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Senate

The Senate met at 3 p.m. and was called to order by the President pro tempore (Mr. GRASSLEY).

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Our Father in Heaven, light of the world, give the Members of this body Your light. Shine Your light to help them see the truth. Shine Your light so that they can see the path You desire them to travel. Shine Your light so that they can see themselves as they truly are and not take for granted the freedoms they enjoy.

Lord, shine Your light so that they may live expectantly, open for what You will do or give. Shine Your light so that they may see You in all Your majesty and love. Fill this Chamber with the light of Your presence, enabling each Senator to discern and do Your will. We pray in Your radiant Name. Amen.

PLEDGE OF ALLEGIANCE

The President pro tempore led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

COMMUNICATION FROM THE SECRETARY OF THE SENATE

The PRESIDING OFFICER (Mr. BUDD). The Chair lays before the Senate a communication from the Secretary of the Senate regarding a message from the President received during the adjournment of the Senate.

The senior assistant legislative clerk read as follows:

DEAR MR. PRESIDENT: On Friday, March 28, 2025, the President of the United States sent by messenger the attached sealed envelope addressed to the President of the Senate said

to contain a message from the President on the Continuation of the National Emergency With Respect to South Sudan. The Senate not being in session on the day which the President delivered this message, I accepted the message at 1:17 p.m., and I now present to you the President's message, with the accompanying papers, for disposition by the Senate.

Respectfully,

JACKIE BARBER,
Secretary of the Senate.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

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

The senior assistant legislative clerk read the nomination of Matthew Whitaker, of Iowa, to be United States Permanent Representative on the Council of the North Atlantic Treaty Organization, with the rank and status of Ambassador Extraordinary and Plenipotentiary.

The PRESIDING OFFICER. The Senator from Iowa.

(The remarks of Mr. GRASSLEY pertaining to the introduction of S. 1206 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. GRASSLEY. I yield the floor.

The PRESIDING OFFICER. The Democratic whip.

TRUMP ADMINISTRATION

Mr. DURBIN. Mr. President, at this point, Congress is in the midst of an important duty: crafting a budget resolution. The resolution is a framework that will guide Federal spending over the next 10 years and ensure that the United States can fulfill its financial commitments and its priorities.

But under the direction of President Trump, congressional Republicans are using this moment as an opportunity to make cuts that hurt working families and repurpose the savings to pay for tax breaks for the wealthiest people in America.

And what is the most egregious example of this? The Republican plan to slash health coverage for millions of Americans who rely on Medicaid.

House Republicans have proposed \$880 billion in cuts to the Medicaid Program in order to pay for Trump's tax cuts for billionaires, and Senate Republicans have similarly put this program in the crosshairs. Why? Not because they want to lower healthcare costs to improve our healthcare system but because they want to use Medicaid cuts as a source of revenue for tax breaks for billionaires.

The richest man on Earth, Elon Musk, can dance around a stage with a chain saw, cheering cuts to basic healthcare programs, but let me explain to you what that really means for working families. Medicaid covers 30 million children in America, nearly half of all our kids, 60 percent of seniors in nursing homes, and it is the largest funder of addiction and mental health treatment.

Let's zero down on that statement: Thirty million kids, half of all the kids in America, rely on Medicaid for basic health coverage. And if you have a parent or a grandparent in a nursing home or assisted living, 60 percent of them rely on Medicaid to pay for it. What happens to the family of the parent or grandparent if Medicaid isn't there? Bet you know the answer. The family

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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has to pay for it or mom can't go where you think the best care is offered. That is what Medicaid is all about, 60 percent of folks in nursing homes, and it is the largest funder of addiction and mental health treatment.

How many times have we said that we are so enlightened these days, unlike previous years, that we talk honestly about mental illness and dealing with it? My family, like most families, had a history of mental illness, but it was a deepest and darkest secret. Now we are open about it, and thank goodness we are because it is an illness—it is not a curse—and an illness that can be treated if you can pay for it.

Medicaid pays for more mental health counseling than any other source. And when it comes to narcotics addiction, we talk about fentanyl, we talk about heroin, all these different narcotics, and God forbid, any family has to face that, but if they do, where do they turn for counseling?

It turns out, the biggest source of counseling from narcotics addiction is paid for by Medicaid. So if you cut down the coverage of Medicaid, you reduce the likelihood of good professional care for people who are suffering from mental illness, addiction, or other serious medical problems.

In Illinois, 3.4 million people are enrolled in Medicaid, including 1.5 million children. Under Republican plans to dramatically cut the Medicaid Program, 775,000 adults who gained health insurance coverage under the Affordable Care Act would lose coverage almost overnight.

When I think back to things that I have been part of as a U.S. Senator from Illinois, I am particularly gratified to remember when we passed the Affordable Care Act. Too many Americans at that time had no health insurance coverage.

I found myself stuck in that situation as a law student here in Georgetown many, many years ago. My wife and I were blessed with a little baby girl that was born with a serious health problem, and we had no health insurance.

So where did I go? I went over to the Children's Hospital in this town with my wife and baby and waited in what they called the charity ward for the opportunity to see some doctor—any doctor—that might be able to treat my little girl.

I never felt more worthless as a parent without health insurance with a sick little child. It is a terrible feeling. I have never forgotten it to this day. I wouldn't wish it on anybody.

And I certainly wouldn't take health insurance away from somebody who couldn't afford it otherwise in order to give a bigger tax cut to a wealthier person. I want to help working families, that is for sure, but tax cuts for Elon Musk—come on, he doesn't need it. He wouldn't even notice it. What we ought to be focusing on is that family and their needs.

And for other children, elderly, and disabled Illinoisans who depend on

Medicaid may no longer be able to access lifesaving medical treatment with the cutbacks that are being proposed.

The Republicans are ignoring another obvious point. Medicaid is the absolute lifeline for children's hospitals and rural hospitals in their communities.

You pick a State, in Illinois, 60 percent of our 102 counties are classified as rural, smalltown America. Rural hospitals are the backbone of communities in downstate Illinois. Rural hospitals anchor the local economy. They often are the largest employer in town, in the county, sometimes. And they are critical access points for healthcare.

If you suffer a farm accident or face a complication with a birth in your family, you can't afford to drive that extra hour or two to find the nearest hospital.

That is why I worked for years to improve access to healthcare in rural areas, working to strengthen rural hospitals and recruit more doctors, dentists, and nurses. But rural hospitals in Illinois and across this country could be at risk of closure if Republicans put Medicaid on the chopping block.

Last week, I had a series of press conferences back in my State. I first went to Taylorville, in Central Illinois, and then down to Cahokia Heights, near the St. Louis area, and met with hospital administrators who told the story: They didn't know whether they could keep the doors open if the cutbacks proposed by the House Republicans go through. It will be a cutback that they feel personally.

Already, half of rural hospitals in America operate in the red. They are not getting by with current reimbursement, and with even less, fewer hospitals will be available. For many rural hospitals, Medicaid covers a large percentage of their patients and accounts for a large portion of the hospital's budget.

For HSHS St. Francis Hospital in Litchfield, IL, Medicaid pays for 53 percent of all hospitalizations. For OSF St. Clare Hospital in Princeton, IL, Medicaid pays for 45 percent of all hospitalizations. It is 22 percent for Jersey Community Hospital in Jerseyville, IL. And the list goes on and on.

And it isn't just rural, smalltown areas affected by these Medicaid cuts. It also goes to the inner city. Hospitals struggling to survive won't be able to.

So do you see the picture here? Cuts to Medicaid put rural hospitals and inner-city hospitals in danger. And if rural hospitals close because of Republican budget cuts, communities will suffer, and families will suffer. Children seeking cancer treatments won't be able to access local care when they need it. Pregnant women will have to drive further to deliver their babies. And your grandparent will have to wait months to get in to see that diabetes specialist.

Of course, Americans of all political affiliations rely on Medicaid, and, increasingly, Republican Members of

Congress are recognizing how unpopular it is going to be to cut Medicaid to pay for tax breaks for the wealthy.

Senator TOMMY TUBERVILLE of Alabama acknowledged in an interview that cutting Medicaid would "decimate" his home State of Alabama, where three out of five kids are on Medicaid. He then said that Congress has to find a way around cutting it.

Senator ROGER MARSHALL of Kansas similarly expressed his support for Medicaid, saying that, rather than cutting it, "we will try to strengthen Medicaid for the future of all those who need it the most, the most vulnerable." And Senator MARSHALL, of course, is a medical doctor.

Slashing lifesaving healthcare will hurt Americans in blue and red States. I hope my Republican colleagues will not cave in to the President's pressure and legislate away the health and well-being of the people they represent. If Republicans push forward with their cruel and unpopular funding plan, working families will lose, and a handful of billionaires will win. It is simple and devastating math.

It is not too late. As we consider the budget resolution, as soon as this week, Congress has the ability to do the right thing and protect Medicaid from cuts in our Federal budget.

The numbers in Congress make the difference. In the U.S. Senate, of 100 Members, there are 53 Republicans and 47 Democrats. When it comes to these budget decisions, three Republicans moving over to vote with Democrats to save Medicaid can save and keep open these hospitals I have talked about, can give these kids access to healthcare, can help families pay for mom's and their grandmother's nursing care, can make sure that we have counseling for mental health and addiction.

Three Republicans—that is all it takes. We hope that they will listen to the people they represent, carefully.

I have. I think it is clear.

Medicaid is a popular program. Over 80 percent of the American people reject the idea that we should cut Medicaid—over 80 percent. That goes way beyond any single party. They understand that this gets down to the basics.

How would you like to be sitting in that waiting room with no health insurance, at a hospital far from your home, hoping that your child is going to survive?

Stick with the families of this country. The billionaires will take care of themselves.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. THUNE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

RECOGNITION OF THE MAJORITY LEADER

The majority leader is recognized.

TRUMP ADMINISTRATION

Mr. THUNE. Mr. President, work on the President's nominations continues apace. Last week, we confirmed nine members of the President's administration, including the Secretary of the Navy, an Assistant Attorney General, and Deputy Secretaries of Treasury, State, and Veterans Affairs.

The President's Cabinet Secretaries, of course, are all in place. And tonight, we will be voting to invoke cloture on Matthew Whitaker to be the U.S. Permanent Representative to NATO, and I expect to confirm additional nominees this week as well.

A huge focus early on in any new Congress, with a newly elected President, is filling out the President's administration. We have also been focused on the agenda the President and Republicans were elected to deliver. In the very near future, we will be taking up a budget resolution to lay the groundwork for legislation to make the 2017 tax relief permanent, secure the border, unleash American energy, and provide for our Nation's defense. And all of that will be accompanied by substantial savings measures.

And on the subject of maximizing savings, I just want to be very clear: The House and the Senate are united in aiming to do all we can on this. Sure, the instructions we give to our separate committees, which are responsible for finding those savings, may look a little bit different. But that is not because we don't have a shared commitment to cutting wasteful government spending and saving taxpayer dollars. That is simply a function of Senate rules.

In the Senate, if we fail to meet a single savings instruction—even by a dollar—we lose our ability to consider the legislation under reconciliation rules and the simple majority threshold. So we have to be careful not to miss the mark on this and to provide flexibility as we chart our bicameral course. But that won't stop us from maximizing savings. Again, on that point, we are committed.

But back to the bill that we will be moving forward. As I said, the budget resolution we will take up will lay the groundwork for legislation to make the 2017 tax cuts permanent. The 2017 tax relief we passed put more money in American families' pockets with the largest proportional share of the tax relief going to the middle class. And if we don't act to extend this relief, American families will be taking home lower paychecks next year.

Along with the President, Senate Republicans are committed to ensuring that we not only extend this relief, but that we make it permanent. Americans should not have to worry about their tax relief expiring every few years.

In addition to making this relief permanent, the bill will also, as I said, invest in securing our border, unleashing American energy, and defending our Nation. After years of chaos at our southern border under President Biden

and after years of deficiencies in our military readiness, it is time for a serious investment in border and national security.

As I have said before, if we don't get national security right, Mr. President, the rest is just conversation. It is past time to address the deficiencies in our military readiness and to ensure that the good work President Trump is doing to secure the border and remove criminals from our streets can continue.

I am looking forward to taking up our budget resolution in the very near future so that we can deliver permanent tax relief for Americans, provide certainty to the economy, and make a transformational investment in border, energy, and national security. It is going to be a great bill.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. SCHUMER. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. SHEEHY). Without objection, it is so ordered.

RECOGNITION OF THE MINORITY LEADER

The Democratic leader is recognized.

TARIFFS

Mr. SCHUMER. Mr. President, this week, Donald Trump is preparing to take a sledgehammer to the American economy by preparing a tsunami of tariffs on all sorts of goods Americans purchase every day—a tsunami of tariffs.

Let's be clear. Donald Trump's tariffs are a tax hike on American families. The average costs families will have to pay for groceries, gas, everyday goods, et cetera, will go up by thousands—thousands of dollars a year out of hard-working people's pockets to pay for these tariffs. And Donald Trump has the gall to call his trade war "Liberation Day." That makes as much sense as calling a layoff notice a promotion letter.

The Trump administration clearly has no strategy or goal behind their tariffs. One minute, they say the tariffs will lead to more people buying American-made goods, but Peter Navarro said yesterday that tariffs will also raise trillions in revenue. This is a total contradiction. You can't use tariffs to both raise revenue and bring jobs back. The only way you raise that much in revenue is if Americans pay that much for goods made abroad, and that means consumers will hurt most.

Donald Trump knows his plan will send costs surging. He said he "hopes" automakers raise their prices—spoken like a true billionaire. Donald Trump saying, I hope automakers will raise their prices? OK, Mr. and Mrs. Consumer, Mr. and Mrs. Average American Family, Donald Trump wants you to pay more while he is giving tax cuts to billionaires.

Senate Republicans—where are they? Always, they just go along with whatever Trump wants no matter how idiotic. Senate Republicans should be shouting from the rooftops to get the President to reverse course on tariffs. People in red States will be especially impacted, from farmers to small businesses. Republicans should be swarming the Senate floor with statements calling on the President to change his mind. But their response has been so feeble, so weak—almost nonexistent—that Americans are right to question which side they are really on.

The worst part is that nobody knows what the tariffs will look like—perhaps not even Donald Trump. On a slow day, he changes his mind about them only once a day. He seems to change his mind about them almost every hour.

This is not what the American people want. Americans and American businesses detest the chaos and unpredictability that Trump brings. No surprise—more and more Americans now disprove of his handling of the economy. Meanwhile, the S&P is on track for its worst quarter compared to the rest of the world since the 1980s. Consumer confidence is at its worst since Donald Trump's first term. Outlook for the economy is at a 12-year low. Household debt is on the rise.

Donald Trump's trade war is playing Russian roulette with the American economy, and it will be households, retirees, consumers, and average families that pay the price.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. WICKER. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. CURTIS). Without objection, it is so ordered.

WAIVING QUORUM CALL

Mr. WICKER. Mr. President, I ask unanimous consent that the mandatory quorum call with respect to the Whitaker nomination be waived.

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

VOTE-ARAMA

Mr. WICKER. Mr. President, I have a little advice, really, of a parliamentary nature for the U.S. Senate. I hope it will be taken in the constructive spirit that it is intended. This week, the Senate is expected, once again, to vote on a budget resolution. It is among the most important actions we will take all year.

Unfortunately, one unpleasant aspect of this process will be the so-called vote-arama. We just had one a few weeks ago. There is no specific mention of the vote-arama in the 1974 Congressional Budget Act. This process was never envisioned by the drafters of the budget law. But it evolved to its current form because the Congressional Budget Act allows debate up to 20

hours and does not restrict the number of amendments Senators can offer.

Here is how it actually works. And you know this quite well, Mr. President, as a new Member of the Senate. On the day of the amendment votes, Senators will sit around on the floor and in the Cloakrooms and in the ante-rooms of the Chamber and stare at each other all day, make offers and counteroffers. Then late in the day, usually in the early evening, we begin debate. We make brief 1-minute speeches, and we vote over and over and over into the wee hours of the morning.

One result is that the process is, by then, hidden, relegated to the darkness of nighttime. Most Americans are already asleep when we get down to business in the vote-arama. What they miss, though, is mostly political theater. In this production, the roles never change. I have been in the minority at times during my tenure in the Senate. I have been in the majority, as I am now. But the roles stay the same. The minority party has one job: to offer amendments—germane or not, pertinent or not—that put the majority in an uncomfortable position.

As a Member of the minority party, I have done that. The majority party has the job of defeating every amendment, if possible. It doesn't matter what the merit of the amendments are. The majority party often defeats each one. Why? Because otherwise, we would delay the important work of actually, finally, getting to passage of a budget reconciliation bill, which will come later.

The vote-arama hardly ever has any budgetary substance. The vote-arama is merely a messaging process. Every Member of the Senate, minority and majority, knows this. Americans at least deserve to hear this debate during the light of day. Both parties can achieve their goals without running this process into the wee hours of the morning, which is what we always do.

Over the last few weeks, I have talked with Members on both sides of the aisle, my Republican colleagues and our Democratic friends. I floated the idea of a unanimous consent agreement to conduct these votes during the light of day. I simply say, Mr. President, there is widespread support among the rank and file for getting this done during working hours.

So I would urge the leadership of both parties and all Members of both parties—because it takes unanimous consent—to adopt a unanimous consent agreement that avoids the political theater of a dead-of-night vote-arama. The American people deserve better. And I would like to think the U.S. Senate is better than the process we have come to practice.

I yield the floor.

CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

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 the nomination of Executive Calendar No. 40, Matthew Whitaker, of Iowa, to be United States Permanent Representative on the Council of the North Atlantic Treaty Organization, with the rank and status of Ambassador Extraordinary and Plenipotentiary.

John Thune, Katie Boyd Britt, Bernie Moreno, Mike Rounds, Tom Cotton, Markwayne Mullin, John Barrasso, Cindy Hyde-Smith, Rick Scott of Florida, John Hoeven, Roger Marshall, Thom Tillis, Jim Justice, Tim Sheehy, James Lankford, Joni Ernst, John R. Curtis.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the nomination of Matthew Whitaker, of Iowa, to be United States Permanent Representative on the Council of the North Atlantic Treaty Organization, with the rank and status of Ambassador Extraordinary and Plenipotentiary, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. THUNE. The following Senators are necessarily absent: the Senator from Wyoming (Mr. BARRASSO), the Senator from West Virginia (Mrs. CAPITO), the Senator from Mississippi (Mrs. HYDE-SMITH), the Senator from Wyoming (Ms. LUMMIS), and the Senator from Alaska (Ms. MURKOWSKI).

Further, if present and voting: the Senator from West Virginia (Mrs. CAPITO) would have vote "yea" and the Senator from Mississippi (Mrs. HYDE-SMITH) would have voted "yea".

Mr. DURBIN. I announce that the Senator from Delaware (Mr. COONS), the Senator from Colorado (Mr. HICKENLOOPER), the Senator from Michigan (Mr. PETERS), and the Senator from Michigan (Ms. SLOTKIN) are necessarily absent.

The yeas and nays resulted—yeas 49, nays 42, as follows:

[Rollcall Vote No. 156 Ex.]

YEAS—49

Banks
Blackburn
Boozman
Britt
Budd
Cassidy
Collins
Cornyn
Cotton
Cramer
Crapo
Cruz
Curtis
Daines
Ernst
Fischer
Graham

Grassley
Hagerty
Hawley
Hoeven
Husted
Johnson
Justice
Kennedy
Lankford
Lee
Marshall
McConnell
McCormick
Moody
Moran
Moreno
Mullin

Paul
Ricketts
Risch
Rounds
Schmitt
Scott (FL)
Scott (SC)
Shaheen
Sheehy
Sullivan
Thune
Tillis
Tuberville
Wicker
Young

NAYS—42

Alsobrooks
Baldwin
Bennet
Blumenthal
Blunt Rochester
Booker

Cantwell
Cortez Masto
Duckworth
Durbin
Fetterman
Gallego

Gillibrand
Hassan
Heinrich
Hirono
Kaine
Kelly

Kim
King
Klobuchar
Lujan
Markey
Merkley
Murphy
Murray

Ossoff
Padilla
Reed
Rosen
Sanders
Schatz
Schiff
Schumer

Smith
Van Hollen
Warner
Warnock
Warren
Welch
Whitehouse
Wyden

NOT VOTING—9

Barrasso
Capito
Coons

Hickenlooper
Hyde-Smith
Lummis

Murkowski
Peters
Slotkin

(Mr. RICKETTS assumed the Chair.)
The PRESIDING OFFICER (Mr. MARSHALL). On this vote, the yeas are 49, the nays are 42.

The motion is agreed to.

LEGISLATIVE SESSION

Mr. THUNE. Mr. President, I move to proceed to legislative session.

The PRESIDING OFFICER. The question is on agreeing to the motion. The motion was agreed to.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. THUNE. Mr. President, I move to proceed to executive session to consider Calendar No. 46.

The PRESIDING OFFICER. The question is on agreeing to the motion. The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The senior assistant legislative clerk read the nomination of Dean Sauer, of Missouri, to be Solicitor General of the United States.

CLOTURE MOTION

Mr. THUNE. Mr. President, I send a cloture motion to the desk.

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

The senior assistant 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 the nomination of Executive Calendar No. 46, Dean Sauer, of Missouri, to be Solicitor General of the United States.

John Thune, Mike Crapo, Roger Marshall, Shelley Moore Capito, Tommy Tuberville, Jim Justice, James Lankford, John Barrasso, Markwayne Mullin, Tim Sheehy, Mike Rounds, Todd Young, Kevin Cramer, Ted Budd, Roger F. Wicker, Katie Boyd Britt, David McCormick.

LEGISLATIVE SESSION

Mr. THUNE. Mr. President, I move to proceed to legislative session.

The PRESIDING OFFICER. The question is on agreeing to the motion. The motion was agreed to.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. THUNE. Mr. President, I move to proceed to executive session to consider Calendar No. 47.

The PRESIDING OFFICER. The question is on agreeing to the motion.

The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The senior assistant legislative clerk read the nomination of Harmeet Dhillon, of California, to be an Assistant Attorney General.

CLOTURE MOTION

Mr. THUNE. Mr. President, I send a cloture motion to the desk.

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

The senior assistant 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 the nomination of Executive Calendar No. 47, Harmeet Dhillon, of California, to be an Assistant Attorney General.

John Thune, Tim Scott of South Carolina, Mike Crapo, Lindsey Graham, Tim Sheehy, John Kennedy, John Barasso, Markwayne Mullin, Roger Marshall, Rick Scott of Florida, Mike Rounds, Tommy Tuberville, Steve Daines, Bernie Moreno, Eric Schmitt, Jon A. Husted, Roger F. Wicker.

MORNING BUSINESS

ADDITIONAL STATEMENTS

TRIBUTE TO ETTA SMITH PERKINS

• Mrs. BRITT. Mr. President, I wish to honor the life and legacy of Mrs. Etta Smith Perkins, an extraordinary Alabamian who has helped shape our State with courage and conviction.

Mrs. Perkins moved to Selma, AL, at the age of 4, and grew up on Selma University's campus where she attended elementary and secondary school through 12th grade. She was the fourth of ten children born to Henry Daniel Smith, Sr., and Rebecca Sanders Smith.

As a young child, she was baptized at West Trinity Baptist Church, where she developed her love for our Lord and Savior Jesus Christ, serving others, and congregational singing. It was in church where she met the love of her life, James Perkins, Sr. Together, they shared an extraordinary 71 years of marriage, 4 children, 7 grandchildren, 13 great-grandchildren, and several godchildren who affectionately called her "Momma." Her favorite scripture, Proverbs 3:5, guided her extraordinary life of faith and service.

She began her professional nursing career at the Good Samaritan Hospital School of Practical Nurses. Her dedica-

tion to caring for others led her to further her education at Wallace Community College-Selma, where she graduated as a registered nurse in 1973. As a nurse during the civil rights movement, she fought to integrate waiting rooms in the segregated doctors' offices. Her efforts were later documented in the documentary film "Sisters of Selma: Bearing Witness for Change," which was broadcast nationwide.

Her commitment to service was not limited to her professional career. Mrs. Perkins truly inspired future generations of leaders when she became Selma-Dallas County's first African-American Girl Scout troop leader. She was also appointed as the first African-American board member of the Selma-Dallas County Public Library and a charter member of the National Council of Negro Women. Her leadership also extended to organizations like the American Red Cross, Head Start, Vaughan Home Health Boards, and the Selma-Dallas County AARP.

Mrs. Perkins' remarkable contributions have been memorialized across the State of Alabama. Her story has been written in numerous publications, including "The Alabama Nurse" and "Advances of Nursing Science." Her 35 years of outstanding service were forever cemented in history when she was featured as one of four inaugural nurses in the book "Alabama Notable Nurses."

This Women's History Month, I am honored to recognize Mrs. Perkins on behalf of the people of Alabama as a truly trailblazing woman who made significant contributions to her community and our state. Her legacy serves as a powerful reminder that Alabama women don't just witness history; they make it.●

RECOGNIZING J&S FARM SUPPLY

• Ms. ERNST. Mr. President, as chair of the Senate Committee on Small Business and Entrepreneurship, each week I recognize an outstanding Iowa small business that exemplifies the American entrepreneurial spirit. This week, it is my privilege to recognize J&S Farm Supply of Williamsburg, IA, as the Senate Small Business of the Week.

In 1955, Leighton Jones founded Jones Fertilizer with a mission to support local growers by providing farming services including shelling corn, filling silos, and making hay. In 1962, legendary corn seed grower Roland Holden, the founder of Holden Foundation Seeds—formerly the largest independent producer of foundation seed in the United States—approached the family business for help with fertilizing his crops. At that time, Leighton did not own a truck capable of helping fertilize Roland's farm, so an agreement was made to exchange work for a 1962 Chevy truck. Leighton not only paid Roland back but also established connections with local farmers

to expand his fertilizing business. Over time, Jones Fertilizer became a comprehensive resource for community members seeking to buy fertilizers, seeking crop input, or in need of agricultural services.

By 1972, Dick Schaefer joined the team, and J&S Farm Supply was born. More than two decades later, in 1999, Leighton's son Tim Jones, Sr., joined the business. After nearly 50 years of growing the business, Leighton passed in 2004, which marked a new chapter as Tim took on full ownership of the family business.

Today, Tim still leads J&S Farm Supply and has spearheaded transformative changes, expanding the company's reach and service offerings. Under Tim's leadership, the business has evolved into a full-service agricultural hub offering advanced agronomy services, expert soil consulting, and sustainable farming strategies. The company's team of eight community employees help Iowa growers with every step of the agriculture process, from maintaining soil quality to hauling grain. Tim's son Tim Jones, Jr.—a certified crop adviser and a graduate of Iowa State University—joined the J&S Farm Supply team, bringing cutting-edge agronomy perspectives to the company. Additionally, Tim's sons-in-law Ryan Sausser and Luke Williams have further grown the company's offerings by expanding the turf and fabrication divisions, respectively. Demonstrating its innovative spirit, J&S Farm Supply plans to introduce on-site research plots and studies, allowing for the evaluation of new products and strategies to better serve the evolving needs of Iowa's agricultural producers.

This family-owned business partners with the Williamsburg JR-SR High School Raiders, as well as the Williamsburg Performance Center. J&S Farm Supply is also a member of the Williamsburg Chamber of Commerce, sponsoring unique events like a donkey basketball fundraiser for the high school FFA. In their personal lives, Tim Sr. has coached the high school girls' soccer team since 2012, and Ryan currently coaches the boys' team. In 2018, Tim Jones, Sr., was awarded the Citizen of the Year by the Williamsburg Chamber of Commerce. With their strong presence in Williamsburg and a history of serving Iowa's agricultural economy, J&S Farm Supply has been a cornerstone of its community. Later this year, J&S Farm Supply looks forward to celebrating its 70th business anniversary in Iowa.

The entrepreneurial spirit and commitment to excellence demonstrated by J&S Farm Supply are clear. I want to congratulate the entire team at J&S Farm Supply for their hard work and dedication to providing exceptional products and services to agricultural producers across Iowa. I look forward to seeing their continued growth and success.●

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Mr. Hanley, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

In executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations and withdrawals which were referred to the appropriate committees.

(The messages received today are printed at the end of the Senate proceedings.)

PRESIDENTIAL MESSAGE

REPORT OF THE CONTINUATION OF THE NATIONAL EMERGENCY THAT WAS ORIGINALLY DECLARED IN EXECUTIVE ORDER 13664 OF APRIL 3, 2014, WITH RESPECT TO SOUTH SUDAN, RECEIVED DURING ADJOURNMENT OF THE SENATE ON MARCH 28, 2025—PM 19

The PRESIDING OFFICER laid before the Senate the following message from the President of the United States, together with an accompanying report; which was referred to the Committee on Banking, Housing, and Urban Affairs:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, within 90 days prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent to the *Federal Register* for publication the enclosed notice stating that the national emergency declared in Executive Order 13664 of April 3, 2014, with respect to South Sudan is to continue in effect beyond April 3, 2025.

The situation in and in relation to South Sudan, which has been marked by activities that threaten the peace, security, or stability of South Sudan and the surrounding region, including widespread violence and atrocities, human rights abuses, recruitment and use of child soldiers, attacks on peacekeepers, and obstruction of humanitarian operations, continues to pose an unusual and extraordinary threat to the national security and foreign policy of the United States.

Therefore, I have determined that it is necessary to continue the national emergency declared in Executive Order 13664 with respect to South Sudan.

DONALD J. TRUMP.
THE WHITE HOUSE, March 28, 2025.

MESSAGE FROM THE HOUSE

At 3:04 p.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House has passed the following bill, in which it requests the concurrence of the Senate:

H.R. 1048. An act to amend the Higher Education Act of 1965 to strengthen disclosure requirements relating to foreign gifts and contracts, to prohibit contracts between institutions of higher education and certain foreign entities and countries of concern, and for other purposes.

The message further announced that the House has passed the following joint resolutions, in which it requests the concurrence of the Senate:

H.J. Res. 24. Joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Department of Energy relating to "Energy Conservation Program: Energy Conservation Standards for Walk-In Coolers and Walk-In Freezers".

H.J. Res. 75. Joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Office of Energy Efficiency and Renewable Energy, Department of Energy relating to "Energy Conservation Program: Energy Conservation Standards for Commercial Refrigerators, Freezers, and Refrigerator-Freezers".

MEASURES REFERRED

The following bill was read the first and the second times by unanimous consent, and referred as indicated:

H.R. 1048. An act to amend the Higher Education Act of 1965 to strengthen disclosure requirements relating to foreign gifts and contracts, to prohibit contracts between institutions of higher education and certain foreign entities and countries of concern, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, and were referred as indicated:

EC-667. A communication from the Secretary of the Treasury, transmitting, pursuant to law, a six-month periodic report on the national emergency that was declared in Executive Order 13224 of September 23, 2001 with respect to persons who commit, threaten to commit, or support terrorism; to the Committee on Banking, Housing, and Urban Affairs.

EC-668. A communication from the Secretary of the Securities and Exchange Commission, transmitting, pursuant to law, the report of a rule entitled "Form PF; Reporting Requirements for All Filers and Large Hedge Fund Advisers" received in the Office of the President of the Senate on March 26, 2025; to the Committee on Banking, Housing, and Urban Affairs.

EC-669. A communication from the Sanctions Regulations Advisor, Office of Foreign Assets Control, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Reporting, Procedures and Penalties Regulations" received in the Office of the President of the Senate on March 26, 2025; to the Committee on Banking, Housing, and Urban Affairs.

EC-670. A communication from the Director, Financial Crimes Enforcement Network, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Beneficial Ownership Information Reporting Requirement Revision and Deadline Extension" (RIN1506-AB49) received in the Office of the President of the Senate on March 26, 2025; to the Committee on Banking, Housing, and Urban Affairs.

EC-671. A communication from the Chair and President (Acting) of the Export-Import Bank of the United States, transmitting, pursuant to law, the Bank's 2024 Annual Report; to the Committee on Banking, Housing, and Urban Affairs.

EC-672. A communication from the Associate General Counsel for General Law, Department of Homeland Security, transmitting, pursuant to law, a report relative to a vacancy in the position of Administrator, Transportation Security Administration, Department of Homeland Security, received in the Office of the President of the Senate on March 26, 2025; to the Committee on Commerce, Science, and Transportation.

EC-673. A communication from the Legal Yeoman, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled "Gulf of America Technical Amendment" (Docket No. USCG-2025-0186) received in the Office of the President of the Senate on March 26, 2025; to the Committee on Commerce, Science, and Transportation.

EC-674. A communication from the Legal Yeoman, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled "Regulated Navigation Area; Cuyahoga River, Cleveland, OH" ((RIN1625-AA11) (Docket No. USCG-2024-0393)) received in the Office of the President of the Senate on March 26, 2025; to the Committee on Commerce, Science, and Transportation.

EC-675. A communication from the Legal Yeoman, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled "Safety Zone; Demolition of Lock and Dam 3, Monongahela River Mile Marker 23.5-24.5, Elizabeth, PA" ((RIN1625-AA00) (Docket No. USCG-2025-0068)) received in the Office of the President of the Senate on March 26, 2025; to the Committee on Commerce, Science, and Transportation.

EC-676. A communication from the Legal Yeoman, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled "Safety Zone; Cypress Passage overhead powerline demolition and removal, Atchafalaya River, LA" ((RIN1625-AA00) (Docket No. USCG-2024-1095)) received in the Office of the President of the Senate on March 26, 2025; to the Committee on Commerce, Science, and Transportation.

EC-677. A communication from the Legal Yeoman, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled "Drawbridge Operation Regulation; Hackensack River, Little Snake Hill, NJ" ((RIN1625-AA09) (Docket No. USCG-2024-0412)) received in the Office of the President of the Senate on March 26, 2025; to the Committee on Commerce, Science, and Transportation.

EC-678. A communication from the Legal Yeoman, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled "Drawbridge Operation Regulation; Umpqua River, Reedsport, OR" ((RIN1625-AA09) (Docket No. USCG-2023-0969)) received in the Office of the President of the Senate on March 26, 2025; to the Committee on Commerce, Science, and Transportation.

EC-679. A communication from the Legal Yeoman, U.S. Coast Guard, Department of

Homeland Security, transmitting, pursuant to law, the report of a rule entitled "Draw-bridge Operation Regulation; Passaic River, Harrison, New Jersey" ((RIN1625-AA09) (Docket No. USCG-2024-1091)) received in the Office of the President of the Senate on March 26, 2025; to the Committee on Commerce, Science, and Transportation.

EC-680. A communication from the Legal Yeoman, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled "Draw-bridge Operation Regulation; Okeechobee Waterway, Stuart, FL" ((RIN1625-AA09) (Docket No. USCG-2022-0222)) received in the Office of the President of the Senate on March 26, 2025; to the Committee on Commerce, Science, and Transportation.

EC-681. A communication from the Assistant General Counsel, General Law, Ethics, and Regulation, Department of the Treasury, transmitting, pursuant to law, two (2) reports relative to vacancies in the Department of the Treasury, received in the Office of the President of the Senate on March 26, 2025; to the Committee on Finance.

EC-682. A communication from the Director of the Regulations and Disclosure Law Division, Customs and Border Protection, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled "Extension of Import Restrictions Imposed on Archaeological and Ethnological Material of Ecuador and Correction" (RIN1685-AA30) received in the Office of the President of the Senate on March 26, 2025; to the Committee on Finance.

EC-683. A communication from the Senior Advisor, Department of Health and Human Services, transmitting, pursuant to law, a report relative to sixteen (16) vacancies in the Department of Health and Human Services, received in the Office of the President of the Senate on March 26, 2025; to the Committee on Finance.

EC-684. A communication from the Chair, Medicare Payment Advisory Commission, transmitting, pursuant to law, a report entitled "March 2025 Report to the Congress: Medicare Payment Policy"; to the Committee on Finance.

EC-685. A communication from the Senior Bureau Official, Legislative Affairs, Department of State, transmitting, pursuant to law, a report entitled "Federal Vacancies Reform Act, changes that occurred as of March 19, 2025, and additional report on departure of ambassadors" received in the Office of the President pro tempore; to the Committee on Foreign Relations.

EC-686. A communication from the Senior Bureau Official, Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of a proposed license for the export of firearms, parts, and components controlled under Category I of the U.S. Munitions List to Ukraine in the amount of \$1,000,000 or more (Transmittal No. DDTTC 25-015) received in the Office of the President pro tempore; to the Committee on Foreign Relations.

EC-687. A communication from the Senior Bureau Official, Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of a proposed license for the export of firearms, parts, and components controlled under Category I of the U.S. Munitions List to Ukraine in the amount of \$1,000,000 or more (Transmittal No. DDTTC 24-114) received in the Office of the President pro tempore; to the Committee on Foreign Relations.

EC-688. A communication from the Senior Bureau Official, Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act,

the certification of a proposed license for the export of defense articles, including technical data, and defense services to the Republic of Korea and Norway in the amount of \$50,000,000 or more (Transmittal No. DDTTC 24-100) received in the Office of the President pro tempore; to the Committee on Foreign Relations.

EC-689. A communication from the Senior Bureau Official, Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of a proposed license for the export of defense articles, including technical data, and defense services to Turkey and Luxembourg in the amount of \$100,000,000 or more (Transmittal No. DDTTC 17-047) received in the Office of the President pro tempore; to the Committee on Foreign Relations.

EC-690. A communication from the Senior Bureau Official, Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of a proposed license for the export of defense articles, including technical data, and defense services to Italy and Israel in the amount of \$100,000,000 or more (Transmittal No. DDTTC 24-117) received in the Office of the President pro tempore; to the Committee on Foreign Relations.

EC-691. A communication from the Senior Advisor, Department of Health and Human Services, transmitting, pursuant to law, a report relative to twelve (12) vacancies in the Department of Health and Human Services, received in the Office of the President of the Senate on March 26, 2025; to the Committee on Health, Education, Labor, and Pensions.

EC-692. A communication from the Board of Trustees, National Railroad Retirement Investment Trust, transmitting, pursuant to law, the annual management report relative to its operations and financial condition for fiscal year 2024; to the Committee on Health, Education, Labor, and Pensions.

EC-693. A communication from the Associate General Counsel for General Law, Department of Homeland Security, transmitting, pursuant to law, a report relative to a vacancy in the position of Under Secretary for Strategy, Policy, and Plans, Department of Homeland Security, received in the Office of the President of the Senate on March 26, 2025; to the Committee on Homeland Security and Governmental Affairs.

EC-694. A communication from the General Counsel, Federal Retirement Thrift Investment Board, transmitting, pursuant to law, the report of a rule entitled "Methodology for Calculating Earnings on Court-Ordered Payments" (5 CFR Part 1653) received in the Office of the President of the Senate on March 26, 2025; to the Committee on Homeland Security and Governmental Affairs.

EC-695. A communication from the Secretary to the Board, Railroad Retirement Board, transmitting, pursuant to law, the Board's fiscal year 2024 annual report relative to the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002 (No FEAR Act); to the Committee on Homeland Security and Governmental Affairs.

EC-696. A communication from the General Counsel, Government Accountability Office, transmitting, pursuant to law, the Office's fiscal year 2024 annual report relative to the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002 (No FEAR Act); to the Committee on Homeland Security and Governmental Affairs.

EC-697. A communication from the Associate General Counsel for General Law, Department of Homeland Security, transmitting, pursuant to law, a report relative to a vacancy in the position of Under Secretary for Intelligence and Analysis, Department of

Homeland Security, received in the Office of the President of the Senate on March 26, 2025; to the Select Committee on Intelligence.

EC-698. A communication from the Senior Advisor, Department of Health and Human Services, transmitting, pursuant to law, a report relative to two (2) vacancies in the Department of Health and Human Services, received in the Office of the President of the Senate on March 25, 2025; to the Committee on Indian Affairs.

EC-699. A communication from the Acting Chief of Policy and Strategy, Citizenship and Immigration Services, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled "Alien Registration Form and Evidence of Registration" (RIN1615-AC96) received in the Office of the President of the Senate on March 25, 2025; to the Committee on the Judiciary.

EC-700. A communication from the Regulations Coordinator, Administration for Children and Families, Department of Health and Human Services, transmitting, pursuant to law, the report of a rule entitled "Unaccompanied Children Program Foundational Rule; Update to accord with Statutory Requirements" (RIN0970-AD16) received in the Office of the President of the Senate on March 26, 2025; to the Committee on the Judiciary.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. LEE, from the Committee on Energy and Natural Resources:

Special Report entitled "History, Jurisdiction, and a Summary of Activities of the Committee on Energy and Natural Resources During the 118th Congress" (Rept. No. 119-7).

By Mr. PAUL, from the Committee on Homeland Security and Governmental Affairs:

Special Report entitled "Activities of the Committee on Homeland Security and Governmental Affairs During the 118th Congress" (Rept. No. 119-8).

By Mr. CRUZ, from the Committee on Commerce, Science, and Transportation, without amendment:

S. 99. A bill to require the Secretary of Commerce to produce a report that provides recommendations to improve the effectiveness, efficiency, and impact of Department of Commerce programs related to supply chain resilience and manufacturing and industrial innovation, and for other purposes (Rept. No. 119-9).

By Mr. GRASSLEY, from the Committee on the Judiciary:

Special Report entitled "Activities of the Committee on the Judiciary During the 118th Congress" (Rept. No. 119-10).

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. MERKLEY (for himself and Mr. WYDEN):

S. 1200. A bill to amend the Oregon Resource Conservation Act of 1996 to reauthorize the Deschutes River Conservancy Working Group, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. MURPHY:

S. 1201. A bill to amend the Immigration and Nationality Act to provide for claims of

ineffective assistance of counsel in immigration matters, and for other purposes; to the Committee on the Judiciary.

By Mr. BENNET (for himself, Mr. PADILLA, Mr. HICKENLOOPER, Mr. VAN HOLLEN, Mr. WELCH, Mrs. GILLIBRAND, Mr. SANDERS, Mr. FETTERMAN, Mr. BLUMENTHAL, and Mr. MARKEY):

S. 1202. A bill to amend the Food and Nutrition Act of 2008 to permit supplemental nutrition assistance program benefits to be used to purchase additional types of food items; to the Committee on Agriculture, Nutrition, and Forestry.

By Mr. GALLEGO (for himself, Ms. ROSEN, Ms. CORTEZ MASTO, and Mr. KELLY):

S. 1203. A bill to authorize the appropriation of \$2,000,000,000 for rental vouchers for high population areas, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

By Ms. HASSAN (for herself, Mr. CASSIDY, Mr. KELLY, Mr. SCHMITT, Mr. Kaine, Mr. CORNYN, Ms. SMITH, Mr. LANKFORD, and Mr. HICKENLOOPER):

S. 1204. A bill to amend title 38, United States Code, to make certain spouses eligible for services under the disabled veterans' outreach program, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. LANKFORD (for himself and Mr. CRUZ):

S. 1205. A bill to amend the Internal Revenue Code of 1986 to allow charitable organizations to make statements relating to political campaigns if such statements are made in the ordinary course of carrying out its tax exempt purpose; to the Committee on Finance.

By Mr. GRASSLEY (for himself, Mr. BARRASSO, Mrs. BLACKBURN, Mrs. BRITT, Mr. BUDD, Mr. CORNYN, Mr. CRAMER, Mr. CRUZ, Mr. DAINES, Mr. GRAHAM, Mr. HAGERTY, Mr. JUSTICE, Mr. KENNEDY, Ms. LUMMIS, Mr. MARSHALL, Mrs. MOODY, Mr. MORENO, Mr. SCHMITT, Mr. TILLIS, Mr. TUBERVILLE, Mr. CASSIDY, and Mr. LEE):

S. 1206. A bill to amend title 28, United States Code, to prohibit the issuance of national injunctions, and for other purposes; to the Committee on the Judiciary.

By Mr. CORNYN (for himself, Mr. LUJAN, Mr. TUBERVILLE, Mr. WARNOCK, Mrs. BRITT, and Mr. OSSOFF):

S. 1207. A bill to amend the Agriculture Improvement Act of 2018 to reauthorize the feral swine eradication and control pilot program, and for other purposes; to the Committee on Agriculture, Nutrition, and Forestry.

By Mr. WYDEN (for himself, Mr. MARKEY, Mr. MERKLEY, and Mr. VAN HOLLEN):

S. 1208. A bill to amend title 5, United States Code, to address records maintained on individuals, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

By Mr. THUNE (for himself and Ms. KLOBUCHAR):

S. 1209. A bill to amend the Federal Crop Insurance Act and the Federal Agriculture Improvement and Reform Act of 1996 to make the native sod provisions applicable to the United States and to modify those provisions, and for other purposes; to the Committee on Agriculture, Nutrition, and Forestry.

By Mr. DURBIN (for himself and Ms. DUCKWORTH):

S. 1210. A bill to amend the Internal Revenue Code of 1986 to modify the work opportunity credit for certain youth employees; to the Committee on Finance.

By Mr. DURBIN (for himself and Ms. DUCKWORTH):

S. 1211. A bill to amend the Workforce Innovation and Opportunity Act to provide funding, on a competitive basis, for summer and year-round employment opportunities for youth ages 14 through 24; to the Committee on Health, Education, Labor, and Pensions.

By Mr. WELCH (for himself, Mr. LEE, and Mr. SANDERS):

S. 1212. A bill to amend the Federal Meat Inspection Act to exempt certain owners of livestock from inspection requirements, and for other purposes; to the Committee on Agriculture, Nutrition, and Forestry.

By Ms. KLOBUCHAR (for herself, Mr. HAWLEY, Mr. COONS, Ms. COLLINS, and Mr. BENNET):

S. 1213. A bill to prohibit the distribution of materially deceptive AI-generated audio or visual media relating to candidates for Federal office, and for other purposes; to the Committee on Rules and Administration.

By Mr. MARKEY (for himself, Mr. BLUMENTHAL, Ms. BLUNT ROCHESTER, Mr. BOOKER, Mrs. GILLIBRAND, Mr. PADILLA, Mr. SANDERS, Mr. VAN HOLLEN, Ms. WARREN, Mr. WHITEHOUSE, and Mr. WYDEN):

S. 1214. A bill to amend the Low-Income Home Energy Assistance Act of 1981 to increase the availability of heating and cooling assistance, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

By Mr. PADILLA (for himself and Mr. SCHIFF):

S. 1215. A bill to establish the Cesar E. Chavez and the Farmworker Movement National Historical Park in the States of California and Arizona, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. VAN HOLLEN (for himself, Mr. CURTIS, and Mr. KIM):

S. 1216. A bill to support Taiwan's international space, and for other purposes; to the Committee on Foreign Relations.

By Mr. KING (for himself, Ms. MURKOWSKI, Mr. MURPHY, Mr. COONS, Ms. BLUNT ROCHESTER, and Mr. SULLIVAN):

S. 1217. A bill to amend the Farm Credit Act of 1971 to support the commercial fishing industry; to the Committee on Agriculture, Nutrition, and Forestry.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. SCHATZ (for himself, Mr. FETTERMAN, Ms. ROSEN, Mr. MARKEY, Mr. DURBIN, Ms. SMITH, Mr. WYDEN, Mr. MERKLEY, Ms. BALDWIN, Ms. HIRONO, Mr. BOOKER, Mr. WHITEHOUSE, Mr. VAN HOLLEN, Mr. PADILLA, Mr. WELCH, Ms. WARREN, Mr. BLUMENTHAL, Mr. COONS, Mr. SCHIFF, and Ms. DUCKWORTH):

S. Con. Res. 11. A concurrent resolution supporting the goals and ideals of International Transgender Day of Visibility; to the Committee on the Judiciary.

ADDITIONAL COSPONSORS

S. 128

At the request of Mr. LEE, the name of the Senator from Kansas (Mr. MARSHALL) was added as a cosponsor of S. 128, a bill to amend the National Voter Registration Act of 1993 to require proof of United States citizenship to

register an individual to vote in elections for Federal office, and for other purposes.

S. 162

At the request of Mr. GRASSLEY, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 162, a bill to amend parts B and E of title IV of the Social Security Act to improve foster and adoptive parent recruitment and retention, and for other purposes.

S. 221

At the request of Mr. SCOTT of Florida, the name of the Senator from Pennsylvania (Mr. FETTERMAN) was added as a cosponsor of S. 221, a bill to extend the customs waters of the United States from 12 nautical miles to 24 nautical miles from the baselines of the United States, consistent with Presidential Proclamation 7219.

S. 237

At the request of Ms. KLOBUCHAR, the name of the Senator from Oregon (Mr. MERKLEY) was added as a cosponsor of S. 237, a bill to amend the Omnibus Crime Control and Safe Streets Act of 1968 to provide public safety officer benefits for exposure-related cancers, and for other purposes.

S. 315

At the request of Mr. MARKEY, the name of the Senator from New York (Mrs. GILLIBRAND) was added as a cosponsor of S. 315, a bill to require the Secretary of Transportation to issue a rule requiring access to AM broadcast stations in passenger motor vehicles, and for other purposes.

S. 339

At the request of Mr. CRAPO, the name of the Senator from Montana (Mr. DAINES) was added as a cosponsor of S. 339, a bill to amend title XVIII of the Social Security Act to provide for Medicare coverage of multi-cancer early detection screening tests.

S. 556

At the request of Mr. SULLIVAN, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 556, a bill to impose sanctions with respect to persons engaged in logistical transactions and sanctions evasion relating to oil, gas, liquefied natural gas, and related petrochemical products from the Islamic Republic of Iran, and for other purposes.

S. 557

At the request of Mr. KENNEDY, the name of the Senator from Kansas (Mr. MORAN) was added as a cosponsor of S. 557, a bill to repeal the small business loan data collection requirements under the Equal Credit Opportunity Act.

S. 575

At the request of Mr. MERKLEY, the name of the Senator from Vermont (Mr. WELCH) was added as a cosponsor of S. 575, a bill to amend titles XVIII and XIX of the Social Security Act to increase access to services provided by advanced practice registered nurses under the Medicare and Medicaid programs, and for other purposes.

S. 627

At the request of Mr. SCHMITT, the name of the Senator from Georgia (Mr. OSSOFF) was added as a cosponsor of S. 627, a bill to amend the Internal Revenue Code of 1986 to make certain provisions with respect to qualified ABLE programs permanent.

S. 858

At the request of Mr. JUSTICE, the name of the Senator from Mississippi (Mrs. HYDE-SMITH) was added as a cosponsor of S. 858, a bill to authorize the National Medal of Honor Museum Foundation to establish a commemorative work on the National Mall to honor the extraordinary acts of valor, selfless service, and sacrifice displayed by Medal of Honor recipients.

S. 864

At the request of Mr. MARSHALL, the names of the Senator from Arkansas (Mr. BOOZMAN) and the Senator from New Hampshire (Mrs. SHAHEEN) were added as cosponsors of S. 864, a bill to amend title XXVII of the Public Health Service Act to apply financial assistance towards the cost-sharing requirements of health insurance plans, and for other purposes.

S. 949

At the request of Mr. KELLY, the name of the Senator from Michigan (Ms. SLOTKIN) was added as a cosponsor of S. 949, a bill to ensure that the National Park Service is fully staffed, and for other purposes.

S. 950

At the request of Mr. KELLY, the name of the Senator from Michigan (Ms. SLOTKIN) was added as a cosponsor of S. 950, a bill to ensure that the Forest Service is fully staffed, and for other purposes.

S. 963

At the request of Mr. CRAPO, the name of the Senator from Ohio (Mr. MORENO) was added as a cosponsor of S. 963, a bill to establish the Space National Guard.

S. 1060

At the request of Mr. LEE, the name of the Senator from Texas (Mr. CRUZ) was added as a cosponsor of S. 1060, a bill to amend the Clayton Act to prevent conflicts of interest and promote competition in the sale and purchase of digital advertising.

S. 1090

At the request of Mr. LEE, the name of the Senator from Ohio (Mr. MORENO) was added as a cosponsor of S. 1090, a bill to amend section 2284 of title 28, United States Code, to establish special procedures for civil actions seeking to restrain executive branch actions.

S. 1099

At the request of Mr. HAWLEY, the name of the Senator from South Carolina (Mr. GRAHAM) was added as a cosponsor of S. 1099, a bill to amend title 28, United States Code, to limit the authority of district courts of the United States to provide injunctive relief, and for other purposes.

S. 1137

At the request of Mr. COTTON, the name of the Senator from Ohio (Mr.

MORENO) was added as a cosponsor of S. 1137, a bill to provide that the Federal Communications Commission may not prevent a State or Federal correctional facility from utilizing jamming equipment, and for other purposes.

S. 1142

At the request of Mr. PADILLA, the name of the Senator from California (Mr. SCHIFF) was added as a cosponsor of S. 1142, a bill to adjust the boundaries of the Golden Gate National Recreation Area to include the Scarper Ridge property.

S. 1193

At the request of Mr. DURBIN, the names of the Senator from Washington (Mrs. MURRAY), the Senator from Washington (Ms. CANTWELL), the Senator from Minnesota (Ms. SMITH), the Senator from New Mexico (Mr. LUJÁN), the Senator from Connecticut (Mr. BLUMENTHAL), the Senator from Vermont (Mr. SANDERS), the Senator from Connecticut (Mr. MURPHY), the Senator from Massachusetts (Mr. MARKEY), the Senator from Wisconsin (Ms. BALDWIN), the Senator from New Hampshire (Mrs. SHAHEEN), the Senator from Minnesota (Ms. KLOBUCHAR), the Senator from Vermont (Mr. WELCH) and the Senator from New Jersey (Mr. BOOKER) were added as cosponsors of S. 1193, a bill to designate as wilderness certain Federal portions of the red rock canyons of the Colorado Plateau and the Great Basin Deserts in the State of Utah for the benefit of present and future generations of people in the United States.

S. 1196

At the request of Mr. LUJÁN, the name of the Senator from Illinois (Ms. DUCKWORTH) was added as a cosponsor of S. 1196, a bill to require Executive agencies to limit the use of special Government employees to 130 days, to require the maintenance of a public database of certain special Government employees, to require the release of financial disclosures filed by certain special Government employees, and for other purposes.

S.J. RES. 13

At the request of Mr. KENNEDY, the name of the Senator from Montana (Mr. DAINES) was added as a cosponsor of S.J. Res. 13, a joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Office of the Comptroller of the Currency of the Department of the Treasury relating to the review of applications under the Bank Merger Act.

S.J. RES. 43

At the request of Mrs. SHAHEEN, the name of the Senator from Michigan (Ms. SLOTKIN) was added as a cosponsor of S.J. Res. 43, a joint resolution proposing an amendment to the Constitution of the United States relating to contributions and expenditures intended to affect elections.

S. RES. 81

At the request of Mr. RICKETTS, the name of the Senator from Idaho (Mr.

RISCH) was added as a cosponsor of S. Res. 81, a resolution calling on the United Kingdom, France, and Germany (E3) to initiate the snapback of sanctions on Iran under United Nations Security Council Resolution 2231 (2015).

S. RES. 136

At the request of Mr. DURBIN, the name of the Senator from New Mexico (Mr. HEINRICH) was added as a cosponsor of S. Res. 136, a resolution affirming the rule of law and the legitimacy of judicial review.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. GRASSLEY (for himself, Mr. BARRASSO, Mrs. BLACKBURN, Mrs. BRITT, Mr. BUDD, Mr. CORNYN, Mr. CRAMER, Mr. CRUZ, Mr. DAINES, Mr. GRAHAM, Mr. HAGERTY, Mr. JUSTICE, Mr. KENNEDY, Ms. LUMMIS, Mr. MARSHALL, Mrs. MOODY, Mr. MORENO, Mr. SCHMITT, Mr. TILLIS, Mr. TUBERVILLE, Mr. CASSIDY, and Mr. LEE):

S. 1206. A bill to amend title 28, United States Code, to prohibit the issuance of national injunctions, and for other purposes; to the Committee on the Judiciary.

Mr. GRASSLEY. Mr. President, today, 20 of my colleagues and I will introduce legislation to stop the abuse of universal injunctions that we are seeing all across the country—all of this to stop the Trump agenda.

Universal injunctions violate the words of the Constitution that we agreed that the courts can only hear “case or controversy.” And that is a requirement of article III of the Constitution because they apply court orders to people not even parties to the lawsuits—so the necessity for doing away with universal injunctions violating the “case-or-controversy” requirements.

Universal injunctions were almost unheard of for the first 175 years of our history and only became common in the last decade. In addition to being unconstitutional, they are also anti-democratic. Universal injunctions have become a favorite tool of those seeking to obstruct President Trump's agenda.

Individual district judges who don't even have authority over any of the other 92 district courts are singlehandedly vetoing policies the American people elected President Trump to implement.

Now, universal injunctions have been used against both Democrat and Republican administrations since they have sprung up so numerous in the last few years.

But in the past 2 months alone, judges have issued more universal injunctions against the Trump administration than President Biden faced throughout his entire 4-year term.

By exercising power this way, the courts are doing great damage to the judicial process that they should be working to protect, and the Supreme

Court could stop this whole process, but the Supreme Court has not taken such action.

So it is Congress's job to legislate. So what would you expect? I am introducing legislation to solve this problem.

My bill prevents judges from providing nonparty relief, make temporary restraining orders immediately appealable, and reset the separation of powers. In short, I am trying to fix a bipartisan problem that has been plaguing both Democratic and Republican administrations alike.

By Mr. THUNE (for himself and Ms. KLOBUCHAR):

S. 1209. A bill to amend the Federal Crop Insurance Act and the Federal Agriculture Improvement and Reform Act of 1996 to make the native sod provisions applicable to the United States and to modify those provisions, and for other purposes; to the Committee on Agriculture, Nutrition, and Forestry.

Mr. THUNE. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 1209

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "American Prairie Conservation Act".

SEC. 2. CROP PRODUCTION ON NATIVE SOD.

(a) FEDERAL CROP INSURANCE.—Section 508(o) of the Federal Crop Insurance Act (7 U.S.C. 1508(o)) is amended by striking paragraph (3) and inserting the following:

"(3) NATIVE SOD CONVERSION CERTIFICATION.—

"(A) CERTIFICATION.—As a condition on the receipt of benefits under this subtitle, a producer that has tilled native sod acreage for the production of an insurable crop as described in paragraph (2)(A) shall certify that acreage to the Secretary using—

"(i) an acreage report form of the Farm Service Agency (FSA-578 or any successor form); and

"(ii) 1 or more maps.

"(B) CORRECTIONS.—Beginning on the date on which a producer submits a certification under subparagraph (A), as soon as practicable after the producer discovers a change in tilled native sod acreage described in that subparagraph, the producer shall submit to the Secretary any appropriate corrections to a form or map described in clause (i) or (ii) of that subparagraph.

"(C) ANNUAL REPORTS.—Not later than January 1, 2026, and each January 1 thereafter through January 1, 2030, the Secretary shall submit to the Committee on Agriculture, Nutrition, and Forestry of the Senate and the Committee on Agriculture of the House of Representatives a report that describes the tilled native sod acreage that has been certified under subparagraph (A) in each county and State as of the date of submission of the report."

(b) NONINSURED CROP DISASTER ASSISTANCE.—Section 196(a)(4) of the Federal Agriculture Improvement and Reform Act of 1996 (7 U.S.C. 7333(a)(4)) is amended by striking subparagraph (C) and inserting the following:

"(C) NATIVE SOD CONVERSION CERTIFICATION.—

"(i) CERTIFICATION.—As a condition on the receipt of benefits under this section, a producer that has tilled native sod acreage for the production of an insurable crop as described in subparagraph (B)(i) shall certify that acreage to the Secretary using—

"(I) an acreage report form of the Farm Service Agency (FSA-578 or any successor form); and

"(II) 1 or more maps.

"(ii) CORRECTIONS.—Beginning on the date on which a producer submits a certification under clause (i), as soon as practicable after the producer discovers a change in tilled native sod acreage described in that clause, the producer shall submit to the Secretary any appropriate corrections to a form or map described in subclause (I) or (II) of that clause.

"(iii) ANNUAL REPORTS.—Not later than January 1, 2026, and each January 1 thereafter through January 1, 2030, the Secretary shall submit to the Committee on Agriculture, Nutrition, and Forestry of the Senate and the Committee on Agriculture of the House of Representatives a report that describes the tilled native sod acreage that has been certified under clause (i) in each county and State as of the date of submission of the report."

By Mr. DURBIN (for himself and Ms. DUCKWORTH):

S. 1210. A bill to amend the Internal Revenue Code of 1986 to modify the work opportunity credit for certain youth employees; to the Committee on Finance.

Mr. DURBIN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 1210

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Helping to Encourage Real Opportunities (HERO) for Youth Act of 2025".

SEC. 2. MODIFICATION AND EXTENSION OF WORK OPPORTUNITY CREDIT FOR CERTAIN YOUTH EMPLOYEES.

(a) EXPANSION OF CREDIT FOR SUMMER YOUTH.—

(1) CREDIT ALLOWED FOR YEAR-ROUND EMPLOYMENT.—Section 51(d)(7)(A) of the Internal Revenue Code of 1986 is amended—

(A) by striking clauses (i) and (iii) and redesignating clauses (ii) and (iv) as clauses (i) and (ii), respectively;

(B) in clause (i) (as so redesignated), by striking "(or if later, on May 1 of the calendar year involved)";

(C) by striking the period at the end of clause (ii) (as so redesignated) and inserting "; and"; and

(D) adding at the end the following new clause:

"(iii) who will be employed for not more than 20 hours per week during any period between September 16 and April 30 in which such individual is regularly attending any secondary school."

(2) INCREASE IN CREDIT AMOUNT.—Section 51(d)(7) of the Internal Revenue Code of 1986 is amended by striking subparagraph (B) and by redesignating subparagraph (C) as subparagraph (B).

(3) CONFORMING AMENDMENTS.—

(A) Subparagraph (F) of section 51(d)(1) of the Internal Revenue Code of 1986 is amended by striking "summer".

(B) Paragraph (7) of section 51(d) of such Code is amended—

(i) by striking "summer" each place it appears in subparagraphs (A);

(ii) in subparagraph (B), as redesignated by paragraph (2), by striking "subparagraph (A)(iv)" and inserting "subparagraph (A)(ii)"; and

(iii) by striking "SUMMER" in the heading thereof.

(b) CREDIT FOR DISCONNECTED YOUTH.—

(1) IN GENERAL.—Paragraph (1) of section 51(d) of the Internal Revenue Code of 1986 is amended by striking "or" at the end of subparagraph (I), by striking the period at the end of subparagraph (J) and inserting ", or", and by adding at the end the following new subparagraph:

"(K) an disconnected youth."

(2) DISCONNECTED YOUTH.—Paragraph (14) of section 51(d) of such Code is amended to read as follows:

"(14) DISCONNECTED YOUTH.—The term 'disconnected youth' means any individual who—

"(A)(i) is certified by the designated local agency as having attained age 16 but not age 25 on the hiring date, and

"(ii) has self-certified (on a form prescribed by the Secretary) that such individual—

"(I) has not regularly attended any secondary, technical, or post-secondary school during the 6-month period preceding the hiring date,

"(II) has not been regularly employed during such 6-month period, and

"(III) is not readily employable by reason of lacking a sufficient number of basic skills, or

"(B) is certified by the designated local agency as—

"(i) having attained age 16 but not age 21 on the hiring date, and

"(ii) an eligible foster child (as defined in section 152(f)(1)(C)) who was in foster care during the 12-month period ending on the hiring date."

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to individuals who begin work for the employer after the date of the enactment of this Act.

By Mr. DURBIN (for himself and Ms. DUCKWORTH):

S. 1211. A bill to amend the Workforce Innovation and Opportunity Act to provide funding, on a competitive basis, for summer and year-round employment opportunities for youth ages 14 through 24; to the Committee on Health, Education, Labor, and Pensions.

Mr. DURBIN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 1211

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Assisting In Developing Youth Employment Act" or the "AID Youth Employment Act".

SEC. 2. YOUTH EMPLOYMENT OPPORTUNITIES.

Title I of the Workforce Innovation and Opportunity Act is amended—

(1) by redesignating subtitle E (29 U.S.C. 3241 et seq.) as subtitle F; and

(2) by inserting after subtitle D (29 U.S.C. 3221 et seq.) the following:

"Subtitle E—Youth Employment Opportunities

"SEC. 176. DEFINITIONS.

"In this subtitle:

“(1) ELIGIBLE YOUTH.—The term ‘eligible youth’ means an individual who—

“(A) is not younger than age 14 or older than age 24; and

“(B) is—

“(i) an in-school youth;

“(ii) an out-of-school youth; or

“(iii) an unemployed individual.

“(2) INDIAN TRIBE; TRIBAL ORGANIZATION.—The terms ‘Indian tribe’ and ‘tribal organization’ have the meanings given the terms in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

“(3) IN-SCHOOL YOUTH; OUT-OF-SCHOOL YOUTH.—The terms ‘in-school youth’ and ‘out-of-school youth’ have the meanings given the terms in section 129(a)(1).

“(4) INSTITUTION OF HIGHER EDUCATION.—The term ‘institution of higher education’ has the meaning given the term in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001).

“(5) MARGINALIZED.—The term ‘marginalized’, used with respect to an individual, includes individuals who are homeless, in foster care, involved in the juvenile or criminal justice system, or are not enrolled in or are at risk of dropping out of an educational institution and who live in an underserved community that has faced trauma through acute or long-term exposure to substantial discrimination, historical or cultural oppression, intergenerational poverty, civil unrest, a high rate of violence, or a high rate of drug overdose mortality.

“(6) SUBSIDIZED EMPLOYMENT.—The term ‘subsidized employment’ means employment for which the employer receives a total or partial subsidy to offset costs of employing an eligible youth under this subtitle.

“(7) TRIBAL AREA.—The term ‘tribal area’ means—

“(A) an area on or adjacent to an Indian reservation;

“(B) land held in trust by the United States for Indians;

“(C) a public domain Indian allotment;

“(D) a former Indian reservation in Oklahoma; and

“(E) land held by an incorporated Native group, Regional Corporation, or Village Corporation under the provisions of the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.).

“(8) TRIBAL COLLEGE OR UNIVERSITY.—The term ‘tribal college or university’ has the meaning given the term ‘Tribal College or University’ in section 316(b) of the Higher Education Act of 1965 (20 U.S.C. 1059c(b)).

“(9) TRIBALLY DESIGNATED HOUSING ENTITY.—The term ‘tribally designated housing entity’, used with respect to an Indian tribe (as defined in this section), has the meaning given in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103).

“SEC. 176A. ALLOCATION OF FUNDS.

“(a) ALLOCATION.—Of the funds appropriated under section 176E that remain available after any reservation under subsection (b), the Secretary may make available—

“(1) not more than \$1,800,000,000 in accordance with section 176B to provide eligible youth with subsidized summer employment opportunities; and

“(2) not more than \$2,400,000,000 in accordance with section 176C to provide eligible youth with subsidized year-round employment opportunities.

“(b) RESERVATION.—The Secretary may reserve not more than 10 percent of the funds appropriated under section 176E to provide technical assistance and oversight, in order to assist eligible entities in applying for and administering grants awarded under this subtitle.

“SEC. 176B. SUMMER EMPLOYMENT COMPETITIVE GRANT PROGRAM.

“(A) IN GENERAL.—

“(1) GRANTS.—Using the amounts made available under 176A(a)(1), the Secretary shall award, on a competitive basis, planning and implementation grants.

“(2) GENERAL USE OF FUNDS.—The Secretary shall award the grants to assist eligible entities by paying for the program share of the cost of—

“(A) in the case of a planning grant, planning a summer youth employment program to provide subsidized summer employment opportunities; and

“(B) in the case of an implementation grant, implementation of such a program, to provide such opportunities.

“(b) PERIODS AND AMOUNTS OF GRANTS.—

“(1) PLANNING GRANTS.—The Secretary may award a planning grant under this section for a 1-year period, in an amount of not more than \$250,000.

“(2) IMPLEMENTATION GRANTS.—The Secretary may award an implementation grant under this section for a 3-year period, in an amount of not more than \$6,000,000.

“(c) ELIGIBLE ENTITIES.—

“(1) IN GENERAL.—To be eligible to receive a planning or implementation grant under this section, an entity shall—

“(A) be a—

“(i) State, local government, or Indian tribe or tribal organization, that meets the requirements of paragraph (2); or

“(ii) community-based organization that meets the requirements of paragraph (3); and

“(B) meet the requirements for a planning or implementation grant, respectively, specified in paragraph (4).

“(2) GOVERNMENT PARTNERSHIPS.—An entity that is a State, local government, or Indian tribe or tribal organization referred to in paragraph (1)(A)(i) shall demonstrate that the entity has entered into a partnership with State, local, or tribal entities—

“(A) that shall include—

“(i) a local educational agency or tribal educational agency (as defined in section 6132 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7452));

“(ii) a local board or tribal workforce development agency;

“(iii) a State, local, or tribal agency serving youth under the jurisdiction of the juvenile justice system or criminal justice system;

“(iv) a State, local, or tribal child welfare agency;

“(v) a State, local, or tribal agency or community-based organization, with—

“(I) expertise in providing counseling services and trauma-informed and gender-responsive trauma prevention, identification, referral, and support (including treatment) services; and

“(II) a proven track record of serving low-income, vulnerable youth and out-of-school youth;

“(vi) if the State, local government, or Indian tribe or tribal organization is seeking an implementation grant and has not established a summer youth employment program, an entity that is carrying out a State, local, or tribal summer youth employment program; and

“(vii) an employer or employer association; and

“(B) that may include—

“(i) an institution of higher education or tribal college or university;

“(ii) a representative of a labor or labor-management organization;

“(iii) an entity that carries out a program that receives funding under the Juvenile Justice and Delinquency Prevention Act of 1974 (34 U.S.C. 11101 et seq.);

“(iv) a collaborative applicant as defined in section 401 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360) or a private nonprofit organization that serves homeless individuals and households (including such an applicant or organization that serves individuals or households that are at risk of homelessness in tribal areas) or serves foster youth;

“(v) an entity that carries out a program funded under the Carl D. Perkins Career and Technical Education Act of 2006 (20 U.S.C. 2301 et seq.), including Native American programs funded under section 116 of that Act (20 U.S.C. 2326) and tribally controlled post-secondary career and technical institution programs funded under section 117 of that Act (20 U.S.C. 2327);

“(vi) a local or tribal youth committee;

“(vii) a State or local public housing agency or a tribally designated housing entity; and

“(viii) another appropriate State, local, or tribal agency.

“(3) COMMUNITY-BASED ORGANIZATION PARTNERSHIPS.—A community-based organization referred to in paragraph (1)(A)(ii) shall demonstrate that the organization has entered into a partnership with State, local, or tribal entities—

“(A) that shall include—

“(i) a unit of general local government or tribal government;

“(ii) an agency described in paragraph (2)(A)(i);

“(iii) a local board or tribal workforce development agency;

“(iv) a State, local, or tribal agency serving youth under the jurisdiction of the juvenile justice system or criminal justice system;

“(v) a State, local, or tribal child welfare agency;

“(vi) if the organization is seeking an implementation grant and has not established a summer youth employment program, an entity that is carrying out a State, local, or tribal summer youth employment program; and

“(vii) an employer or employer association; and

“(B) that may include one or more entities described in paragraph (2)(B).

“(4) ENTITIES ELIGIBLE FOR PARTICULAR GRANTS.—

“(A) ENTITIES ELIGIBLE FOR PLANNING GRANTS.—The Secretary may award a planning grant under this section to an eligible entity that—

“(i) is preparing to establish or expand a summer youth employment program that meets the minimum requirements specified in subsection (d)(1)(B)(iv); and

“(ii) has not received a grant under this section.

“(B) ENTITIES ELIGIBLE FOR IMPLEMENTATION GRANTS.—

“(i) IN GENERAL.—The Secretary may award an implementation grant under this section to an eligible entity that—

“(I) has received a planning grant under this section; or

“(II) has established a summer youth employment program and demonstrates a minimum level of capacity to enhance or expand the summer youth employment program described in the application submitted under subsection (d).

“(ii) CAPACITY.—In determining whether an entity has the level of capacity referred to in clause (i)(II), the Secretary may include as capacity—

“(I) the entity’s staff capacity and staff training to deliver youth employment services; and

“(II) the entity’s existing youth employment services (as of the date of submission of

the application submitted under subsection (d) that are consistent with the application.

“(d) APPLICATION.—

“(1) IN GENERAL.—Except as provided in paragraph (2), an eligible entity desiring to receive a grant under this section for a summer youth employment program shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require, including, at a minimum, each of the following:

“(A) With respect to an application for a planning or implementation grant—

“(i) a description of the eligible youth for whom summer employment services will be provided;

“(ii) a description of the eligible entity, and a description of the expected participation and responsibilities of each of the partners in the partnership described in subsection (c);

“(iii) information demonstrating sufficient need for the grant in the State, local, or tribal population, which may include information showing—

“(I) a high level of unemployment among youth (including young adults) ages 14 through 24;

“(II) a high rate of out-of-school youth;

“(III) a high rate of homelessness;

“(IV) a high rate of poverty;

“(V) a high rate of adult unemployment;

“(VI) a high rate of community or neighborhood crime;

“(VII) a high rate of violence; or

“(VIII) a high level or rate on another indicator of need;

“(iv) a description of the strategic objectives the eligible entity seeks to achieve through the program to provide eligible youth with core work readiness skills, which may include—

“(I) financial literacy skills, including providing the support described in section 129(b)(2)(D);

“(II) sector-based technical skills aligned with employer needs;

“(III) skills that—

“(aa) are soft employment skills, early work skills, or work readiness skills; and

“(bb) include social skills, communications skills, higher-order thinking skills, self-control, and positive self-concept; and

“(IV) (for the marginalized eligible youth) basic skills like communication, math, and problem solving in the context of training for advancement to better jobs and postsecondary training; and

“(v) information demonstrating that the eligible entity has obtained commitments to provide the non-program share described in paragraph (2) of subsection (h).

“(B) With respect to an application for a planning grant—

“(i) a description of the intermediate and long-term goals for planning activities for the duration of the planning grant;

“(ii) a description of how grant funds will be used to develop a plan to provide summer employment services for eligible youth;

“(iii) a description of how the eligible entity will carry out an analysis of best practices for identifying, recruiting, and engaging program participants, in particular the marginalized eligible youth;

“(iv) a description of how the eligible entity will carry out an analysis of best practices for placing youth participants—

“(I) in opportunities that—

“(aa) are appropriate, subsidized employment opportunities with employers based on factors including age, skill, experience, career aspirations, work-based readiness, and barriers to employment; and

“(bb) may include additional services for participants, including core work readiness skill development and mentorship services;

“(II) in summer employment that—

“(aa) is not less than 6 weeks;

“(bb) follows a schedule of not more than 20 hours per week;

“(cc) pays wages at rates not less than the applicable Federal, State, or local minimum wage rate; and

“(dd) for employment involving construction, pays wages at rates not less than those previously on similar construction in the locality as determined by the Secretary in accordance with subchapter IV of chapter 31 of title 40, United States Code (commonly known as the ‘Davis-Bacon Act’); and

“(v) a description of how the eligible entity plans to develop a mentorship program or connect youth with positive, supportive mentorships, consistent with paragraph (3).

“(C) With respect to an application for an implementation grant—

“(i) a description of how the eligible entity plans to identify, recruit, and engage program participants, in particular the marginalized eligible youth;

“(ii) a description of the manner in which the eligible entity plans to place eligible youth participants in subsidized employment opportunities, and in summer employment, described in subparagraph (B)(iv);

“(iii) (for a program serving the marginalized eligible youth) a description of workplaces for the subsidized employment involved, which may include workplaces in the public, private, and nonprofit sectors;

“(iv) a description of how the eligible entity plans to provide or connect eligible youth participants with positive, supportive mentorships, consistent with paragraph (3);

“(v) a description of services that will be available to employers participating in the youth employment program, to provide supervisors involved in the program with coaching and mentoring on—

“(I) how to support youth development;

“(II) how to structure learning and reflection; and

“(III) how to deal with youth challenges in the workplace;

“(vi) a description of how the eligible entity plans to offer structured pathways back into employment and a youth employment program under this section for eligible youth who have been terminated from employment or removed from the program;

“(vii) a description of how the eligible entity plans to engage eligible youth beyond the duration of the summer employment opportunity, which may include—

“(I) developing or partnering with a year-round youth employment program;

“(II) referring eligible youth to other year-round programs, which may include—

“(aa) programs funded under section 176C or the Carl D. Perkins Career and Technical Education Act of 2006 (20 U.S.C. 2301 et seq.);

“(bb) after school programs;

“(cc) secondary or postsecondary education programs;

“(dd) training programs;

“(ee) cognitive behavior therapy programs;

“(ff) apprenticeship programs; and

“(gg) national service programs;

“(III) employing a full-time, permanent staff person who is responsible for youth outreach, followup, and recruitment; or

“(IV) connecting eligible youth with job development services, including career counseling, resume and job application assistance, interview preparation, and connections to job leads;

“(viii) evidence of the eligible entity’s capacity to provide the services described in this subsection; and

“(ix) a description of the quality of the summer youth employment program, including a program that leads to a recognized postsecondary credential.

“(2) INDIAN TRIBE; TRIBAL ORGANIZATIONS.—An eligible entity that is an Indian tribe or tribal organization and desires to receive a grant under this section for a summer youth employment program may, in lieu of submitting the application described in paragraph (1), submit an application to the Secretary that meets such requirements as the Secretary develops after consultation with the tribe or organization.

“(3) MENTOR.—For purposes of subparagraphs (B)(iv), (B)(v), and (C)(iv) of paragraph (1), a mentor—

“(A) shall be an individual who has been matched with an eligible youth based on the youth’s needs;

“(B) shall make contact with the eligible youth at least once each week;

“(C) shall be a trusted member of the local community; and

“(D) may include—

“(i) a mentor trained in trauma-informed care (including provision of trauma-informed trauma prevention, identification, referral, or support services to youth that have experienced or are at risk of experiencing trauma), conflict resolution, and positive youth development;

“(ii) a job coach trained to provide youth with guidance on how to navigate the workplace and troubleshoot problems;

“(iii) a supervisor trained to provide at least two performance assessments and serve as a reference; or

“(iv) a peer mentor who is a former or current participant in the youth employment program involved.

“(e) AWARDS FOR POPULATIONS AND AREAS.—

“(1) POPULATIONS.—The Secretary shall reserve, from the amounts made available under section 176A(a)(1)—

“(A) 50 percent to award grants under this section for planning or provision of subsidized summer employment opportunities for eligible youth who are in-school youth; and

“(B) 50 percent to award such grants to plan for planning or provision of such opportunities for eligible youth who are out-of-school youth or unemployed individuals.

“(2) AREAS.—

“(A) IN GENERAL.—In awarding the grants, the Secretary shall consider the regional diversity of the areas to be served, to ensure that urban, suburban, rural, and tribal areas are receiving grant funds.

“(B) RURAL AND TRIBAL AREA INCLUSION.—

“(i) RURAL AREAS.—Not less than 20 percent of the amounts made available under section 176A(a)(1) for each fiscal year shall be made available for activities to be carried out in rural areas.

“(ii) TRIBAL AREAS.—Not less than 5 percent of the amounts made available under section 176A(a)(1) for each fiscal year shall be made available for activities to be carried out in tribal areas.

“(f) PROGRAM PRIORITIES.—In allocating funds under this section, the Secretary shall give priority to eligible entities—

“(1) who propose to coordinate their activities—

“(A) with local or tribal employers; and

“(B) with agencies described in subsection (c)(2)(A)(i) to ensure the summer youth employment programs provide clear linkages to remedial, academic, and occupational programs carried out by the agencies;

“(2) who propose a plan to increase private sector engagement in, and job placement through, summer youth employment; and

“(3) who have, in their counties, States, or tribal areas (as compared to other counties in their State, other States, or other tribal areas, respectively), a high level or rate described in subsection (d)(1)(A)(iii).

“(g) USE OF FUNDS.—

“(1) IN GENERAL.—An eligible entity that receives a grant under this section may use the grant funds for services described in subsection (d).

“(2) DISCRETIONARY USES.—The eligible entity may also use the funds—

“(A) to provide wages to eligible youth in subsidized summer employment programs;

“(B) to provide eligible youth with support services, including case management, child care assistance, child support services, and transportation assistance; and

“(C) to develop data management systems to assist with programming, evaluation, and records management.

“(3) ADMINISTRATION.—An eligible entity may reserve not more than 10 percent of the grant funds for the administration of activities under this section.

“(4) CARRY-OVER AUTHORITY.—Any amounts provided to an eligible entity under this section for a fiscal year may, at the discretion of the Secretary, remain available to that entity for expenditure during the succeeding fiscal year to carry out programs under this section.

“(h) PROGRAM SHARE.—

“(1) PLANNING GRANTS.—The program share for a planning grant awarded under this section shall be 100 percent of the cost described in subsection (a)(2)(A).

“(2) IMPLEMENTATION GRANTS.—

“(A) IN GENERAL.—The program share for an implementation grant awarded under this section shall be 50 percent of the cost described in subsection (a)(2)(B).

“(B) EXCEPTION.—Notwithstanding subparagraph (A), the Secretary—

“(i) may increase the program share for an eligible entity; and

“(ii) shall increase the program share for an Indian tribe or tribal organization to not less than 95 percent of the cost described in subsection (a)(2)(B).

“(C) NON-PROGRAM SHARE.—The eligible entity may provide the non-program share of the cost—

“(i) in cash or in-kind, fairly evaluated, including plant, equipment, or services; and

“(ii) from State, local, tribal or private (including philanthropic) sources and, in the case of an Indian tribe or tribal organization, from Federal sources.

“SEC. 176C. YEAR-ROUND EMPLOYMENT COMPETITIVE GRANT PROGRAM.

“(a) IN GENERAL.—

“(1) GRANTS.—Using the amounts made available under 176A(a)(2), the Secretary shall award, on a competitive basis, planning and implementation grants.

“(2) GENERAL USE OF FUNDS.—The Secretary shall award the grants to assist eligible entities by paying for the program share of the cost of—

“(A) in the case of a planning grant, planning a year-round youth employment program to provide subsidized year-round employment opportunities; and

“(B) in the case of an implementation grant, implementation of such a program to provide such opportunities.

“(b) PERIODS AND AMOUNTS OF GRANTS.—The planning grants shall have the periods and amounts described in section 176B(b)(1). The implementation grants shall have the periods and grants described in section 176B(b)(2).

“(c) ELIGIBLE ENTITIES.—

“(1) IN GENERAL.—To be eligible to receive a planning or implementation grant under this section, an entity shall, except as provided in paragraph (2)—

“(A) be a—

“(i) State, local government, or Indian tribe or tribal organization, that meets the requirements of section 176B(c)(2); or

“(ii) community-based organization that meets the requirements of section 176B(c)(3); and

“(B) meet the requirements for a planning or implementation grant, respectively, specified in section 176B(c)(4).

“(2) YEAR-ROUND YOUTH EMPLOYMENT PROGRAMS.—For purposes of paragraph (1), any reference in section 176B(c)—

“(A) to a summer youth employment program shall be considered to refer to a year-round youth employment program; and

“(B) to a provision of section 176B shall be considered to refer to the corresponding provision of this section.

“(d) APPLICATION.—

“(1) IN GENERAL.—Except as provided in paragraph (2), an eligible entity desiring to receive a grant under this section for a year-round youth employment program shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require, including, at a minimum, each of the following:

“(A) With respect to an application for a planning or implementation grant, the information and descriptions specified in section 176B(d)(1)(A).

“(B) With respect to an application for a planning grant, the descriptions specified in section 176B(d)(1)(B), except that the description of an analysis for placing youth in employment described in clause (iv)(II)(bb) of that section shall cover employment that follows a schedule—

“(i) that consists of—

“(I) not more than 15 hours per week for in-school youth; and

“(II) not less than 20 and not more than 40 hours per week for out-of-school youth; and

“(ii) that depends on the needs and work-readiness level of the population being served.

“(C) With respect to an application for an implementation grant, the descriptions and evidence specified in section 176B(d)(1)(C)—

“(i) except that the reference in section 176B(d)(1)(C)(ii) to employment described in section 176B(d)(1)(B) shall cover employment that follows the schedule described in subparagraph (B); and

“(ii) except that the reference to programs in clause (vii)(II)(aa) of that section shall be considered to refer only to programs funded under the Carl D. Perkins Career and Technical Education Act of 2006 (20 U.S.C. 2301 et seq.).

“(D) With respect to an application for an implementation grant—

“(i) a description of how the eligible entity plans to provide mental health services, as needed, to eligible youth participants; and

“(ii) a description of how the eligible entity plans to address barriers to participation among eligible youth, including providing transportation and child care.

“(2) INDIAN TRIBE; TRIBAL ORGANIZATIONS.—An eligible entity that is an Indian tribe or tribal organization and desires to receive a grant under this section for a year-round youth employment program may, in lieu of submitting the application described in paragraph (1), submit an application to the Secretary that meets such requirements as the Secretary develops after consultation with the tribe or organization.

“(3) MENTOR.—For purposes of paragraph (1), any reference in subparagraphs (B)(iv), (B)(v), and (C)(iv) of section 176B(d)(1) to a mentor shall be considered to refer to a mentor who—

“(A) shall be an individual described in subparagraphs (A) and (C) of section 176B(d)(3);

“(B) shall make contact with the eligible youth at least twice each week; and

“(C) may be an individual described in section 176B(d)(3)(D).

“(4) YEAR-ROUND EMPLOYMENT.—For purposes of this subsection, any reference in section 176B(d)—

“(A) to summer employment shall be considered to refer to year-round employment; and

“(B) to a provision of section 176B shall be considered to refer to the corresponding provision of this section.

“(e) AWARDS FOR POPULATIONS AND AREAS; PRIORITIES.—

“(1) POPULATIONS.—The Secretary shall reserve, from the amounts made available under section 176A(a)(2)—

“(A) 50 percent to award grants under this section for planning or provision of subsidized year-round employment opportunities for eligible youth who are in-school youth; and

“(B) 50 percent to award such grants to plan for planning or provision of such opportunities for eligible youth who are out-of-school youth or unemployed individuals.

“(2) AREAS; PRIORITIES.—In awarding the grants, the Secretary shall—

“(A) carry out section 176B(e)(2); and

“(B) give priority to eligible entities—

“(i) who—

“(I) propose the coordination and plan described paragraphs (1) and (2) of section 176B(f), with respect to year-round youth employment; and

“(II) meet the requirements of section 176B(f)(3); or

“(ii) who—

“(I) propose a plan to coordinate activities with entities carrying out State, local, or tribal summer youth employment programs, to provide pathways to year-round employment for eligible youth who are ending summer employment; and

“(II) meet the requirements of section 176B(f)(3).

“(f) USE OF FUNDS.—An eligible entity that receives a grant under this section may use the grant funds—

“(1) for services described in subsection (d);

“(2) as described in section 176B(g)(2), with respect to year-round employment programs;

“(3) as described in section 176B(g)(3), with respect to activities under this section; and

“(4) at the discretion of the Secretary, as described in section 176B(g)(4), with respect to activities under this section.

“(g) PROGRAM SHARE.—

“(1) PLANNING GRANTS.—The provisions of section 176B(h)(1) shall apply to planning grants awarded under this section, with respect to the cost described in subsection (a)(2)(A).

“(2) IMPLEMENTATION GRANTS.—The provisions of section 176B(h)(2) shall apply to implementation grants awarded under this section, with respect to the cost described in subsection (a)(2)(B).

“SEC. 176D. EVALUATION AND ADMINISTRATION.

“(a) PERFORMANCE MEASURES.—

“(1) ESTABLISHMENT.—The Secretary shall establish performance measures for purposes of carrying out annual reviews under subsection (b) and of developing and implementing a system of continuous quality improvement under subsection (c).

“(2) COMPONENTS.—The performance measures for the eligible entities shall consist of—

“(A) the indicators of performance described in paragraph (3); and

“(B) an adjusted level of performance for each indicator described in subparagraph (A).

“(3) INDICATORS OF PERFORMANCE.—

“(A) IN GENERAL.—The indicators of performance shall consist of—

“(i) the percentage of youth employment program participants who are in education

or training activities, or in employment, during the second quarter after exit from the program;

“(ii) the percentage of youth employment program participants who are in education or training activities, or in employment, during the fourth quarter after exit from the program;

“(iii) the percentage of youth employment program participants who obtain a recognized postsecondary credential, or a secondary school diploma or its recognized equivalent (subject to subparagraph (B)), during participation in or within 1 year after exit from the program; and

“(iv) the percentage of youth employment program participants who, during a program year, are in a youth employment program that includes an education or training program that leads to an outcome specified by the Secretary, which may include—

“(I) obtaining a recognized postsecondary credential or employment; or

“(II) achieving measurable skill gains toward such a credential or employment.

“(B) INDICATOR RELATING TO CREDENTIAL.—For purposes of subparagraph (A)(iii), youth employment program participants who obtain a secondary school diploma or its recognized equivalent shall be included in the percentage counted as meeting the criterion under such subparagraph only if such participants, in addition to obtaining such diploma or its recognized equivalent, have obtained or retained employment or are in a youth employment program that includes an education or training program leading to a recognized postsecondary credential within 1 year after exit from the program.

“(4) LEVELS OF PERFORMANCE.—

“(A) IN GENERAL.—For each eligible entity, there shall be established, in accordance with this paragraph, levels of performance for each of the corresponding indicators of performance described in paragraph (3).

“(B) IDENTIFICATION IN APPLICATION.—Each eligible entity shall identify, in the application submitted under subsection (d) of section 176B or 176C, expected levels of performance for each of those indicators of performance for each program year covered by the application.

“(C) AGREEMENT ON ADJUSTED LEVELS OF PERFORMANCE.—The eligible entity shall reach agreement with the Secretary on levels of performance for each of those indicators of performance for each such program year. The levels agreed to shall be considered to be the adjusted levels of performance for the eligible entity for such program years and shall be incorporated into the application prior to the approval of such application.

“(b) ANNUAL REVIEW.—The Secretary shall carry out an annual review of each eligible entity receiving a grant under this subtitle. In conducting the review, the Secretary shall review the performance of the entity on the performance measures under this section and determine if the entity has used any practices that shall be considered best practices for purposes of this subtitle.

“(c) CONTINUOUS QUALITY IMPROVEMENT.—

“(1) IN GENERAL.—The Secretary shall, in addition to conducting the annual review, develop and implement a system of continuous quality improvement designed to improve the quality of activities carried out under this subtitle.

“(2) ACTIVITIES.—In implementing the system, the Secretary shall carry out activities including—

“(A) using the performance measures established under this section, to assess the quality of employment programs funded under sections 176B and 176C and providing the eligible entities carrying out those pro-

grams with continuing feedback on their performance on those measures;

“(B) creating improvement plans to address quality issues concerning the employment programs;

“(C) providing targeted support (including technical assistance and training) to staff of the eligible entities on improving the quality of the employment programs in areas where the system demonstrates that improvements are needed; and

“(D) publishing and disseminating information on the quality of the employment programs.

“(d) REPORT TO CONGRESS.—

“(1) PREPARATION.—The Secretary shall prepare a report on the grant programs established by this subtitle, which report shall include a description of—

“(A) the eligible entities receiving funding under this subtitle;

“(B) the activities carried out by the eligible entities;

“(C) how the eligible entities were selected to receive funding under this subtitle;

“(D) an assessment of the results achieved by the grant programs including findings from the annual reviews conducted under subsection (b); and

“(E) a description of the development and implementation of, and outcomes from, the system of continuous quality improvement described in subsection (c).

“(2) SUBMISSION.—Not later than 3 years after the date of enactment of the AID Youth Employment Act, and annually thereafter, the Secretary shall submit a report described in paragraph (1) to the appropriate committees of Congress.

“(e) APPLICATION TO INDIAN TRIBES AND TRIBAL ORGANIZATIONS.—The Secretary may issue regulations that clarify the application of all the provisions of this subtitle to Indian tribes and tribal organizations.

“SEC. 176E. AUTHORIZATION OF APPROPRIATIONS.

“There are authorized to be appropriated—

“(1) to carry out section 176B, \$375,000,000 for each of fiscal years 2026 through 2030; and

“(2) to carry out section 176C, \$500,000,000 for each of fiscal years 2026 through 2030.”.

SEC. 3. CONFORMING AMENDMENTS.

(a) REFERENCES.—

(1) Section 121(b)(1)(C)(ii)(II) of the Workforce Investment and Opportunity Act (29 U.S.C. 3152(b)(1)(C)(ii)(II)) is amended by striking “subtitles C through E” and inserting “subtitles C through F”.

(2) Section 503(b) of such Act (29 U.S.C. 3343(b)) is amended by inserting before the period the following: “(as such subtitles were in effect on the day before the date of enactment of this Act)”.

(b) TABLE OF CONTENTS.—The table of contents in section 1(b) of such Act is amended by striking the item relating to the subtitle heading for subtitle E of title I and inserting the following:

“Subtitle E—Youth Employment Opportunities

“Sec. 176. Definitions.

“Sec. 176A. Allocation of funds.

“Sec. 176B. Summer employment competitive grant program.

“Sec. 176C. Year-round employment competitive grant program.

“Sec. 176D. Evaluation and administration.

“Sec. 176E. Authorization of appropriations.

“Subtitle F—Administration”.

By Mr. PADILLA (for himself and Mr. SCHIFF):

S. 1215. A bill to establish the Cesar E. Chavez and the Farmworker Movement National Historical Park in the States of California and Arizona, and

for other purposes; to the Committee on Energy and Natural Resources.

Mr. PADILLA. Mr. President, I rise today to reintroduce the César E. Chávez and the Farmworker Movement National Historical Park Act. This bill would establish the César E. Chávez and the Farmworker Movement National Historical Park in California and Arizona to preserve the nationally significant sites associated with César Chávez and the farm worker movement.

Today, March 31, we celebrate César Chávez Day, a day to honor and celebrate the life and legacy of the civil rights and labor leader whose impact reverberated throughout California and across the world. For César Chávez, it did not matter where you came from or what your job was; he believed in your fundamental right to dignity and respect.

In 2008, with strong bipartisan support, Congress enacted legislation directing the National Park Service to conduct a special resource study of sites that are significant to the life of César Chávez and the farm labor movement in the Western United States. The National Park Service evaluated over 100 sites and found that 5 sites were “nationally significant”. Importantly, the Park Service wrote that these nationally significant sites depict a distinct and important aspect of American history associated with civil rights and labor movements that are not adequately represented or protected elsewhere. While the Park Service provided five management alternatives to protect these special places, they ultimately recommended that Congress establish a national historic park that would include several nationally significant sites.

In 2012, President Obama established the César E. Chávez National Monument. While this action was a critical step forward, the national monument omits many nationally significant sites and leaves many important stories untold. The creation of a national historical park, as originally recommended by the Park Service, would allow the National Park Service to tell the full story of César Chávez and the farm labor movement for the benefit of all Americans.

This legislation would also require the National Park Service to complete a National Historic Trail Study to determine the feasibility of creating the Farmworker Peregrinación National Historic Trail. If ultimately designated, this trail would commemorate the 1966 Delano to Sacramento March, a major milestone event in the farm labor movement.

As the son of immigrants from Mexico and the first Latino to represent California in the U.S. Senate, I believe the movement César Chávez created is as important today as it ever has been. The National Park System—which preserves our natural, historical, and cultural heritage while offering vital spaces for teaching, learning, and outdoor recreation—must paint the full

mosaic of America. Through the sites preserved by this bill, we will ensure that the National Park System preserves the diverse history of our Nation that is too often overlooked, ignored, or not represented.

I want to thank Congressman RUIZ for spearheading this effort with me to ensure that our national monuments and historical parks better reflect the diversity of America's heritage. I would also like to thank Senator SCHIFF for cosponsoring this legislation with me.

Today and every day, let's recommit to the work César Chávez began. As he would say: "La Lucha Sigue." We must not waver as we keep up the fight for justice and equality for all. I look forward to working with my colleagues to enact the César E. Chávez National Historical Park Act.

SUBMITTED RESOLUTIONS

SENATE CONCURRENT RESOLUTION 11—SUPPORTING THE GOALS AND IDEALS OF INTERNATIONAL TRANSGENDER DAY OF VISIBILITY

Mr. SCHATZ (for himself, Mr. FETTERMAN, Ms. ROSEN, Mr. MARKEY, Mr. DURBIN, Ms. SMITH, Mr. WYDEN, Mr. MERKLEY, Ms. BALDWIN, Ms. HIRONO, Mr. BOOKER, Mr. WHITEHOUSE, Mr. VAN HOLLEN, Mr. PADILLA, Mr. WELCH, Ms. WARREN, Mr. BLUMENTHAL, Mr. COONS, Mr. SCHIFF, and Ms. DUCKWORTH) submitted the following concurrent resolution; which was referred to the Committee on the Judiciary:

S. CON. RES. 11

Whereas International Transgender Day of Visibility was founded in 2009 to honor the achievements and contributions of the transgender community;

Whereas International Transgender Day of Visibility is designed to be encompassing of a large community of diverse individuals;

Whereas International Transgender Day of Visibility is a time to celebrate the lives and achievements of transgender individuals around the world, and to recognize the bravery it takes to live openly and authentically;

Whereas International Transgender Day of Visibility is also a time to raise awareness of the discrimination and violence that the transgender community still faces, which make it difficult and even unsafe or fatal for many transgender individuals to be visible;

Whereas the transgender community has suffered oppression disproportionately in many ways, including—

- (1) discrimination in employment and in the workplace;
- (2) discrimination in health care and housing;
- (3) discrimination in access to public services;
- (4) discrimination in educational institutions; and
- (5) disproportionate exposure to victimization and violence;

Whereas forms of anti-transgender oppression are exacerbated for transgender individuals of color, individuals with limited resources, immigrants, individuals living with disabilities, justice-involved individuals, and transgender youth;

Whereas a record number of anti-transgender bills have been introduced in re-

cent years at all levels of government, targeting areas such as—

(1) education, including by prohibiting school staff from acknowledging or respecting transgender pupils, colleagues, and family members, barring transgender students from accessing gender-appropriate programs and facilities, and censoring curriculum that allows readers to explore and engage with differing perspectives;

(2) health care, including restrictions on medically necessary transition-related medical care and routine health care services;

(3) public accommodations, such as safe access to public restrooms; and

(4) identification documents, including by restricting the ability to realign or correct birth certificates and other forms of identification;

Whereas President Trump issued multiple Executive orders that attempt to erase transgender people, including—

(1) Executive Order 14168 (90 Fed. Reg. 8615; relating to defending women from gender ideology extremism and restoring biological truth to the Federal Government);

(2) Executive Order 14183 (90 Fed. Reg. 8757; relating to prioritizing military excellence and readiness);

(3) Executive Order 14187 (90 Fed. Reg. 8771; relating to protecting children from chemical and surgical mutilation);

(4) Executive Order 14190 (90 Fed. Reg. 8853; relating to ending radical indoctrination in K-12 schooling); and

(5) Executive Order 14201 (90 Fed. Reg. 9279; relating to keeping men out of women's sports);

Whereas the transgender community and allies of the transgender community have made it clear that transgender individuals will not be erased and deserve to be accorded all of the rights and opportunities made available to all;

Whereas, before the creation of the United States, Indigenous two-spirit, transgender individuals existed across North America in many Native American communities, with specific terms in their own languages for these members of their communities and the social and spiritual roles they fulfilled, and while many were lost or actively suppressed by the efforts of missionaries, government agents, boarding schools, and settlers, two-spirit individuals have promoted increased public awareness in recent decades;

Whereas transgender individuals continue to tell their stories and push for full equity under the law;

Whereas the civil-rights struggle has been strengthened and inspired by the leadership of the transgender community;

Whereas transgender individuals in the United States have made significant strides in elected office and political representation;

Whereas at least 36 States and the District of Columbia have at least 1 transgender elected official at the State or municipal level;

Whereas there are at least 23 openly transgender, gender-nonconforming, or non-binary elected officials in State legislatures;

Whereas voters in the State of Delaware elected Sarah McBride as the first openly transgender member of Congress;

Whereas voters in the State of Virginia elected Danica Roem to be the first openly transgender State legislator in the United States;

Whereas voters in the State of Oklahoma elected Mauree Turner as the first openly nonbinary State legislator in the United States;

Whereas voters in the State of New Hampshire elected James Roesener as the first openly transgender man State legislator in the United States;

Whereas 6 States have at least 1 transgender or gender-non-conforming jurist on the bench;

Whereas more transgender individuals are appearing in movies, on television, and in all forms of media, raising awareness of their experiences and the importance of living authentically;

Whereas transgender individuals have created culture and history as artists, musicians, organizers, and leaders; and

Whereas International Transgender Day of Visibility is a time to celebrate the transgender community around the world: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That Congress—

(1) supports the goals and ideals of International Transgender Day of Visibility;

(2) encourages the people of the United States to observe International Transgender Day of Visibility with appropriate ceremonies, programs, and activities;

(3) celebrates the accomplishments and leadership of transgender individuals; and

(4) recognizes the bravery of the transgender community as it fights for equal dignity and respect.

PRIVILEGES OF THE FLOOR

Mr. DURBIN. Mr. President, I ask unanimous consent that DeNay Adams, Quentin Mansfield, Victoria Esparza, and Kelsey Handschuh be granted floor privileges until April 3, 2025.

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

Mr. WICKER. Mr. President, I ask unanimous consent that the following law clerks on Senator CAPITO's staff be granted floor privileges until April 4, 2025: Camryn Runyon, Megan Banke, and Harry Kazenoff.

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

The PRESIDING OFFICER. The Senator from New Jersey.

TRUMP ADMINISTRATION

Mr. BOOKER. Mr. President, I am really grateful you are in the Chair and grateful to be able to rise right now and speak.

I want to say at the top that I have a tremendous love for this institution, and a lot of that is born from the people that are here—from the pages I get to know in every class, to the folks that work the door, the clerks, the Parliamentarians. It is a special place, and a lot of people who are known here are not the ones that really keep this place functioning.

I come in here days and I have good moods or bad moods but always find myself lifted when I walk onto this floor. It is a sacred civic space. It is extraordinary. And I am always aware of the weight of history when I walk in here. No matter a good day, bad day, whether I am in a rush or not, when I touch the Senate floor, I feel something really magnificent.

I don't think that our Founders would have ever imagined a body like this with Black people on both sides of the aisle, with women serving here, with folks from many different backgrounds. We are in many ways doing what the Founders had envisioned, which was this idea of every generation making this a more perfect Union.

But there have been times in this journey where our Union was in crisis and was in peril. There were times in this great American journey, over our 250 years, where so many heroes had to emerge, people that I have come to revere, like Joshua Chamberlain from Maine, who played such a pivotal role in the Battle of Gettysburg. What a noble soul he was. He would later go on to be Governor of his State and go on to do great things, but his heroism lay that in a time of crisis, he stood up.

I know there are veterans in this body—I admire them so much—who have answered that call to serve our country and put their lives in sacrifice.

There are people I admire that are heroes of mine that were suffragettes. There were people who fought as abolitionists. There are people more recently that I have come to lionize and admire because they did so much for this country—not with titles, not with high ranks or positions, but folks who, when this country was facing crossroads, was facing crises, they stood up. They spoke up.

One of my greatest heroes of life was a man I got to serve with named John Lewis. I served with him while in this body. Every opportunity I had, I would ask him about the times when he was just a 20-something. He was the youngest person who was a feature speaker on the March on Washington. He was called the bravest man in the civil rights movement because he kept putting himself in harm's way to dramatize, to let folks know, to bring attention to the injustices in this world and to say very strongly that this—what was going on in our country—is not normal, that what is going on in our country is wrong.

I stand on this floor as a U.S. Senator, but I revere people who never stood on this floor; people who, before they even got to their thirties and forties and fifties in life, were out there as great patriots fighting for this Nation.

I rise today in an unusual manner, and I want to be clear and explain that. But I just want to tell you what John Lewis said. It is a quote so many people know. He really spoke not to Members of the Senate or the Congress; he was really speaking to Americans. He said:

Get in good trouble, necessary trouble, and help redeem the soul of America.

John Lewis died in 2020, in July, at a time that—it was Donald Trump's first term in office. He did what Congresspeople did, but he also did some really extraordinary things to fight for healthcare.

My friend CHRIS MURPHY knows about that. He was there when John Lewis did an open Facebook chat—not in this Chamber or the House Chamber; he sat on the steps, and people were there. I remember when he did a sit-in. They had to shut the cameras off him. He got in good trouble on the House side too.

So I start tonight thinking about him. I have been thinking about him a

lot during these last 71 days—“Get in good trouble, necessary trouble, and help redeem the soul of America,” and I had to ask myself, if he is my hero, how am I living up to his words?

I think Democrats and Republicans have made a lot of mistakes. No side has a monopoly on the truth. No side has been perfect servants of this country. But what has happened in the last 71 days is a patent demonstration of a time where John Lewis's call to everyone has, I think, become more urgent and more pressing. If I think it is a call for our country, I have to ask myself, how I am living these words?

So tonight, I rise with the intention of getting in some good trouble. I rise with the intention of disrupting the normal business of the U.S. Senate for as long as I am physically able. I rise tonight because I believe sincerely that our country is in crisis. And I believe that not in a partisan sense because so many of the people that have been reaching out to my office in pain, in fear, having their lives upended—so many of them identify themselves as Republicans. Indeed, in conversations from in this body, to in this building, to across my State, and recently in travel across the country, Republicans as well as Democrats are talking to me about what they feel is a sense of dread about a growing crisis or what they point to about what is going wrong.

The bedrock commitments in our country that both sides rely on—that people from all backgrounds rely on—those bedrock commitments are being broken. Unnecessary hardships are being borne by Americans of all backgrounds. Institutions which are special in America, which are precious, which are unique in our country, are being recklessly—and I would even say unconstitutionally—affected, attacked, even shattered.

In just 71 days, the President of the United States has inflicted so much harm on Americans' safety, financial stability, the core foundations of our democracy, and even our aspirations as a people from our highest offices, a sense of common decency. These are not normal times in America, and they should not be treated as such.

John Lewis and so many heroes before us would say that this is the time to stand up, to speak up. This is the time to get in some good trouble, to get into necessary trouble.

I can't allow this body to continue without doing something different, speaking out. The threats to American people and American democracy are grave and urgent, and we all must do more. We all must do more against them.

But those 10 words—“If it is to be, it is up to me”—all of us have to think of those 10 words, those 10 two-letter words—“If it is to be, it is up to me”—because I believe generations from now will look back at this moment and have a single question: Where were you? Where were you when our country was in crisis and when American people

were asking for help: Help me. Help me. Did we speak up?

When 73 million American seniors who rely on Social Security were to have that promise mocked, attacked, and then to have the services undermined, to be told “There will be no one there to answer if you call for help”; when our seniors became afraid and worried and panicked because of the menacing words of their President, of the most wealthy person in the world, of Cabinet Secretaries, did we speak up?

When the American economy, in 71 days—71 days—has been upended; when prices at the grocery store were skyrocketing and the stock market was plunging; when pension funds, 401(k)s were going down; when Americans were hurting and looking up; when the resounding answer to this question was no—are you better off economically than you were 71 days ago?—where were you?

Did you speak up at a time when the President of the United States was launching trade wars against our closest allies, when he was firing regulators who investigate America's biggest banks and biggest corporations to stop them from taking advantage of the little guy or the little gal or my grandmother or your grandfather, dismantling the Agency that protects consumers from fraud—the only one whose sole purpose is to look out for them?

Did you speak up when the President of the United States, in a way that is so crass and craven, peddled his own meme coin and made millions upon millions upon millions of dollars for his own bank account at a time so many are struggling economically?

Did you speak up when the President of the United States did what amounts to a car commercial for the richest man in the world right in front of America's house, the White House?

When the President tried to take healthcare away, where were you? Did you speak up? Threatening a program called Medicaid that helps people with disabilities, helps expectant mothers, helps millions upon millions of Americans. And why? Why? As a part of a larger plan to pay for tax cuts for the wealthiest amongst us who have done the best over the last 20 years, for billionaires that seem so close to the President that they sat right on the dais at his inauguration and sit in his Cabinet meetings at the White House.

Did you speak up when he gutted public education, slashed funds for pediatric cancer research, fired thousands of veterans who risked their lives for their country; when he abandoned our allies and our international commitments at a time when floods, fires, hurricanes, and droughts are devastating communities across this country; when countries all around the world are banning together to do something and he turned his back?

Did you speak up when outbreaks of dangerous, infectious diseases are still

a global threat, yet we have stopped engaging in the efforts necessary to meet those threats?

Where were you when the American press was being censored; when international students were being disappeared from American streets without due process; when American universities were being intimidated into silence, challenging that fundamental idea of freedom of thought, freedom of expression; when the law firms that represent clients that may not be favored are attacked and attacked and attacked? Where were you? Did you speak up when they came for those firms?

What about when the people who attacked the police officers who defended this building—an American democracy—on January 6; who just outside those doors put their lives on the line for us, and many of them would later die—where were you when the President pardoned them, celebrated them, and even talked of giving them money, people who savagely beat American police officers?

Did you speak up when Americans from across the country were all speaking up, when more and more voices in this country were speaking up, saying: “This is not right. This is un-American. This is not who we are. This is not America”? Did you speak up?

So I rise tonight because I believe to be about what is normal right now when so much abnormal is happening that is unacceptable. I rise tonight because silence at this moment of national crisis would be a betrayal of some of the greatest heroes of our Nation, because at stake in this moment is nothing less than everything that we brag about, that we talk about, that makes us special.

At stake right now are some of our most basic American principles that so many Americans understand are worth fighting for, worth standing for, worth speaking up for—like, if you work hard your entire life and pay into Social Security, it should be there for you when you retire, and you should not have to question that those paychecks will arrive and that the government should strive to improve service to you, not brag about cutting it; basic American principles like, if you serve your Nation in the military, if you put your life in danger abroad, you will be respected and taken care of. You will be cherished and honored and not forced to worry that the Federal employees who provide you with care, many of whom were veterans themselves, will be fired or the benefits that you rely on will be denied or that your healthcare needs won't be met; basic American principles like your child will have access to a high-quality public education, that every child has a unique genius, even our children—beautiful children—with special needs; they have genius; and that our children can go to school and parents and teachers know that they will be safe there.

Safe now are those basic American principles; that the people you elect to

serve you in government will represent you and not to try to make themselves richer, not run some scam, and call you a sucker; the basic ideals of our Nation that everyone's rights will be equally protected, and everyone will be held accountable under the law. Right now, all of this—things that make our country different—are under attack. Our constituents are asking us to acknowledge this. Everywhere I travel now, I hear from Republicans and Independents and Democrats who are afraid, who are worried, who are angry.

I think about John Lewis, who taught me that fear is not something to be shunned. It is almost a signpost that you are headed in the right direction. It is something that is a necessary precondition. You cannot have great fear without great courage. John Lewis would tell us that this is a time for great courage. He would tell us that anger is a fuel. It can consume you, debilitate you, or it can fuel you to put yourself in the service of others. I feel, if my friend were here, if my hero were here, he would tell us and try to teach us that this is a moment to know that despair is only possible if you don't meet it as an agent of hope.

If John Lewis were here, he would look at me and say: What are you doing? What are we doing?

So, tonight, I rise in an unusual way. I rise with the intention to stand here until I can stand no longer, until I am physically unable to stand anymore. I am going to speak up. I am going to try to cause some good trouble in this body I respect so much. I am going to try to cause what I believe is necessary trouble. I am going to try to honor the legacy that I know I have inherited as an American, the legacy I think about when I come to this floor and feel sometimes overwhelmed with all of the sacrifice and struggle that had to get me here: good people who caused good trouble in the face of slavery; good people who caused good trouble in the face of the denial of the right to vote; good people who caused good trouble in the cause of equal rights; good people who caused good trouble in the fight against hate; good people who caused good trouble in the fight against demagogues from McCarthyism to Father Coughlin, to big people who showed such small character when they tried to suppress others. I want to cause good trouble and prove worthy of those who came before.

This is not normal. Listen to America. Listen to Americans. They seem to always be ahead of this body. They are rising up in State after State, not along partisan lines, but along an American line, not because they hate other Americans, but because they love America. What does love look like in public? It looks like justice, and there is so much injustice going on.

I don't know how long I can stand, but I will stand and speak up. I want to start by reading some of these letters to try to give folks a flavor of what has happened in my office for 71 days. The

calls we have gotten have gotten more and more and more numerous. I know I am not the only one because the calls became so numerous to the Senate as a whole that it locked up the lines. There are letters I am getting and emails I am getting. There are people taking scraps of paper and just writing their hearts out and sending them in to say: These are not ordinary times. These are painful times, frightening times, times when people question what is happening to America and worry that there are powerful people trying to fundamentally change our Nation in a way that will hurt people to the benefit of the powerful and the wealthy.

I look at these letters like this one. I won't read the name, but they say:

Hi, Senator Booker. Medicaid has saved my life many, many times. Without it, many people in America will die. Please, help us.

It is underlined multiple times.

Here is another scrap of paper on which somebody writes their heart out:

Dear Senator Booker, when I got out of the Navy, I had mental illness. I needed psychiatric medicine to stop going in and out of the hospital. Because of Medicaid, I have medicine that has kept me out of the hospital for 18 years. Without Medicaid and my medicine, I will wind up in the hospital.

Americans are telling me their most vulnerable pains. Their most terrified realities are now confronting them, rendering their pride and telling their truth.

Here is another one:

Dear Senator Booker, I am writing you today as a constituent. In addition to being a concerned citizen, I am a 25-year employee of the local board of education and a parent of a permanently disabled daughter who has just started receiving Medicaid. Even with her master's degree, my daughter is only able to work 19 hours a week. Therefore, insurance is not provided. Medicaid is a necessity to maintain her physical and emotional health and provide services to assist with her independence so she can continue to be a contributing member of society. By withdrawing funding for Medicaid, the policy would disrupt programs serving disabled and elderly people in New Jersey and throughout the country. And Medicaid is only one area which will potentially be affected by Donald Trump's funding freeze. Please protect Social Security and Medicare for the hard-working Americans who have earned it. Social Security isn't a “handout.” We have paid into it with every paycheck throughout our entire working lives, and the 66 million seniors relying on Medicare could have their healthcare put on hold or canceled. We deserve to know these programs will be there for us. If Federal grants are limited, medical and science research limited, including vaccines and disease prevention, they will all be severely impacted. The United States should be a world leader in healthcare and education and scientific advancement. This is an embarrassment to us as a country. It should not be possible in America for one single man—even an elected President—to stop funds which Congress has already allocated. I implore you to use your power as my Senator and a key member of our government to stand up for what is important to the people of your district. We want to go to work, take care of our families, and ensure all citizens have the health services they deserve. These latest orders are inappropriate, untenable, and illegal. As a Senator, please

take action. Please take action to defend and protect these programs. Thank you for your time.

Cory Booker, recently it has come to my attention that my students' rights in New Jersey are under threat from new legislation. This has caused distress and uncertainty in my classroom for my students who depend on funds from Medicaid. My students depend on consistency, and a lapse in their education and care would result in regression, trauma, and worse. I teach students in New Jersey who are supported by your legislature. I teach all abilities, meaning many of the students live with ADHD, autism, and other disorders that require extra care and attention. It is my life's mission to bring what I know to those who want to learn it. I love the job I do. I love that I get to spend time with those who need it most and deliver care and education. The job that I do helps my students live more independently and achieve richer and more fulfilling lives. I live out of State, but most of my students are from the State you help legislate. My students' rights are in trouble and need you to advocate for them. I urge you to continue to fight for Medicaid. Please work to oppose any and all cuts or caps to the Medicaid program.

Dear Senator Booker, my name is—I am a registered voter in New Jersey. I am writing today to strongly urge you and your fellow policymakers to oppose all cuts to the Medicaid program as it is a lifeline for individuals with disabilities. Oppose all cuts or caps. I was a special education teacher for 30 years, and after I retired, I volunteered as a special education advocate for 10 years. I had the privilege of advocating for many disabled children and young adults who were receiving Medicaid services. Medicaid gave many of my clients the opportunity to participate in society by providing daily life skills for independence. Skills reinforced through Medicare programs include shopping, safety, job search, speech and language—just to point out a few of the services provided by Medicaid. My clients require repetition of these skills to function in their daily lives. Without these programs provided by Medicaid, regression will occur, and learned skills will not be retained. Without Medicaid, this community will struggle, isolate, and lose any quality of life they have enjoyed since receiving Medicaid services. Medicaid has made a critical difference in the lives of my clients. Cutting and capping Medicaid will have devastating consequences for them and their family.

Senator, there are 1.6 million New Jersey residents with disabilities who rely on Medicaid for access to vital care, resources, and essential medications needed to survive. Please support and fight for these vulnerable New Jersey citizens. Please take action to protect these vital programs provided by Medicaid.

Thank you in advance for your anticipated efforts in my request of your support for our most vulnerable residents.

I am going to rise tonight, as I said, and stay for as long as I physically can, and I am going to go through issue area after issue area after issue area and talk specifically to the concerns, the fears, the actions taken, to the hurts that are already being felt throughout America, elevating others' voices who don't have the privilege of standing in this body, honoring those Americans who, even though they don't have such a position, they are raising their voice. I will rise for as long as I can to honor them and raise mine.

The first area I want to talk about is Medicaid, Medicare, and healthcare, as my constituent spoke to.

I don't need to tell anyone the importance of healthcare to humanity. Without our health, we would not be able to do anything else. We would not be able to provide for our families, spend time with our loved ones, do all of the things that make life worth living. That is why I am going to stand here and explain to people what is going on and how our healthcare programs are at risk and being undermined.

The Trump administration and Republicans in Congress are, right now, discussing how to cut these programs in a way of putting those savings either into tax cuts for the rich—I say “either” because they are going to be putting them into tax cuts for the rich, but those tax cuts, as we know, are still going to blow massive trillion-dollar holes in our deficits.

They are trying to gut Medicaid and Medicare programs on which nearly a third of our country rely, all to pay for those tax cuts to billionaires and corporations. They are also dismantling the very institutions meant to safeguard our Nation's health and well-being. And this is not the first time.

They tried this before during Trump's first administration when he unsuccessfully tried to repeal the Affordable Care Act and cut Medicaid, despite its popularity across the Nation, across the political aisle. He was going after something that wasn't left or right, that Americans were saying in the course of conviction that this is about right or wrong, and it is wrong to take away healthcare for millions of people.

Let me explain, if I can, or speak to a few points from a recent report by Protect Our Care to explain what the administration is trying to do to our healthcare system. They want to slash almost a trillion dollars—about \$850 billion—from Medicaid, forcing people to choose between healthcare and putting food on the table.

In every State, hundreds of thousands of seniors, children, and working families could lose their health insurance, thanks to Republicans' plan to cut those hundreds and hundreds of billions of dollars from Medicaid.

It would impose, they seek, burdensome work requirements for people on Medicaid. The last proposal coming from Republicans of that work requirement has one goal: to make it harder for people to qualify for Medicaid, to slash benefits, and deny up to 36 million people access to healthcare so they could fund, again, those tax breaks for the wealthiest, for corporations.

Work requirements only increase the redtape of hard-working families already burdened by working multiple jobs, caring for children, and more. They are simply increasing the redtape working families have to go through to obtain affordable care.

Their intention is also to hike premium costs. Millions of families who

use private health insurance saved an average of \$2,400 per year on their premiums, thanks to the Inflation Reduction Act advanced premium tax cuts. But now the proposals Republicans are putting forth want to end these savings and raise costs for over 24 million Americans.

The proposal wants to take away protections from people with preexisting conditions. The GOP plans to repeal and undermine the ACA; meaning, if they are successful, 135 million people with preexisting conditions like asthma, cancer, and diabetes would lose critical protections, and private insurers, insurance companies can charge them higher premiums.

The efforts that they are discussing—Republicans are discussing—would raise prescription drug prices. It would stop medical research and stop medical debt relief.

Over the first 3 months of his administration, Donald Trump and Republican allies have increased the prices of prescription drugs—including cancer and heart medications, as well as vital antibiotics—delayed the implementation of a Biden administration rule that barred medical debt from showing up on credit reports, cut NIH grants, halted all studies and activities within the NIH relating in any capacity to the health of LGBTQ Americans, including active research programs, and President Trump violated court orders to halt funding freezes to organizations like the NIH.

Republicans rejected legislation to cap insulin costs for millions of people with diabetes nationwide. Now they want to raise costs for seniors by repealing the cap for people who rely on Medicare. As many as one in four of the 7.5 million Americans depending on insulin are skipping or skimping on doses. I want to say that again. As many as one in four of the 7.5 million Americans depending on insulin are skipping or skimping on doses. This is a life-threatening practice. No one in this country should have to bear that.

This week, we know Republicans in the Senate will make us vote on a budget that will, inevitably, intend to harm the strength of programs like Medicaid and vital health programs in general.

Here is what a few organizations are saying about the impact of the budget that will soon be put on this floor, what impact it will have on our health systems.

According to this nonpartisan Center on Budget and Policy Priorities, a nonpartisan policy and research institute, this is what they write:

The House Republican budget would require deep cuts to Medicaid, and recent statements from House Energy and Commerce Committee Chair Brett Guthrie suggest the Affordable Care Act's . . . Medicaid expansion to adults with low incomes—which covers more than 20 million [Americans]—will be a prime target. Cutting Medicaid by hundreds of billions of dollars and focusing many of those cuts on the Medicaid expansion would lead millions of people to become

uninsured. Eliminating Medicaid expansion was a key goal of Republicans' failed effort to repeal the ACA eight years ago, and Congress should once again reject efforts to undermine it.

Recent Republican proposals such as reducing the federal matching rate for Medicaid expansion, repealing the 2021 Rescue Plan's incentive for new states to expand, or taking away Medicaid coverage from certain adult enrollees by imposing work requirements would leave expansion enrollees at risk. They could lose their coverage due to work requirements, or their state might drop their coverage due to a drastic increase in state costs. Twelve states—

Twelve American States—

have "poison pill laws" that would automatically end expansion coverage or require review of the coverage if the federal matching rate drops below 90 percent. In [those] states, expansion enrollees are at even greater risk.

[Representative] Guthrie's recent statement confirms that [House] Republicans are eyeing proposals such as work requirements, a reduction in the federal matching rate, or a per capita cap on funding for the expansion group. This last option could shift . . . \$72 billion and \$190 billion in costs to states from 2026 to 2034—

Putting that burden from \$72 billion to \$190 billion on States—

increasing the state costs of expansion by 41 to 108 percent and [thus] jeopardizing [medical] coverage for millions.

Forty states plus Washington, D.C. have adopted the Medicaid expansion—

Forty States, plus the District of Columbia have adopted the Medicaid expansion—

helping adults with low incomes become healthier and more financially secure. Health coverage through expansion improves people's access to—

Something that makes so much economic sense. It—

improves people's access to preventive and primary care, [it also] provides care for [people with] chronic illnesses, prevents premature deaths, and protects people from catastrophic out-of-pocket medical costs.

Let me pull away from the non-partisan group's remarks for a second because I saw this as a mayor. When you scrimp on regular treatment for people with chronic care, when you scrimp on preventing disease, it costs more to taxpayers. I saw that because folks would end up in my emergency rooms in Newark. And the care there is so much more expensive. For a taxpayer, you get a much better deal in helping someone treat their chronic disease. You get a much better deal in giving them regular access to doctors. But to cut that makes no sense.

Not only are you cutting it to give, again, those larger tax cuts to billionaires and corporations, but you are cutting it, and you are just going to add more and more to the overall healthcare costs of our country and to the size of the debt.

Let me go back to the text.

Having health coverage also makes it easier for adults to work or . . . look for a job. Considering that Medicaid supports work and that 9 out of 10 Medicaid adults are al-

ready working, caring for family, attending school, or are ill or disabled, work requirements are unnecessary. [They are] burdensome. [They are more redtape and hassles.] Proposals to use work requirements as a way to take away Medicaid coverage from certain adults are just another way to undermine the Medicaid expansion.

Attacks on the Medicaid expansion are often based on false claims that covering adults with low incomes takes away care from groups traditionally eligible for Medicaid. In reality, Medicaid expansion supports better outcomes for all groups, including children, older adults, and people with disabilities.

Medicaid expansion has driven coverage gains for parents, which improves their access to care as well as [their] overall well-being [the overall well-being] of their children.

Stepping away from the text, there is not a parent in America who knows that when you are sick, when you are being hurt by your chronic disease, it is harder to take care of children, and their well-being suffers.

Back to the text:

Expansion has also driven coverage gains among people with disabilities. People with disabilities who receive Supplemental Security [insurance] Income generally also qualify for Medicaid, but 2 out of 3 people with disabilities who participate in Medicaid qualify on another basis, meaning Medicaid expansion is an important path to coverage for those with low incomes.

Medicaid expansion also supports hospitals and other health care providers by reducing their uncompensated care costs and improving their operating margins, especially [especially, especially] for rural and safety-net hospitals. If all states [in America] were to drop the Medicaid expansion in response to a decline in federal support, a recent analysis found that [the] provider revenues would fall by \$80 billion and uncompensated care costs would increase by \$19 billion in 2026 [alone].

That is the end of the article. This is not a hyperbole or scare tactic. These are real possibilities. Even the non-partisan Congressional Budget Office has said there is no way to meet the Republican budget resolution dedicated cuts without cutting Medicaid or Medi-

care.

(Mr. MORENO assumed the Chair.)

Tonight and into tomorrow morning, I am going to do everything I can to elevate the voices of Republicans because this is not intended to be a partisan speech.

From the Cato Institute to the Wall Street Journal, to nonpartisan groups, to the Congressional Budget Office, everyone is pointing to what is happening as not normal, not what the President says it is, as something that is going to hurt Americans, something that is going to cost us more money in the long run—that someone is going to take people with disabilities and put them even more in the shadows and in the margins when they should be centralized and empowered, that what they are proposing is not just morally wrong; it actually adds to the fiscal crisis of our country.

It will drive up healthcare costs in America. It will drive up chronic disease in America, an issue so important to me that I have been fighting for it

since I got here, because America—this great Nation, this great land—is one of the leading countries on the planet Earth, in the Western World—in the leading democracies, I should say—that has maternal mortality rates that are extraordinarily high.

Forty-plus percent of our babies are born on Medicaid.

Here is an article from NBC: "Republicans can't meet their own budget target without cutting Medicare or Medicaid."

House Republicans can't meet their own budget target that is necessary to pass President Donald Trump's legislative agenda without making significant cuts to Medicare or Medicaid, the official budget scorekeeper confirmed Wednesday.

House Republicans adopted a budget blueprint last week that opens the door to pass Trump's policy priorities on immigration, energy and taxes. It instructs the House Energy and Commerce Committee to cut spending under its jurisdiction by \$880 billion.

The Congressional Budget Office, a non-partisan in-house think tank that referees the process, said that when Medicare is set aside, the total funding under the committee's jurisdiction is \$3.8 trillion over 10 years. Medicaid accounts for \$8.2 trillion of that, or 93%.

When Medicare and Medicaid are excluded, the committee oversees a total of \$581 billion in spending—much less than the \$880 billion target—the CBO said. The letter outlining the figures was in response to a query by—

I will step away from the article for a second—by my friend and longtime New Jersey Representative FRANK PALLONE—he is the ranking member of the Energy and Commerce Committee—and BRENDAN BOYLE, a Democrat, of Pennsylvania, the ranking member of the Budget Committee. They asked the question.

That leaves Republicans in a deep predicament. The budget resolution, adopted by the slimmest of margins in the narrowly divided House, was the delicate product of negotiations among conservative hard-liners who demand steep spending cuts and swing-district GOP lawmakers who say they don't want to slash funding for the health programs their constituents rely on.

Off the article for a second, God bless you for caring about your constituents.

Revising the target would mean upsetting one of those factions and potentially risking the support of key votes to pass the eventual budget reconciliation bill that advances Trump's agenda.

Democrats have made protecting Medicaid a centerpiece of their attack on the party-line GOP agenda, accusing Trump of trying to cut health care for the working class to pay for tax cuts for the wealthy.

"This letter from CBO confirms what we've been saying all along: the math doesn't work without devastating Medicaid cuts," Pallone said Wednesday in a statement. "Republicans know their spin is a lie, and the truth is they have no problem taking health care away from millions of Americans so that the rich can get richer and pay less in taxes than they already do."

You see—stepping away from this—they are saying we are going to make these cuts to balance the budget, but their budget blows a bigger hole in our deficit. If this is what Trump said, then why are they proposing to cut \$880 billion from critical healthcare programs

like Medicaid, Medicare, and the Children's Health Insurance Program?

You can't have it both ways. Donald Trump promised to make America healthy again, but gutting healthcare for millions of Americans—gutting healthcare for millions of Americans—rolling back healthcare for millions of Americans, rolling back support for new mothers, slashing innovative cancer treatments—this doesn't help families.

I love what Dr. King said. Martin Luther King famously stated:

Of all the forms of inequality, injustice in health is the most shocking and inhumane.

Of all the forms of inequality, injustice in health is the most shocking and inhumane.

Paul Farmer—extraordinary leader, physician, anthropologist, renowned humanitarian, pioneer of global health—I read his book “Mountains Beyond Mountains.” In another one of his books, “Pathologies of Power: Health, Human Rights, and the New War on the Poor,” he wrote:

If access to healthcare is considered a human right, who is considered human enough to have that right?

I think, in a country this wealthy, where we are seeing stratospheric wealth created here in individuals, we are seeing some of the richest people in the world, and yet we still are targeting—for tax breaks for them, we are targeting millions and millions of Americans who rely on things like Medicare.

I started my speech with John Lewis. Let me quote him now. In 2012, he said:

Healthcare is a right, and it is not a privilege, not just for some people but for all people.

John Lewis was a visionary.

So let me tell you a bit more about Medicaid. If you are watching, let me break it down and show just how critical it is for millions of Americans.

Medicaid, right now, is in the crosshairs of many, many Republicans in Congress. It is on this precipice. It is not abstract policy. It is not just numbers in a line item in a budget.

At stake, when we talk about Medicare, it is millions and millions of Americans' health. It goes to this question: How deeply do we care for one another?

I love what our Founders said in the Declaration of Independence. At the very end of that, they say: “We [must] mutually pledge”—pledging to each other—“our Lives, our Fortunes, and our sacred Honor.”

Are we living up to that when we are saying we are going to take away healthcare from millions of Americans in order to have greater tax cuts?

You see, people want to just say, “Oh, it is a government program,” as if that is a slur, when, really, it is something that we the people, in order to create a more perfect Union, created as a lifeline to tens of millions of Americans that, but for programs like this, would be succumbing to diseases, succumbing to ill health. And we as an entire country would suffer.

Think about this not as that slur where they try to call this in ways that try to shift public opinion away from human beings, fellow Americans, our patriots. Think of it instead as a lifeline.

It is the reason a child with asthma can breathe easier. It is the reason a senior can receive the care they need in a nursing home—our elders. It is the reason a low-income mother can take her child in for vaccinations or a person with a disability can live with dignity and independence.

Congress is entertaining proposals now—conversations are being had in this building and in Senate and House office buildings about how we can gut programs.

God, I wish somebody said: In a bipartisan way, let's come together and find healthcare savings. I offered that. I literally said to the now-Secretary of Health—I told stories about private sector folks who saved money by expanding access to food—to healthy, fresh food. Let's say that, because I know private sector companies that have bent their cost curves and saved money not by cutting healthcare but by giving people better access to nutritious, healthy foods. You are what you eat.

We are not coming up with bipartisan proposals to save money, to create efficiencies, to do things that can make programs run better. Heck, when I was mayor, we were able to lower expenditures, create more efficiency, have more customer service. There are ways to do that.

But no, this is folks coming with an ax to cut your healthcare or your neighbor's healthcare or your elder's healthcare.

It is not a government program; it is a commitment we make to each other. In the greatest Nation on the planet Earth, we say we will take care of our children; we say we will take care of expectant mothers; we say we will take care of our own.

But they passed that House budget resolution. Republicans who call themselves moderates or budget hawks, they all voted for it except for one, who had this crazy thing to do in Washington—to tell the truth. Massie said that, by their own numbers, this don't add up; what they are pushing on the American people, it is going to steal from the future generations by racking up trillions of debt. He stood on principle.

They are not even doing what they are telling us they are going to do. And \$880 billion in Medicaid funding cuts, that is not trimming the fat. It is not finding deficiencies. It is not a plan to cut out any possible corruption. It is to make children and expectant mothers and seniors and people with disabilities have a harder time accessing healthcare, which we already said—Martin Luther King said:

Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane.

Not bigotry, not poverty—two things he fought so nobly against—he said the most inhumane, the most unjust are what we are talking about here.

Take away access to healthcare from children, take away access to healthcare from our elders, take away access to healthcare from people with chronic diseases. Why? Why? To cut the deficit?

Well, there are some Republicans willing to tell the truth. It is not going to cut the deficit. It is to take from the poor and give it to the rich and powerful. Well, we know the rich and powerful will get bigger tax cuts.

They are not shrinking the government, folks. They are creating bigger and bigger governmental obligations.

And what do they mean when you look at 10 years out and have trillions and trillions and trillions of more? It means that future generations—or maybe 10 years from now—their debt payments are going to grow more and more and more, taking away more money that we have as a collective body, as Americans, to invest in scientific research, to invest in cutting-edge medical technology.

So let's be clear. Let's be clear. Children from low-income families would lose access to routine checkups, vaccinations, and emergency care. Seniors who depend on Medicaid for long-term care, many of whom are already exhausting their life savings, would be left without options. People with disabilities who require constant medical attention, specialized equipment, and home-based services would face uncertainty and loss of those services.

And let us not forget the low-income adults who gained coverage through Medicaid expansion, who worked hard every day. They got access to Medicaid through expansion under the Affordable Care Act. For them, this is not ideology. For them, this is not political philosophy. For them, this is life or death. It is about survival.

These proposed cuts would also devastate the very infrastructure of our healthcare system.

These proposed cuts would also devastate the very infrastructure of our healthcare system. I have heard this from hospitals—again, Republican and Democratic leaders in my State who know our hospitals are speaking to this injustice. Medicare provides nearly 19 percent of all hospital revenue. It allows rural hospitals already on the brink to keep their doors open—rural hospitals.

It would take safety-net hospitals that serve uninsured and underinsured populations. Without Medicaid, with these cuts, these institutions would crumble. That is not rhetoric. I have talked to my safety-net hospital.

I did an event, and I remember the fear in this hospital administrator's eyes who lives every day to help the poor, to help the uninsured. In many ways, we share a faith, and I know he believes he is answering the highest calling of his country and his faith to

help those who come with nothing because when hospitals close and when Medicaid staff lose their jobs, tired communities lose access to care. Ambulances end up having to drive farther and farther. Wait times increase. Lives are at risk.

The ripple effects are vast. Schools will suffer when children with disabilities lose access to Medicaid support services like physical therapy, transportation, and mental health support. Children's abilities to learn and thrive is compromised. Schools in rural areas where Medicaid often funds onsite nurses and telehealth programs, they would be stripped of essential support.

What we are witnessing is—again, don't get caught in this Washington parlance. This is not a normal time. This is a threat to millions of Americans. It is not a budgetary proposal.

It is like the metaphorical sword of Damocles. It is people all over this country who are beginning to see what this really means. It is an economic crisis that would be rolled upon States and rural areas and communities and cities. It is a moral crisis that speaks to the soul of our Nation.

It is a deliberate, calculated—and being calculated right now—it is a deliberate and calculated attack on healthcare for Americans in order, again, to give tax cuts to the wealthy.

If the enhanced Federal match for Medicaid is eliminated, one of the things on the chopping block: States would be forced to absorb the difference, an estimated \$80 billion every year. That is a 29-percent increase in State-funded Medicare spending per resident.

To fill those holes, States would be left with impossible choices. Either raise taxes or slash services; education, infrastructure, public safety. For them, they would have to figure out where to get the money from, or else they would be slashing services.

It is an unholy choice. Cutting Medicare doesn't make us stronger. It will weaken our economy. It will raise healthcare costs for everyone and push millions of Americans into crises that will ripple and radiate through their lives, their families' lives, their work lives.

Hospitals will pass unpaid bills onto insured patients. Healthcare premiums will rise. People will delay care, omit medications, and then show up in emergency rooms later, more sick, and therefore more expensive to treat.

And in the end, who pays for it? Who pays for this moral failure, this financial failure? Who pays for it? We do, the American people. And who gets rich on this? Well, I know the last tax cut they wanted to extend to the people who make the most money off this system and these cuts because the tax cuts they will get will be billionaires.

And working families in America, the people who are paying insurance rates—hurts; it is hard; it is difficult. The people who have high premiums, copays—it is the rest of us that pay.

So I want to talk about the people at risk. There are nearly 12 million people who qualify for both Medicare and Medicaid, our Nation's most vulnerable. They would lose critical wrap-around services, services like long-term care, dental care, vision, and non-emergency transportation services that are not luxuries for these folks, but they are lifelines.

A higher share, those with both Medicaid and Medicare, have cognitive impairments and conditions, impairments like Alzheimer's, and God, my father who had dementia.

We are a well-off family. I saw the challenges, the resources, the drains, the physical challenges for his primary caregiver, my mother.

Millions of Americans, though, would rely on Medicaid, and they would face devastating choices; to quit their jobs to provide full care—full-time care—or leave their loved ones while they go off to work on a job without the support they need.

When it comes to Alzheimer's and dementia, I know personally you cannot leave someone without the care. Nursing homes may be forced to shut their doors and cut staffing levels to dangerous lows. In fact, people who can't take care of their elders, they might be going to nursing homes, which again, increases costs for taxpayers. Home healthcare services, often the only thing keeping people and their communities out of institutions, that would disappear.

This would be a crisis for elder care. This would be a crisis for disability services. What it is: When a nation isn't taking care of its elders, it is a crisis of our national character.

Medicaid also plays a profound role in the success of children and their well-being. Nearly half of all children in the United States are covered by Medicaid and CHIP. Research shows that when children have access to care, they are more likely to stay in school, graduate, and earn more as adults.

That is not surprising to people just to think it through. It is true. If kids have access to healthcare, they succeed more in life. Medicaid helps diagnose learning disorders, treat chronic conditions, and ensure children don't fall behind simply because they are born in poverty. It is essential to the American dream, that just because you are poor, it shouldn't affect your destiny.

For us to be the America of which we speak, a child born in poverty shouldn't have their future cut off because they can't get the healthcare to empower them to thrive. Talk to any school district in any State in any county. Those resources are necessary to help children.

Medicaid pays for nearly half of the births in the United States. The United States, as I said earlier, has a shameful distinction of a massive maternal health crisis. We have the highest rate of maternal deaths of any high-income nation. I am going to say that again: America has the highest rates of ma-

ternal deaths—women dying in childbirth or in the days after—of any nation. A majority of these maternal deaths take place during that postpartum period, the days after birth.

For years, I fought for Medicaid to provide coverage for women for up to 1 year postpartum instead of just 60 days. In 2022's Congress, I was so happy that States had the option to expand Medicaid coverage for up to 1 year postpartum. It was one of the solutions to this maternal healthcare crisis that expert after expert after expert says: Just make sure those women who gave birth are not knocked off of healthcare after 2 months.

As of this January, 49 States, plus the District of Columbia, have expanded postpartum Medicaid coverage past those 60 days. Hey, we are stepping in the right direction to show that we love our moms, we value those lifegivers that are mothers. We value them. But cutting Medicare means potentially eliminating the progress we made toward ending that maternal mortality crisis. There is just no justifying that in a nation this great and this wealthy.

We talk so much about children and motherhood. All of us should be coming together about this maternal health crisis, but what is happening now, again, is the very program that has helped us to begin to address this is under attack.

When we invest in Medicaid, we are investing in the future. Children will grow up to be healthier, and seniors will age with dignity in rural communities with limited access to healthcare and services and families who don't have to choose between a prescription and rent.

This is about health, but I want to tell you, for all those doing the math at home, you cannot have a thriving economic engine without good healthcare. The two are incompatible. Widespread sickness, illness, and disease and people can't get their health issues covered, it takes away from our economic strength.

In fact, just cutting Medicaid would cost jobs, nurse's aides, support staff, medical technicians. Entire communities depend on funding that Medicare provides. Cutting it would destabilize State budgets, force those impossible tradeoffs and widen the gap—widen the gap—between the richest in our country and the rest, a gap that is already widening at stunning rates.

These cuts are not about efficiency. Don't let anybody tell you these cuts are about efficiency. I know a lot about making government more efficient. This is not about innovation. There are so many things that we as a country should be doing to deal with medical innovation. I will be the first to say: Republicans and Democrats have failed to step up to the 21st century and do things that really can create more efficiencies in our healthcare system.

I really hope to see more bold thinkers about creating real efficiency. But

what they are doing now is not about efficiency. It is not about innovation. It is not about the heart priorities of Americans who know everything that I am saying.

The letters I have gotten, Republicans and Democrats and Independents in my State, scared people—they know what this is about. Republicans in New Jersey who run hospitals know what this is about. This should be a bipartisan strategy to how do we make our society more healthy and less dependent on healthcare. When it comes to healthcare, heck, let's not do the stupid things like cutting scientific and biosciences and the research that often leads to medical breakthroughs.

Let's come together and figure out how to deliver services more efficiently. Making Americans healthier, I don't believe them. They are cutting access for kids to fresh and healthy foods. They are cutting school lunch resources. There is a way to do this that should be bringing the best ideas from both sides of the aisle to deal with these issues, but that is not what they are doing.

Every data point, every story, hospitals from rural areas to urban areas, everyone is saying the same thing to illustrate the same point: Medicaid is critical to the health of some of the most vulnerable Americans. It is critical to our elders, to our children, to our mothers. It is a lifeline for more than 72 million people.

With control of the Senate, the House, and the Presidency, Republicans have the opportunity to dream big. They have an opportunity to lead with a vision for better health in America, to come before the people and Congress and hearings and say: This is our vision for American health and well-being. We are going to show what some private companies did. They cut their healthcare costs and improved the health of their employees by providing better access to food.

There are so many good ideas that I learned when I was mayor, from Republicans, from private sector people, but those aren't the ideas coming forward. The ideas coming forward are: Hey, let's just send to the Energy and Commerce Committee the mandate to cut \$808 billion. Let's rush now. Let's rush now. Let's get it done before our narrow majority somehow gets undermined. Let's just cut, cut, cut, cut, cut, and in the end, what is the result?

Americans get sicker, driving up overall healthcare costs, all to give billionaires more of a tax cut.

I know the character of so many of my friends in this body on both sides of the aisle. This is not who we are. It is not who we are.

But God, there is no big vision, there is no big dream for healthcare. Instead of improving Medicaid and increasing funding, as 42 percent of Americans support, they want to make extraordinary cuts that will demolish the program. They are proposing that \$880 billion cut from Medicaid, taking

healthcare away from millions of Americans. They want to impose work requirements even though 90 percent of Medicaid beneficiaries are already working or cannot work for legitimate reasons.

Arkansas actually tried this. I love case studies. They tried this in 2017, and the results were disastrous. People lost coverage that they shouldn't have, and employment didn't increase.

Nationally, such requirements could put 36 million people at risk of losing their healthcare.

They are proposing failed policies, not breakthrough ideas, not a bold vision that I know is in America's heart.

This repeal that some folks are saying that they want to do to save money, the hatred for the previous President—they want to repeal Biden-era rules that made Medicaid and CHIP enrollment easier, less redtape, easier for seniors and children. Let's repeal that, they say.

They want to end a rule requiring minimum staffing standards in nursing homes, including 24/7 access to registered nurses—one of the hardest, most underappreciated jobs in America. Let's give less access to these noble, noble professionals.

They propose per capita caps that would upend Medicaid's financial model in every State, leaving States with less money to meet their residents' needs. In States that expanded Medicaid under the ACA, these cuts could jeopardize coverage for 20 million people who gained access.

The budget that they are proposing would require deeper cuts.

Speaker JOHNSON claims these changes are about rooting out fraud, waste, and abuse, but that is not what is happening, folks. What is happening is an assault on a program that provides dignity, health, and stability, economic growth, improved outcomes for kids, and more respect for our elders and care for the disabled. Nearly 2 million New Jerseyans, 2 million people in my State rely on Medicaid, and yet our State is slated to see cuts of up to \$5.2 billion.

Medicaid accounts for a quarter—more than a quarter—of New Jersey's State budget. Think about that. It accounts for more than a quarter of our State's budget. My State—one of the hardest working States that are out there—just their work requirement would put about 700,000 of my neighbors at risk of losing their healthcare.

Medicaid covers about one-fifth of hospital spending. At University Hospital in Newark, New Jersey's only level I trauma center, more than \$149 million in potential cuts loom. I know this hospital. I have been there when my officers have been injured. I have been there when my firefighters in Newark were injured. I have been there when heroic citizens are injured and brought there. It is our level I trauma center. People from all around our region are sent there. These emergency room workers are incredible. Heck,

they have treated me coming out of an emergency. And they are facing \$149 million in cuts. And their leadership, knowing how vital that hospital is, how that hospital stands in the breach between life and death, health and illness, they know what it would mean.

We should be strengthening this program through innovations that come from people on both sides of the aisle. We should be coming together as a body and saying: OK, let's spitball this. Let's put up the best ideas in America to make things more efficient.

Well, wait a minute, you mean if we treat chronic diseases with access to healthy food, we might actually be able to lower diabetes rates, lower hypertension rates, lower obesity rates? Well, that is one great way to make this investment happen.

There is technology and innovation that are happening right now with our best scientists that could create better access to telehealth, that could create more efficiency in medical records, that could cut down on mistakes that are still made in medical care, like combining the wrong drugs or other challenges that drive up costs.

There are systems that we could create that could create more transparency and eliminate more real fraud and go after the fraudsters themselves in a more efficient manner.

There are so many things that we could do if we came together as a body. But what are we doing instead? Following our President that wants his tax cuts renewed.

What did those tax cuts do the first time around? Most of the benefits went to the wealthiest people and corporations, and it drove trillions of dollars—the largest deficit growth that we have seen in a generation; rapacious, rapacious, misguided budgeting, creating bigger and bigger debt payments.

I remind you that Clinton balanced the budget.

Bush—the first President in American history that didn't call for the common sacrifice to go to war. We spent trillions of dollars in those foreign wars. And guess what he said. No common sacrifice. Only about 1 percent of our people will fight in those wars. I am going to give you a tax cut.

Well, that makes no sense. You are going to drive up deficits that my children will have to pay for.

Obama comes along, and at least he lowers deficit spending, but then Trump comes in and increases it by trillions of dollars on the backs of working Americans to give those benefits to the wealthiest.

Now, Biden, who shrunk the deficit a bit—didn't eliminate it—still spent what any fiscally prudent person might say is really problematic. Let's not make this blindly partisan. But for anybody who would criticize Biden and follow Trump into what he is doing with this budget proposal that is going to slash healthcare for millions of Americans, increase the deficit by trillions and trillions of dollars, and make

Elon Musk richer and richer—is that your solution? It violates our values. It violates our national character. It violates the highest principles put forth by the most noble people in American history.

I stand today—and I will not sit down for hours and hours if God gives me the ability to stand here—because I want to be the voices of Americans. I want to share their voices in this body. I want it to echo in history. I want it to be recorded by these extraordinary people who stand here every day and record my words and my colleagues' words. I want it to be in the CONGRESSIONAL RECORD.

I want DeAnna's story—DeAnna's daughter is disabled, and Medicaid provides her with lifesaving medications, medical equipment, orthotics, and multiple specialists for her rare disease diagnosis. She has life-threatening seizures and requires rescue procedures, medications, oxygen, CPR, and has nurses that accompany her to school and meet her medical needs during the day so that DeAnna can go to work.

DeAnna is "terrified"—she uses this word—she is "terrified" of her daughter losing her Medicaid. She is so afraid, she is literally talking openly about going to Canada and asking for asylum there so that her daughter has her healthcare needs met. That is outrageous to me, that an American who is fearful for their child would think about fleeing to Canada for better healthcare.

Wendy and Cassie. Wendy is the mother, and she wrote about the threats that Medicaid cuts would pose to her daughter Cassie.

Cassie is 32 years old. She has Rett syndrome—R-E-T-T—a rare neurological disorder that significantly impairs even basic motor functions, requiring the individual to have lifelong care and supervision. Without Medicaid funding, Cassie and Wendy would not be able to afford housing, the day program, and the prescriptions that she needs on a daily basis.

Tonya and Cameron. God, Tonya uses Medicare and Medicaid to care for her son, her beloved child Cameron. Cameron is battling stage IV cancer and is confined to a wheelchair. Due to the severity of his illness, he cannot be without his cancer treatment and prescription medication. Medicare and Medicaid coverage are for them, they say, a matter of life and death for Cameron.

Here is this amazing group in New Jersey, in Cherry Hill—amazing group—the Cherry Hill Free Clinic. Volunteers sustain the Cherry Hill Free Clinic, doctors who give up their own time because they are driven by the conviction that in America, we take care of each other, we love each other.

When you say "Love your neighbor," love requires sacrifice and service, and these doctors and professionals that volunteer their time at the Cherry Hill Clinic—I just want to tell you: God bless you. Thank you for living our

American values and the values of your faith's traditions.

The Cherry Hill Free Clinic provides free healthcare treatment and medication to low-income individuals not just in Cherry Hill but throughout New Jersey. Without the support of Medicare and Medicaid coverage for their patients, the free clinic would not be able to provide the extent of services and care their patients desperately need; they would not be able to be the source of light to so many people that are facing scary darkness.

They think: That is not going to happen to me. That cancer diagnosis is not going to happen to me. That rare disease that affects the child—it is not going to happen to me.

But when it does and they can't imagine how they will make ends meet, they find in the Cherry Hill Clinic doctors and medical professionals willing to step up. And they have been doing extraordinary things. It would make every American proud. And now they see what is coming from this Republican, from this Donald Trump proposal.

Jeanne is an awesome soul. She is a disabled citizen. She relies on Medicaid coverage for her frequent hospitalizations. Without Medicaid, she would be unable to receive the critical care that she needs.

God bless you, Jeanne.

Susan writes to us. She is a disabled person who is confined to a wheelchair. Susan relies on Medicaid for her healthcare. Medicaid provides her wheelchair transportation to get her to her medical appointments. Without Medicaid, she would not have medical coverage or the transportation means to receive the essential healthcare.

Edna. Edna. Edna is 98. God bless her—98. What a life. Now, as a 98-year-old, she has dementia. Her daughter is 78 years old. I can't imagine this moment when you realize at 78 that you can't any longer care for your 98-year-old mom due to her worsening dementia. Edna receives Medicaid coverage and is now able to have full-time care at a rehabilitation center for senior citizens.

Her daughter, at 78 years old, is so grateful, so grateful to live in a country where her 98-year-old mom can be in a rehabilitation care center. But they know what savage cuts in Medicaid would do.

Randi and Dylan. Randi enrolled her son Dylan in Medicaid. Dylan is 10. He is wheelchair-bound due to Duchenne muscular dystrophy.

Dylan requires frequent medical care and daily heart medications to prevent the issues with his heart functioning.

Randi relies on Medicaid to provide medical care for Dylan, whom Randi loves so much. Medicaid covers the costs and his critical prescription medications.

And then there is Theresa, who recently lost her job, and required urgent medical assessments due to a medical issue that was discovered by her doctor.

During what was a difficult time where you go to the doctor and the doctor discovers something that is so urgent you need immediate support, Theresa was without insurance and needed to receive care as instructed by her doctor. Due to her enrollment in Medicaid, she was able to receive the diagnostic testing that she needed.

It is a good story, but stories like that have become more difficult if cuts are made.

Pamela: Pamela writes that Medicaid is essential to her 22-year-old son's life. He has epilepsy, cerebral palsy, vision impairment, and too many other complex medical issues for Pam to list to us. Medicaid provides his health benefits and is his funding source to attend his day program and receive therapies. Private duty nursing comes to his home, and it pays for vital medications.

She writes to me that "Our private insurance is not enough to cover our son's complex medical needs. We would not be able to pay for his monthly prescription costs, nor the lengthy hospital stays when he is sick. We would not have the nursing hours to support his care to be able to continue to live at home, nor would we be able to leave home on weekdays and have a day program to attend."

Pamela writes:

As his parent, I need to take an early retirement from public school teaching to care for our son because the medical coverage he has just isn't enough.

It doesn't provide for his transportation and his day programs. So she is leaving her job early.

She writes—and she bolds this:

Our disabled community members and their families deserve better. Medicaid provides for a bare minimum existence.

And she has a message for the lies being told by too many. She says:

There are no excesses here in my house.

Sally and Mike:

We rely on Medicaid for our two adult children with disabilities for long-term care, especially for my daughter who just finished her 2½-year chemo treatment regime. We will need it for monthly checkups and prevention of a relapse. We use the funding to provide the much-needed care she needs at home.

We also have 90-plus-year-old parents who need Medicaid in order to survive. We are the real sandwich generation, caring for two adult children with special needs and two very elderly parents who couldn't survive on their own. Please do everything in your power to help fund and not cut Medicaid in any way. Thank you for your time and your commitment in helping the more vulnerable population.

I mean, Sally and Mike, you are not alone. That sandwich generation, taking care of children and parents. You are taking care of adult children and 90-plus-year-old parents. I hear you. I hear you.

Carole:

My son Jason is 41 and autistic. He has severe behavioral issues. Medicaid has enabled my son to attend a day program 3 days a week. The program bills Medicaid for his

participation. We would not have the financial resources to pay for my son's day program. Medicaid helps us to have our son living at home with his loved ones, not in a group home. We save the State money by taking care of him. Do not cut—do not cut—this vital program.

Rosemari: Now, Rosemari says that she has an adult son, and that son has CP, a seizure disorder, cystic—this is where maybe I should have gone to medical school and not law school—cystic encephalomalacia. My cousin, the doctor is here. She would be able to help me if she was down here.

But it is her son, her adult son is on the autism spectrum, yet he earned a BA—“yet he earned a BA on the autism spectrum and lives ‘independently’ but with our support and works a part-time job.” She put “independently” in quotes.

If he loses his medical coverage, he would not be able to afford to live where he lives and, most importantly, will not be able to afford his meds. He has medications that would run \$500 a month. We live with the anxiety.

We live with the anxiety. We live with that anxiety that millions of Americans live with; that erodes them; that burns at their spirit. That anxiety that has put millions of Americans in bankruptcy. That anxiety. That anxiety that I can't afford my medications. That anxiety that I can't care for my children. That anxiety that I won't have the resources. That anxiety.

We live with the anxiety of Medicaid cuts, every report about what House Republicans are doing. We support anything that can be done to maintain Medicaid. Please, Senator.

Danielle, she writes:

I am the oldest sibling to my two younger brothers, Matt and Christian, who have been living with a rare neuromuscular disease since they were diagnosed as babies. Throughout their lives, Matt and Chris, along with my parents and family, have fought to ensure that they have the best care possible, despite how unknown and under-researched their condition is.

Taking Medicaid away from them would strip Matt and Christian of basic access to specialized care that they rely on and therefore strip them of their dignity and their independence.

As someone who has had a front row seat watching two people I love suffer from a neuromuscular condition and as a human being who believes in the right to access medical care, I implore—

I implore; I implore—

our representatives and the Trump administration to consider the devastating impact that these cuts would have on people like my brothers. Slashing funds for an already underfunded program is not only the wrong target in the name of, quote, efficiency, but also a decision that would cement our Nation's treacherous path toward becoming a nation that does not seek—

Does not seek—

justice for all. Instead a nation that only serves those in power, only serves the powerful, only serves the wealthy. As your constituent affected by neuromuscular disease, I am concerned about the potential unintended consequences of the efforts to so-call reform Medicaid.

Seventy-two million Americans rely on Medicaid for affordable accessible

and State health coverage, including children, pregnant women, parents, seniors, and individuals with disabilities. Any effort to reform Medicaid should not inadvertently prevent patients from having access to the healthcare that they deserve. Danielle, I hear you.

Judith: She goes right to the point.

Please stop Trump. Please stop Trump now. He is going after Medicaid. I have an adult, severely autistic granddaughter who relies on Medicaid for her special needs program. She writes:

A country is judged by how it meets the needs of the weakest people. Please stop him.

I want to read your words again, Judith:

A country is judged by how it meets the needs of its weakest people.

A country is judged by how it meets the needs of the weakest people.

Elizabeth writes:

Medicaid helps me access healthcare and direct supports in my home, in my community. Cuts to Medicaid would mean I wouldn't have the services I need to live on my own with supports and would be forced to live in a more restrictive setting.

Sandra writes:

Medicaid has allowed my son's needs to be met at home and not in a group home. It has allowed my husband to participate in his caregiving, not a stranger. It has allowed him to be employed with the aid of a job coach.

These are just a few things, in addition to healthcare, if the cuts to Medicaid happen—it goes away.

Alicia:

Medicaid provides healthcare and services to my developmentally disabled adult child. If Medicare funding is cut, my son will not have the healthcare they need and the programs to attend.

Maggie:

My 28-year-old son Will has Down's syndrome. He currently lives a full and active, inclusive life.

His life is full. His life is active.

He is in the community where he is cherished.

He lives in the community. He is cherished.

He has wonderful support staff and has lots of activities that keep him healthy and happy. His days include volunteering at a senior citizen center, working at the local gym, shopping, leisure activities, speech therapy. He does music therapy.

We follow the self-direction model, which is work on my end, but I would not have it any other way. But if Medicare funding is cut, these cuts would impact his livelihood.

Nybil:

Without my Medicaid, I would not be able to be as mobile nor independent. Without Medicaid evaluating my physical disability, cerebral palsy, and related limitations and prescribing me an electric power wheelchair for daily independence and assistance with mobility and even pain management due to not being able to walk well. I am actually up for a new wheelchair this year, as it was allowable every 5 years for a new wheelchair prescription.

Without my Medicaid, I would not have been properly diagnosed with things like sleep apnea in 2017. I now use a CPAP machine to force air into my body so I can sleep

peacefully instead of gasping for air at night. Without my Medicaid, I would not be able to be fitted for a leg brace for my physical support and mobility, enabling me to actually stand up straight and walk without my wheelchair. Without my Medicaid, I would not be able to be a full-time employee, a full-time worker.

Laura:

Medicaid has provided my sister with benefits to help support her medical and mental health issues since she graduated high school. She is now 33 and living with me and my husband after being separated from our parents that are now in assisted living and nursing home arrangements.

Wow.

Susan has never worked or been married because of her mental disability, and she is dependent on her Medicaid benefits. Please keep these benefits in place for people like my sister who don't have much in their lives they can depend on.

Laura, your sister is now living with you after being separated from your parents, who are now in a nursing home. I see you.

Michael:

I need Medicaid because it provides me the ability to get my anxiety medication and to afford my therapist. I use Medicaid for medical, dental, and visual visits. I wear glasses. Without Medicaid, I am unable to live or function in this world.

Robin:

Courtney is my 35-year-old daughter with severe disabilities. From 2009 to present, she has needed crucial surgeries, as well as medications and hospital stays. Medicaid has made the financial support for these procedures possible and to save her life.

And I know, I can tell from her letter, that Robin loves her 35-year-old daughter Courtney.

Mary:

Medicaid is helping to improve my daughter's life through the services of the Division of Developmental Disabilities. Without it, she would be left to whittle away at home 7 days a week with no community interaction. She is learning prevocational skills in a manner that she is validated and viewed as a person with strengths.

Thank you, Mary.

Allison:

I am my daughter's caregiver in New Jersey. Medicaid-funded programs allow her to remain an active part of our community at home with her family. If Medicaid is cut, we would lose our healthcare. It would be devastating.

Gihan:

My daughter has a disability. Through Medicaid, she receives a lot of services that help her improve and progress. Also, to help her stay active and social, she gets speech therapy, occupational and physical therapy. People come to our home to help her as well. If Medicaid cuts happen, she will stop all the services she receives, and her life will be threatened. Please, she must keep her Medicaid because, as a parent, I don't know what I can do with my daughter if that is happening. It will be so hard for her and us.

Roseanne:

Medicaid has supplied the nurses that take care of my disabled granddaughter that I am raising at home, instead of being sent to an institution. She will put her life at risk for a medical emergency or fatal injury without nurses here.

Ash:

My daughter takes speech therapy, occupational and physical therapy, and tutoring. So if that is all gone, she will stop progress, and she will be more disabled and will be unable to do anything by herself or live inadvertently. She needs a lot of help. And if these Medicaid cuts happen, I don't know what I will do with her, and it will make life so hard.

These Americans are facing challenges that I can't imagine. And what is amazing about so many of them is they find the goodness and the decency of their neighbors, of people who are helping and supporting them, of people who do the jobs, the occupations that many Americans would find incredibly challenging—the occupational therapist, the physical therapist, the person who does the transportation, the nurses that take care of folks. It is a community of people out there that are trying to make our Nation stand for what we say we do. They are trying to show that we are a loving and caring and compassionate community.

And what I love is that this is not partisan. I keep saying this over and over again for this whole time I can stand. I hope it is as many hours as possible. I am going to be bringing in the voices of Republicans and Democrats because it is not a partisan issue. Maybe it is in Congress, but the Republicans and Democrats of America don't want Medicaid cuts. They especially don't want them to benefit the richest amongst us, who don't need more help. God bless them. They are doing all right.

And it is not going to solve our budget problems. Their budget proposal, as was said by the one lone Republican who voted against it because he is such a fiscal hawk—he said: If you just read their own numbers, this is a lie, a sham. It increases the deficit by trillions.

Let me go to some Republicans.

Joe Lombardo, the Governor of Nevada:

An abrupt reduction in federal funding would not only disrupt care of those who rely on Medicaid, but would also destabilize public and private healthcare providers, leading to workforce reductions, service limitations, and financial strain on already overburdened health care facilities.

The Governor of Nevada knows that my mom, my aunt, my uncle, my other aunt—they live in Nevada. My mom lives in a retirement community there. This Governor knows that that State would be hit so hard by a reduction of these services that it would be like an impact that ripples out throughout the State, raising costs, lowering care, hurting Americans, hurting Nevadans.

My colleague MIKE ROUNDS of South Dakota said:

That is not a cost-cutting measure—that's a cost transfer.

He said:

And when you've got partnerships with the states, you shouldn't be doing that without having them involved in the discussion.

I tell you, I have conversations with lots of my Republican colleagues, and I appreciate this quote from one of them.

The Coalition of State Medical Associations writes:

On behalf of 50 state medical associations and the District of Columbia, the hundreds of thousands of physicians we represent—

I am adding this. I am sure of both political parties and Independents.

Back to what they write:

—and the 80 million Medicaid patients we serve, we are united in urging the U.S. [Senate] . . . to protect Medicaid from the devastating \$880 billion [cuts] . . . in spending reduction target in the House Budget Resolution.

If these cuts are enacted millions of Medicaid patients will lose their coverage and we expect all Medicaid patients to lose some of their existing benefits—

“All Medicaid patients”—“all Medicaid patients to lose some of their existing benefits”—

and access to essential healthcare services.

The American Academy of Pediatrics, Children's Defense Fund, Children's Hospital Association, Family Voices National, First Focus Campaign for Children, March of Dimes, and National Association of Pediatric Nurse Practitioners—they all came together to jointly write:

By reducing vital support from Medicaid and CHIP, you would not just be cutting a budget line—you would be eliminating the health prospects of our children, leaving them without the care they need to grow into healthy adults.

AARP:

More than half of all the funds for long-term care in America come from Medicaid. As our country gets older, and as millions of Baby Boomers continue to age, our country is on the brink of a serious long-term care crisis.

AARP would welcome the long-overdue debate about how to address this challenge, which should involve reforms to remove Medicaid's bias toward institutional care and increased support for families who take care of their loved ones at home. Large-scale cuts, however, threaten millions of seniors with disruption to the care they need.

Listen to AARP: “We would welcome the long-overdue debate”—“We would welcome the long overdue debate on how to address this challenge.”

But we are not having a long-overdue debate. We are not bringing together the world's most deliberative body to focus on how to solve these problems.

Michael Tuffin, the president and CEO of AHIP, America's Health Insurance Plans:

Medicaid is indispensable to low-income people and working families. If their Medicaid coverage is disrupted, these Americans will lose access to primary care and be unable to fill prescriptions for drugs to treat chronic illnesses. Many will end up in the emergency room, the costliest site of care. Loss of Medicaid coverage means people will be less healthy and their care will ultimately cost more.

Rick Pollack, president and CEO of the American Hospital Association:

On behalf of the hospitals, nurses, doctors and those who care for and serve the needs of 72 million patients that rely on Medicaid, we urge you to consider the implications of hinging the budget reconciliation bill's fate on removing health care access for millions of our nation's patients. These are hard-

working families, children, seniors, veterans, and disabled individuals who rely on essential care services.

We ask the House to construct a path forward that protects Medicaid from [these] harmful cuts that would impact the access to care for millions of Americans.

We did Republican Governors. Here is a Democrat. Colorado Governor Jared Polis joined with Oklahoma Governor Kevin Stitt. They are the chair and vice chair of the National Governors Association—Democrat and Republican—and they write:

Without consultation and proper planning, Congressionally proposed reductions to Medicaid would impact state budgets, rural hospitals and health care service providers. It is necessary for Governors to have a seat at the table when discussing any reforms and cuts to Medicaid funding. States and territories should be afforded more flexibility when it comes to administering these programs in a manner that best suits the need of [their States].

What a radical thing that a Republican and a Democratic Governor are simply asking for a seat at the table in the conversation. What is the table? Is there a hearing? Are there discussions? Did we form a national commission? None of that. None of that. And they warn about what it will mean to their States.

The American Academy of Family Physicians, American Academy of Pediatrics, the American College of Gynecology, the American College of Physicians, the American Psychiatric Association, all together write:

Our organizations, representing more than 400,000 physicians who serve millions of patients, are alarmed by proposals to implement cuts or other structural changes to Medicaid during the budget reconciliation process. Cuts to Medicaid will have grave consequences for patients, communities and the entire health care system.

Lisa Lacasse, president of the American Cancer Society Cancer Action Network:

ACS CAN opposes cuts that will increase the number of uninsured nationwide by severing the lifeline that Medicaid provides for cancer patients and those at risk for cancer. It is imperative for cancer patients and millions more at risk that this valuable health insurance program be protected for decades. ACS CAN has advocated in support of Medicaid and we will continue to advocate at the federal and state levels in support of expansion of access to the program and against policies that jeopardize individuals' access to lifesaving health insurance coverage.

Bruce Siegel, president and CEO of America's Essential Hospitals:

This budget resolution will open the door to devastating Medicaid cuts that will impact millions of Americans, especially those middle-to-low-income working Americans in both rural and urban communities, who rely on Medicaid access to critical health care services.

This budget resolution and its directive to the House Energy and Commerce Committee to cut \$880 billion of federal spending will slash the Medicaid Program and threaten to discontinue lifesaving, safety-net services in many communities.

Thirty-eight national parents organizations—I didn't know there were 38

national parents organizations. But they wrote in a chorus of conviction:

Cuts on this magnitude would require enormous changes—such as instituting per capita caps, reducing the federal match rate for Medicaid expansion, adding barriers to coverage including work reporting requirements, and repealing rules that strengthen enrollment processes and access to care in Medicaid—that would severely harm many individuals fighting serious and chronic health conditions. Our organizations—

All 38 national parents organizations—

oppose any cuts to either traditional or Medicaid expansion that take away coverage, jeopardize access to services and providers, shift costs to states and reduce patients' access to care.

Here is a huge group that includes the National Alliance on Mental Illness, the March of Dimes, the Muscular Dystrophy Association, the National Cancer Coalition, the National Health Council, the National Kidney Foundation, the National Multiple Sclerosis Society, the National Organization for Rare Disorders. It is about—and I will estimate and give it to the CONGRESSIONAL RECORD—325 or 330 organizations.

On behalf of the undersigned chapters of the American Academy of Family Physicians, representing over 130,000 family physicians and medical students across the country, we write to convey our deep concerns regarding proposals to reduce Medicaid funding or implement further eligibility restrictions. We strongly urge you and your colleagues to reject any reforms that have the potential to impede access to essential care for millions of Americans who rely on Medicaid, including our Nation's most vulnerable populations.

Mr. SCHUMER. Would my colleague yield for a question?

Mr. BOOKER. I would yield specifically for a question, yes.

Mr. SCHUMER. Thank you.

I first want to thank my colleague for taking the floor and showing the American people how horrible this administration is treating average families—working families—in so many ways, and I know he intends to hold the floor for a long time to make sure that that is the case in letting America know how bad this is.

Now, our healthcare is the main focus right now, and it is amazing, I would say to my colleague: Isn't it incredible that all of these cuts they are proposing in healthcare are done with a purpose in mind, and that is to reduce the taxes on billionaires? Doesn't it bother my colleague that these people whom he has been documenting who so desperately need healthcare are going to lose that if our Republican colleagues have their way simply to cut taxes for the very wealthy?

That is my question.

Mr. BOOKER. To my leader, Leader SCHUMER, I mean, that is the pain of these stories from the families that I read of the fear that they have to rely on these lifelines that are going to be cut and of the services that are going to be cut that are going to affect their beloved parents or their children with disabilities.

When they ask the question, Why? Is it for a noble purpose? Is it for collective sacrifice? No. The answer that they have to stare at is that you are going to cut services for my vulnerable child or for my parents in order to give tax cuts to the wealthiest Americans, in order to give tax cuts to the billionaires.

Here is the insult added to that injury: It is also this lie that we are going to be focused on the fiscal strength of our Nation. They are going to give all those tax cuts away and give away healthcare benefits, and the results are going to be even bigger deficits. So people like Elon Musk and Donald Trump—billionaires, where most of these tax cuts will accrue to their benefit—will get more, more, more money. And if you were spending \$100,000 a week for the rest of your life, you wouldn't get near the net worth of Elon Musk.

Mr. SCHUMER. Would my colleague continue to yield for another question?

Mr. BOOKER. Yes. Yes.

Mr. SCHUMER. From what I understand—and tell me if this is correct—if they did this tricky thing that even our Republican colleagues are calling fakery and hocus-pocus, our conservative Republican colleagues, it might increase the deficit by \$30 trillion; is that accurate?

Mr. BOOKER. That is accurate.

It is stunning that they know that they can't do this, so they are going to use some budget trickery to mask the truth. Math doesn't lie. Numbers don't lie. You may be able to mask it so you could use rules of reconciliation and try to force it through, but the result for the American people is going to be the same.

CHUCK, people will lose healthcare, healthcare benefits, and watch the deficit of this Nation not increase but explode, which means the cost of our debt payments alone are going to be more than the very programs that they are going to be slashing for families. That is outrageous, cruel, unacceptable, and we have to do everything we can as a people to stop it.

Mr. SCHUMER. Would the Senator yield for another question?

Mr. BOOKER. Yes, sir.

Mr. SCHUMER. Despite this fiscal hocus-pocus, this fakery, this trickery which my colleague has alluded to, when they cut Medicaid, when they cut Social Security, when they cut Medicare, those cuts remain just as devastating—is that accurate?—no matter what kind of bunk they put on their balance sheets to say it doesn't matter.

Mr. BOOKER. I was reading stories, and many of them will live with me. There is a family who is taking care of their two parents in their nineties and their disabled adult children. They are desperately relying on these programs. No matter what you do or say or call it or label you slap on it, those are the kinds of Americans who are stepping up to take care of their loved ones who will get hurt.

Mr. SCHUMER. Will my colleague yield again?

Mr. BOOKER. Yes.

Mr. SCHUMER. So, just today, I visited a nursing home on Staten Island and a nursing home on Long Island—both in Republican congressional districts—and I spoke to people there.

At the nursing home I visited, if Medicaid were cut significantly, the nursing home would close, according to the head of this nursing home. He was there. Three hundred people would lose their jobs, and these people—hundreds of people in this nursing home—would have nowhere to go. Isn't it accurate that they say, "Oh, they can move in with their kids"?

First, isn't it accurate that many of them are in a condition where the kids can't take care of them?

Second, given the housing shortages we face—and the tariffs will make that worse with the wood—isn't it true that many families just don't have room to take an elderly person, particularly one who needs care, into their homes and that this would cause chaos to all sorts of people who are not on Medicaid themselves but who have loved ones who need it in assisted living, in nursing homes, in care facilities?

Mr. BOOKER. Yes, Senator SCHUMER.

To tell a family to just double up or triple up drives up their costs. It is often that the elder who is living with them who might have dementia demands care. So the family member who is caring for them has to decide, Oh, my God. Am I going to give up my job, which I need to pay the rent? Am I going to stay home to take care of them or go to the job and let really difficult things happen? This is the thing that the leader is pointing out that, I think, is really important.

Mr. SCHUMER. One final question.

Mr. BOOKER. Yes, please.

Mr. SCHUMER. Share something personal with us. You are taking the floor tonight to bring up all these inequities that will hurt people—that will so hurt the middle class, that will so hurt poor people—that will hurt America, that will hurt our fiscal condition as you have documented. Just give us a little inkling. Give us a little feeling for the strength and conviction that drives you to do this unusual taking of the floor for a long time to let the people know how bad these things are going to be.

Mr. BOOKER. I appreciate the Democratic leader's question.

I think that all 100 of us in this body are getting what I have gotten. I can't go to the grocery store. I can't walk my neighborhood. I just did a travel around the country to do what a lot of us elected officials do, and I got stopped in the airport by people who want to tell me stories about a parent with dementia or a disabled child or a child with a rare disease who has seizures. It is story after story after story.

There are people who have been writing in to me, some of them on scraps of

paper, just to try to tell us: Please—they are not saying don't do \$880 billion in cuts; they say any diminution of resources. They live on such a precipice that any diminution of resources would drive their families into crisis and despair. Many of the professionals I am quoting are saying: We don't need to be cutting. We need to be finding ways to extend services to do more. How can we do more?

I talked earlier about the fact—and you helped with this, Senator SCHUMER, when we were battling, many of us, and I know my friend LISA BLUNT ROCHESTER was a leader in the House when we said: Why are so many women dying in childbirth in a postpartum period in America? It is shameful that we are the worst Nation of all the wealthy nations, and that is for us as a whole, but for Black women, it is almost four times as much.

So what do we do here, CHUCK? You remember this. Excuse me. Senator SCHUMER, what do we do here?

Mr. SCHUMER. "CHUCK" is OK.

Mr. BOOKER. "CHUCK" is OK.

We came together, and we said: This is a time for Medicaid expansion. It was to say to a woman: You don't just get 60 days postpartum; we are going to expand that beyond 60 days. State after State—red and blue States—said: You are right. This is a crisis. That which should be the happiest period of a woman's life is the most devastating with women hemorrhaging and dying. We began to treat that.

Now what is the threat? The threat is that they are going to cut these things that we did to help more people, to stop more folks from dying.

And here is the trick: You know this battle well. I wasn't here, Chuck. You were here, and I know my chief of staff was on your staff, writing this in. This is why you all said: We are going to try to incentivize States to expand Medicare. We are going to cover 90 percent of the costs.

I still don't understand why some States—talk about cutting off your nose to spite your face—said no. In my State, the Republican Governor said: Heck, yes. Sign New Jersey up. But many of those States have this automatic trigger that if the funding is cut—even if they say we are not going to cut \$880 billion, just \$250 billion—well, that is going to trigger many States to give up that Medicare expansion and go back to the days where millions upon millions of Americans don't have coverage at all.

So, again, this whole speech is because, CHUCK—Senator SCHUMER—it has been business as usual in this place when that kind of threat has been happening; that of the stories that I read that I had to struggle through. We should be doing hearings. We should be bringing in the people. I know the values that we share on both sides of the aisle. How could we be so abjectly cruel, and why? To push through a tax break plan from which families in the neighborhood I live won't see the benefits.

Mr. SCHUMER. So I thank my colleague for his strength, his courage, and his effectiveness in letting the American people know how badly this upcoming bill will affect them if our Republican colleagues insist on passing it.

Finally, I yield the floor back to him, and I thank him for his courage and strength and effectiveness.

Mr. BOOKER. Thank you for allowing me to yield the floor for you to ask a question.

I see my colleague here from Delaware. I am going to read a few more stories, but I suspect that she, too, has a question because she and I did not just meet when she was sworn in here in January. God bless her. She is my colleague, but she is my sister, and she has inspired me for years.

When she heard I was doing this—and I am not sure how much this is done on the Senate floor—my sister came over and prayed with me that I could stand for a long time because she knew what we were trying to do, which was to try to create—with whom we served—John Lewis-type good trouble in this institution, to not do things as normal, and to begin to say that the voices I am reading are of Democrats and Republicans. The voices I am reading are of Democratic and Republican Governors, of Democratic and Republican heads of hospitals, of Democratic and Republican heads of medical associations, of Democratic and Republican constituencies. This is not right or left. This is right or wrong.

My colleague—my colleague—I am going to put her on blast, but God bless your friends who remind you of who you are when you forget. She didn't know that I really wanted to give a speech that was speaking to all of America, but she came up here, and when we were praying, she said: I pray that you speak words of love because she and I know love is ferocious. It is the strongest force on the Earth. It is not soft. She asked God to give me words of love today.

So I know that this friend of mine—my sister here, my colleague—whom I have worked with for years and years and years, asked me if she could come to the floor and ask a question. So, as I am instructed to do, if you were asking me to yield for a question, then I am going to say: Go ahead if you want to ask me.

Ms. BLUNT ROCHESTER. I would ask my colleague, the great Senator from the State of New Jersey, if he would yield the floor.

Mr. BOOKER. I will yield for a question. I yield for a question while retaining the floor.

Ms. BLUNT ROCHESTER. I want to begin by thanking you so much, Senator BOOKER, for your leadership, and thank you for the opportunity to ask you a question.

As I stood and listened to you, I was reminded of why we are in this place in the first place. I see my colleague—the Presiding Officer, a member of my

class—and I think one of the key things that you talked about was ensuring that we recognize that we are all in this together. I think it was even Martin Luther King who said we may have come over on different ships, but we are all in the same boat now. We may have come over on different ships. I feel like, in this very present moment, we have to recognize we are all in this together.

And, to your point, when we think about the importance of Medicaid to this country, a lot of people don't even realize that they are on Medicaid. They might think of a health program that they are on, but they don't even make the connection with the fact that they are on Medicaid and that almost half of the babies in this country are born because of Medicaid. And it is not just from birth; it goes all the way to seniors who are aging with dignity because they have access to Medicaid, and it is allowing their family members to go to work because they don't have to worry about that family member. And so I wanted to, No. 1—in addition to asking my question—say thank you to you for not only shining a light on these potentially dangerous cuts but also ringing the alarm.

It is alarming that we are faced with this kind of question of do we take money from those who are in need and are connected—because we are all connected—and give it to a few.

As I think about our work on maternal mortality and how we are trying to make sure that our country is not only one of the richest in the world but the lowest in our maternal mortality numbers, as we look at issues of families who might have a family member who has a special needs child, or when I went home on our recess break, I was able to meet with folks from our developmental disability council. I heard a gentleman named Emmanuel. He is a wheelchair user. He said to me something that just stuck. He said: If you pull the thread of Medicaid out of my life, it will unravel.

He had been sleeping in his car before Medicaid. He wasn't sure if he was going to have employment before Medicaid. And even he and his wife thought about what impact it might have, whether they were able to stay married or whether he would have to go into a facility.

So I want to thank you for shining the light and ringing the alarm. And I want to ask you, what do you think will be the impact on children in this country without Medicaid?

Mr. BOOKER. I am so grateful for that question. It sobers me when you ask it because just a reduction in Medicaid—I love that metaphor use—is pulling a string out for families who are barely holding it together right now—families with children with disabilities or who are developmentally disabled who have been struggling so much to get their children into programs that could help move them—some of them to independence, some of

them into adulthood where they can get jobs. So many of these things that help to propel these children would be undermined. Just transportation services going away would create hardship and devastation on families.

So here we are in America, when costs are going up, housing is going up; we are about to have these awful tariffs where the price of vehicles will go up, the price of transportation will go up. So the ripple effect of an impact on children, just by a fraction of the cuts that they are proposing—not to mention the grandeur of the \$880 billion—would have a devastating impact on millions and millions of children.

But it doesn't stop there. You quoted King. King said in the letter from the Birmingham jail:

We are all caught in an inescapable network of mutuality, tied in a single garment of destiny.

To think that there could be an injury to their family and their child and have it not affect you is not only self-defeating ignorance, it is callous and uncaring, and it demands us to step up for those children that you so rightfully asked me about in your question.

Ms. BLUNT ROCHESTER. Would the gentleman yield for another question?

Mr. BOOKER. I will definitely yield for a question while retaining the floor.

Ms. BLUNT ROCHESTER. As the former executive of a city, a major city in this country, can you talk a little bit about the impact that these cuts will have on cities, municipalities, and States, because some might think: Oh, this is just a nice issue? No, this is an economic issue as well. If you can talk a little bit about the impact that this is going to have and why mayors across this country should care, why Governors across this country should care, and city councils. Why should they care?

Mr. BOOKER. Well, that is the thing that is so significant. Already, Governors and mayors are writing letters and speaking up.

When I go to different cities in New Jersey, I am often called by local leaders because they know, No. 1, the stories of the people who rely on Medicaid—the seniors, the children, the disabled families. But more importantly than that, they know their hospitals who already have very fragile budgets, to carve out millions and millions of dollars, as I said, over tens of millions of dollars for our level 1 trauma hospital in New Jersey, that would devastate the entire economic model for our hospital. It would affect jobs. It would affect the economy. It would affect small businesses. It would be devastating.

Ms. BLUNT ROCHESTER. I will end my questions at the moment by saying, again, thank you so much, Senator BOOKER, for your leadership. We have had an opportunity to work on food as medicine—

Mr. BOOKER. Yes.

Ms. BLUNT ROCHESTER.—maternal mortality. There are so many more im-

portant things to work on. But the fact that you are spending your time, your energy, and your intellect to stand up for millions of Americans, I commend you for that. I am grateful to serve with you.

I had the opportunity to serve with John Lewis in the House and get in good trouble, and I am glad to be here with you in the Senate.

I yield back.

Mr. BOOKER. Thank you. Thank you very much.

I am going to continue elevating here, throughout the hours and hours of my speech, the voices of Americans from all backgrounds, all geographies, elevating the stories of leaders—Democrat, Republican, and Independent.

I want to start with Matthew Cook, who is the president and CEO of Children's Hospital Association. Matthew Cook writes:

The House budget resolution directive to the Energy and Commerce Committee to cut 880 billion in spending will almost certainly lead to deep reductions in Medicaid funding for children who rely on the program and destabilize the financial viability of the providers caring for them.

To the point that my colleague from Delaware asked:

Slashing funding would mean fewer healthcare providers, fewer services, and longer wait times for patients who already—

Who already—

face significant barriers to care. These cuts will impact the 37 million children on the Medicaid Program, including the nearly 50 percent of children with special healthcare needs.

Three million children in military-connected families—

I am going to repeat that.

Three million children in military-connected families, more than 40 percent of the children living in rural areas and small towns, patients in rural communities would be hit especially hard as hospitals and clinics in these areas rely heavily on Medicare funding to stay open.

Here is a letter from the Mental Health Liaison Group:

In the midst of our Nation's ongoing mental health crisis—

I am going to pause there. When I ran for President and moved around the country, in townhall meeting after townhall meeting after townhall meeting, I was even surprised with how many Americans—I don't think we had a townhall where someone didn't want to stand up and tell me about the mental health crisis in America and how poorly we were doing. So when the Mental Health Liaison Group starts off with that, it hits me very hard.

I still remember meeting with a guy in a New Jersey diner who had mental health issues, was a teacher in a high school, and he stabilized his mental health because of his prescription drugs but then stopped being able to afford them, started skimping on the drugs, had a mental health crisis, lost his job, and his whole life destabilized. Just because of not being able to have access to a costly prescription drug, a valued teacher had his life upended.

I start this letter again:

In the midst of our Nation's ongoing mental health crisis, including its devastating impact on youth and our ongoing overdose epidemic, it is paramount that access to life-saving MHSUD services is not reduced and the integrity of the Medicaid Program to serve as a vital Federal and State partner safety net is preserved. Limiting access to Medicaid threatens to undermine gains in reducing overdose mortality rates and could lead to increasing rates of incarceration and hospitalization.

My colleague from Delaware knows this. The biggest mental health institutions in America—the biggest ones—pick your State, from Illinois to Los Angeles, the biggest mental health institutions are Los Angeles prisons, are Chicago's prisons and jails, wasting taxpayer dollars. Where folks got their mental health treatment, their lives could stabilize. They could be workers. They could be helpers. They could not be sick.

Here is Chip Kahn, the CEO of the Federation of American Hospitals:

Key Republican lawmakers recognizing that so many constituents rely on Medicaid for critical care made it clear that their vote today was based on an understanding that the final reconciliation bill would not include devastating cuts or changes. I believe that is gratifying.

Chip Kahn writes:

It is important that these members came to the same conclusion. Medicaid cuts should be off the table.

Medicaid cuts should be off the table.

It is up to these lawmakers to follow through and ensure spending cuts don't come at the expense of care for over 70 million Americans, including kids, seniors, and hard-working families.

I love the appeal in that letter because it was an appeal that I am reminded of when my colleagues LISA MURKOWSKI and the great John McCain and an extraordinary friend SUSAN COLLINS when they voted to save the Affordable Care Act. They listened to the appeal of people like this gentleman.

My colleague sitting there, it is like, often, we resort to words of vicious cruelty. John Lewis didn't do that when he advocated against the most horrific racists. He didn't take on words of hate. We have got to appeal to colleagues of good conscience, not to let—as this person says, no Medicaid cuts; no Medicaid cuts.

I know President Trump has said that Medicaid cuts are off the table. He said that over and over and over again. We will see. We will see.

Modern Medicaid Alliance:

With over 70 million children, seniors, and hard-working families who are relying on Medicaid for their health and well-being, it is critical Congress listens to State and local government officials, faith leaders, healthcare providers, and hard-working Americans, and blocks proposed cuts to the program.

As organizations representing and caring for the millions of Americans who receive coverage and benefits through Medicaid, we know firsthand how the current level of cuts being considered by Congress would impact

their care. They will cause Americans to lose coverage, reduce health access, and increase costs. We oppose any cuts—

We oppose any cuts.

We oppose any cuts or harmful policy changes to Americans' Medicaid benefits as part of the budget reconciliation process and call on congressional leaders to reverse course and protect the program moving forward.

Here is the Modern Medicaid Alliance:

The latest House vote breaks a vital promise to more than 70 million Americans who depend on the Medicaid Program and now face the potential for unprecedented, destabilizing cuts to their coverage and access to care. The full extent of cuts being considered go far beyond addressing "waste, fraud and abuse" and would undermine Medicaid coverage for those who depend on it. Already, Senators are issuing stark warnings about the impact of Medicaid cuts on the stability of their communities, State budgets, hospitals and providers. We urge members of the House and Senate to block any Medicaid cuts or harmful policy proposals as part of the ongoing budget process.

Sister Mary Haddad, President and CEO of Catholic Health Association:

We are deeply concerned that the budget resolution would force the House Energy and Commerce Committee to slash \$880 billion from the Medicaid Program, an essential healthcare program for nearly 80 million low-income Americans. Medicaid provides coverage for one in five individuals, funds 41 percent of all national births, and is the largest payor for long-term care and behavioral health services. These cuts would have devastating consequences, particularly for those in small towns and rural communities, where Medicaid is often the primary source of health coverage.

Medicaid is not just a health program; it is a lifeline. It provides access to care for those who need it most—poor and vulnerable children, pregnant women, elderly adults, and disabled individuals in our Nation—while ensuring their dignity. Their dignity.

Here is the Partnership for Medicaid again:

The Partnership for Medicaid, a non-partisan nationwide organization representing clinicians, healthcare providers, safety-net health plans, and counties, calls on Congress to reject cuts to Medicaid during the budget reconciliation process. The Partnership for Medicaid stands ready to work with policymakers to identify more sustainable strategies to strengthen Medicaid and improve upon its promise of providing high-quality coverage and access to care populations.

So this is another organization saying: Hey, put me in. Let us help you improve this program, and maybe we can achieve some of our mutual goals.

Here is Susan Kressly, president of the American Academy of Pediatrics, the great AAP:

The American Academy of Pediatrics urges lawmakers to reject the budget resolution before the U.S. House of Representatives and to protect programs that are vital to the health and well-being of children. We oppose the proposed funding cuts to programs like Medicaid and the Children's Health Insurance Program, which cover nearly half of all U.S. children, as well as the Supplemental Nutrition Assistance Program. These cuts would have devastating consequences for children and families.

We are going to talk about cuts to SNAP later, but I love how Dr. Susan Kressly, president of the American Academy of Pediatrics, can't help but mention them together. Why is a doctor concerned about healthcare also mentioning SNAP? Well, fundamental to our children's health and well-being is having access to fresh and healthy foods.

This is me being a little critical of people saying they are MAHA—Make America Healthy Again—and then immediately cutting kids' access to fresh, healthy fruits and vegetables.

I love this doctor. It is almost like you are doubling down on the injury to our children. We are cheapening highly processed and sugar-filled, nutritionally empty foods, denying access to fresh, healthy fruits and vegetables, and then not letting people with chronic diseases get healthcare. I love this doctor for pointing out those connections.

Now I am going to go to Brian Connell, who is the vice president of the Leukemia & Lymphoma Society:

The fiscal year 2025 budget resolution would create not just the opportunity but the obligation for the House Committee on Energy and Commerce to make dangerous cuts—

Dangerous cuts—to the Medicaid program in the budget reconciliation process expected in the coming week. The hundreds of billions of dollars of cuts demanded by the budget resolution cannot be achieved without slashing benefits for enrollees or altogether taking away Medicaid coverage for millions of Americans.

To be clear, the Leukemia & Lymphoma Society and the patients we represent are clamoring for Congress to lower healthcare costs, but the framework before the House today would pave the way for policies that do just the opposite, putting affordable access to healthcare out of reach of millions of Americans.

Feeding America—I love this organization:

Cuts to vital federal nutrition programs like SNAP, necessitated by this resolution and the Senate version passed last week, will harm families grappling with high food costs, hurt rural economies and strain food banks already overwhelmed by rising demand. We urge the House to reject spending cuts to nutrition programs in the budget reconciliation process and support the work the House and Senate agriculture committees are doing to create a strong, bipartisan farm bill.

The Federal AIDS Policy Partnership:

We are writing on behalf of 95 national, regional, and local organizations advocating for Federal funding legislation and policy to end the HIV epidemic in the United States. We urge Congress to reject all proposals to enact cuts to Medicaid, whether through per-capita caps or block grants, restrictions to the Federal Medical Assistance Percentage, or FMAP, or mandatory work requirements during reconciliation for the 2025–2026 fiscal year budgets.

Medicaid is the most important source of health coverage and lifesaving care for people living with HIV—

The most important source of health coverage and lifesaving care for people living with HIV—

providing coverage for more than 40 percent of the people living with HIV and contributing 45 percent of all Federal funding for domestic HIV care and treatment.

The next letter starts:

To be clear, the cuts outlined above are being proposed for one simple reason: to pay for \$4.5 trillion in tax breaks that disproportionately benefit the wealthy. Congress can and must take a different path—

Congress must take a different path—

one that lifts more families out of poverty and provides more Americans with the opportunity to reach their full potential. A people-first agenda should include expanding the child tax credit for the 17 million children who don't receive the full credit due to low family incomes, expanding rental assistance, increasing SNAP benefits to reflect rising grocery prices and closing the Medicaid coverage gap.

If Congress focused on ensuring that wealthy Americans pay their fair share rather than providing additional tax breaks, we could fund these initiatives and so much more.

This is a group of groups that you will recognize or many people will recognize: American Association of Nurse Practitioners, Gerontological Advanced Practice Nurses Association, the National Association of Nurse Practitioners in Women's Health, National Association of Pediatric Nurse Practitioners, and the National Organization of Nurse Practitioner Faculties. They write:

We are deeply concerned with the impact of these cuts on the healthcare system and their potential to harm our most vulnerable patients. Further, these cuts will threaten the viability of practices that treat Medicaid patients, financially destabilizing and having a disproportionate impact on those who provide care to underserved and rural communities.

Association of American Medical Colleges, AAMC:

We remain extremely concerned that the budget resolution's reconciliation instructions would result in unsustainable cuts to Federal healthcare programs—specifically Medicaid—by requiring at least \$880 billion in savings from the House Energy and Commerce Committee. Cuts of this magnitude would jeopardize both access to care for millions of Medicaid enrollees and the financial stability of the providers who care for them.

Here is one from Chimes International:

Cuts in Medicaid will have a dramatic negative impact on our healthcare system and the first responder community. Millions of Americans will be at risk of losing access to housing, thereby increasing homelessness for some of the most vulnerable members of society, especially in areas that already lack affordable housing. Provider organizations like ours will be forced to close the doors of residential facilities and reduce support staff, which is already in short supply.

Katie Smith Sloan, who is the president and CEO of LeadingAge:

States would have to fill in massive budget holes if Federal funding to Medicaid programs were cut. Even if a cut such as a change to the expansion FMAP proposal does not seem to directly impact aging services, it would because the cost of the cut would have to somehow be absorbed by State budgets. That type of hole cannot be filled in via

more efficiency. Balancing the 10-year program budget cycle on the back of the Medicaid program is not a good tradeoff for the American people.

Alan Morgan, who is the CEO of the National Rural Health Association—this letter is powerful. He represents the National Rural Health Association:

Any cuts to the Medicaid program will disproportionately affect rural communities. Rural Americans rely on Medicaid coverage, with about 20 percent of non-elderly adults and 40 percent of children living in rural areas enrolled in Medicaid and CHIP. In almost all States, rural areas have higher rates of Medicaid enrollment than metropolitan areas. Cuts to Medicaid would shift healthcare costs onto rural families, many of whom already struggle with financial instability. Medicaid cuts would force families to face higher out-of-pocket expenses, leading many to delay or forgo necessary treatments. The burden would worsen health outcomes, especially for those managing chronic conditions like diabetes, heart disease, and cancer.

To the extraordinary prescience of my colleague from Delaware, who knew this letter was coming, I imagine, this is a letter from the U.S. Conference of Mayors, the National League of Cities, the National Association of Counties, the National Conference of State Legislatures, the Council of State Governments, and the International City/County Management Association.

I am going to pause for a second just to remind folks—because I have been involved in the U.S. Conference of Mayors and the National League of Cities. I have dealt with the National Association of Counties on things that were important here in the Senate. All of these groups are bipartisan. All of these groups represent Democrat and Republican mayors, Democrat and Republican city council people.

I was actually a nonpartisan mayor. New York does not have partisan elections. So they have nonpartisan folks.

This is a group of people who have those jobs where the rubber meets the road. A change in State policy, a change in Federal policy—we had to eat it when I was mayor if it cost us more money. I was a mayor that talked like lots of mayors do, not in partisan lingo. They just talk about: Hey, it is an unfunded mandate. Hey, that is adding more bureaucracy. Hey, that is going to cause more people in my community to be homeless. It is going to cause more children in my community to use an emergency room as their primary care physician.

When I meet a mayor, I look at them and I thank them because it is one of the hardest jobs in America.

So this organization that represents Democrats and Republicans—they write:

As a coalition of bipartisan membership organizations representing State legislatures, mayors, cities, and counties, we are committed to working collaboratively to strengthen the Medicaid program so that the States and localities can continue to meet the needs of their residents effectively. We write to express concern over proposed changes to Medicaid financing and requirements that could significantly impact State

and local budgets, healthcare infrastructure, and millions and millions of Americans who rely on the program.

I would say so far there are at least half a dozen to a dozen of these letters where bipartisan groups are saying: Let us help you. Don't rush this through in a way that is going to cause havoc to State and local governments, cause havoc to children and seniors and the disabled, cause havoc to hospitals and businesses, cause havoc to rural communities, cause havoc to the idea of what it means to be an American: that we take care of our own, that we stand up for each other, that we lend a hand, that we lift folks up. And here it is, this voice of bipartisan sensibility that says: Hey, hold a hearing. We will come. Put some of us on a commission.

This is a group called Advocates for Community Health:

Medicaid's successes as a national program derive from its variations across different States.

Different States doing things in different ways.

Medicaid looks different in every State and territory because the program is able to reflect and accommodate the specific needs of the State's patients, providers, and communities.

These State-based programs are vital to the patients served by community health centers, patient-to-direct primary care providers that serve rural and underserved communities nationwide.

As the House and Senate work toward a budget reconciliation package, Advocates for Community Health encourages a cautious approach to changes to Medicaid policy as broad changes have a potential to destabilize State Medicaid programs and community health centers, impact local economies and job creation, and further exacerbate rural healthcare access challenges.

Families USA. Their executive director—his name is Anthony Wright:

Americans are storming townhalls, calling their Representatives in Congress, and demanding that House Republicans stop their plan to massively cut the healthcare that Americans want and need. President Trump and some Republicans have said they won't touch Medicaid, but their vote today is when we see who walks the walk. The vote is the walk-the-plank moment for moderates who say they don't want Medicaid cuts but are being asked to cut over \$880 billion to the care and coverage of their constituents.

Policymakers and the public alike understand that there is no version of this budget resolution that does not include deep cuts to vital programs, services, and benefits the American people use every day to help them see a doctor, pay rent, or feed their families.

Justice in Aging is an organization that is led by its executive director, Kevin Prindiville. He writes:

With this vote, lawmakers endorsed taking away Medicaid from millions of Americans, including older adults, all to bankroll tax cuts for the wealthy. Thanks to our collective advocacy, the vote to pass this dangerous budget blueprint did not come easily, and we will make sure lawmakers know that voting to enact these cuts would be voting to abandon older Americans.

The National Alliance for Caregiving:

The House budget blueprint to eliminate at least \$800 billion in Federal funding unfairly targets critical healthcare and supportive

services that older adults, people with diabetes, and their family caregivers depend upon to maintain health and economic security for families and themselves.

Home- and community-based services funded via Medicaid are cost-effective. They save millions of taxpayer dollars on unnecessary and often unwanted institutional care. Most of all, Medicaid-funded HCBS—

Home- and community-based services—

offers consumers a choice in how they receive care in the dignity of their own homes.

In the dignity of their own homes. Dignity.

The Coalition for Whole Health Legal Action Center:

Among the options being discussed are work requirements for enrollees, despite the fact that most people receiving Medicaid do work, and other cuts to Federal funding that would disproportionately harm people with substance abuse and mental health conditions and those with arrest and conviction records by making it harder to access critical health coverage and service, medications, and support.

Such individuals already face pervasive stigma and discrimination, including significant barriers to employment that threaten their stability and well-being, at a time when overdose and suicide are claiming more than 400 lives a day. We cannot afford to reduce access to comprehensive healthcare services that people with substance abuse use, mental health conditions, and those rebuilding their lives after incarceration desperately need to recover and thrive.

Let me tell you something about that that really strikes me. I was blessed to go to colleges, and there, people would use drugs. Now I live in a community where the consequences for drug use often mean jail time. In fact, if you look at low-income people, their chances of being incarcerated are far greater than college kids, who have drug usage rates at about the same.

So now you say to somebody who has an arrest record and served some time that when they come out, they can't get help? People with mental illness are over-incarcerated. You are going to say to them "You have this mental illness. Now you have a record, and you also can't get healthcare services?" That is, again, self-defeatist when it comes to our Nation trying to give people ways of elevating themselves above their past mistakes or the diseases that challenge them.

Here is another group, Community Catalyst:

These cuts will hit hardest where healthcare access is already fragile.

Here is the Alliance for Ageing Research:

We, the undersigned organizations, urge you to oppose any cuts to Medicaid and the Supplemental Nutrition Assistance Program, SNAP, including those called for in the proposed budget resolution. We are concerned about the negative impact these deep cuts will have on the Americans living with chronic disease and other disabilities.

But we are willing to draw your attention now to how devastating it will be on those with Alzheimer's and related diseases, including frontotemporal degeneration and Lewy body dementia, and their family caregivers.

April Verrett, the president of SEIU:

Let's be clear, Americans have flooded congressional phone lines, rallied at townhalls, and lifted their voices to make it clear that they do not want massive cuts to the healthcare and public services they depend on. Despite that, today Speaker Johnson pressed a budget resolution forward that puts our Nation on a disastrous path to ripping away healthcare from 80 million children, pregnant women, veterans, seniors, people with disabilities by gutting Medicaid.

Lee Saunders, the president of AFSCME:

This budget proves that extremists are more concerned with giving wealthy trillions in tax cuts than helping working people. Voters across the country are packing townhalls to demand no cuts to Medicaid and SNAP. They are calling Representatives and asking them, Please save these services.

They want elected leaders who will lower rising costs, who make it easier to afford rent and food, but instead of listening to workers, the House moved forward on a budget plan that will cause millions to lose their healthcare, increasing food insecurity for families, and jeopardize Medicare and Social Security in the long term.

He calls this "shameful."

The Diabetes Leadership Council and the Diabetes Patient Advocacy Coalition:

We are deeply concerned about the budget resolution passed in the House of Representatives this week. This budget resolution will likely lead to cuts to the safety-net Medicaid programs, which provide health insurance to almost 80 million Americans, including children, pregnant women, elderly adults, people with diabetes, and low-income adults and families.

This action would disproportionately impact Americans who most need us, including those with diabetes or other chronic conditions who rely on Medicaid to access medications and technology that they need to manage their conditions.

Members of Congress should, instead, work to ensure access to health insurance through the Medicare program—work to ensure access to healthcare without barriers for the most vulnerable Americans.

Here is the Alliance for Childhood Cancer:

Work requirements may also impact caregivers of children with cancer who are unable to work due to the demands of cancer treatment for young adults with cancer who may not be eligible for insurance via their employer or may not be able to work due to their diagnosis. Many young adults rely on Medicaid, especially Medicaid expansion, for coverage, and research shows a clear increase in survival for young adults with cancer in Medicaid expansion States.

UnidosUS:

The proposed resolution would slash at least \$880 billion from programs that have long provided lifesaving, affordable coverage to millions of Americans. Medicaid alone serves 80 million people, covering nearly 40 million children, half of those with special healthcare needs, and more than 40 percent of all births.

In Latino communities, Medicaid reaches 20 million individuals, protecting nearly one-third of community members, more than half of Latino children, and roughly 30 percent of Hispanic elders. Without these vital programs, it would be higher hospitalization rates, delayed diagnoses, and increased mortality. This would become the norm, placing an unsustainable strain on public health and national financial security.

As UnidosUS recently pointed out, these proposed cuts would represent

the largest cuts to Medicaid in U.S. history.

The Coalition of Survivors of Domestic Violence and Sexual Assault:

On behalf of the adult and child survivors of domestic violence and sexual assault, we serve and advocate for them. We, on behalf of them, write to ask you to reject cuts to Federal Medicaid funding.

Survivors rely on Medicaid every day to escape abuse, to rebuild their lives after violence, to care for their children and families.

The Catholic Health Association of United States, the United States Conference of Catholic Bishops, and Catholic Charities USA:

Weakening Medicaid through structural challenges such as per capita caps or block grants would undermine these values and risk leaving millions without access to essential health services.

Furthermore, policies like work reporting requirements have shown clear evidence of creating artificial barriers to care, generating paperwork and bureaucracy while doing little to support people looking for work. These requirements also fail to recognize that most people on Medicaid already work and ignore the realities of low-wage workers, caregiving responsibilities, and health limitations, and studies have shown they frequently result in loss of coverage for eligible individuals and children.

The Disability and Aging Collaborative and the Consortium for Constituents with Disabilities on behalf of 107 national organizations and more than 230 State and local organizations:

The undersigned members of the Disability and Aging Collaborative, the health and long-term service and support task forces of the Consortium for Constituents with Disabilities, and allied organizations write to urge you to exclude Medicaid cuts, work requirements, or any changes that limit funding or eligibility from budget reconciliation or other legislation.

People with disabilities, older adults, family caregivers and their children, direct care workers and other low-income individuals and families depend on Medicaid every day for their health, safety, and independence. Medicaid enables our communities to go to work and to care for loved ones. It is our community's lifeline, and we cannot afford for any part of it to be cut.

(Mr. BANKS assumed the Chair.)

The Jesuit Conference:

Programs that meet basic needs such as SNAP, Medicare and Medicaid, health insurance premium tax credits, and Social Security should be protected and remain as robust as possible. We oppose modifications that would have the effect of reducing important benefits or excluding vulnerable people from participating.

Thank you, the Jesuit Conference.

Why? I mean, we have just read dozens and dozens of letters from real people who are relying on these programs to take care of their elderly parents, to take care of their loved one with dementia, to take care of their children, to take care of their adult children with disabilities, to take care of their children with special needs, to take care of their families, to take care of their communities, to take care of rural towns, to take care of the hospitals that take care of people.

Why? Why? Why are all of these people lifting their voices now, pointing to

the crisis that can't be normalized, pointing to the challenges? Because we have seen this reconciliation process call for \$880 billion of cuts, when, as I read earlier, there is only one place that the majority of those cuts can come from, and that would be hundreds of millions of dollars in cuts to Medicaid, which organization after organization told you it is already a delicate balance; that cuts to these programs could ultimately tear down people's access to lifesaving benefits.

People use the word "dignity" over and over again—dignity. It is a value in our country that we treat our elders with dignity, that we give people struggling with chronic disease dignity, that we give parents who are slammed with the unimaginable diagnoses for their children—we help them to access dignity.

People that we have talked about and that we read their letters, they all said: We can help you find efficiencies. We can help you make the programs work better. We can help you, but why are you doing this if it is all part of a larger package to give tax cuts to the wealthiest Americans, to give tax cuts to billionaires? How does that work?

That Elon Musk should get richer and richer and richer, and families—the love in these letters—who love their children, who love their aging parent, who love that person with dementia, even though they don't recognize them anymore. But that doesn't stop the heroic love. And they piece together their finances in a nation where housing costs are going up, food costs are going up, and transportation is going up. They piece together the fragile finances of their lives. The Medicaid funding is one part of it that gets yanked away, and everything unravels. Why, they ask, why? They plead for help. They ask us to do something.

I want to read some articles, coming from a variety of backgrounds—but perhaps this one from PBS, "A closer look at who relies on Medicaid."

This is what PBS wrote:

As congressional Republicans seek about \$4.5 trillion to extend expiring tax cuts, the Federal Government will need to find savings elsewhere.

You are going to give that \$4.5 trillion that disproportionately go to the wealthy, and you are going to have to find savings elsewhere.

Experts say budget cuts could affect Medicaid coverage for as many as millions of Americans, at a time when the program may need more funding, not less.

The proposed House bill requires the Committee on Energy and Commerce to find \$880 billion in spending cuts, which means some aspects of Medicaid, which the committee oversees, may be on the chopping block.

Medicaid is a massive . . . program that provides free and reduced-cost health care for eligible enrollees. It offers critical coverage to a wide variety of Americans, including children, adults with disabilities and older people in nursing homes.

Even for Americans who have private insurance, Medicaid can play a part in their health care. That's because Medicaid is such a large engine of funding for so many aspects of the country's health coverage.

So many benefit from these aspects of this country's health coverage.

The public health insurance option is funded in part by the Federal Government and in part by states, covering around 72 million [Americans].

The Federal Government spent about \$880 billion on Medicaid in fiscal year 2023, the most recent year for which there's data, according to an analysis by the nonprofit health policy research organization KFF.

Medicaid is an extremely popular entitlement program, said Robin Rudowitz, director of the program on Medicaid and the uninsured at KFF.

More than 9 in 10 adults say Medicaid is "very" or "somewhat" important to their local community, according to recent KFF polling. Forty percent of respondents said they wanted Medicaid funding to remain the same, while 42 percent wanted to increase funding for the program. Just 17 percent wanted to decrease funding "a little" or "a lot."

Some studies have found that expanding Medicaid can save money for states, including in spending reductions in corrections health care as well as mental health and substance abuse care.

Pulling away from the article for a second, that is so logical. Expanding health coverage for people with mental health challenges or substance abuse means an investment now and saves a lot of money for society later and saves them from being rearrested because of their disease.

Back to the article:

President Donald Trump has said his administration will not cut Medicaid benefits, and will instead reduce spending by eliminating waste and fraud.

[Well.] according to health policy experts, there may not be a way to fund the tax cuts without cutting Medicaid. Doing that will have real implications, said Allison Orris, senior fellow and director of Medicaid policy at the Center on Budget and Policy Priorities.

Another nonpartisan group.

"It's fair to say if Medicaid is cut by hundreds of billions of dollars, people will lose coverage. But some of the ways in which they will lose coverage and health care and access are a little bit tricky," she said.

[So] who and what relies on Medicaid?

Medicaid covers low-income Americans in all 50 states, as well as D.C. and the American territories, but the program's benefits are farther reaching.

Medicaid pays for around 2 in every 5 births in the country. The program accounts for about 20 percent of both hospital funding and total health care spending nationwide, according to KFF. That organization's analyses of hundreds of studies conducted since 2014 largely found that Medicaid expansion helped cut hospital costs associated with uninsured patients. Many studies also found that Medicaid expansion helped with overall hospital funding and resulted in fewer hospital closures.

And Medicaid—not Medicare—is the single largest payer of long-term care, including nursing home care.

Here are some of the ways Medicaid is crucial for so many Americans' health care.

Long-term care for people with disabilities.

According to KFF analyses, 35 percent of Americans with disabilities have Medicaid, [that is about] 15 million people. That compares with 19 percent of people without disabilities, [and] the majority of whom have employer-provided health insurance.

Currently, Medicaid covers about 60 percent of long-term care coverage, much of which provides care for younger adults with disabilities.

Nursing homes.

Medicaid is the primary payer of nursing care in the U.S.; it covers 63 percent of nursing home residents.

For many older adults, "Medicaid is the safety net," says David Grabowski, professor of health care policy at Harvard Medical School. "An individual can be middle-income their entire life and then reach their older, long-term care years and have to enter a nursing home."

Because nursing homes can be so expensive, families can quickly deplete [all of] their assets, then rely on Medicaid to cover long-term care.

Another group:

Children.

Thirty-seven percent of people enrolled in Medicaid are children, but they account for only about 15 percent of the program's spending.

In 2023, KFF found that of the 72 million people enrolled in Medicaid, about 30 million were children. Millions more children are enrolled in the Children's Health Insurance Program, which some states run with Medicaid expansion funds.

They are tied. Forgive me. That is off the article.

Back to the article:

So far, political conversation has not yet focused on cutting CHIP.

Rural maternal health.

Medicaid covered around 40 percent of births nationwide in 2023, KFF found, and nearly half—

Nearly 50 percent—

of all rural births.

Studies also show that being enrolled in Medicaid leads to improved health outcomes for children, including declines in infant and child mortality, preventive care visits on par with privately insured children and even potentially positive outcomes into adulthood, such as improvements in education.

That is what studies show being enrolled in Medicaid leads to.

How about Native Americans and Alaskan Indians?

Four in 10 American Indian/Alaskan Native people are enrolled in Medicaid, the highest enrollment rate among any race and ethnicity category. This includes about 23 percent of nonelderly AIAN adults and 44 percent of [American Indian/Alaskan Native] children.

How the Federal Government funds the states' Medicaid plans.

Medicaid began as an optional program in 1966 alongside Medicare, with around 8 million people eligible for enrollment. By the 1980s, all states had opted into providing health insurance through Medicaid.

Though eligibility requirements have changed over the last 60 years and vary by state, the most significant change to Medicaid was the enactment of the Patient Protection and Affordable Care Act in 2010. It required states to cover adults with incomes up to 138 percent of the [federal] poverty line. After the Supreme Court ruled in 2012 that expansion for states should be optional, 40 states and Washington, D.C., have expanded Medicaid.

Forty of our 50 States accepted "federal funds at a much higher rate than the match rate for non-expansion coverage."

That is a good summary by PBS of how far-reaching this program is, how

many Americans in every single State, from all backgrounds, from both sides of the political aisle—Independents, old, young, hospitals, businesses, care professionals, and more—this is who we are. We have expanded the program. We have made it better. We have brought improvements. And yet we are doing a process, and it is not going through a committee. We are not soliciting the best ideas from both sides of the aisle about how to make it more efficient, more effective. We are not bringing in private sector professionals to give advice and input or hospital providers or people that are seeing things that we can learn from and craft legislation to make the program better.

And the letters are even showing that we are not even doing any of those things, and then we are cutting the very programs that allow people access to fresh, healthy food, that then cause us to need more health care for chronic diseases.

This alone would be bad enough if we were gutting a program with no input from professionals, if we were taking away healthcare from seniors, children, expectant mothers, the disabled. That would be bad enough.

But why? Again, why? Because it is part of a larger budget package to give trillions of dollars in tax cuts disproportionately to the wealthiest Americans and still add trillions to the national deficit.

I talked about American Indians and Alaskan Natives. I mentioned that I recently visited some proud Native Americans and heard their stories and was inspired by their conviction and their grit, and how under incredible odds, they were able to create better lives. After extraordinary oppression and vicious policies and more, they found a way forward.

There is a disproportionate number of Native Americans and Alaska Natives that rely on these programs, people who have maintained extraordinary dignity despite promises made and promises broken.

So many people are talking about that idea of a sacred trust; that the richest Nation in the world, to honor its ideals of freedom, has to focus on keeping people free from fear that one medical bill will throw their family in crisis or fear that one diagnosis for their child will unravel their lives or fear that, if their parent gets dementia, there will be no care for them.

So much of this conversation is within this larger understanding of who we are, and what do we stand for. I want to take a look at some of the things the Trump administration is doing that is going to undermine not just Medicaid but health insurance coverage for Americans, for all Americans, and raise the cost of healthcare, and negatively impact our health. At a time when basic prices of everyday goods are going up, the President is making healthcare harder to access and drug prices even higher.

I want to explain this. On his first day back in office, Trump rescinded the

policy that extended the enrollment period for ACA plans. This policy gave Americans sufficient time to enroll in healthcare for the year, and enrollment in the ACA continues to go up as people see how affordable this program is and how they can get quality healthcare. But the first thing—one of the first things he does—is rescind the policy that extended the enrollment period.

In addition to this, Republicans in Congress want to take away the tax credits that make healthcare more affordable for so many people. Millions of working-class Americans rely on Affordable Care Act tax credits to access affordable, quality healthcare and coverage.

I could go on with the things. For example, currently these tax credits, they are set to expire at the end of this year. If these tax credits were taken away, families will pay up to 90 percent more for their healthcare, and 5 million Americans could lose their healthcare altogether. All, again, if this goes through in 2025, billionaires and CEOs will get a huge tax break while working Americans relying on this tax credit will lose it.

Think about that. This would allow billionaires and CEOs to get more of a tax break, while these tax credits that help more Americans access healthcare would expire.

For New Jerseyans, ending the ACA tax credit would make health insurance less affordable for 352,000 hard-working people and their families and would force 75,000 people to go uninsured—75,000 people in my State alone.

Last year, 24 million people chose Affordable Care Act plans during the most recent open enrollment due to these expanded tax credits that made plans available to people for little or no monthly premiums and extended the enrollment period, which I just said the President has rolled back.

President Trump also overturned an effort for Medicare to lower drug costs like implementing a \$2 monthly out-of-pocket cap on certain generic drugs as well as a measure that would reduce Medicare payments for rare disease drugs and drugs that treat life-threatening conditions.

I just don't understand that. I really see that as cruel. Americans struggling to afford their drugs had a cap of out-of-pocket expenses on certain generic drugs, and that was overturned.

Costs are going up. Costs are going up. And now this President is expanding costs for out-of-pocket generic drugs as well as Medicaid payments being eligible for rare diseases.

I had the privilege of becoming close to John McCain. I came here in the Senate, got this admonition, almost, from Bill Bradley, somebody who held my seat beforehand, and he challenged me to go and have lunch with or meetings with all my Republican colleagues at the time. That was way back in 2013. And I was told by John McCain's staff that I had like 10, 15 minutes, but I was

going to take it. This is John McCain. He is legend.

And I go in and meet with him, and I don't come out of that office for 90 minutes. We both got emotional as he showed me pictures and documentation from his time as a prisoner of war.

In 2017, he was under extraordinary pressure in this healthcare crisis, and there were thousands of Americans descending on our Capitol. I will never forget the "little lobbyists," they called themselves, kids in wheelchairs that would roll up to Congress people and raise their little voice, respectfully, and ask them not to take away their health coverage.

I remember people coming in here with preexisting conditions and saying: Don't repeal my healthcare and not even have a plan to replace it.

President Trump was asked about healthcare when he was Candidate Trump for this office, and he said he had, I think it was, "conceptions of a plan." And since he has been in office, I haven't heard a vision for healthcare besides budget proposals that would cut people's healthcare.

But John McCain, I will never ever forget that moment. I was actually standing on the Republican side, if I remember correctly, having conversations, and he came to the floor, after listening to Arizona tell stories like the ones I have been reading, and put his thumb down.

He wrote a speech about his decision, and I want to read a part of that now.

I have been a Member of the U.S. Senate for 30 years. I had another long, if not as long, career before I arrived here, another profession that was profoundly rewarding and in which I had experiences and friendships that I revere. Make no mistake, my service here is the most important job I have had in my life. I am so grateful to the people of Arizona for the privilege—for the honor—of serving here and the opportunities it gives me to play a small role in the history of the country I love.

I have known and admired men and women in the Senate who played much more than a small role in our history—true statesmen, giants of American politics. They came from both parties and from various backgrounds. Their ambitions were frequently in conflict. They held different views on the issues of the day. They often had very serious disagreements about how best to serve the national interest.

But they knew that however sharp and heartfelt their disputes and however keen their ambitions, they had an obligation to work collaboratively to ensure the Senate discharged its constitutional responsibilities effectively. Our responsibilities are important—vitally important—to the continued success of our Republic. Our arcane rules and customs are deliberately intended to require broad cooperation to function well at all. The most revered Members of this institution accepted the necessity of compromise in order to make incremental progress on solving America's problems and to defend her from her adversaries.

That principled mindset and the service of our predecessors who possessed it come to mind when I hear the Senate referred to as the world's greatest deliberative body. I am not sure we can claim that distinction with a straight face today. I am sure it wasn't always deserved in previous eras either. I am

sure there have been times when it was, and I was privileged to witness some of those occasions.

Our deliberations today, not just our debates but the exercise of all our responsibilities—authorizing government policies, appropriating the funds to implement them, exercising our advice and consent role—are often lively and interesting. They can be sincere and principled, but they are more partisan, more tribal more of the time than at any time I can remember. Our deliberations can still be important and useful, but I think we would all agree they haven't been overburdened by greatness lately. Right now, they aren't producing much for the American people.

Both sides have let this happen. Let's leave the history of who shot first to the historians. I suspect they will find we all conspired in our decline, either by deliberate actions or neglect. We have all played some role in it. Certainly, I have. Sometimes, I have let my passion rule my reason. Sometimes I made it harder to find common ground because of something harsh I said to a colleague. Sometimes I wanted to win more for the sake of winning than to achieve a contested policy.

Incremental progress, compromises that each side criticizes but also accepts, and just plain muddling through to chip away at problems and to keep our enemies from doing their worst aren't glamorous or exciting. It doesn't feel like a political triumph. It is usually the most we can expect from our system of government, operating in a country as diverse, quarrelsome, and free as ours.

Considering the injustice and cruelties inflicted by autocratic governments and how corruptible human nature can be, the problem-solving our system does make possible, the fitful progress it produces, and the liberty and justice it preserves, are a magnificent achievement.

Our system doesn't depend on our nobility. It accounts for our imperfections and gives an order to our individual strivings that has helped make ours the most powerful and prosperous society on Earth. It is our responsibility to preserve that, even when it requires us to do something less satisfying than winning, even when we must give a little to get a little, even when our efforts managed just 3 yards in a cloud of dust, while critics on both sides denounced us for timidity, for our failure to triumph.

I hope we can again rely on humility, on our need to cooperate, on our dependence on each other to learn how to trust each other again and, by so doing, better serve the people who elected us. Stop listening to the bombastic loudmouths on the radio and television and the internet. To hell with them. They don't want anything done for the public good. Our incapacity is their livelihood.

Let's trust each other. Let's return to regular order. We have been spinning our wheels on too many important issues because we keep trying to find a way to win without help from across the aisle. That is an approach that has been employed by both sides: mandating legislation from the top down, without any support from the other side, with all the parliamentary maneuvers it requires. We are getting nothing done.

All we have really done this year is confirm Neil Gorsuch to the Supreme Court. Our healthcare insurance system is a mess. We all know it, those who support Obamacare and those who oppose it. Something has to be done. We Republicans have looked for a way to end it and replace it with something else without paying a terrible political price. We haven't found it yet. I am not sure we will. All we have managed to do is make more popular a policy that wasn't very popular when we started trying to get rid of it.

I voted for the motion to proceed to allow debate to continue and amendments to be offered.

I will not vote for the bill as it is today. It is a shell of a bill right now. We all know that. I have changes urged by my State's Governor that will have to be included to earn my support for final passage of any bill. I know many of you will have to see the bill changed substantially for you to support it. We have tried to do this by coming up with a proposal behind closed doors in consultation with the administration, then springing it on skeptical Members, trying to convince them it is better than nothing—that it is better than nothing—asking us to swallow our doubts and force it past a unified opposition. I don't think that is going to work in the end and probably shouldn't.

That is prescient. I mean, that is prescient. As a great New Jerseyan, Yogi Berra says "It's like déjà vu all over again." To hear what John McCain was criticizing—one party behind closed doors without consultation of experts, against the wishes of Republican Governors, is trying to force something through past a united opposition—he literally is describing what is happening right now and condemning both sides of this institution for playing this record over and over and over again.

Yes, I am a Democrat, and I admit that our healthcare system needs so much help and so much reform. One out of every three of our tax dollars is being spent on healthcare. That is ridiculous. And what are we getting from it? A society that is getting more and more sick.

And what are our solutions as a body? Did we come together as a team? Did we set up a special conference, set up a special committee to study the issues, to bring in the experts, to involve the best technology, to learn the lessons from private sector and public sector, from universities, from scientists—are we doing that, or are we doing exactly what John McCain said we shouldn't do, exactly what he described why he voted no?

It is maddening in this country to create greater and greater healthcare crises and for us not to solve it but to battle back and forth between trying to make incremental changes or to tear it all down with no plan to make it better, leaving more and more Americans suffering what is still one of the most significant ways people go bankrupt, which is not being able to afford their healthcare.

And what are we doing it for this time, John? Senator McCain? I know you wouldn't sanction this. I know you would be screaming. I have seen how angry you can get, John McCain. I have seen you tear people apart on the floor, Democrat and Republican, for doing the same stupid thing over and over again.

Listen to John McCain explain why he voted no the last time the Republican Party tried to unite and tear down healthcare with no idea how to fix it and threatening to put millions of Americans in financial crisis and healthcare crisis.

I can't believe we are here again with thousands upon thousands upon thou-

sands of Americans writing letters, storming into townhalls—hospital leaders, private sector leaders, Republican Governors, Republican mayors, Democrat Governors, Democrat mayors, all saying: What are you doing in Congress and why?

I think what is even more outrageous this time is the why—to redo the tax cuts that independent budget analysis says, no, that the overwhelming benefit went to the billionaires who sat on stage with Donald Trump during his inauguration. We are not saving any money in our budgets. Their plan is to expand our budget crisis. Their plan will add trillions of dollars to our budget and give tax cuts to the wealthiest and not help the people that John McCain is talking about. His echoes haunt me that he said we are mistaken when we don't come together across the aisle—across our differences—to try to make things better.

There is a healthcare crisis in this country. One out of three dollars in our government is going to healthcare. And we have more chronic disease in this Nation than we have ever had before. And there is no solution being offered in this reconciliation to deal with that. In fact, we are making it worse because we are denying children access to healthy foods. This is ridiculous.

If they are successful, what kind of country will we be with more stratifications of wealth, with people who have done so good?

I am not one of these Democrats who hates successful or wealthy people. Heck, people in my neighborhood—I am the only Senator that probably lives in a low-income neighborhood—strive to be wealthy. They are doing great. The top quartile of our country the last 20 years has made extraordinary wealth. God bless them.

But when you see that 70, 80 percent of Americans don't want Medicaid cuts because most Americans know neighbors, family members, church members who rely on Medicaid; they know that their grandmother in a nursing home relies on Medicaid; they know that the disabled child next door relies on Medicaid. And now we want to gut it \$880 billion?

John McCain—most people remember the thumb down. They don't remember his words; they don't remember the warnings. This man is in Heaven now and his words, they speak to us in this moment again. Why won't we listen to them?

Our deliberations today, not just are debates but the exercise of all our responsibilities—authorizing government policies, appropriating the funds to implement them . . . They can be sincere and principled, but they are more partisan, more tribal more of the time than at any time I can remember. Our deliberations can still be important and useful, but I think we would all agree they haven't been overburdened. . . . Right now, they aren't producing much for the American people.

Both sides have let this happen. Let's leave the history of who shot first to the historians. I suspect they will find we all con-

spired in our decline, either by deliberate actions or neglect.

Listen to John McCain:

Our system doesn't depend on our nobility. It accounts for our imperfections and gives an order to our individual strivings that has helped make ours a most powerful and prosperous society on Earth.

Listen to us:

Let's trust each other. Let's return to regular order. We have been spinning our wheels on too many important issues because we keep trying to find a way to win without the help from [the other side]. That is an approach that has been employed by both sides: mandating legislation from the top down, without any support from the other side . . . We are getting nothing done.

All we have really done this year is to confirm Neil Gorsuch. . . . I voted for the motion to proceed to allow debate to continue and amendments to be offered.

I will not vote for the bill as it stands today.

I will not vote for the bill.

We have tried to do this by coming up with a proposal behind closed doors in consultation with the administration—

Donald Trump—

then springing it on skeptical Members, trying to convince them it is better than nothing . . . asking us to swallow our doubts and force it past a unified opposition. I don't think that is going to work in the end and probably shouldn't.

Well, this shouldn't work either. This shouldn't work either. This is wrong. This is wrong.

I see the leader here. I am sorry, sir. I should be conserving my energy.

Mr. SCHUMER. Would the gentleman yield for a question?

Mr. BOOKER. I would yield for a question while retaining the floor.

Mr. SCHUMER. First, your impassioned remarks are so meaningful. I hope all of America is watching. If some people are not up at this hour, watch it tomorrow. It is inspiring.

And I would just ask my colleague a question. I was there. I spent 4 hours with John McCain before he voted. We talked and talked and talked and went over the courage of his father and his grandfather in the Navy and the courage that he hoped to show, as they did.

I ask my colleague this question: Isn't it eerily reminiscent that after John McCain did his courageous act, that here we are years later—almost a decade later, a few years less—and they are doing the same thing again, cutting people's healthcare to give tax breaks to the wealthiest people? Isn't it true that John McCain saw the suffering of people who wouldn't get healthcare and urged people to come together on a bipartisan solution? Wouldn't it be much better if our colleagues from across the aisle—they may not agree with us on everything—but instead of trying to jam another bill down our throats like they did back in 2017, came and worked with us for the betterment of the country, for the betterment of the 80 percent of the people who need healthcare, who will struggle without that healthcare?

Some will be ill, some will die—will die—so does it strike the gentleman

that how could the people on the other side of the aisle try to do this again after John McCain made such a courageous stance. It is not echoing. It doesn't seem to be echoing in their ears, is it?

I ask my colleague just to answer that general line of questions.

Mr. BOOKER. COLLINS, MURKOWSKI, and McCain, I think, took a lot of courage. They were getting a lot of pressure from the White House. John McCain was viciously attacked afterwards. But his private conversations with Members and you, Senator SCHUMER—I know at the last lap around his track of life, he didn't want to be remembered as someone doing something—to use John McCain kind of language—boneheaded; to hurt a lot of innocent, fragile people and leave them without a plan. When his own Republican Governor—I read Republican Governors earlier who were saying, don't do this.

I want to say something else to the Senator in response to his question. I watched you that night, and I just loved something you did. I never said this to you. People over here tried to start applauding and you stood up angry and told them not to because what John showed was something bigger than partisanship. He talked about it, one side trying to win; it is more ego sometimes than it is ideals. And you stood up and said, no, this is not that moment. We are watching a man take a position that was not easy. It didn't serve his politics but served his spirit.

I don't know if my staff has the envelope of the article I want, specifically because there is a story in there—I don't have it now, I will read it later—about John McCain in the prison camps.

I wasn't here when we had this moment. But when I got here weeks after this moment, Mr. Leader, all my colleagues on both sides of the aisle talked about a special conference in the Old Senate Chamber. I was not there, but the Democrats and Republicans—it actually changed our behavior in here. It didn't last. But I came here and people said, because of that, we were all going to partner up, and for State of the Union Addresses, you have a Republican partner and Democrat—we would go as couples, basically.

Mr. SCHUMER. I remember.

Mr. BOOKER. It was something about this man where the dignity that he had that we all treasured, in a moment like that, he began to elevate.

I had my partner Senator here say to me when I got here: You are not a full Senator until you get ripped by John McCain's anger.

Mr. SCHUMER. Will the Senator yield? I am well aware.

Mr. BOOKER. And I never got ripped by him. After my meeting, I mentioned earlier in his office, he started inviting me with him. My first codel was with him. He told me all the time: Booker, there are two types of Senators here. I don't mean to cast any aspersions on

others, but there are people who represent their States, and there are statesmen. He kept challenging me to be a statesman, not a great Democratic Senator but to be a great American Senator. He would challenge me over and over and over again.

I would go to his national security conferences out at his ranch. One of my favorite moments as a Senator—if I have my top 10 favorite moments as a Senator, this is one of them. The leader knows that I am a vegan, and when you go to one of his open barbecues, there is nothing vegan. I mean, they even saturated every vegetable in butter, and mayonnaise was everywhere. But I am not going to complain. I am just going to sit and enjoy conference conversations.

So now I am in a golf cart, going home at the end of the night, and the young man who was shuttling me home goes to me: How was the food? Did you enjoy the dinner?

I go: Well, actually, if I am going to be honest, I didn't eat.

They go: You haven't had dinner?

I go: No. I am a vegan.

They go: Well, we are about to pass John McCain's home, where he lives, and I am sure it is late, and I am sure he is asleep, but maybe we can break in and see what is in his fridge.

And I am like: Dude, I am from New Jersey. I love this. Breaking into John McCain's house, and I won't have to worry about getting arrested? I am all in.

And so we went in, and as soon as we looked around in the kitchen, I looked through the kitchen, and John McCain was sitting there with another elderly, tough-looking man on the couch, engaging in some conversation. So I didn't get my joy of breaking into John McCain's house, but I walk in, and he is sitting there with a former Secretary, if I remember correctly, of the Navy.

And they were like: Booker, skeddaddle. We are going to have a meeting.

So I am sitting there, eating peanut butter and, like, celery or whatever, and these two men are talking about government inefficiency. They say the place that we could be saving the most money—the former Secretary, if I remember correctly, of the Navy and one of the great men on national security. They started detailing the waste in the military. They both claimed that we could have much more capacity and greater military effectiveness for billions and billions and billions of dollars less.

I will never forget. Again, this is me new to the Senate. I don't know foreign policy like I do 12 years later or the military like I do 12 years later, but I was listening to these two experienced men complaining about the gross waste that was undermining our overall effectiveness and efficiency. That is why, to this day, I am infuriated that, when people come in and say they want to cut budgets, the first thing they want

to go for is not to have a real conversation—because the military hasn't passed an audit in years—about a lot of the baked-in corruption and misspending in the military, but they are going after programs that hospital after hospital, that healthcare provider after healthcare provider, that leader after leader, and that Governor after Governor says: Are you crazy?

So this is one of the more preposterous moments. You and I both know, if John McCain were here right now, he would reject this whole thing because we were literally repeating the same thing we did in 2017, 8 years ago.

Mr. SCHUMER. Would the Senator yield for a question?

Mr. BOOKER. I will yield for a question while retaining the floor.

Mr. SCHUMER. Isn't it true, when McCain talked about waste in the military, he studied it; he documented it; he said this is a good thing; this is a bad thing? He helped guide me on many of these things. I voted for some weapons systems, getting some people upset because he showed me they worked, and I voted against a lot of them because he showed me they didn't.

But isn't it so that our colleagues on the other side, when they talk about waste in the healthcare system, they don't document a thing? They use just a meat-ax or a chain saw, as Elon Musk perversely but proudly said he is going to carry one. They don't document the waste that they say exists. They just slash things that people need that is not waste at all but that is life support for people. Isn't that a huge difference between the way McCain looked at waste, whether it was in the military or anything else, and what we are hearing here today?

Mr. BOOKER. Resoundingly, yes.

I am just laughing that every time DOGE puts up their supposed savings, they then try to take them down because, as soon as they are fact-checked, so many of them are not done. And I don't want to say all of them. I don't want to paint that broad a brush. I know about having Microsoft licenses, too many. Yes, there is waste. I wish we were doing this in a bipartisan way. Those cuts would be bigger and probably have a lot more staying power than what they are doing, which is ready, fire, aim, and then having to beg people to come back to work because they fired FAA people or nuclear regulators or what have you.

But this is the bigger point that you are making that really is getting me: So you know this. I used to be an executive. There is nobody in this body—here is a bold, bold, braggadocious thing to say, but fact-check me, anybody. There is nobody in this body who was a Governor, a county executive, like COONS or a mayor who cut government as much as I did. I had to cut my government by 25 percent. Imagine that here at the Federal level. I had to do it because I couldn't print money. It was a national recession. I was left with a mess. I had to do it, but we

found ways to do it cooperatively with the legislature and bringing in experts.

But this is the point I want to make to you: One thing I couldn't cut were my healthcare costs. So I started asking people: What can I do?

Do you know whom I found? I found a big business owner, with tens of thousands of employees, who said: I had the same problem, and do you know what I did? I went into my cafeteria where thousands of people eat—a big, big place—and I saw deep fryers and, like, Cinnabon-like products and all this unhealthy stuff, and I ripped it all out and had the union ready to go crazy on me, but then I brought in the best chef. I paid extra money to get the best kind of all healthy, nutritious whole foods. Then they loved it, and then they started asking me: Can we get food to take home for our kids? Because we stop at McDonald's and Burger King on the way home. Long story short, he said it began to bend their cost curve.

What are we doing in the United States of America? What has Donald Trump—I just read all he is doing. He is cutting access to healthy lunch programs. He is cutting—they are threatening to cut the SNAP program. They are cutting the things that give our residents in America not the cheap, hyperprocessed, empty nutrition foods but the stuff that is healthy for our kids.

There is so much hypocrisy based in this that even the private sector folks are saying: You are going to drive up costs for your country when you make people get their healthcare in emergency rooms. You are going to drive up costs for your country when you are going to force people to have to quit their jobs so they can come home and take care of their loved ones with dementia. This will drive up costs, ultimately, for our country and put more hardship on people, all while giving the most wealthy people who don't need it bigger tax cuts. It makes no sense, and that is the spirit of why John McCain voted against this effort in 2017.

(Mr. CURTIS assumed the Chair.)

Mr. SCHUMER. I thank the Senator. There is a hope—it may be forlorn—that maybe one of John McCain's words will influence a few folks over there before we proceed disastrously.

I wish the Senator strength, and I yield the floor to him.

Mr. BOOKER. I appreciate your allowing me to yield to you to answer a question while retaining the floor.

I am going to continue with a little bit more here before we change topics for the night.

I want to point out how grateful I am for my friend CHRIS MURPHY. The last time I stood on this floor for many hours was just in support, doing like my colleague is doing for me right now, after the Pulse shooting. We wanted a vote on commonsense gun safety—bipartisan-supported, commonsense gun safety. We didn't get it. CHRIS MURPHY, who is right down there, held the floor for 15 hours. I paced around, walked

the floor, helped to support things, stayed up with him all night. So it is profound to me, when I told my brother that I wanted to cause some good trouble and that I was going to rise, that he said: I am in. I am in. So there he is, helping me out, especially as we approach 11 o'clock at night and the fourth hour. I am just grateful for him. I am grateful for him.

I want to go now to cuts that are being made to local and State health department funding. Again, from Republican and Democratic Governors, we have letters from people on both sides of the aisle who are saying that this is just wrong, and it makes no sense, but here we go.

It is actually, really, what I would call a dangerous reversal. Trump's HHS recently announced the cancelation of almost \$12 billion in Federal grants that State and local health departments have been using to track infectious diseases, health disparities, vaccinations, mental health, substance use and services. Because of that reversal, my State, for example, is going to lose \$350 million in Federal funding for health programs due to these cuts. My Governor, Phil Murphy, said that these cuts would create an unfillable void in funding that will have disastrous ramifications for our most vulnerable neighbors.

Last week, we learned that HHS planned to cut an additional 10,000 jobs. In total, since January, HHS has cut 20,000 of its employees. That is over a quarter of its workforce. These are people who inspect nursing homes to ensure that they are safe. They approve diagnostic and treatment services for children. They regulate health insurance to make sure that they are not discriminating against you based on your health conditions and health status. They protect you from infectious diseases. They conduct inspections to make sure that infant formula is safe.

I want to tell you that Secretary Kennedy has committed to bringing radical transparency to the HHS. I would love radical transparency, but at the end of February, Secretary Kennedy announced that HHS is no longer required to undergo the public comment period—a practice that has taken place at the Agency since 1971.

Another critical resource of health information for the American public is the CDC's "Morbidity and Mortality Weekly Report." It has been published since 1952 and is often called the voice of the CDC. Unfortunately, on January 23, for the first time since its inception, the report was not published in a direct response to the Trump administration's freeze on public communications.

In addition to pausing the critical publication, it also reported that the Pregnancy Risk Assessment Monitoring System had halted operation. This PRAMS, which was developed in 1987, is designed to identify groups of women and infants at higher risk of health problems to monitor changes in

health status, to measure the progress toward goals, and improve the health of mothers and infants. Over the last 38 years, the program has collected essential data on maternal behaviors and experiences before, during, and shortly after pregnancy. Maternal care providers rely on that data collected by PRAMS—the sole source of this type of information—to enhance prenatal and postnatal care. The United States is in the midst of a mortality crisis, which we mentioned before. We have the highest rate of maternal deaths of any high-income nation.

As I learned when I was a mayor, data is power. You can't manage a problem unless you have measures on the problem. If you pull back things like that, again, you are reducing transparency, and you are cutting back on vital reports that people who are trying to meet this crisis rely on to inform their strategies.

Again, the frustration is that we are the worst in maternal health outcomes for developed nations, but even in our country, African-American women are three times more likely to die from pregnancy-related causes than the majority. This is one of the countries where it is profoundly dangerous to have kids.

Again, this is yet another thing that HHS is doing. It is leaving us more vulnerable, less informed, and less empowered to deal with the health challenges that we still deal with.

Since the Trump administration made the disastrous decision for Agencies to pause external communications, we have been seeing significant delays in critical information from other key Agencies.

There have been avoidable delays in critical data from the CDC so that States are starting to speak out, saying that they need to protect the health of their communities. As of March 20, when it comes to vaccines, what we are seeing in America—talk about getting less safe—there were 378 confirmed cases of measles throughout the United States. As one of my doctor friends said, there are more children with measles right now than there are trans athletes in the NCAA.

This is a real crisis. For the first time in a decade, a child who was not vaccinated for measles tragically died in that outbreak. And while measles is spreading across our Nation and we are having one of the worst flu seasons in the last decade, HHS has delayed the convening of critical advisory councils of the CDC and FDA. These advisory councils are responsible for determining the vaccine schedule—what vaccines must be covered by insurance—and the safety, effectiveness, and appropriate use of vaccines. They do essential and timely work to keep people safe, and disruptions to their work can be harmful to the health of American people.

Let me go to the National Institutes of Health. It is the largest public funder of biomedical research in the

world. It is facing devastating cuts. The NIH is one of the greatest successes in publicly funded scientific research in all of human history. The United States is one of the best places to do scientific research because it has had more capacity than any other country to fund and conduct research at the highest levels.

Pauses, lapses, and elimination of NIH funding will drive researchers to do their research in other countries and undermine the efforts to cure diseases, to find solutions to conditions from obesity, to Alzheimer's, to cancers. One of the best taxpayer dollars we can invest is in NIH because it returns more than 5 taxpayer dollars back in the breakthroughs that they make.

We have put the future of scientific research in the United States at grave threat with what the Trump administration is now doing. They have imposed cuts and a number of harmful orders on the NIH that have both stalled its research and confused its partners.

Now, 99.4 percent of the FDA-approved drugs come from the NIH-funded research. Let me just say that again. NIH-funded research has led to 99.4 percent of all the FDA drugs that are out there.

The NIH funding cuts will directly affect your access to future novel treatments that can improve the quality of life for your children or—if you love your neighbor like so many religions call us to do—your neighbor's children as well.

Here is an example of that. Hepatitis C is a liver disease caused by the virus HCV, and it is one of the most common types of viral hepatitis in the United States. It is estimated that 3 to 4 million Americans have hepatitis. In 2014, the first complete treatment for hepatitis C was approved by the FDA. The development of this revolutionary new treatment that has since been used to cure millions of people around the world was funded by—you know—NIH research.

This is the type of lifesaving innovation we will lose out on if we defund the NIH as the Trump administration is currently doing. American enterprise and knowledge will be drained. We will fall behind.

We already know there is fierce competition for the researchers by countries like China. They are aiming—in fact, they are upping their investments in scientific research, doing everything they can to keep scientific researchers in their country.

I was just talking to an innovator out on the west coast who was telling me that they are starting to take passports away from their researchers.

There is a fierce competition going on to keep the best minds here in this country or be drawn away to other places, from Europe to China. And we are stopping our funding?

I have heard from academic institutions that are telling me that they are not even offering as many Ph.D. pro-

grams in some of these key areas of science because of the attacks that are happening on our universities, all while China is upping their investments in universities. I can't believe that they are trying to out-America us and we are trying to turn our backs on our most successful traditions.

In one of his first actions, President Trump imposed a communications freeze on all U.S. health Agencies, effectively silencing some of our Nation's top researchers, scientists, and public health experts. This action stalled 16,000 grant applications for around \$1.5 billion in NIH funding. The NIH has since begun to incrementally send notices to the Office of the Federal Register to resume reviews.

The combination of these actions has irresponsibly stalled our Nation's primary source of lifesaving biomedical research. It is our understanding that full communications have not been resumed and that it continues to impede critical research at the NIH.

As I have been told time and time again by experts in this area, just to pause funding could set research back years because, when you are conducting research, whether it is in a test tube, a biomedical researcher can't pause; or whether it is a human body, in biomedical research, you can't pause.

Across the Nation, brilliant researchers have been finding out daily the Trump administration has canceled their research—research on critical issues like maternal health, long COVID, diabetes, new pharmaceutical drugs, cancer, and so much more.

The NIH has decided to cancel its 2025 summer internship program. On average, 1,100 interns participate in this program each year, helping develop the next generation of scientists and researchers. A small number of summer interns had already accepted their offer to join the NIH in 2025. The decision follows the Trump administration's Federal hiring freeze.

Again, in my faith, as I said, you train a child in the way he shall go, and he will not depart from it. These are our young people. These are the future scientists who now aren't getting the experience of a lifetime. I have met people in this institution who first came here as college summer interns.

The NIH has decided not only to cancel those internships but to shut the door to many kids who had already made their summer plans. Many people here know what it is like to have a summer plan, have a summer internship, and not apply for other ones. It is another act of just meanness and cruelty. Let this class come in and then say: OK. I am going to cut the program next year.

But the way they are doing things is mean and cruel and is having an impact on people's lives.

Congressionally directed medical research programs—I have worked across the aisle with my colleagues. I have friends in here that have worked with

me on specific diseases in a bipartisan way. I am so proud of some of that work.

Well, we have long appropriated about \$1.5 billion a year in Federal funds for medical research, nearly half of which typically goes to cancer. It is something that we have found common ground on in my 12 years here in significant stretches.

The medical research program was created and sustained by Congress and competitively awards funds to hundreds of projects each year at both the Defense Department labs and outside research institutions, including at many American universities, to study everything, again, from cancer, to battlefield wounds, to suicide prevention.

In 2024, \$130 million was specifically appropriated in a bipartisan way in this body—incredibly good Senators of good conscience coming together and saying: We should do more in these areas.

They approved \$130 million for research in breast, kidney, lung, melanoma, ovarian, pancreatic, prostate, and a handful of very rare cancers. Why? Because there are people of good conscience here.

We meet folks who come to this—not lobbyists. They come and they tell us about their stories of rare cancers. There are people on both sides of the aisle who have marched for prostate awareness, for breast cancer awareness. There is goodness and decency here.

But in 2024, this funding—it is a bill that passed in March. It was now slashed—slashed—by 57 percent. And I told you earlier, that data—one of the best taxpayer dollars we can spend is in medical research. We have all heard this in this body when the NIH has come through and has shown that \$1 invested and you get more than \$5 back. Any Wall Street executive that would get five times their money back from an investment—who is this helping? And do we think about the people?

I thank God I don't have any family members that are going about their day, go to the doctor, and come back with cancer. I know lots of people, though. I know their stories, when they are diagnosed with a cancer and they are told there is no cure. I have seen people go through what you go through with that.

So how could a country that has led humanity for more than a generation or two suddenly have a President come along and say: I am going to slash all of these things. Oh, by the way, I am going to give billionaires a big tax cut.

So what do we say when these folks come to our offices? Some of the people with rare diseases came to my office a couple weeks ago. And the amount of their funding is so small. And maybe—maybe—if it was to solve our budget deficit. If we are going to do this as a country, we have to come together in a bipartisan way. The debt is—I am one of those Senators who believe it is a real crisis. But we are not solving the deficit in what they are proposing here.

They are cutting and cutting and cutting things that make no sense to cut, and they are doing it for tax breaks which disproportionately go to the wealthiest and to rack up even more debt.

I want to read this article. My staff told me that we have lots of sections to go through, and it has been 4 hours, 11 minutes. But this is one that hurts me because I have met so many people who fall into this category. I want to read an article that deals with an issue called medical debt and the ongoing impact it has on people as part of their lives.

The Affordable Care Act—when we did that, we lowered the costs and implemented protections for Americans, requiring insurers to cover preexisting conditions; expanding Medicaid, which we have talked a lot about tonight; implementing caps on out-of-pocket costs for Americans. All of these helped in alleviating medical bankruptcy for some.

Medical bankruptcies in America have gone down but not all. We still live in a country where one of the top reasons for bankruptcy is medical debt.

One of my staffers kind of shook me with the reality she was dealing with, which is she has stratospheric medical debt.

So here is an article from Healthcare Insights. It is not a partisan rag; it is a scientific journal. "How Medical Debt Is Crushing 100 Million Americans." It is from October of last year.

This author—I just want to give a little more understanding of what kind of article this is—is John August. He is the Scheinman Institute's director of healthcare.

George Curlee is one of 52 million people or 1/3 of Americans in the workforce who earn \$15/hour or less.

I had the opportunity to interview George recently about his experience with medical debt and how it has impacted his life. Having suffered an industrial accident, and even though his employer was responsible for his injuries and he carried health insurance, he still accumulated \$20,000 in medical debt.

George grew up near Dallas, and spent his life working hard as a full-time warehouse and retail worker.

At one point in his life, he found a job he enjoyed as a fork lift driver in a factory that produced ceramic tile. In time he switched jobs, working on the production line. One fateful day a piece of metal struck him in the foot. He had to have surgery and underwent the amputation of one of his toes.

He had to take a month off of work, and when he returned he went back to driving the forklift truck. He found that due to his accident and surgery, he could not operate the forklift to his satisfaction. He became frustrated with not being able to operate the forklift, grew depressed, and left the job.

"It took me three months to get back on my feet after the toe amputation. There was nursing care for two months to help me walk again. This life saving medical procedure left me with over \$20,000 in debt, even with insurance!

I avoided doing [necessary] follow up with doctors due to not being able to afford additional needed care.

There were hard times on top of this. I suffered a great deal of depression due to losing

my job during my leave of absence. This medical debt is currently following me. There was a point of time that I was rebuilding my credit. Before the surgery, I built it up by over 120 points. With this medical debt on my credit report, my credit score dropped 60 points.

The big drop in score has not allowed me to get my own place. I'm not able to continue to pursue my dream of being a voice actor due to not having proper financial footing to get back to school. I can't travel and do things I would like to do. I am working, but things are very financially tight. The medicine I need is being paid out of pocket.

After paying my bills, I am in the negative. There is no money left over to pay my medical debt. I can't save money right now, not even towards retirement. To have this medical debt on my credit score means not being able to pursue a better life."

He went on short-term disability for a while, but then found a part time job he holds now at Walgreen's. He had to return to work to pay for the house he and his brothers had purchased.

Through this period, George had to take payday loans. Between those loans and his weekly wages, he attempted to pay back the money he owed the hospitals.

He learned that because of his medical debt, his credit rating was destroyed by credit agencies who learned that he had fallen behind on his payments to the hospitals.

According to the Consumer Finance Protection Bureau—

Which I guess barely exists now—

100 million Americans owe \$220 billion in medical debt.

So "100 million Americans owe \$220 billion medical debt."

George told me that the medical debt has had several devastating impacts on his life:

Inability to borrow money for a mortgage or a car.

Employees ask for credit reports, and reports that show an applicant for a position are often rejected due to a poor credit report. This has impacted his ability to find a better job than his part-time job at \$15/hour with no benefits working at Walgreen's where he lives in Garland, TX.

Incredible stress that further impacts his health conditions including diabetes. (An additional note: Garland, TX, where George lives, is near Dallas. Tarrant County, which includes Garland and Dallas, is a locality with high medical debt and high profit for healthcare systems in the region.)

Though George makes very low wages, medical debt is a broadly shared experience by Americans across income groups. Clearly, low-wage workers suffer a worse burden, but the problem is pervasive and a broad feature of American life.

Some background.

In the oft-cited study, as many as 66.5% of people who file for bankruptcy blame medical bills as a primary cause.

I am going to repeat that in the article: 66.5 percent of Americans "who file for bankruptcy blame medical bills as their primary cause." Two-thirds of Americans who are filing bankruptcy point to medical bills as the cause.

As many as 550,000 people file for bankruptcy every year for this reason.

More than half a million Americans, year after year after year after year after year after year, for no fault of their own—because of a metal bar shoved up through his toe, because of a diagnosis of cancer, because of diabe-

tes, because of things outside of their control—they rack up medical debt that, as this man, can erode their well-being.

This data has been known [about how many Americans are affected] and has continued with the passage of the Affordable Care Act.

Lesser known is the amount of medical debt that Americans carry.

What are the causes of the burden on so many?

While more Americans have health insurance today than ever before, coverage has many gaps. High deductibles and narrow networks which prevent patients from seeking health providers of their choice are common causes of accumulation of high cost bills. When patients understandably seek care from a preferred provider, too often that care is not covered.

Most healthcare plans only provide 80% of payment for covered cost. 20%—

Twenty percent—

patient responsibility of high medical bills can leave people unable to pay their bills.

Approximately 14 million people in America (6% of adults) in the U.S. owe over a \$1,000 in medical debt and about 3 million people (1% of adults) owe medical debt of more than \$10,000.

Additionally, this government report identifies many of the components of medical debt which are completely out of control of the patient. In most cases these practices are unlawful, but hospitals use these tactics frequently to press patients to pay, including:

Double billing: Companies cannot attempt to collect on medical bills that have already been paid by the consumer, insurance, or a government program such as Medicare or Medicaid. This practice can coerce consumers into paying twice for the same service.

Exceeding legal limits: Companies must attempt to collect amounts that surpass federal or state caps, such as those set by the federal No Surprises Act or state laws on "reasonable" rates. These violations can saddle consumers with unjustly high medical debts, burdening their finances.

Falsified or fake charges: Debt collectors must not collect on bills that include "up coded" or exaggerated services, or charges for service the consumer did not receive.

Collecting unsubstantiated medical [debts]: Debt collectors must not attempt to collect medical debts.

These are all awful practices that go on.

Here is Paul Sugar's story, compelling and tragic.

Paul spent much of his life, starting as a child, learning about jewelry, living in a small town near Albuquerque, NM. At an early age, he earned enough money selling silver and turquoise necklaces to be able to buy a motorcycle. As he became an adult, he developed a successful business in the mining and selling of silver and turquoise used in making jewelry.

He also worked at a GE engine plant, but was laid off during the time of industrial downsizing. He also [went] to work for Quest, installing communications infrastructure, but was laid off from that job when Quest was acquired by US West.

So, he returned to his business.

On January 9, 2019, he was terribly injured in a fire in his home. He is still recovering physically and economically. After losing 66 percent of his skin and getting care at a specialty trauma unit in another part of the country, he ended up owing over \$82,000 in medical bills. The medical debt on his credit

report means he has not been able to get loans to expand his business and earn more. After the fire, his medical bills [totaled] \$550,000.

Insurance covered most of it, but it was still more than he could pay. He made payment plans with all of his various bills, but when his credit card number changed, some of the automatic payments he had arranged for did not go through, and the bills ended up in collection before he even knew he was behind.

Prior to the fire, he had always had a stellar credit rating, but since this medical debt, it has gone down. In his business, it is important to be able to take out short-term loans to resupply the company, but now he can't do that at reasonable terms and rates. He spent his retirement savings account trying to pay back all his medical bills—

His retirement savings—

but it wasn't enough. Now, he worries about his future. How will he retire? Will he have enough for his daughter's college education? Can he move homes if he needs to?

At one point, he needed to replace his car because he and his wife had to travel in 18 hours round trips every couple of weeks to receive prescriptions for pain medication. He was denied the credit to do so.

Our Health Care Professionals are on the Frontlines of Impact of Medical Debt.

Doctors and other healthcare professionals experience firsthand when patients are denied care due to medical debt. This article describes how healthcare systems deny patients with medical debt.

Dr. Matt Hoffman, who is a leader in the successful effort to form a union with Doctors Council in 2023 [talked about this problem.]

[They] instructed staff to stop providing care to patients more than \$4,500 in overdue bills, going beyond the more common practice of turning such debts over to collection agencies.

He and his fellow doctors protested their health system's decision to deny the patients access to care due to medical debt. Minnesota Attorney General Keith Ellison banned the denial of care for patients . . . [with] medical debt.

I mean these practices sound like they are Byzantine. They sound like—they don't sound like America or at least who we should be.

There are a lot of New Jerseyans who are dealing with medical debt. There are a lot of New Jerseyans who are being impacted by these programs that the President has already rolled back.

I am standing today because of this crisis in our country, and one of the strategies that Donald Trump and [his team] talked about is to flood the zone—flood the zone, flood the zone. So sometimes the press doesn't even cover the cutting of some of these programs, some of these benefits that help people who are struggling with medical debt or struggling to make ends meet, to help them access healthcare.

It is a level of distraction and cruelty. Again, why? Why are they cutting this? They are saying they are trying to make government more efficient or more effective. Well, it is not effective for these folks.

What are the savings going to go to? Is it going to go to expanding medical research, expanding those things that, when the taxpayers invest money, they get a return? No. They are cutting

medical research. They are cutting the things that empower children to grow up and have healthy, productive lives. And again, what they are aiming to do with it—what they are aiming to do with it—is to provide massive, massive tax cuts.

I am coming to the end of this section, but there are more voices that I want to include. I want to read a few, and then I think I am going to get a question from my colleague. So a few more pages, if I may, before we begin to dialogue—or at least I will receive a question, I imagine.

I want to elevate some of these voices.

This is a person writing to me in February 28:

Dear Senator BOOKER, I am writing to you as a concerned citizen, most importantly as a proud aunt of a Ph.D. in neuroscience, dedicating her life to research that could lead to lifesaving treatments.

As a minority in science, she has worked incredibly hard to break barriers in a field that has not always welcomed people like her.

Watching the current political attacks on research funding is not just heartbreaking; it is dangerous for our country's future.

Science is not political. It serves all people, regardless of race, background, or party affiliation.

Yes, funding cuts to Agencies like NIH and the National Science Foundation threaten to halt critical research, slowing the development of treatment for diseases that impact millions. These cuts will push out brilliant young scientists, many of whom have already had to fight to get where they are to do the research they are doing.

This is not just about my niece or scientists in general. It is about every American. Disease does not choose a political party. Cancer, Alzheimer's, Parkinson's, and countless others affect Republicans and Democrats alike. Without strong investment in research, we are all at risk of losing the chance for better treatments, new cures, and improved healthcare.

Beyond health, defunding science will hurt our economy. Scientific research drives innovation, creates jobs, and ensures that the U.S. remains a global leader.

A country that does not invest in science is a country that falls behind.

I urge you to continue standing with the scientific community, supporting young researchers from all backgrounds, and fighting to protect and expand research funding. This is one of the most critical investments we can make for health, for economic growth, and for the future of every American.

Thank you for your time, leadership, and dedication for building a stronger, smarter, and healthier Nation.

A couple of New Jersey sources—this is a letter from someone in Somerset, NJ:

At my university, I am extremely concerned that we are not as large an institution as some of the others and do not get as much State aid. We rely on these funds for more than running facilities.

If this goes into effect, it will ultimately lead to the loss of jobs, research, opportunities for students, and will stunt our growth as we embark on a journey to become an R1 institution. I am not sure we can recover from this anytime soon.

Another person on these cuts to the NIH:

I am a postdoctoral researcher performing basic science research on bacterial communication. In short, I am seeking to understand bacterial chemical communication to find new pathways for therapeutic development.

Antibiotic resistance is already killing thousands of Americans each year. We need new treatments provided by indirect costs to find these cures.

Indirect costs, actually, directly funded my day-to-day work, providing funds for building maintenance staff, university shared resources, such as electron microscopes, and common laboratory supplies, such as liquid nitrogen.

Without any of these resources, my job and those of other researchers seeking new cures would be impossible. Thus, eliminating or reducing these funds will have negative repercussions on the health and well-being of the American people for generations to come.

That is my constituent from Plainsboro, NJ.

Relating to Federal grant fund freezes, another New Jerseyan writes:

I am a researcher at the University of New Jersey where I study ways to combat cancer and promote infant health, critical research that ensures generations grow into healthy adults. My aspirations align with yours, fostering a strong, healthy, and educated population. For this reason, I urge you, CORY BOOKER, to take immediate action to restore normal federal grant operations so that my colleagues and I can continue making paradigm-shifting, state-of-the-art discoveries with the potential to save millions of lives.

This university is dependent upon federal grants, a testament to the world-class quality of our research and its leadership in the biomedical field. These grants enable groundbreaking advancements that position the United States at the forefront of scientific information.

I had planned to apply for a federal grant in 2025 to further my research, but with the current uncertainty, I am deeply concerned about my application's future.

Here is another scientist:

My 5-year NIH grant is in its second year; and although my first-year budget ended and I submitted all the required documents, my second-year funding was cut. We need the funding to be able to continue our critical research.

Here is another patient story:

At age 17, a large black spot blocking his vision suddenly appeared in my patient's right eye. Over the next couple of months, multiple trips to increasingly specialized doctors led to a clinical diagnosis of Von Hippel-Lindau disease, the diagnosis received by phone on his 18th birthday. This is a genetic disease in which the damaged VHL tumor-suppressor gene fails to stop tumors from growing. Patients experience randomly occurring tumors in up to 10 organs, and the only available treatment was surgery to try to remove the tumors.

The patient is one of about 10 percent of patients who are *de novo*, the result of random genetic mutation. In this patient's case, scans had revealed not only a large tumor on the optic nerve of his right eye but also a huge tumor encompassing one of his adrenal glands that, in retrospect, had been causing him headaches, inability to concentrate, and anxiety due to consistently elevated adrenal levels. While MRI scans also relayed tumors in his spine, kidney, and pancreas, this tumor and entire adrenal gland needed to be removed.

After months of injections in his eye interspersed with laser treatment, he lost the vision in his right eye. The time needed for

medical care required him to give up his team sport, losing both his support group and his chance to compete in the Division I level, but he continued with his final exams, graduation, and plans to study engineering at the university. With continued regular monitoring, he was able to attend university, but the trauma of his diagnosis and the processing of the impact of what it might mean for his life, coupled with the stress of engineering studies, brought on significant mental health challenges.

He did go on to graduate, traveling to the NIH for his regular surveillance, supported by various specialists. In 2022, a kidney tumor had grown large enough that he needed surgery again. The kidney is a sensitive organ and will normally have full nephrectomy of the affected kidney. Doctors were treating him, and now at age 24, his tumor was removed in a successful kidney-sparing robotic operation, yet tumors on his spine continue to grow.

This experience with my patient and many others encapsulates that the miracle of medical research funding has such a powerful impact on people's lives. We were able to get seriously miraculous things done; but without funding for these diseases, we may never have had a chance to test the ideas and develop them in a way that led to a drug that ultimately helped this patient with these tumors.

This is a success story, but will we have more? Will we have others? The drug we've developed is expensive. Current recommendations are to take it daily. Nothing is known about its long-term side effects. More research isn't done. It's not known whether patients can take breaks from the drug. Stopping at some point might mean tumors would resume. One of the congressionally directed medical research program grants recommended for FY25 funding is going to look precisely at many of these questions. Two others will examine other aspects of critical treatment.

These are life-or-death issues for the patients, and yet this funding now is threatened, yet this research now is threatened. Please continue to fully fund the congressionally directed medical program.

I am going to read a few more and then pause, just in case my colleague wants to ask a question.

But this is Kerry Muller from Texas:

My family has benefited from congressionally directed medical research programs because my 13-year-old daughters have neurofibromatosis, a rare genetic disease which causes uncontrolled tumor growth. My daughter Kaitlyn was diagnosed with a brain tumor 2 years ago, and thanks to the drug whose research was seeded with a congressionally directed medical research program, her brain tumor has decreased to the point that it is now undetectable on an MRI.

Without this drug, she would have had to have tried other chemotherapy treatments that would have been more invasive, in addition to brain surgery to bypass the blockage the tumor would have caused.

This is Samantha Pearson from Las Vegas:

For just over 4 years, I have been at a clinical trial at UCLA. The meds were just recently FDA-approved. While the side effects have made me question agreeing to the trial, being told my tumors have drastically shrunk made it all worthwhile. My pain has decreased. My plexiform neurofibroma is 90 percent smaller, and I am so happy that I get to be a part of this clinical trial made possible by NFRP because of my participation in the drug trial.

There is story after story here of people: Camille Oldenburg; Jane

Dmochowski; Lola Neudecker; Professor Alexander Rabchevsky; Kyle Reitz; Karissa Haberkamp from Illinois; Samuel Kirton; Dr. Stephanie Buxhoeveden; Katharina Hopp; Jerrod Kerr; Dr. Terry Watnick; Scott Howe, Marine Corps retired; Van Stewart, United States Navy; Reid Novotny, colonel, Air National Guard; Alex and Lesley; Chip and Kristin; Gregg and Molly from Denver.

William Tuttle, United States Navy:

After my son's birth and diagnosis, I was diagnosed with tuberculosis sclerosis complex at the age of 43, just 3 months after I retired from a 23-year naval career.

The complexity of this disease means that it remains to be seen whether my young son will be able to live the typical life that I have been fortunate to live. Because of research conducted through the TSCRP, my son has effective treatment options available to him that were not available even just a decade ago. But there is still so much to learn.

Again, another person benefiting from our research, benefiting from the funding that is now being threatened and cut.

Beth Tinlin from Nevada; Shelly Meitzler; Ron Heffron; David and Brooke Carpenter, military family; Major David Long, U.S. Air Force; Debora Moritz; Fran Hillier.

I just want to say that the Declaration of Independence clearly states:

We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.

How can you have life, liberty, and the pursuit of happiness without health? Health is at the core of life. Health is at the core of true liberty. Health is at the core of the pursuit of happiness.

The right to health is fundamental for overall well-being and for the realization of other human rights. In his annual State of the Union Address to Congress on January 6, 1941, President Franklin Delano Roosevelt underscored the importance and shared commitment to four freedoms. Many of you know them.

The first freedom is freedom of speech and expression; the second is the freedom of every person to worship their own way; third is the freedom from want, which means every person deserves peace and health, among other things, he said. The fourth freedom is a freedom from fear, which in our country of great wealth, no one should fear their healthcare going away.

We have known from our country's beginnings and throughout that we must do all we can to provide for our people, and we have tried to do that over the years from the Social Security Act of 1965, which created Medicaid and Medicare, the Health Insurance Portability and Accountability Act of 1996, HIPAA, the Patient Protection Affordable Care Act of 2010—the ACA.

We should be adding to these protections and benefits trying to get more people health coverage. We should be

caring for each other. We should be loving each other. We should be fighting for the justice of each other. We should be hearing the cries of parents worried for their children. We should be hearing the agony of a partner whose spouse has Alzheimer's. We should be standing up for these folks. This is why we fight. This is why I stand.

Mr. MURPHY. Will the Senator yield?

Mr. BOOKER. Yes, I will yield for a question while retaining the floor.

Mr. MURPHY. Senator BOOKER, first of all, I want to express my gratitude to you for recognizing the gravity of this moment. Your ability to see that we are facing a series of threats that are not normal—a series of threats to families, to children, to individuals, threats to our democracy, threats to our rule of law—I think it is really important.

And you have endeavored to do something extraordinary here, to stand on your feet for as long as you can to convey both to our colleagues and to the public that because these are not normal times, what is required of us is something different than a normal response.

And I know maybe we have extended the amount of time that you had planned to talk on this particular topic of the threat to Americans' healthcare, but I don't know that there is anything more important that we are talking about today in the U.S. Senate because the scope of what Republicans are talking about here is absolutely extraordinary.

And I want to lay out for you, you know, a few additional facts and numbers and ask you to respond to them as you wrap up your time talking about this particular topic.

But let me just underscore what you have laid out very well. We are talking about nearly \$900 billion worth of cuts to Medicaid in order to pay for about a trillion dollars' worth of tax cuts for the wealthiest 1 percent of Americans.

There will be table scraps in the Republican bill for middle-class consumers and families, but the bulk of the tax cuts are going to the very, very wealthy—millionaires and billionaires; frankly, people who have done tremendously well in this country over the past several decades, who are not in need of more.

And so you were very right to point out the immorality of the 2017 attempt to cut the Affordable Care Act, which insured 20 million Americans. But Medicaid covers 70 to 80 million Americans, and the new wrinkle is that this proposal doesn't just cut healthcare for tens of millions of Americans; estimates are that it could be 30 million Americans that lose healthcare under the Republican proposal.

No, this is even more difficult to swallow for the American public than the 2017 attempt to cut and eliminate the Affordable Care Act because this measure is a direct transfer of money from the poor, the middle class, the

people who are on Medicaid to the very, very wealthy.

Frankly, it could turn out to be the biggest transfer of wealth in the history of the country from the poor and the middle class to the wealthy, which is why, I think, you are taking this extraordinary step to make sure that our colleagues and the American people know the gravity of this moment.

A lot of Republicans all across the country are not doing townhalls any longer; they are not meeting in person with their constituents. And so there are a lot of Americans that are going to be in the dark that have a lot of questions, have a lot of questions about what is happening here, about why it is necessary to cut a program like Medicaid—that insures 24 percent of Americans—to the bone in order to finance a tax cut for the very, very wealthy.

One of the things I just wanted to set up for you here is, you know, just to note that Americans may be surprised to know that 24 percent of Americans are actually on Medicaid today, because some Americans may say: Well, my insurance isn't Medicaid. My insurance is through MississippiCAN. My insurance is through ACCESSNebraska. My insurance is through Centennial Care. Or in Connecticut, my insurance is through HUSKY Health. In New Jersey, it is New Jersey Family Care, right? So Medicaid normally isn't called Medicaid; it is called something different in every State.

So it is important for you to understand that so many of your neighbors are on Medicaid even though it may not be called Medicaid in your State. That is how we get to 24 percent of American families on this particular program.

The Joint Economic Committee, which is a committee of Congress, did a study, issued a report, talking about how many people would lose their healthcare insurance on a State-by-State basis if this \$880 billion cut to Medicaid went through. I won't go through the whole list, Senator BOOKER, but I just pulled out some States that are represented by our Republican colleagues.

In Alabama, 20 percent of Alabamans are on their Medicaid Program. In total, 330,000 people in one State—Alabama—would lose their healthcare if this cut went through.

In Arkansas, 25 percent of families are on the Arkansas Medicaid Program. A quarter of a million people would lose their health insurance.

In Florida, 17 percent of the State is on Medicaid, and 1.3 million Floridians could lose their healthcare because of these Medicaid cuts.

We can just go on and on. Twenty percent of Iowans are on the Medicaid Program, 20 percent of Indiana residents, and 25 percent of Kentucky residents. Thirty percent of Louisianans are on their State's Medicaid Program, and 500,000 residents of Louisiana could lose their healthcare.

Some of that would happen in a sort of slow-moving catastrophe, but, as

you pointed out, Senator BOOKER, a lot of that would happen immediately because many of the States that have taken advantage of the Affordable Care Act Medicaid expansion have a built-in clause to their State's law that says that the minute the reimbursement rate declines, even if it declines by only a few percentage points, the entirety of the Medicaid expansion program is eliminated. So, overnight, you will have millions of people who would lose their healthcare insurance.

But, as you have rightly pointed out, that is just the beginning of the disaster because there are hundreds of rural hospitals in this country that are right now living on the brink of disaster. If Medicaid reimbursements drop by just 5 or 10 percent, those rural hospitals are out of business. The same can be said of thousands of drug treatment centers in this country, addiction treatment centers. So you are ultimately talking about hundreds, if not thousands, of hospitals and health centers closing and millions of Americans losing their healthcare insurance. And for what? And for what? To be able to hoard a bunch of money so that the richest Americans can buy a third vacation home? So that millionaires can double their landscaping budget? Who is asking for this in America today?

Of course there is a conversation to be had about efficiency in our healthcare programs, but none of that conversation is happening here. If it was, you wouldn't be reading the letters of all of these associations representing healthcare groups predicting disaster; they would actually be in the room at the table. If you really wanted to save money, you would actually put the doctors and the hospitals and the medical providers who know something about the system in a room, but instead this is a political decision that has been made to cut a certain amount of money that does not coincidentally line up to the amount of money that the Republican budget bill wants to give in tax cuts to the very, very wealthy.

So you, I think, rightly put emphasis on and drew attention to John McCain's decision—and, of course, we should always give credit to LISA MURKOWSKI and SUSAN COLLINS, who also voted no in 2017 on the repeal of the Affordable Care Act bill—because it is just a reminder that you are under no obligation as a U.S. Senator to do the wrong thing if you know what the right thing is.

You work so hard to get this job, spend your entire life working to become somebody who can make important decisions like we can in the U.S. Senate, and you are under no obligation to outsource your decision making to the President of the United States or your party leadership. Everybody here gets to make an independent decision on what is right or wrong, and this just feels plain wrong—a thoughtless, unplanned, massive cut in Medicaid that is going to throw millions of peo-

ple off their healthcare in order to finance a tax cut, the majority of which is going to go to people who don't need it. Every Senator here can make up their own mind as to whether that is the right thing or the wrong thing to do for this country.

The exercise that you are engaged in, Senator BOOKER, is a simple one: just trying to make sure that all the facts are on the table.

That last segment you did on the impact on medical research should be reason alone for folks to reconsider the path this administration is taking. But the Medicaid cuts as a mechanism to further enrich those that are already plenty rich—man, I just don't imagine that is anything the American public are clamoring for.

So, Senator BOOKER, I just wanted to really thank you for standing up and making this moment possible. I want to leave you with just two stories on this topic that have come into my office and then ask you a question. This is all lead-up to a question.

So I have a constituent who was paralyzed about a decade ago, and he now uses a wheelchair, and the only insurance program that can provide him with what he needs from a mechanical and technological standpoint, plus the drugs he needs to survive, is Medicaid. It is his only option. It is his only option. He can't work. He is paralyzed. Medicaid is his only option. For him and for millions of others, Medicaid is life or death. It is just life or death.

If you are talking about cutting Medicaid by as much as 20 percent—that is what we are talking about here today. An \$880 billion cut in Medicaid represents about 10 percent of the overall program, but you have to assume that States are not going to continue to match if the Federal Government isn't putting in their share. So that 10-percent cut could very quickly become something closer to a 20-percent cut. There is no way that you can cut the Medicaid Program by 20 percent without it impacting people like my constituent in a wheelchair who comes to many of my events when we protest these Medicaid cuts. This is life or death for many Americans.

But that is not the full extent of the horror that will happen. I was just reading a letter the other day from an 80-year-old constituent of mine who lives at home with his wife, but his wife is very frail, and it is Medicaid and Connecticut's Medicaid waiver that allow for her to receive in-home healthcare services.

He is panicked. He wants to spend the final years of his life with his wife. He knows that if Medicaid gets cut even on the margins, that Medicaid waiver likely is gone, and either his wife will pass or she will have to be in an institution.

Query whether that institution will even be able to give her a place because two-thirds of nursing home beds in this country are paid for by Medicaid.

So one way or the other, he is staring separation from his wife in the eye.

She either doesn't make it without the Medicaid reimbursement that gives her the services at home or she is forced to go to an institution, and they live separately for their final days.

This is the reality facing people who rely on Medicaid, whether you are disabled or elderly. This is the reality that will be imposed on millions of Americans in order to finance a tax cut for the wealthy.

The scope of this is just enormous, Senator BOOKER. So I guess this is the question I wanted to ask you. You and I have been in government for a long time. We have served in a variety of different capacities.

I don't think this country is really ready for the scope of the healthcare cataclysm that could come with a trillion-dollar cut to the health insurance program that is responsible for the care of one-quarter of Americans, two-thirds of nursing home beds, and the budgets of literally tens of thousands of vital healthcare institutions in this country.

Nobody is better than you at conveying the moral consequences of the decisions we make here. Just share with us for a minute, as you sort of wrap up a conversation on this topic of the healthcare priorities of the Trump administration and the Republican Congress, what America may look like in a world where we have decided to gut the health insurance program of last resort for the most vulnerable Americans and the health insurance program that insures 24 million Americans, two-thirds of whom are working for a living. Just give us a little bit of a sense of the enormity of the consequence that this ultimately would bring to this country.

Mr. BOOKER. First of all, thank you for the question. But I just want to reiterate the friendship I have with CHRIS MURPHY and his willingness to spend the night with me here on the floor as we go hour after hour after hour. I just want to say this again, and I am going to say it a few times in this long speech that will go on for as long as I am physically able.

CHRIS, the last time we spent 15 hours on this floor together was a health issue. It was yet another stunning mass shooting, this time at the Pulse nightclub.

You and I talked a lot before we got on this floor, and I think the agony that you and I were feeling was, how can this be the strongest Nation in the world, organized government?

If you read our founding documents, if you read our Founding Fathers, one of the first things they organized this government for—you know, it is good to carry around the Constitution. It is so important to understand what the preamble to the Constitution says we are about.

We the People of the United States, in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defense, promote the general Welfare, and secure the Blessings of

Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.

Which each one of us, each one of us in this body, went down there and swore an oath to uphold. Those are the first words of this, CHRIS.

And, God, I remember your agony.

Folks, I want you to know, when I came to this body, my staff was talking about the maiden speech, the maiden speech.

Please don't go back and look at my maiden speech—not great.

But the maiden speech my staff wanted me to watch was yours, and it was gut-wrenching about Newtown, gut-wrenching that the strongest Nation on planet Earth should now be this Nation where we tell our children in this implicit lesson—not explicit but implicit lesson—that we are going to teach you how to hide, we are going to run active shooter drills because we can't protect you.

My mom lives in Vegas—that Vegas shooting. The shooting at a synagogue in Pittsburgh.

So here we were in yet another of these maddening realities in our country that the leading cause of death for our children is shooting. In our conversations leading up to it, I still remember you and I saying: We need to come to this floor.

You said: I am going to stand and do something different.

And we—again, just like tonight—we had no end to that. We were 9 years younger, my friend, and we said we were going to stand down here and try to get this body to do something different, try to get this body to recognize the gravity of what was going on in the strongest Nation on Earth that was having child after child after child, American after American dying of gun violence. And the response we were getting from this body—the world's most deliberative body—was nothing is going to change. We can't do anything.

I mean, I am giving you respect years later. You were part of the first gun legislation to pass out of this body in 30-something years. And now I just found out that the Community Violence Intervention money that you allowed me to fight so hard to get in that bill is being clawed back by Donald Trump—our bipartisan bill, our bipartisan-approved finances, money, and I think the taking away of our power in this body—from the bill that you were one of the main architects of with Republican colleagues, God bless them, people like CORNYN and others.

I want to take people back to what the insider conversations—and you were generous. I want to remind you, teasingly, on the floor, you never asked me if you could publish my text messages, but you put them in your book.

Mr. MURPHY. I did.

Mr. BOOKER. It is a great book. I actually learned—I read my colleague's book, and I learned a lot of data about gun violence from your book.

We were talking about this belief that these words—this belief in our

country that these words, why this government was formed is so important. America, this is who we are, these imperfect geniuses. We formed this:

We the people, in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defense, promote the general Welfare, and secure the Blessings of Liberty.

You stood right down there for 15 hours. I paced this room pledging to you I wouldn't go to the bathroom. I wouldn't sit down. And I was hurting after 15 hours, but you were steadfast until we finally got MITCH MCCONNELL to give us something. It was one or two votes. It was two votes. Both of them failed; we didn't get 60. At least what we forced this institution to do was to confront the horrendous horrors of that nightclub shooting.

So you ask me now—as you and I and my dear brother whom I have known since he was coming out of college, three of us on this floor at a new day, it is past midnight, a new month, it is past midnight as we sit here—why? Because of your question. I can't stand anymore to live in a country where it seems that these convulsions come that threaten our most vulnerable over and over again. I can't stand it. I have to stand up and speak up. We have to do something different yet again. You and I talked about this last week.

America, we are not doing a good job right now. We read the section about medical debt. Tens of millions of Americans are saddled with medical debt. Sixty-six percent of the people that declare bankruptcy is because they can't afford their medical bills because something that happened to them could happen to us and our families.

My mother, my brother, and I had a lot of challenges, a lot of problems, but we weren't saddled with a rare disease. We didn't have tumors springing up all over our bodies. I don't know what that would have done to my family.

Mr. MURPHY. Will the Senator yield?

Mr. BOOKER. Yes.

Mr. MURPHY. There is so much similarity between the debate that you are forcing this Senate to have tonight and the debate that we were having back in 2016 on this epidemic of gun violence. I would describe it this way. The only thing that matters, the thing that matters more than anything else in your life is protecting your loved ones from physical harm.

Mr. BOOKER. Yes.

Mr. MURPHY. You would give anything, right? Anything. You would give your life savings, your house. You would perhaps give your own life in order to protect your child or your brother or sister or mother or father from physical harm. So when you and I have sat across from the victims of gun violence, many of whom live in your neighborhood and my neighborhood, in Newark and Hartford, we are looking at a kind of desperation and sorrow that is unique—that is unique that also

comes with not just losing a loved one to gun violence but feeling powerless in that exercise.

Mr. BOOKER. Yes.

Mr. MURPHY. Feeling like there was nothing you could do and watching your elected leader stand by and allow for this reality to continue to occur in your neighborhood, where kids are being shot down in cold blood and your elected leaders—the adults in charge of your community—are standing idly by.

That is not fundamentally different than the reality that will be visited upon millions of families if this size of a cut in Medicaid funding goes into effect because families out there who rely on Medicaid to keep alive their son or daughter who has a complicated medical disease have no other quarter, have no other last resort besides Medicaid. Medicaid stands between life and death for their son or daughter. There is no other place for them to go.

So that same empty, hollow look that we have seen so many times in the eyes of a mother or father who lost a son or daughter to gun violence, that is the look that we are choosing to visit upon millions of families in this country who, when faced with the loss of their only health insurance option for their disabled child, will watch their child potentially face the same fate as those young men in your neighborhood and my neighborhood.

That is the reason why I pose this question to you that you are answering about the moral gravity of this moment because it is not fundamentally different than the one that brought us here in 2016.

Mr. BOOKER. In answering this question—again, I continue to yield the question to you while retaining the floor. I want to just compound this for people. I know these numbers—\$880 billion, 100 million Americans affected that would be affected directly by Med-

icaid cuts or the people that work in the hospitals will be affected by Medicaid cuts or nursing homes affected by Medicaid cuts—these are big, big numbers. But people, these are human beings.

I was in a community that had a horrible lead poisoning problem for their kids, that had horrible toxic sites. And children born around toxic Superfund sites, as you know they are called, have higher rates of autism, higher rates of birth defects.

Even coming up as a city council person, I saw that the environmental injustices surrounding my community were causing parents to have to deal with medical complications amongst their children at alarming rates and needed help, and Medicaid was the program—no fault of their own, environmental injustice.

Here is the double insult of the Trump administration. One is they gutted the Environmental Justice section at the DOJ. They are not investigating corporate polluters. They are not investigating the injustices environmentally that big, powerful, wealthy people do that often cause people—we all saw “Erin Brockovich”—that cause people to get seriously hurt.

And then the second part of that insult is, we are not only not going to hold people accountable and let them get away with that, the polluters, the folks causing the source of the disease, we are now not going to get healthcare to the families who often live in fragile communities that have these resources.

These are the people, when you sit with them in your offices, as you and I have and the other Senator from New Jersey on the floor tonight has—as you sit with them and they tell you their stories and you see that this is a lifeline, this Medicaid Program—and you are so good by telling people—I saw

this during the Affordable Care Act. Just the name alone, people were like, I don’t have ObamaCare. Yes, you have the ACA, and let me explain it to you. It is under many, many different names, including in my State that people don’t know this is a Medicaid-funded program. So they don’t know this is a sort of Damocles of their family’s well-being. But this is the larger issue, Senator MURPHY, is these are real people in every county, in every State.

It is why their representatives—it is why I read statements demanding there not to be cuts by the organizations that are bipartisan. I read the League of Cities—the largest mayoral association—Republican Governors, and others are all saying do not cut this program. They are not even saying, “Don’t do \$880 million, just do \$400 million.” They are saying, “Do not cut this program.”

Many are saying we need to find ways to expand the program because there are still gaps that people are falling into. And it doesn’t make economic sense because if you get regular care, if your chronic disease is treated, it ultimately could be cheaper to the taxpayer as opposed to people ending up in hospitals. But those hospitals now, because of what is being threatened in this bill, rural hospitals and tier I trauma hospitals, are all being threatened in their care.

So tonight, it is not normal. I ask everybody to understand this is not a normal moment in America. This is a crossroads moment in America. It is one of those times where the values that we talk about in the Constitution are at stake. What is going to define us, our commitments to ideals of justice, fairness, of being there for each other.

NOTICE

Incomplete record of Senate proceedings.

Today’s Senate proceedings will be continued in the next issue of the Record.

NOMINATIONS

Executive nominations received by the Senate:

DEPARTMENT OF DEFENSE

MARC ANDERSEN, OF VIRGINIA, TO BE AN ASSISTANT SECRETARY OF THE ARMY, VICE CARAL E. SPANGLER, RESIGNED.

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

GREGORY AUTRY, OF FLORIDA, TO BE CHIEF FINANCIAL OFFICER, NATIONAL AERONAUTICS AND SPACE ADMINISTRATION, VICE MARGARET VO SCHAUS, RESIGNED.

DEPARTMENT OF VETERANS AFFAIRS

DONALD BERGIN III, OF VIRGINIA, TO BE AN ASSISTANT SECRETARY OF VETERANS AFFAIRS (CONGRESSIONAL AND LEGISLATIVE AFFAIRS), VICE PATRICIA L. ROSS, RESIGNED.

DEPARTMENT OF DEFENSE

MARC BERKOWITZ, OF VIRGINIA, TO BE AN ASSISTANT SECRETARY OF DEFENSE, VICE JOHN F. PLUMB.

DEPARTMENT OF LABOR

JONATHAN BERRY, OF MARYLAND, TO BE SOLICITOR FOR THE DEPARTMENT OF LABOR, VICE SEEMA NANDA, RESIGNED.

DAVID BRIAN CASTILLO, OF WASHINGTON, TO BE CHIEF FINANCIAL OFFICER, DEPARTMENT OF LABOR, VICE JAMES EDWIN WILLIAMS.

DEPARTMENT OF JUSTICE

BART MCKAY DAVIS, OF IDAHO, TO BE UNITED STATES ATTORNEY FOR THE DISTRICT OF IDAHO FOR THE TERM OF FOUR YEARS, VICE JOSHUA D. HURWIT.

DEPARTMENT OF LABOR

ANTHONY D’ESPOSITO, OF NEW YORK, TO BE INSPECTOR GENERAL, DEPARTMENT OF LABOR, VICE LARRY D. TURNER.

DEPARTMENT OF DEFENSE

WILLIAM GILLIS, OF VIRGINIA, TO BE AN ASSISTANT SECRETARY OF THE ARMY, VICE RACHEL JACOBSON, RESIGNED.

JULES HURST III, OF VIRGINIA, TO BE AN ASSISTANT SECRETARY OF THE ARMY, VICE AGNES SCHAEFER, RESIGNED.

JOSEPH JEWELL, OF INDIANA, TO BE AN ASSISTANT SECRETARY OF DEFENSE, VICE APRILLE JOY ERICSSON, RESIGNED.

BENJAMIN KOHLMANN, OF TEXAS, TO BE AN ASSISTANT SECRETARY OF THE NAVY, VICE FRANKLIN R. PARKER.

DEPARTMENT OF COMMERCE

JOYCE MEYER, OF VIRGINIA, TO BE UNDER SECRETARY OF COMMERCE FOR ECONOMIC AFFAIRS, VICE JED DAVID KOLKO, RESIGNED.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

SUSAN MONAREZ, OF WISCONSIN, TO BE DIRECTOR OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION. (NEW POSITION)

DEPARTMENT OF JUSTICE

RONALD A. PARSONS, JR., OF SOUTH DAKOTA, TO BE UNITED STATES ATTORNEY FOR THE DISTRICT OF SOUTH DAKOTA FOR THE TERM OF FOUR YEARS, VICE RONALD A. PARSONS, JR., TERM EXPIRED.

DEPARTMENT OF LABOR

ANDREW ROGERS, OF VIRGINIA, TO BE ADMINISTRATOR OF THE WAGE AND HOUR DIVISION, DEPARTMENT OF LABOR, VICE JESSICA LOOMAN, RESIGNED.

DEPARTMENT OF DEFENSE

BRENDAN ROGERS, OF CONNECTICUT, TO BE AN ASSISTANT SECRETARY OF THE NAVY, VICE MEREDITH BERGER, RESIGNED.

DEPARTMENT OF JUSTICE

DAVID CHARLES WATERMAN, OF IOWA, TO BE UNITED STATES ATTORNEY FOR THE SOUTHERN DISTRICT OF IOWA FOR THE TERM OF FOUR YEARS, VICE MARC KRICKBAUM, RESIGNED.

WITHDRAWALS

Executive Message transmitted by the President to the Senate on March

31, 2025 withdrawing from further Senate consideration the following nominations:

ELISE STEFANIK, OF NEW YORK, TO BE THE REPRESENTATIVE OF THE UNITED STATES OF AMERICA TO THE UNITED NATIONS, WITH THE RANK AND STATUS OF AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY, AND THE REPRESENTATIVE OF THE UNITED STATES OF AMERICA IN THE SECURITY COUNCIL OF THE UNITED NATIONS, WHICH WAS SENT TO THE SENATE ON JANUARY 20, 2025.

ELISE STEFANIK, OF NEW YORK, TO BE REPRESENTATIVE OF THE UNITED STATES OF AMERICA TO THE SESSIONS OF THE GENERAL ASSEMBLY OF THE UNITED NATIONS DURING HER TENURE OF SERVICE AS REPRESENTATIVE OF THE UNITED STATES OF AMERICA TO THE UNITED NATIONS, WHICH WAS SENT TO THE SENATE ON JANUARY 20, 2025.

GREGORY AUTREY, OF FLORIDA, TO BE CHIEF FINANCIAL OFFICER, NATIONAL AERONAUTICS AND SPACE ADMINISTRATION, VICE MARGARET VO SCHAUS, RESIGNED, WHICH WAS SENT TO THE SENATE ON MARCH 24, 2025.