

What can we do that is fair to these young people and gives them the chance they are asking for that is consistent with a good immigration policy for America? That is why, years ago, I introduced the DREAM Act and why I still believe it is the right approach. The notion behind it, of course, is if you were brought here as a child, you have no criminal record of any serious nature, you have completed your education, you have a chance to earn your way into legal status and then ultimately into citizenship, and that is what we are working on now.

A number of us are getting together and talking about it on a bipartisan basis, and we have little time left. This has to be done this year, before the end of December. Why do I say that if the program expires in March of next year? Well, because I have been around the Senate for a few years, and I know in January and February there is little, if any, heavy lifting. There are few bills that have to pass, and we tend to put things off. So far this year, we really wouldn't get gold stars for our performance on the floor of the Senate in generating legislation and that is why I want to get that done—the whole Dream Act and DACA done—in the month of December before we leave. If we don't do it, if we fail—and I pray that we won't—but if we fail, as of March 5 of next year, 1,000 of these young people will lose their protection under the law every single day for 2 years—1,000 a day.

I mentioned those serving in the military. There are 20,000 under DACA who are teachers. As of March 5 next year, they will lose their jobs. School districts all around America will have to fill those vacancies because the teachers can no longer legally work for the school districts, and there are many others who face that as well. We have almost 90 percent who are engaged in some type of job. Many are students who work because they, as undocumented students, don't qualify for Federal assistance. So they hold down jobs to pay for their college education. I have met them. Some of them break down in tears and say: Senator, I am so close to graduating, but what's the point if I am going to be deported the day after? What's the point?

That is what we are up against, and that is what we face. What we need to do is take a look at the real-life stories.

I want to introduce to you a person who is a friend of mine. He is an amazing person. This is Cesar Montelongo, as shown in this picture. Cesar was 10 years old when his family brought him here from Mexico. He grew up in New Mexico, where his academic achievement was quickly recognized. He graduated from high school with a grade point average above 4.0. He was ranked third in his class. He was a member of the Chess, French, Spanish, Physics, and Science Clubs. He even took college classes during the last 2 years of high school.

Cesar went on to New Mexico State University, where he had a triple major in biology, microbiology, and Spanish, as well as two minors in chemistry and biochemistry. He is one smart fellow. He graduated with distinction in the honors track with a 3.9 GPA. He then earned a master's degree in biology.

He earned a master's degree in biology because his dream was to go to medical school. But before DACA, it was impossible. He could not apply for medical school. The medical schools of America were not accepting the students who were undocumented. He knew if he went to medical school anywhere and didn't have a legal right to work, he couldn't complete a residency at the end of medical school. So he got a master's degree in biology and a minor in molecular biology and worked as a teaching assistant.

Then DACA came along. Today, Cesar is the first DACA student who is enrolled in the MD-PhD program at Loyola University Chicago Stritch School of Medicine. He is entering his third year of this highly competitive program. They accept only a handful for an MD-PhD. On completion, he will receive a medical degree and a doctorate degree in science. He is one of more than 30 DACA recipients at this medical school, which I am so proud of, in Chicago. It was, in fact, the first medical school to admit students with DACA status, beginning in 2014.

DACA students don't get special treatment—no quotas. They have to compete. But amazingly bright, young people like Cesar were just waiting for a chance to compete.

In order to finish their education at this medical school, they borrow from the State of Illinois government, which gives them a loan for their medical education. For every year that they are given a loan, they pledge to serve 1 year as medical doctors in an underserved area of our State. It is a win-win situation.

He is now doing amazing research. He is researching how bladder viruses shape bacteria populations and the potential implications for urinary infections and disease.

He is a member of the pathology medical group. He is a Spanish interpreter at the local clinic, and a mentor to other medical students.

I asked Cesar: What drew you to medicine? Here is what he said:

When I was very young, my father became ill and then was bedridden for months. He was the primary breadwinner and I saw him as our protector. Watching him immobilized and screaming in pain had a huge impact on me. Years later we would find out that my father suffered from diabetic myopathy and neuropathy. Learning that both his illness and our family's suffering could have been prevented by education and relatively inexpensive medication was heartbreaking. But at the same time, it made me realize the potential of medicine.

What is Cesar's dream for the future? To become a practicing physician and a scientist and to develop new and improved clinical diagnostic tools so that

doctors can diagnose and treat diseases better.

Close to 70 Dreamers are enrolled in medical schools around the United States. Why is DACA important to him? Any student like him who is in a medical school today and wants to go on to a residency has to be able to work. Residents work long hours in hospitals while they are learning. If he didn't have DACA, he wouldn't have legal permission or legal authority to work in this country. No medical school will accept him for a residency unless he has that DACA protection.

Why in the world would we let this young man's vigorous pursuit of education and brilliance be wasted? We need him. We need him in Chicago. We need him in Illinois. We need him in America—and many others just like him.

The Association of American Medical Colleges reports that the Nation's doctor shortage will rise to 40,000 and even to 105,000 by the year 2030. Both the AMA and the Association of American Medical Colleges have warned that ending DACA will hurt when it comes to this physician shortage. They want Congress to do something.

Listen to what the AMA says:

Estimates have shown that the DACA initiative could help introduce 5,400 previously ineligible physicians into the U.S. healthcare system in the coming decades to help address [physician] shortages and ensure patient access to care. . . . Removing those with DACA status will create care shortages for rural and underserved areas. . . . Without these physicians, the AMA is concerned that the quality of care provided in these communities will be negatively impacted.

I know the Presiding Officer is from the State of North Carolina. In my State of Illinois, we have some great big cities, and we have some great small towns. Many of the best small towns and rural areas from my end of the State are desperate to make sure they have good doctors at their local hospitals and people available in the community.

We can't afford to lose Cesar. We can't afford to lose the thousands of others the AMA tells us are poised to become doctors and to fill our need across America. This aging population of our country is going to need doctors and nurses and physical therapists more than ever. If these young people can answer that call, they will not only be serving our Nation, but they will be serving their own goals to be part of our Nation's future.

Now it is up to us. We are supposed to leave here in a matter of days. That means those of us who are serious about this issue have to do something meaningful and important, and do it quickly.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Missouri.

TAX REFORM

Mr. BLUNT. Mr. President, I thank my colleagues who are on the Senate

Finance Committee and the Senate Budget Committee for getting us to the point we are at today. I think we are approaching a vote to move to a full debate on the tax bill, which is absolutely amendable with every idea that has anything to do with taxes and raising money, so people will have every right to be heard.

It has been a process that has gone on for a long time. But what we have seen happen over the last three decades—after an incredible effort in 1986 to simplify the Tax Code, to bring it up-to-date and make it competitive, what we have seen is a tax code that gradually has become more and more complicated.

There are too many loopholes that don't seem to be fair to everyone involved. Sometimes, it is not as much the tax rate you are paying, as your understanding that somebody else has figured out—in a competitive business or not even the same business—how to find that tax loophole, which meant they weren't paying their fair share of taxes.

Our Tax Code depends on a sense of fairness. It depends on a sense of equity. The out-of-date Tax Code means that some of the rates—particularly in international competition that might have been just fine 30 years ago—simply aren't fine today. Other countries have continued to reduce their taxes. They understand, as many of our States do in this country, that a tax policy that works means an economy that grows. Many of our competitors have figured that out. Right now, we have a chance to join them and figure it out as well.

There is a chance here to make a generational change that will last, I would hope, at least for a generation, as the structure. We can do that by lowering corporate rates. In 1986, 35 percent was kind of in the middle of the countries we compete with. In 2017, it is at the very top of the tax structure of the countries we compete with. Even though they are well below us now in terms of the tax burden they put on companies that compete with us, they are lowering their corporate rate already. Even the middle will soon be the top, as it turned out to be in the last three decades. At least this gets us back to the middle.

We will shift to a territorial system where, if you make money in another country, there is no penalty to bring it back here. There is no doubt that we will bring hundreds of billions of dollars back to the U.S. economy if we pass this bill. Some of the estimates say that we may bring \$2 trillion back.

We have had a stimulus plan in the past decade in which every family got \$100 or something like that and thought that was a big stimulus. So a \$1 trillion stimulus or \$2 trillion stimulus is unbelievable. That money has been sitting someplace else; companies have wanted to invest it here but weren't going to bring it back under the old tax system. If they had brought

it back, their shareholders would probably have removed them from leadership in the company because it simply would not have been good business. It will be good business to bring that money back if we pass this bill.

We are also going to allow immediate expensing that says: I am going to spend the money now and get credit for it now. Those kinds of things grow the economy. It will make us more competitive worldwide. It will grow investments. When those two things happen, higher paying jobs have always followed and will follow here.

We have been stuck for 8 or 9 years now with no growth in family income for hard-working families. The way to change that, No. 1, is to take some of the tax burden away right now, and we are doing that in this bill. But, No. 2, we need to be sure we create more competition for the hard work and skills that workers take to the workplace every day.

We know that growth stemming from tax reform will have a positive impact on voters, and they will see a share of what is happening in the economy that, frankly, they haven't seen in the past. Families in your State and families in my State need this kind of opportunity, and job creators need this kind of relief.

Just last month, the Council of Economic Advisers estimated that the average household income would increase by \$4,000 annually, based on reducing the corporate rate to 20 percent. The economy, of course, will grow in response to that.

Another study by a Harvard professor and former Reagan adviser, Martin Feldstein, found a 20-percent corporate tax rate would deliver a wage boost of about \$3,500. So whether it is \$3,500 by one estimate or \$4,000 by another estimate, that makes a real difference to families who haven't seen an increase in their pay in a long time.

This bill is supported by a majority of small businesses—the real engine that drives the economy. There is a section called 179 expensing. Any time you start talking like a CPA, you are in trouble. But that 179 expensing for small- and medium-size businesses, family farms, and others, lets you expense immediately when you have added to investment—when you have bought a piece of farm equipment, something like that. All of that is enhanced in this bill.

I don't think accounting is the most exciting thing to talk about in the world, but this allows for the kinds of accounting measures that businesses say they need to really simplify how they report and how they do business. And that is right here.

There are some specific Missouri examples, just as there are in every one of our States. Jim Sheldon owns a business called DT Engineering, which is a manufacturing company in Lebanon, MO. They produce industrial automation systems. When Jim was interviewed by the National Association of

Manufacturers and asked what tax reform would mean to his company in terms of investment, hiring, and growing his business, he said:

More business! Bringing work back to the [United States] will increase order rates, inventory, and development. This will create growth for DT Engineering.

Jim also said that benefits from tax reform will allow him to “reinvest to reinvent.” Spending more money in what they are doing and figuring out ways to do it better is how to compete.

Mike DeCola, who owns a business called HBM Holdings in St. Louis, was interviewed by NAM. Remember, this is the National Association of Manufacturers; these are people who make things, and any time we get into that economy and strengthen that economy, we strengthen take-home pay. But he was interviewed by NAM. He was asked what this tax reform would mean to his business, and he said: “Tax reform will unleash investment not just for us, but for our customers.” That is where his quote ends, but that is a really important point to understand. When everybody is doing better, whatever you are doing is likely to get better as well. Not only does the business get better for you, but, suddenly, the people to whom you sell things are more interested in also innovating, investing, and improving.

The Senate bill also recognizes a couple of tools that really help us go in and revitalize areas that are not doing so well. One is called new market tax credits. New market tax credits have provided an effective incentive for the private sector to invest in communities outside the economic mainstream. These are usually communities that already have the water system, the electrical system, the sewer system, and the sidewalks, but they have buildings that no longer serve the purpose they used to serve, and the new market tax credits look at those buildings and other areas.

In our State of Missouri, the new market tax credits have financed a sauce manufacturer in Hazelwood; a heating system manufacturer in Cuba, MO; a plumbing fixture manufacturer in Kansas City; a training center for sheet metal workers in St. Louis; the first grocery store in more than a generation in Pagedale, MO; and a lot more things beyond that. This bill recognizes that.

It also acknowledges the importance of historic tax credits. I was talking with Patt Lilly from St. Joseph about that. He made the point that St. Joseph is an older community, a historic community. The western movement and the wagon trains outfitted there 150 and 175 years ago. The Pony Express started there. The stockyards thrived after the Civil War.

Those old buildings—many magnificent buildings—didn't have the kind of uses they used to have, but over the past 10 years, historic tax credits have leveraged almost \$100 million in redevelopment in those older buildings.

Housing developed there. Businesses developed there. They restored and revitalized distressed areas of the city.

A recent example is the restoration of the German American Building by Mosaic Life Care in the St. Joseph downtown area. That is a building that wouldn't have been able to be saved without some special assistance, which was made available because of historic tax credits. Again, not only was the historic building saved, but all of the services that were already there and served that building that wasn't being used now serve a building that is being used, and they don't have to be replaced.

The bottom line is that this is a bill that will create a better future for American families and a better future for American jobs. This is an opportunity to do something that is hard to do, and it only gets done once every 25 to 30 years. This is the moment. It is time to do this.

We will have a debate on the floor that allows everybody to make every reasonable amendment. I don't mean reasonable in that it might be reasonable to do it, but reasonable in that it deals with taxes and you figure out some way to pay for it. So you do something here, and you add something there. That is what this debate will be. We have talked about this topic now for years and intensely for months. It is time to get this job done. I yield the floor.

The PRESIDING OFFICER (Mr. COTTON). The Senator from Michigan.

HEALTHCARE

Ms. STABENOW. Mr. President. I actually am going to speak for a moment about something other than the tax provisions, but I have to say, with my friend from Missouri on the floor—and I do mean my friend from Missouri—that we may not agree on the tax provisions, but we do agree on what I am going to be talking about today, which is community health centers and children's health insurance. I am hopeful that, as the Senator was speaking about new market tax credits—which I support strongly—and historic preservations, they don't get hurt in this process at all. I know there is work to do on this to make sure it doesn't happen, but I appreciate working very closely with my colleague and friend from Missouri on what I want to talk about today.

I rise today to draw attention to the way the Senate majority is failing children and families in Michigan and all across the country. It now has been 60 days—nearly 2 months—since Republicans let funding expire for the Children's Health Insurance Program and community health centers—60 days. It doesn't have to be this way because we have bipartisan support to be able to continue the funding for both of these programs.

We also can't say that we haven't had time. During these 60 days, Republican

leadership has found time for us to work on plenty of other issues. They passed their budget. They have taken 75 floor votes. Republicans introduced their tax plan, which is now before us, and we are spending time this week on that. And, by the way, they rewrote their tax plan in a way that would cause 13 million people to lose their health insurance. The Senate has considered 24 nominees, but Republicans haven't taken any action to ensure that the 9 million children who have health insurance from the Children's Health Insurance Program can continue to get medical care, even though we have bipartisan support.

In the middle of all of the division going on right now on the floor, we could bring something to the floor that would have bipartisan support and do the right thing for families and for children and make sure that we are taking away the anxiety that families are feeling now across the country about what is going to happen. There are 9 million children right now at risk because of inaction.

CHIP provides children from low- and moderate-income working families with affordable healthcare. These are families who are working. They don't qualify for other kinds of help. These are working families who sometimes have one job, sometimes two jobs, or part-time jobs, and they trying to hold it together. They want to be able to take their child to the doctor. They want the peace of mind that comes from knowing that if their child gets hurt or if they get sick, they can take them to a doctor.

In addition, the Senate majority hasn't taken any action on another very important community healthcare program to ensure that 25 million people who count on community health centers will continue to have a place to go when they get hurt, when they get sick, to take their child, and to take their parents.

Included among those 25 million patients are 300,000 of our veterans—300,000 veterans—and 7.5 million children that rely on health centers in our communities.

I have often said that healthcare is personal not political. There is nothing more personal than waking up in the middle of the night because your child is crying and they are sick. There is nothing more personal than worrying about whether you are going to be able to get them the care they need. There is nothing more personal than wanting to know that you have a healthcare provider in your community who can help you or a family member manage your chronic conditions—high blood pressure, diabetes, and other things—so that you don't find yourself getting sicker and sicker and sicker.

Healthcare is personal not political, and each one of these 9 million children and 25 million Americans are being personally let down by this inaction.

As I indicated before, it doesn't have to be this way. We can take action

today. We have bipartisan support right now, and bipartisan cosponsorship right now. We could stop the divisive debate and take a moment to do something really important for families and children before the holiday season. Right now we can ensure that families and children know that the Children's Health Insurance Program will continue in the new year and that they are going to be able to go to their community health center and get the care they need for themselves and their families.

I was really proud of the fact that Senator HATCH, our distinguished chairman of the Finance Committee, and Senator WYDEN, our distinguished ranking member, and all of us on the Committee came together to put together a bipartisan Children's Health Insurance Program extension for 5 years. It came out of Committee with only one Senator voting no.

I was hoping that it was going to get done right away. Why wouldn't it? It is something that could sail through here. In addition to that, 70 Members of this body, led by Senator BLUNT and myself, have signed a letter of support for continuing funding for community health centers. Now, Senator BLUNT and I have put in bipartisan legislation with eight other Democrats and 8 other Republicans to extend funding for 5 years.

I know if this came up on the floor, we could get this done today and ease the worries of families that are beginning to get notices across the country that the health insurance for themselves and their children is going to run out.

These programs have long had strong bipartisan support. Why can't we get the action on this that these families and children deserve? Instead, families continue to wait every day—60 days.

I truly thought back in September that this was something that would be enough of a priority that it could get done amidst all the other things that have been brought to the floor of the Senate. But now the clock ticks every day—every day. This is wrong. We need to put these children and these families first.

We might be 60 days late, but there is no reason we can't act today or tomorrow—before the end of the week—to make these children and families a top priority.

Before CHIP, too many hard-working families in Michigan couldn't afford to take their children to the doctor. Today, 100,000 children are covered by MICHild, which is what we call our Children's Health Insurance Program—100,000 children.

With all the efforts to provide affordable healthcare that are going on in Michigan right now—successful efforts—97 percent of the children in Michigan today can now see a doctor—97 percent. They are, at the moment, not having to go to an emergency room and wait hours and hours and hours or have their parents try to figure out