, recently learned that his deductible will be doubling next year in anticipation of the tax going into effect.

ObamaCare is not helping these folks; it is hurting them. At a time when we want to see job growth and rising wages, this is simply the wrong approach. Broken promises don't cut it.

Today we have the opportunity to roll back some of ObamaCare's most harmful provisions. Today we can provide much needed relief from the individual and employer mandates and stop the law's trillion dollars in tax hikes—like the health insurance tax, the medical device tax, and the Cadillac tax—from being passed on to the American people. Today we can put patients and doctors back in the driver's seat when it comes to their health care decision-making.

Today I will stand up for Iowans and people all across America to fulfill our promise to them. I am committed to stopping this failed law and paving the way to implement patient-centered options that ensure folks have affordable coverage and access to needed health care services.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. TILLIS. Mr. President, last year the Presiding Officer and I and a number of us went out to the folks in our great States and we promised that if we were elected into a majority, we would do everything we could to repeal and replace ObamaCare. The process the American people are going to witness over the next 24 hours is our fulfillment of that promise.

It will take 51 votes to send a bill to the President's desk that repeals the most egregious provisions of ObamaCare. Once we do that, we can begin to start the process of addressing the legitimate health care problems instead of an option that has made the problems worse. It is a system that will control costs and put patients first. It is a system that puts choice first. It is a system that puts quality ahead of partisan politics.

This will be an open process that we will go through tomorrow, and that is the way it should be. That means it will require some tough votes. Many of my friends on the right may not particularly like or enjoy the amendments that will be offered and then voted on, but I, for one, when confronted with a vote I may otherwise like to support—if I feel it prevents us from moving forward and being successful in sending this bill to the President's desk, then I am prepared to make those tough votes to be absolutely certain we fulfill that fundamental promise of repealing ObamaCare.

However, in the end, this is about doing everything we can to keep our promise to the American people. While we in Congress will put our conscience over politics—if we do—the President seems to put politics over what I believe he and many of my colleagues on the other side of the aisle know is a failed policy. This is exactly the underlying failure of ObamaCare. It was a never-ending list of promises and assurances that have not and never will be realized.

We all remember the same promise we heard over and over again from the President: If you like your health care, you can keep it. If you like your doctors, you can keep them. That has absolutely not happened in my great State of North Carolina, and I would daresay it hasn't happened across the Nation. Millions of Americans were kicked off their plans and given a set of alternatives that were drastically more expensive. They were told they could no longer see the doctors they had visited and trusted for years.

In North Carolina alone, we had over 470,000 cancellation notices. When they promised that if you liked your health care plan, you could keep it, there was a little asterisk there, and the asterisk was, you can keep it if the Federal Government determines that a policy you are satisfied with, they are satisfied with. That is how they say they kept their promise, but it was an empty promise and they haven't kept it.

We also remember the President's promises to make health care more affordable, boasting that ObamaCare would reduce premiums by $2,500. That hasn't happened either. In North Carolina, during the first full year of the exchange rollout, premium prices increased and outpaced the increases in wages and inflation. The average home is spending more on health care and getting less in their paycheck.

The premium prices in the individual insurance market increased by 147 percent—147 percent. This leads to the problem of people having insurance they can't afford to use because they can't afford their deductible or their copay. It has created real-life horror stories of families struggling to make the choice between paying for their health care and paying to keep food on their table.

Last month I received a letter from a North Carolina couple nearing retirement who are lifelong small business owners. These are their words:

> Last year, our premiums for a bare bones policy was nearly $1,000 a month. It is a terrible policy, but nothing else was available within our budget. I received the 2016 rate late last Friday. The premium is going up 40 percent.

So now that $1,000-a-month policy will cost them $1,400 a month with a higher deductible.

The letter continues:

> For the first time in my adult life we may have to forgo having health insurance and take our chances.

I received another letter from another North Carolinian. He wrote:

> I'm a self-employed person barely making ends meet. My wife works 60 hours a week. We might take home close to $40,000 a year. We have done our best to make it on our own with no government assistance. Back in 2008, the company I worked for shut down. Since then, we have gone through all our life savings to make ends meet. When I first started buying our health insurance in 2008, our premiums were around $600 for me and my two daughters. Just received our letter and found out our new premium will jump to $1,700 a month.

These stories are heartbreaking, and they are not unique to North Carolina.

I know each and every Senator, whether they support ObamaCare or want to repeal it, has received similar stories from constituents chronicling how ObamaCare has caused them immeasurable financial and emotional hardship and no better access to affordable health care.

I can tell you that with nearly every one of these letters and calls to my office I receive, my constituents also express their desire for Congress to vote for repeal of the ObamaCare law. It has caused so much pain, and it hasn't solved any problems. That is exactly what the Senate is going to do tomorrow. We are going to keep our word—something I think sometimes citizens feel we just don't do enough of up here in this Chamber. We are going to send a bill to the President's desk that repeals the most egregious portions of ObamaCare.

Keep in mind that many of the bad things that will occur with ObamaCare are not even in place today. If you don't like it now, I guarantee you will not like it next year even more so.

Again, I want to get back to the process for a minute. This process we are going through is one of the unique instances where we can pass a bill and send it to the President's desk with 51 votes. Normally it takes 60. In order for us to be able to pass it with 51 votes, it is going to require us to be very strict in terms of what this bill may or may not have in it. There are going to be games played tomorrow. There will be amendments put out there that Members know would prevent us from being able to send this bill to the President's desk.

I, for one, am going to stand with the leadership, who I appreciate having the courage to bring this bill forward and make sure that we take votes and send this bill—a fulfillment of my promise to the citizens of North Carolina—to the President's desk. And to those who vote against it, Americans, take notice because they are not listening to you. They are not reading the letters and hearing the stories I hear every single day, and they should be held accountable when they are next up for reelection.

Mr. President, I thank the Chair for his time today, and I yield the floor.

ADJOURNMENT UNTIL 9:30 A.M. TOMORROW

The PRESIDING OFFICER. The Senate stands adjourned until 9:30 a.m. tomorrow.

Thereupon, the Senate, at 6:46 p.m., adjourned until Thursday, December 3, 2015, at 9:30 a.m.