

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

law. Discrepancies between what a person claims their income is and what is received from trusted data sources must now be off by 25 percent. Previously, it was 10 percent in order for the administration to investigate a possible fraud. So I guess you can be fraudulent up to 24.9 percent now. The administration should not be lowering the standard by which it verifies eligibility for folks to receive our scarce taxpayer dollars. It is unacceptable for implementation of this law to further burden taxpayers by failing to protect against fraud and abuse.

Another recent regulation gets at one of my biggest fears from the law's passage: the ability of the government to ration care. There were four provisions of this law that I believed would decrease individual choice and open the door to rationing, one of which was the Centers for Medicare and Medicaid Innovation, CMMI. In March, this outfit passed a proposal to test, as the agency calls it, how we pay for prescription drugs for our seniors under Medicare Part B. Patient groups, doctors, and many of us in Congress are gravely concerned about how this test could affect the patient's quality of and access to care. As the Kansas Medical Society explained to me, this so-called demonstration "will force Kansas Medicare beneficiaries with serious, sometimes life-threatening conditions to participate, disrupt their treatment processes, and impede their access to needed medications with no evidence of improved health outcomes or financial gains for the Medicare system." Such a so-called test is now allowable because of the rationing provisions of ObamaCare.

The law is simply not working for the large majority of Americans. Insurers are pulling out, citing large losses in covering the population of people who are seeking coverage on the exchanges. So Americans are left with fewer options in selecting their health care coverage, and, most concerning, they are paying more for it—a lot more.

Looking back to December of 2015 when this body sent legislation to the President's desk to repeal ObamaCare, the President's Statement of Administration Policy stated simply, "The Affordable Care Act is Working." Yet, last month the President wrote in the *Journal of the American Medical Association* that "too many Americans still strain to pay for their physician visits and prescriptions, cover their deductibles, or pay their monthly insurance bills." That is a true statement. I thank the President for waking up to this nightmare.

Despite his new revelation that the Affordable Care Act is, in fact, the unaffordable care act for most, the President and his party's candidate to succeed him say the answer is greater government control—a public option. Folks, that is government health care. That is what we are talking about. The failings of ObamaCare cannot be cor-

rected with more government intervention, more restrictions, and more regulations.

We must triage the pain this law is inflicting on hard-working Americans. We must repeal and we must replace this law. I know that many colleagues will join me in continuing to work to provide freedom from its mandates and increased taxes to all and enact reforms to our health care system that will actually lower the cost of coverage and increase access to care for individuals.

Simply put, this law is failing. It is our job to correct it, and we will continue fighting to do so.

I was talking about this matter in the cloakroom just moments ago. Several of our Members have been very active in this whole endeavor to try to not only repeal but to replace this law, and they pause a little bit and say: You know, maybe this law was designed to fail. Maybe this law is so bad in terms of falling apart that people could not help but know that and then come in and say that the only thing we can now move to is national health care, government-run health insurance. If that is true, that is a 6-year effort with a lot of pain and suffering and in terms of political deceit, probably ranks right at the top.

We have to repeal this law. We have to replace it. We have to get to work. And we have to prevent further steps toward national health insurance.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan.

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#### WRDA

Ms. STABENOW. Mr. President, I rise to speak about legislation that is currently on the floor, the Water Resources Development Act.

I start by thanking a great legislative team of opposites who come together—and when they do they get things done—that is, Senator INHOFE, the chair of the committee, and the ranking member, Senator BOXER. I thank both of them for tireless effort, including their staffs for bringing forward something that is very important to my home State but important to communities all across the country. I also want to thank our two leaders for coming together and finding a way to have a path forward that allows us to come to the bill without a vote on a motion to proceed, and that involves all of our colleagues wanting to work together and that is evident on this bill and I very much appreciate everybody's efforts.

This comes after the Environment and Public Works Committee approved the Water Resources Development Act by 19 to 1 in the committee. Clearly, there is very strong bipartisan support, and it comes because the water infrastructure needs of the country are so great for every community, every State. I know the distinguished Presiding Officer would be able to tell the same story in North Dakota.

I particularly want to focus on one part—and then I will speak more broadly about the bill—but the part that deals with lead exposure and lead in water, which is very important to me, as colleagues know, and very important to a community called Flint, MI, where 100,000 people, through no fault of their own, were exposed to excessive levels of lead. There are efforts going on now to try to fix that, and we will focus on the long-term health and nutrition needs of the children and families, but the water is still not fixed.

People have said to me: Gosh, that was really bad what happened before in Flint. I say: No, no, it is not what happened in Flint, it is still happening. There are still bottles of water being delivered to homes, and people have been waiting. So we are grateful to be at this point, and there certainly is a sense of urgency coming from families in Flint and all around Michigan as well.

More than one-half million preschool students in the United States are exposed to elevated lead levels. So this is an issue not only in Flint but in schools and other parts of Michigan, where the drinking fountains in the school—you know, when you are walking down the hall and see the drinking fountain in the school is shut down because of high lead exposure, that has happened in schools across the country.

We have a particular concern because there are 9,000 children under the age of 6, not counting all the children in school, who have elevated lead levels. It is quite frightening because some of the homes in Flint actually have registered levels higher than a toxic waste dump. It is pretty scary and incredibly important that we support their efforts to get the pipes replaced as quickly as possible.

The cost of lead exposure goes far beyond the \$50 billion a year Americans have to pay in health care and in bottled water and all of the other health issues. Having unsafe water costs us our well-being, the health of the communities, economic development. It costs us a sense of dignity. As Americans, we think one of the basic rights that we don't think about—we just take it for granted that you are going to turn on the faucet and clean water is going to come out and you can drink it. That sense of basic confidence in infrastructure has been shaken in Flint but also in other communities across the country. That is something we are addressing in this bill that is so very important.

I am very pleased we have a bill in front of us that will comprehensively not only address a community that we have been fighting for and care deeply about but other communities around Michigan and around the country. We need the funding in this bill—the authorization in this bill because of a number of reasons. Let me again—speaking about lead, there are 5,300