

Finance Committee's chronic care bill means seniors with multiple chronic illnesses will have their individual needs better met and get the type of care they need earlier.

It is my judgment that the Finance Committee has no job more significant than updating the Medicare guarantee, and that is exactly what today is all about. The CHRONIC Care Act begins a transformational change in the way Medicare works for seniors who suffer from chronic illnesses like cancer, diabetes, and Alzheimer's disease.

If you could bring the lawmakers responsible for the creation of Medicare into 2017, they would barely recognize the program they created more than half a century ago. Back then, if a senior needed surgery for a broken hip, he or she visited a hospital and used Medicare Part A. If a senior needed treatment for a nasty bout of the flu, he or she visited their doctor and used Part B.

Today, more than 90 percent of the Medicare dollar goes toward seniors who have two or more chronic conditions. Today's seniors get their care in a variety of ways. It is not just fee-for-service; there are Medicare Advantage, Accountable Care Organizations, and other new systems under development.

Keeping up with those changes—updating the Medicare guarantee—is a big policymaking challenge, and that is why the Finance Committee worked so hard, for so long, to get this bill across the finish line. There are still more steps before these policies reach the President's desk, but with strong bipartisan backing of the entire U.S. Senate, I am confident the job will get done.

The CHRONIC Care Act will mean more care at home and less in institutions. It will expand the use of life-saving technology. It places a stronger focus on primary care. It gives seniors, however they get Medicare, more tools and options to receive care specifically targeted to address their chronic illnesses and keep them healthy. Those are all important steps forward in updating the Medicare guarantee. Still to come is ensuring that every senior with multiple chronic conditions has an advocate to help them navigate through the Byzantine healthcare system.

Finally just a few points about the bipartisan process leading to this bill's passage today. The Finance Committee, in my view, has handed the Congress a model for how to legislate on a bipartisan basis. I want to thank Chairman HATCH, with whom I formed a bipartisan chronic care working group almost exactly 2 years ago, and I want to thank Senators WARNER and ISAKSON who generously took on the challenge of leading it.

Of course this bill wouldn't have materialized at all if not for the sweat equity put in by staff. Somewhere amid all the endless hours of work that went into writing this bill, they found time for multiple weddings, the birth of

three children, and a handful of job changes. Thank you to Karen Fisher, Hannah Hawkins, Kelsey Avery, Leigh Stuckhardt, Liz Jurinka, Beth Vrabel, and Matt Kazan—our chronic care lead—all on my team. Chairman HATCH, I thank you for your commitment to keep working on this and to your staff, including Jay Khosla, Brett Baker, Jen Kuskowski, Katie Meyer-Simeon, and the chronic care lead, Erin Dempsey. Thank you also to Senators WARNER and ISAKSON for lending us Marvin Figueroa and Jordan Bartolomeo.

Mr. CORNYN. Mr. President, I ask unanimous consent that the committee-reported amendment be agreed to, and the bill, as amended, be considered read a third time.

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

The committee-reported amendment in the nature of a substitute was agreed to.

The bill was ordered to be engrossed for a third reading and was read the third time.

Mr. CORNYN. Mr. President, I know of no further debate on the bill.

The PRESIDING OFFICER. Is there further debate on the bill?

Hearing none, the bill having been read the third time, the question is, Shall it pass?

The bill (S. 870), as amended, was passed.

Mr. CORNYN. Mr. President, I ask unanimous consent that the motion to reconsider be considered made and laid upon the table.

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

MEASURE READ THE FIRST TIME—H.R. 3354

Mr. CORNYN. Mr. President, I understand there is a bill at the desk, and I ask for its first reading.

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

The bill clerk read as follows:

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

Mr. CORNYN. Mr. President, I now ask for a second reading and, in order to place the bill on the calendar under the provisions of rule XIV, I object to my own request.

The PRESIDING OFFICER. Objection is heard.

The bill will be read for the second time on the next legislative day.

ORDERS FOR WEDNESDAY, SEPTEMBER 27, 2017

Mr. CORNYN. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 10 a.m., Wednesday, September 27; further, that following the prayer and pledge, the morning hour be

deemed expired, the Journal of the proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and morning business be closed; finally, that following leader remarks, the Senate resume consideration of the motion to proceed to S. 1519.

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

ORDER FOR ADJOURNMENT

Mr. CORNYN. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks from the Senator from Maryland, Mr. VAN HOLLEN.

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

The Senator from Maryland.

PUERTO RICO AND U.S. VIRGIN ISLANDS RECOVERY EFFORT

Mr. VAN HOLLEN. Mr. President, I want to start by saying a few words about what is happening in Puerto Rico and the Virgin Islands where, in front of our eyes on the television sets, we see a growing humanitarian crisis that needs our urgent attention.

Hurricane Maria has left unimaginable devastation. Less than half of the population of Puerto Rico has potable water. Cell service is out on 95 percent of the island, making it difficult to contact loved ones and call emergency services, and only 5 percent of the power grid in Puerto Rico is working.

My office has been fielding hundreds of calls from across the State of Maryland, some from constituents who are eager and desperate to reach their loved ones, others from fellow Americans who are watching the devastation and who are asking us to act quickly.

We all know that in the runups to Hurricanes Harvey and Irma, Texas and Florida braced for impact. We here in the Senate quickly organized to promise we would deliver the resources they would need to rebuild. We provided an emergency downpayment, and we gave them assurances that we would also stand ready to provide assistance when it comes to rebuilding.

We need to make that same urgent commitment to the people of Puerto Rico and the U.S. Virgin Islands, our fellow Americans. The administration needs to bring to bear its full resources from the military, to the Army Corps, to FEMA to deliver critical supplies and access to people in all parts of those areas.

We have heard that we might get an emergency request for appropriations in a week or two. We need to move much more quickly, given the urgency of the situation; 3.5 million of our fellow Americans should not be left to languish without water or power. That is not who we are. We need all hands on deck, and we need them now, so I hope we will move on to that.

HEALTHCARE, THE DREAM ACT,
AND TAX REFORM

Mr. VAN HOLLEN. Mr. President, we had some good news—or I should say the American public had some good news today in the announcement from the Republican leader that the Senate will not be proceeding to debate what is known as the Graham-Cassidy legislation, the latest version of TrumpCare, which would have had a devastating impact on our healthcare system and created harm throughout the country and in my State of Maryland. In fact, I know millions of Marylanders will be breathing a sigh of relief as a result of this decision.

Mr. President, I ask unanimous consent to have printed in the RECORD the personal testimonials of Marylanders who, in the last few days, have sent to me their very powerful stories about how the Graham-Cassidy legislation would have harmed their loved ones.

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

VAN HOLLEN CONSTITUENT HEALTHCARE/ACA
STORIES
9/19/2017

"I am a Registered Nurse who specializes in perianesthesia care. Please do not wind back the clock and make it harder for people to seek care during an illness. I am heartbroken that I have cared for patients who delayed care for weeks and months because they were more afraid of medical bills than dying. When people are ill and do not seek care, they jeopardize their lives—and in the case of communicable diseases they jeopardize the lives of others by delaying care and treatment."—Beth

"My 14 year old daughter is a leukemia survivor. She has multiple serious long term side effects from her chemotherapy regiment. By repealing Obamacare, she becomes uninsurable due to her preexisting conditions and the fact that she has met her life time maximum many times over."—Caroline

"I have a neuromuscular autoimmune disease called Myasthenia Gravis. It affects my voluntary muscles, muscles I use to walk, carry my groceries, see, swallow and breathe. I already have to fight with my insurance to get them to pay for my immunoglobulin infusions, which most of the time they deny, which sends me to the emergency room because I can't breathe. If for any reason I have to find a new insurance, such as my husband getting a different job, it could be a death sentence for me. Just one month of outpatient immunoglobulin therapy is \$27,000. My immunosuppressants I have to take daily can run up to \$2000 for a 3 month supply. Then couple my health issues and the cost of medications and I would probably die within a month or less. I didn't ask to get sick. I never imagined at 41 I would be facing my mortality."—Chrissy

"My older sister has been profoundly disabled by mental illness for the last 50 years. She is 62 now. She has severe behavioral issues She cannot work. . . . She has been one step from living on the street if it weren't for Medicaid and SSDI. She is not getting rich from these safety nets by any means. If these go away the republican congress and this presidential administration will be responsible for making challenging lives that much more miserable We don't treat our most vulnerable as if they are disposable."—Cat

"My son, 6, has a complex congenital heart defect called Hypoplastic Left Heart Syn-

drome (HLHS). He has had four open heart surgeries and several cardiac catheterizations. A transplant could be needed one day. I worry every day about how he will have heart care should something happen and when he is too old to be on our plan."—Dara

"I am a nurse practitioner and worked for the VA Healthcare System for 15yrs. While this system is not without its challenges, without it, many of our veterans would not be receiving the healthcare and support they need to remain healthy and productive members of society They would not be able to work and support their families and as a result, would likely not seek healthcare until they needed emergency services. By then their previously untreated condition may already have worsened to the point of permanent disability or death, leaving their families to fall into poverty, despair and having to rely on Gov't. Assistance. If they do not die, their disability care costs far more than the early and maintenance treatment they should have been receiving even if they needed this maintenance treatment for a lifetime!"—Becky

"My 25 yr old son has Crohn's disease. His entire large intestine was surgically removed when he was 17. He must get a remicade infusion every 6 weeks to keep his immune system from attacking his intestines. No hospital ER will administer his remicade infusion as this is considered maintenance of his disease. When his situation becomes life threatening and he needs the Intervention of the ER . . . the damage is already done. Why don't our republican senators get this? Shouldn't they be aware of this. . . . If they think they are the experts, representing us? They will lose his insurance next June when he turns 26."—Darlene

"Deep Medicaid Cuts would be devastating to the millions of people with disabilities. The Home and Community Waivers would be in jeopardy. Because of the Community Pathways Medicaid Waiver, Our 32 year old son is able to live in his own apartment, volunteer in the community, hold a 30 hr week job in Gaithersburg, and have a social life. Without the supports he would lose his independence. . . . Please don't make deep cuts to Medicaid."—Reda

"We have 14 year-old twins, both of whom have Cerebral Palsy. . . . It isn't their fault that they have a disability and they should not be punished for it."—Danica

"I work with medically fragile children with disabilities. Without Medical Assistance, these children and their families cannot afford the equipment, supplies & therapies that help them grow and thrive."—Carmel

"I'm 48. I was diagnosed with scoliosis at age 13, and I had spinal fusion surgery to save my life from it at age 21. The surgery saved my live, but also had lifelong consequences. I have had this pre-existing condition for most of my life. My parents, and then me when I came of age, have always had to be careful to make sure that pre-existing conditions were covered. I once turned down a job in part because their insurance didn't cover pre-existing conditions. The ACA meant I no longer had to worry. Today, I work as a contractor for the US military, helping defend US cyberspace. I wouldn't be here, doing important work and being a productive member of society, if I couldn't get coverage for my pre-existing conditions."—Bruce

"Obamacare saved my roommate's life. He was a server at a very popular restaurant, hardworking, got good tips but could not afford health insurance. He got prostate cancer. Obamacare got him the care he needed."—Deborah

"I had a mitral valve prolapse. It was discovered when I was a little girl, and basi-

cally that means that one of the valves in my heart never fully closed. I was followed annually by a cardiologist, and she told me to expect to have it fixed in my 30s. She also told me to have children in my 20s because if I needed to have it replaced (not just repaired), I would need to take blood thinners that would not allow me to be pregnant. I had my heart repaired four days after my 30th birthday, when my kids were 5 and 9 months. It was not fun, especially being a mom with little ones, but I am as good as new five years later. Only my health insurance doesn't think so. Prior to the ACA, I was rejected by the BCBS policy my husband's company was providing for us and his employees. They told us they were happy to offer coverage for my family but would not include me on our plan. Everyone gets sick. Everyone gets old. You can do everything right and take care of yourself—and still have a preexisting condition that makes you more expensive to cover. And without the ACA, I may find myself having to fight for health insurance again."—Justine

"My daughter was diagnosed with a rare Autoimmune disorder at age 18 Thanks to Obamacare, she was able to stay on our insurance until age 26 then purchase her own through her employer. Preventative care keeps her in remission. Losing the ability to afford insurance means she cannot afford care. One medication alone costs over \$2,000/month!"—Cheryl

"I am the first to acknowledge that there are major problems under the ACA. Premiums and deductibles are far too high and increasing far too much annually. I am self-employed and the individual market is getting exceedingly worse each year. CareFirst proposed a 50% rate hike for 2018 for plans that already have a \$6500 deductible. This is not sustainable. However, prior to the ACA, I was denied coverage by every insurer in the State of Maryland. The reason for the denial was that I was prescribed Lovenox, an injectable blood thinner, when I was pregnant with my three children. The letters denying coverage said I was at increased risk for thrombosis, despite the fact that I had medical documentation stating otherwise because my particular blood clotting concerns exist only in pregnancy. Before the three children in my profile picture were born, our first daughter was stillborn and I had two miscarriages. Initial pathology following her stillbirth showed that the placenta was badly clotted and blood testing showed that my Protein S levels were low. Following the two miscarriages and substantial blood work, my doctors concluded that my protein S levels dip to deficient levels in pregnancy and that I needed blood thinner in order to maintain a pregnancy. I find it ironic that the "pro-life" Republican party wishes to punish me and my family because of medication I took to ensure that my children were born alive and well. We need to fix the ACA, but this is not it."—Kim

"I have been a type I diabetic for 25 years. When my husband and I had health insurance coverage through his employer, my prescription for life-sustaining insulin cost us \$300 each month. After he began working for a new employer who did not offer health insurance, we were encouraged to shop for our healthcare on the Maryland Exchange. With our ACA plan, my insulin is now much more affordable at \$50 a month. If I have to go back to paying exorbitant amounts of money for a medication I need in order to survive, I will be forced to cut corners. If I do not take the necessary amount of insulin, I face a host of complications including kidney failure, neuropathy, blindness, and so much more. My husband and children should not have to watch me suffer the preventable side-effects of this disease. Like all other