and hypertension, and remove minor skin cancers right in his office.

Second, by keeping you out of the emergency room. For $60 a month, patients have unlimited office visits, and they can also email, text, call and use an app to contact his office—anytime, day or night. So for example, if you have stomach pains at 11 pm, you could text Dr. Gross, who knows that it might just be a side effect of a new medicine he prescribed you.

And third, primary care is patients' access point to more advanced care. When Dr. Gross refers people for additional care, he is able to provide cost and quality information about the different options, so his patients can choose the best option.

For example, one of his patients with rheumatoid arthritis was quoted $1,800 for blood work, but Dr. Gross was able to find a laboratory to offer the blood tests for under $100. This echoes what Adam Boehler, who leads the Center for Medicare and Medicaid Innovation, recently told me. He estimated that primary care is only 3–7 percent of health care spending but affects as much as half of all health care spending. And as Dr. Roizen of the Cleveland Clinic has said before this Committee, regular visits to your primary care doctor, along with keeping your immunizations up to date and maintaining at least four measures of good health, such as a healthy body mass index and blood pressure, will help you avoid chronic disease about 80 percent of the time.

This is important because, according to Dr. Roizen, over 84 percent of all health care spending is on chronic conditions like asthma, diabetes, and heart disease. I believe we can empower primary care doctors, nurse practitioners, and physicians assistants to go even a step further.

At our fourth hearing, we heard about how the cost of health care is in a black box—patients have no idea how much a particular treatment or test will end up costing. Even if information on the cost and quality of health care is easily accessible, patients still have trouble comparing different health care options.

For example, earlier this year, hospitals began to post their prices online, as required by the Centers for Medicare and Medicaid Services, but to the average consumer, this information has proved to be incomprehensible.

And while the data may be incomprehensible today, it is a ripe opportunity for innovation from private companies, like Health Care Bluebook, a Tennessee company that testified a hearing last fall, and non-profit organizations to arrange the data so primary care doctors, nurse practitioners, and physicians assistants can help their patients have better outcomes and better experiences at lower costs.

There are other ways to lower health care costs through expanded access to primary care. Dr. Gross' direct primary care clinic is one example. Another is community health centers, which we talked about at our last hearing and that are where 27 million Americans go for their primary care. And employers are increasingly taking an active role in their employees' health and in the cost of health care.

One of our new committee members, Senator Braun, was an employer of a thousand people and was aggressive about helping his employees reduce health care costs. Like primary care doctors, more good data could help employers like Senator Braun more effectively lower health care costs. Employers are also employing a doctor on-site so employees don't have to take time off of work to see a primary care doctor.

On-site primary care makes it easier to keep employees healthy by helping to manage a chronic condition or get a referral to a specialist. Today, I am interested in hearing more about specific recommendations to improve access to affordable primary care.

ACCESS TO CARE: HEALTH CENTERS AND PROVIDERS IN UNDERSERVED COMMUNITIES

Mr. ALEXANDER. Mr. President, I ask unanimous consent that a copy of my opening statement at the Senate Health, Education, Labor, and Pensions Committee be printed in the RECORD.

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

ACCESS TO CARE: HEALTH CENTERS AND PROVIDERS IN UNDERSERVED COMMUNITIES

Mr. ALEXANDER. This is the first hearing of the new Congress so let me take a few minutes to talk about what we hope to accomplishment these next two years.

Number one, reducing health care costs. And number two, making sure a college degree is worth students' time and money.

On health care costs, this Committee has held five hearings on reducing the cost of health care. Testimony from Dr. Brent James, a member of the National Academy of Medicine, said that up to half of health care spending is unnecessary.

That startled me and it should startle the American people. That is a massive burden on American families, businesses, and state and federal budgets.

I sent a letter to health experts, including the witnesses at our five hearings, asking for specific recommendations to reduce health care costs. I'd like to encourage anyone with a specific recommendation to submit your comment by March 1 to lowerhealthcarecosts@help.senate.gov.

A second priority is updating the Higher Education Act to ensure that the expense of a college education is worth it for students. The last time we seriously addressed higher education was in 2007. A lot has happened since then.

In 2007, there was no iPhone. A microblogging company named Twitter had just gained its own separate platform and started to scale globally. And Amazon released something called Kindle. In a new book, New York Times columnist Tom Friedman puts his finger on the year 2007 as ''the technological inflection point.'' So we need to take a look at this federal support for higher education that affects 20 million students and 6000 universities, colleges, and technical institutions. And our goal includes simplifying the federal aid application; a fairer way for students to repay their loans; and a new system of accountability for colleges.

I will be working on these priorities with Ranking Member Patty Murray, with members of the HELP Committee, and other Senators interested reaching a result on lowering health care costs and updating the Higher Education Act.

We hope to complete our work on both of these things in the first six months of this year.

And in addition, in these next few months, we need to reauthorize the Older Americans Act, which supports the organization and delivery of social and nutrition services to older adults and their caregivers and reauthorize the Child Abuse Prevention and Treatment Act, important legislation that funds major grant programs that provide a social services response to issues of child abuse and neglect.

And today's topic—extending federal funding for community health centers, as well as four other federal health programs, which are all set to expire at the end of this fiscal year.

Community health centers actually fit into a larger topic of great interest to this Committee, which is primary care. There are more than 300,000 primary care doctors in the United States, according to the American Medical Association. This is the doctor that most of us go to see for day-to-day medical care—an annual physical, flu vaccine, or help managing a chronic condition like diabetes. It is our access point to additional medical care, and can refer us to specialists, if, for example, we need to get our hip replaced or a MRI.

Adam Boehler, who leads the Center for Medicare and Medicaid Innovation, estimated that primary care is only 2–7 percent of health care spending but could help to impact as much as half of all health care spending.

We will be having a hearing next week on how primary care can help control health care costs. Today, we are talking about a prime example of primary care: 27 million Americans receive their primary care and other services at community health centers.

For example, in Tennessee, after Lewis County's only hospital closed, the closest emergency room for its 12,000 residents was 30 minutes away. The old hospital building was turned into the Lewis Health Center, a community health center which operates as something between a clinic and full hospital.

Lewis Health Center estimates they can deal with about 90 percent of patients that walk in the door. The center has a full laboratory to run tests, can perform X-rays or give IVs, and keeps an ambulance ready to take patients to a partnering hospital if they need more care. Because the Lewis Health Center is a community health center, they charge patients based on a sliding scale which means more people have access to and can afford health care.

Community health centers like Lewis Health Center are one way American families can have access to affordable health care close to home. This includes a wide range of health care, including preventive care, help managing chronic conditions like asthma or high blood pressure, vaccines, and prenatal care. There are about 1,400 federally-funded health centers that provide outpatient care to approximately 27 million people, including 400,000 Tennesseans, at about 12,000 sites across the United States. These other locations could be a mobile clinic or at a homeless shelter or school.

Community health centers have also been an important part of combating the opioid crisis that has impacted virtually every community across the country.

Last year, the Department of Health and Human Services provided over $350 million in funding specifically to support community health centers providing care for Americans in need of substance use disorder or mental health services.

And in 2017, 65,000 Americans received medication-assisted treatment for substance use disorders at a community health center. These centers accept private insurance, Medicare and Medicaid, and charge patients based on a sliding fee scale so that those who are in need of care receive it, regardless of ability to pay.

Community health centers also receive federal funding to help cover their costs. In Fiscal Year 2019, these centers received $4 billion in mandatory funding and $1.6 billion in discretionary funding. Congress has to act by the end of September to make sure community health centers continue to receive this federal funding and keep their doors open.

Two weeks ago, Senator Murray and I took the first step by introducing legislation that will extend funding for community health centers for five years at $4 billion a year in mandatory funding.

The legislation also extends funding for four additional federal health programs set to expire in September: the Teaching Health Center Graduate Medical Education Program; National Health Service Corps; Special Diabetes Program; and Special Diabetes Program for Indians.

Today we will hear about how the community health centers program is working and how to ensure 27 million Americans can continue to have access to quality health care closer to their homes and at a more affordable cost.

Community health centers, and hospitals across the country, rely on a well-trained health care workforce.

Two federally funded workforce programs, which train doctors and nurses, expire this year.

The first is the Teaching Health Center Graduate Medical Education Program that helps train primary care doctors and dentists in community-based settings, often at community health centers.

And second, the National Health Service Corps, which provides scholarships and loan repayment for health care professionals who go to work in rural or underserved areas.

More than half of these doctors choose to work at one of the 12,000 community health centers and affiliated sites across the country as part of their service requirement.

I look forward to hearing from the witnesses today and learning more about all three of these programs, and discussing how we can work together to ensure funding for these programs is extended so Americans can continue to have access to affordable health care closer to home.

REMEMBERING JIM MOODY

Ms. BALDWIN. Mr. President, today I rise to recognize the career and legacy of former U.S. Representative Jim Moody, who passed away on March 22, 2019. Born James Powers Moody, he was an influential leader in Democratic politics in Wisconsin in the 1970s and 1980s.

Born in 1935 in Virginia, Jim spent much of his childhood abroad. His father was an official with the American Red Cross, and his mother worked in relief efforts for refugees. Jim was heavily influenced by his parents' international focus, and he developed a passion for foreign cultures and global affairs at an early age. He attended school in Shanghai before graduating from an English-language high school in Athens, Greece.

After graduating from Haverford College in Pennsylvania in 1957, Jim worked in the former Yugoslavia and Iran with CARE, an international humanitarian organization. He joined the Peace Corps in the organization's early days and established the first Peace Corps programs in Pakistan and Bangladesh. He spoke many languages, including Greek, Farsi, Croatian, Spanish and French.

Jim received a master's degree it public administration from Harvard University's John F. Kennedy's School of Government in 1967 and a doctorate in economics from the University of California at Berkeley in 1973. Eugene McCarthy's 1968 Presidential campaign inspired Jim's exploration of politics. He was elected to the Wisconsin State Assembly in 1976 and to the State Senate in 1978. With his mother at his side as his campaign manager, he ran for and was elected to the U.S. House of Representatives in 1982 from Wisconsin's 5th Congressional District in southeastern Wisconsin, where he served five terms.

Moody was a progressive voice in Congress in the spirit of Wisconsin's greatest progressive, Robert M. ''Fighting Bob'' La Follette. He was an early advocate of gay rights and wilderness preservation. In 1991, he authored a federally funded universal health care bill to cover the 37 million Americans who lacked insurance at the time, including 550,000 Wisconsinites. He proposed paying for the coverage with higher taxes on corporations and wealthy individuals.

After an unsuccessful U.S. Senate race in 1992, he returned to his passion for international affairs. In 1995, he became the chief financial officer of the United Nation's International Fund for Agricultural Development, which focuses on improving the living standards in the agricultural sectors of developing countries. He served on the board of the National Iranian American Council and as an elections observer in Afghanistan, Pakistan, and the Ukraine. His post congressional career also included work as professor, an economist and a financial adviser

Jim Moody took his role as a public servant very seriously. It was a responsibility and an honor that he carried proudly. He cared deeply about the economic stability and well-being of his constituents and of people around the globe. He will be fondly remembered as one of Wisconsin's great progressive leaders.

REMEMBERING JAMES C. FOX

Mr. TILLIS. Mr. President, Judge James C. Fox, who served as a Federal District Court Judge for the Eastern District of North Carolina for more than 35 years, passed away Saturday, March 23, 2019, at the age of 90.

Judge Fox was born on November 6, 1928, in Atchison, KS. As a young boy, his family moved to Greensboro, NC, where he grew up. Judge Fox graduated from the University of North Carolina at Chapel Hill in 1950 and married Katharine deRosset Rhett on December 30, 1950. Judge Fox served as a corporal in the United States Army Reserve from 1951–1959.

Judge Fox attended law school at the University of North Carolina School of Law, where he graduated in 1957 with highest honors. Subsequently, he took a clerkship with Judge Donnell Gilliam who predated Judge Fox as a U.S. District Court Judge for the Eastern District of North Carolina. Judge Fox entered private practice in 1959 with the firm Carter & Murchison in New Hanover County, NC, where he practiced for 20 years. While in private practice, Judge Fox served as the county attorney for New Hanover County for 13 years.

President Ronald Reagan nominated Judge Fox to serve as a U.S. District Court Judge for the Eastern District of North Carolina on September 13, 1982. Judge Fox served the residents of North Carolina for more than 35 years. He served as chief judge from 1990 to 1997 and assumed senior status on January 31, 2001. Even after assuming senior status, Judge Fox maintained a full caseload until he retired in 2017. Judge Fox was known as courteous but firm and was widely respected by everyone who came into his courtroom.

In addition to his decades of public service, Judge Fox served as director of the law alumni association for the University of North Carolina in 1964 and president of the law foundation at the University of North Carolina from 1977 to 1979. Judge Fox served on numerous civic boards, including the University of North Carolina Board of Visitors, the Boy Scouts, the United Way, the Family Service Society, Opportunities, Inc., Davis Healthcare, and the Children's Home Society. Judge Fox was also an active member of Ducks Unlimited. He loved the outdoors and spent significant time and resources on conservation management efforts.

Most importantly, Judge Fox was a devoted husband, father, and grandfather. I am grateful to Judge Fox for his service and to his family for sharing his time with the residents of North Carolina. He will be greatly missed.

TRIBUTE TO DIANA MILETE

Mr. BROWN. Mr. President, I rise today to honor the career of Diana Milete. Diana has spent her life in public service and has made a difference in the lives of tens of thousands of Ohioans.

Diana came to my congressional office when I was very first elected to the House and has been with us ever since, through all my time in the House and my entire 12 years in the Senate. When she retires at the end of this month, she will have spent more than three decades in Federal service.

Helping Ohioans is one of the most important things our office does, and as the head of our constituent services program, her work has touched the lives of more than 59,000 Ohioans. These were seniors trying to navigate Federal Agencies to get the Medicare and Social Security benefits they earned over a lifetime of work. They were veterans and their families trying to secure medals and VA benefits. They were Ohio workers trying to claim the tax credits they earned.

Diana went above and beyond the call of duty for so many Ohioans.

I remember 2½ years ago, right before the Fourth of July, our office received a request for assistance from a