

Act. I would like to give a direct quote from President Obama about ObamaCare: “Too many Americans still strain to pay for their physician visits and prescriptions, cover their deductibles or pay their monthly insurance bill.”

I am glad that the President has finally heard that message. When I was having meetings in some of the 99 counties in Iowa this year, I heard plenty from families who felt duped by the promises of ObamaCare. Two families told me that their ObamaCare insurance premium was more than their house payment. Many said they did not know how they would continue to pay the premiums.

But President Obama says, in effect, “Pay no attention to rising premiums,” and then promises to give people subsidies. But 97 percent of Americans do not receive ObamaCare subsidies.

ObamaCare seems to be collapsing. Insurers are leaving the exchanges. There has been a lot of news on that lately. Premiums are increasing by double digits. In Iowa, some of those premiums increased as much as 28 percent, and I have heard a lot of States are much higher. Americans have fewer health care choices every day, despite the many promises that ObamaCare would improve just about every aspect of our health care system. Twenty percent of ObamaCare customers will be forced to find a new insurance company this fall. So much for the promise that was made in 2008 that “if you like your [insurance], you can keep it.”

And it is official: You can no longer keep your doctor. So much for the promise of 2008 that “if you like your doctor, you can keep your doctor.” The Obama administration has now even erased all references on its Web site to the words “keeping your doctor.” The link to the web page that used to say “how to keep your doctor” now says “how to pick a health plan.”

So ObamaCare seems to be collapsing. This comes as no surprise. ObamaCare has worked as well as piling 2 tons of fertilizer on a 1-ton truck, and of course any farmer can tell you, that just doesn’t work very well for a long haul.

We could enact alternative reforms aimed at solving America’s biggest health care problems. Good places to start would be cracking down on frivolous lawsuits, letting people purchase insurance across State lines, improving transparency in the health care pricing, giving States more freedom to improve Medicaid, using consumer choice to drive competition, which in turn drives down costs, and changing the Tax Code so that small businesses can provide affordable health insurance to their employees. That financial help is something that ObamaCare took away, and this is exactly what my legislation, S. 1697, the Small Business Healthcare Relief Act, will do to give those employers an opportunity to provide that help to their employees.

I have given only a partial list of policy changes so the American people can know that the failing ObamaCare program is not the only answer.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maine.

Mr. KING. Mr. President, I ask unanimous consent to speak as in morning business for up to 5 minutes.

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

COMPREHENSIVE ADDICTION AND RECOVERY BILL

Mr. KING. Mr. President, last March this body passed CARA, the Comprehensive Addiction and Recovery Act. Unfortunately, at the same time, we didn’t fund it. We didn’t provide any additional funds to support the treatment and recovery of people throughout the country. Since we passed that bill and failed to fund it, 15,000 people—78 a day, 3 an hour—have died because we haven’t acted on funding.

A group of us got together on March 2 and brought forth an amendment to provide \$600 million of emergency funding to give some substance to this bill, which had so much promise, and to provide support for recovery and treatment. That amendment was defeated.

Passing that bill without funding is like sending the fire department to a five-alarm fire with no water. We don’t have the means to do what has to be done to defeat this scourge, which has taken the life of a constituent or more in every State in the Union. Every one of us has lost lives in our State because of this.

Treatment works. Recovery is possible. It is hard, but the greatest tragedy—the greatest tragedy—is when someone struggles with this awful disease, is ready to seek help, seeks help, and is told: Sorry, there is a 3-month waiting list. That is unconscionable.

This is something that is taking lives right now. This isn’t an abstract, “maybe this will happen in the future.” This is right now, today, in Maine, in Florida, in California, in Arizona, in Washington, in Nebraska, in Texas—all across this country. It is the greatest public health crisis of my lifetime. Seventy-eight people a day are dying, and it is preventable.

There are three legs to the stool of dealing with this: One is law enforcement, one is prevention, and one is treatment. And without all three of those legs, the stool collapses and people die. These are real people.

I have had roundtables in Maine. I sat next to a deputy sheriff who lost his daughter and one woman who said she hoped her son would be arrested so maybe then he could get into treatment. These are regular, ordinary Americans that are being affected by this, not only young people. These are older people, middle class, middle-aged people. This is a major crisis. There are lots of aspects to it, and I can talk about the fact that opioid prescription drugs lead to heroin and other drugs, but the real subject today is funding.

I was told back in the spring: Don’t worry, we are going to take up CARA

in appropriations. We are going to have appropriations bills, and it will all be dealt with. Well, now we are talking about a continuing resolution that would not have any additional funding unless we find a way to do it, and that is my plea today.

I have written to the President; I have written to the chair of the Appropriations Committee saying: Let’s find a way to at least fund the \$181 million that is authorized in CARA. At least do that, even if we are doing a continuing resolution.

By the way, I don’t understand why we are doing continuing resolutions when the agreement has been reached on the amount of the budget, the amount of the appropriations. The Appropriations Committee has done their work. Why aren’t we doing appropriations? That is another subject.

But however we do the funding this fall, let’s deal with this terrible problem that is taking lives, tearing families apart, and deeply wounding the heart of America.

I ask the consideration of this whole body for this urgent problem and that we take real steps to deliver help to those people who are asking for it.

Mr. President, I yield the floor.

EXECUTIVE SESSION

NOMINATION OF PETER MICHAEL MCKINLEY

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to consider the following nomination, which the clerk will report.

The assistant bill clerk read the nomination of Peter Michael McKinley, of Virginia, a Career Member of the Senior Foreign Service, Class of Minister-Counselor, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Federative Republic of Brazil.

The PRESIDING OFFICER. Under the previous order, the question is, Will the Senate advise and consent to the McKinley nomination?

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

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Tennessee (Mr. ALEXANDER), the Senator from Wisconsin (Mr. JOHNSON), the Senator from Illinois (Mr. KIRK), and the Senator from Kansas (Mr. MORAN).

Further, if present and voting, the Senator from Tennessee (Mr. ALEXANDER) would have voted “yea.”

Mr. REID. I announce that the Senator from California (Mrs. BOXER), the Senator from Illinois (Mr. DURBIN), the Senator from Virginia (Mr. Kaine), and

the Senator from Michigan (Mr. PETERS) are necessarily absent.

I further announce that, if present and voting, the Senator from Virginia (Mr. KAINE) would vote “yea.”

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

The result was announced—yeas 92, nays 0, as follows:

[Rollcall Vote No. 137 Ex.]
YEAS—92

Ayotte	Flake	Paul
Baldwin	Franken	Perdue
Barrasso	Gardner	Portman
Bennet	Gillibrand	Reed
Blumenthal	Graham	Reid
Blunt	Grassley	Risch
Booker	Hatch	Roberts
Boozman	Heinrich	Rounds
Brown	Heitkamp	Rubio
Burr	Heller	Sanders
Cantwell	Hirono	Sasse
Capito	Hoeben	Schatz
Cardin	Inhofe	Schumer
Carper	Isakson	Scott
Casey	King	Sessions
Cassidy	Klobuchar	Shaheen
Coats	Lankford	Shelby
Cochran	Leahy	Stabenow
Collins	Lee	Sullivan
Coons	Manchin	Tester
Corker	Markey	Thune
Cornyn	McCain	Tillis
Cotton	McCaskill	Toomey
Crapo	McConnell	Udall
Cruz	Menendez	Vitter
Daines	Merkley	Warner
Donnelly	Mikulski	Warren
Enzi	Murkowski	Whitehouse
Ernst	Murphy	Wicker
Feinstein	Murray	Wyden
Fischer	Nelson	

NOT VOTING—8

Alexander	Johnson	Moran
Boxer	Kaine	Peters
Durbin	Kirk	

The nomination was confirmed.

The PRESIDING OFFICER. Under the previous order, the motion to reconsider is considered made and laid upon the table, and the President will be immediately notified of the Senate’s action.

LEGISLATIVE SESSION

The PRESIDING OFFICER. Under the previous order, the Senate will now resume legislative session.

WATER RESOURCES DEVELOPMENT ACT OF 2016—Continued

The PRESIDING OFFICER. The majority leader.

CLOTURE MOTION

Mr. MCCONNELL. Mr. President, I send a cloture motion to the desk for the Inhofe-Boxer amendment No. 4979.

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

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on Senate amendment No. 4979.

Mitch McConnell, James M. Inhofe, John Cornyn, Orrin G. Hatch, Shelley Moore Capito, Thom Tillis, Dan Sullivan,

Mike Rounds, Marco Rubio, Cory Gardner, Dean Heller, Pat Roberts, David Vitter, Roy Blunt, John Barrasso, Roger F. Wicker, Steve Daines.

CLOTURE MOTION

Mr. MCCONNELL. Mr. President, I send a cloture motion to the desk for the underlying bill, S. 2848.

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

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on Calendar No. 523, S. 2848, a bill to provide for the conservation and development of water and related resources, to authorize the Secretary of the Army to construct various projects for improvements to rivers and harbors of the United States, and for other purposes.

Mitch McConnell, James M. Inhofe, John Cornyn, Orrin G. Hatch, Shelley Moore Capito, Thom Tillis, Dan Sullivan, Mike Rounds, Marco Rubio, Cory Gardner, Dean Heller, Pat Roberts, David Vitter, Roy Blunt, John Barrasso, Roger F. Wicker, Steve Daines.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the mandatory quorum calls with respect to the cloture motions be waived.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the filing deadline for first-degree amendments for the cloture motions filed today be at 3:30 p.m. on Monday, September 12.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

MORNING BUSINESS

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

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The PRESIDING OFFICER. The Senator from Kansas.

OBAMACARE

Mr. ROBERTS. Mr. President, I rise today to share some flashbacks for throwback Thursdays, if we want to call it that, with regard to ObamaCare.

There have been a lot of speeches made about ObamaCare recently. Specifically, I want to look at the facts about ObamaCare, as we all know them now, more than 6 years after it was signed into law—6 long years—and remind the country what the President and my colleagues across the aisle promised all of us when they pushed this bill through the Congress. I say “push” because it passed without one single Republican vote and certainly not mine.

First, the reality. All summer long, we have read the headlines about drastic premium increases being requested, insurers pulling out from different States, and patients being caught in the middle.

My State of Kansas has not been immune. Last year, UnitedHealthcare announced it would leave our State. Aetna was going to start offering coverage next year and then announced a massive exit from exchange markets across the country, including Kansas. We were at risk of having just one insurer in many parts of the State, with no competition with regard to pricing.

In June, the State insurance department announced a proposed rate increase for next year. The good news: A new insurer, Medica, was proposing to offer coverage in Kansas. However, there is bad news. The bad news is that premiums could be increased by nearly 50 percent next year for some individuals in our State and I know in many other States. Last year, the highest approved increase was 24.5 percent. Next year’s rates are still being finalized, but they could be double that.

Now let’s throw it back. In 2013, President Obama said about the law that “the result is more choice, more competition, real health care security.” Today, however, we see less choice, less competition. And with insurers coming and going and rising premiums, I think Kansas families would agree they are not secure in their health care coverage. I don’t know any State that is.

These are not just headlines in the paper or on the Internet; real folks back home are hurting. A nurse in Miltonvale, KS, wrote to me about what she calls the devastating effect ObamaCare is having on her patients and her loved ones. She says: “I am very concerned that continuing along these lines will further limit care and accelerate a decline in health care in our state, as well as our nation.”

But, again, let’s throw back to what we were initially promised. Way back on the campaign trail in 2008, then-Candidate Obama promised that he would enact health care reform which would lower a typical family’s premium by \$2,500 a year. I don’t foresee any way those savings could be realized if a Kansan’s premium is going to be up to over 40 percent, on top of about 25 percent last year.

Looking back to 2013, Congresswoman NANCY PELOSI said the implementation of this law was “fabulous.” Fabulous, indeed. This was, of course, before open enrollment started and the failed launch of the healthcare.gov Web site, which crashed.

More issues of concern to me have come from recent regulations that have been used to implement this law. This law has massive regulations. The law has 2,000 pages. We are now at over 10,000 pages of regulations.

The administration has proposed changing how they verify individuals as being eligible to receive taxpayer assistance for their premiums under the