The Senate met at 10 a.m. and was called to order by the President pro tempore (Mr. HATCH).

PRAYER

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

Let us pray.

O Lord, as our lips are open in prayer, so may our hearts be open to receive Your Spirit. Help us to bow to Your will and live lives devoted to Your providential leading. Lord, bless our Senators in their work. Let faith, hope, and love abound in their lives. Help them to seek to heal the hurt in our Nation and world and to be forces for harmony and goodness. Remind them that they will be judged by their fruits and that You require them to be productive and faithful. May they seek to serve rather than be served, following Your example of humility and sacrifice. Open their minds and give them a vision of the unlimited possibilities available to those who trust You as their guide.

We pray in Your mighty 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.

RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER (Mr. Rounds), the majority leader is recognized.

OBAMACARE

Mr. McCONNELL, Mr. President, ObamaCare was sold to the American people with a lot of promises and a lot of fanfare—speech after speech, promise after promise, splashy PR campaigns, quirky YouTube videos.

But the American people never bought it, and the law never worked the way it was promised. It opened up big problems and crashed computers on day one. Millions lost their health care plans and the doctors they were promised they could keep. Things only got worse from there. We have all gotten the calls and the letters. We have all seen the pain in our constituents' eyes. We all know how harmful this failed partisan experiment has been for those we represent.

We also understand our united mandate to do something about it.

The American people have hardly been subtle—hardly subtle—in their negative view of ObamaCare. That is borne out in the polling we have seen since the passage of this law 7 years ago. This past November, they again called out to Washington. Please help us, they said. Please get rid of this law that is hurting my family.

About eight in 10 favor changing ObamaCare significantly or replacing it altogether.

My message to the American people is this: We hear you. We hear you. We will act.

It is my sincere hope that Democrats will include themselves in that “we.” I hope they will help us bring relief to the American people today and better health care solutions going forward. We want their ideas. We want their input. We value their contributions in the construction of durable, lasting, and effective reforms.

While I am not the kind of guy who believes history takes sides, I know some of our Democratic friends are, and by now, they must surely have concluded that the ObamaCare-or-nothing crowd cannot be anywhere but on the wrong side of history. There is no future with that crowd.

These are the guys who say ObamaCare’s innumerable, well-documented, clearly apparent problems are just a case of bad PR. They tried to laugh them off, literally. They tried to blame Republicans, blame the media, blame the American people themselves. They have even taken to denying reality altogether.

They say that ObamaCare has been “wonderful for America.” They call its implementation “fabulous.” Just before the election, President Obama actually said this: “The parade of horribles the Republicans have talked about haven’t happened.” He really said that. He went further: “None of what they’ve said has happened.”

Really? So costs haven’t gone up, then? Premiums just skyrocketed by double-digit increases—as high as 50 percent in some places. Deductibles have risen 10 times faster than inflation and nearly 6 times faster than paychecks.

So choice hasn’t gone down then? Insurers are fleeing the exchanges, with more than half the country poised to soon have no more than one or two insurers to pick from. Americans are continuing to lose access to doctors and hospitals and health plans they like and were promised. Oh, they were promised they could keep those health care plans.

ObamaCare supporters may not like it, but these are simply the realities of this partisan law.

Now, you will notice they hardly talk about ObamaCare lowering costs or expanding choice anymore. They are down to just one or two talking points now, and even those are slipping away pretty fast. That is because, as Americans have unfortunately learned firsthand, having health insurance under ObamaCare is hardly the same thing as having health care. That is especially true for many who have been forced into Medicaid.

Let’s just look at my home State as an example. Kentucky was once held up as a shining jewel of ObamaCare—well, no longer. ObamaCare predictably
has become a mess in Kentucky, just as it has across the Nation. That has proved a bit confounding to some of our friends over on the left.

The technical rate of the insured ticked up, they say. So why are so many upset? Well, when you force Kentuckians into ObamaCare plans that many of their doctors won’t accept, what did you think would happen? When you shoehorn folks with modest incomes into a plan with ever-groving premiums, would you really be surprised that they are afraid to get sick, what do you expect?

In fact, across the Nation, about 4 in 10 adults in ObamaCare aren’t even sure they will be able to afford care if they really need it.

ObamaCare isn’t truly solving problems or making our country healthier. It is a box-checking regime devoid of true compassion or empathy, a green-eyeshade exercise that misses something important—the lives of real people.

So ObamaCare is making things worse, and we now have a moral imperative to repeal and replace it—to bring relief to families now.

I hope every Member of this body will consider their role in that process because the pain Americans are experiencing is deeply personal. The betrayal middle-class families are feeling is clearly palpable, and, unless we do something, Americans will continue to lose their health plans. They will continue to get stuck with insurance that costs more and offers less. Costs will continue to rise unsustainably. Choices will continue to shrink uncontrollably. No amount of ObamaCare happy talk—no amount of it—or reality denial is going to change that.

Some will just never accept the facts, though. They will say we need only to tinkering with the edges of ObamaCare. Everything will be fine. Others will try to claim that the failure of ObamaCare is a mandate for even more ObamaCare. They will claim that the solution is actually to move to the kind of fully government-run single-payer system that already collapsed in one of the most leftwing States in the Nation—the same system that 80 percent of voters just rejected in Colorado. Others will say we need only to install a massive new ObamaCare 2.0 system—ObamaCare—what is mostly government-run.

We heard a lot of this so-called “public option” talk when Democrats thought they were on track to take the Senate and the White House. It was never a serious solution—just another admission of ObamaCare’s failure. In the words of one of our Democratic colleagues, it was a distraction as well. Of course, you can’t fix ObamaCare by pilfering from ObamaCare. Now, I am sure that won’t stop some from trying to convince us otherwise, but even amid the din, traces of reality continue to break through.

Consider what the Clintons said during the election. Former President Clinton called ObamaCare “the craziest thing in the world.” That is Bill Clinton.

Secretary Clinton said “lots of Americans and ObamaCare is too expensive for them to actually use.” That was the Democratic candidate for President of the United States.

The Democratic Governor of Minnesota said that “the Affordable Care Act is no longer affordable for increasing numbers of people,”

So reality is beginning to break through. Despite his ObamaCare pep rally yesterday, even the law’s namesake hasn’t been immune to sporadic admissions of the obvious. President Obama recently admitted that ObamaCare has “real problems,” he has bemoaned the human impact of his law as “premium increases” and “lack of competition and choice,” and admitted that, 7 years after ObamaCare’s passage—“Under Barack Obama of ObamaCare—too many Americans still strain to pay for their physician visits and prescriptions, cover their deductibles, or pay their monthly insurance bills; struggle to navigate a sometimes bewildering system, and remain uninsured.”

That pretty well sums it up. It is an indictment as damning as anything any Republican has said. It is something to keep in mind when you hear the predictable attacks from the far left.

Now, look, we already know their central contention is that Republicans somehow want to go back to the way things were before ObamaCare, which, of course, knows is not true. It is an argument that conveniently leaves out the fact that things are now worse for many than they were before ObamaCare. That is not all we can expect to hear either. We will hear that repeal will cause insurers to flee the exchanges, which, by the way, news flash, is already happening. We will hear that repeal will plunge ObamaCare into a death spiral, which, they might have missed, is here already— proliferation, and fast approaching terminal velocity—the death spiral—right now.

We long warned that ObamaCare would eventually collapse under its own weight. That is exactly what is happening. Democrats chose to rip apart our health care system 7 years ago, and now we are seeing, and things will only continue to get worse unless we act now.

It is time to finally bring relief. The status quo is simply unsustainable. The reality is, that by any measure, ObamaCare has failed. It didn’t deliver on its core promises. It hurt more than it helped. Many are finding they can’t even use the insurance they now have.

History will record ObamaCare as a failed partisan experiment, an attack on the middle class, a lesson to future generations about how not to legislate. Let’s be clear. ObamaCare’s failure is the fault of ObamaCare and those who forced it on our country, not the American people, not the Republicans. We didn’t cause this problem, but we are now determined to provide relief. We are determined to live up to our promise to the American people and repeal this failed law.

Starting today, we will begin repairing the damage by passing the legislation necessary to repeal ObamaCare and begin to transition to more sensible health care solutions. We just laid down the ObamaCare repeal budget resolution this week. We will take it up soon, but repeal is only the first step. It clears the path for a replacement that costs less and works better than what we have now. Once repeal is enacted, there will be a stable transition period to a patient-centered health care system that gives Americans access to quality, affordable care.

We plan to take on this challenge in manageable pieces, not with another 2,700-page bill. That was one of ObamaCare’s initial promises and one we do not intend to repeat. Some of our friends across the aisle have mused publicly about their role in this process. I hope they will work with us. We hardly need another tired slogan from Democratic colleagues—after all, how does that move us ahead—but we do want their ideas, and we do want to work together to improve our health care system. That is the best way forward. That is certainly the way I prefer.

I hope our Democratic colleagues will join us in taking an important step forward soon by confirming Tom Price as HHS Secretary and Seema Verma as CMS Administrator. Some of you may remember the “redtape tower” we used to wheel around here. It represented the fact that while the ObamaCare bill may have run about a thousand pages, its regulations run to tens of thousands of pages. That is what Price and Verma can get to work on once confirmed, stabilizing the health care market and bringing relief.

It isn’t going to be easy. It is going to take time. There will be bumps along the way, but we are going to do everything we can to heal the wounds of ObamaCare and move forward toward real care. We are going to move step-by-step. We want the widest possible coalition working to achieve real solutions for the people who are hurting and calling for our help.

Let’s give them that help. Let’s give them some hope. Let’s leave ObamaCare in the past and work together instead on reforms and outcomes we can all be proud of.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The Democratic leader is recognized.
Mr. SCHUMER. Mr. President, first, I appreciate the remarks of my colleague the Republican leader. I understand the Republican leader’s discomfort. There is a cry from his side to repeal, but it has been 6 years and they have no plan to replace. Repeal without replace will leave millions American women who have had health care in the lurch; leaves college students who are 21 to 26 and have been on their parents’ plan in the lurch; leaves women who are now getting equal health care treatment to men in the lurch; and leaves people who have family members who have preexisting conditions, and now can get insurance but without ObamaCare couldn’t, in the lurch.

I understand the Republican leader’s discomfort. Replace is not available because they can’t come up with a plan. I appreciate his request to work with us. He has two choices. Our Republican colleagues have two choices: Either, once they repeal, come up with a replacement plan, and we will give it a look—have it been able to do it for 6 years; they are squirming right now because they don’t have one; they are leaving so many Americans who need health care in the lurch—or don’t repeal and come talk to us about how to make some improvements. We are willing to do that.

I will note that yesterday the vote to repeal without replace was totally partisan. My colleagues decried that the vote originally for ACA was partisan. This is equally partisan, and it is going to create huge trouble for our colleagues. Again, I will say to my Republican colleagues, your job is not to name call but to come up with a replacement plan that helps the people who need help—people who are now helped by the ACA but who will be left in the lurch once it is repealed.

CABINET NOMINATIONS

Mr. SCHUMER. Mr. President, I have another subject I wish to talk about, and maybe this one will be a little more constructive right now in terms of my Republican leader’s response because he and I yesterday had a constructive meeting on the matter of processing the President-elect’s nominations to the Cabinet. We are still working out several details, but on this issue I want to express my appreciation for the majority leader’s willingness to have a dialogue and work in good faith toward a process both sides of the aisle can live with.

Our focus thinks it is absolutely essential that the Senate has a chance to appropriately vet the nominees, and the American people deserve to hear their views and qualifications in public hearings, especially for the most powerful Cabinet positions. We all know Cabinet positions have enormous power and influence over the lives of everyday Americans. They run massive government agencies that do the actual work of implementing our laws, keeping our Nation safe from terrorism, protecting the environment and civil rights, promoting clean energy and affordable housing—and on and on. Every facet of public life is governed by a very powerful Cabinet official.

It is only just in the Senate—and by extension the American people—get to thoroughly vet their baseline acceptability for these jobs. That means getting their financial records to make sure they don’t come into public office with standing conflicts of interest, and if potential conflicts of interest are found, making sure they have a plan to divest the assets in question, making sure the FBI has had the time to complete a full background check. It means making sure the independent ethics officers of each agency can sign off on them.

All of these benchmarks are standard protocol. All were done by about this time 8 years ago by the Obama administration. There are no unusual requirements. They are necessary requirements to prevent conflicts of interest.

I remind my colleagues again, every Obama Cabinet nominee had an ethics agreement in place before their hearing. Every Obama Cabinet nominee underwent a full FBI background check before the Senate considered their nomination. For such positions of influence in our government, it is the responsibility of the Senate to make sure that we have all the information we need on each nominee and in a timely fashion.

Truth be told, the slate of nominations selected by President-Elect Trump has made this process—standard for nominees of Presidents of both parties—immensely difficult. There are several nominees who have enormous wealth and own stock of enormous value. We have a CEO of one of the largest oil companies in the world, a billionaire financial services executive. Truth be told, the slate of nominations selected by President-Elect Trump has made this process—standard for nominees of Presidents of both parties—immensely difficult.

There are several nominees who have enormous wealth and own stock of enormous value. We have a CEO of one of the largest oil companies in the world, a billionaire financial services executive. Leaving aside for a moment what says about the President-elect’s priorities for his incoming administration, these nominees have potential conflict of interest challenges of epic proportions. At the very least—at the very least—they owe the American people the standard paperwork, and in fact we believe many of these nominees, given their financial holdings, should go even further and provide their tax returns.

The minority only has ethics agreements in for four of the nominees so far. We only have financial disclosure forms from four of the nominees so far. We only have tax returns for four of the nominees so far. None of our committees has been notified that any nominees’ FBI background check has been fully completed. Briefings have started, but they are far from complete.

As I said earlier, I hope the majority leader and I can work out an arrangement that works for both of our caucuses to process these nominees in a fair but thorough fashion. It certainly shouldn’t be the case, as seems to be planned now, that six hearings—several on very important nominees—all occur on the same day and on the same day so it is just a potential vote-arama. That is mostly unprecedented in the modern era of Cabinet considerations, happening only once in history. That is not the standard, but right now that is the case on January 11.

There are Members who sit on multiple committees. One of our Members chairs one of the committees, Judiciary, but has been very active on the Intelligence Committee—both nominees in a single day. That is unfair, not only to her, with her great knowledge, but to the American people. Each member deserves plenty of time to question each nominee, and if questions remain, they should be brought back for a second day of hearings.

After all, they are going to hold incredibly powerful positions for potentially the next 4 years. To spend an extra day or two on each nominee, if it takes a few weeks, several weeks, to get through them all in order to carefully consider their nominations, that is certainly worth it to the American people and, I would argue, to the new administration.

I have made these points to the majority leader, and I must say he has respectfully listened. I am hopeful we can find an agreement that alleviates the crunch and gives Senators and committees the opportunity to process these nominations with the proper care and oversight, with all of the proper paperwork in place, thoughtfully and thoroughly.

I yield the floor.

CONCURRENT RESOLUTION ON THE BUDGET, FISCAL YEAR 2017

The PRESIDING OFFICER. The clerk will report the concurrent resolution.

The bill clerk reads as follows:

A concurrent resolution (S. Con. Res. 3) setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026.

The PRESIDING OFFICER. The assistant Democratic leader.

Mr. DURBIN. Mr. President, the pending business in the U.S. Senate is to set the stage procedurally so the Republicans can keep their majority or repeal ObamaCare, the Affordable Care Act. That is what we are about. That is the business of the day, the week, and probably the weeks to come. So we are addressing that issue and others related to health care.

I would like to start by sharing a story that was told to me by a family who I represent, Richard and Mary Laidman, who live in Naperville, Illinois. They told me a story, and I will read a letter from them:

My 13-year-old son Sam was diagnosed with leukemia one day after the “no pre-existing conditions exclusions for children”
protection went into effect [under the Affordable Care Act.] The good news is that the form of leukemia has, so far, been effectively controlled by a magic-bullet drug. My son is currently being treated with a drug that is otherwise good health (while the drug keeps him alive). The bad news is that the drug, as I understand it, costs [Blue Cross Cross Shield] about $10,000 a MONTH! Without even going into the issue of “Big Pharma” pricing—

They wrote—

this means that it would cost about $5 million to get my son into his 60s. Obviously we are forgoing everything on all the other protections in the [Affordable Care Act] right now—no pre-existing conditions exclusions, no caps on benefits, allowing Sam to stay on our health insurance plan till he reaches age 26.

Mr. President, the bottom line according to the Laidman family of Naperville, IL, is that the Affordable Care Act is critical to their family’s health and financial survival. That is what this debate is about. It is not about soundbites or promises made in campaigns or slogans one way or the other. It is about families like the Laidman family in Naperville who understand that were it not for the provisions in the Affordable Care Act, their son might not be here today or they may be penniless.

That is what it was like in the old days. If you had a son with leukemia and wanted to buy a family health insurance plan, good luck. If they would sell it to you, you probably couldn’t afford it. And secondly, many policies had limits on how much they would pay. Listen to what she tells us: $10,000 a month just for this drug that keeps her son alive. There were policies that had $200,000 limits on the amount they pay each year. Oh, they were affordable and cheap enough. What would the Laidman family have done if that is all they had to turn to?

Sadly, we know thousands, perhaps millions across America face that. That is why the Affordable Care Act made a difference. That is why it is inconceivable that the Republicans are coming to the floor, saying they want to repeal the Affordable Care Act without any replacement.

They have had 6 years to come up with a better idea, 6 years to come up with a list of improvements, and they have failed and failed miserably. Why? Because it is hard. It is difficult. We found that when we wrote this law.

Let me point to the Republican leader who was on the floor this morning. I am ready to sit down. I think other Democrats are as well. If you want to change and improve the Affordable Care Act to make sure that American families like the Laidman family of Naperville have a chance for these protections in a better situation, I want to be part of it, and I have wanted to be part of it for 6 years. But the Republican approach has been very simple: All we will propose is repeal. We will not come up with an alternative.

It is catching up with them this week in Washington. Have you noticed? Senators on the Republican side of the aisle and even some House Republicans are saying publicly: You know, we really ought to have a replacement.

It is not fair for us to say to America: We’re going to repeal the only protection you have. Trust us. Some day in the future we might come up with a better plan.

The atmospheres have changed—maybe even changed with the President-elect. Remember a few weeks ago when he said he thought that provision about the preexisting conditions was a good idea? Well, he is right, and so is the provision to make sure you don’t have limits under the policy, the provision that allows the Laidmans to keep their son under their family health insurance plan until he reaches the age of 26.

Yesterday, Mrs. Kellyanne Conway, Senior Advisor to President-Elect Trump, was on a morning show, and she said: “We don’t want anyone who currently has insurance to not have insurance.” That is a good statement.

Then, when she was asked about whether the Republicans should come up with a replacement, she went on to say: “That would be the ideal situation. Let’s see what happens practically.”

Well, I don’t know Mrs. Conway, but her observations square with what we feel on this side of the aisle, and more and more Republicans are starting to say publicly that it is irresponsible for us to repeal the Affordable Care Act without an alternative. It invites chaos. We know what is likely to occur. We know that if there is no replacement that is as good or better, people are going to lose their health insurance.

Illinois’ uninsured rate has dropped by 49 percent since the Affordable Care Act was passed. A million residents in my State now have health insurance who didn’t have it before the Affordable Care Act. Illinois savings are saving on average $1,000 a piece on their prescription drugs because we closed the doughnut hole in the Affordable Care Act, which the Republicans now want to repeal. More than 90,000 young people in Illinois have been able to stay on their parents’ health plan until age 26 under our current health care system, and 4.7 million Illinoisans, such as the Laidman family, no longer have annual or lifetime caps on benefits, and they can have a sickness that is a sick member of their family and they need it the most. Under our current health care system, 5.6 million Illinoisans with preexisting conditions no longer have to fear denial of coverage or high premiums.

I am going to close with this brief reference. Remember the first thing President-Elect Trump did when he went to visit the State where they were going to keep 800 jobs and not transfer them overseas? He took justifiable pride in the fact that he had jawboned the company into deciding to keep at least some of the jobs in the United States—800 jobs. That is good.

America needs companies to make the decision to keep jobs here. We need all the good-paying jobs we can get, particularly in manufacturing. But do you know what the repeal of the Affordable Care Act means to jobs in Illinois? Well, the Illinois Health and Hospital Association told us that it would have a devastating impact on hospitals in Illinois. That includes many rural downstate hospitals, the major employers in their communities. They estimate that we would lose between 84,000 and 95,000 jobs with the repeal of the Affordable Care Act. We could have a press conference for saving 800 jobs at Carrier, but are they going to have a press conference and celebrate when they are killing 84,000 jobs in Illinois with the repeal of the Affordable Care Act? They shouldn’t. They should do the responsible thing.

Let’s work together. Let’s make the Affordable Care Act better, more affordable. We can do it, but the notion of repealing it first and then trying to get around to a substitute later invites chaos. That is going to make America sick again.

Mr. President, I yield.

The PRESIDENT pro tempore of the Senate from Maryland.

Mr. CARDIN. Mr. President, first I want to thank Senator Durbin for his comments about the policy of repealing the Affordable Care Act and not knowing what comes next, the impact it is going to have on people from Illinois. I am going to talk about people in Maryland. I have received similar letters showing that people are going to be adversely impacted.

I want to share with my colleagues the conversation I had with the secretary of health from Maryland. Maryland has Governor Hogan, a Republican Governor, and his secretary of health met with me several weeks ago to express his concerns about the impact on the hospitals in my State and if the Affordable Care Act were repealed. What I heard from the secretary of health of Maryland was similar to what I heard from many of the health care stakeholders from the hospital association to physician groups, to health care advocates, to ordinary Marylanders who have contacted me about their concerns about what happens if we see a repeal of the Affordable Care Act.

Let me just give you some examples of how the Affordable Care Act is working in my State and, as Senator Durbin indicated, in his State. The uninsured rate in Maryland has dropped from 12.9 percent to 6.6 percent. That is about a 50-percent drop in the uninsured rate. That benefits all Marylanders—all Marylanders. Yes, 400,000 Marylanders now have health coverage who didn’t have health coverage before, and for those 400,000, that is a big deal. That means they can see a doctor and get a physical examination. If they are ill, they can get treated and know there is a physical examination. If they are ill, they can get treated and know there is a physical examination. If they are ill, they can get treated and know there is a physical examination.
I want to go back to a 12-year-old, Deamonte Driver. Deamonte Driver was a 12-year-old who lived about 10 miles from here. His mom tried to get him to a dentist, but he had no insurance coverage, and she couldn’t find a dentist who would take care of him. Deamonte Driver needed about $80 of oral health care. He had an abscessed tooth that needed to be removed. It would have cost $80, and he couldn’t find care in 2007 in the whole country, in America. As a result, his tooth became abscessed and it went into his brain. He had thousands of dollars of health care costs, and he lost his life. As a result of that incident, I, along with other members of Congress, took up the cause of pediatric dental care to make sure every child in America has access to pediatric dental care. That is included in the Affordable Care Act as an essential health benefit.

Before the Affordable Care Act, very few health policies included pediatric dental; therefore, families were at risk as to whether they would actually use dental services because they did not have the money to pay for them. That was changed under the Affordable Care Act. That is at risk because, if I understand what is being suggested here, we are going to repeal the Affordable Care Act and the essential health benefits. We can’t allow any more tragedies like Deamonte Driver in America. Affordable Care Act, that I think is extremely important. We now have a National Institute of Minority Health and Health Disparities at the National Institutes of Health. We have agencies that deal with minority health and health disparities in all of our health care agencies thanks to the Affordable Care Act. That means we are now acknowledging that historically we have not done right for minority health in America. We looked at a lot of the research dollars; they were not spent in areas that minorities were impacted by. We see that access to care in certain communities is much more challenging because of minority status. We are looking at these issues and taking action.

The Institute sponsored a study in my home city of Baltimore. That study showed that depending on what ZIP Code you live in, your life expectancy could be as different as 30 years—a generation. Just your ZIP Code. We are taking steps to change that in Baltimore thanks to the National Institutes and the Institute on Minority Health and Health Disparities. Are the Republicans telling us that is something that is unthinkable. Yet we are moving on that path by repealing the Affordable Care Act, that that is being a woman considered a preexisting concern. She wrote: The Affordable Care Act has worked. I have coverage.

No preexisting conditions. No longer is being a woman considered a preexisting condition in America. Are we now going to turn our backs on the women of America and allow these discriminatory practices that existed before the Affordable Care Act to come back? I will tell you why I am going to fight to do everything I can to make sure that does not happen, and I would hope my colleagues on both sides of the aisle feel the same. But you are marching down a path that puts women at risk, that puts Americans at risk.

We know about the caps that were in the law before the Affordable Care Act. What do I mean by caps? That is the maximum amount your health insurance policy will pay you. Some 2.25 million Marylanders now have Medicaid coverage by the expansion of the Medicaid population, we have 1.6 million Americans who now have expanded coverage for mental health and substance abuse. We have had great discussions in this body. I am very proud of the Cures Act, where we expanded coverage for drug addiction. Now Republicans are talking about taking a major step backward by repealing Medicaid expansion that allows access to coverage for mental health and drug addiction. To me, that is something that is unthinkable. Yet we are moving on that path by the legislation that is before us.

I want to go back to a 12-year-old, Rebecca from Baltimore told me about her daughter Eva, who is 18 months of age and has severe congenital heart defects and has gone
through numerous operations. If caps are in place, she cannot get adequate care for her 18-month-old daughter. Those are real, live examples of people who are impacted by the Affordable Care Act. She also told me: Thank you for the 26-year-old provision where you can stay on your parent’s policy. At least she knows Eva will be able to stay on her policy until she is 26.

I heard from Nichole, who is a 22-year-old student at Towson University. She could not get affordable health care and was able to stay on her parents’ policy. That is an important provision which is being repealed by the Affordable Care Act.

I helped work on the provision in the Affordable Care Act that provides preventive care coverage—inmunizations, cancer screening, contraception, no cost sharing. That saves money. Preventive health care saves money. It makes our health care system more cost-effective. That is why we decided to put preventive care in the Affordable Care Act and expand it dramatically. Now, 2.95 million Marylanders benefit from the preventive health care requirements of the Affordable Care Act that is included in every health policy. That will go away. I understand correctly what the Republicans are attempting to do on their repeal of the Affordable Care Act. We don’t have a replacement. We don’t know what it is going to look like. It is not easy to figure out how to put the pieces back together again.

There is a provision in the Affordable Care Act that deals with prevention and public health funds and that provides dollars to deal with some of the real challenges we have out there—obesity, tobacco abuse. My State is getting funds so that we can deal with healthy eating that will not only provide a better quality of life for those who have weight issues but also lead to a more cost-effective health care system. That will be gone with the repeal of the Affordable Care Act.

Let me talk for a moment about health centers because I know we made that a priority in the Affordable Care Act. Qualified health centers are centers that are located in, in many cases, challenging communities where it is hard to get doctors and hospitals to locate. We provide access to care for people who have limited means. The Affordable Care Act did two things that are extremely important in regard to health centers. First, it provided some significant new direct resources for those programs. Secondly, because they are in challenging neighborhoods, they have a much higher number of people who have no health coverage who go into these centers; therefore, their third-party reimbursement is much lower than other health centers that are located in better neighborhoods or more affluent neighborhoods. The Affordable Care Act has worked in expanding dramatically the capacities of these qualified health centers. We have 18 that are located in Maryland. I could talk about all of them, but I have been to the Greater Baden Medical Services center several times. It is located in Prince George’s County. They also have a center in St. Mary’s County. I have been to them many times and found them very helpful. Thanks to the Affordable Care Act, I have seen the building in which they provide mental health services and pediatric dental care and actually adult dental care also. They provide those services, we are helping them with the solvency. They told me that in the very first year alone of the Affordable Care Act, they were able to reduce their uninsured rates by 20 percent, meaning they get a lot more money coming in and they can provide many more services. All of that will be gone if the Affordable Care Act is repealed. I can’t be silent about that. This center is providing incredible services. It is one thing to have third-party coverage; it is another thing to have access to care. We provided both in the Affordable Care Act. We are not going to go back.

I heard Senator Durbin talk about Medicare. I just want to underscore this. This is not just about those under 65. It’s about our seniors. It is about those on disability who are covered by Medicare.

We heard about the doughnut hole. We all understood. We were getting numerous letters from people who fell into the doughnut hole. Guess what? Those letters are falling off dramatically. Why? Because the Affordable Care Act closes the doughnut hole for prescription drug coverage. In my own State of Maryland, 80,000 Marylanders benefited in 2014 from the Affordable Care Act and better coverage for prescription drugs, amounting to $82 million, averaging over $1,000 per beneficiary benefit. Those over 65 have better coverage for prescription drugs. For seniors, as well as under 65, we are going to go back. I heard Senator Durbin talk about Medicare. I just want to underscore this. This is not just about those under 65. It’s about our seniors. It is about those on disability who are covered by Medicare.

We heard about the doughnut hole. We all understood. We were getting numerous letters from people who fell into the doughnut hole. Guess what? Those letters are falling off dramatically. Why? Because the Affordable Care Act closes the doughnut hole for prescription drug coverage. In my own State of Maryland, 80,000 Marylanders benefited in 2014 from the Affordable Care Act and better coverage for prescription drugs, amounting to $82 million, averaging over $1,000 per beneficiary benefit. Those over 65 have better coverage for prescription drugs. For seniors, as well as under 65, we are going to go back. I heard Senator Durbin talk about Medicare. I just want to underscore this. This is not just about those under 65. It’s about our seniors. It is about those on disability who are covered by Medicare.

We heard about the doughnut hole. We all understood. We were getting numerous letters from people who fell into the doughnut hole. Guess what? Those letters are falling off dramatically. Why? Because the Affordable Care Act closes the doughnut hole for prescription drug coverage. In my own State of Maryland, 80,000 Marylanders benefited in 2014 from the Affordable Care Act and better coverage for prescription drugs, amounting to $82 million, averaging over $1,000 per beneficiary benefit. Those over 65 have better coverage for prescription drugs. For seniors, as well as under 65, we are going to go back. I heard Senator Durbin talk about Medicare. I just want to underscore this. This is not just about those under 65. It’s about our seniors. It is about those on disability who are covered by Medicare.

We heard about the doughnut hole. We all understood. We were getting numerous letters from people who fell into the doughnut hole. Guess what? Those letters are falling off dramatically. Why? Because the Affordable Care Act closes the doughnut hole for prescription drug coverage. In my own State of Maryland, 80,000 Marylanders benefited in 2014 from the Affordable Care Act and better coverage for prescription drugs, amounting to $82 million, averaging over $1,000 per beneficiary benefit. Those over 65 have better coverage for prescription drugs. For seniors, as well as under 65, we are going to go back. I heard Senator Durbin talk about Medicare. I just want to underscore this. This is not just about those under 65. It’s about our seniors. It is about those on disability who are covered by Medicare.

We heard about the doughnut hole. We all understood. We were getting numerous letters from people who fell into the doughnut hole. Guess what? Those letters are falling off dramatically. Why? Because the Affordable Care Act closes the doughnut hole for prescription drug coverage. In my own State of Maryland, 80,000 Marylanders benefited in 2014 from the Affordable Care Act and better coverage for prescription drugs, amounting to $82 million, averaging over $1,000 per beneficiary benefit. Those over 65 have better coverage for prescription drugs. For seniors, as well as under 65, we are going to go back. I heard Senator Durbin talk about Medicare. I just want to underscore this. This is not just about those under 65. It’s about our seniors. It is about those on disability who are covered by Medicare.

We heard about the doughnut hole. We all understood. We were getting numerous letters from people who fell into the doughnut hole. Guess what? Those letters are falling off dramatically. Why? Because the Affordable Care Act closes the doughnut hole for prescription drug coverage. In my own State of Maryland, 80,000 Marylanders benefited in 2014 from the Affordable Care Act and better coverage for prescription drugs, amounting to $82 million, averaging over $1,000 per beneficiary benefit. Those over 65 have better coverage for prescription drugs. For seniors, as well as under 65, we are going to go back. I heard Senator Durbin talk about Medicare. I just want to underscore this. This is not just about those under 65. It’s about our seniors. It is about those on disability who are covered by Medicare.

We heard about the doughnut hole. We all understood. We were getting numerous letters from people who fell into the doughnut hole. Guess what? Those letters are falling off dramatically. Why? Because the Affordable Care Act closes the doughnut hole for prescription drug coverage. In my own State of Maryland, 80,000 Marylanders benefited in 2014 from the Affordable Care Act and better coverage for prescription drugs, amounting to $82 million, averaging over $1,000 per beneficiary benefit. Those over 65 have better coverage for prescription drugs. For seniors, as well as under 65, we are going to go back. I heard Senator Durbin talk about Medicare. I just want to underscore this. This is not just about those under 65. It’s about our seniors. It is about those on disability who are covered by Medicare.

We heard about the doughnut hole. We all understood. We were getting numerous letters from people who fell into the doughnut hole. Guess what? Those letters are falling off dramatically. Why? Because the Affordable Care Act closes the doughnut hole for prescription drug coverage. In my own State of Maryland, 80,000 Marylanders benefited in 2014 from the Affordable Care Act and better coverage for prescription drugs, amounting to $82 million, averaging over $1,000 per beneficiary benefit. Those over 65 have better coverage for prescription drugs. For seniors, as well as under 65, we are going to go back. I heard Senator Durbin talk about Medicare. I just want to underscore this. This is not just about those under 65. It’s about our seniors. It is about those on disability who are covered by Medicare.

We heard about the doughnut hole. We all understood. We were getting numerous letters from people who fell into the doughnut hole. Guess what? Those letters are falling off dramatically. Why? Because the Affordable Care Act closes the doughnut hole for prescription drug coverage. In my own State of Maryland, 80,000 Marylanders benefited in 2014 from the Affordable Care Act and better coverage for prescription drugs, amounting to $82 million, averaging over $1,000 per beneficiary benefit. Those over 65 have better coverage for prescription drugs. For seniors, as well as under 65, we are going to go back. I heard Senator Durbin talk about Medicare. I just want to underscore this. This is not just about those under 65. It’s about our seniors. It is about those on disability who are covered by Medicare.
Mr. Kaine. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To prohibit legislation that makes America sick again.)

At the end of title IV, add the following:

SEC. 4. DON’T MAKE AMERICA SICK AGAIN.

(a) IN GENERAL.—It shall not be in order in the Senate to consider any legislation that makes America sick again, as described in subsection (b).

(b) LEGISLATION MAKING AMERICA SICK AGAIN.—For purposes of subsection (a), legislation that makes America sick again refers to any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that the Congressional Budget Office determines would:

1. reduce the number of Americans enrolled in public or private health insurance coverage, as determined based on the March 2016 updated baseline budget projections by the Congressional Budget Office;

2. increase health insurance premiums or total out-of-pocket health care costs for Americans with private health insurance; or

3. reduce the scope and scale of benefits covered by private health insurance, as compared to the benefits Americans would have received pursuant to amendments under title I of the Patient Protection and Affordable Care Act (Public Law 111–148; 124 Stat. 130) and the amendments made by that title.

(c) WAIVER AND APPEAL.—This section may be waived or suspended in the Senate by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under this section.

Mr. Kaine. Mr. President, I rise to offer this amendment, amendment No. 8, with Senator Murphy and other Senators, to the budget resolution we are currently considering, and the purpose of amendment No. 8 would be to create a point of order considering any legislation that would either strip Americans of health insurance coverage, make health care more expensive, or reduce the quality of health coverage.

Our amendment creates a high hurdle to any legislation that would make America sick again, and basically that is what we are trying to do. If we are going to either strip coverage from people or make health insurance more expensive or reduce the quality of health coverage, that they currently have, we shouldn’t make that easy to do. We should have a high hurdle in place so we consider it before we go do it.

The point of order is necessary because the entire purpose of this budget resolution is not to really address the budgetary matters facing the country. I say that as a member of the Budget Committee. In fact, the budget process was basically ignored in the last Congress.

This budget is only before us to set up a pathway to pass a fast-track repeal of the Nation’s most consequential health care program in decades, a program that affects millions of people and a repeal being fast-tracked that would strip health care from millions of Americans.

I will come back to the health points in a second, but I want to address how we got to where the budget question that was in the province of the Budget Committee.

I think it is a little strange that halfway into Fiscal Year 2017, which began October 2016, we are setting budget levels now. A budget resolution is a tool to set forth the guidelines for spending in Congress.

We know, in the history of this body, we are not always successful in passing a budget through both Houses of Congress and approving that budget through a conference process, but at least some progress is usually made; for example, both Houses doing their budget resolutions. As you know, that did not happen in 2016. Last year, our GOP counterparts in each House decided, for the first time in the modern budget era, not to hold a hearing on the President’s submitted budget, not to have any activity on a budget in the Senate either in the committee or on the floor.

To begin, I have to ask, if the budget wasn’t important enough for us to consider last year, why is it now so important for us to be taking up a budget? The answer is obvious. We are debating a budget for the sole purpose—the sole purpose—of setting in motion a process to repeal health care coverage for tens of millions of Americans. This is really about an attack on people’s health care.

I and many of my colleagues have said there is a significant need to make improvements to the Affordable Care Act and, more generally, to our health care system.

Mr. President, you were a chief executive of a State, just like I was. I learned something in my first year as Governor of Virginia, which was, when I looked at all the bills that were put on the Governor’s desk for signature, or veto at the end of my State’s legislative session, three-quarters of the bills were not new legislation or not repeals of legislation; three-quarters of the bills were improvements of existing law. That is the work of a legislative body. Overwhelmingly, it should be improvements to existing law. The Affordable Care Act needs significant improvement, just as other health care laws do, just as virtually everything we do needs improvement.

There is no reason, while we acknowledge the need for improvement, to repeal a law outright without having a sense of what the replacement will be, because we be because what we do is create chaos in the economy, chaos in the health insurance market, and especially chaos in the most intimate and important area of people’s lives, their health.

Actually, on that subject, there was a wonderful letter that was sent on January 3 by the American Medical Association to the congressional leadership on
this very point, don’t do a repeal that creates chaos for people. I am going to read some sections of the letter.

The AMA supported passage of the Affordable Care Act because it was a significant improvement on the status quo at that time.

We continue to embrace the primary goal of the law to make high-quality, affordable health care coverage accessible to all Americans. We also recognize that the ACA is imperfect, and there are a number of issues that need to be addressed.

Continuing the quote:

It is essential that gains in the number of Americans with health insurance coverage be maintained.

The letter concludes, from the American Medical Association, the largest organization representing American physicians:

Consistent with this core principle, we believe that before any action is taken, through reconciliation or other means, that would potentially alter coverage, policymakers should lay out for the American people, in reasonable detail, what will replace current policy and what stakeholders should be able to clearly compare current policy to new proposals so they can make informed decisions about whether it represents step forward in the ongoing process of health reform.

The amendment Senator MURPHY and I propose is designed to accomplish exactly the goal, exactly the goal the AMA has specified in the letter of January 13.

We would create a 60-vote point of order against any legislation that would, first, reduce the number of Americans who are enrolled in public or private health insurance coverage, so there would be a 60-vote point of order against any proposal that would reduce coverage for Americans; second, the point of order would also lie against any plan that would increase health care premiums or total out-of-pocket health care costs for Americans with both public and private insurance; third, the point of order would lie against any proposed plan on the table that would reduce the scope and scale of benefits offered by private health insurance because the ACA was not only about affordable care and it was not only about coverage, it was also about the quality of care.

Could your coverage discriminate against you because you are a woman? Could your coverage expire once you get an illness? Could you own a small business and now have a preexisting condition?

These bills of rights protections for patients were an important and integral part of the Affordable Care Act, and the budget point of order that we would put on the table would establish a 60-vote point of order for considering any legislation if it triggered one of those three concerns: reduction in coverage, increase in cost, reduction in quality.

The point of order actually goes right to promises that the President-elect has made. In September of 2015, President-elect Trump said:

I am going to take care of everybody. I don’t care if it costs me votes or not. Everybody is going to be taken care of much better than they are taken care of now.

He has made a promise to the American public that we will not rush into a new health care chapter that reduces coverage, that reduces quality, or that increases costs.

Just 2 days ago, the key spokesperson for the President-elect Kellyanne Conway said: We don’t want anyone who currently has insurance to not have insurance.

She is saying the threshold is this: We do not want anyone who has insurance to have that insurance jeopardized by actions of Congress.

This is what a repeal of the Affordable Care Act, without a replacement plan, will mean. It will have three significant consequences, and then I want to finish with some personal stories.

First, a repeal will inflict a significant wound on the American economy. Health care is one-sixth of the American economy, one-sixth. You cannot inject uncertainty into one-sixth of the American economy without having significant negative effects on our Nation.

Congress should be in the business of increasing certainty, not increasing uncertainty, and if we go into the biggest sector of the American economy with a repeal, without any replacement strategy, it will be “I am now going to jump off a cliff and I will figure out how to land once I am in midair.” This will be economic malpractice to affect that many people.

Second, the effect of the repeal of the Affordable Care Act is sort of an under-the-table tax cut for the wealthiest Americans. Millionaires, if the Affordable Care Act is repealed—there are two taxes on high earners that are part of the financing of the Affordable Care Act, one is a payroll tax, and then the other is a tax on capital gains. Americans would expire, and this is hundreds of billions of dollars over 10 years of a tax cut. Millionaires would get 53 percent of the tax cuts from a repeal, which is more than double the same group’s share of the 2001 and 2003 tax cuts that were done during the Bush administration.

Just to put that in some context, Americans in the top 0.1 percent economically would get an average tax cut of $197,000 if the Affordable Care Act is repealed, which is more than double the top one percent’s share of the 2001 and 2003 tax cuts. The 0.1 percent are non-Hispanic Caucasians.

Congress should be in the business of increasing certainty, not increasing uncertainty, and if we go into the biggest sector of the American economy with a repeal, without any replacement strategy, it will be “I am now going to jump off a cliff and I will figure out how to land once I am in midair.” This will be economic malpractice to affect that many people.

Second, the effect of the repeal of the Affordable Care Act is sort of an under-the-table tax cut for the wealthiest Americans. Millionaires, if the Affordable Care Act is repealed—there are two taxes on high earners that are part of the financing of the Affordable Care Act, one is a payroll tax, and then the other is a tax on capital gains. Americans would expire, and this is hundreds of billions of dollars over 10 years of a tax cut. Millionaires would get 53 percent of the tax cuts from a repeal, which is more than double the same group’s share of the 2001 and 2003 tax cuts that were done during the Bush administration.

Just to put that in some context, Americans in the top 0.1 percent economically would get an average tax cut of $197,000 if the Affordable Care Act is repealed, which is more than double the top one percent’s share of the 2001 and 2003 tax cuts. The 0.1 percent are non-Hispanic Caucasians.

Third, the impact that is the most significant is the impact on the health care of average Americans. The Urban Institute did a study in December and said: If there is a repeal with no replacement or a repeal with a delayed replacement, it is something that we know not what it will be, there will be 30 million Americans who will lose their health insurance. About 20 million will be people who got health insurance under the Affordable Care Act, and an additional 10 million will be people who will lose their insurance because of the chaos created in the insurance market.

So put that number, 30 million, into a context because numbers can just sound big and mysterious. Here is what 30 million people is. The number of people who would lose health insurance because of an ACA repeal is equal to the population of 19 States: Wyoming, Vermont, North Dakota, Alaska, South Dakota, Delaware, Montana, Rhode Island, New Hampshire, Maine, Hawaii, Idaho, Nebraska, West Virginia, New Mexico, Nevada, Utah, Kansas, and Arkansas.

Nineteen States’ combined populations, that is 30 million people, and that is who is going to lose health care coverage if we go forward with a repeal without a replacement.

Eighty-two percent of these 30 million who would become uninsured are working families, 38 percent will be between the ages of 18 and 34, and 56 percent are non-Hispanic Caucasians. Eighty percent of the adults becoming uninsured are people who do not have college degrees. There will be 12.9 million fewer people who have Medicaid or CHIP coverage in 2019 if the repeal goes through. These are some sobering statistics. These statistics show that, at a minimum, what we are doing here is very, very, very, very important and should not be rushed into in a partisan 51-vote budget reconciliation process.

I want to conclude and tell a couple of stories from Virginians of people who are going to be impacted by this. When we essentially recessed in the Senate on December 9—between then and now—I went around the State and talked to people. I heard a story that I want to share, and then I will tell a couple of quick ones.

I met with Ashley Hawkins, a young mother in Richmond, a mother of two kids. We sat around a conference table in a federally chartered community health center in Richmond and talked to stakeholders. Ashley told her story. She had a preexisting health condition. Before the Affordable Care Act, health insurance was unaffordable. After the Affordable Care Act passed, she could suddenly get insurance. She runs a small business. She runs a nonprofit group that provides community arts education that serves others. Because of the ACA, she has been able to sign up on exchanges and get health insurance. Because of her income, she can receive subsidies to make health insurance affordable. She makes $45,000 a year.

Without health insurance, the recent hospital bill for the birth of her youngest child would have been close to $16,000. With the Affordable Care Act, she receives a subsidy, and she is able to access high quality health insurance for her and her two kids for $280 a month. That is the difference between
I have a woman write me a letter—a Virginian from Williamsburg—a couple of years ago who said: My husband and I are self-employed, and we could never afford insurance. Because we couldn’t afford insurance, we decided that we couldn’t have children. We couldn’t pay a hospital bill. This is what the Affordable Care Act has meant to them. We often talk about life and death issues, about the security of health insurance in the face of this planet.

We should have the AMA, hospitals, patients, and Members of Congress from both parties around the table to lay down what are our concerns, what are the issues, and how to fix them. There is so much we can do. There is so much we can improve. But by pushing an immediate repeal through a partisan budget process, we won’t have the opportunity to work together to build on that common ground.

This is not a game. Sometimes we get into a budget vote-arama, and it has a little bit of a game aspect to it. I have been here until 2 a.m. or 3 a.m. when amendments are put on the table, there are 1-minute presentations of why it is good or bad, and we have a vote. It has a little bit of a feeling of a game. This is not a game. This is life and death.

I have anything more important to someone than their health, because their health forms the foundation of their relationship with their spouse or their loved ones or their children? Health is what keeps a parent up at night worrying about the family. Health is what keeps a child worrying about an elderly parent. This is the most important thing to any person in this country, regardless of party, regardless of State, regardless of political persuasion. The worst thing we can do on a value of such importance is to rush and create chaos in the lives of millions of people.

So I conclude by saying that the amendment that Senator MURPHY, I, and others offer would seek to protect what we have—protect coverage, protect costs, protect quality—by making it harder to enact legislation that would strip these important items away from tens of millions of Americans.

We should be sitting down at the table to talk about reforms. So many of us want to do that. But we should not be rushing into a repeal that would jeopardize people’s lives.

I urge my colleagues to please support amendment No. 8.

Thank you, and I yield the floor.

The PRESIDING OFFICER (Mr. RUHLO). The Senator from Wyoming.

Mr. ENZI. Mr. President, I ask unanimous consent that all time be considered time on the resolution.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. ENZI. Mr. President, I ask unanimous consent that during the periods of a quorum call, the time be equally divided between the two sides.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered. Mr. ENZI. 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. MURPHY. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. MURPHY. Mr. President, what is happening on the floor right now is absolutely extraordinary. It is absolutely extraordinary that Republicans are using the budget process, the reconciliation process, in between the swearing in of a new President, to rip away from 20 million Americans health care insurance, to drive up rates for one-third of consumers in this country who have some form of preexisting condition—a sickness that without this law would make their rates go higher—and to throw the entire health care marketplace into chaos.

It is absolutely exceptional what is happening right now. No one in this body should find it acceptable, or outside of this body should perceive this to be just politics as usual.

I was here when the Affordable Care Act passed. I was in the House of Representatives. Then, I have heard my Republican friends say over and over and over again that they want to repeal the Affordable Care Act and replace it. I can’t tell you the hundreds of times I have heard that phrase, “repeal it and replace it.”

President-Elect Trump talked about that throughout the campaign, and then 2 days after he won the election, on Thursday night, he went on national television to double down on the promise that there would be an immediate replacement. He said: There will not be 2 hours between the Affordable Care Act being repealed and it being replaced with something better.

That is the second part of the argument the Republicans have made. The Affordable Care Act, in their minds, was defective, despite the fact that there are 20 million people who have insurance today who wouldn’t have it otherwise. And despite the fact that there are hundreds of millions of Americans across the country who don’t have to worry about them and their loved ones having their insurance rates jacked up because they are sick, and despite the fact that seniors are paying thousands of dollars less in prescription drugs than they were.

The Affordable Care Act isn’t perfect—it never was—but the enthusiasm of Republicans to take away from Americans their health insurance and to drive rates up for millions more is really unthinkable.

We heard over and over again that the priority was to repeal it and replace it. Now we are repealing the Affordable Care Act with no plan for what comes next. We are driving forward with a repeal vote with no plan for how we keep the health care system together, how we prevent it from falling into chaos, how we continue to insure 20 million Americans who rely on it.

There is a cruelty to this enthusiasm for immediate repeal that is a little bit hard to understand—it is really hard to understand.

I think about somebody like Jonathan Miller. He lives in my State. He lives in Meriden, CT. He was born with cystic fibrosis. He is insured today through the Affordable Care Act. Here is what he says:

For me, I was able to live a relatively normal life growing up, wonderful family and friends, but health has always been the most important thing in my life. It’s pend even in a good health year probably one or two hospitalizations each year that require IV antibiotics, I am on a whole suite of medications. Each day I take medications: some of these are pills, some are breathing treatments, and then there are the shots. Healthcare is the number one priority in my life. It’s more important than income, more important than anything else, being able to maintain my health.

He is insured by the Affordable Care Act today, but he also receives the benefits of the insurance protections because, although the Affordable Care Act, even if he had insurance, would lose it—probably a couple of months into the year—because of a practice prior to the Affordable Care Act of capping the amount of money you would be covered for in a given year on certain medications. Jonathan would have blown through that in a heartbeat.

It is not hyperbole when he says: “Without the Affordable Care Act, I’d probably be dead within months.”

That is the reality for millions of people across this country. Without health insurance, they cannot survive. They can’t afford their medication. So this isn’t just about politics, this isn’t just about the words on the page, these are people’s lives. This is about life or death, and the casualness of throwing out a law without any concept of what comes next—I have read so many quotes in the paper over the last few days of Republicans admitting that they don’t know what they are going to do in its place, but they still feel the need right now, in the lame-duck session, to begin the process of repealing this law without any concept of what comes next.

Why do it now? Why not take one step back? Why not reach across the aisle to Democrats and say: Let’s try to work to make this better. Let’s try to answer the concerns the Republicans have, that President-Elect Trump has. Let’s try to work through this, reform it in a bipartisan way. No. Instead, we are rushing forward with repeal, stealing health care for millions of Americans, plunging the health care system into chaos, with no guarantee that there is anything that is going to emerge in its place.

Senator KAINE and I have a very simple budget point of order. Senator KAINE has talked about it. It would prohibit the consideration of any legislation as part of budget reconciliation that would: No. 1, reduce the number of Americans who are enrolled in health insurance; No. 2, increase premiums or total out-of-pocket costs for those people with private insurance; or, No. 3, reduce the scope and scale of benefits that people have.

I have heard my Republican friends say: We are going to repeal the Affordable Care Act, and we are going to replace it with something better. We are going to do it even if it doesn’t have a budget cost or a budget cost that’s something we can afford. I welcome the assistance of our colleagues on both sides of the aisle to try to craft a bipartisan reform.

Mr. CORNYN. Mr. President, I would just say, I had the pleasure of sitting here listening to the Senator from Connecticut talk about his concerns about repealing ObamaCare, and I would say it strikes me that their posture is that we sold the American people a lemon, and we insist they keep it.

Our position is that ObamaCare has been a failure. It has been a grand—in terms of scale—experiment, a national experiment that has failed.

Yesterday I talked about the fact that my constituents are writing me and telling me that their premiums, in many instances, have doubled, and their deductible has gotten to the point that they are effectively self-insured so their insurance does them virtually no good.

We will vote to repeal ObamaCare, but obviously we are not going to leave people hanging out to dry. We are going to make sure they have coverage and that they can afford. I welcome the assistance of our colleagues on both sides of the aisle to try to craft a bipartisan reform.
The biggest failure of ObamaCare was the fact that when our Democratic friends had 60 votes in the Senate and they had President Obama in the White House and a majority in the House, they jammed it down the throats of the American people. That is really why ObamaCare failed. It was purely a partisan political exercise. We need to start over by repealing ObamaCare and then reforming our health care system so people can buy the coverage they want at a price they can afford.

We are living in an unordered sort of way with our colleagues across the aisle that they now appear to be walking away from. In the spring of 2015, nearly all of President Obama’s Cabinet nominees were confirmed within the span of 2 weeks. We came together, understood that the people had spoken, and we worked cooperatively to see a smooth transition from the Bush administration to the Obama administration. I believe it is our duty to do that. Nearly all of President Obama’s Cabinet nominees were confirmed or received a vote in the Senate within the span of 2 weeks. We came together, understood that the people had spoken, and we worked to operate in good faith, not necessarily because we were happy about the outcome but because it is our responsibility to do so.

Then there are some of the statements from some of our colleagues across the aisle that they now appear to be walking away from. In the spring of 2015, nearly all of President Obama’s Cabinet nominees were confirmed within the span of 2 weeks. We came together, understood that the people had spoken, and we worked to operate in good faith, not necessarily because we were happy about the outcome but because it is our responsibility to do so.

I hope our Democratic friends don’t slow-walk President-Elect Trump’s nominees. It is one thing to obstruct, but it becomes an even bigger problem when they intentionally try to keep President Trump from doing the job that the voters have given him the responsibility to do. The American people made clear in November that they are done with
business as usual here in Washington, DC. Frankly, I don’t think it was a robust endorsement of either one of the political parties. We got an unconventional President-elect, and I think the American people expect him to shake this place up, and I think he will. We are going to try to make him do it. There is a positive outcome for the American people. I don’t think they are interested in political stunts or delay for delay’s sake, nor do they want us to return to the dysfunctional do-nothing Congress of the past. They want results, and they want a path forward toward a brighter future for themselves and their families.

Let’s not keep from President Trump the men and women he has chosen to work alongside him. That would only make us less safe, our economy more fragile, and the government less efficient. After all, we are paying the bills as taxpayers. Why would we want a less efficient or less effective government? I believe that our Constitution is designed to serve the interests of the American people well.

I know we are ready on this side of the aisle to roll up our sleeves and get to work. As I have learned through hard experience, the only time anything accomplishing is accomplished in the Senate is when we work together. I am not talking about people sacrificing their principles. We ought to fight like cats and dogs when it comes to our basic principles. There are a lot of things that are outside of the realm of basic principles. We can find common ground and work together and build consensus. I think we ought to take advantage of this historic opportunity to do just that, starting with confirming the President’s Cabinet and letting them get to work to help his administration as soon as possible. I yield the floor.

The PRESIDING OFFICER. The Senator from Missouri.

Mr. McCaskill. When the President is going to talk about the resolution we are moving to that will allow us to repeal and begin the replacement for the President’s health care plan.

A little over 3 years ago, President Obama hailed the start of the ObamaCare exchanges as a life-changing opportunity for Americans. For most Americans, it was life-changing, but it didn’t turn out to be an opportunity. It was a life-changing experience because in many cases the insurance they had was no longer affordable, what they thought met their family’s needs was no longer available, and the cost continues to go up.

When President Obama pushed the health care law through Congress without a single Republican vote, he repeatedly assured Americans that they would be able to keep the plans they had, that they would be able to keep the doctors they had, and that every family would have a significant reduction in their health care costs. They continued to make every one of those commitments until the plan actually was put in place and it was obvious those commitments were not going to be what happened. By the end of 2013, at least 4.7 million Americans had their plans canceled because they didn’t meet the law’s mandatory requirements. Remember, these were plans that 4.7 million people thought met the needs they could afford those plans. That is why they bought them. They might not have been perfect. They might have still been a stretch on their budget, but they decided: This is insurance I can afford that meets the needs that I can afford to meet with the insurance I can buy.

The President’s claims about everybody being able to keep their policies and keep their doctor were so far from reality that PolitiFact rated it as the lie of the year. I don’t like to use that language as it relates to the President of the United States. I would say it must be really easy to become isolated in the Oval Office, and the President does not hear the situations that sounds to him as if his plan is working, but the truth is that the President is not entitled to his own facts. He is entitled to his own opinion. He is entitled to his vision of what he thinks health care in America should look like, but he is not entitled to his own facts. If it is not happening the way he thinks it is happening, somebody needs to tell him. But, of course, in just a few days there will be a new President, and we have to deal with the chaos, frankly, that has been created under the old law.

President Obama said this law would mean more choice, more competition, and lower-cost health insurance for millions of Americans. Nobody can find those Americans. A number of Americans got on Medicaid, another government program, who weren’t on Medicaid before. But there aren’t millions of Americans who have more choices, and there aren’t millions who have more competition for their business, and there aren’t millions of Americans who have lower costs. In fact, just the opposite would be the case in Missouri, where I live. A number of insurers pulled out of the exchange totally. Our neighboring States all have the same experience and, in some cases, even worse experience, but the competition, the choices, just aren’t there because the system doesn’t work.

We have 115 counties in our State, and in 97 of them, you have one choice; you have one insurer offering insurance. That one insurer may offer three different plans, but there is no competition for whatever level you are shopping for. There is only one place to get that level. This would be as if there is one shoe store in town and none of the shoes fit and they all cost too much, but if you didn’t buy the shoes in that shoe store—and the chairman of the Budget Committee knows a lot about shoes—you would have to pay a penalty for not buying shoes that were available at that one location. Everybody would think: Well, that is unacceptable; you ought to at least be able to drive to another community and look for shoes. But that is not the case in 97 places, 97 counties. The vast majority of our State and a couple of States have no counties on the individual exchange that have competition.

We are moving to a place where every county a year ago in Missouri had at least two companies offering insurance, so there was at least a competitor. Some had more than two companies offering insurance. Now 97 have one company.

The promise was to bend the cost curve. The cost curve bent, but it bent the wrong way. The cost curve went up; it didn’t go down. In our State, again, increased premiums have been as high as 40 percent.

In a number of States, they are in the 70 percentile category. In one State, there is a 100 percentile increase—not from when ObamaCare started but from last year—In fact, the cost of insurance for individuals and families had too often already doubled, and now another add-on.

I was with somebody the other day, and I asked them about their insurance. He said: I am self-employed. In 2009, there were four of us. We had insurance we thought met our needs. We were paying $300 a month. Now we are paying $1,190 a month, and we have a $7,500 deductible. If two of us are sick, we have to submit that deductible twice before we get any assistance from the insurance company—a $15,000 deductible if two people in the family are sick with a $1,190 monthly premium.

This is a family that had no health care problems. This is not a response to somebody who has a policy that they were using. This is a policy that wasn’t being used and, of course, with a $7,500 deductible unlikely to be used unless that family really has a catastrophic situation occur. We have that family found out a few months after I visited with them was that their policy went up closer to $2,000 than $1,190.

The average deductible for a mid-level plan—there are the gold plan, silver plan, the bronze plan. For the silver plan, the average deductible in the exchange last year was $3,000. The average deductible in the bronze plan was $5,000, and it is higher than that for many people.

To make matters worse, if you aren’t able to afford the few options available on the exchange, you pay a penalty. So you have no competition. You are required to buy the product, and if you don’t buy the product—you pay the penalty. It could have been as much this year as $2,045, but if your option is to pay $15,000 or $20,000 for insurance that has this high deductible, that is what many people have decided to do.

I have heard a lot of Missourians from the day this was initiated through today talking about the individual challenges they have seen. For
example, Dave, a small business owner in Columbus, said that the premiums for his employees have doubled. Why would that be the case? One, the standards necessary for a policy change and, two, if you’re losing all this money in the individual marketplace, the insurance companies are going to make that up somewhere. So his premiums have doubled. At the same time, they have continually had to raise deductibles and seriously reduce benefits. The cost goes up and the cost goes down. I think what is that President Clinton said when he said that this is a crazy system. It is costing more all the time and covering less. That is what Dave has found out in his business, and he was told late last year that he should expect a 40-percent increase this year. He said: If that happens another time, we are no longer in the employee-employer provided insurance marketplace.

Another location that serves our State and happens to be headquartered also is with the Old Missourians Transportation System, a not-for-profit. They provide critical transportation services to older Missourians, and they have it other places in the country—older Missourians to low-income and underserved in our State that don’t have other transportation options. The costs to insure their drivers have gone up half a million dollars. The paperwork to comply with the law’s requirements, as the executive director told me, is so complex and cumbersome, they had to spend additional money to hire a consultant to implement a software program to help them keep up with the new mandates. It suddenly got even harder to be a not-for-profit and break even.

Families and small businesses shouldn’t be penalized because the law did not live up to its promise: If you like your health care, you can keep it. If you like your doctor, you can keep your doctor. Family costs will go down by $2,500 after this plan is put in place. Those things didn’t happen.

We are in a chaotic situation now, and it is time to move in a new direction. We will have a bill before us very shortly that will allow us to begin that transition to do things that will prevent Washington from getting in between health care providers and their patients. We will do things that will break through that artificial restriction choice and prevent Americans from picking insurance that meets their family’s needs that they can still pay for. What a concept that would be.

This is basically the system we had before. It wasn’t a perfect system, and I will say the biggest straw man put forward in that system was that nobody else had any ideas. There were plenty of other ideas, ideas that would better serve American families, American job creators, American job holders, ideas that would have allowed small businesses to band together and become a bigger group to seek group insurance for a number of businesses instead of just one business’s health savings account, better use of health savings accounts, buying across State lines, and things that I proposed specifically on letting your family stay on your insurance a little bit longer. Frankly, that was a 4-page bill that brought back insurance every year so you can stay on your family policy until you are 26. There are four pages with a lot of white space. This does not have to be that complicated. There is no cost to taxpayers. Frankly, you are adding young, healthy people, not much cost to anybody but fundamentally no cost to taxpayers. It is just an additional way to look at things like buying insurance across State lines would be. There are solutions here, but we have been prevented from moving to those solutions. I urge my colleagues to support the resolution that will allow us to move forward. We will begin to eliminate the chaos of ObamaCare and restore the focus to patients and the doctors they want to have, and the places they want to go to get their health care.

I yield the floor.

The PRESIDING OFFICER (Mrs. Fischer). The Senator from Wyoming.

Mr. ENZI. Madam President, I ask unanimous consent that at 2:45 p.m. today, the Senate vote in relation to amendment No. 8.

The PRESIDING OFFICER. Without objection, it is ordered.

Mr. ENZI. I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Madam President, I want to begin my remarks this morning by taking stock of how the 115th Congress, led by my Republican colleagues, seems to be coming out of the gate. Here is what is coming if the budget process that began this week plays out: 30 million Americans from our state of Oregon will be in danger of being kicked off their health care plans; sharply rising health care costs for everybody else, even those who get their insurance through their employer; broken campaign promises about a replacement coming on day one. With this resolution, Republicans in the Congress are building a Trojan horse of tax cuts for the most fortunate in America.

I want to discuss each of those issues this afternoon, but first let me recognize the bottom line. What is at stake in this debate is whether or not America is going to go back to the dark days when health care was reserved for the healthy and wealthy. For nearly 7 years, and through 4 punishing campaigns, Americans have heard and felt the steady, partisan drumbeat of repeal and replace from the other side. Dozens and dozens of show votes to repeal the Affordable Care Act have been held in either Chamber. There have been countless town hall meetings, even a government shutdown, and the message is always the same. The President-elect himself said that repeal and replace would happen—his words, not mine—simultaneously.

The replacement plan was coming. It would be fully written, ready to plug in—no gap, no harm relevant to anyone in our country. The same words, “Coming Soon,” have now been there for 40–7 years now. It seemed to me it is time to admit that the show will not open. This is a broken promise, plain and simple. Americans are no longer looking at repeal and replace; now it is repeal and run. The law will be gutted immediate for tens of millions of Americans, both in access to health care and the bottom line for family budgets across the country. In short, it is a plan that will make America sick again. According to independent analysis, nearly 30 million Americans will lose their health insurance quickly after repeal. The first act of a new Congress: Kicking 30 million people off the insurance rolls—that is seven times the population of my home State.

The overwhelming majority of those 30 million Americans are not wealthy people. They are not in a position to be able to afford to go out and pick an ex- pensive plan once the insurance compa- nies come back in the marketplace. Millions come from working families who will lose tax cuts for health insurance. Millions of others till, often working multiple jobs, but still what they bring home is just barely enough to keep their families out of poverty.

For many, signing up for Medicaid brought an end to the years when they had to choose between visiting a doctor and putting food on the table. If repeal goes forward, Americans all over the country are going to face that dilemma once again. I think it is important to remember that the danger of repeal does not end with Americans getting kicked off their insurance plans.

Repeal will send costs skyrocketing for the same people the act was protecting—those Americans who get their insurance through work, including a lot of folks who say the Affordable Care Act has not touched them at all. They are going to get a gut punch, a gut punch with higher premiums and higher out-of-pocket costs. When you kick tens of millions off the insurance rolls and send the markets into chaos, there is going to be a ripple effect. Everyone is going to feel those harmful effects, even those who have had the same plan for particular years or decades. Rising costs are going to eat through work, including a lot of folks who say the Affordable Care Act has not touched them at all. They are going to get a gut punch, a gut punch with higher premiums and higher out-of-pocket costs. When you kick tens of millions off the insurance rolls and send the markets into chaos, there is going to be a ripple effect. Everyone is going to feel those harmful effects, even those who have had the same plan for particular years or decades. Rising costs are going to eat through work, including a lot of folks who say the Affordable Care Act has not touched them at all. They are going to get a gut punch, a gut punch with higher premiums and higher out-of-pocket costs. When you kick tens of millions off the insurance rolls and send the markets into chaos, there is going to be a ripple effect. Everyone is going to feel those harmful effects, even those who have had the same plan for particular years or decades. Rising costs are going to eat through work, including a lot of folks who say the Affordable Care Act has not touched them at all. The same words, “Com-
side, tens of millions of Americans lose insurance and suffer economic pain. That is the typical family. On the other side, there are substantial tax breaks for those at the top of the income scale.

One of the questions I asked nearly every day in these halls, and I am asked this by many in the press and elsewhere, is whether Democrats are going to take part in this effort and what ideas Democrats would put forward. I want to take just a minute to describe the question is off the mark. First, you have to look at the nature of the reconciliation process itself. Budget reconciliation is inherently a partisan exercise. Inherently, it is not a process that brings people together. It is a process that drives people apart. It is inherently partisan.

A typical proposal that comes to the Senate floor is subject to unlimited debate and unlimited amendments. Usually, it takes 60 Senators, Members from both sides of the aisle, working together to get a proposal that can get 60 votes.

Reconciliation throws those unique characteristics of bringing Senators together; basically, reconciliation just trashes it, throws it out the window. In my view, when you use reconciliation the way it is being used here, you are telling the other party you neither need nor want their votes. It puts a one-sided proposal on the fast track to passage, tight limits on debate and amendments, a bare majority of votes required to actually pass it.

I am very concerned that what is at issue now is a serious misuse of the reconciliation process. This is not a simplified procedure to address a budget issue; this is an effort to ram through repeal and run. Second, this is not your run-of-the-mill congressional debate where you have both sides bringing their best ideas forward to tackle a policy issue.

For months, my Democratic colleagues and I have said that we are ready to work on a bipartisan basis to solve this country’s health care challenges. I think I have spent about as much time as anybody in the Senate working to try to find bipartisan solutions to the country’s health care challenges. Back in 2008, 2009, we had a bipartisan proposal: seven Democrats, seven Republicans. We had never had that before. I can tell you, we Democrats are ready to work on a bipartisan basis to solve the country’s health care challenges.

For me, essentially what I have tried to make my top priority for public service—health care is one-sixth of the American economy. It has always been the issue that Americans care the most about because if you and your loved ones don’t have health, nothing else matters. So we ought to be working on a bipartisan basis to solve the country’s health care challenges, finding ways to lower the costs for families, making prescription drugs more affordable, upholding the promise of Medicare, and strengthening its guaranteed benefits.

When I was press secretary of the Gray Panthers at home, a senior citizens group, we always said that Medicare was a promise. It was a promise of guaranteed benefits. We ought to strengthen that promise, particularly updating it to incorporate changes in the program that reflect the needs of the Americans who face chronic health conditions, which is where the vast majority of Medicare dollars are going.

That is what we ought to be doing, upholding the promise of Medicare, working together in a bipartisan way. But that is not what is happening here.

From the other side, what we have heard again and again is repeal and replace, dozens of partisan votes producing legislation that burned out in the Senate.

Now, with a new administration, the Trump administration coming in, the Republicans kick off a procedural scheme that slashes taxes for the most fortunate, raises costs for typical Americans, and takes insurance coverage away from tens of millions of people. No Democrat is going to buy in to that proposition. The reason they won’t is that the American people are not going to buy into that proposition. This scheme is going to bring on a manufactured crisis that does harm to millions of Americans across the land, rocks our health care sector, our providers, our plans—all of those who make up this health care system. One side is pushing it, but the other side is saying: No, let’s not create this catastrophe.

That is why, in my view, the questions about Democrats signing on to flawed, bad proposals miss the point. Everyone recognizes that the strict and immovable strategy adopted by the other side 8 years ago paid dividends in 2010. But that is not what is happening here. That is the typical family. On the one side, there are substantial tax breaks for the wealthy.

That is the typical family. On the other side, there are substantial tax breaks for those at the top of the income scale.

For years, my Democratic colleagues and I have said that we are ready to move step by step to a new set of reforms, listening carefully to the advice of millions of Americans affected and making sure we proceed wisely, doing no harm.

There is a common misconception that some of my friends across the aisle have promoted. It is the idea that ObamaCare was a success and that repeal will be tearing down a functioning program. That is not true. ObamaCare has put our health insurance markets on the brink of collapse in many parts of the country. And what Republicans face now is an imperative to do something that the Democrats couldn’t bring themselves to do when they had control, and that is to fix the problems they created.

ObamaCare became the epitome of a sacred cow for them, and any changes, as you can see, unless done by Executive action, were out of the question.

As I discussed yesterday, while Republicans will start by repealing ObamaCare immediately, we will ensure a stable transition in which those with insurance will not lose access to health care coverage. This will allow us to move step by step to a new set of reforms.

Yesterday we took the first step in fulfilling the promise of repealing ObamaCare, which will pave the way for real health care reforms to strengthen the doctor-patient relationships, expand choices, lower health care costs, and improve access to quality, affordable, innovative health care.

As I discussed yesterday, while Republicans will start by repealing ObamaCare immediately, we will ensure a stable transition in which those with insurance will not lose access to health care coverage.

Yesterday we took the first step in fulfilling the promise of repealing ObamaCare, which will pave the way for real health care reforms to strengthen the doctor-patient relationships, expand choices, lower health care costs, and improve access to quality, affordable, innovative health care.

As I discussed yesterday, while Republicans will start by repealing ObamaCare immediately, we will ensure a stable transition in which those with insurance will not lose access to health care coverage.
blinding to the fact that this law is destroying the American Dream.

Millions of Americans have been hurt by ObamaCare, and the problem is not the law itself, but the lack of transparency that has surrounded the implementation of ObamaCare. The lack of transparency has led to the creation of a lose-lose proposition for families and individuals alike. The result is that many Americans are facing unaffordable premiums and deductibles, which are forcing them to make tough choices about their health care.

For example, one family faced premiums of more than $1,600 per month. That is peanuts around here. The real problem is that there is no way to hide the results. The lack of transparency is a huge political advantage for those who want to change the law. The authors of the law, the Democrats and President Obama, used to secure passage of portions of ObamaCare. Congress passes this repeal resolution, it can then move forward on reconciliation legislation that will provide capital for health care reform. That is the way that people have been hurt by their own health care system.

We are going to do the processes we need to do. There is a serious debate about the future of America's health care system and the importance of restoring the trust of the hardworking taxpayers. I think that is something that needs to be taken care of. So we are going to stay around and get it solved.

So I think Members are looking forward to an open and serious debate about the future of America's health care system and the importance of restoring the trust of the hardworking taxpayers. I hope that is something we can both agree on.

Thank you. I yield the floor.

The PRESIDING OFFICER. Who yields time?
those things was affordable, accessible, and quality health care. They were promised that if they liked their health care plans, if they liked their insurance, they could keep those insurance policies. They were promised a system that would get more folks covered at lower costs.

Instead, unfortunately, the Affordable Care Act has failed us and has failed to keep its promises. Canceled policies, elimination of certain plans, difficulties in enrolling new folks, massive premium increases, sky-high deductibles, and limited options for doctors have really become a new standard for many American families.

At the end of last year, I completed another round of 105 townhall meetings in our State. There are 105 counties in Kansas. On occasion—it is pretty rare but on occasion someone will say: The Affordable Care Act was helpful to me and my family. My response to that is: I am glad, but surely we can come up with a proposal—a plan—that isn’t so damaging to so many other people for the benefits that you claim you have acquired under the Affordable Care Act. The conversation then often falls on a plan that doesn’t increase premiums, increase deductibles, increase copayments, eliminate plans, reduce the choice of the physician you see, and reduce your ability to keep the health care plan that you like. Because I am opposed to the Affordable Care Act does not mean I am opposed to trying to make sure Americans have better options and more affordable care.

I have also visited all 127 hospitals in our State. I have had conversations with the chief financial officer, the CEO, the trustees, the doctors, the nurses, and almost without exception the conversation is about how bad debt expenses increase, the ability for their patients who are admitted to the hospital—to pay their bills is less, not more, and that is because they can’t afford the copayments and deductibles.

Unfortunately, ObamaCare—the Affordable Care Act—has taken away the freedom to make health care decisions from Americans, from us as individuals, and given way too much authority to the Federal Government. Kansas continue to ask me to help them keep their hospital—to pay their bills is less, not more, and that is because they can’t afford the copayments and deductibles.

Over the last 6 years, I have advocated for a number of changes to our health care plan to help American families. Even before President Obama was President, we were talking about what we ought to do.

I have proposed what we could do to improve the chances that people across Kansas and around the country would have a better opportunity to provide health care insurance for themselves and their family members. I am proud of some of the successes we have had in recent time.

I am a member of the Senate Appropriations Committee and a supporter of funding for NIH, or the National Institutes of Health. This is research that is essential to saving and improving lives, growing our economy, and maintaining America’s role as a global leader, but, most importantly, it saves lives and improves quality of life. Additionally, it saves money—the cost of health care— if we can find the cure and treatment for cancer, for diabetes, for Alzheimer’s. One of the ways we can help reduce the cost of health care and increase access is to make certain that we make the necessary investments in finding those cures and treatments.

Last year, I supported, and this Senate and Congress passed, the 21st Century Cures Act. This takes us in additional directions in the way of finding those cures for life-altering diseases and, in the process, helps us to save our families’ dollars. We have also worked hard to try to maintain the funding for Federal programs and agencies that work with universities and medical schools to train and recruit medical professionals who then go on to serve particularly in medically underserved areas in your State and mine, Madam President, in which we are experiencing the constant shortage of the necessary professionals to provide the necessary health care.

While this is progress, with a new Congress and a new administration, we now have a tremendous opportunity to provide real substantive reform to our health care system. I mentioned the conversations I have had in townhall meetings. In addition to the health care side of the Affordable Care Act and the problems it has created for affordable and accessible health care, we have also had the challenges on the economic side—the job creation side—that the Affordable Care Act has unfortunately created—the conversation about whether or not to expand a business, whether or not to exceed the 50-employee threshold. Those aspects of the Affordable Care Act are very damaging and needed to be addressed and done as well.

As we as a Senate, we as a Congress, and we as a country look for a replacement strategy, for something different—significantly different than the Affordable Care Act—we ought to focus on the practical reforms that embrace increased flexibility and allow American men and women to decide what is right for them and their individual family health care needs.

As we talk about what we hope to do in Congress, I wish to again put forth some specific ideas I have offered over the years as a blueprint for reform that we should try to put in place.

First, we need to address preexisting condition protections for those with continuous coverage. Individuals with debilitating diseases and chronic conditions who have purchased health care should be reassured that their coverage will not be stripped in any future health care changes to our system.

Second, we can increase coverage by enabling Americans to shop for plans from coast to coast, no matter what state they live in. This will lower the premiums by spurring greater competition in the insurance market.

Third, we should extend tax savings to those who purchase health care coverage, regardless of their employment. To assist low-income Americans, we can offer tax credits to help them obtain the private insurance of their choice. We also can expand access to care by supporting community health centers and other primary care access points.

Fourth, instead of limiting the choice of plans, let’s give small businesses and organizations the ability to pool together in order to offer health insurance at lower premiums, similar to corporations and labor unions. We also need to make it possible for health insurance to travel with workers when they move from one job to another job throughout their careers.

Fifth, we ought to increase the incentives available to individuals to save now for their future and for long-term care needs by empowering them to utilize health savings accounts or other incentive plans. Doing so enables individuals to take ownership in their health, and that is important as well.

Sixth, we need not accept the idea that costs for currently available medical treatments will inevitably rise. Instead, let’s continue to support those things that bring down the cost of health care by finding cures and treatments, as I mentioned, with the National Institutes of Health. Advancing lifesaving medical and spurring innovation can help us accomplish health care savings, reducing the financial burden for those with diseases and their family members who care for them.

Seventh, we need to address shortages in our medical workforce by promoting education and programs at our universities and our medical schools that train physicians, nurses, and other health care officials to encourage them to practice in underserved areas through scholarship and loan repayment programs. Kansas is an example, as is your State, Madam President, where those rural areas and, additionally, those core centers of our cities lack so often the necessary health care providers.

Eighth, in order to curb the preventable costs that often occur through unnecessary emergency room visits and untreated symptomatic disease, we should provide coverage to low-income Americans, despite their limited financial means, in a financially sustainable way that ends up saving money in the long run. For all of us, the best reducing of health care costs is wellness, fitness, diet, and nutrition. That also means early preventive care. It means early diagnosis, and we make certain that Americans have access to that diagnosis and that early treatment. Ensuring access to quality care with a focus on preventive health is an effective way to limit high-cost health visits that place burdens on hospitals,
physicians, our economy, and our healthcare system as a whole.

Lastly, we can reform our medical liability system and reduce frivolous lawsuits that result in inflated premiums and the practice of defensive medicine. Doctors order oodles of tests in order to avoid a possible test out of fear of potential lawsuit. Doing so can save tens of billions of dollars each year and make healthcare more affordable for more people.

The bureaucracy that goes with the providing of healthcare needs to be simplified. I have often looked behind the desk when I see my family physician and wonder what all the people who are working there are doing. So much of it is not about patient care but navigating the system by which your healthcare bill, at least in part, gets paid. There is all the variety of insurance forms. I know this in my life—the ability to understand that insurance document that arrives in the mail and sits on our kitchen table waiting for my wife or me to figure out what this means. I have seen this with my own parents when they were living—the amount of documents, paperwork and forms checks for $13.19 that arrived in my dad’s mailbox and trying to figure out with my parents: What does that mean? Why am I getting this?

So much cost savings and so much anxiety and angst could be eliminated if we had a system that was much more uniform in its presentation, simplifying the way in which our healthcare bill gets paid by our insurance provider, by Medicare, by Medicaid, or out of our own pocket. I would defy most Americans to be able, unfortunately, to understand what is the stuff that comes in the mail and what it means to them.

As we move forward with trying to replace and improve access of Americans to healthcare—to affordable healthcare—I believe there are reforms that will provide us with a good blueprint that can be incorporated in the way they work. If I am a patient and I perform a procedure on you, if you are harmed or hurt—not your fault, my fault—the idea is I apologize. I meet with you privately—no lawyers—and apologize for what has happened. I apologize to you completely. If you lost wages, if you have pain and suffering, they pay your healthcare costs and make you whole. Don’t hide it. Don’t put it under the rug but take full acceptance, responsibility. That is one of the approaches being used to try to deal with medical malpractice costs. I think it is a good one. It is not the only good one, but it is one. I happened to be walking through the Chamber and heard my friend speaking, and I thought I would share that with you, everyone.

When I was Governor of Delaware, we used to meet with my Cabinet. We would be talking about a particular problem faced in Delaware. I would say to my Cabinet: Some other State or some other Governor has actually addressed this issue. They figured out how to deal with this this. Our challenge is to figure out what works and do more of that and to see if it can be transferred to Delaware.

Sorry Works is a Michigan idea. It morphed into Seven Pillars in Illinois, and now it is being incorporated in my own little State in our big healthcare delivery system. It is something that works. I am not sorry that it works. I am glad that it works, and I am happy to share it with my friend from Kansas and whoever else might be interested.

I yield.

Mr. MORAN. I thank the Senator from Delaware, and I appreciate his comments. He did walk in just as I was talking about that. I don’t know of an array of things that I believe would improve the cost and affordability of healthcare. I thank the Senator for sharing his experience in Delaware and elsewhere and use that as an opportunity to indicate that the cost savings that come from that kind of reform is a positive, but we also want to make sure those who, through no fault of their own, are actually harmed are made whole to the best of our ability.

Finally, I would use this as an opportunity to point out that this Senate ought to work in a way in which the ideas of all 100 Members are considered in a respectful way as we try to find solutions to the access and affordability of healthcare.

Again, I thank you for the time on the floor.

Mr. CARPER. Madam President, if I could speak through the Chair.

I failed to mention one thing about Sorry Works, Seven Pillars, and what we are doing in Delaware. If we have that meeting between the patient who had been harmed, the physician and provider, and they had a conversation where there is an apology and an offer to try to make the patient whole—no attorneys involved—if the patient says no, I am not interested in doing that, nothing that is said in that conversation between the two of them can be used in a court of law, which I think is an interesting approach. We are anxious to see how it works over the next couple of years.

Ironically, I was probably the only Democrat—maybe the only member of the Finance Committee—who was trying to get included in the Affordable Care Act provisions dealing with medical malpractice. I had this idea—not to let a thousand flowers bloom or ideas like that—to figure out five or six good ideas and put them on steroids to see if they actually work on a larger scale. I could not get a cosponsor on the other side of the aisle, which blew my mind. It still makes me wonder why we ever understand that. In the meantime, the ideas are starting to crop up and flourish, and, hopefully, we can find out what works and do more of that.

Thank you.

Mr. MORAN. Madam President, I would welcome a membership on the Finance Committee, but I don’t have one at this stage or with my time in the Senate. Under either circumstance—membership on the Finance Committee or here in the entire Senate—I look forward to working with my friend and colleague, the diligent Senator from Delaware.
I yield my time.

The PRESIDING OFFICER. The Senator from Louisiana.

Mr. CASSIDY. Madam President, I hear my Democratic colleagues praising ObamaCare. I had to smile yesterday, when we were talking about how ObamaCare was addressing high pharmaceutical costs. I had to start laughing—and kind of a bitter laugh. Tell that to a senior who is paying $5,000 for her medicine, which before ObamaCare passed was a fraction of that.

We hear how great it is that ObamaCare has given so many people coverage. Say how great that coverage is to someone who has a $6,000 deductible—a $6,000 deductible—who does not have $400 in her checking account. There is a friend of mine—people don’t believe it so I put it on my Facebook page. He got his quote for him and his wife. They are 60 and 61 years of age. Their premium for 1 year was $39,000, each, with a $6,000 deductible. Again, it is on my Facebook page because otherwise no one would have believed me.

So when people speak about the affordable health care act, I have to laugh. Is it affordable? What would it be affordable? We can clearly do better than this.

I begin this speech by calling into question my Democratic colleague’s defense of ObamaCare, but we can have common ground. I applaud and still applaud the goals of those who support the Affordable Care Act. They wish to have coverage for all. Now, that is important. For over 30 years, I have worked as a physician in a hospital for the uninsured. My medical practice has been geared toward bringing coverage, to bringing care to those who otherwise would not have it.

As I look at this issue, I have to thank them for their motivation but have to recognize that the Affordable Care Act has not achieved that in a way which most Americans find affordable. The other thing about ObamaCare is that it coerces Americans. It takes power from patients and States and gives it to Washington, DC, coercing the individual with mandates and penalties, taking away her right to choose. That is not where the American people wish to be.

I would like to believe Republicans and Democrats can find common ground. I have introduced a replacement plan that would give States the power. I am willing to concede, the minority leader believes that ObamaCare is working just fine in his State of New York. In my plan, we repeal ObamaCare on a Federal level, but if a State like California or New York thinks ObamaCare is working for them, God bless them.

Under my plan, a State legislature would have the right to stay on ObamaCare. So here Congress would pass the legislation giving States the choice, and the State would either have the option we advance, which I think is superior—but when Republicans say that you can keep your health insurance if you wish, and we mean it, we mean it. If a State decided they wished to stay on ObamaCare, they could or if a State truly decides they want to have nothing at all to do with any of this, they can opt away from the Medicaid expansion, from any help for others in their State to purchase insurance, period.

I think this recognizes that if the minority leader wants to claim it is working in his State, it is working in his State. Clearly ObamaCare is not working in some other States. We can talk about Arizona, where briefly a county did not have a single insurance company providing insurance and where premiums increased by as much as 100 percent. We can look at Louisiana, my State, where that quote I gave earlier—a fellow and his wife, $39,000 for 1 year’s premium.

Clearly, ObamaCare markets are failing there. So let’s repeal ObamaCare, give the States the power, allowing them to choose the system that will work for them. Now, health care cost is important. Under our bill, we make health care more affordable by giving the power, if you wish, to States, to the patient, of price transparency. Under ObamaCare, we have seen prices rise out of control. A lack of price transparency keeps providers from having to compete, which takes away the consumer’s power.

You can see this power of choice, this price transparency. Fifteen years ago, LASIK surgery cost $1,000 an eye or $875 an eye, with more for astigmatism. Now you can drive down the street and you see a billboard—a billboard—that says: LASIK surgery $275 an eye. So over a period of time, when everything has increased, LASIK surgery has come down—the power of price transparency.

Another example I like to use is of a woman, a physician, went for her mammogram. They billed her insurance company. She should have known that price going into it. They talked her out of it. No. No. No. We obviously need price transparency. Fifteen years ago, the average cost for a park bench and does not have his life together to otherwise do it, and the other population would be my 22-year-old son and those like him, those young folks who never think they are going to get ill so they never sign up for insurance. Without them being in the pool, we end up with a sicker pool. That is what has happened with ObamaCare.

By the way, it would be easy to imagine you could end up with 95 percent enrollment of those eligible should the State decide to go this way. The timeframe for our replacement would be simple. In year one, say 2017 Congress...
passes the enabling legislation, which in year 2018 allows the State to choose between these three options: in 2019, the State would implement the option it chooses; and by the end of 2019, we have made the transition from repeal to replacement.

Folks ask: Would I lose my coverage? I am a physician. I am going to give my perspective: a patient I might see who has breast cancer. She does not like ObamaCare. She voted for Donald Trump in the bubble residually. She is not sure she can afford coverage, but she has breast cancer. As bad as ObamaCare is, at least she is getting some care.

Not she is trying to put out all this money first, but still she is getting some care. If we keep her in the prism through which we look at this problem so that in the transition from ObamaCare to better coverage she continues to have her therapy, so that at the end of this process does she have better coverage, but she has health and recovery from breast cancer, we have done our job. That is our Republican goal, to keep our prism as that woman who is vulnerable from a sickness she has moved on, she does not lose coverage; she merely moves to better coverage.

I introduced the Patient Freedom Act with 12 Senate cosponsors in 2015 and then again in 2016 with Representative PETE SESSIONS in 2016 to introduce the World’s Greatest Health Care Plan. That is truly its name. Tom Price, our soon-to-be HHS Secretary, first introduced his Empowering Patients First Act to the House of Representatives in 2014. Speaker PAUL RYAN, Representative FRED UPTON, Senators RICHARD BURR, and ORRIN HATCH have also outlined plans for comprehensive health care reform.

All of these plans create a new system that returns power of choice to patients and to States. Simple provisions as I have described such as health savings accounts, instituting free market values and free to choose a new, different plan now, we will quickly have an effect upon millions. Republicans have worked hard to lay the groundwork to repeal and replace ObamaCare.

President-elect Trump has said he wants repeal and replace to happen at the same time. He promised both. We should fulfill both promises. Our majority leader has said we can do a better job as Republicans covering more people. We have the principles, the ideas and the ideas are ready to go so let’s put them to use. We owe it to the American people to carry out that replacement now with a smooth transition so the insured population can grow without anyone losing coverage in the process.

Republicans are committed to creating and passing effective health care legislation to replace ObamaCare and to bring real coverage to all Americans. Now is the time to do so.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Utah.

Mr. HATCH. Madam President, I rise today in support of S. Con. Res. 3 and the ongoing effort to repeal the most harmful elements of the so-called Affordable Care Act.

While our friends on the other side of the aisle are trying to convince the American people that there is nothing to see here and that this poorly named law is working according to plan, the vast majority of our citizens know the truth: ObamaCare just doesn’t work.

According to the results of a recent Gallup poll, 80 percent of Americans want Congress to either change the Affordable Care Act significantly or repeal and replace it altogether. Let me repeat that. Eight out of every 10 people in this country agree that the status quo is unacceptable and that we need a major change in what is going on around here.

We need a major course correction in our health care system. It is not hard to see why this is the case. After all, under ObamaCare, the cost of health insurance has increased dramatically and will continue to do so well into the future. Under ObamaCare, individuals and families are being left with fewer and fewer choices as their premiums come to the point of no return. Under Affordable Care Act, patients have fewer options and reduced access to health care providers. Under ObamaCare, the American people have been hit with mandates, all the mandates and the mandates, and a health care system that simply does not meet their needs.

This year alone, premiums in the benchmark plan for the ObamaCare exchanges have gone up by an average of 25 percent, and in some parts of the country, the increases have been significantly larger than that. In addition, over the past 2 years, insurance plans have been dropping out of markets all over the country. As a result, it is estimated that more than half of the counties in the United States will have two or fewer available health insurance plans on the exchanges—and that is this year—and about a third of them have only one available option.

I am quite certain that every single Member of this Chamber has heard from a number of their constituents about these problems, about the problems they have faced as the Affordable Care Act has been implemented. I know I have. I have written to every Member of Utahns have written to me to express their concerns about the increases in their insurance premiums. For example, last month, Austin from Provo, UT, told me that due to the growing cost of his insurance plan, “I’m going to have to drop the insurance and face the penalty next year. I’m worried because, as a young husband and father, I’m barely making ends meet, and I’m not sure I can afford to pay the penalty for not having insurance.” Similarly, Eryn from Spanish Fork, UT, told me that because her family’s previous insurer dropped out of the Utah marketplace, the remaining plan that best met her family’s needs was “a plan with a small list of in-network providers and no coverage for out-of-network providers.”

She continued, saying that under this new plan, “We will have a higher deductible ($13,000 for the family), we will have to pay the full cost of any visit to the emergency room, and we will no longer be able to save as much money in our Health Savings Account each month because of the high premiums, which add up to $11,000 a year. The premium is basically another mortgage payment for us. Mr. Hatch, only we have no property to show for it. This is too much.”

No family should have to choose between paying their mortgage and paying for their health insurance. Yet, with all of ObamaCare’s failures and broken promises, families throughout the country are currently having to make those kinds of choices.

Unfortunately, it does not get any better from here, not without a major change to the status quo. In fact, I think it is safe to call it the worst is yet to come. Therefore, it is only fitting that we begin this new Congress by repealing ObamaCare and setting the stage for workable reforms that will actually bring down health care costs and provide more options, and let the American people—and not Washington bureaucrats—make their own health care choices.

The budget resolution before us is the first step in this effort. As all know, the resolution contains reconciliation instructions to the relevant committees, including the Senate Finance Committee, which I chair, to draft legislation to repeal ObamaCare. So after approving this resolution, the next step will be for the Finance Committee, the HELP Committee, as well as the Ways and Means and Energy and Commerce Committees over in the House, to get to work on putting together a repeal package. This process will be painless if it sounds. We don’t want to be reckless, and we don’t want to inflict more harm on the American people or our health care system; therefore, in addition to repealing ObamaCare, the legislation we draft pursuant to this budget resolution will have to include a stable transition period to give us the time and space we need to provide more sensible reforms.

Under the budget resolution, the legislation to repeal will have to provide that transition period will need to be reported to the Budget Committee by January 27. Then both the House and Senate will debate the legislation, hopefully passing it by simple majority votes and sending it to the desk of the incoming President. Once we pass this repeal legislation, we will come to the most important step in the process: replacing ObamaCare with a health care system worthy of the American people.

This will not be a simple endeavor. It is going to take a great deal of work, and it will almost certainly require the efforts of people from both parties. The Finance Committee is going to have a
is exceptionally thorough and fair, and it is deeply regrettable that some of our colleagues would try to undermine that process and not provide the incoming Trump administration's nominees the same respect and regard our committee has provided for nominees in the administration in the past and prior administrations as well. As chairman, I take this process very seriously. I have made no efforts to abbreviate or short-circuit our procedures for any nominee and have no intention of doing so in the future. All of our colleagues on the Finance Committee here in the Senate can say the same thing.

My hope is that my colleagues will stop politicizing this process at every step and allow the Senate to function as it has under both Republican and Democratic administrations. My friends on the other side may not like the results of the recent election, but their disappointment of the outcome is no justification for reinventing the way we conduct business here in the Senate.

I hope we will all take this into consideration and we will start cooperating with each other and get this government moving again and that we will support and sustain these people who are doing good work for people who are being chosen by the Trump-elect administration. I think it is important that we do these things and do them carefully and that we treat each other with the respect that is well deserved in this body. So that the petty, cheap politics will be discontinued.

The PRESIDING OFFICIAL (Mr. HOEVEN). The Senator from Ohio.

Mr. PORTMAN. Mr. President, I enjoyed listening to the comments of my colleague from Utah about the Affordable Care Act, and I wanted to expand on that a little if I could. I know we are having a discussion right now about whether to replace the Affordable Care Act, and we are focused a lot on what the timeframe might be and what the replacement might be, which is appropriate, but we also have to remind ourselves as to how we got here.

We got here because the Affordable Care Act has not met its promises and has let down the people of Ohio and people around the country. Millions of these families have already had a tough time already a middle-class squeeze of flat wages, even declining wages, on average, over the last decade or so, and now higher costs. That squeeze is accelerated by the cost of health care which has gone up dramatically.

I heard Senator HATCH talk about having to make a choice between paying your rent or being able to pay your premium. That is what I hear in Ohio as I talk to people, and I know we are being hit with these huge expenses. Unless we take action, there is no light at the end of the tunnel.

The Congressional Budget Office, which is a nonpartisan group in Congress, and also the Joint Committee on Taxation projected that unless we do something to change the status quo, premiums will continue to skyrocket. They say they will grow by at least 5 percent per year over the next decade. But what I say is that is far faster than they can assume wages are going to grow so the squeeze will continue.

The law was advertised as something that would ‘bend the cost curve,’ meaning we would hope to see a reduction in the cost of health care, but health care costs have gone up, not down, and on top of that, American people had to pay hundreds of billions of dollars every year for taxes for this. Recall that one of the promises of the Affordable Care Act was that costs would go down, on average, $2,500 per family. Exactly the opposite, in fact, there has been an almost doubling, with a $4,700 increase. I don’t think families got that kind of pay increase to be able to afford that. They certainly haven’t in Ohio.

So this is a huge problem. To make matters worse, we think these cost increases are continuing to escalate in our State and around the country. In Ohio, premiums grew this year in 2017—on average, 13 percent higher than in 2016. So there have been double-digit increases in 1 year. With two plans in particular, premiums went up by 39 percent in Ohio. So for some families it was much worse than that. We have had good leadership in Ohio with Governor Kasich and Lt. Governor Mary Taylor, who is also the insurance commissioner in our State, and because of that we have done a better job of trying to control these costs, but in many parts of the country, the situation is getting even worse.

Nationally, premiums are increasing by 25 percent just this year. In Arizona, they are doubling. In Tennessee, they are rising 63 percent. In Pennsylvania, right next door to Ohio, they are rising 32 percent. I can go on and on. I am sure North Dakota has had similar problems, as the President-Officer can tell us about. Some people might be able to afford these higher premiums, but I think we just did not.

In my own State of Ohio, the Ohio Department of Insurance has reported a 91-percent increase in the individual market in Ohio in the last 6 years, an 80-percent increase for small businesses that are purchasing Affordable Care Act-compliant plans. This is since the Affordable Care Act went into effect. Think about that. There has been almost a doubling of health care premium costs. Who can afford that? People certainly can’t afford that as their wages are flat or even declining.

According to the Kaiser Family Health Foundation, average family premiums since the Affordable Care Act went into place have increased by more than $4,700. Recall that one of the promises of the Affordable Care Act was that costs would go down, on average, $2,500 per family. Exactly the opposite has happened. In fact, there has been an almost doubling, with a $4,700 increase. I don’t think families got that kind of pay increase to be able to afford that. They certainly haven’t in Ohio.

So this is a huge problem. To make matters worse, we think these cost increases are continuing to escalate in our State and around the country. In Ohio, premiums grew this year in 2017—on average, 13 percent higher than in 2016. So there have been double-digit increases in 1 year. With two plans in particular, premiums went up by 39 percent in Ohio. So for some families it was much worse than that. We have had good leadership in Ohio with Governor Kasich and Lt. Governor Mary Taylor, who is also the insurance commissioner in our State, and because of that we have done a better job of trying to control these costs, but in many parts of the country, the situation is getting even worse.

Nationally, premiums are increasing by 25 percent just this year. In Arizona, they are doubling. In Tennessee, they are rising 63 percent. In Pennsylvania, right next door to Ohio, they are rising 32 percent. I can go on and on. I am sure North Dakota has had similar problems, as the President-Officer can tell us about. Some people might be able to afford these higher premiums, but I think we just did not.
with that with any kind of repeal effort immediately.

Another goal of this law, we were supposed to be increasing access to health care. Let’s talk about that for a second. We heard different things on the floor. About 6 million Americans have lost health insurance this year. We have gone from 17 companies on the exchanges just this year alone. What was the goal? President Obama told the American people, I am told, 37 different times that if they liked their doctor, they could keep their doctor. Of course, that turned out not to be true. When you lose your health care plan and lose your doctor, you don’t feel like those promises have been kept.

The outside fact checker called PolitiFact rated that as the Lie of the Year for 2013. That is the outside group that looks at what we elected officials say but also says what the law par- ares to it to what actually happens. By the way, it still is not true. One in five ObamaCare customers were forced to find a new insurance company for this year.

So the Congressional Budget Office that I mentioned and the Joint Com- mittee on Taxation, these nonpartisan groups, now project that 27 million Americans are still uninsured today. Under the status quo, if we don’t take action, they say that will be the case for the next decade. So this notion that everybody is going to get covered just hasn’t happened. By the way, that is about 1 in 10 people in our workforce, even after hundreds of billions of dol- 

ars of taxpayer dollars have been spent on the Affordable Care Act, in- cluding these 19 new tax increases.

A lot of people have told me: Ros, I have health insurance, but I really don’t because my deductible is so high. So, if premiums for a sec- ond, to pay for health care, just the an- nual deductible has gone out of sight.

There are some plans where a deduct- ible for a family might be $3,9, $10,000 a year. That is not really health care because you end up paying all that money out of pocket. The average de- ductible for a midlevel plan for ObamaCare, according to the Kaiser Family Foundation, went up to $2,500 the year before last, 2015, to more than $3,000, an increase of about 25 percent in just 1 year. You see that in increases in deductibles and copays, not just in the premiums.

National insurers have lost billions of dollars on the Affordable Care Act exchanges, and a lot of them pulled their plans from the States. This is a real problem because if you don’t have competition or choice out there, you will not get the costs down. I see in my own State of Ohio we lost one-third of the companies on the exchanges just this year—11 alone. But it is not just from companies offering insurance on the ex- changes in 2016, last year, to this year having just 11—so 17 companies going down to 11 companies. We now have 20 of our counties—there are 88 counties in Ohio—20 of our counties have only 1 insurer. This is also true nationally. About one-third of the counties around the United States only have one in- surer. Again, this leads to higher costs, less choice. Quality also goes down because you don’t have competition for the beneficiaries. It also affects the issue of premiums going up, deductibles going up, copays going up, and the middle-class squeezed.

So the President’s health care law certainly failed at its own goals that were laid out in the promises that were made. It was supposed to create jobs, too, which is a different issue. What is the economic effect of this? Having more people covered is a good thing. We all want that. But what is the eco- nomic impact on the way the Affor- dable Care Act was put into place? We are looking at the weakest recovery in the economy from a re- cession still. Unfortunately, we haven’t seen the strong economic growth we hoped for and had anticipated after a deep recession. Some of the reason for that, in my view, is health care. Health care costs were going up, and the economy costs were going up, and the middle-class squeezed.

If you look at the latest jobs report, it is interesting. The Bureau of Labor Statistics tells us that 5.7 million Americans now are stuck in part-time work who want full-time work. These are people who are looking for a full- time job but only have a part-time job. Why is that? The economy is not working as it should. It is not generating enough growth to create job opportuni- ties full-time, but it is also because of these mandates under the Affordable Care Act. I can tell you, economists may differ on the impact of this, but go talk to people about it. I was in Chillicothe, OH, and some- one came up to me and asked: Can you help me; because my employer is say- ing I can only work 28 hours a week. I figured out what it was about. She was a fast-food employee. I asked her: What did they say? And she said it was because of health care. What does that mean? It means that under ObamaCare, if you work under 30 hours a week, you are not covered by the mandates and the new costs, so some employers are going to say we are keeping you under 30 hours a week. That has led to more part-time work.

In this particular case, the woman said: I have to find another part-time job and I have kids at home and this is tough. And I said: Well, the answer to this, in part, is to change the health care law: that is, to take out some of the mandates and requirements and make it more pro-growth and pro-job rather than the reverse.

There are tens of thousands of new pages of regulations in this new law. It forces small businesses—and I am a small business person. I can tell you that I have burned a lot of time and ef- fort to try to figure it out. You can go to consultants and pay them a bunch of money, and they will tell you they are not sure what it means either. This is the real problem. We have talked about much with the Affordable Care Act; that it is really hard for busi- nesses to figure out what they are sup- posed to do, particularly small busi- nesses that don’t have that kind of ex- pertise inhouse. Those costs could go too high, having more employees, they could go into reinvesting in business, plants and equipment, but they are going into trying to figure this thing out.

I don’t doubt the good intentions of my colleagues on the other side of the aisle who support this legislation. We all want to see more coverage and see health care costs go down, but that is not what is happening.

Before the Affordable Care Act went into effect, the CBO estimated that 26 million Americans would be enrolled in a plan in 2016. That is what they esti- mated. The Congressional Budget Office said 26 million would be enrolled in a plan in 2016. The actual number was 12.7 million, less than half. So, again, it hasn’t met its own promises and pro- jections.

The co-ops are another failure. There was a debate on the floor just before I got elected about should there be a public option so everybody would have an option to get into an exchange. We said let’s put together these co-ops. They will be nonprofit. They will work great. We will set up co-ops around the country. There were 23 co-ops set up, including 1 in Ohio. We now see that 15 of the 23 co-ops have gone insolvent.

I will tell you that last spring, when 22,000 Ohioans lost their health care because the co-op went belly up, it was tough because they had to scramble and find a new health care plan quick- ly. More than 860,000 Americans—peo- ple who were covered by co-ops—are going to have to go to consultants and pay them a bunch of money to sign up for these co-op plans—had to scramble to find new coverage because of a failed co-op. It is tough on these families.

It is also tough on the taxpayer. We did an investigation of this under the Permanent Subcommittee on Investi- gations, and we looked at what was happening to these families and we also looked at what was happening to the taxpayer. At that time, when only about half of the co-ops are gone under, rather than two-thirds, $1.2 bil- lion of taxpayer money had already been spent on these co-ops. That money isn’t coming back to the Treas- ury, meaning this is money that will probably never be repaid. Again, part of the problem with our deficit is that ObamaCare and the Affordable Care Act is so expensive, and the co-ops in particular just wasted money. Among the surviving co-ops, 3 have not yet en- raged 200 members. In other words, they are not enrolling enough members even if they are surviving. So the non- partisan Government Accountability
Office, GAO, issued a report in March which confirmed the results of our investigation, and it indicates that this money, the $1.2 billion, has now increased substantially because more of the co-ops have gone under.

Many of the Ohio families who were in the co-op had already paid deductibles in the plans they thought they could count on. Think about it. They paid hundreds of thousands of dollars in health care costs to get up to their deductibles, and then all of a sudden they found out that they had to go to a new plan and they had to start all over again. So it is adding insult to injury. They lost their plan and they had to scramble to find one and then they found out they have all these out-of-pocket expenses again because although they met their deductible under the old plan, they have to start again in the new plan. This is not the way it ought to be. It is just not fair. These families did nothing wrong. All they did was what was told to do, to sign up for these co-ops.

I think these are just symptoms of the problem. The diagnosis is clear. The Affordable Care Act is a bad law, bad economics, and bad health care policy. It just didn't work. I think it is difficult to make the other argument. The President's health care law hasn't worked, not because it didn't have good intentions but because it tried to achieve those good intentions by forcing people to buy a product they didn't want after losing a product they did want, including a $2 billion taxpayer-funded Web site that didn't work. If you recall, they had problems with the Affordable Care Act Web site and unfortunately potentially exposed a lot of personal information of many of these individuals to hackers.

As I talked about, even those who have insurance often have limited access to providers because the deductibles are so high that they can't afford their health care.

With higher costs and fewer choices, the American people, by and large, are dissatisfied with the plan, the Affordable Care Act, just as they were when it was enacted. A CBS poll last month has shown that more people disapprove of the law than approve of it. A Gallup poll in November found that 8 in 10 Americans want the law repealed or significantly changed—8 in 10 Americans. Why? Because they have seen it. By every metric, America was not in the exchanges, but they still felt it. Think about this. When a company is involved in the exchanges and losing money, and many of these companies are losing hundreds of billions of dollars a year, what they are doing is they are cost-shifting onto private plans, onto employer-based plans, and raising the costs for other Americans. This is part of the reason health care costs have gone up generally, not just in the exchanges.

I have certainly seen this firsthand in Ohio. Constituents have been contacting me for the last 6 years to tell me how this health care law has affected them. There is a father of five who wrote to me after the cost of his family’s insurance doubled. Another man saw his $100 deductible soar to $4,000 while his premiums hit $1,000 a month.

Still remember the letter I received from Dean from Sandusky. He lost his job in 2009 as so many other Americans did during the recession. Because he lost his job, he had to go on the individual market and his premiums were astronomical. He picked out a plan that worked for him and his family. He liked it and he bought it. Once the President’s health care law went into effect, that plan was discontinued because it didn’t meet the mandates and requirements of the new law. He found himself high and dry. He, too, had to buy another plan that was twice as expensive, and it cost him more than half of his pension—because that is his income. It is his pension. So not only did he lose his job, but then he lost the health care he was able to afford and a much more expensive cost of living. He didn’t do anything wrong, but because of a failed, mistaken approach that Congress took to health care reform, he has now had to struggle to make ends meet.

Susan from Batavia also wrote to me. She is a single mom. She lost the plan she liked because of the President’s health care plan. She wrote and said: I stay in shape. I watch my diet. I exercise regularly. I do all the right things. I have a high-deductible, low-cost plan, but under the President’s new health care law, I had to change my plan.

Her coverage, by the way, was for double the price of the premium. A single mom; tough to afford it.

Another, Susan from Columbus, OH, wrote to me and told me that she works for a small business of 12 employees. When the health care law went into effect, their rates went up nearly 30 percent and their business, and new businesses cannot afford that. I cannot tell you how many small businesses I have been to where I asked them: What have your premiums done over the last several years, and they tell me: Double digit, Ron. Double digit. If we get an increase in the low double digit, that is a good thing. Again, there is no place for that to come from except for wages and benefits and cutting back on employees—in some cases, again, not expanding a plan that they really would have because of this health care law.

It doesn’t have to be this way. We can enact real health care reform that uses the market forces that help to increase competition, that requires insurance companies to compete for our business, that allows people to get the plan they want, looking all around the country for what works best for them. This burdensome health care law is standing in the way of real reforms that would help families.

The health care market was far from perfect before this law so I am not arguing that the status quo is acceptable. I think we have to do things not just to repeal ObamaCare but to replace the Affordable Care Act with reforms that make better sense. We had issues before, but it has gone to worse, not better. It accelerated the problems.

I hope that over the next couple of months, as we talk about this, we will be able to come up with a replacement plan that makes sense. Republicans and Democrats alike need to come to the table on this because, again, I have listened to all the reasons the current law is not working. The status quo is not acceptable. I think it is very hard to argue that it is. That means all of us have a responsibility to say: OK. How do we fix this? How do we come together, Republicans and Democrats alike—not on a partisan basis as was done last time—to figure out a way to do it together? We need to come together to make sure the people we represent have the chance to get the health care they need and want for their families, that fits them, where they can have costs that are affordable, where they can have quality health care that is good for them and their families, where it can be patient-centered, and we can give people the affordable care they deserve.

I thank the Chair, and I yield the floor.
The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, this amendment is corrosive to the privilege of the budget resolution, meaning that it is outside the scope of what is appropriate for a budget resolution. Any inappropriate amendment could be fatal to the privilege of this resolution, which would destroy our efforts to repeal ObamaCare. In other words, a vote in favor of this amendment is a vote against repealing ObamaCare.

In addition, this amendment is not germane to this budget resolution. This budget resolution is much more focused than a typical budget resolution. The Congressional Budget Act requires that the amendment to a budget resolution be germane. Since this amendment does not meet the standard required by budget law, a point of order would lie. As such, I raise a point of order under section 305(b)(2) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. KAIN. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974, I move to waive section 305(b) of that act for purposes of the pending amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the budget resolution.

The PRESIDING OFFICER. The Senate assistant legislative clerk called the roll.

The yeas and nays resulted—yeas 48, nays 52, as follows:

{Rollcall Vote No. 2 Leg.}

YEAS—48

Alexander Baldwin Bennet Blumenthal Booker Brown Cantwell Cardin Carper Casey Coons Cortez Masto Donnelly Duckworth Durbin Feinstein Franken NAYS—52

Barasso Blunt Boozman Burr Capito Cassidy Cochran Collins Corker Cornyn Cotton Crapo Cruz Daines Emori Ernst Fischer

The PRESIDING OFFICER (Mr. Cassidy). On this vote, the yeas are 48, the nays are 52.
How disgraceful—the United States should be not be facilitating the adoption of a resolution that at its core attempts to distort and rewrite recent history as well as the historical connection of the Jewish people to the land of Israel that goes back thousands of years.

Third, the resolution will also help fuel the Palestinian diplomatic, economic, and legal warfare campaign against Israel, particularly because of its provision that calls on states to make a distinction in their dealings with Israel between pre-1967 Israel and Israel beyond the 1967 lines, encouraging boycotts, divestments, and sanctions against Israel and potentially leading to Israelis and Americans being brought in front of the International Criminal Court.

Palestinian leaders are already promising to use this resolution to push the International Criminal Court to launch a formal investigation against Israel. That was an unintended consequence of this action. That was precisely the intent of the United Nations and the Obama administration—to facilitate assaults on the nation of Israel.

Yet even after this disgraceful United Nations resolution, it was clear that the administration was not yet done, with Secretary of State John Kerry delivering just days later a truly shameful speech attacking Israel. His speech, very much like Chomsky’s 2014 remarks likening Israel to an apartheid state, will only enflame rising anti-Semitism in Europe. It will encourage the mullahs, who hate Israel and hate America, and it will further facilitate “lawfare,” the growing assaults on Israel through transnational legal fora. President Obama and John Kerry’s actions were designed to secure a legacy, and in that, they have succeeded. History will record and the world will note with regret that the Obama administration’s complicity in its passivity toward Israel, the Obama administration’s refusal to defend American interests that Obama and Kerry chose to attack the only inclusive democracy in the Middle East—a strong, steadfast ally of America—while simultaneously turning a blind eye to the Islamic terrorism that grows daily.

Unfortunately, President Obama still has 2 weeks left in his Presidency, and he may not yet be done betraying Israel.

Next week, on Sunday, January 15, France is convening a conference with 70 other nations designed to serve as an extension of the U.N. resolution and the Kerry speech—an all-out assault on Israel. I am deeply concerned that what is decided at this conference will be used to try to further impose parameters or even audaciously to recognize a so-called independent Palestinian state through another Security Council resolution. The Council is scheduled to meet on January 17—conveniently, 3 days before Obama and Kerry leave office.

Let me speak a moment to our friends and allies across the globe. When the President of the United States, when the administration of the United States attempts to encourage you to support their positions in the United Nations, that can be highly persuasive. It has been an arena, a forum, that Barack Obama has flourished in, even as he has shown condescension and contempt for the Congress of the United States and the people of the United States.

But to our friends and allies, let me remind you: The Obama administration is coming to an end on January 20. If you desire to continue being a friend to America, if you desire a continued close working relationship with America, then I call upon our allies: Do not join in attacking Israel on January 15 in France or on January 17 at the Security Council.

The new administration—President-elect Trump—has loudly condemned the U.N. resolution and the Obama administration’s complicity in its passage. I would encourage our friends and allies not even to attend the January 15 conference, or, if they do choose to attend, to oppose and stand up and speak out against any further attempts to attack or undermine or delegitimize America or Israel.

I want to commend my colleagues on both sides of the aisle for offering resolutions to repudiate this administration for their actions of the last few weeks. It says something when you see Republicans and Democrats in Congress coming together, united to say: This action by the Obama administration is beyond the pale.

Let me underscore again to our friends and allies, to our Ambassadors, to heads of state, to friendships and relationships that we value so much: Listen to the bipartisan consensus of Congress, and do not go along with the bitter, clinging radicalism of the Obama administration, attempting to lash out and strike out at Israel with their last breaths in office.

As commendable as these resolutions are, I believe the Senate and the Congress need to go further—that we need to take concrete steps so that there will be repercussions and consequences for the United Nations and the Palestinian leaders for their behavior. That is why I am working with my colleague Senator LINDSEY GRAHAM on introducing legislation, along with other Members of this body, designed to cut the funding to the United Nations—designed to cut U.S. taxpayer funding going to the U.N.—unless and until they repeal this disgraceful anti-Israel resolution.

We know, previously, that one way to get the U.N.’s attention is to cut off their money. We know from the failure of other U.N. organizations to recognize so-called Palestine as a member-state after American tax dollars were withheld from UNESCO for doing so in 2011 that the U.N. over and over values its pocketbook over its leftist values.

However unintentionally, President Obama’s misguided foreign policy has led to an unprecedented rapprochement between Israel and America’s Arab allies, such as Egypt, Jordan, and the UAE. We have also seen hopeful signs of shifting positions at the United Nations, as countries such as Brazil, Mexico, Italy, and Australia have recently signaled that they may no longer vote reflexively in favor of the Palestinians.

Britain, although it voted for the resolution, has recently demonstrated an unprecedented degree of support for the Jewish state.

These changes represent a significant opportunity for the United States to rally and bolster one of our most important allies, an opportunity we can preserve for the President-elect by not letting Mr. Obama squander it on the way out the door.

America should be leading the charge at the United Nations and around the world to rally burgeoning support for Israel, not trying to stab the Jewish state in the back.

Just over a week ago, I spoke with Israeli Prime Minister Netanyahu. I told the Prime Minister that, despite the disgraceful actions of the United Nations, America stands resolutely with the nation of Israel, that the American people stand with Israel, and that I believe there is a very real possibility that the extreme and radical actions of Obama and Kerry will, in fact, backfire.

It is not accidental that they waited until after the election to do this. They could have tried to do this before the election. But they waited until afterward. They waited until after the election to do this. They wanted to strike out at Israel with their last breath in office.

At the United Nations, they attempted to use Israel for the funding to the United Nations—decreasing legislation, along with other measures, as countries such as Brazil, Mexico, and Australia have recently signaled that they may no longer vote reflexively in favor of the Palestinians.

Great Britain, although it voted for the resolution, has recently demonstrated an unprecedented degree of support for the Jewish state.

These changes represent a significant opportunity for the United States to rally and bolster one of our most important allies, an opportunity we can preserve for the President-elect by not letting Mr. Obama squander it on the way out the door.

America should be leading the charge at the United Nations and around the world to rally burgeoning support for Israel, not trying to stab the Jewish state in the back.
They waited until they were on their way out the door.

Kerry, in his speech, said Israel cannot be both democratic and Jewish—one or the other, but not both. This is the view that is deemed profound only in Marxist faculty lounges.

Israel is Jewish, it is democratic, and it is and should remain both. I believe that by revealing just how extreme they are, by removing the fake mask of support for Israel, that Obama and Kerry have chosen to do in the last several weeks, it will help to galvanize support in this body and across the world for our friend and ally, the nation of Israel.

Israel is not only our friend and ally, but it is a partner of the United States. That alliance benefits the vital national security interest of America. Israel’s military benefits the national security of the United States of America. The Israeli intelligence services benefit the United States of America. Israel’s steadfastness against radical Islamic terrorism, which has declared war on both Israel and America, benefits the national security interests of this country.

It is Israel—the thriving, one and only Jewish state—that stands on the frontlines for America and, more broadly, Western civilization against the global threats we face. Our commitment to Israel must be restored and strengthened. I look forward to taking action with my colleagues—I hope on both sides of the aisle—in the near future to repudiate Obama’s shameful attack on Israel, to repudiate the United Nations’ efforts to undermine Israel, and to reaffirm America’s strong and unshakable friendship and support for the nation of Israel.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

AMENDMENT NO. 1
(Purpose: In the nature of a substitute)
Mr. ENZI. Mr. President, I call up amendment No. 1 and ask unanimous consent that it be reported by number.

The PRESIDING OFFICER. Without objection, the clerk will report the amendment by number.

The legislative clerk read as follows:

The Senator from Wyoming (Mr. Enzi), for Mr. Paul, proposes an amendment numbered 1.

The amendment is printed in the Record of January 4, 2017, under “Text of Amendments.”

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, with the permission of the chairman, I would like to ask unanimous consent to speak as in morning business for up to 20 minutes.

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

Mr. ENZI. Mr. President, would the Senator mind if it comes off of the resolution time?

Mr. WHITEHOUSE. I have no objection to that.

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

CLIMATE CHANGE

Mr. WHITEHOUSE. Mr. President, this is the 152nd time I have come to the floor for my “Time to Wake Up” speech, warning about the perilous effects of climate change. I am going to continue this in the new Congress, continuing to present the latest and most compelling scientific evidence of the changes that are coming our way driven by carbon pollution.

No one should talk my word for it. I urge my colleagues to listen to their own home State’s climatologists, their own home State’s university researchers, their own home State’s public health officials, and their own constituents who are out there fighting to protect their communities from the changes that are already happening right before their eyes.

In Rhode Island, we have a lot of fishermen, just as Louisiana has. Mr. President. The President of the Rhode Island Commercial Fishermen’s Association has testified about this. Just this past week, he was the subject of a New York Times article, “Climate change is going to make it hard on some of those species that are not particularly fond of warm or warming waters,” he told the Times. “You can’t come right here”—where he was on his boat, The Proud Mary—“and catch two, three, four, thousand pounds a day, sometimes 10.” But the whiting, the fish he was after, have moved north to cooler waters.

The Times reports that two-thirds of marine species off the northeast coast have moved from their traditional ranges into deeper and cooler water.

John Manderson is a biologist at NOAA’s northeast fisheries science center, and he told the Times in that article that public policy needs to keep pace with the rapidly changing oceans, where species are shifting northward in response to warming 10 times as quickly as the climate change ideas of property rights and laws are purely land-based,” he said, “but the ocean is all about flux and turbulence and movement.”

In Rhode Island, fishermen are getting clobbered by that flux.

Captain Dave Monti is a member of the Rhode Island Marine Fisheries Council. He wrote in the Providence Journal this week:

I often think about the fish and how important is the abundance so there are more fish for all to catch and eat. . . . In 2017 we need a fish-first agenda, or 30 more years against the oncoming ocean. That is because, as The Independent—a local newspaper in the southern part of Rhode Island—reported in December, about 4 feet of Matunuck Beach is eroding every year. According to Director Fugate of the CRMC, that erosion will be more than double by the end of the century. Rhode Island is not a big State. We cannot afford to have this much claimed by the ocean.

The Independent article quotes North Kingstown Town Council president Kerry McKay, who says that climate change threatens the property values of his community’s coastal homes, which is a significant portion of the town’s revenue base. That is because, McKay says, property values “will have to change” as coastal concerns rise, and residents “have to be more receptive” to redoing building infrastructure, such as through elevating houses.

He said his homes “may not be there” in 20 years, resulting in a “major revenue loss.”

Another Providence Journal article last week featured Tanner Stieves, a
wildlife biologist with the Rhode Island Department of Environmental Management, which has to tear up roads and parking lots along the Sakonnet River as the seas rise. The Journal writes:

As the barrier beach just south of Sapowet Point has narrowed—losing nearly 100 feet since 1939—the salt marsh on the other side has become more susceptible to flooding.

The Independent made Rhode Island’s case for climate action in a December editorial as follows:

The signs are clear, if not immediately visible to most.

There are the well-documented, widely publicized shifts with global import, such as the loss of the small gargantuan sea turtles and the frequency of extreme weather events. Locally, there are changes in the ecology of Narragansett Bay, and locations at which the effects of a rising sea level—sometimes subtle, sometimes less so—may be plainly seen. . . .

But we encourage all Rhode Islanders, from coastal communities and beyond, to remain attuned to the situation—in terms of both what the sea is telling us and what we are being prepared to propose for coming changes. The stakes are extremely high, and the possible effort we require to meet the challenge.

That is the message to me from Rhode Island. That is why I give these speeches.

As I continue to push for honest debate on this issue in Congress, I also tour around the country to see folks on the ground in other States. I have now been to 15 States. In the closing months of 2016, I hit Texas and Pennsylvania.

In Texas, I joined Representative Eliot L. Naisbitt, the advocacy group Public Citizen Texas, and Texas environmental advocates at a public event in Austin to call out Congressman LAMAR SMITH, Republican chairman of the House Science, Space, and Technology Committee, for his abuse of congressional power to harass public officials and climate scientists, including subpoenas demanding that States attend a general divulge their investigatory materials relating to their inquiries into ExxonMobil’s potentially fraudulent climate misinformation. The committee is also harassing the Union of Concerned Scientists, 350.org, Greenpeace, and various university scientists because they are exposing Exxon for years of misleading the public on its understanding of climate change. Texans are taking notice. The San Antonio Express-News, which had previously always endorsed Congressman SMITH for reelection, decided not to endorse him in this latest election cycle. The paper cited his “bullying on the issue of climate change” as behavior that “should concern all Americans.”

I joined a panel discussion with leading scientists from Texas universities to discuss their research into climate change in Texas. The panel included Dr. John Anderson from Rice University, Dr. Andrew Dessler from Texas A&M, Charles Jackson from The Nature Conservancy, and Mike Kennedy from University of Texas at Austin, and Dr. Katherine Hayhoe from Texas Tech University.

They had a unified voice on the dangers of climate change.

Dr. Hayhoe said Texans are seeing changes all around them.

We get hit by drought. We get hit by heat. We get hit by storms. We get hit by sea level rise. And we’re seeing impacts today. . . . Texas is really at the forefront of this problem.

Dr. Anderson of Rice agreed that the Texas climate is already changing. He said:

Accelerated sea-level rise is real, not a prediction. Its causes are known—thermal expansion of the oceans and melting of glaciers and ice sheets—and it is causing unprecedented devastation.

Dr. Dessler from Texas A&M laid out what he called “the fundamental and rock-solid aspects of climate science: humans are loading the atmosphere with carbon, this is warming the climate, and this future warming is a huge risk to our society and the environment. We should insist that our elected representatives rely on this sound science when formulating policy.”

I returned to Austin in November to speak to the Association of Public and Land-grant Universities. President David Dooley of the University of Rhode Island had invited me to join a panel that he moderated with, among others, Dr. John Nielsen-Gammon, Texas State climatologist and professor at Texas A&M.

The bottom line was simple: Climate change is real, and the scientists at our universities will be increasingly forced to defend good science, academic freedom, and climate action. University leadership will have to defend their scientists against the onslaught of FOIA requests and personal attacks that are the modus operandi for climate deniers and against the phony science fronts propped up by the fossil fuel industry to spread calculated misinformation. The American scientific community faces a real threat from that operation. On to Pennsylvania, I had the opportunity to spend a day traveling with my friend and colleague Bob Casey around southeastern Pennsylvania getting a firsthand look at the effects of climate change and hearing about the work Pennsylvanians are doing to address it. At the University of Pennsylvania’s Morris Arboretum, leaders from Children’s Hospital of Philadelphia Prevention Program, Moms Clean Air Force, Physicians for Social Responsibility, and other groups talked about kids with asthma and other conditions that worsen when temperatures and pollution levels are high.

In Malvern, we toured the LEED platinum North American headquarters of Saint-Gobain, the world’s largest building materials company. The company is demonstrating that green building materials and technologies can form into a package that’s both visually stylish and produce stunning results. With operations in Rhode Island, Pennsylvania, and around the globe, Saint-Gobain is developing innovative technologies to reduce pollution, generate clean energy, and improve air quality for millions of people.

From there, we visited the John Heinz National Wildlife Refuge, which is the first national refuge in Pennsylvania’s largest freshwater tidal wetland. Lamar Gore, the refuge manager, showed us how the refuge is at risk from the saltwater pushed in by rising sea levels. The refuge is adjacent to the Philadelphia International Airport, along the Delaware River.

As you can see from these graphics reproduced from the New York Times, at 5 feet of sea level rise, some of the city goes underwater and the refuge is in real trouble. Water encroaches upon the Philadelphia airport. At 12 feet of sea level rise, 6 percent of the city—including the refuge, airport, and parts of downtown Philly—is underwater. Projections that parts of Philadelphia will one day be uninhabitable due to sea level rise are one of the major drivers for forward-looking climate mitigation and adaptation planning. Philadelphia’s Office of Sustainability. Senator CASEY and I met with them too.

Being in Pennsylvania gave me a chance to connect with Dr. Robert Brulle of Drexel University. He is the liberal activist who turned Public Citizen into a driving force behind the public understanding of climate change. He was successful, he was a driving force behind the public understanding of climate change.
In the early 90s—the heyday of consumer rights legislation and regulation in Texas—Robert Cullick, then a reporter at the Houston Chronicle, gave Tom “Smitty” Smith of Public Citizen an unofficial title: Everybody’s Third Paragraph.

Smith, 66, announced his retirement Tuesday from his official post after 31 years, ending a career spanning three generations of the family. He is long regarded as the voice of the people—representing the interests of consumers and citizens on a range of issues like utilities, insurance and political ethics. He was often the voice of the opposition in legislative fights and in the media, which earned him that reporter’s epithet.

He’s from that part of the Austin lobby that doesn’t wear fancy suits, doesn’t drive the latest luxury cars and doesn’t spend its time fawning over and feeding elected officials. Smith has a beard, omnipresent straw hat, and often, a colorful sheaf offlyers making his points on whatever cause he’s pushing at the time.

Smith has been a leading voice for government intervention and regulation of big industries and interests in the capital of a state with conservative, business-friendly politicians who pride themselves on light regulation, low taxes and a Wild West approach to money in politics.

For the most part, Smith seems to have disagreed strongly, vociferously, but agreeably. He doesn’t wear his wins or his losses on his sleeve.

"The best time, is when people standing up does make a difference," Smith says. "It does change policy."

"Citizen activism does matter, and it’s the only known antidote to organized political corruption and political money," he says. Smith’s years have included food security, decommissioning costs of the nuclear reactors owned by various Texas utilities, insurance regulations, ethics and campaign finance laws. He’s lobbied on enviromental issues and product safety.

He counts the ethics reforms of 1991 as one of his big wins. As unregulated as Texas political and campaign finance laws were, they lack any kind of checks and balances. Politicians from both parties who pride themselves on light regulation, low taxes and a Wild West approach to money in politics.

Mr. WHITEHOUSE. Mr. President, in the article, he quoted as saying: "The thing that I learned time after time, story after story, is that people standing up does make a difference. It does change policy."

Good words to end the speech by.

Thank you, Smitty.

Mr. President, I ask unanimous consent that the time during quorum calls be charged equally to both sides.

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

Mr. WHITEHOUSE. Mr. President, I suggest the absence of a quorum.

Mr. BOOKER. Mr. President, I am really proud to stand here, having represented New Jersey now a little bit over 3 years in the U.S. Senate. I have to say that I have developed a great respect for the people who represent the other side of the aisle. I have a deep belief that this is a body that can do good things for the American people. We don’t always agree, and too many things are not getting done, but I have seen this body at its best. I have seen our ability to rise to the occasion, and the way, I have made friendships and found respect for people and my colleagues across the aisle, as well as fellow Democrats.

I have witnessed occasions where Members of both parties have put principle before politics and evidenced a willingness to actually embrace personal political risk to stand up for what they believe is right and honor-

able and in the best interest of our country. Given this, this is a day in which I rise with painful disappointment. Frankly, I feel a deep sense of astonishment and even a sense of crisis. Thus, I feel a deepened determination to fight with everything I have against the efforts of my Republican colleagues that I believe will harm our country as a whole but particularly the most vulnerable people in our country.

This is about the Republican push, really the race—what I believe is a race—to repeal the Affordable Care Act without putting forth any legislation, any proposal, any plan on how they intend to replace it. This is fundamentally dangerous, and it will hurt millions of Americans. I have heard over the past month people rightfully saying: Well, this is how the Affordable Care Act was implemented.

I understand the frustrations that have resulted from that, and people think this was jammed through along party lines more than using similar legislative tactics. The truth is, that is simply not the case. The Affordable Care Act went through a long and arduous process and received input from doctors, nurses, patient groups, medical professionals of all types.

The Affordable Care Act started with listening sessions, then hearings, then came the advice and counsel of policy experts, businesses, market experts, insurance companies, health providers, hospitals—literally thousands and thousands of people over thousands of hours, often through public discourse, putting forth ideas that actually shaped and changed legislation. I wasn’t in the body then. I was a mayor in Newark, NJ, but I know this occupied months of debate.

Years later, Republicans are seeking to undo this work with a kind of plan to move forward. They are saying that they have a plan, but there is this, this, this...and it is profoundly irresponsible to repeal the Affordable Care Act and not put anything in place. There is no plan.

This is at a time that everyone agrees—people in the Republican Party and Democratic Party continue to talk about the achievements of the Affordable Care Act, things that they want to maintain, things they believe make a real difference. Those are things I have heard Republicans praise and even say again they want to protect. These things are making a lifesaving difference for millions of people across the country.

Let’s be clear. The overwhelming majority of Americans believe that we should not give the power back to insurance companies to deny people health insurance and health care plan—a pre-existing condition. Let’s be clear. The overwhelming majority of Americans believe that we should not give the power back to insurance companies to deny people health insurance and health care plan—a pre-existing condition. Let’s be clear. The overwhelming majority of Americans believe that we should not give the power back to insurance companies to deny people health insurance and health care plan—a pre-existing condition. Let’s be clear. The overwhelming majority of Americans believe that we should not give the power back to insurance companies to deny people health insurance and health care plan—a pre-existing condition. Let’s be clear. The overwhelming majority of Americans believe that we should not give the power back to insurance companies to deny people health insurance and health care plan—a pre-existing condition. Let’s be clear. The overwhelm-
We also believe that requiring health plans cover preventive services is a profoundly important thing to do for individuals in this country, but it actually saves Americans money by pushing people to do preventive care—mammograms, birth control, and mental health screenings. These are logical things that the majority of Americans believe in, such as closing the prescription drug coverage gap, which too many seniors on Medicare and people with disabilities have had to face, known as that doughnut hole. We believe in prohibiting insurance companies from charging women more money simply because of their gender. The overwhelming majority of Americans believe in requiring the insurance companies to spend more on patient care and less on administrative costs, and the insurance companies shouldn’t be allowed to gouge the American people while making massive profits at the same time.

There is a very strong sentiment that people believe in and want to have preserved, and these are tremendous things for America. There are bank account savings; there are lifesaving policies, all of which are popular with Democrats, Republicans, and Independents. They are popular with people on both sides of the aisle in this body.

Some Republicans have said that what they are doing will not threaten these accomplishments, but this could not be further from the truth. The way they are going about this puts the health care system in a perilous position. The health care system is complicated in nuance, and to think you can repeal something without replacing it right away shows a lack of understanding of what is going to happen and what the consequences will be.

What the Republicans are doing now is quite contrary to what the Democrats did before the ACA passed in 2010. Romney was putting forth a proposal. They are not speaking to the health care needs of all Americans. They are not inviting professionals from all different backgrounds to help shape a plan for America. They are not even fulfilling what I heard countless Republicans on the campaign trail, including our President-elect, say: They would repeal and then replace. They are just not replacing.

The replace part put forth by the popular mandate Republican health plan isn’t materialized. It doesn’t exist. There is no plan to replace, no statement of principles, no outline of features, no framework for a plan, no explanation of how they would pay for the things they claim they like. There is no specific timetable for when a plan might materialize or even any substantive hint of what many Republican colleagues plan on doing to address the crisis—the crisis that will surely come as a result of repealing the Affordable Care Act without giving forth any replacement.

I say time and again: Show us the plan before you repeal this legislation.

If you do not do that, you will be responsible for pain, suffering, chaotic markets, and for many Americans’ health care problems. There are many people who don’t understand this. They listen to the political rhetoric, and they think: Hey, you might be that one exception or so. If you are a Member of this body, in fact, this concept of repealing and maybe figuring out a replacement down the road might sound good. But if you are one illness away from bankruptcy and remember the challenges of having a child with a preexisting condition, if you know that one injury, one unexpected fall could place your family in peril but for the insurance you have, if you are one of the 20 million Americans who used to be uninsured and now you have insurance, you know how perilous this moment is. You know that you can’t afford the recklessness of any politician—a Republican move that equates to jumping off a cliff and then packing your parachute on the way down.

Repealing without replacing is simply irresponsible, it is dangerous, and it is threatening to our country’s well-being. Families, children, the elderly—will suffer.

This is a moment where we need Republican leaders to tell the truth and say: We want to improve our health care system. We may not believe in ObamaCare, but we can’t tear it down unless we do the responsible thing and put forth a replacement.

Right now, what we have is political rhetoric that is not just rhetoric. It is perilous. It is dangerous. It is threatening to our Nation. This will inflict immediate catastrophe upon families, causing millions to lose their health insurance, and it will unleash chaos with market uncertainty and cost spikes.

There is no defense for what is being done. I don’t understand it. There is no logic here whatsoever. Elections were won. You now have the floor and the ability to put forth your great vision for health care in America, but doing it backward and repealing something and not offering up a plan is truly putting politics before people. This is a move of grand political theater that comes with profound public consequences affecting millions.

As a Democratic Senator, some people will say that this is just political rhetoric, but these are not just partisan words. This is the truth and don’t take my word for it. Look at the words of other more thoughtful—other very thoughtful people. Democrats and Republicans, businesspeople and nonprofit leaders, conservative think tanks and nonpartisan groups, speaking with a chorus to the point I am making. Experts across sectors, across industries, and across the country are taking a public stand saying what it will mean for the American people without a replacement. People from all across sectors of our country are saying what the Republicans are doing is reckless, and the consequences are dire.

Take the American Medical Association, the preeminent association of physicians. Mind you, this is an organization that opposed the enactment of the Affordable Care Act. They have stated that “before any action is taken, policymakers should lay out for the American people, in reasonable detail, what will replace current policies. Patients and other stakeholders should be able to clearly compare new proposals to the current system so they can make informed decisions.”

The American Medical Association isn’t a political organization. They are thoughtful people whose fundamental concern is the doctors in this Nation and the health care of the people. Another respected organization representing American hospitals made it clear. The American Hospital Association warned that Republican action of repealing without a plan would result in an “unprecedented health care crisis.”

Are Republicans listening to doctors and hospitals or are they rushing forth, willing to risk a crisis for our country, and for what? They are a President for 4 years, a Congress for 2. What is the rush to put forth a plan and just repeal? Will they listen to these experts? What about the president of America’s leading cancer group, the American Cancer Society? Will they listen to them? They urge Congress to “consider the future of the Affordable Care Act. It is critically important that cancer patients, survivors and those at risk of the disease don’t face any gap in coverage of prevention or treatment. . . . Delays in enacting a replacement for 2 or 3 years could lead to the collapse of the individual health market with long-term consequences.”

This organization is respected by people on both sides of the aisle and is not putting forward any new proposals. They are calling out the truth: that it is a reckless Republican move to repeal without replacing. Will Republicans listen to the American Diabetes Association? What about other respected organizations representing millions of people who don’t understand this. They urge Congress to “consider the future of the Affordable Care Act.”

The Association strongly opposes going back to a time when . . . treatment for pre-existing conditions like diabetes could be excluded from coverage; when people could find their insurance coverage was no longer available just when they needed it most.

What is the Republican plan to address these concerns and to pay for the election promises? Will they listen to private businesspeople? They, too, join in the chorus of Americans urging Republicans to end endanger the lives and livelihoods of millions.

The Main Street Alliance. We all have main streets in our States and communities where these small businesses from across the country urge lawmakers to consider the devastating effect a repeal without
replace would have on small businesses:

Small business owners depend on healthy and vibrant communities to keep us profitable in the engines of economic growth. . . . Changes to our current health care system are needed, but not in the form of cuts to critical programs or through taking away our health coverage.

There are some Senators who are speaking out. It is not the entire Repub-lican caucus. There are some Republicans who are saying exactly what I am saying. Yet we are still rushing toward a vote, even with Republican Senators having the courage to stand up. Just yesterday Republican Senator RAND PAUL of Ken-tucky, before voting to proceed to this measure, said: “It is imperative that Republicans do a replacement simultaneous to a repeal.” I respect my Repub-lican colleague for saying what is common sense and speaking up against the reckless actions being taken by the Re-publican Party as a whole, and some fellow Republican Senators have joined him in similar statements, including LAMAR ALEXANDER, the chair of the Health, Education, Labor, and Pen-sions Committee. The Republican from Tennessee, noted in an interview in November 2016 that when it comes to the ACA, “what we need to focus on first” — Senator ALEXANDER said — “is what would we replace it with and what will the repeal without replacement happen. We must know what the Republican plan is so experts, market analysts, insurance folks, doctors, everyone understands what will be hurt. It is time to put our country and the people first. There is no rush. The voters gave this body 2 years. It gave the Presidency 4 years. We must now fight these efforts. We must resist. We must call the conscience of neighbors and appeal to the moral compasses of our Republican leaders to do what they said they would do — put forth a plan. Let the American people know what they are going to do and do not thrust millions of your fellow country men and women off a cliff and shout promises to them as they fall: “Hey, don’t worry. We will figure something out before you hit the ground.” Where is the honor in that? Together. Can we gather your experts, put forth a thoughtful process, and develop what you think is better, what improves upon what we have now, what doesn’t diminish our unassailable gains that we have made? Give us a plan, not empty promises. Give America hope. Don’t plunge millions into despair and uncertainty. Show decen-cy, not costly craven politics. We know who we are as a country. Pro-found are the words, “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. . . . In the creation of Governments, Governments are instituted among Men . . . . This government, this body, the United States Senate, led by Republi-cans here and in the House in the White House, stand for these ideals. Health care is critical to life. We must stand for these ideals. Health care is critical to liberty, our freedom from fear, our freedom from illness, our freedom from deprivation. We must stand for these principles. Health care is critical to the happiness, the joy, the greatness of America. To secure these rights, governments are instituted, and we were elected to stand for the American people, by the American people, to fight to defend our brothers and sisters. This government and actors must secure these rights, Governments are instituted among Men. . . .”

May God bless us in this time of crisis. May wisdom prevail over politics. Mr. President, I yield the floor. I suggest the absence of a quorum. The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mrs. FISCHER. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mrs. ERNST). Without objection, it is so ordered.

TRIBUTE TO STEPHEN HIGGINS

Mrs. FISCHER. Madam President, I rise today to offer my warmest wishes for my legislative director, Stephen Higgins, as he begins the next chapter of his truly remarkable professional career. It is a career that is characterized by unshakable dedication to the common good and supreme attention to detail. These qualities make Stephen Higgins a professional par excellence. His service is a labor of love for our country and this institution in particular.

Stephen has worked in the Senate longer than all but nine of its current Members, serving this Chamber for 23 years. Stephen still remembers his first day on payroll: March 21, 1994. He began with Senator William Cohen of Maine as a counsel on the Juvenile Justice Subcommittee of the Judiciary Committee. This was a beautiful capstone to Stephen Higgins’s Senate career.

A year later, Stephen joined the of-fice of Senator Jon Kyl of Arizona, where he would distinguish himself as a committed, talented lawyer over the next 18 years, serving as chief counsel in Senator Kyl’s personal office and for 14 years as chief counsel on his Judiciary Committee staff. During that time, Stephen played the lead role, sup-porting efforts to pass a bipartisan crime victims’ rights constitutional amendment. The end result: After 8 years of hard work, a landmark statute was passed by a vote of 96 to 1. This is one of Stephen’s proudest accomplish-ments. We did something significant to help crime victims,” he said. “We enshrined in law the rights of crime victims to be informed, present, and heard.”

In the end, it simply, Stephen Higgins helped humanize America’s criminal justice system. This work reflects his sincere beliefs about that system. “The criminal justice system is about seeking the truth,” he said. “The truth matters.”

For Stephen Higgins, the truth has always mattered. He is a man of high character and great personal integrity. These attributes made him exceptionally well-suited for work in another critical realm of the Senate: judicial nominations. “Judges hold people’s lives in their hands,” Stephen said. “Their decisions have life-altering consequences.”

Most recently, Stephen played a key role in the nomination of Omaha attorney Bob Rossiter to serve as U.S. dis-trict court judge for the District of Ne-braska, and last year, the Senate con-firmed Judge Rossiter unanimously. This was a beautiful capstone to Ste-phen’s Senate career.

He leaves the Senate now for a new position: managing director of the
Human Ecology Institute at the Catholic University of America. This is an interdisciplinary research institute that will apply the rich intellectual tradition of the Catholic Church to contemporary problems in our society. As Stephen says to the Senate, "The Church is the institution I love more than the Catholic Church." Sounds like a match made in Heaven. As he takes his new post, I know Stephen will work like it all depends upon him and pray like it all depends upon God.

I thank Stephen's wife of 18 years, Lauren, and their two children, James and Elizabeth, for loaning him to us here in the Senate, because it is a sacrifice. I know they are proud of you, Stephen, as are your parents, Joe and Shelley, and your brother, David.

So, Stephen, thank you so much for all you have done for my office, for the Senate, and for the people of this country. Good luck. God bless.

Mr. President, I yield the floor.

The PRESIDING OFFICER. If no one yields time, the time will be divided equally.

The Senator from Utah.

BEARS EARS NATIONAL MONUMENT

Mr. LEE. Madam President, on January 20 of this year, change is coming to the White House. But until that day, it appears that President Obama will desperately cling to the status quo and continue to do what he has done on far too many occasions: abuse his Executive power to implement his policies without the cooperation of Congress and then pretend as if everyone somehow supports him.

The most recent case in point involves President Obama's recent decision to designate as a new national monument some 1.35 million acres of public land in San Juan County, UT—the poorest county in the State of Utah, nearly the size of Delaware. This is a small county that is tucked into the southeastern corner of our State. It includes—and the national monument is named after—the region's distinctive Bears Ears buttes, which mark the ancestral homeland and sacred site of many members of the Navajo and Ute Tribes who live in San Juan County, UT.

President Obama announced the Bears Ears National Monument on December 28, right between Christmas and New Year's Eve, as most Americans were enjoying the holiday season and when he was still enjoying time with his family in Hawaii. That same day, his administration released an explanatory document that was официально christened a "Fact Sheet." It was chiseled in stone by the White House officials who wrote it. But, in reality, it reads much more like an elaborate book of fiction.

Of all the falsehoods peddled in this bogus fact sheet, the most egregious—and, in many ways, the most insulting— is the claim that the residents of San Juan County, including local members of the Navajo Nation and members of the Ute Tribe, supported the President's decision to turn Bears Ears into a national monument.

The document says:

"The creation of the Bears Ears National Monument in Utah [. . .] follow[s] years of robust public input from tribes, local elected officials, and diverse stakeholders, and draws from legislation introduced in Congress. In addition to protecting more land and water than any administrative designation—

And here is the kicker—President Obama has taken unprecedented steps to elevate the voices of Native peoples in the management of our national resources.

"Unprecedented steps to elevate the voices of Native peoples." Nothing could be further from the truth in this situation. Perhaps if we replace the word "elevate" with the word "exploit," that sentence might apply to the situation in Bears Ears.

Now, there is no denying that many Native American people supported President Obama's designation of the Bears Ears National Monument. But the inconvenient truth too often ignored is that their supporters, and its supporters, is that virtually all of this tribal support came from Native Americans residing outside of Utah, not inside Utah, and certainly not within San Juan County where this 1.35 million-acre designation occurred. In fact, the most prominent Native American group that advocated for a national monument in Utah is actually an alliance called the Bears Ears Inter-Tribal Coalition, which is made up of several tribes, and most of its members reside outside of the State of Utah.

Yet, national monument advocates routinely invoke the Inter-Tribal Coalition as the authoritative mouthpiece of all Native Americans in the Southwestern United States. So how did a coalition of Native American tribes from Colorado, Arizona, and New Mexico rise to such a position of prominence in a debate over a national monument in a remote corner of Utah? The answer can be found in the cozy relationships between well-funded environmental advocacy groups, powerful outdoor retail companies, and tribal organizations.

Recent investigative reporting by the Deseret News shows how radical wealthy environmental organizations, supported by the outdoor recreational industry, channeled millions of dollars to the Bears Ears Inter-Tribal Coalition—only after they realized that "Little [then the President of the Navajo Nation] was the only way they could achieve their longstanding goal of creating a national monument in Southeastern Utah.

The ability of uber-rich environmentalists to essentially buy a national monument in Bears Ears explains why the people of San Juan County—including the Navajo residents, whose lives and livelihoods are intricately linked to the Bears Ears lands—were so opposed to a monument designation.

For the people of the Navajo Nation who live in San Juan County, taking care of their ancestral land—protecting and preserving it for the next generation—isn't optional, it is a sacred duty. It is part of their faith. It is part of who they are.

The same is true in many respects in many faiths. As the Church of Jesus Christ of Latter-day Saints, I share many of these views. My church teaches that the Earth is a divine creation that belongs to God. This means that human beings have a spiritual responsibility—an obligation—to be wise stewards of the Earth, to conserve it for our children and our grandchildren.

The Navajo people of San Juan County have always faithfully fulfilled their responsibility in the Bears Ears region, and so have the Utes who reside in the area. Caring for their homelands—and respecting it as their forefathers did—is the cultural lifeblood of the Native American people of Southeastern Utah.

Take away their access to their land, and you take away the Earth's bounty for the sake of increasing the access of wealthy urbanites who use the outdoors for their own purposes—and it won't be long before their culture begins to fade away. The people of San Juan County understand this. They have seen their worst nightmares become reality in other Utah counties as a result of Presidential national monument designations. That is why on December 29, the day after President Obama announced the Bears Ears monument, a crowd of Uxhans assembled to hold a protest on the steps of the San Juan County Courthouse.

Braving the frigid weather of that day, they gathered together to demonstrate that they—the individuals and the families who will be most directly affected by a Bears Ears national monument—believe that the President has no business seizing vast stretches of land to be micromanaged and mismanaged by distant Federal land agencies.

But the protesters weren't just angry. They were resolute, confident about the future, and determined to keep fighting for their right to participate in the management of the land in their community—the land that most directly affects them.

Of course, environmentalists and national monument advocates want the people of San Juan County to believe that this fight is simply over, that they have lost, that there is nothing they can do about something that affects them in a very real, very personal, very intimate way. In their view, President Obama's proclamation of the Bears Ears National Monument is permanent. It is irreversible, as if it were carved into stone. As one White House official recently told the Washington Post: "We do not see that the Trump administration has authority to undo this.''

But they say this only because they are not looking hard enough. The truth is what can be done through unilateral
Executive action can also be undone the same way. Such is the impermanence of Executive power in our constitutional republic, where major policy changes require broad consensus, forged through legislative compromise, to ensure these changes would endure the test of time.

In other words, starting on January 20, President-Elect Trump can use his Executive powers to rescind President Obama’s designation of the Bears Ears National Monument. I have asked the future Trump administration to do precisely that.

I have also recently cosponsored Senator Murkowski’s bill, the Improved National Monument Designation Process Act, which would require all future Presidents to obtain congressional and State approval prior to designating a national monument. I have done these things, and I will do more, because I believe the preponderance of evidence proves that President Obama abused his powers—the powers granted to him under the Antiquities Act—in designating the Bears Ears National Monument.

This isn’t just my opinion. It is the opinion of most of my fellow Utahns, including those patriots who assembled on the county courthouse steps in the rural town of Monticello on December 29.

These are the people who were ignored by the Obama administration. These are the people who were cut out of the decision-making process that produced this particular national monument designation. These are the voices that were stifled by the wealthy, out-of-State, well-connected environmental groups that spent millions of dollars to lock up our land for their exclusive use.

So it is fitting to let one of them—one of the residents of San Juan County—have the last word today. I think Suzy Johnson put it best when she said:

Mr. Obama, you have failed the grassroots native. A true leader listens and finds common ground. The fight for our land is not over. Your name will blow away in the wind.

I yield the floor.

The PRESIDING OFFICER (Mr. Van Hollen). The Senator from Maryland, Mr. Van Hollen.

Mr. VAN HOLLEN. Mr. President, this is the first time I have risen to speak on this Senate floor. I want to start by thanking my fellow Marylanders for lending them their time. As you can see, we are in this great United States Senate. I want to thank my colleague Mr. Cardin, the senior Senator from Maryland, for joining us. I thank the new Senator from California, Ms. Harris, for joining us. I want to say to my fellow Marylanders that I look forward to working every day for their benefit and for the benefit of our Nation.

I want to say to my new colleagues in the Senate—Republicans and Democrats alike—I look forward to working with all of you in the years to come for the good of our Nation.

I understand it is somewhat unusual for a new Member to speak so soon on the Senate floor, but what we are witnessing today in the Senate is not business as usual but extraordinary times. Having served as the lead Democrat on the House Budget Committee, I know that never before has the Senate rushed out of the gate so quickly to enact a budget procedure to undo any actions by executive overreach, hundreds of millions of Americans—right in this United States Senate. Yet here we are, speeding to use the budget process to fast-track a so-called reconciliation bill that will destroy the Affordable Care Act and, in doing so, wipe out affordable care for over 30 million Americans and create total chaos throughout the American health care system. That is reckless. It is irresponsible, and it violates the traditions of this institution.

I may be new to the Senate, but I am not new to the way this Senate has been described by its Members, both Democrats and Republicans, both current and former Members. My colleagues have put forward ideas that this Senate is supposed to be a deliberative body. But today’s events on the Senate floor are a travesty, an assault on the Senate, where Robert Caro notes in his book about Lyndon Johnson entitled “The Days of Lyndon Johnson” where Robert Caro describes Lyndon Johnson’s thick mahogany desks as the great American health care system of the United States, that was enacted under Mr. Obama’s presidency. That 22 million number is many families like Carlos and Isabelle Martins, who live not far from where I live in Silver Spring, MD. They could no longer afford health insurance through their employer. Short-term plans were available, but they did not have preexisting conditions—whether it was asthma, diabetes, heart conditions—so they were either outright denied by insurance companies or priced out of the market. That 22 million number is Mayra Martinez, who lost her job and did not have health care, and in the fast-track process, was told she had a preexisting condition. Days after she was on the Affordable Care Act, a cardiologist told her one of her heart valves was failing and she would need another surgery immediately, and she has told us that she “would have died” had she not had that coverage.

In addition to Diane and Carlos and the other 22 million Americans who would have been denied access to coverage before the Affordable Care Act, and Medicaid, for many Americans, the Affordable Care Act was an additional 7 million Americans on the health care exchanges today who are projected to totally lose that coverage if Republicans pull the plug on the Affordable Care Act. That is over 30 million Americans who will lose access to affordable care directly.

There is no doubt that in those health care exchanges, we have seen increases in premiums and some of the copays, and we need to do something about it, which is why I and many of my colleagues have put forward ideas to address the increases we are seeing in the health care exchanges in terms of costs. We put those ideas on the
table, and we would welcome our Republican colleagues to join us to improve the Affordable Care Act. You don’t fix a health care system, you don’t fix those problems by blowing up the entire Affordable Care Act. That is not a solution.

I also want to focus for a moment on the tens of millions of Americans who are not included in that 30 million who benefit directly from the Affordable Care Act but who are benefitting right now from ObamaCare. They may not realize it now, but mark my word they are going to face very unpleasant and unexpected consequences if the Affordable Care Act is ripped apart.

First, let us take a look at the overwhelming number of Americans who get their health care not on the health care exchanges but through their private employer—most Members of this body, most Americans. The premiums in those plans have actually risen much more slowly since the Affordable Care Act was enacted than before. The overwhelming number of Americans who are on those plans have benefited dramatically from the reduction of costs. Why did that happen? Because all those who had previously denied access to health care who are in the ObamaCare exchanges, they used to show up in the hospitals as their primary care provider or, since they weren’t getting any care at all because they couldn’t afford the bill, they were showing up at those hospitals when there was an emergency, when cost was most expensive. We don’t deny people care in an emergency, and then they get the bill and they can’t pay the bill. That is why so many people were going bankrupt in America before the Affordable Care Act. But somebody pays. Who pays? Well, everybody else in the system pays. Everybody else who has private insurance through their employer pays or pays the imputed cost for uncompensated care that hospitals would otherwise have to carry. In the end, people’s premiums were going up really fast, but by providing the health care system through ObamaCare for those exchanges, however imperfect, it has helped those other tens of millions of Americans. Let us look at Medicare beneficiaries, millions of seniors. Watch out. Their costs are going to rise in three and maybe four ways right away.

First of all, their Part B premiums that every senior on Medicare pays are going to go up. Why is that? Because as part of the Affordable Care Act, we got rid of some of the overpayments, the excessive subsidies that were being paid to certain providers, including some of the managed care providers who were paid, on average, 115 percent more than fee for service. We said that makes no sense. That is a waste of Medicare beneficiaries’ money. So we reformed this system. We also save the Medicare beneficiaries money in their premiums because those premiums are set partly to the overall cost of Medicare. If you reduce the cost of Medicare in a smart way, you reduce those premiums. That is why seniors have seen such slow increases in their Part B premiums since the enactment of the Affordable Care Act. Those will go right back up.

Second, seniors on Medicare no longer have to pay for preventive health screenings, cancer screenings, diabetes screenings, other kinds of preventive care because we want to encourage them to identify the problems early and solve them for their own health care purposes but also because it saves money in the system. You get rid of the Affordable Care Act, those seniors are going to be paying premium copays for those preventive health services.

Prescription drug costs. Seniors—and there are millions and millions of them who face high prescription drug costs—are benefitting today from the fact that we are speeding up the process of closing the prescription drug doughnut hole. We had an absolute crisis in this country where so many seniors were faced with the difficult choices of getting the medications they needed to live day to day or losing a roof over their head. That is why we are closing the prescription drug doughnut hole. You get rid of the Affordable Care Act, all those seniors who, on average, have saved thousands of dollars with the Affordable Care Act are going to see their costs go up.

Finally, if you enact the plan that has been put forward by the Speaker of the House, Paul Ryan, and by the person who President-Elect Trump has nominated to be his Secretary of Health and Human Services, Tom Price—I encourage every American to look at their plan because they want to voucherize Medicare, and they want to save the Medicare system money by raising the prices and the risks on every Medicare beneficiary. That is the result of that plan.

The Affordable Care Act benefits 30 million people directly, and we need to make sure we don’t put them in harm’s way, but it also benefits all these other people in the system, the people on the employer-provided health plans who have seen historically low premium increases and seniors on Medicare. Rural hospitals will be particularly hard hit by repealing the Affordable Care Act. So the proposed Republican action is going to hit those 30 million Americans, including my neighbors in Silver Spring. It is also going to hit those other tens of millions of Americans who right now may not realize the extent to which they are benefitting from the Affordable Care Act. Yet our Republican colleagues have not put forward a single plan to help either the 30 million or all the other Americans who are benefitting from the Affordable Care Act. That is the surest way to generate chaos throughout the health care system. That is counter to what the President-elect has said he wants. Here is what Donald Trump said on “60 Minutes”: “Everybody’s got to be covered. Everybody.

I am going to take care of everybody.

Well, it is really important that the majority in the Senate and the House talk to the President—elect because they are not on the same page when it comes to that commitment. When the President-elect was asked about finding a way to keep the ObamaCare rules that prevent discrimination based on preexisting conditions, he said, “I like them very much.” When he was asked about the provision that allows children to stay on their parents’ insurance plans until they are 26 years old, he said, “We’re going to very much try to keep that.”

Here is the dirty little secret. Many people—Republicans and Democrats in this Chamber—know there are only a very few ways you can design a health care system that meets those conditions. One way, which many Democrats have historically supported and then decide to idea of Medicare for all. The other way is the ObamaCare model. It was not always known as the ObamaCare model. The foundation for ObamaCare actually had its roots in the conservative Heritage Foundation think tank reports. It was an idea long promoted by Republicans, including many Republican Senators, some of them still here today. It is an idea rooted in the concept of personal responsibility, the idea that every American has the right and the duty to do their part and help pay for their health insurance, otherwise, if they don’t pay, they are going to force other people to pay when they go seek that care in the emergency room or wherever it may be. In order for that idea to work, the idea that was put forward by the Heritage Foundation, the idea in ObamaCare, everyone needs to have coverage because it would not make a lot of sense for us to be paying out all the time if we were able to wait until we got sick and then go pay. That is the idea of having everyone in the pool have insurance. The idea is, you don’t want to use it, but you buy that protection. If other people don’t buy the protection, then the rest of the folks feel like they are being taken advantage of, which is why everyone has to be in the pool, which is why it was an idea that came out of the Heritage Foundation.

In fact, I have the Heritage official report right here: Critical issues—a national health care system. This was back in 1989.

I want to read the three elements in the Republican plan.

Element No. 1, every resident in the United States must by law be enrolled in an adequate health care plan that covers major health care costs.

No. 2, for working Americans, obtaining health care protection must be a family responsibility.

No. 3, the government’s proper role is to monitor the health market, subsidize needy individuals to allow them
to obtain sufficient services, and encourage competition.

That sounds like a description of ObamaCare. It is—which is why, of course, it was dubbed “RomneyCare” when they adopted this model for the State of Massachusetts. He adopted it based on the Republican’s Heritage model.

So here is the problem: Republicans can’t come up with an alternative. That is why it has not happened for 6 years. We are going to come up with an alternative, you have to go to either one of two models. One is Medicare for all. The other is the idea that every American has to be in the system and the idea based on personal responsibility, which at its start was a Republican idea. When President Obama adopted it, for many months, some Republican Senators were willing to go along, but then the politics took over, and since then, we have had the Republicans opposing their own program, providing health care. So rather than repeal and replace, since there is no replace, it is repeal and run.

Here is the problem for our colleagues politically, but more importantly, the problem for all Americans and all our constituents: No one is going to be able to hide from the devastating consequences of undoing the Affordable Care Act, which is going to hurt not just the 30 million Americans who are directly benefitting through the exchanges and the Medicaid expansion, the Medicaid expansion, but also all those seniors on Medicare and the others getting health care through their private employers.

As I said at the outset, it is truly sad to see the Senate at this point and in this state, especially because of the terrible consequences it is going to have on the American people.

You know, the very first time I was ever on the deck of the Senate was in 1985. I was not thinking of running for office myself at that time. It was the farthest thing from my mind. I was actually working—it was in the middle of the Cold War. I was working on national security and foreign policy issues for a moderate Republican Senator by the name of “Mac” Mathias from the State of Maryland.

I talked about the desks of the Senator at the outset of my remarks. Senator Mathias sat right there, one seat behind where Senator Kennedy is sitting right in now.

Great to see you.

That is where Senator Mathias sat. The reason I happened to be sitting next to him that day is he was working with Senator Kennedy that day. Senator Kennedy was at a desk back there. I believe, it was the second from the aisle. It had been his brother Jack Kennedy’s desk in the Senate before him. Even though there were many desks between the desk of Senator Kennedy and the desk of Senator Mathias and the center aisle between them, they were able to work together for the good of the country, just as many Senators from both parties have done since. That is the way the Senate is supposed to work. That is the way the Senate was described in the Robert Caro book that Republicans and Democrats alike told me to read as new Members before we came here.

I am really glad to be here. I am excited to get to work on behalf of Marylanders and work for the good of our State and the country. I wish it could have happened when the Senate was not hellbent on breaking the very traditions that have made it great, the tradition of being a deliberative body and not using right out of the gate, the very first thing, a process to short-circuit the will of the minority party. That is not what any of us were taught the Senate was about.

It is particularly troubling that the Senate is engaged in breaking that tradition in order to undermine affordable health care for millions of Americans and generate chaos in our health care system. I will fight every day to prevent that from happening.

I will also fight every day to try to live up to the traditions of the Senate, which is people trying to work together for the good of the country. It is disappointing to be here at a time when the Senate is embarked on violating that tradition in order to strip Americans of their health care, I hope we will not let that happen. I will fight every day to prevent that from happening and work with my colleagues to try to make sure we address the real priorities and concerns of the American people.

I thank my colleagues for joining me on the floor.

The PRESIDING OFFICER (Mr. SULLIVAN). The Senator from Iowa.

Mr. GRASSLEY. Mr. President, because—

Mr. CARDIN. Mr. President, may I ask my colleague to yield for just one moment?

The PRESIDING OFFICER. Will the Senator from Iowa yield?

Mr. GRASSLEY. Yes, for one moment.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Thank you. I appreciate the courtesy. I just wanted to take this time to welcome Senator VAN HOLLEN to the Senate. Senator VAN HOLLEN gave my maiden speech from the desk that was held by Senator Mica, and I think Senator Mica would be very proud of what he said here on the floor and very proud of Senator VAN HOLLEN being here in the Senate. I look forward to working with him.

I want to tell the people of Maryland and the people of this Nation that what you heard tonight, you heard a person who is committed to making our system work, who is committed to working with every Member of the Senate. But he will stand up for the principles and will stand up on behalf of the people of Maryland.

Again, welcome. It is wonderful to have him here in the Senate.

The PRESIDING OFFICER. The Senator from New York.

Mr. SCHUMER. Mr. President, I just want to add my commendation. It was such a well done, brilliant, articulate, carefully thought out speech. But it is not a surprise because of the way you know this Senator, the junior Senator from Maryland, is like that. We are so excited to have him and our freshman class—some of his colleagues came here today. We wish it had been larger in quantity, but they sure make up for it in quality, as Senator VAN HOLLEN’s speech showed. And parenthetically, maybe he will be able to increase that quantity in one of his other new jobs.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. GRASSLEY. Mr. President, it is because of ObamaCare that the health insurance markets in this country are badly damaged. They have gotten worse each year. They are now near collapse.

You were told 8 years ago that if you like your health insurance, you can keep it. Millions can’t. If you like your doctor, you can keep your doctor. Millions of Americans can’t. If you liked your plan, you might not be able to afford it. If you could afford the plan, you might not be able to use it because of the high copayments you have to have. So it is not a very good situation.

It took 6 years for the health insurance market to get as bad as I just described. It will take time for those markets to be restored. The next few years in health care will be challenging if ObamaCare is repealed or even if it is not repealed, it will be even longer before Americans have access to a functioning health insurance market and the insurance plans they want.

When it comes to health care, every second counts. We owe it to the American people who are sick or who could get sick, as well as families and businesses trying to plan for the future, to start fixing that problem right now. That is the result of the election. That is what the Senate was told to do.

The Affordable Care Act, which could more appropriately be called the Unaffordable Care Act, has been a case of over-promise and under-delivery. People were told that their premiums would go down and that if they liked their doctor, their hospital, or their health care plan, they could keep all of it. The reality is much different. More than half of the country had two or fewer insurance plans from which to choose this year. Some regions had no insurance plans at all. Even those who were strong supporters of the health care law, like the Minnesota Governor whom I like to quote, have
said the Affordable Care Act “is no longer affordable to many Americans.”

In my State of Iowa, the Affordable Care Act premium increases this year were over 40 percent for many individuals. Few people, of course, can afford that. It is not the case that did manage to purchase Affordable Care Act insurance found that they could no longer afford to use it.

One Iowan recently called my office and to his premiums have increased 400 percent in 3 years. He also said that his deductible went up—can you believe it—$14,000. Last year, one of his children had a major medical problem, and they had to pay for all of that care out of their pocket—not from the insurance. The family paid $12,000 for the Affordable Care Act insurance, which did not pay for any health care. Of course, that just doesn't make any sense whatsoever.

The problem is that the Affordable Care Act did nothing to address the underlying causes of the high cost of health care; that is, what it costs for a hospital or a doctor to purchase or maintain medical equipment, purchase medicines, carry malpractice insurance, and a lot of other costs they have.

Rather than address the actual cost to care, President Obama and his colleagues chose to bypass real health care reform for an unsustainable entitlement and bureaucratic mandates that have priced people out of the health insurance market, rather than provide those same people with affordable health care coverage.

So we are at it now. It is time for real health care reform, not the misguided policies that we were promised 8 years ago that now have turned out to be what I describe as misguided policies. It is time to deliver to Americans what we were promised. It is time to provide accessible, affordable health care to all Americans. But my colleagues on the other side of the aisle need to work with us. They know that the Affordable Care Act is falling apart. They know it is unaffordable.

As we have heard in speeches this week, the other side is trying to distract attention from the Affordable Care Act collapse by using scare tactics, like you recently heard. It is time for the Democrats to step up, instead of doubling down. It is time for the Democrats to bypass the Affordable Care Act and deliver Americans what was promised.

I look forward to working with my colleagues and the Trump administration to deliver affordable health care to all Americans in the tradition of the Senate, which is what didn't happen in 2009. It was strictly a one-party program but before the Congress to pass. That is why it has failed—because so many of the people who could have made a good bill pass in 2009 were left out of the process because this body had 60 Democratic Members and they didn’t have to pay any attention to Republicans.

They spent maybe 8 or 9 months trying to work with the Republicans to negotiate a bipartisan deal. But before that was completed, they said: Take it or leave it. The Republican minority at that time was not going to be dictated to, and we were pushed out of the room.

Then what ended up being the Affordable Care Act was written in the big black hole of Senate Majority Leader Reid’s office, without the bipartisan input which has made so many social programs in America successful. I would name the Social Security Act. I would name civil rights legislation, Medicare legislation, and Medicaid legislation, which all had broad bipartisan support to get them passed. In the case of the Civil Rights Act, a higher proportion of Republicans voted for it than Democrats voted for it—just one example.

That is the tradition of the Senate when you have major social legislation that has been successful, and that is why the Affordable Care Act was not successful—because it was strictly a partisan approach that was used to have it become law. 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. MCCONNELL. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. MCCONNELL. Mr. President, I ask unanimous consent that at 5:30 p.m. on Monday, January 9, the Senate vote in relation to the Paul amendment No. 1; further, that the Senate vote in relation to the Sanders amendment No. 19 at 2:30 p.m. on Tuesday, January 10.

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

Mr. MCCONNELL. Mr. President, it is my understanding that we will have a side-by-side amendment to the Sanders amendment, and we will circulate that amendment as soon as possible.

Mr. SCHUMER. Thank you, Mr. President.

The resolution (S. Res. 8) was agreed to.

TO CONSTITUTE THE MAJORITY PARTY’S MEMBERSHIP ON CERTAIN COMMITTEES FOR THE ONE HUNDRED FIFTEENTH CONGRESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of S. Res. 7, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The bill clerk read as follows:

A resolution (S. Res. 8) to constitute the minority party’s membership on certain committees for the One Hundred Fifteenth Congress, or until their successors are chosen.

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

The resolution (S. Res. 8) was agreed to.

TO CONSTITUTE THE MAJORITY PARTY’S MEMBERSHIP ON CERTAIN COMMITTEES FOR THE ONE HUNDRED FIFTEENTH CONGRESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the resolution be reconsidered made and laid upon the table with no intervening action or debate.

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

The resolution (S. Res. 7) to constitute the majority party’s membership on certain committees for the One Hundred Fifteenth Congress, or until their successors are chosen.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to consider the resolution.

Mr. SCHUMER. Thank you, Mr. President.

We have just agreed to the committee resolution numbers on each committee. I would make just a couple of points, if I might.

Our caucus has some serious concerns about letting the Intelligence Committee and Armed Services Committee exclusively handle the issue of Russia’s interference in the election.

Agreed, much of the information relating to Russia’s interference in our election can be pulled together by the Intelligence and Armed Services Committees, the legislative actions that
will be required to respond fully to Russia’s interference need to be a wide-ranging endeavor that can only be done by a select committee.

I have spoken with Leader McConnell. I have told him that we will let the committee organizing resolution go forward, but I did put the majority leader on notice that if the work of the Intelligence and Armed Services Committees is deemed insufficient or incomplete or taking too long, this matter may well need to be revisited before the committee funding resolution comes up in February.

Also, I understand additional information with respect to Russia’s interference in our election will be released in the coming days, and that could also change our view as to the way we ought to proceed.

I have spoken to the majority leader about these concerns. He carefully listened, and we will keep a careful eye on how things are going in the Intelligence and Armed Services Committees with regard to Russia’s interference in the election.

The PRESIDING OFFICER. The majority leader.

Mr. McConnell. Mr. President, I ask unanimous consent to engage in a colloquy with the Democratic leader.

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

COMMITTEE FUNDING

Mr. McConnell. Mr. President, in the 115th Congress the Senate adopted a new funding allocation for Senate committees. This approach has served the Senate well for the past three Congresses. I believe this approach will continue to serve the interests of the Senate and the public, regardless of which party is in the majority, by helping to retain core committee staff with institutional knowledge. This funding allocation is based on the party division of the Senate, with 10 percent of the total majority and minority salary baseline going to the majority for administrative expenses. However, regardless of the party division of the Senate, the minority share of the majority and minority salary baseline will never be less than 40 percent, and the majority share will not exceed 60 percent. It is my intent that this approach will continue to serve the Senate for this Congress and future Congresses.

Mr. Schumer. Mr. President, this approach met our needs for the last three Congresses, and I too would like to see it continue. In addition, special reserves have been restored to its historic purpose. We should continue to fund special reserves to the extent possible in order to be able to assist committees that face urgent, unanticipated, nonrecurring needs. Recognizing the tight budgets we will face for the foreseeable future, it is necessary that we continue to bring funding authorizations more in line with our actual resources while ensuring that committees are able to fulfill their responsibilities. I look forward to continuing to work with the majority leader to accomplish this.

Mr. McConnell. Mr. President, I ask unanimous consent that a joint leadership letter be printed in the RECORD.

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

JOINT LEADERSHIP LETTER

We mutually commit to the following for the 115th Congress:

The Rules Committee is to determine the budgets of the committees of the Senate. The budgets of the committees, including joint and special committees, and all other subcommittees, shall be apportioned to reflect the ratio of the Senate as of this date, including an additional ten percent (10%) from the majority and minority salary baseline to be allocated to the chairman for administrative expenses.

Special Reserves has been restored to its historic purpose. Requests for funding will only be considered when submitted by a committee chairman and ranking member for unanticipated, non-recurring needs. Such requests shall be granted only upon the approval of the Rules Committee and ranking member of the Rules Committee. Funds for committee expenses shall be available to each chairman consistent with the Senate rules and practices of the 115th Congress.

The division of committee office space shall be commensurate with this funding agreement. The chairman and ranking member of any committee may, by mutual agreement, modify the apportionment of committee funding and office space.

CONCURRENT RESOLUTION ON THE BUDGET, FISCAL YEAR 2017—Continued

The PRESIDING OFFICER. The Senator from Vermont.

AMENDMENT NO. 19

Mr. Sanders. Mr. President, I call up amendment No. 19, which is at the desk.

The PRESIDING OFFICER. Is there objection to setting aside the pending amendment?

Without objection, it is so ordered.

The clerk will report.

The bill clerk reads as follows:

The Senator from Vermont [Mr. Sanders] proposes an amendment numbered 19.

Mr. Sanders. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To protect the Medicare and Medicaid programs)

At the end of title X, add the following:

SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD PRIVATIZE MEDICARE OR LIMIT FEDERAL FUNDING FOR MEDICAID.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would—

(b) PRIVATIZE THE MEDICARE PROGRAM UNDER TITLE XVIII OF THE SOCIAL SECURITY ACT (42 U.S.C. 1395 et seq.) or turn the program into a voucher system;

(2) increase the eligibility age under the Medicare program;

(3) privatize Social Security;

(2) increase either the early or full retirement age for benefits scheduled under title II of the Social Security Act (42 U.S.C. 401 et seq.);

(3) privatize Social Security;

(4) result in a reduction of guaranteed benefits for individuals enrolled for, benefits under the Medicare program under title XVIII of such Act (42 U.S.C. 1395 et seq.); or

(5) result in a reduction of benefits or eligibility for individuals enrolled in, or eligible to receive medical assistance through, a State Medicaid plan or waiver under title XV of such Act (42 U.S.C. 1396 et seq.).

Mr. Sanders. Mr. President, I ask unanimous consent to set aside the pending amendment and call up amendment No. 20.

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

The clerk will report.

The bill clerk reads as follows:

The Senator from Vermont [Mr. Sanders], for Ms. Hirono, proposes an amendment numbered 20.

Mr. Sanders. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To protect the Medicare and Medicaid programs)

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD PRIVATIZE MEDICARE OR LIMIT FEDERAL FUNDING FOR MEDICAID.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would—

(b) PRIVATIZE THE MEDICARE PROGRAM UNDER TITLE XVIII OF THE SOCIAL SECURITY ACT (42 U.S.C. 1395 et seq.) or turn the program into a voucher system;

(2) increase the eligibility age under the Medicare program;

(3) privatize Social Security;

(2) increase either the early or full retirement age for benefits scheduled under title II of the Social Security Act (42 U.S.C. 401 et seq.);

(3) privatize Social Security;

(4) result in a reduction of guaranteed benefits for individuals enrolled for, benefits under the Medicare program under title XVIII of such Act (42 U.S.C. 1395 et seq.); or

(5) result in a reduction of benefits or eligibility for individuals enrolled in, or eligible to receive medical assistance through, a State Medicaid plan or waiver under title XV of such Act (42 U.S.C. 1396 et seq.).

Mr. McConnell. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

MORNING BUSINESS

Mr. McConnell. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.
The PRESIDING OFFICER. Without objection, it is so ordered.

FOREIGN CULTURAL EXCHANGE JURISDICTIONAL IMMUNITY CLARIFICATION BILL

Mr. HATCH. Mr. President, in the final hour of our legislative business early last December 10, we passed a remarkable bill. It had no ideological division, did not cost the taxpayers a dime, and will benefit Americans in every part of the country. And, like the House did, we passed it unanimously.

This bill had the somewhat unwieldy title of the Foreign Cultural Exchange Jurisdictional Immunity Clarification Act. While not lending itself to a catchy acronym, it is accurately descriptive. For more than 50 years, a Federal law has provided legal protection for art loaned by foreign governments for exhibition in the United States. Confidence in that protection is an essential piece of the complex arrangements that can take years to complete in order to bring wonderful exhibits to American museums for everyone to enjoy.

America has hundreds of museums of all sorts. The art museum at Brigham Young University, for example, is one of the largest and best attended in the Mountain West. When it began working on a major exhibition of art from Islamic countries, some of its loan requests were unexpectedly denied. It turns out that a 2007 Federal court decision had made such loans risky, rather than secure. After that court decision, the act of lending, even after State Department review and approval, could actually lead to a new category of lawsuits against the foreign lenders.

This legislation, now signed into law, reverses that court decision and clarifies that lending art after State Department review does not raise the possibility of unlawful conduct. Foreign Governments can once again have confidence that lending art for exhibition will improve cultural understanding and enrich people’s lives without the threat of new lawsuits.

The bill has two narrow exceptions. I want to thank Dr. Wesley Fisher, director of research at the Conference on Jewish Material Claims against Germany, and Rabbi Andrew Baker, director of International Jewish Affairs at the American Jewish Committee, for their help in drafting the exception for Nazi-era claims. The second exception covers comparable state-sponsored coercive campaigns of cultural plunder.

Art that was looted in such a campaign should not be given protection for exhibitions in the United States.

The senior Senator from California, Mrs. Feinstein, was my principal partner in this effort. She and her staff have been patient, thoughtful, and dedicated; in particular, I want to thank her counsel, Eric Haren, and counsel Lartea Tiffith for working so diligently with my own chief counsel, Tom Jipping. The problem to be solved was clear, but it was challenging to find the right language to solve that problem without unintended consequences.

I also want to thank the Association of Art Museum Directors, their director, Dr. John I. O’Brien, and Anita Difanis, and their special counsel Josh Knerly. They have been committed to this goal from the start, and their effort began with educating many of us about this unique area of law and policy. They made it clear to hundreds of art institutions and associations to support this bill. And they were flexible about many things while staying focused on the essentials.

I gratefully acknowledge the consistent support for this legislation from the BYU Museum of Art, the Utah Fine Arts Museum, and the Utah Museums Association. We have a vibrant art community in Utah, and this legislation means that these fine institutions can have additional opportunities to bring new experiences to the people in our great State.

Mr. President, I ask unanimous consent to have printed in the RECORD following my remarks a letter from James S. Snyder, director of The Israel Museum in Jerusalem. He writes that the risk of new lawsuits has been “a disincentive to lend works to American museums,” but that this legislation “will encourage our museums worldwide to continue to lend to American museums in the precise spirit of international cultural cooperation that U.S. Immunity from Seizure protection was intended to provide.” That, in a nutshell, is the problem and the solution we are enacting today.

This legislation restores the confidence that foreign governments need to lend art for exhibitions that Americans across the country can enjoy. That is something we can all be proud of.

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

THE ISRAEL MUSEUM,
Jerusalem, March 17, 2013.

HON. ORRIN HATCH,
U.S. Senator.

Dear Senator Hatch: I am Director of The Israel Museum, Jerusalem, an encyclopedic museum embracing the history of material world culture from pre-historic archaeology of the ancient Holy Land through the rise of Judaism, Christianity, and Islam; Jewish world culture; and the fine arts of the Western and non-Western traditions. Our collections comprise over 500,000 objects, and our 600,000 sq. ft. campus sits on a signature 20-acre site in Jerusalem. We are international in character and function, as well as geographically located in Jerusalem and internationally and as major borrowers and lenders from sister institutions worldwide.

Our international museum community, which enjoys a close and collegial relationship with our American counterparts, is concerned about the trend toward a weakening of the Immunity from Seizure protection customarily offered by U.S. museums when they request loans from foreign museums. These concerns are twofold.

First, that foreign museums risk being sued in connection with works loaned to an American exhibition if there is a question that works on loan are held by their lending institutions in violation of international law. The act of lending can therefore be used as the basis to seek damages in a U.S. court, which is counter to the premise that Immunity from Seizure protects works on loan from legal action while they are on loan; and

Secondly, foreign museums should be afforded clear provenance to American museums, given the potential risk of suit in U.S. courts. And this prospect is exactly what U.S. Immunity from Seizure was originally established to avoid.

Anything that you can do to strengthen Immunity from Seizure in the U.S. will ensure that museums worldwide can continue to lend to American museums in the precise spirit of international cultural cooperation that U.S. Immunity from Seizure protection was intended to provide.

Please let me know if I can answer any further questions in this matter.

Sincerely,

JAMES S. SNYDER,
Director.

TRIBUTE TO SARAH R. Saldana

Mr. CORNYN. Mr. President, today I would like to pay tribute to a dedicated public servant and Texan, Sarah R. Saldana. Ms. Saldana is stepping down as Director of U.S. Immigration and Customs Enforcement, ICE, and retiring after many years of Federal service.

Born as the youngest of seven children to working-class parents in Corpus Christi, TX, Director Saldana learned the importance of hard work and education at an early age. After she graduated from W.B. Ray High School in 1970, Director Saldana attended Del Mar Junior College and graduated summa cum laude from Texas A&M, formerly Texas A&I, University in 1973. Shortly thereafter, she began her career as an 8th grade language arts teacher at D.A. Hulcy Middle School in Dallas. Later, she worked as a technician for the Equal Employment Opportunity Commission, EEOC, and as an investigator and management intern for the Department of Housing and Urban Development, HUD. Additionally, she worked as a Federal Representative for the Department of Labor Employment and Training Administration until 1981.

Ms. Saldana then decided to pursue a legal education at Southern Methodist University, SMU, in Dallas, TX, where she earned her J.D. in 1984. Following graduation, she clerked for the Honorable U.S. District Judge Barefoot Sanders. As a trial attorney, Director Saldana was a partner at Baker Botts, where she became partner in their trial department.
In 2004, she returned to public service and became an assistant U.S. attorney for the Northern District of Texas, where she prosecuted a variety of criminal cases. She also served as the deputy criminal chief in charge of the district’s major fraud and public corruption section.

In 2011, Ms. Saldana was nominated and confirmed to become the first Latina United States attorney in the history of Texas and only the second woman to hold that position in the 135-year history of Texas’ Northern District—a region that includes the Dallas-Fort Worth Metroplex and spans 100 counties and stretches across 95,000 square miles.

In 2014, Ms. Saldana was confirmed to lead the U.S. Immigration and Customs Enforcement. As ICE’s Director, she helped to oversee the largest investigative agency within the Department of Homeland Security and to protect the safety and security of the United States.

Throughout her career, she has served with integrity and character. Ms. Saldana has served the people of Texas and the United States with honor—fighting illegal immigration, public corruption, organized crime, sexual predators, and other dangerous criminals.

Her legacy will continue to benefit the American people and I join with her family, friends, and coworkers in saying that her experience and dedication to public service will be missed.

I offer my appreciation to Sarah R. Saldana for her service to our Nation and send my best wishes for the years ahead.

TRIBUTE TO DR. BETH BELL

Mrs. MURRAY. Mr. President, today I wish to recognize an exceptional public servant, Dr. Beth Bell, who is retiring from the directorship of the National Center for Emerging and Zoonotic Infectious Diseases, NCEZID, at the Centers for Disease Control and Prevention, CDC.

Dr. Bell began her career with the CDC in 1992, in my home State, as an epidemic intelligence service, EIS officer assigned to the Washington State Department of Health, where she led a seminal investigation into E. coli infections. After completing her EIS training, Dr. Bell joined the Centers for Disease Control and Prevention's (CDC) Emerging Viral Infections Branch in the Division of Viral Hepatitis. During her 13 years working on viral hepatitis, she led important efforts to better understand the epidemiology of hepatitis A in the United States, applying this knowledge to the development and implementation of hepatitis A vaccination policy. These extraordinary efforts contributed to reducing hepatitis A incidence by more than 95 percent. She also worked on implementation of global infant hepatitis A and B vaccination programs during the early days of the Global Alliance for Vaccines Initiative. She later served as the acting deputy director of the National Center for Immunization and Respiratory Diseases during the H1N1 pandemic before being appointed Director of the newly formed Center for Emerging and Zoonotic Infectious Diseases, NCEZID, in 2010.

In that role, Dr. Bell has been at the forefront of the agency’s critical and complex response efforts. In 2014–2015, Dr. Bell was called upon to lead the center through the largest Ebola epidemic in history. After reaching a near breaking point where, according to CDC Director Dr. Tom Frieden, it was “spiraling out of control” in late 2014, the epidemic was contained through the aggressive use of proven outbreak-control measures such as patient isolation and contact tracing.

In 2016, Dr. Bell found herself leading the response to yet another pandemic as Zika exploded in South and Central America, Puerto Rico and the Caribbean, and Florida. The impact of Zika on women and children through microcephaly, a life-threatening condition in which children are born with unusually small heads, was heartbreaking and historically significant—never before has a mosquito-borne infection caused such devastating birth defects. CDC’s early alert—under Dr. Bell’s leadership—to people traveling to countries with Zika likely prevented an untold number of infections among women of child-bearing age; and, continuing through her very last day of Federal service, Dr. Bell was critical in CDC’s support for U.S. territories, cities, and States—as well as other impacted countries.

In addition, Dr. Bell oversaw the Center’s response to chikungunya spreading throughout the Americas in 2013–14, the second-largest outbreak of West Nile virus disease in the United States in 2012, and hundreds of outbreaks of foodborne disease. Her leadership of the Center during each of these outbreaks has been remarkable, and all Americans have benefited from her steady hand and commitment to service. Dr. Bell also held leadership roles during CDC responses to the 2001 anthrax attacks and Hurricane Katrina in 2005. Her outstanding leadership, scientific training, and expertise have been critical to the success of the Center in these endeavors.

In 2012, she was called upon to lead the Center’s response to the fungal meningitis outbreak associated with contaminated steroid products—America’s largest healthcare related outbreak ever. The New York Times called it “one of the most shocking outbreaks in the annals of American medicine.” Following her testimony before the Senate Health Committee, Dr. Bell was named CDC’s whistleblower of the year for her decisive role in the response, which likely prevented many hundreds of infections and deaths among patients who would otherwise have received injections of fungus-contaminated medication.

She also directed two new cross-cutting infectious disease initiatives that have already shown benefits to the field of public health: the Advanced Molecular Detection, AMD, and the Antibiotic Resistance Solutions Initiative. Together, these initiatives are helping scientists better understand how infections spread and transforming our national capacity to detect, respond, contain, and prevent drug-resistant infections.

In Maine, Portsmouth Naval Shipyard has received approximately $100 million in modernization funds since 2009, enabling it to maintain its status as the gold standard for public naval shipyards and further TRIBUTE TO RAY MABUS

Ms. COLLINS. Mr. President, today I wish to congratulate Secretary Ray Mabus on his retirement as the 75th Secretary of the Navy. It has been a great pleasure to work with Secretary Mabus during his impressive and storied tenure as the longest serving Secretary of the Navy since World War I. Following his confirmation in 2009, Secretary Mabus has continually reaffirmed his commitment to ensuring America’s naval forces are second to none. During his more than 7 years of service, Secretary Mabus has also demonstrated an unwavering commitment to building our naval fleet and supporting America’s shipbuilding industrial base. He has put 84 ships under contract across the country, more than the last three Navy secretaries combined, and invested significantly in our aging shipbuilding infrastructure.

Secretary Mabus’s focus on increasing shipbuilding has allowed the men and women at Bath Iron Works, BIW, to continue building high-quality destroyers, which are the workhorses of our naval fleet. To allow our shipbuilders to leverage these ships to their fullest potential while remaining mindful of the budget constraints faced by our military, Secretary Mabus supported energy initiatives to reduce dependence on fossil fuels. His focus on power-saving technologies, like diesel-electric plants in new ships, has reduced the Navy and Marine Corps’ fuel expenses by 30 percent.

In Maine, Portsmouth Naval Shipyard has already shown benefits to the field of public health: the Advanced Molecular Detection, AMD, and the Antibiotic Resistance Solutions Initiative. Together, these initiatives are helping scientists better understand how infections spread and transforming our national capacity to detect, respond, contain, and prevent drug-resistant infections. Because of Dr. Bell’s leadership, our Nation will be better equipped to address the growing threat of antibiotic resistance, as well as a myriad of other public health threats.

Dr. Bell exemplifies steadfastness and courage in protecting the Nation’s health. She has demonstrated an unwavering level of dedication and passion for public health at all levels, recognizing the important roles of State, local, county, tribal, and Federal partners.

Dr. Bell has been a true public servant. I ask that we honor Dr. Bell today for her invaluable leadership to the CDC and America’s public health efforts.
hone its efficiency and effectiveness in submarine repair.

While advancing these reforms, Secretary Mabus visited Navy and Marine Corps installations across the globe, traveling over 1.3 million miles to over 150 countries and territories and all 50 States. When measured in distance, Secretary Mabus has travelled to the moon and back almost three times. In 2009, Secretary Mabus travelled to the moon and back 36 times by being there when they reopen. He was there when Club Moderne opened its doors in 2009. He was there when they stepped up to become a leader on gender equality in the military. His support for integration of women into the Navy and Marine Corps, in all occupations and specialties, and his expansion of maternity leave have ensured that women can serve in the military jobs they love.

Secretary Mabus has also taken steps to support career flexibility, continuing education, and family wellbeing for all members of the Navy and Marine Corps. He worked to ensure that all those who serve in uniform are provided the mental health care they need and deserve. By supporting and empowering a dedicated, intelligent, and committed personnel base, Secretary Mabus has enabled our Navy to remain the powerful fighting force that it is today.

With his retirement, we lose a true patriot who served his country as a civilian, as well as in uniform, and we lose a visionary leader who saw how our Armed Forces could be better—and did everything in his power to make it happen. It has been a personal and professional pleasure to work with Secretary Mabus, and I wish him fair winds and following seas.

### ADDITIONAL STATEMENTS

#### TRIBUTE TO JOHN AND STEPHANIE HEKKEL

- **Mr. DAINES.**, Mr. President, today I have the honor of recognizing John and Stephanie Hekkel of Anaconda in celebration of the rebuilding of Club Moderne.

  The bar had been considered an area landmark since its founding in 1937 and was truly a sight to behold. With its splendor from facade and Carrara glass panels, it reflected the Art Deco style of the time of its founding. It was designed by Bozeman-based architect Fred Willson and built by local carpenters and craftspeople under the direction of the first owner, John “Skinny” Francisco.

  Until recently, the Club Moderne had changed very little since its opening day, and in 1986, it was added to the National Register of Historic Places.

  In 1997, this historic bar was sold to a close friend, longtime bartender, and Anaconda native John Hekkel who continued its legacy as a flagship watering hole, especially for area law enforcement and firefighters, while maintaining its retro atmosphere.

  A recent Yelp review described taking a step inside “like walking inside a time capsule!”

  Last April, it also won the top award in The Big Tap: 2016 Hottest Tournament Championship, an online contest sponsored by the National Trust for Historic Preservation.

  Unfortunately, Club Moderne was destroyed in a fire in October, a tragic loss to the Anaconda community.

  The night the fire happened, I understand John Hekkel stayed at the bar until 4:00 in the morning and, after the fire was extinguished, grabbed a shovel and physically helped with the cleanup. Just this week, I had the privilege of hearing the Hekkels announce plans to rebuild the bar and restore this historic establishment.

  This is a true Montana story. Montanans pull themselves up by their bootstraps, even in times of hardship or loss.

  I invite fellow Montanans to stop by to try whatever’s on tap or a Moscow Mule, which is an Anaconda specialty. The Hekkels, through Club Moderne, have welcomed those just passing through our State and native Montanans alike for generations. As small business owners, they have brought their community together. I wish them all my best as they restore Club Moderne and renew it as a bright spot in the Anaconda community.

  I look forward to visiting with John and Stephanie there when they reopen.

### EXECUTIVE MESSAGES REFERRED

As in executive session the President of the United States submitted sundary nominations which were referred to the appropriate committees.

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

### MESSAGE FROM THE HOUSE

At 10:29 a.m., a message from the House of Representatives, delivered by Mr. Novotny, one of its reading clerks, announced that the House has passed the following bills and joint resolution, in which it requests the concurrence of the Senate:

- H.R. 21. An act to amend chapter 8 of title 5, United States Code, to provide for en bloc consideration in resolutions of disapproval for “midnight rules”, and for other purposes.
- H.R. 69. An act to authorize the Office of Special Counsel, to amend title 5, United States Code, to provide modifications to authorities relating to the Office of Special Counsel, and for other purposes.
- H.R. 70. An act to amend the Federal Advisory Committee Act to increase the transparency of Federal advisory committees, and for other purposes.
- H.R. 71. An act to direct the Secretary of the Treasury to provide taxpayers with an annual report disclosing the cost and performance of Government programs and areas of duplication among them, and for other purposes.
- H.R. 72. An act to ensure the Government Accountability Office has adequate access to information.
- H.R. 73. An act to amend title 44, United States Code, to require information on contributors to Presidential library fundraising organizations, and for other purposes.
- H.R. 74. An act to provide for the location of a memorial to commemorate and honor the members of the Armed Forces who served on active duty in support of Operation Desert Storm or Operation Desert Shield.

### MEASURES REFERRED

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

- H.R. 21. An act to amend chapter 8 of title 5, United States Code, to provide for en bloc consideration in resolutions of disapproval for “midnight rules”, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.
- H.R. 69. An act to reauthorize the Office of Special Counsel, to amend title 5, United States Code, to provide for authorities relating to the Office of Special Counsel, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.
- H.R. 70. An act to direct the Secretary of the Treasury to provide taxpayers with an annual report disclosing the cost and performance of Government programs and areas of duplication among them, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.
- H.R. 71. An act to provide taxpayers with an annual report disclosing the cost and performance of Government programs and areas of duplication among them, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.
- H.R. 72. An act to ensure the Government Accountability Office has adequate access to information.

### MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Mr. Pate, one of his secretaries.
Whereas, the Commonwealth of Puerto Rico and the State of Florida share a strong cultural bond and are important trade partners, and

Whereas, the Commonwealth of Puerto Rico has experienced a prolonged and difficult economic recession that has led to mass unemployment in Puerto Rico and decreased trade opportunities with the State of Florida, and

Whereas, the Commonwealth of Puerto Rico has public debts in excess of $72 billion, which continue to cripple Puerto Rico’s ability to improve and sustain economic growth, and

Whereas, the 1994 amendments to the United States Bankruptcy Code prohibit the Commonwealth of Puerto Rico from authorizing its municipalities and public utilities to file for bankruptcy relief under Chapter 9 of the code, and

Whereas, the United States Bankruptcy Code amendments require Puerto Rico’s municipalities and public utilities to engage in piecemeal negotiations with each of their creditors, consolidating debt and developing a comprehensive plan for repayment, and

Whereas, the citizens of Puerto Rico are suffering greatly due to their government’s inability to renegotiate the terms of this debt under a comprehensive plan, and

Whereas, the United States Government has an obligation to promote and assist the economic prosperity of the Commonwealth of Puerto Rico as an important territory of our nation, and

Whereas, the United States Congress eliminated a tax exemption for manufacturers from Section 936 of the Internal Revenue Code, greatly affecting Puerto Rico’s ability to create new jobs and programs that promote economic development to bring high paying jobs back to Puerto Rico, and

Whereas, the Commonwealth of Puerto Rico and the State of Florida would both benefit from Puerto Rico’s renewed economic prosperity, and

Whereas, the national debt of the United States is currently more than $19 trillion. Now, therefore, be it

Resolved by the Senate, That we memorialize Congress to enact legislation that clarifies the Department of Education’s role and authority as it pertains to “supplement not supplant” provisions of the Every Student Succeeds Act; and be it further

Resolved, That we urge the President of the United States, the President of the United States Senate, the Speaker of the United States House of Representatives, and the Michigan congressional delegation, and the U.S. Department of Education as public comment on proposed rules.


SENATE RESOLUTION NO. 204

Whereas, The ADA was enacted in 1990 to improve access and equality for disabled Americans. After 25 years in effect, the integrity of the ADA is in question because of the growth of lawsuits against small businesses due to minor and correctable infractions; and

Whereas, Small businesses provide goods and services that are vital to our economy and it is important that every effort is made to ensure disabled Americans have access to those goods and services. When there are minor and easily correctable ADA infractions, small businesses are increasingly being faced with lawsuits by individuals; and

Whereas, The threat or actual occurrence of potential lawsuits can stifle businesses in the dilemma of choosing whether to settle the suit or face the potentially exorbitant cost of litigation in terms of both time and money. Among the plaintiffs, plaintiffs with the ADA system often file multiple cases, many with businesses and properties; and
Resolved, That we, the Senators of the 98th Legislature of the State of New Jersey, urge the U.S. Congress to pass the Americans with Disabilities Act (ADA) Education Amendments Act, therefore, be it

Resolved, That copies of this resolution be transmitted to the President of the United States Senate, the Speaker of the United States House of Representatives, and the members of the Michigan congressional delegation.

POM-5. A resolution adopted by the General Assembly of the State of New Jersey urging the United States Congress and the President of the United States to enact legislation to ensure that students with disabilities have access to debt-free higher education at public colleges and universities.

WHEREAS, A college education is one of the most valuable investments a family can make, but it has never been more difficult for families to afford the dream of college as the cost has grown exponentially in recent decades; and

WHEREAS, According to the White House, the cost of college has risen more than 250 percent over the last three decades, while income for typical families grew by only 16 percent over the last three decades, while income for typical families grew by only 16 percent over the last three decades, making it difficult for a student to come for typical families grew by only 16 percent over the last three decades; and

WHEREAS, Student loan debt saddles the very students who most depend on a college degree to level the economic playing field with huge constraints that color choices, hurt their credit ratings, prevents them from fully participating in the economy, and threatens essential milestones of the American dream such as buying a home or car, starting a family, and saving for retirement; and

WHEREAS, Young people in the State of New Jersey and throughout the United States have access to debt-free higher education at public colleges and universities without taking on burdensome debt; and

WHEREAS, Because of the importance of higher education to the nation’s economy, the United States and its state governments should expand the opportunity to pursue and attain a college degree; and

WHEREAS, Public investment in higher education returns, as evidenced by the fact that workers with college degrees earn more money, pay more taxes, and rely less on government services; and

WHEREAS, It is the further goal of establishing a debt-free public higher education system would include significant federal aid to states, including New Jersey. Now, therefore, be it

Resolved by the General Assembly of the State of New Jersey:

1. This House urges Congress and the President of the United States to enact legislation to ensure that students from the State of New Jersey and throughout the United States have access to debt-free higher education at public colleges and universities.

2. Copies of this resolution, as filed with the Secretary of the Senate, shall be transmitted by the Clerk of the General Assembly to the President and Vice-President of the United States, the Majority and Minority Leaders of the United States Senate, the Speaker and Majority Leader of the United States House of Representatives, and every member of Congress elected from this State.

POM-6. A memorial adopted by the Legislature of the State of Florida applying to the United States Congress to call a convention under Article V of the United States Constitution with the sole agenda of proposing an amendment to the United States Constitution to set a limit on the number of terms that a person may be elected as a member of the United States House of Representatives and to set a limit on the number of terms that a person may be elected as a member of the United States Senate.

WHEREAS, the voters of the State of Florida, by the gathering of petition signatures, placed on the general election ballot of 1992 a measure to limit the consecutive years of service for several offices, including the offices of the United States House of Representatives, the United States Senate, and the United States President, and because the voters of Florida incorporated this limitation into the State Constitution as Section 4 of Article VI, by an approval vote that exceeded 76 percent in the general election, accordingly;

WHEREAS, in 1995, the United States Supreme Court ruled in U.S. Term Limits, Inc. v. Thornton, 514 U.S. 779 (1995), a five-to-four decision, that the mandates did not possess the requisite authority to establish term limits, or additional qualifications, for persons elected to the United States House of Representatives or the United States Senate, and

WHEREAS, upon reflecting on the intent of the voters of this state and their overwhelming support for congressional term limits, the Legislature, in its 114th Regular Session since Statehood in 1845, did express through a memorial to Congress the desire to see a convention under Article V of the United States Constitution to limit the number of consecutive terms that a person may serve in the United States House of Representatives or the United States Senate, and

WHEREAS, the Legislature, in its 118th Regular Session since statehood in 1845, does desire to see a convention under Article V of the Constitution of the United States with the sole agenda of proposing an amendment to the Constitution of the United States to limit the number of terms that a person may be elected as a member of the United States House of Representatives and to set a limit on the number of terms that a person may be elected as a member of the United States Senate.

POM-7. A resolution adopted by the Mayor and Board of Aldermen of the Town of Boonton, New Jersey, relative to the adoption of publications and distribution of any and all images that purport to glorify or justify violence against law enforcement officers; to the Committee on the Judiciary.

POM-8. A resolution adopted by the Town Board of the Charter Township of Waterford, Michigan, relative to the Refugee Resettlement Program; to the Committee on the Judiciary.

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 Mrs. FEINSTEIN: S. 32. A bill to provide for conservation, enhanced recreation opportunities, and development of renewable energy in the California Desert Conservation Area, and for other purposes; to the Committee on Energy and Natural Resources.

By Ms. MURKOWSKI (for herself, Mr. SULLIVAN, Mr. DAINES, Mr. HATCH, Mr. HELLER, Mr. LEAHY, Mr. MCCAIN, Mr. RISCH, Mr. GRASSLEY, Mr. TILLIS, Mr. MCCONNELL, Mr.
S. 32. A bill to provide for congressional approval of national monuments and restrictions on the use of national monuments, to establish a fund for the development of marine national monuments, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. JOHNSON:

S. 33. A bill to provide for amendments to the Marine Mammal Protection Act of 1972; to the Committee on Energy and Natural Resources.

By Mr. GRASSLEY:

S. 34. A bill to amend chapter 8 of title 5, United States Code, to provide for the extension of the authority to negotiate covered part D drug prices on behalf of Medicare program beneficiaries; to the Committee on Finance.

By Mr. JOHNSON:

S. 35. A bill to amend title XVIII of the Social Security Act to strengthen Medicare and Medicaid programs and make other improvements; to the Committee on Finance.

By Mr. RUBIO:

S. 36. A bill to amend the Internal Revenue Code of 1986 to allow a credit against income tax for contributions to a retirement program; to the Committee on Finance.

By Mr. GRASSLEY:

S. 37. A bill to amend the Internal Revenue Code of 1986 to allow refunds for Federal motor fuel excise taxes on fuels used in mobile mammography vehicles; to the Committee on Finance.

By Ms. MURKOWSKI:

S. 38. A bill to provide for congressional study of the closure of Fort Ontario in the State of New York; to the Committee on Homeland Security and Governmental Affairs.

By Mr. HELLER:

S. 39. A bill to provide for the extension of the authority to negotiate covered part D drug prices on behalf of Medicare program beneficiaries; to the Committee on Finance.

By Mr. RUBIO:

S. 40. A bill to amend the Internal Revenue Code of 1986 to repeal the excise tax on high cost employer-sponsored health coverage; to the Committee on Finance.

By Mr. REED:

S. 41. A bill to amend part D of title XVIII of the Social Security Act to require the Secretary of Health and Human Services to negotiate covered part D drug prices on behalf of Medicare beneficiaries; to the Committee on Finance.

By Mr. HELLER:

S. 42. A bill to establish a national suicide prevention program to address the needs of veterans and other individuals who have served in the Armed Forces; to the Committee on Commerce, Science, and Transportation.

By Mr. HELLER:

S. 43. A bill to amend the Internal Revenue Code of 1986 to allow individuals with medical expenses to qualify for health savings accounts; to the Committee on Finance.

By Mr. BLUMENTHAL:

S. 44. A bill to amend the Fair Labor Standards Act of 1938 to improve nonretaliation provisions relating to equal pay requirements; to the Committee on Health, Education, Labor, and Pensions.

By Mr. CRUZ:

S. 45. A bill to require the Secretary of Veterans Affairs to require health care providers to report adverse events to the Secretary; to the Committee on Finance.

By Mr. BLUMENTHAL:

S. 46. A bill to require the Secretary of Veterans Affairs to provide health care providers with training on the recognition and management of post-traumatic stress disorder; to the Committee on Finance.

By Mr. SULLIVAN:

S. 47. A bill to require the Committee on Veterans Affairs to report on the impact of the privatization of the Department of Veterans Affairs on the quality of care provided to veterans; to the Committee on Finance.

By Mr. SULLIVAN:

S. 48. A bill to provide for the extension of the authority to negotiate covered part D drug prices on behalf of Medicare program beneficiaries; to the Committee on Finance.

By Mr. HELLER:

S. 49. A bill to provide a leasing program for the Department of Defense; to the Committee on Energy and Natural Resources.

By Mr. RUBIO:

S. 50. A bill to amend the Internal Revenue Code of 1986 to allow refunds for Federal motor fuel excise taxes on fuels used in mobile mammography vehicles; to the Committee on Finance.

By Mr. GRASSLEY:

S. 51. A bill to make habitual drunk drivers inadmissible and removable and to require the detention of any alien who is unlawfully present in the United States and has been charged with driving under the influence of alcohol; to the Committee on Finance.

By Mr. RUBIO:

S. 52. A bill to provide for a national sales tax to be levied on a limited basis for the purpose of funding social programs; to the Committee on Finance.

By Mr. RUBIO:

S. 53. A bill to provide for the extension of the authority to negotiate covered part D drug prices on behalf of Medicare program beneficiaries; to the Committee on Finance.

By Mr. HELLER:

S. 54. A bill to provide for the extension of the authority to negotiate covered part D drug prices on behalf of Medicare program beneficiaries; to the Committee on Finance.
to examine and report on the facts regarding the extent of Russian official and unofficial cyber operations and other attempts to interfere in the 2016 United States national election, and for other purposes.

At the request of Mrs. FEINSTEIN, the name of the Senator from Utah (Mr. HATCH) was added as a cosponsor of S. 30, a bill to extend the civil statute of limitations for victims of Federal sex offenses.

At the request of Mrs. FEINSTEIN, the name of the Senator from Utah (Mr. HATCH) was added as a cosponsor of S. 30, a bill to extend the civil statute of limitations for victims of Federal sex offenses.

At the request of Mr. BOOZMAN, the name of the Senator from Oklahoma (Mr. INHOFE), the Senator from Kansas (Mr. MORAN) and the Senator from West Virginia (Mrs. CAPITO) were added as cosponsors of S.J. Res. 1, a joint resolution approving the location of a memorial to commemorate and honor the members of the Armed Forces who served on active duty in support of Operation Desert Storm or Operation Desert Shield.

At the request of Mr. CARDIN, the name of the Senator from New York (Mrs. GILLIBRAND) was added as a cosponsor of S. Res. 5, a concurrent resolution clarifying any potential misunderstanding as to whether actions taken by President-elect Donald Trump constitute a violation of the Emoluments Clause, and calling on President-elect Trump to divest his interest in, and sever his relationship to, the Trump Organization.

At the request of Mr. RUBIO, the names of the Senator from Georgia (Mr. PERDUE), the Senator from Alaska (Ms. MURKOWSKI), the Senator from Montana (Mr. DAINES), the Senator from North Carolina (Mr. BURR), the Senator from North Dakota (Mr. HOEVEN), the Senator from Iowa (Mrs. GRASSLEY), the Senator from Utah (Mr. HATCH), the Senator from Idaho (Mr. CRAPO) and the Senator from South Dakota (Mr. ROUNDS) were added as cosponsors of S. Res. 6, a resolution objecting to United Nations Security Council Resolution 2334 and to all efforts that undermine direct negotiations between Israel and the Palestinians for a secure and peaceful settlement.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mrs. FEINSTEIN:

S. 32. A bill to provide for conservation, enhanced recreation opportunities, and development of renewable energy in the California Desert Conservation Area, and for other purposes; to the Committee on Energy and Natural Resources.

Mrs. FEINSTEIN. Mr. President, today I am proud to introduce the Desert Protection and Recreation Act of 2017.

This bill, a decade in the making, charts a commonsense path forward for the California desert. The goal is simple: to manage California’s fragile desert resources in a sustainable and comprehensive manner.

This bill provides something for everyone that appreciates the national treasures that grace the California desert. That this bill provides something for everyone is a result of the painstaking effort to build consensus among the array of groups that use the desert, including: environmental groups; Federal, State, and local governments; the off-road community; cattle ranchers; mining interests; and energy companies and California’s public utility companies.

As I will further describe later, the bill preserves 220,000 acres of wilderness and another 44,000 acres of national park land, each unrivaled for their unique natural landscapes. The bill also safeguards 77 miles of free-flowing rivers and the abundant life and rich biodiversity these rivers and streams often support.

Importantly, the bill provides certainty to off-road enthusiasts, establishing 124,000 acres of permanent off-highway recreation areas—a first for the Nation. I made a commitment to off-roaders to enact the entire bill, not just parts of the bill. I hope to fulfill that promise.

The efforts to protect the desert are a long time coming. This effort first began with the original California Desert Protection Act, signed into law just over twenty years ago.

Picking up where my predecessors left off, I introduced that bill only three months after I was sworn in as a senator. Through hard work and perseverance, we were able to enact that law on the last day of the 103rd Congress, and President Clinton signed the bill into law in October 1994.

The original Desert Protection Act was a crowning achievement for desert conservation, establishing 69 new Wilderness areas, creating the Mojave National Preserve, and converting Death Valley and Joshua Tree National Monuments into National Parks. All told, we were able to protect, or increase protections for, about 9.6 million acres.

It continues to attract millions of tourists to southern California, which is a boon for the economy.

It has ensured that these enduring landscapes will be preserved for future generations.

Since we passed the 1994 desert conservation bill, we’ve tried to build on this legacy of conservation. After years of collaboration with an array of stakeholders, we introduced new legislation in 2009.

The goal of that bill was simple: to help manage California’s desert resources through a comprehensive approach that balanced conservation, recreation, energy production, among other needs.

After years of work, including two hearings in the Senate, we reached a major milestone this past February, when President Obama designated four new national monuments in the California desert: Castle Mountains, Mojave Trails, and Sand to Snow.

Those monuments, based on the legislation I had introduced one of the world’s largest desert reserves, encompassing nearly 1.8 million acres of America’s public lands.

Those monuments connect vital wildlife corridors and habitats, preserve cultural resources, and establish an important buffer to the inevitable changes climate change will usher in for these fragile desert ecosystems.

While the newly-designated desert monuments formed a cornerstone for future desert protection, our work is not complete. That is why I am introducing this legislation today.

While I supported President Obama’s decision to create three national monuments in the Mojave, the House authorization under the Antiquities Act did not allow him to include the many other valuable provisions in the original legislation.

Our intention has always been to balance the many uses of the desert through legislation, and that remains the case today. That is why I reintroduced that legislation immediately following the President’s designation, and that is why I am introducing a bill today: to make the rest of the provisions a reality.

The legislation I am introducing today therefore includes all of the provisions the President was not able to enact through executive action under the Antiquities Act.

These negotiated provisions—which represent our best attempt to achieve consensus among desert stakeholders—do not become law until Congress.

That legislation includes many additional conservation areas and provides permanent protection for five Off-Highway Recreation Areas covering approximately 142,000 acres. Off-roaders were a vital part of the coalition we put together, and unfortunately those lands could not be designated under executive action. Off-roaders deserve certainty about their future use of the land, just as there is now certainty for conservation purposes. I gave them my word that I would fight for them, and I intend to do so again in this new Congress.

This bill would also expand wilderness areas in the desert, by designating five additional wilderness areas that encompass over 220,000 acres of land near Fort Irwin.

The bill would ensure clean and free-flowing rivers, through the designation of 77 miles of rivers as Wild and Scenic Rivers; add to our national parks, by converting the Death Valley National Park Wilderness by 39,000 acres and Joshua Tree National Park by 4,500 acres; expand National Scenic Areas, by adding...
18,610 acres to the Alabama Hills National Scenic Area in Inyo County; and protect 81,000 acres of land in San Bernardino and Imperial County, and requires the Department of the Interior to protect petroglyphs and other cultural resources important to the surrounding communities.

Lastly, the bill will facilitate renewable energy development in a way that protects delicate habitats. By designating five new wilderness areas, this bill protects fragile desert ecosystems across 230,000 acres of wilderness near Fort Irwin. This includes 88,000 acres of Avawatz Mountains, 8,000-acre Great Falls Basin Wilderness, the 80,000-acre Soda Mountains Wilderness, and the 32,500-acre Death Valley Wilderness.

The desert’s sweeping desert vistas and rugged mountain terrain not only provide for a truly remarkable backcountry experience, but also provide vital refuge for everything from bighorn sheep and desert tortoises to Joshua Trees and Native American artifacts. This bill is more than just wilderness, however. It also designates four new Wild and Scenic Rivers, totaling 77 miles in length. These beautiful waterways, carved through the heart of the arid desert, are Deep Creek and the Whitewater River in and near the San Bernardino National Forest, as well as the Amargosa River and Surprise Canyon near Death Valley National Park.

The bill also releases 126,000 acres of land from their existing wilderness study area designation in response to requests from local government and recreation users. This will allow the land to be made available for other purposes, including recreational off-highway vehicle use on designated routes.

We must also take into account another use of the desert land: renewable energy. I believe that we can honor our commitment to conservation while fulfilling California’s pledge to develop a clean energy portfolio. Balancing conservation, development, and other uses is possible, we just need to come up with the right solutions. Thankfully, some of these compromises are already in place.

By sea and wind companies have proposed 26 projects to be included in the Mojave Trails National Monument, including sites on former Catellus lands intended for permanent conservation. I visited some of those sites at the time, including one particularly beautiful area known as the Broadwell Valley, where thousands of acres of pristine lands were proposed for development. Seeing it first hand, I quickly came to the conclusion that those lands were simply not the right place for renewable energy development.

Since then, 26 of the 28 applications have been withdrawn. This is due in part to the state and federal governments’ efforts to develop and finalize the Desert Renewable Energy Conservation Plan—an ambitious effort to comprehensively manage renewable energy, conservation, and recreation on 22.5 million acres of California desert. By working with our state to develop this Plan, the federal government has shown it can be an effective partner in the State’s efforts to combat climate change, all while protecting the magnificent, yet fragile, California desert landscape.

The bill also makes use of about 370,000 acres of isolated, unusable parcels of State lands spread across the California desert. These small isolated parcels of State land in wilderness, national parks and monuments would be exchanged for Federal lands elsewhere that could potentially provide the State with viable sites for renewable energy development, off-highway vehicle recreation, or other commercial purposes.

This blueprint will help identify pristine lands that warrant protection and direct energy projects elsewhere. This is a fair balancing of priorities, and I think it provides a clear path forward. I strongly urge my colleagues to take a good look at this legislation. I hope they understand that the many stakeholders involved have made their voices heard.

As you can see, there are many diverse interests in California’s desert lands, an it is not easy to bring them all into agreement. But after years of painstaking efforts, they have reached agreement on this bill. Desert conservation has never been a partisan issue. Over the years, legislators have come together across party lines to preserve this great piece of land.

Given our past success, I am hopeful this Congress will take this legislation up and move it forward. Most importantly, I hope this body recognizes the simple fact that desert conservation has never been a partisan issue. Over the years, legislators have come together across party lines to preserve this great piece of land. It’s the right thing to do.

By Ms. MURKOWSKI (for herself and Mr. SULLIVAN):

S. 49. To provide a leasing program within the Coastal Plain, and for other purposes; to the Committee on Energy and Natural Resources.

Ms. MURKOWSKI. Mr. President, I rise today to once again open a small portion of the Arctic coastal plain, in my home State of Alaska, to oil and gas development. I am introducing the bill because, now more than ever, new production in northern Alaska is vital not only to my state’s future, but also to our Nation’s energy and economic security.

It has been known for more than nearly 4 decades that the 1.5 million acres of the Arctic coastal plain that lie inside the northern one-eleventh of the Arctic National Wildlife Refuge are the most prospective lands in North America for a major conventional oil and gas discovery. The U.S. Geological Survey continues to estimate that this part of the coastal plain—which represents just 3 percent of the coastal plain in all of northern Alaska—has a mean likelihood of containing 10.4 billion barrels of oil and 8.6 trillion cubic feet of natural gas, as well as a reasonable chance of economically producing 16 billion barrels of oil. Even the relatively recent major finds in North Dakota’s Bakken field and the recent estimates of shale oil in Texas’ Wolfcamp formation pale in comparison to the ANWR’s potential and argued that the nearby National Petroleum Reserve-Alaska was forecast to contain almost as much oil. However, early this decade the U.S. Geological Survey significantly reduced its estimate to just the 23 million acre reserve. Instead of containing somewhere between the 6.7 to 15 billion barrels as forecast in 2002, the USGS now forecasts a mean of 896 million barrels—a dramatic downward revision. While I still believe oil production must be allowed to proceed in NPRA and that development of satellite fields must be allowed to occur, the revised forecast means that opening a small area on shore to the east on the coastal plain is now more vital than ever for America’s economic and national security interests.

That is especially the case given that President Obama late last year closed almost all of Alaska’s outer continental shelf oil and gas deposits to future exploration and development. That makes production of onshore deposits even more vital for Alaska’s economic future, and for the Nation’s long-term energy security.

America once consumed more than 10 percent of its daily domestic oil production from fields in Alaska. You heard correctly, production already occurs in Arctic Alaska, and has for nearly 40 years. We have successfully balanced resource development with environmental protection. Alaskans have proven, over and over again, that those endeavors are not mutually exclusive.

Today, however, we face a tipping point. Alaska’s North Slope production has declined for years and now accounts for just under 5 percent of the Nation’s daily production. It is now forecast to decline further to levels next decade that will threaten the continued operation of the Alaska Pipeline System. A closure of TAPS would shut down all northern Alaska oil production. This would devastate Alaska’s economy, drag global oil prices even higher, and deepen our energy dependence on unreliable petrostates throughout the world, especially once oil shale production peaks in the Lower 48 States.
Anyone who takes the long view on energy policy recognizes that no matter what energy policy our Nation pursues, we will use substantial amounts of oil well into the future. The more of that oil we produce at home, the better off our economy, our trade deficits, our employment levels, and the world’s environment will be. To help meet future demand both here in America and throughout the rest of the world, and to help avoid a tremendous price spike in the event of supply disruptions, we need to take steps today to ensure that production is brought online, as soon as possible.

ANWR development will provide huge benefits for the U.S. Treasury. Let’s examine this with some simple math. ANWR’s mean estimate of over 10 billion barrels, at even today’s $50 per barrel price, means that there is half a trillion dollars worth of oil locked up beneath this small area in northern Alaska—and even more when prices rebound. Excluding the trillion dollar value, and including stringent environmental standards, it is folly for America to further delay new onshore oil development from Alaska.

As our Nation grapples with a huge budget deficit, nearly $20 trillion in national debt, and a lack of capital to incentivize new energy development, it is folly for America to further delay new onshore oil development from Alaska. The question is no longer, “Should we drill in ANWR?” Today, it has become, “Can we afford not to?”

I understand that no matter what happens, some will remain opposed to development in this region. The outgoing administration has attempted to not only prohibit oil and gas development on a coastal plain—proposing to forever lock the area up into formal wilderness—but also has proposed to impede oil and even natural gas development from vast portions of NPR-A and from the offshore waters of the Beaufort and Chukchi Seas. This mindset ignores Alaska’s economic realities, it ignores the Nation’s looming energy challenges, and it ignores the fact that Arctic oil production can proceed without any significant environmental degradation. It has coexisted productively with polar bears, and will not harm the Porcupine caribou herd or any other form of wildlife on the Arctic coast. The groups who oppose my legislation seem totally oblivious to strides made in directional, extended reach drilling, three- and four-dimensional seismic testing, and new pipeline leak detection technology, all of which permit Alaskan energy development to proceed safely without harm to wildlife or the environment.

For all these reasons, I am reintroducing legislation to open the coastal plain of ANWR to development. At the same time, I am again focusing and narrowing that development so that just 2,000 acres of the 1.5 million acre coastal plain can be physically disturbed by roads, pipelines, wells, buildings or other support facilities. At most, just one-tenth of 1 percent of the refuge’s coastal plain would be impacted. For comparison’s sake, 2,000 acres is roughly the size of National Airport—compared to an area roughly three times the size of the state of Maryland. It is hardly a blip on the map.

Limiting development to such a small area is important. It will help guarantee—beyond any shadow of doubt—the preservation in a natural state of more than sufficient habitat for caribou, muskoxen, polar bear, and Arctic bird life. My legislation also includes stringent environmental standards.

The bill, named the Alaska Oil and Gas Production Act, AOGPA, which is being cosponsored by my colleague from Alaska, Senator Dan Sullivan, also includes guaranteed finding to mitigate any impacts in the region, and guarantees that the Federal Government will receive half of all revenues generated.

For decades, Alaskans, whom polls show overwhelmingly support ANWR development, have been asking permission to explore and develop oil in the coastal plain. Finally, technology has advanced to the point where we can safely develop oil and gas from the coastal plain with little or no impact on the area and its wildlife.

At this time of unsustainable debt, and an unstable global environment, we need to pursue domestic development opportunities more than ever. My ANWR bill offers us a chance to produce more of our own energy, for the good of the American people, in an environmentally-friendly way. I hope this Congress, given the new administration that will soon take office, will have the common sense to allow America to help itself by developing ANWR’s substantial resources. This is critical to my state and the Nation as a whole. And with this in mind, I will work to educate the members of this chamber about ANWR. I will show why such development should occur, why it must occur, and how it can benefit our Nation at a time when we need the domestic jobs and energy security that ANWR will produce.

By Mr. Booker (for himself, Ms. Warren, Mr. Schatz, Mr. Markey, Mrs. Murkay, Mr. Sanders, Mr. Leahy, Mr. Merkley, Ms. Hirono, and Mr. White): S. 54. A bill to prohibit the creation of an immigration-related registry program that classifies people on the basis of religion, race, age, gender, ethnicity, national origin, nationality, or citizenship; to the Committee on the Judiciary.

Mr. Booker. Mr. President, today, I introduced the Protect American Families from Unnecessary Registration and Deportation Act of 2017, or the Protect American Families Act. This critical bill would advance civil and human rights by ensuring we protect American immigrants from being wrongfully targeted and deported.

Our immigrant heritage has been a core part of our nation’s history where our leaders succumbed to the politics of
In his First Inaugural Address, President Roosevelt said that “the only thing we have to fear is fear itself.” Unfortunately, he failed to live up to that statement when he issued Executive Order 9066. But we have a chance to fulfill that vision. We have a chance to stand and say true to our American values in the face of hardship. I am proud to introduce the Protect American Families Act today, and I urge my colleagues to support its speedy passage through the Senate.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 7—TO CONSTITUTE THE MAJORITY PARTY’S MEMBERSHIP ON CERTAIN COMMITTEES FOR THE ONE HUNDRED FIFTEENTH CONGRESS, OR UNTIL THEIR SUCCESSORS ARE CHOSEN

Mr. McCONNELL submitted the following resolution; which was considered and agreed to:

Resolved, That the following shall constitute the minority party’s membership on the following committees for the One Hundred Fifteenth Congress, or until their successors are chosen:

COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY: Mr. Roberts (Chairman), Mr. Cochran, Mr. McConnell, Mr. Boozman, Mr. Hoeven, Mrs. Ernst, Mr. Grassley, Mr. Sessions, Mr. Thune, Mr. Daines, Mr. Perdue.

COMMITTEE ON APPROPRIATIONS: Mr. Cochran (Chairman), Mr. McCollin, Mr. Shelby, Mr. Alexander, Ms. Collins, Ms. Murkowski, Mr. Graham, Mr. Blunt, Mr. Moran, Mr. Hoeven, Mr. Boozman, Mrs. Capito, Mr. Lankford, Mr. Daines, Mr. Kennedy, Mr. Rubio.

COMMITTEE ON ARMED SERVICES: Mr. McCain (Chairman), Mr. Inhofe, Mr. Sessions, Mr. Wicker, Mrs. Fischer, Mr. Fischer, Mr. Moran, Mr. Sullivan, Mr. Heller, Mr. Inhofe, Mr. Lee, Mr. Johnson, Mrs. Ernst, Mr. Rounds, Mr. Perdue, Ms. Tillis, Mr. Kennedy.

COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS: Mr. Crapo (Chairman), Mr. Shelby, Mr. Corker, Mr. Toomey, Mr. Heller, Mr. Scott, Mr. Sasse, Mr. Cotton, Mr. Rounds, Mr. Perdue, Ms. Thune, Mr. Sessions, Mr. Ernst, Mr. Tillis, Mr. Sullivan, Mr. Durbin, Mr. Graham, Mr. Young.

COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION: Mr. Thune (Chairman), Mr. Wicker, Mr. Blunt, Mr. Crandall, Mr. Manchin, Mr. Enzi, Mr. Johnson, Ms. Fischer, Mr. Moran, Mr. Cornyn, Mr. Johnson, Mr. Udall, Mr. Shaheen, Mr. Merkley, Mr. Coons, Mr. Whitehouse.

COMMITTEE ON ENERGY AND NATURAL RESOURCES: Ms. Murkowski (Chairman), Mr. Barrasso, Mr. Risch, Mr. Lee, Mr. Flake, Mr. Daines, Mr. Gardner, Mr. Sessions, Mr. Alexander, Mr. Hickenlooper, Mr. Cassidy, Mr. Portman.

COMMITTEE ON ENVIRONMENT AND PUBLIC WORKS: Mr. Barrasso (Chairman), Mr. Inhofe, Mrs. Capito, Mr. Boozman, Mr. Wicker, Mrs. Fischer, Mr. Sessions, Mr. Moran, Mr. Rounds, Mrs. Ernst, Mr. Sullivan.

COMMITTEE ON FINANCE: Mr. Hatch (Chairman), Mr. Grassley, Mr. Crapo, Mr. Roberts, Mr. Enzi, Mr. Cornyn, Mr. Thune, Mr. Burr, Mr. Isakson, Mr. Portman, Mr. Toomey, Mr. Heller, Mr. Scott, Mr. Cassidy.

COMMITTEE ON FOREIGN RELATIONS: Mr. Corker (Chairman), Mr. Risch, Mr. Rubio, Mr. Johnson, Mr. Flake, Mr. Gardner, Mr. Young, Mr. Barrasso, Mr. Isakson, Mr. Portman, Mr. Paul.

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS: Mr. Alexander (Chairman), Mr. Enzi, Mr. Burr, Mr. Isakson, Mr. Paul, Ms. Collins, Mr. Cassidy, Mr. Young, Mr. Hatch, Mr. Roberts, Ms. Murkowski, Mr. Scott.

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS: Mr. Johnson (Chairman), Mr. McCain, Mr. Portman, Mr. Paul, Mr. Lankford, Mr. Enzi, Mr. Hoeven, Mr. Daines.

COMMITTEE ON THE JUDICIARY: Mr. Grassley (Chairman), Mr. Hatch, Mr. Graham, Mr. Cornyn, Mr. Lee, Mr. Cruz, Mr. Sasse, Mr. Flake, Mr. Crapo, Mr. Tillis, Mr. Kennedy.

SELECT COMMITTEE ON INTELLIGENCE: Mr. Enzi (Chairman), Mr. Grassley, Mr. Sessions, Mr. Crapo, Mr. Graham, Mr. Toomey, Mr. Johnson, Mr. Corker, Mr. Perdue, Mr. Gardner, Mr. Kennedy, Mr. Boozman.

COMMITTEE ON INDIAN AFFAIRS: Mr. Hoeven (Chairman), Mr. Barrasso, Mr. Casey, Mr. Johnson, Mr. Collins, Mr. Lankford, Mr. Daines, Mr. Crapo, Mr. Moran.

COMMITTEE ON RULES AND ADMINISTRATION: Mr. Blunt (Chairman), Mr. McCarthy, Mr. Cochran, Mr. Alexander, Mr. Roberts, Mr. Shelby, Mr. Cruz, Mrs. Capito, Mr. Wicker, Mrs. Fischer.

COMMITTEE ON SMALL BUSINESS AND ENTERPRISE: Mr. Risch (Chairman), Mr. Rubio, Mr. Paul, Mr. Scott, Mrs. Ernst, Mr. Inhofe, Mr. Young, Mr. Enzi, Mr. Rounds, and Mr. Kennedy.

COMMITTEE ON VETERANS’ AFFAIRS: Mr. Isakson (Chairman), Mr. Moran, Mr. Boozman, Mr. Heller, Mr. Cassidy, Mr. Rounds, Mr. Tillis, Mr. Sullivan.

SELECT COMMITTEE ON ETHICS: Mr. Isakson (Chairman), Mr. Roberts, Mr. Risch.

SENATE RESOLUTION 8—TO CONSTITUTE THE MINORITY PARTY’S MEMBERSHIP ON CERTAIN COMMITTEES FOR THE ONE HUNDRED FIFTEENTH CONGRESS, OR UNTIL THEIR SUCCESSORS ARE CHOSEN

Mr. SCHUMER submitted the following resolution; which was considered and agreed to:

Resolved, That the following shall constitute the minority party’s membership on the following committees for the One Hundred Fifteenth Congress, or until their successors are chosen:

COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY: Ms. Stabenow, Mr. Leahy, Mr. Brown, Ms. Klobuchar, Mr. Bennington, Mrs. Gillibrand, Ms. Tammy Baldwin, Ms. Hirono, Mr. Casey, Mr. Van Hollen, Mr. Brown.

COMMITTEE ON APPROPRIATIONS: Mr. Leahy, Mrs. Murray, Ms. Feinstein, Mr. Dominguez, Mr. Reed, Mr. Udall, Mr. Shaheen, Mr. Merkley, Mr. Coons, Mr. Schatz, Ms. Baldwin, Mr. Murphy, Mr. Manchin, Mr. Van Hollen.

COMMITTEE ON ARMED SERVICES: Mr. Reed, Mr. Nelson, Mrs. McCaskill, Mrs. Shaheen, Mrs. Gillibrand, Mr. Blumenthal, Mr.
Donnelly, Ms. Hirono, Mr. Kaine, Mr. King, Mr. Heinrich, Ms. Warren, Mr. Peters.

COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS: Mr. Brown, Mr. Reed, Mr. Menendez, Mr. Coons, Mr. Van Hollen, Ms. Warren, Ms. Heitkamp, Mr. Donnelly, Mr. Schatz, Mr. Van Hollen, Ms. Cortez Masto.

COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION: Mr. Nelson, Ms. Cantwell, Ms. Klobuchar, Mr. Blumenthal, Mr. Schatz, Mr. Markley, Mr. Booker, Mr. Udall, Mr. Peters, Ms. Baldwin, Ms. Duckworth, Ms. Cortez Masto.

COMMITTEE ON ENERGY AND NATURAL RESOURCES: Ms. Cantwell, Mr. Wyden, Mr. Sanders, Ms. Stabenow, Mr. Frankel, Mr. Manchin, Mr. Heinrich, Ms. Hirono, Mr. King, Ms. Duckworth, Ms. Cortez Masto.

COMMITTEE ON ENVIRONMENT AND PUBLIC WORKS: Mr. Carper, Mr. Cardin, Mr. Sanders, Mr. Whitehouse, Mr. Merkley, Mrs. Gillibrand, Mr. Booker, Mr. Marky, Ms. Duckworth, Ms. Harris.

COMMITTEE ON FINANCE: Mr. Wyden, Ms. Stabenow, Ms. Cantwell, Mr. Nelson, Mr. Menendez, Mr. Carper, Mr. Cardin, Mr. Brown, Mr. Bennet, Mr. Casey, Mr. Warner, Mrs. McCaskill.

COMMITTEE ON FOREIGN RELATIONS: Mr. Cardin, Mr. Menendez, Mrs. Shaheen, Mr. Coons, Mr. Udall, Mr. Murphy, Mr. Kaine, Mr. Marky, Mr. Merkley, Mr. Booker.

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS: Mrs. Murray, Mr. Sanders, Mr. Casey, Mr. Franken, Mr. Benet, Mr. Whitehouse, Ms. Baldwin, Mr. Murphy, Ms. Hirono, Ms. Hassan, Ms. Harris.

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS: Mrs. McCaskill, Mr. Carper, Mr. Tester, Ms. Heitkamp, Mr. Peters, Ms. Hassan, Ms. Harris.

SELECT COMMITTEE ON INTEL-LIGENCE: Mr. Warner (Vice Chairman), Mrs. Feinstein, Mr. Wyden, Mr. Heinrich, Mr. King, Mr. Manchin, Ms. Harris and Mr. Reed (ex officio).

COMMITTEE ON THE JUDICIARY: Mrs. Feinstein, Mr. Leahy, Mr. Durbin, Mr. Whitehouse, Mr. Klobuchar, Mr. Franken, Mr. Coons, Mr. Blumenthal, Ms. Hirono.

COMMITTEE ON THE BUDGET: Mr. Sanders, Mrs. Murray, Mr. Wyden, Ms. Stabenow, Mr. Whitehouse, Mr. Warner, Mr. Merkley, Mr. Kaine, Mr. King, Mr. Van Hollen, Mr. Harris.

COMMITTEE ON RULES AND ADMINISTRATION: Mr. Schumer, Mrs. Feinstein, Mr. Durbin, Mr. Udall, Mr. Warner, Mr. Leahy, Ms. Klobuchar, Mr. King, Ms. Cortez Masto.

COMMITTEE ON SMALL BUSINESS AND ENTREPRENEURSHIP: Mrs. Shaheen, Ms. Cantwell, Ms. Blumenthal, Mr. Heitkamp, Mr. Marky, Mr. Booker, Mr. Coons, Ms. Hirono, Ms. Duckworth.

COMMITTEE ON VETERANS' AFFAIRS: Mr. Tester, Mrs. Murray, Mr. Sanders, Mr. Brown, Mr. Merkley, Mr. Van Hollen, Mr. Manchin.

SPECIAL COMMITTEE ON AGING: Mr. Casey, Mr. Nelson, Ms. Whitehouse, Mrs. Gillibrand, Ms. Blumenthal, Mr. Donnelly, Ms. Warren, Ms. Cortez Masto.

JOINT ECONOMIC COMMITTEE: Mr. Heinrich, Ms. Klobuchar, Mr. Peters, Ms. Hassan.

SELECT COMMITTEE ON ETHICS: Mr. Coons (Vice Chairman), Mr. Schatz, Mrs. Shaheen.

COMMITTEE ON INDIAN AFFAIRS: Mr. Udall (Chairman), Ms. Ossof, Mr. Tester, Mr. Franken, Mr. Schatz, Ms. Heitkamp, Ms. Cortez Masto.

AMENDMENTS SUBMITTED AND PROPOSED

SA 8. Mr. Kaine (for himself, Mr. Murphy, Mr. Durbin, Mr. Carper, Mr. Udall, Mr. Booker, Mr. Leahy, Mr. Blumenthal, Mr. Brown, Mrs. Shaheen, Mr. Marky, Ms. Baldwin, Mr. Hirono, Ms. Stabenow, Mr. Cardin, Mr. Casey, Ms. Stabenow, Ms. Warren, Ms. Klobuchar, Mr. Franken, Mrs. Murray, Mrs. Feinstein, Mr. Whitehouse, Mr. Coons, Mr. Sanders, Ms. Hirono, Mr. King, Mr. Heinrich, Mr. Wyden, and Mr. Merkley) proposed an amendment to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026.

SA 9. Ms. Hirono (for herself, Mr. Donnelly, Mr. Blumenthal, Mr. Caridn, and Mr. Van Hollen) submitted an amendment intended to be proposed by her to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 20. Mr. MARKEY, for himself, Mr. Blumenthal, Mr. Whitehouse, Mr. Coons, Mr. Sanders, Ms. Hirono, Mr. KIng, Mr. Heinrich, Mr. Wyden, and Mr. Merkley) proposed an amendment to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; as follows:

SEC. 4. DON'T MAKE AMERICA SICK AGAIN.

(a) In General.—It shall not be in order in the Senate to consider any legislation that makes America sick again, as described in subsection (b).

(b) Legislation Making America Sick Again.—For purposes of subsection (a), legislation that makes America sick again refers to any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that the Congressional Budget Office determines:

1. reduces the number of Americans enrolled in public or private health insurance coverage, as determined based on the March 2016 updated baseline budget projections by the Congressional Budget Office;

2. increase health insurance premiums or total out-of-pocket health care costs for Americans with private health insurance; or

3. reduce the scope and scale of benefits covered by private health insurance, as compared to the benefits Americans would have received pursuant to the requirements under title I of the Patient Protection and Affordable Care Act (Public Law 111–148; 124 Stat. 130) and the amendments made by that title.

(c) Waiver and Appeal.—This section may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under this section.

SA 9. Ms. KLOBuchar (for herself, Mr. Franken, Mr. Blumenthal, Mr. Leahy, Mr. Udall, Mr. Durbin, Mr. Murphy, Mr. Whitehouse, Mr. Coons, Ms. Baldwin, and Mrs. Shaheen) submitted an amendment intended to be proposed...
by her to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD REDUCE MEDICAID ELIGIBILITY OR EXPANSION STATES.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would result in—

(1) decreased enrollment in such program; or

(2) a reduction in the benefits offered under such program, including benefits that are offered by a State as an additional service.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of two-thirds of the Members, duly chosen and sworn. An affirmative vote of two-thirds of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD REDUCE THE PRESCRIPTION DRUG COVERAGE GAP UNDER MEDICARE.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would repeal health related legislation that eliminated the coverage gap in the Medicare prescription drug program under part D of title XVIII of the Social Security Act (42 U.S.C. 1395w-101 et seq.).

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).
of the Chair on a point of order raised under subsection (a).

SA 16. Mr. VAN HOLLEN submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

Strike title II.

SA 17. Mr. BLUMENTHAL (for himself, Mr. UDALL, Mr. COONS, Mr. MARK, Mr. VAN HOLLEN, Mrs. GILL-BRAND, Mrs. MURRAY, Mrs. FEINSTEIN, Ms. KLOBUCHAR, and Ms. WARNER) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER AGAINST REDUCING FUNDING FOR DISEASE PREVENTION EFFORTS.

(a) Point of Order.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would—

(1) result in a reduction of guaranteed benefits scheduled under title II of the Social Security Act (42 U.S.C. 401 et seq.); or

(2) increase the prevalence of disease amongst children;

(b) Waiver and Appeal.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn, and an affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required in the Senate to sustain an appeal of the ruling of the Chair on a point of order raised under this section.

(c) Determination of Budget Levels.—For purposes of this section, the levels of deficit increases and reductions in a surplus shall be determined on the basis of estimates provided by the Committee on the Budget of the Senate.

SA 19. Mr. SANDERS (for himself, Mr. BROWN, Mr. BOOKER, Mrs. GILL-BRAND, Ms. STABENOW, Mrs. SHAHEEN, Mr. UDALL, Mr. WHITEHOUSE, Ms. BERNSTEIN, Mr. MURPHY, Mr. UDALL, Mr. VAN HOLLEN, Mr. MENENDEZ, Mr. REED, Mr. BLUMENTHAL, Mr. MERKLEY, Mr. CARDIN, Mr. CASEY, Mrs. FEINSTEIN, Ms. HASSAN, Mr. COONS, and Ms. KLOBUCHAR) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; as follows:

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD BREAK DONALD TRUMP’S PROMISE NOT TO CUT SOCIAL SECURITY, MEDICARE, OR MEDICAID.

(a) Point of Order.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would—

(1) result in a reduction of guaranteed benefits scheduled under title II of the Social Security Act (42 U.S.C. 401 et seq.); or

(2) increase either the early or full retirement age for the benefits described in paragraph (1);

(3) privatize Social Security;

(4) result in a reduction of guaranteed benefits for individuals entitled to, or enrolled for, benefits under the Medicare program under title XVIII of such Act (42 U.S.C. 1395 et seq.); or

(5) result in a reduction of benefits or eligibility for individuals enrolled in, or eligible to receive medical assistance through, a State Medicaid plan or waiver under title XIX of such Act (42 U.S.C. 1396 et seq.);

(b) Waiver and Appeal.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn, and an affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required in the Senate to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

SA 20. Ms. HIRONO (for herself, Mr. DONNELLY, Mr. BLUMENTHAL, Mr. CARDIN, and Mr. VAN HOLLEN) submitted an amendment intended to be proposed by her to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; as follows:

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD PRIVATIZE MEDICARE OR LIMIT FEDERAL FUNDING FOR MEDICAID.

(a) Point of Order.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would—

(1) privatize the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) or turn the program into a voucher system;

(2) increase the eligibility age under the Medicare program; or

(3) block grant the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), impose per capita spending caps on State Medicaid programs, or decrease coverage under such program from current levels.

(b) Waiver and Appeal.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

SA 21. Mr. PETERS submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD HARM VETERANS AND THEIR DEPENDENTS.

(a) Point of Order.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would—

(1) result in a reduction of guaranteed benefits scheduled under title II of the Social Security Act (42 U.S.C. 401 et seq.); or

(2) increase the prevalence of disease amongst children;

(b) Waiver and Appeal.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

AUTHORITY OR COMMITTEES TO MEET

Mr. BLUNT. Mr. President, I have five requests for committees to meet during today’s session of the Senate. They have the approval of the Majority and Minority leaders.
Pursuant to Rule XXVI, paragraph 5(a), of the Standing Rules of the Senate, the following committees are authorized to meet during today’s session of the Senate:

**Committee on Armed Services**

Mr. President, I ask unanimous consent that the Committee on Armed Services be authorized to meet during the session of the Senate on January 5, 2017, at 9:30 a.m.

**Committee on Foreign Relations**

Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on January 5, 2017 at 3 p.m., to conduct a classified briefing entitled “Recent Administration Actions in Response to Russian Hacking and Harassment of U.S. Diplomats.”

**Select Committee on Intelligence**

Mr. President, I ask unanimous consent that the Select Committee on Intelligence be authorized to meet during the session of the Senate on January 5, 2017, at 2 p.m. in room SH–219 of the Hart Senate Office Building.

**Privileges of the Floor**

Mr. Wyden. Mr. President, I ask unanimous consent that the following legislative fellows in my office be given floor privileges for the remainder of this Congress: Sophia Vogt, Emily Douglas, Kripa Sreepada, Katherine Tsantiris, Chris Jones, and Noah Ben-Aderet.

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

**Orders for Friday, January 6, 2017**

Mr. McConnell. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 12:45 p.m., Friday, January 6; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, and the time for the two leaders be reserved for their use later in the day; further, that following the prayer and pledge, the Senate stand in recess, to then proceed as a body to the House of Representatives under the provisions of S. Con. Res. 2, for the counting of the electoral ballots; further, that upon dissolution of the joint session, the Senate stand adjourned until 2 p.m., Monday, January 9; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, and the time for the two leaders be reserved for their use later in the day; finally, that following leader remarks, the Senate resume consideration of S. Con. Res. 3.

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

**Adjournment Until 12:45 P.M. Tomorrow**

Mr. McConnell. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order.

There being no objection, the Senate, at 6:48 p.m., adjourned until Friday, January 6, 2017, at 12:45 p.m.

**Nominations**

Executive nominations received by the Senate:

**State Justice Institute**

Mary Ellen Barbera, of Maryland, to be a Member of the Board of Directors of the State Justice Institute for a term expiring September 17, 2018, Vice Jonathan Lippman, term expired.

David V. Brewer, of Oregon, to be a Member of the Board of Directors of the State Justice Institute for a term expiring September 17, 2019. (Reappointment)

Wilfredo Martinez, of Florida, to be a Member of the Board of Directors of the State Justice Institute for a term expiring September 17, 2019. (Reappointment)

Chase Rogers, of Connecticut, to be a Member of the Board of Directors of the State Justice Institute for a term expiring September 17, 2019. (Reappointment)

**Export-Import Bank of the United States**

Claudia Slacik, of New York, to be a Member of the Board of Directors of the Export-Import Bank of the United States for a term expiring January 20, 2019, Vice Patricia M. Loui, term expired.