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House of Representatives

The House met at noon and was called to order by the Speaker pro tempore (Mr. HARRIS).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
January 9, 2017.

I hereby appoint the Honorable ANDY HARRIS to act as Speaker pro tempore on this day.

PAUL D. RYAN,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 3, 2017, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 1 hour and each Member other than the majority and minority leaders and the minority whip limited to 5 minutes, but in no event shall debate continue beyond 1:50 p.m.

FAITHLESS ELECTOR PROBLEM

The SPEAKER pro tempore. The Chair recognizes the gentleman from Alabama (Mr. BYRNE) for 5 minutes.

Mr. BYRNE. Mr. Speaker, last Friday the House and the Senate met to fulfill our solemn constitutional responsibility to count the votes of electors for President and Vice President. This year the joint session was confronted with a record number of so-called faithless electors—electors who were supposed to vote for the Presidential candidates named on their States' ballot, but, instead, voted for someone else.

Different States handle their faithless electors in different ways. In my view, the joint session rightly fulfilled its constitutional responsibility by simply taking the certified results of each State without intervention. This was in line with precedent set in 1969 and with the text of the Constitution.

Because I believe this decision to be correct, I did not file an objection during the counting process. However, I wish for the RECORD to contain my views on this matter and to express my concern that an avoidable constitutional crisis on this subject is a very real possibility in the future.

The faithless elector problem has often been seen as academic, but in 2000, Vice President Gore was three faithless electors away from the Presidency. As a point of reference, there were 10 faithless electors in this election. Thus, this is not a matter that should be taken lightly.

Article II, Section 1, Clause 2 of the Constitution gives the States the exclusive power to appoint electors in a manner decided by their State legislatures. Clause 4 provides the sole grant of authority to Congress in the process to determine the time for choosing electors and the day they cast their vote.

The process to count electors is outlined in Clause 3 and identical language which superseded it in the 12th Amendment. It provides that, ''The President of the Senate shall, in the presence of the Senate and the House of Representatives, open all the certificates and the votes shall then be counted. . . .'' Under the 12th Amendment, the persons receiving a majority of the vote ''shall be'' the President and Vice President.

The extent of what Congress' powers are in the counting process has been the subject of over 200 years of debate. The CONGRESSIONAL RECORD from 1800 includes a lengthy speech by Senator Charles Pinckney, a Framer of the Constitution, who stated that as the Framers wished the President to be independent, ''It never was intended . . . to have given to Congress . . . the right to object to any electoral vote.''

The first successful effort to expand Congress' power in counting did not come until 1865, when Congress adopted a joint House-Senate rule on the subject. Under the rule, no electoral vote that incurred an objection could be counted unless both Houses agreed.

The joint rule was tempered by the Electoral Count Act of 1887, which still governs the counting process to this day. The law allows an objection signed by a House and a Senate Member. However, under the Electoral Count Act, unless there is a case of double returns, no electoral vote regularly given and lawfully certified shall be rejected.

In 1969, Dr. Lloyd Bailey, a Republican elector from North Carolina, was faithless, and the Governor of North Carolina certified the State's electoral certificate with knowledge of his vote.

The House and the Senate thoroughly debated whether Dr. Bailey's vote should be counted, but ultimately voted to reject the challenge. Opponents of the challenge, in my view, properly argued that Congress lacked the power to exclude Dr. Bailey's vote under the Electoral Count Act and, more importantly, Congress had no power to exclude his vote under the Constitution. To do so would be a violation of the rights of the sovereign States.

Some have argued that the Bailey precedent is not applicable when an elector violates his or her State's law in casting a faithless vote. I find this argument constitutionally suspect. Unless no candidate reaches a majority, Congress' role in the counting process appears to be ministerial: to count votes and announce a result.

For that reason, the issue of faithless electors is rightly resolved at the State level, before the results reach Congress. At the present time, however, a

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hodgepodge of State laws exist to deal with faithless electors, some of which are ill-equipped to handle the problem.

Fortunately, the Uniform Law Commission has proposed the Faithful Presidential Electors Act, which has already been enacted in four States. The Faithful Presidential Electors Act provides a State-administered pledge of faithfulness, with any attempt by an elector to submit a vote in violation of that pledge constituting a resignation from the office of elector. In such case, the act provides a mechanism for filling an electoral vacancy.

At the conclusion of my remarks, I will include in the RECORD a copy of the Faithful Presidential Electors Act.

In short, Mr. Speaker, based upon my view of the Constitution, Congress properly handled the issue of faithless electors in this election. This election should, however, serve as a wake-up call to States that further action on their part may be necessary.

UNIFORM FAITHFUL PRESIDENTIAL ELECTORS ACT

(Drafted by the National Conference of Commissioners on Uniform State Laws and by it Approved and Recommended for Enactment in All the States at its Annual Conference Meeting in Its One-Hundred-and-Nineteenth Year in Chicago, Illinois July 9–16, 2010 Without Prefatory Note or Comments)

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UNIFORM FAITHFUL PRESIDENTIAL ELECTORS ACT

SECTION 1. SHORT TITLE. This [act] may be cited as the Uniform Faithful Presidential Electors Act.

SECTION 2. DEFINITIONS. In this [act]:

(1) ''Cast'' means accepted by the [Secretary of State] in accordance with Section 7(b).

(2) ''Elector'' means an individual selected as a presidential elector under [applicable state statute] and this [act].

(3) ''President'' means President of the United States.

(4) [''Unaffiliated presidential candidate'' means a candidate for President who qualifies for the general election ballot in this state by means other than nomination by a political party.]

[(5)] ''Vice President'' means Vice President of the United States.

SECTION 3. DESIGNATION OF STATE'S ELECTORS. For each elector position in this state, a political party contesting the position[, or an unaffiliated presidential candidate,] shall submit to the [Secretary of State] the names of two qualified individuals. One of the individuals must be designated ''elector nominee'' and the other ''alternate elector nominee''. Except as otherwise provided in Sections 5 through 8, this state's electors are the winning elector nominees under the laws of this state.

Legislative Note: For a state wishing to accommodate unpledged electors, the following three sentences could be substituted for the first two sentences of Section 3: ''Any political party [or unaffiliated presidential candidate] advancing candidates for elector positions in this state shall submit to the [Secretary of State] the names of two qualified individuals for each elector position to be contested. One of the individuals must be designated ''elector nominee'' and the other ''alternate elector nominee''. Any unpledged candidate for the position of elector who is not nominated by a political party or unaffiliated presidential candidate shall submit to the [Secretary of State], in addition to the individual's own name as ''elector nominee'', the name of another qualified individual designated as ''alternate elector nominee''.''

SECTION 4. PLEDGE. Each elector nominee and alternate elector nominee of a political party shall execute the following pledge: ''If selected for the position of elector, I agree to serve and to mark my ballots for President and Vice President for the nominees for those offices of the party that nominated me.'' [Each elector nominee and alternate elector nominee of an unaffiliated presidential candidate shall execute the following pledge: ''If selected for the position of elector as a nominee of an unaffiliated presidential candidate, I agree to serve and to mark my ballots for that candidate and for that candidate's vice-presidential running mate.''] The executed pledges must accompany the submission of the corresponding names to the [Secretary of State].

Legislative Note: This act does not deal with the possibility of death of a presidential or vice-presidential candidate before the electoral college meetings, or with any other disabling condition or the discovery of disqualifying information. A state may choose to deal separately with one or another of these possibilities.

SECTION 5. CERTIFICATION OF ELECTORS. In submitting this state's certificate of ascertainment as required by 3 U.S.C. Section 6, the [Governor] shall certify this state's electors and state in the certificate that:

(1) the electors will serve as electors unless a vacancy occurs in the office of elector before the end of the meeting at which elector votes are cast, in which case a substitute elector will fill the vacancy; and

(2) if a substitute elector is appointed to fill a vacancy, the [Governor] will submit an amended certificate of ascertainment stating the names on the final list of this state's electors.

SECTION 6. PRESIDING OFFICER; ELECTOR VACANCY.

(a) The [Secretary of State] shall preside at the meeting of electors described in Section 7.

(b) The position of an elector not present to vote is vacant. The [Secretary of State] shall appoint an individual as a substitute elector to fill a vacancy as follows:

(1) if the alternate elector is present to vote, by appointing the alternate elector for the vacant position;

(2) if the alternate elector for the vacant position is not present to vote, by appointing an elector chosen by lot from among the alternate electors present to vote who were nominated by the same political party [or unaffiliated presidential candidate];

(3) if the number of alternate electors present to vote is insufficient to fill any vacant position pursuant to paragraphs (1) and (2), by appointing any immediately available individual who is qualified to serve as an elector and chosen through nomination by and plurality vote of the remaining electors, including nomination and vote by a single elector if only one remains;

(4) if there is a tie between at least two nominees for substitute elector in a vote conducted under paragraph (3), by appointing an elector chosen by lot from among those nominees; or

(5) if all elector positions are vacant and cannot be filled pursuant to paragraphs (1) through (4), by appointing a single presidential elector, with remaining vacant positions to be filled under paragraph (3) and, if necessary, paragraph (4).

(c) To qualify as a substitute elector under subsection (b), an individual who has not executed the pledge required under Section 4 shall execute the following pledge: ''I agree to serve and to mark my ballots for President and Vice President consistent with the pledge of the individual to whose elector position I have succeeded.''.

Legislative Note: As with Sections 3 and 4, adjustment of this Section is required for any state where unpledged electors are permissible. For a state wishing to accommodate unpledged electors, the language of subsections (b)(2), (b)(3), and (c) could be changed to the following:

(b)(2): ''if the alternate elector for the vacant position is not present to vote but other alternate electors who were nominated by the same political party [or unaffiliated presidential candidate] are present, by appointing an elector chosen by lot from among those alternate electors of the same political party [or of the same unaffiliated presidential candidate] .''

(b)(3): ''if the vacant position is that of an unpledged elector and the alternate elector for that vacant position is not present to vote, or if there otherwise are no alternate electors eligible for the vacant position under paragraphs (1) and (2), by appointing any immediately available individual who is qualified to serve as an elector and has been chosen through nomination by and plurality vote of the remaining electors, including nomination and vote by a single elector if only one remains.''

(c): ''To qualify as a substitute elector for a vacant position associated with an elector who had executed a pledge, an individual who has not executed the pledge required under Section 4 shall execute the following pledge: ''I agree to serve and to mark my ballots for President and Vice President consistent with the pledge of the individual to whose elector position I have succeeded''.''

SECTION 7. ELECTOR VOTING.

(a) At the time designated for elector voting and after all vacant positions have been filled under Section 6, the [Secretary of State] shall provide each elector with a presidential and a vice-presidential ballot. The elector shall mark the elector's presidential and vice-presidential ballots with the elector's votes for the offices of President and Vice President, respectively, along with the elector's signature and the elector's legibly printed name.

(b) Except as otherwise provided by law of this state other than this [act], each elector shall present both completed ballots to the [Secretary of State], who shall examine the ballots and accept as cast all ballots of electors whose votes are consistent with their pledges executed under Section 4 or 6(c). Except as otherwise provided by law of this state other than this [act], the [Secretary of State] may not accept and may not count either an elector's presidential or vice-presidential ballot if the elector has not marked both ballots or has marked a ballot in violation of the elector's pledge.

(c) An elector who refuses to present a ballot, presents an unmarked ballot, or presents a ballot marked in violation of the elector's pledge executed under Section 4 or 6(c) vacates the office of elector, creating a vacant position to be filled under Section 6.

(d) The [Secretary of State] shall distribute ballots to and collect ballots from a substitute elector and repeat the process under this section of examining ballots, declaring and filling vacant positions as required, and recording appropriately completed ballots from the substituted electors, until all of this state's electoral votes have been cast and recorded.

SECTION 8. ELECTOR REPLACEMENT; ASSOCIATED CERTIFICATES.

(a) After the vote of this state's electors is completed, if the final list of electors differs from any list that the [Governor] previously included on a certificate of ascertainment prepared and transmitted under 3 U.S.C. Section 6, the [Secretary of State] immediately shall prepare an amended certificate of ascertainment and transmit it to the [Governor] for the [Governor's] signature.

(b) The [Governor] immediately shall deliver the signed amended certificate of ascertainment to the [Secretary of State] and a signed duplicate original of the amended certificate of ascertainment to all individuals entitled to receive this state's certificate of ascertainment, indicating that the amended certificate of ascertaimnent is to be substituted for the certificate of ascertainment previously submitted.

(c) The [Secretary of State] shall prepare a certificate of vote. The electors on the final list shall sign the certificate. The [Secretary of State] shall process and transmit the signed certificate with the amended certificate of ascertaimnent under 3 U.S.C. Sections 9, 10, and 11.

SECTION 9. UNIFORMITY OF APPLICATION AND CONSTRUCTION. In applying and construing this uniform act, consideration must be given to the need to promote uniformity of the law with respect to its subject matter among states that enact it.

SECTION 10. REPEALS. The following are repealed:

(1) . . .

(2) . . .

(3) . . .

SECTION 11. EFFECTIVE DATE. This [act] takes effect . . .

NATIONAL LAW ENFORCEMENT APPRECIATION DAY

The SPEAKER pro tempore. The Chair recognizes the gentleman from Washington (Mr. REICHERT) for 5 minutes.

Mr. REICHERT. Mr. Speaker, today is National Law Enforcement Appreciation Day.

Behind me are the faces of 135 men and women. They are the faces of those who paid the ultimate price serving and protecting us this past year so that our families and our children can live safe and enjoy our freedom. As you can see, freedom isn't free.

You may not know or recognize these faces, but you know the faces of others who have served or that are serving today. They are the faces of our brothers, sisters, mothers, fathers, and friends. Some were ambushed and executed. Some lost their lives responding to a call to save a life, someone who called for help.

Tacoma police officer Jake Gutierrez, from my home State of Washington, is one of the faces behind me. He lost his life in the line of duty just last month while trying to protect a woman from domestic violence.

Jake was supposed to have exchanged wedding vows with his fiancee in just a few weeks. Instead, she and his three daughters and granddaughter attended his funeral and tried to picture a life without Jake.

Tragically, again last month, a time meant for celebration was filled with another Washington family's sorrow. Veteran officer Mike McClaughry from the Mount Vernon Police Department was shot in the head while responding to a call for help. Today his children, wife, friends, and family sit by his hospital bed and his life now hangs in the balance in the hands of God and his doctors.

This feeling of loss is one that I am also familiar with. In 1982, my partner and best friend, Sergeant Sam Hicks, was shot to death attempting to arrest a murder suspect. He left behind his wife and five sons. That was over 30 years ago, but the loss of a loved one is a pain that cannot be forgotten, cannot be erased.

This national day of appreciation is not only a day to reflect and appreciate the service of those who have served, but those that are serving today. They are driving, walking, patrolling your neighborhoods, keeping us safe. They are ready to put their lives on the line, yes, but every day they do so much more for us that goes unnoticed:

The officer that took the stolen bike report on Christmas Day and the next day delivered a new bicycle to that little boy's home;

How about the officer who anonymously buys groceries for a needy family;

The officer who counseled a little girl who was being bullied because of the clothes she wore and then bought her a new set of clothes;

How about the officer who went to a call where he had to cradle a 2-month-old baby in his arms, giving CPR to his little, fragile blue face, hoping for the best news, fearing the worst—and getting the worst—and then headed off to his next call;

The officer that held the hand of a dying man after a motorcycle accident and then sharing his last words with his family;

The officer who was spit on, ridiculed, and insulted by a man threatening to kill the officer and his wife and then minutes later saving that same man from taking his own life with a butcher knife.

These men and women are coaches, volunteers, and mentors, helping people find jobs, feeding the homeless, helping them find homes, and sometimes even taking them into their own homes. These are real people. They are your neighbors, they are your friends, and they are us. This is not a job for them. It is a calling. They serve because they want to help. They want to make a difference. They serve with the heart of a servant.

On this day, let us take a moment to appreciate all members of the law enforcement community across this Nation and their families by putting a blue light in your window or on your front porch. This is not just a sign of appreciation for law enforcement across this country, but a sign, a small symbol of unity for us all. We need that now in our Nation more than anything. Help us remember that we are one nation under God, indivisible, with liberty and justice for all.

Most people don't know, but I am a big James Brown fan and I really like the way he puts it in a not so well-known song from the sixties about America. He says:

> America is the greatest country in the world. America is the greatest country in the world . . . Now Black and White they may fight, but when the enemy comes, we get together and we run 'em out of sight.

This is a Black man in the sixties with these positive words about our country.

Mr. Speaker, I say this: That we take James Brown's words, we take his advice, and we get together. The enemy is here. That enemy is hate. We get together and we run them out of sight.

Now, Mr. Speaker, I would like to observe a moment of silence, please, for two officers who were killed in Florida just today on National Law Enforcement Appreciation Day. These are two more officers killed today, just hours ago.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until 2 p.m. today.

Accordingly (at 12 o'clock and 12 minutes p.m.), the House stood in recess.

□ 1400

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. HOLDING) at 2 p.m.

PRAYER

The Chaplain, the Reverend Patrick J. Conroy, offered the following prayer:

Loving God, we give You thanks for giving us another year.

At the beginning of this new day, we are grateful as individuals and as a nation for all the blessings we have been given.

We ask Your blessing upon the Members of this people's House as they reconvene for this first session. May they anticipate the opportunities and difficulties that are before them, and before so many Americans, with steadfast determination to work together toward solutions that will benefit their countrymen. Grant that they be worthy of the responsibilities they have been given by their constituents and truly be the people You have called them to be.

May Your Spirit, O God, be in all of our hearts and minds and encourage us to do the works of peace and justice now and always.

May all that we do be done for Your greater honor and glory.

Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the

last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Arkansas (Mr. WOMACK) come forward and lead the House in the Pledge of Allegiance.

Mr. WOMACK 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.

REMEMBERING DR. BILLY BERT BAKER

(Mr. WOMACK asked and was given permission to address the House for 1 minute.)

Mr. WOMACK. Mr. Speaker, I rise today to pay respects to an admired, respected, and visionary educator, and a genuinely terrific person, Dr. Billy Bert Baker, of Gilbert, Arkansas, who passed away on Friday, January 6, at the age of 84.

My relationship with Dr. Baker goes back decades. He was a family friend. After spending 17 years as a faculty member and administrator at my alma mater, Arkansas Tech, in 1974, he became the first employee of North Arkansas College in Harrison, served the college for more than 27 years, was its founding president, and retired at the age of 68.

Under his leadership, Northark achieved several firsts, one of the most noteworthy being the 1993 merger of Northark and Twin Lakes Technical College, the first consolidation of a community college and a technical college in Arkansas. Billy Bert was also instrumental in the creation of both Northwest Arkansas Community College in Bentonville and the ASU—Mountain Home campus.

Dr. Baker's own unofficial motto was to ''help people grow, one at a time.'' That is exactly what he spent his life doing. He touched the lives of thousands—made them better men and women—and his legacy continues to enrich the lives of people throughout northern and northwest Arkansas through the institutions of higher learning that he envisioned decades ago.

Rest in peace, Dr. Baker. My deepest condolences are with Bonnie, your wife of 63 years; your two sons, daughter, grandchildren; and the entire Northark family in this time of great loss.

CHINA SHOULD TAKE THEIR CRIMINAL ILLEGALS BACK OR LOSE VISAS

(Mr. POE of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. POE of Texas. Mr. Speaker, Qian Wu was held up at knifepoint and brutally assaulted. Her attacker, a Chinese citizen who was illegally in America, was captured and sent off to prison for the assault. He should have been deported as soon as he finished his sentence, but China would not take back the outlaw. So, under American law, the attacker could not be held indefinitely in our prison and was turned loose on American streets. As soon as he was released from prison, he tracked down Qian Wu and murdered her.

Mr. Speaker, the law requires that a person who illegally enters the United States and is ordered deported must be repatriated to their native country. The lack of cooperation from countries that refuse or delay repatriation allows criminals like Qian Wu's killer to remain in America and commit more crimes.

My bill, the Timely Repatriation Act of 2017, restricts diplomatic visas to countries that deny the repatriation of criminal aliens deported from the United States. Countries like China must take back their lawfully deported criminal citizens or pay the price of losing diplomatic visas.

And that is just the way it is.

FAKE NEWS INCLUDES CLIMATE CHANGE

(Mr. SMITH of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SMITH of Texas. Mr. Speaker, a good example of fake news appeared in Sunday's New York Times. It is a column headlined, ''As Trump Denies Climate Change, These Kids Die.'' This may be a new high—or maybe a new low—for climate alarmists and their exaggerations.

Two facts: first, most severe and persistent droughts occurred decades ago, not recently; and second, there is little connection between climate change and extreme weather, in general, according to numerous studies.

Climate alarmists tend to ignore scientific evidence and encourage media hype, and, of course, the liberal media is all too willing to go along. Climate discussions should be based on good science, not politically correct science.

GUANTANAMO BAY DETERS TERRORISTS

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Mr. Speaker, last month I was grateful that President Obama signed the National Defense Authorization Act into law—legislation that will clearly prevent the closure of the prison at Guantanamo Bay. Sadly, this has not stopped the President from releasing murderous terrorists, which, by weakness, encourages more attacks against American families that we can anticipate in the future.

Under President Obama, nearly 150 detainees have been released; and just last week, the President released four more hardened terrorists, creating a recruiting environment with a legacy of not being serious about murderous attacks in the future. The President should promote a legacy of peace, not more attacks.

The administration's own numbers reveal that as many as one-third of the terrorists from Guantanamo return to the battlefield to kill American families. In March, senior officials from the administration even testified that former prisoners from Guantanamo were responsible for American deaths.

I appreciate that President-elect Donald Trump does not support releasing terrorists from Guantanamo Bay, and I look forward to working with him to keep Guantanamo open. He knows that imprisonment is a deterrent to protect American families.

In conclusion, God bless our troops, and may the President, by his actions, never forget September the 11th in the global war on terrorism.

U.N. SECURITY COUNCIL RESOLUTION 2334

(Mr. HOLDING asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HOLDING. Mr. Speaker, just before Christmas, the U.N. Security Council passed a resolution condemning Israel.

I believe it goes almost without saying that Israel is our most trusted ally in the Middle East, which is why I find this so troubling, Mr. Speaker. The Obama administration had the power to veto the resolution and support one of our only allies in the region, but President Obama, less than a month from leaving office, dictated the United States would sit on the sidelines.

Well, Mr. Speaker, I am committed to preserving our alliance with Israel and ensuring a lasting peace is found in the region—a position that has been expressed multiple times on the floor of this House by my colleagues—and I believe we can't afford to sit on the sidelines anymore.

Mr. Speaker, the United States supports Israel. The Obama administration is leaving behind a failed foreign policy legacy, but our alliance with Israel will endure.

Former Senator Jesse Helms believed the United Nations required fundamental reform to address these kinds of problems. I believe this latest action by the Security Council underscores that need.

RECESS

The SPEAKER pro tempore (Mr. DENHAM). Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 4:30 p.m. today.

Accordingly (at 2 o'clock and 9 minutes p.m.), the House stood in recess.

□ 1630

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. COLLINS of New York) at 4 o'clock and 30 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

NATIONAL CLINICAL CARE COMMISSION ACT

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 309) to amend the Public Health Service Act to foster more effective implementation and coordination of clinical care for people with a complex metabolic or autoimmune disease, a disease resulting from insulin deficiency or insulin resistance, or complications caused by such a disease, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 309

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''National Clinical Care Commission Act''.

SEC. 2. ESTABLISHMENT OF A NATIONAL CLINICAL CARE COMMISSION.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following new section:

''SEC. 399V–7. NATIONAL CLINICAL CARE COMMISSION.

''(a) ESTABLISHMENT.—There is hereby established, within the Department of Health and Human Services, a National Clinical Care Commission (in this section referred to as the 'Commission') to evaluate, and recommend solutions regarding better coordination and leveraging of, programs within the Department and other Federal agencies that relate in any way to supporting appropriate clinical care (such as any interactions between physicians and other health care providers and their patients related to treatment and care management) for individuals with—

''(1) one or more complex metabolic or autoimmune diseases;

''(2) one or more diseases resulting from insulin deficiency or insulin resistance; or

''(3) complications caused by one or more of any of such diseases.

''(b) MEMBERSHIP.—

''(1) IN GENERAL.—The Commission shall be composed of the following voting members:

''(A) The heads (or their designees) of the following Federal agencies and departments:

''(i) The Centers for Medicare & Medicaid Services.

''(ii) The Agency for Healthcare Research and Quality.

''(iii) The Centers for Disease Control and Prevention.

''(iv) The Indian Health Service.

''(v) The Department of Veterans Affairs.

''(vi) The National Institutes of Health.

''(vii) The Food and Drug Administration.

''(viii) The Health Resources and Services Administration.

''(ix) The Department of Defense.

''(B) Twelve additional voting members appointed under paragraph (2).

''(C) Such additional voting members as may be appointed by the Secretary, at the Secretary's discretion, from among the heads (or their designees) of governmental or nongovernmental entities that impact clinical care of individuals with any of the diseases and complications described in subsection (a).

''(2) ADDITIONAL MEMBERS.—The Commission shall include additional voting members appointed by the Secretary, in consultation with national medical societies and patient advocacy organizations with expertise in the care and epidemiology of any of the diseases and complications described in subsection (a), including one or more such members from each of the following categories:

''(A) Clinical endocrinologists.

''(B) Physician specialties (other than as described in subparagraph (A)) that play a role in diseases and complications described in subsection (a), such as cardiologists, nephrologists, and eye care professionals.

''(C) Primary care physicians.

''(D) Non-physician health care professionals, such as certified diabetes educators, registered dieticians and nutrition professionals, nurses, nurse practitioners, physician assistants.

''(E) Patient advocates.

''(F) National experts in the duties listed under subsection (c).

''(G) Health care providers furnishing services to a patient population that consists of a high percentage (as specified by the Secretary) of individuals who are enrolled in a State plan under title XIX of the Social Security Act or who are not covered under a health plan or health insurance coverage.

''(3) CHAIRPERSON.—The voting members of the Commission shall select a chairperson from the members appointed under paragraph (2) from the category under paragraph (2)(A).

''(4) MEETINGS.—The Commission shall meet at least twice, and not more than 4 times, a year.

''(5) BOARD TERMS.—Members of the Commission appointed pursuant to subparagraph (B) or (C) of paragraph (1), including the chairperson, shall serve for a 3-year term. A vacancy on the Commission shall be filled in the same manner as the original appointments.

''(c) DUTIES.—The Commission shall—

''(1) evaluate programs of the Department of Health and Human Services regarding the utilization of diabetes screening benefits, annual wellness visits, and other preventive health benefits that may reduce the incidence of the diseases and complications described in subsection (a), including identifying problems regarding such utilization and related data collection mechanisms and make recommendations;

''(2) identify current activities and critical gaps in Federal efforts to support clinicians in providing integrated, high-quality care to individuals with any of the diseases and complications described in subsection (a);

''(3) make recommendations regarding the coordination of clinically based activities that are being supported by the Federal Government with respect to the diseases and complications described in subsection (a);

''(4) make recommendations regarding the development and coordination of federally funded clinical practice support tools for physicians and other health care professionals in caring for and managing the care of individuals with any of the diseases and complications described in subsection (a), specifically with regard to implementation of new treatments and technologies;

''(5) evaluate programs described in subsection (a) that are in existence as of the date of the enactment of this section and determine if such programs are meeting the needs identified in paragraph (2) and, if such programs are determined as not meeting such needs, recommend programs that would be more appropriate;

''(6) recommend, with respect to the diseases and complications described in subsection (a), clinical pathways for new technologies and treatments, including future data collection activities, that may be developed and then used to evaluate—

''(A) various care models and methods; and

''(B) the impact of such models and methods on quality of care as measured by appropriate care parameters (such as A1C, blood pressure, and cholesterol levels);

''(7) evaluate and expand education and awareness activities provided to physicians and other health care professionals regarding clinical practices for the prevention and treatment of the diseases and complications described in subsection (a);

''(8) review and recommend appropriate methods for outreach and dissemination of educational resources that—

''(A) address the diseases and complications described in subsection (a);

''(B) are funded by the Federal Government; and

''(C) are intended for health care professionals and the public; and

''(9) carry out other activities, such as activities relating to the areas of public health and nutrition, that the Commission deems appropriate with respect to the diseases and complications described in subsection (a).

''(d) OPERATING PLAN.—

''(1) INITIAL PLAN.—Not later than 90 days after its first meeting, the Commission shall submit to the Secretary and the Congress an operating plan for carrying out the activities of the Commission as described in subsection (c). Such operating plan may include—

''(A) a list of specific activities that the Commission plans to conduct for purposes of carrying out the duties described in each of the paragraphs in subsection (c);

''(B) a plan for completing the activities;

''(C) a list of members of the Commission and other individuals who are not members of the Commission who will need to be involved to conduct such activities;

''(D) an explanation of Federal agency involvement and coordination needed to conduct such activities;

''(E) a budget for conducting such activities;

''(F) a plan for evaluating the value and potential impact of the Commission's work and recommendations, including the possible continuation of the Commission for the purposes of overseeing their implementation; and

''(G) other information that the Commission deems appropriate.

''(2) UPDATES.—The Commission shall periodically update the operating plan under paragraph (1) and submit such updates to the Secretary and the Congress.

''(e) FINAL REPORT.—By not later than 3 years after the date of the Commission's first meeting, the Commission shall submit to the Secretary and the Congress a final report containing all of the findings and recommendations required by this section. Not later than 120 days after the submission of the final report, the Secretary shall review the plan required by subsection (d)(1)(F) and

submit to the Congress a recommendation on whether the Commission should be reauthorized to operate after fiscal year 2021.

''(f) SUNSET.—The Commission shall terminate 120 days after submitting its final report, but not later than the end of fiscal year 2021.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. BURGESS).

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. BURGESS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 309, the National Clinical Care Commission Act, introduced by Representative PETE OLSON and which was supported by over 229 cosponsors in the 114th Congress.

H.R. 309 establishes a clinical care commission to evaluate and recommend solutions regarding better coordinating and leveraging of Federal programs related to complex metabolic or autoimmune disorders, such as diabetes.

Metabolic disorders take a large toll on many Americans each year, and complications from these disorders can lead to catastrophic health outcomes. Currently, there are various programs across the Federal Government that touch on metabolic disorders—some focus on prevention and others focus on treatment—but there is a lack of coordination among these programs. Improving coordination of such efforts provides an opportunity to reduce costs while improving health outcomes.

This legislation received broad support from the Energy and Commerce Committee, passing through a full committee markup by a voice vote during the 114th Congress.

H.R. 309 provides no new spending and utilizes only existing funds at the Department of Health and Human Services.

Mr. Speaker, I urge my colleagues to support this legislation, and I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 309, sponsored by my Texas neighbor, Congressman PETE OLSON, and our other colleague on the Energy and Commerce Committee, DAVID LOEBSACK of Iowa, the National Clinical Care Commission Act.

This legislation aims to improve Federal efforts to treat and prevent metabolic disorders, autoimmune diseases, and diseases resulting from insulin deficiency or insulin resistance.

The most common metabolic disorder in the U.S. is diabetes, which affects more than 29 million Americans. Racial and ethnic minority communities suffer increased rates of this condition. 15.9 percent of American Indians and Alaskan Natives, 13.2 percent of non-Hispanic Blacks, and 12.8 percent of Hispanics have diagnosed diabetes, compared to just 7.6 percent of non-Hispanic Whites.

Diabetes takes a huge toll on human health. It is the seventh leading cause of death in the United States. Additionally, all too often, diabetes leads to avoidable complications such as blindness, limb amputation, and kidney failure.

In addition to the effects on human health, diabetes care makes up a large percentage of U.S. healthcare expenditures. Currently, $1 of every $5 of healthcare costs is spent on caring for people with diabetes. The proportion of Medicare funding is even greater. Currently, $1 of every $3 of Medicare expenditures is spent caring for people with diabetes.

That is why it is important to improve Federal efforts that prevent avoidable cases of diabetes and metabolic disorders and ensure all Americans have treatment and management of services necessary to successfully manage this and other of these conditions.

I am glad to see this legislation move forward, and I urge my colleagues to vote ''yes'' on H.R. 309.

I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield such time as he may consume to the gentleman from Texas (Mr. OLSON).

Mr. OLSON. Mr. Speaker, I thank the gentleman from Denton, Texas (Mr. BURGESS) for yielding me time to speak about my bill, H.R. 309, the National Clinical Care Commission Act, a bipartisan bill that received unanimous support in the last Congress and was cosponsored by over half of my House colleagues.

It had this level of support because our Nation faces an epidemic. Diabetes or prediabetes affects over 100 million Americans. Nearly one in three of our neighbors is affected. This is in addition to all of the Americans whose diseases fall under complex metabolic, autoimmune, or insulin-resistant diseases.

When I first came to Congress in 2009, it was crystal clear that we had a big problem. The benefits of all the Federal research dollars going into these diseases were simply not making their way to patients. Researchers at the NIH, the CDC, the FDA, and even DOD weren't sharing diabetes research.

It was clear to me in 2009, and it is clear today in 2017, that we need a laser-like focus on improving patient care by pursuing a strong Federal focus on research.

My bill accomplishes that goal by creating a national clinical care commission comprised of doctors who specialize in diabetes care for patients. This commission will have 3 years to strengthen their partnership between Federal stakeholders and health professionals, who will bring hands-on clinical experience to improve care.

This is not a new, unending bureaucracy. After 3 years, this commission will sunset. In 3 years, it will be gone.

We have already made a huge investment of taxpayer dollars into research. It is time for us to leverage that investment and translate that into meaningful prevention and effective treatment options.

So today, I ask my colleagues to again help those who suffer from diabetes or other complex metabolic and autoimmune disorders by voting for H.R. 309.

Mr. GENE GREEN of Texas. Mr. Speaker, I have no other speakers.

I reserve the balance of my time in case someone shows up.

Mr. BURGESS. Mr. Speaker, I yield 3 minutes to the gentleman from Georgia (Mr. CARTER), a new member of the Energy and Commerce Committee.

Mr. CARTER of Georgia. Mr. Speaker, I rise today in support of H.R. 1192, the National Diabetes Clinical Care Commission Act, which establishes within the Department of Health and Human Services the national diabetes clinical care commission.

The commission will look into dissemination of information and resources to clinicians on best practices for delivering high-quality care and how best to effectively deploy new and emerging treatments and technologies.

As a pharmacist, I play an important role in diabetes care by screening patients who had a high risk for diabetes and educating patients to empower them to take better care of themselves. I believe all of my colleagues would agree that making government work to help evaluate and recommend solutions regarding diabetes is important.

The American Diabetes Association reports that there are almost 30 million people living with this disease. With better coordination and leveraging of Federal programs that relate to clinical care for people with diabetes and chronic diseases and conditions caused by diabetes, we will begin to stem the tide of this awful disease.

This legislation should be a priority for our country, and I urge my colleagues to support this bill.

Mr. GENE GREEN of Texas. Mr. Speaker, I want to welcome the gentleman from Georgia (Mr. CARTER) to the Energy and Commerce Committee.

I yield back the balance of my time.

Mr. BURGESS. Mr. Speaker, I have no additional speakers at this time.

This is a good bill. It did pass at the end of last Congress. Maybe by passing at the beginning of this Congress, we will give the other body ample time to take it up this year.

It is a good bill. It is worthy of our consideration again today. It provides no new spending.

I urge passage of H.R. 309.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 309.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

IMPROVING ACCESS TO MATERNITY CARE ACT

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 315) to amend the Public Health Service Act to distribute maternity care health professionals to health professional shortage areas identified as in need of maternity care health services.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 315

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Improving Access to Maternity Care Act''.

SEC. 2. MATERNITY CARE HEALTH PROFESSIONAL TARGET AREAS.

Section 332 of the Public Health Service Act (42 U.S.C. 254e) is amended by adding at the end the following new subsection:

''(k)(1) The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall identify, based on the data collected under paragraph (3), maternity care health professional target areas that satisfy the criteria described in paragraph (2) for purposes of, in connection with receipt of assistance under this title, assigning to such identified areas maternity care health professionals who, without application of this subsection, would otherwise be eligible for such assistance. The Secretary shall distribute maternity care health professionals within health professional shortage areas using the maternity care health professional target areas so identified.

''(2) For purposes of paragraph (1), the Secretary shall establish criteria for maternity care health professional target areas that identify geographic areas within health professional shortage areas that have a shortage of maternity care health professionals.

''(3) For purposes of this subsection, the Secretary shall collect and publish in the Federal Register data comparing the availability and need of maternity care health services in health professional shortage areas and in areas within such health professional shortage areas.

''(4) In carrying out paragraph (1), the Secretary shall seek input from relevant provider organizations, including medical societies, organizations representing medical facilities, and other organizations with expertise in maternity care.

''(5) For purposes of this subsection, the term 'full scope maternity care health services' includes during labor care, birthing, prenatal care, and postpartum care.

''(6) Nothing in this subsection shall be construed as—

''(A) requiring the identification of a maternity care health professional target area in an area not otherwise already designated as a health professional shortage area; or

''(B) affecting the types of health professionals, without application of this subsection, otherwise eligible for assistance, including a loan repayment or scholarship, pursuant to the application of this section.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. BURGESS).

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and to insert extraneous material in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. BURGESS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 315, the Improving Access to Maternity Care Act, which I introduced with Representative ESHOO.

H.R. 315 increases data collection by the Department of Health and Human Services to help better place maternity care providers through the National Health Service Corps repayment program. Currently, maternity care providers participate in the National Health Service Corps through the primary care designation, but they are not always placed where they are needed the most. H.R. 315 will require increased data collection on maternity care providers who will then be placed in geographic areas within existing health professional shortage areas, again, where they are most needed.

This legislation enjoyed broad support on the Energy and Commerce Committee, passing through the full committee markup by a voice vote in the 114th Congress.

H.R. 315 provides no new spending, Mr. Speaker.

I urge all my colleagues to support this legislation.

I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 315, the Improving Access to Maternity Care Act.

This important legislation would require the Health Resources and Services Administration to better identify areas with increased need for maternity care services. This would help ensure the placement of maternity care providers within the National Health Service Corps in areas with the most need for their services.

Improving access to maternity care providers in our most underserved communities will help reduce the poor health outcomes that can result when women don't have access to quality, prenatal maternity services that they need. Those outcomes can include increased infant mortality, preterm births, low birth weight infants, and maternal mortality.

To provide just one example of how limited access to quality maternity care service is affecting American communities is that while global maternal mortality rates have fallen by more than a third from 2000 to 2015, the maternal mortality rate in the United States has increased. In 2015, 25 women lost their lives during pregnancy or childbirth per 100,000 births in the U.S., compared to 23 women who did so in only 2000.

It is clear that we must do more to reverse the troubling trend and other poor outcomes that result in limited access to maternity care providers. Congress must make it a priority to ensure our women have access to prenatal and maternity care services.

I support H.R. 315. I urge my colleagues to vote ''yes.''

I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield 3 minutes to the gentleman from Tennessee (Mr. ROE), the chairman of the Veterans' Affairs Committee and a fellow OB/GYN.

□ 1645

Mr. ROE of Tennessee. Mr. Speaker, I rise today in support of H.R. 315, the Improving Access to Maternity Care Act, sponsored by the gentleman from Texas (Mr. BURGESS), a fellow OB/GYN and chairman of the Health Caucus.

One of the easiest ways to ensure a safer and healthier pregnancy experience for both mother and child is through adequate maternity care. Unfortunately, there are pockets across the United States where women do not have access to needed OB/GYN care, which puts both mothers and babies at risk should a complication arise.

As an OB/GYN who spent 31 years in practice, I find it unacceptable that 1 million babies are born to mothers who did not receive adequate prenatal care. Without that proper care, babies born to these mothers are three times more likely to be born at a low birth weight and five times more likely to die than babies whose mothers did receive adequate maternity care.

With a large number of OB/GYNs nearing retirement age and a female population expected to increase by 36 percent by 2050, there is no more important time than now to ensure adequate access to maternity care for all mothers, no matter where they live. A woman living in rural east Tennessee or rural Texas should have the same access to adequate maternity care as someone living in the city of Nashville, Memphis, Dallas, or wherever.

I am a proud cosponsor of this legislation that would require the Health Resources and Services Administration to designate maternity healthcare professional shortage areas and target maternity care resources where they are most needed, helping to ensure healthier pregnancies and healthier babies.

It was my job as an OB/GYN to make sure that mothers and their children

were healthy during and after pregnancy, and I feel very strongly about that duty now that I am here in Congress. While this bill will not solve the entire shortage crisis, I think this bill is a meaningful start. I urge my colleagues to support this legislation.

Mr. GENE GREEN of Texas. Mr. Speaker, I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, it is my pleasure to yield 3 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise today in support of H.R. 315, the Improving Access to Maternity Care Act.

Our Nation is facing a critical shortage of maternity healthcare services and professionals. Many Americans in rural or medically underserved areas have little to no access to maternity care services, either due to geographical constraints or a shortage of healthcare providers. This bill would encourage physicians and other healthcare professionals to serve in rural and underserved communities by creating a maternity care designation in the National Health Service Corps.

The National Health Service Corps provides up to $50,000 in student loan repayments for healthcare professionals who commit to providing care in health profession shortage areas for a minimum of 2 years. The program has already made great progress in increasing access and reducing provider shortages in dental care, mental health, and primary care.

Maternity health professionals can and do already serve in the National Health Service Corps, but they are placed in the same manner as primary care providers. This bill would create a separate designation for maternity care providers, ensuring that maternity health needs are more efficiently addressed in underserved communities that need them the most.

I urge my colleagues to support this bill.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield back the balance of my time.

Mr. BURGESS. Mr. Speaker, H.R. 315, once again, is a bill that passed with overwhelming support in the last Congress. I hope that by taking it up early in this Congress, we will allow time for the other body to attend to this needed legislation. I urge my colleagues to support H.R. 315.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 315.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BURGESS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

SPORTS MEDICINE LICENSURE CLARITY ACT OF 2017

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 302) to provide protections for certain sports medicine professionals who provide certain medical services in a secondary State.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 302

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Sports Medicine Licensure Clarity Act of 2017''.

SEC. 2. PROTECTIONS FOR COVERED SPORTS MEDICINE PROFESSIONALS.

(a) IN GENERAL.—In the case of a covered sports medicine professional who has in effect medical professional liability insurance coverage and provides in a secondary State covered medical services that are within the scope of practice of such professional in the primary State to an athlete or an athletic team (or a staff member of such an athlete or athletic team) pursuant to an agreement described in subsection (b)(4) with respect to such athlete or athletic team—

(1) such medical professional liability insurance coverage shall cover (subject to any related premium adjustments) such professional with respect to such covered medical services provided by the professional in the secondary State to such an individual or team as if such services were provided by such professional in the primary State to such an individual or team; and

(2) to the extent such professional is licensed under the requirements of the primary State to provide such services to such an individual or team, the professional shall be treated as satisfying any licensure requirements of the secondary State to provide such services to such an individual or team.

(b) DEFINITIONS.—In this Act, the following definitions apply:

(1) ATHLETE.—The term ''athlete'' means—

(A) an individual participating in a sporting event or activity for which the individual may be paid;

(B) an individual participating in a sporting event or activity sponsored or sanctioned by a national governing body; or

(C) an individual for whom a high school or institution of higher education provides a covered sports medicine professional.

(2) ATHLETIC TEAM.—The term ''athletic team'' means a sports team—

(A) composed of individuals who are paid to participate on the team;

(B) composed of individuals who are participating in a sporting event or activity sponsored or sanctioned by a national governing body; or

(C) for which a high school or an institution of higher education provides a covered sports medicine professional.

(3) COVERED MEDICAL SERVICES.—The term ''covered medical services'' means general medical care, emergency medical care, athletic training, or physical therapy services. Such term does not include care provided by a covered sports medicine professional—

(A) at a health care facility; or

(B) while a health care provider licensed to practice in the secondary State is transporting the injured individual to a health care facility.

(4) COVERED SPORTS MEDICINE PROFESSIONAL.—The term ''covered sports medicine professional'' means a physician, athletic trainer, or other health care professional who—

(A) is licensed to practice in the primary State;

(B) provides covered medical services, pursuant to a written agreement with an athlete, an athletic team, a national governing body, a high school, or an institution of higher education; and

(C) prior to providing the covered medical services described in subparagraph (B), has disclosed the nature and extent of such services to the entity that provides the professional with liability insurance in the primary State.

(5) HEALTH CARE FACILITY.—The term ''health care facility'' means a facility in which medical care, diagnosis, or treatment is provided on an inpatient or outpatient basis. Such term does not include facilities at an arena, stadium, or practice facility, or temporary facilities existing for events where athletes or athletic teams may compete.

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

(7) NATIONAL GOVERNING BODY.—The term ''national governing body'' has the meaning given such term in section 220501 of title 36, United States Code.

(8) PRIMARY STATE.—The term ''primary State'' means, with respect to a covered sports medicine professional, the State in which—

(A) the covered sports medicine professional is licensed to practice; and

(B) the majority of the covered sports medicine professional's practice is underwritten for medical professional liability insurance coverage.

(9) SECONDARY STATE.—The term ''secondary State'' means, with respect to a covered sports medicine professional, any State that is not the primary State.

(10) STATE.—The term ''State'' means each of the several States, the District of Columbia, and each commonwealth, territory, or possession of the United States.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. BURGESS).

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. BURGESS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 302, the Sports Medicine Licensure Clarity Act of 2017, introduced by my colleague on the Health Subcommittee, BRETT GUTHRIE. The bill is identical to H.R. 921 from the last Congress, which passed by a voice vote in the House in September.

Team physicians and other licensed sports medicine professionals often travel with their athletes to away

games and other sanctioned sporting events outside of their home State. When providing care to an injured player during the game or in the locker room afterwards, they are often doing so at great personal and professional risk. If they are sued, their home State license could be in jeopardy and their malpractice insurance may not cover them.

This commonsense bill would provide needed clarity.

First, by stating that their liability insurance shall cover them outside of their home State for limited services within the scope of their practice, subject to any related premium adjustments.

Second, to the extent that the healthcare professional is licensed under the requirements of their home State to provide certain services to an athlete or to a team, they shall be treated as satisfying corresponding licensing requirements of the secondary State in these narrowly defined instances.

H.R. 302 is supported by a wide range of professional medical associations as well as amateur and professional sports organizations. I urge my colleagues to join me in supporting this bill.

I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume.

I rise today in support of H.R. 302, the Sports Medicine Licensure Clarity Act. This bill solves a problem unique to sports medicine professionals who are required to travel to different States with their teams. Medical licensure is regulated on a State-by-State basis and does not work across State lines. Thus, often when a sports medicine provider travels with a team to another State, they are technically practicing without a license, and their medical liability insurance is rendered null. This is not something that is not important.

This weekend, the Houston Texans are proud to be in the playoffs. They are going to New England, and we would like to have our Texas doctors making sure our players are safe.

This bill would ensure that sports medicine professionals who contract with a team are covered by their medical liability insurance while traveling with their team. It also provides that any incidents of medical malpractice occurring under the care of a traveling team sports medicine professional must be treated as if it occurred in the professional's primary State of practice, regardless of where the game took place. Providers still would not be allowed to practice beyond the scope of their licenses, and they may only treat athletes on the field.

By working with the Energy and Commerce Committee and stakeholders last Congress, the sponsors of this bill have created a sensible solution to this distinct problem. I encourage my colleagues to vote ''yes'' on the bill.

I thank Mr. GUTHRIE from Kentucky and Mr. RICHMOND from Louisiana for their excellent work.

I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from Kentucky (Mr. GUTHRIE).

Mr. GUTHRIE. Mr. Speaker, I thank the gentleman for yielding.

Tonight, millions of Americans, including myself, will tune in to the College Football Playoff National Championship between the University of Alabama and Clemson University. As with any college or professional competition, both teams will have healthcare practitioners traveling with them to the game.

Unfortunately, many States do not provide legal protection for sports medicine practitioners who travel with these athletes since they are not licensed to practice medicine in the secondary State. The Sports Medicine Licensure Clarity Act, which I introduced with Mr. RICHMOND of Louisiana, would ensure that sports medicine professionals can provide high-quality and timely health care to athletes without having to worry about potential liability when traveling across State lines with their teams.

The nature of sports medicine professionals' jobs require them to frequently travel between States so that athletes can receive proper care the moment they are injured. However, providers are at great personal and professional risk because medical liability insurance does not cover costs for lawsuits related to care provided in States in which they are not licensed. It is not a reasonable solution to require practitioners to become licensed in every State where their teams will play during a given season.

This came to my attention, and I talked to a friend of mine who is an emergency room physician in Auburn, Alabama. He travels with Auburn University. At the time, a few years ago, they were playing in what was then the BCS game. So here is a friend of mine, a physician, traveling with Auburn to the Rose Bowl in California. Fortunately, it didn't happen, but what if he had to take care of Cam Newton, who was the quarterback at the time? First of all, the players want physicians that know them taking care of them, but think of the liability because he was in California when he is licensed to practice in Alabama and if something had gone wrong to as valuable an athlete as Cam Newton.

It is important that we do this. It is just pure common sense. It is very bipartisan. My friend Mr. RICHMOND and I have worked on this together.

I ask my colleagues to join me in supporting this commonsense, bipartisan bill to provide clarity for sports professionals performing their duties when caring for athletes. We passed this bill quickly last session. We are going to do it quickly again this Congress and give time for the other body to address this.

I would personally like to thank my longtime legislative director, who just took another job. She worked tirelessly on this. As simple and as commonsense as this bill is, there are a lot of details when you are trying to define details about going across jurisdictions and State lines. I wish Megan Jackson well in her new endeavor.

I urge my colleagues to support this measure.

Mr. GENE GREEN of Texas. Mr. Speaker, I continue to reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I rise today in support of H.R. 302, the Sports Medicine Licensure Clarity Act, and what it means for sports medicine professionals looking to provide comprehensive services to those in need.

Congressman GUTHRIE's legislation, which I have cosponsored, would overhaul the current system that leaves sports medicine professionals and athletic trainers vulnerable to liability issues. Athletic trainers and other sports medicine professionals can travel with a team to another State, and by providing care, they are opening themselves up to repercussions. These professionals provide preventive care as well as medical care and advice to athletes in the event of an injury. Currently, insurance companies don't fully cover those professionals who travel with their team or organization to a secondary State.

This legislation extends liability insurance coverage to those medical professionals to allow them to safely and fully carry out their responsibilities. They shouldn't have to decide if they can or can't provide care to the same people simply because they happen to be in a different location for a short period of time as part of their job. Within this bill, we can ensure that these professionals with the knowledge and experience to administer care will have the protections needed to safely and properly fulfill their duties.

I applaud the gentleman from Kentucky (Mr. GUTHRIE) for his work on this issue and the work of the Energy and Commerce Committee to address these reforms to the sports medicine field, and I urge passage of this important legislation.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield back the balance of my time.

□ 1700

Mr. BURGESS. Mr. Speaker, I urge passage of H.R. 302 by this body, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 302.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

PROTECTING PATIENT ACCESS TO EMERGENCY MEDICATIONS ACT OF 2017

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 304) to amend the Controlled Substances Act with regard to the provision of emergency medical services.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 304

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Protecting Patient Access to Emergency Medications Act of 2017''.

SEC. 2. EMERGENCY MEDICAL SERVICES.

Section 303 of the Controlled Substances Act (21 U.S.C. 823) is amended—

(1) by redesignating subsection (j) as subsection (k); and

(2) by inserting after subsection (i) the following:

''(j) EMERGENCY MEDICAL SERVICES THAT ADMINISTER CONTROLLED SUBSTANCES.—

''(1) REGISTRATION.—For the purpose of enabling emergency medical services professionals to administer controlled substances in schedule II, III, IV, or V to ultimate users receiving emergency medical services in accordance with the requirements of this subsection, the Attorney General—

''(A) shall register an emergency medical services agency if the agency submits an application demonstrating it is authorized to conduct such activity under the laws of each State in which the agency practices; and

''(B) may deny an application for such registration if the Attorney General determines that the issuance of such registration would be inconsistent with the requirements of this subsection or the public interest based on the factors listed in subsection (f).

''(2) OPTION FOR SINGLE REGISTRATION.—In registering an emergency medical services agency pursuant to paragraph (1), the Attorney General shall allow such agency the option of a single registration in each State where the agency administers controlled substances in lieu of requiring a separate registration for each location of the emergency medical services agency.

''(3) HOSPITAL-BASED AGENCY.—If a hospital-based emergency medical services agency is registered under subsection (f), the agency may use the registration of the hospital to administer controlled substances in accordance with this subsection without being registered under this subsection.

''(4) ADMINISTRATION OUTSIDE PHYSICAL PRESENCE OF MEDICAL DIRECTOR OR AUTHORIZING MEDICAL PROFESSIONAL.—Emergency medical services professionals of a registered emergency medical services agency may administer controlled substances in schedule II, III, IV, or V outside the physical presence of a medical director or authorizing medical professional in the course of providing emergency medical services if the administration is—

''(A) authorized by the law of the State in which it occurs; and

''(B) pursuant to—

''(i) a standing order that is issued and adopted by one or more medical directors of the agency, including any such order that may be developed by a specific State authority; or

''(ii) a verbal order that is—

''(I) issued in accordance with a policy of the agency;

''(II) provided by an authorizing medical professional in response to a request by the emergency medical services professional with respect to a specific patient;

''(III) in the case of a mass casualty incident; or

''(IV) to ensure the proper care and treatment of a specific patient.

''(5) DELIVERY.—A registered emergency medical services agency may deliver controlled substances from a registered location of the agency to an unregistered location of the agency only if—

''(A) the agency designates the unregistered location for such delivery; and

''(B) notifies the Attorney General at least 30 days prior to first delivering controlled substances to the unregistered location.

''(6) STORAGE.—A registered emergency medical services agency may store controlled substances—

''(A) at a registered location of the agency;

''(B) at any designated location of the agency or in an emergency services vehicle situated at a registered or designated location of the agency; or

''(C) in an emergency medical services vehicle used by the agency that is—

''(i) traveling from, or returning to, a registered or designated location of the agency in the course of responding to an emergency; or

''(ii) otherwise actively in use by the agency.

''(7) NO TREATMENT AS DISTRIBUTION.—The delivery of controlled substances by a registered emergency medical services agency pursuant to this subsection shall not be treated as distribution for purposes of section 308.

''(8) RESTOCKING OF EMERGENCY MEDICAL SERVICES VEHICLES AT A HOSPITAL.—Notwithstanding paragraph (13)(J), a registered emergency medical services agency may receive controlled substances from a hospital for purposes of restocking an emergency medical services vehicle following an emergency response, and without being subject to the requirements of section 308, provided all of the following conditions are satisfied:

''(A) The registered or designated location of the agency where the vehicle is primarily situated maintains a record of such receipt in accordance with paragraph (9).

''(B) The hospital maintains a record of such delivery to the agency in accordance with section 307.

''(C) If the vehicle is primarily situated at a designated location, such location notifies the registered location of the agency within 72 hours of the vehicle receiving the controlled substances.

''(9) MAINTENANCE OF RECORDS.—

''(A) IN GENERAL.—A registered emergency medical services agency shall maintain records in accordance with subsections (a) and (b) of section 307 of all controlled substances that are received, administered, or otherwise disposed of pursuant to the agency's registration, without regard to subsection 307(c)(1)(B).

''(B) REQUIREMENTS.—Such records—

''(i) shall include records of deliveries of controlled substances between all locations of the agency; and

''(ii) shall be maintained, whether electronically or otherwise, at each registered and designated location of the agency where the controlled substances involved are received, administered, or otherwise disposed of.

''(10) OTHER REQUIREMENTS.—A registered emergency medical services agency, under the supervision of a medical director, shall be responsible for ensuring that—

''(A) all emergency medical services professionals who administer controlled substances using the agency's registration act in accordance with the requirements of this subsection;

''(B) the recordkeeping requirements of paragraph (9) are met with respect to a registered location and each designated location of the agency;

''(C) the applicable physical security requirements established by regulation of the Attorney General are complied with wherever controlled substances are stored by the agency in accordance with paragraph (6); and

''(D) the agency maintains, at a registered location of the agency, a record of the standing orders issued or adopted in accordance with paragraph (9).

''(11) REGULATIONS.—The Attorney General may issue regulations—

''(A) specifying, with regard to delivery of controlled substances under paragraph (5)—

''(i) the types of locations that may be designated under such paragraph; and

''(ii) the manner in which a notification under paragraph (5)(B) must be made;

''(B) specifying, with regard to the storage of controlled substances under paragraph (6), the manner in which such substances must be stored at registered and designated locations, including in emergency medical service vehicles; and

''(C) addressing the ability of hospitals, registered locations, and designated locations to deliver controlled substances to each other in the event of—

''(i) shortages of such substances;

''(ii) a public health emergency; or

''(iii) a mass casualty event.

''(12) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed—

''(A) to limit the authority vested in the Attorney General by other provisions of this title to take measures to prevent diversion of controlled substances; or

''(B) to override the authority of any State to regulate the provision of emergency medical services.

''(13) DEFINITIONS.—In this section:

''(A) The term 'designated location' means a location designated by an emergency medical services agency under paragraph (5).

''(B) The term 'emergency medical services' means emergency medical response and emergency mobile medical services provided outside of a fixed medical facility.

''(C) The term 'emergency medical services agency' means an organization providing emergency medical services, including such an organization that—

''(i) is governmental (including fire-based and hospital-based agencies), nongovernmental (including hospital-based agencies), private, or volunteer-based;

''(ii) provides emergency medical services by ground, air, or otherwise; and

''(iii) is authorized by the State in which the organization is providing such services to provide emergency medical care, including the administering of controlled substances, to members of the general public on an emergency basis.

''(D) The term 'emergency medical services professional' means a health care professional (including a nurse, paramedic, or emergency medical technician) licensed or certified by the State in which the professional practices and credentialed by a medical director of the respective emergency medical services agency to provide emergency medical services within the scope of the professional's State license or certification.

''(E) The term 'emergency medical services vehicle' means an ambulance, fire apparatus, supervisor truck, or other vehicle used by an emergency medical services agency for the

purpose of providing or facilitating emergency medical care and transport or transporting controlled substances to and from the registered and designated locations.

''(F) The term 'hospital-based' means, with respect to an agency, owned or operated by a hospital.

''(G) The term 'medical director' means a physician who is registered under subsection (f) and provides medical oversight for an emergency medical services agency.

''(H) The term 'medical oversight' means supervision of the provision of medical care by an emergency medical services agency.

''(I) The term 'medical professional' means an emergency or other physician, or another medical professional (including an advanced practice registered nurse or physician assistant) whose scope of practice under a State license or certification includes the ability to provide verbal orders.

''(J) The term 'registered location' means a location that appears on the certificate of registration issued to an emergency medical services agency under this subsection or subsection (f), which shall be where the agency receives controlled substances from distributors.

''(K) The term 'registered emergency medical services agency' means—

''(i) an emergency medical services agency that is registered pursuant to this subsection; or

''(ii) a hospital-based emergency medical services agency that is covered by the registration of the hospital under subsection (f).

''(L) The term 'specific State authority' means a governmental agency or other such authority, including a regional oversight and coordinating body, that, pursuant to State law or regulation, develops clinical protocols regarding the delivery of emergency medical services in the geographic jurisdiction of such agency or authority within the State that may be adopted by medical directors.

''(M) The term 'standing order' means a written medical protocol in which a medical director determines in advance the medical criteria that must be met before administering controlled substances to individuals in need of emergency medical services.

''(N) The term 'verbal order' means an oral directive that is given through any method of communication including by radio or telephone, directly to an emergency medical services professional, to contemporaneously administer a controlled substance to individuals in need of emergency medical services outside the physical presence of the authorizing medical director.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. BURGESS).

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. BURGESS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 304, the Protecting Patient Access to Emergency Medications Act, introduced by the gentlemen from North Carolina, Mr. HUDSON and Mr. BUTTERFIELD.

H.R. 304 would update the Drug Enforcement Administration registration process for emergency medical services agencies with multiple locations, clarifying recordkeeping requirements related to the transportation and storage of controlled substances in the process.

Further, the bill would ensure that paramedics and other EMS professionals are able to continue to administer pain and antiseizure medications in emergency situations pursuant to standing or verbal orders when certain conditions are met.

This commonsense measure is supported by over a dozen EMS and trauma care organizations.

Mr. Speaker, I urge my colleagues to vote ''yes'' on H.R. 304, and I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 304, the Protecting Patient Access to Emergency Medications Act of 2017.

Ensuring that we have access to the right medicine at the right time is critically important in emergency situations. While controlled substances have abuse and diversion potential, they also have lifesaving potential. In fact, they are very often used by emergency medical services—EMS—providers in situations where every minute counts.

Currently, these providers must often administer controlled substances during emergencies using a standing order. However, it is unclear whether or not this is permissible under current law.

To help clarify the current law, H.R. 304 would amend the Controlled Substances Act to make clear that EMS personnel can, in fact, administer controlled substances in emergency situations under a standing order from an EMS medical director.

This bill helps guarantee that patients will have timely access to drugs they need during an emergency. It will also streamline the DEA's emergency medical services registration process by allowing a single registration for a State EMS agency as opposed to a separate registration for each EMS agency location.

To help safeguard against diversion, the bill will hold registered EMS agencies responsible for receiving, storing, and tracking all controlled substances.

This bill passed the Energy and Commerce Committee and the House floor last Congress, and it incorporates important feedback from a wide range of stakeholders. I believe our efforts in this important bill will ensure that EMS professionals have the flexibility that they need to respond during emergencies, while preserving the DEA's ability to enforce controlled substances laws and regulations.

I urge my colleagues to join me in supporting the passage of H.R. 304.

Mr. Speaker, I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield 4 minutes to the gentleman from Oregon (Mr. WALDEN), the chairman of the full Committee on Energy and Commerce.

Mr. WALDEN. Mr. Speaker, I thank my colleagues on the Energy and Commerce Committee for this important piece of legislation, H.R. 304, the Protecting Patient Access to Emergency Medications Act.

This is a bipartisan bill. It was introduced by two of our colleagues from North Carolina, Representatives HUDSON and BUTTERFIELD. It previously passed the House by voice vote, no objection, back in November; but, unfortunately, it was not taken up by the Senate before the last Congress adjourned, meaning we have to be here today to restart this process.

This, along with three other Energy and Commerce bills that we are considering today, shows that the Energy and Commerce Committee is picking right up where we left off, in a bipartisan way, to produce quality legislation that will improve the public health.

Now, H.R. 304 is really an important bill because it enables our Nation's emergency medical services professionals to continue to provide quality emergency care by recognizing the unique nature of their practice.

Specifically, as you may have heard, the bill clarifies that paramedics and other EMS professionals can administer certain pain and antiseizure medications in emergency situations pursuant to standing or verbal orders. In other words, the doctor has said to the EMS person, you can do these things in emergencies.

Now, think about this. You are in a car wreck. The EMT shows up in the ambulance. They can't communicate with anybody because they are down in a valley or somewhere where they don't have communication. Without this legislation, it is uncertain now, because of this ruling out of the administration, whether or not they can give you antiseizure medication or pain relief medication until they can get in contact. This is not what any of us wants, so this legislation fixes that.

During this process, when this decision was made a while back, I heard from Dr. Paul Rostykus, an emergency physician in Jackson County, Oregon. He said that this is really critical to saving lives and reducing suffering, particularly in our remote and rural areas where these emergency technicians, EMTs, may struggle to call in emergencies and it can take much longer for patients to reach the nearest doctor.

I just implore you to talk to anybody that is running around the ambulances, and they will tell you this is really, really important for patients.

I had an ambulance driver tell me—an EMT tell me it is important for them because sometimes in an accident, somebody is injured and they are kind of out of control and have a seizure. Now, I am not a doctor. We actually have one here who can tell us

more. But they then are able to administer certain medications that will calm the patient, prevent them from hurting themselves or hurting the EMT.

So I urge my colleagues to support H.R. 304 as well as the other bipartisan Energy and Commerce bills that are on the floor today.

Mr. Speaker, I call on my colleagues to pass these important bills.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume. I thank Congressman HUDSON and Congressman BUTTERFIELD, both great members of our committee on this very bipartisan bill.

I yield back the balance of my time.

Mr. BURGESS. Mr. Speaker, I urge my colleagues to vote ''yes'' on H.R. 304, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 304.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BURGESS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

WEATHER RESEARCH AND FORECASTING INNOVATION ACT OF 2017

Mr. LUCAS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 353) to improve the National Oceanic and Atmospheric Administration's weather research through a focused program of investment on affordable and attainable advances in observational, computing, and modeling capabilities to support substantial improvement in weather forecasting and prediction of high impact weather events, to expand commercial opportunities for the provision of weather data, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 353

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Weather Research and Forecasting Innovation Act of 2017''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Definitions.
TITLE I—UNITED STATES WEATHER RESEARCH AND FORECASTING IMPROVEMENT
Sec. 101. Public safety priority.
Sec. 102. Weather research and forecasting innovation.
Sec. 103. Tornado warning improvement and extension program.
Sec. 104. Hurricane forecast improvement program.
Sec. 105. Weather research and development planning.
Sec. 106. Observing system planning.
Sec. 107. Observing system simulation experiments.
Sec. 108. Annual report on computing resources prioritization.
Sec. 109. United States Weather Research program.
Sec. 110. Authorization of appropriations.
TITLE II—SUBSEASONAL AND SEASONAL FORECASTING INNOVATION
Sec. 201. Improving subseasonal and seasonal forecasts.
TITLE III—WEATHER SATELLITE AND DATA INNOVATION
Sec. 301. National Oceanic and Atmospheric Administration satellite and data management.
Sec. 302. Commercial weather data.
Sec. 303. Unnecessary duplication.
TITLE IV—FEDERAL WEATHER COORDINATION
Sec. 401. Environmental Information Services Working Group.
Sec. 402. Interagency weather research and forecast innovation coordination.
Sec. 403. Office of Oceanic and Atmospheric Research and National Weather Service exchange program.
Sec. 404. Visiting fellows at National Weather Service.
Sec. 405. Warning coordination meteorologists at weather forecast offices of National Weather Service.
Sec. 406. Improving National Oceanic and Atmospheric Administration communication of hazardous weather and water events.
Sec. 407. National Oceanic and Atmospheric Administration Weather Ready All Hazards Award Program.
Sec. 408. Department of Defense weather forecasting activities.
Sec. 409. National Weather Service; operations and workforce analysis.
Sec. 410. Report on contract positions at National Weather Service.
Sec. 411. Weather impacts to communities and infrastructure.
Sec. 412. Weather enterprise outreach.

SEC. 2. DEFINITIONS.

In this Act:

(1) SEASONAL.—The term ''seasonal'' means the time range between 3 months and 2 years.

(2) STATE.—The term ''State'' means a State, a territory, or possession of the United States, including a Commonwealth, or the District of Columbia.

(3) SUBSEASONAL.—The term ''subseasonal'' means the time range between 2 weeks and 3 months.

(4) UNDER SECRETARY.—The term ''Under Secretary'' means the Under Secretary of Commerce for Oceans and Atmosphere.

(5) WEATHER INDUSTRY AND WEATHER ENTERPRISE.—The terms ''weather industry'' and ''weather enterprise'' are interchangeable in this Act, and include individuals and organizations from public, private, and academic sectors that contribute to the research, development, and production of weather forecast products, and primary consumers of these weather forecast products.

TITLE I—UNITED STATES WEATHER RESEARCH AND FORECASTING IMPROVEMENT

SEC. 101. PUBLIC SAFETY PRIORITY.

In conducting research, the Under Secretary shall prioritize improving weather data, modeling, computing, forecasting, and warnings for the protection of life and property and for the enhancement of the national economy.

SEC. 102. WEATHER RESEARCH AND FORECASTING INNOVATION.

(a) PROGRAM.—The Assistant Administrator for the Office of Oceanic and Atmospheric Research shall conduct a program to develop improved understanding of and forecast capabilities for atmospheric events and their impacts, placing priority on developing more accurate, timely, and effective warnings and forecasts of high impact weather events that endanger life and property.

(b) PROGRAM ELEMENTS.—The program described in subsection (a) shall focus on the following activities:

(1) Improving the fundamental understanding of weather consistent with section 101, including the boundary layer and other processes affecting high impact weather events.

(2) Improving the understanding of how the public receives, interprets, and responds to warnings and forecasts of high impact weather events that endanger life and property.

(3) Research and development, and transfer of knowledge, technologies, and applications to the National Weather Service and other appropriate agencies and entities, including the United States weather industry and academic partners, related to—

(A) advanced radar, radar networking technologies, and other ground-based technologies, including those emphasizing rapid, fine-scale sensing of the boundary layer and lower troposphere, and the use of innovative, dual-polarization, phased-array technologies;

(B) aerial weather observing systems;

(C) high performance computing and information technology and wireless communication networks;

(D) advanced numerical weather prediction systems and forecasting tools and techniques that improve the forecasting of timing, track, intensity, and severity of high impact weather, including through—

(i) the development of more effective mesoscale models;

(ii) more effective use of existing, and the development of new, regional and national cloud-resolving models;

(iii) enhanced global weather models; and

(iv) integrated assessment models;

(E) quantitative assessment tools for measuring the impact and value of data and observing systems, including Observing System Simulation Experiments (as described in section 107), Observing System Experiments, and Analyses of Alternatives;

(F) atmospheric chemistry and interactions essential to accurately characterizing atmospheric composition and predicting meteorological processes, including cloud microphysical, precipitation, and atmospheric electrification processes, to more effectively understand their role in severe weather; and

(G) additional sources of weather data and information, including commercial observing systems.

(4) A technology transfer initiative, carried out jointly and in coordination with the Director of the National Weather Service, and in cooperation with the United States weather industry and academic partners, to ensure continuous development and transition of the latest scientific and technological advances into operations of the National Weather Service and to establish a process to sunset outdated and expensive operational methods and tools to enable cost-effective transfer of new methods and tools into operations.

(c) EXTRAMURAL RESEARCH.—

(1) IN GENERAL.—In carrying out the program under this section, the Assistant Administrator for Oceanic and Atmospheric Research shall collaborate with and support the non-Federal weather research community, which includes institutions of higher education, private entities, and nongovernmental organizations, by making funds available through competitive grants, contracts, and cooperative agreements.

(2) SENSE OF CONGRESS.—It is the sense of Congress that not less than 30 percent of the funds for weather research and development at the Office of Oceanic and Atmospheric Research should be made available for the purpose described in paragraph (1).

(d) ANNUAL REPORT.—Each year, concurrent with the annual budget request submitted by the President to Congress under section 1105 of title 31, United States Code, for the National Oceanic and Atmospheric Administration, the Under Secretary shall submit to Congress a description of current and planned activities under this section.

SEC. 103. TORNADO WARNING IMPROVEMENT AND EXTENSION PROGRAM.

(a) IN GENERAL.—The Under Secretary, in collaboration with the United States weather industry and academic partners, shall establish a tornado warning improvement and extension program.

(b) GOAL.—The goal of such program shall be to reduce the loss of life and economic losses from tornadoes through the development and extension of accurate, effective, and timely tornado forecasts, predictions, and warnings, including the prediction of tornadoes beyond one hour in advance.

(c) PROGRAM PLAN.—Not later than 180 days after the date of the enactment of this Act, the Assistant Administrator for Oceanic and Atmospheric Research, in coordination with the Director of the National Weather Service, shall develop a program plan that details the specific research, development, and technology transfer activities, as well as corresponding resources and timelines, necessary to achieve the program goal.

(d) ANNUAL BUDGET FOR PLAN SUBMITTAL.—Following completion of the plan, the Under Secretary, acting through the Assistant Administrator for Oceanic and Atmospheric Research and in coordination with the Director of the National Weather Service, shall, not less frequently than once each year, submit to Congress a proposed budget corresponding with the activities identified in the plan.

SEC. 104. HURRICANE FORECAST IMPROVEMENT PROGRAM.

(a) IN GENERAL.—The Under Secretary, in collaboration with the United States weather industry and such academic entities as the Administrator considers appropriate, shall maintain a project to improve hurricane forecasting.

(b) GOAL.—The goal of the project maintained under subsection (a) shall be to develop and extend accurate hurricane forecasts and warnings in order to reduce loss of life, injury, and damage to the economy, with a focus on—

(1) improving the prediction of rapid intensification and track of hurricanes;

(2) improving the forecast and communication of storm surges from hurricanes; and

(3) incorporating risk communication research to create more effective watch and warning products.

(c) PROJECT PLAN.—Not later than 1 year after the date of the enactment of this Act, the Under Secretary, acting through the Assistant Administrator for Oceanic and Atmospheric Research and in consultation with the Director of the National Weather Service, shall develop a plan for the project maintained under subsection (a) that details the specific research, development, and technology transfer activities, as well as corresponding resources and timelines, necessary to achieve the goal set forth in subsection (b).

SEC. 105. WEATHER RESEARCH AND DEVELOPMENT PLANNING.

Not later than 1 year after the date of the enactment of this Act, and not less frequently than once each year thereafter, the Under Secretary, acting through the Assistant Administrator for Oceanic and Atmospheric Research and in coordination with the Director of the National Weather Service and the Assistant Administrator for Satellite and Information Services, shall issue a research and development and research to operations plan to restore and maintain United States leadership in numerical weather prediction and forecasting that—

(1) describes the forecasting skill and technology goals, objectives, and progress of the National Oceanic and Atmospheric Administration in carrying out the program conducted under section 102;

(2) identifies and prioritizes specific research and development activities, and performance metrics, weighted to meet the operational weather mission of the National Weather Service to achieve a weather-ready Nation;

(3) describes how the program will collaborate with stakeholders, including the United States weather industry and academic partners; and

(4) identifies, through consultation with the National Science Foundation, the United States weather industry, and academic partners, research necessary to enhance the integration of social science knowledge into weather forecast and warning processes, including to improve the communication of threat information necessary to enable improved severe weather planning and decision-making on the part of individuals and communities.

SEC. 106. OBSERVING SYSTEM PLANNING.

The Under Secretary shall—

(1) develop and maintain a prioritized list of observation data requirements necessary to ensure weather forecasting capabilities to protect life and property to the maximum extent practicable;

(2) consistent with section 107, utilize Observing System Simulation Experiments, Observing System Experiments, Analyses of Alternatives, and other appropriate assessment tools to ensure continuous systemic evaluations of the observing systems, data, and information needed to meet the requirements of paragraph (1), including options to maximize observational capabilities and their cost-effectiveness;

(3) identify current and potential future data gaps in observing capabilities related to the requirements listed under paragraph (1); and

(4) determine a range of options to address gaps identified under paragraph (3).

SEC. 107. OBSERVING SYSTEM SIMULATION EXPERIMENTS.

(a) IN GENERAL.—In support of the requirements of section 106, the Assistant Administrator for Oceanic and Atmospheric Research shall undertake Observing System Simulation Experiments, or such other quantitative assessments as the Assistant Administrator considers appropriate, to quantitatively assess the relative value and benefits of observing capabilities and systems. Technical and scientific Observing System Simulation Experiment evaluations—

(1) may include assessments of the impact of observing capabilities on—

(A) global weather prediction;

(B) hurricane track and intensity forecasting;

(C) tornado warning lead times and accuracy;

(D) prediction of mid-latitude severe local storm outbreaks; and

(E) prediction of storms that have the potential to cause extreme precipitation and flooding lasting from 6 hours to 1 week; and

(2) shall be conducted in cooperation with other appropriate entities within the National Oceanic and Atmospheric Administration, other Federal agencies, the United States weather industry, and academic partners to ensure the technical and scientific merit of results from Observing System Simulation Experiments or other appropriate quantitative assessment methodologies.

(b) REQUIREMENTS.—Observing System Simulation Experiments shall quantitatively—

(1) determine the potential impact of proposed space-based, suborbital, and in situ observing systems on analyses and forecasts, including potential impacts on extreme weather events across all parts of the Nation;

(2) evaluate and compare observing system design options; and

(3) assess the relative capabilities and costs of various observing systems and combinations of observing systems in providing data necessary to protect life and property.

(c) IMPLEMENTATION.—Observing System Simulation Experiments—

(1) shall be conducted prior to the acquisition of major Government-owned or Government-leased operational observing systems, including polar-orbiting and geostationary satellite systems, with a lifecycle cost of more than $500,000,000; and

(2) shall be conducted prior to the purchase of any major new commercially provided data with a lifecycle cost of more than $500,000,000.

(d) PRIORITY OBSERVING SYSTEM SIMULATION EXPERIMENTS.—

(1) GLOBAL NAVIGATION SATELLITE SYSTEM RADIO OCCULTATION.—Not later than 30 days after the date of the enactment of this Act, the Assistant Administrator for Oceanic and Atmospheric Research shall complete an Observing System Simulation Experiment to assess the value of data from Global Navigation Satellite System Radio Occultation.

(2) GEOSTATIONARY HYPERSPECTRAL SOUNDER GLOBAL CONSTELLATION.—Not later than 120 days after the date of the enactment of this Act, the Assistant Administrator for Oceanic and Atmospheric Research shall complete an Observing System Simulation Experiment to assess the value of data from a geostationary hyperspectral sounder global constellation.

(e) RESULTS.—Upon completion of all Observing System Simulation Experiments, the Assistant Administrator shall make available to the public the results an assessment of related private and public sector weather data sourcing options, including their availability, affordability, and cost-effectiveness. Such assessments shall be developed in accordance with section 50503 of title 51, United States Code.

SEC. 108. ANNUAL REPORT ON COMPUTING RESOURCES PRIORITIZATION.

Not later than 1 year after the date of the enactment of this Act and not less frequently than once each year thereafter, the Under Secretary, acting through the Chief Information Officer of the National Oceanic and Atmospheric Administration and in coordination with the Assistant Administrator for Oceanic and Atmospheric Research and the Director of the National Weather Service, shall produce and make publicly available a report that explains how the Under Secretary intends—

(1) to continually support upgrades to pursue the fastest, most powerful, and cost-effective high performance computing technologies in support of its weather prediction mission;

(2) to ensure a balance between the research to operations requirements to develop the next generation of regional and global models as well as highly reliable operational models;

(3) to take advantage of advanced development concepts to, as appropriate, make next generation weather prediction models available in beta-test mode to operational forecasters, the United States weather industry, and partners in academic and Government research; and

(4) to use existing computing resources to improve advanced research and operational weather prediction.

SEC. 109. UNITED STATES WEATHER RESEARCH PROGRAM.

Section 108 of the Oceanic and Atmospheric Administration Authorization Act of 1992 (Public Law 102–567; 15 U.S.C. 313 note) is amended—

(1) in subsection (a)—

(A) in paragraph (3), by striking ''; and'' and inserting a semicolon;

(B) in paragraph (4), by striking the period at the end and inserting a semicolon; and

(C) by inserting after paragraph (4) the following:

''(5) submit to the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Science, Space, and Technology of the House of Representatives, not less frequently than once each year, a report, including—

''(A) a list of ongoing research projects;

''(B) project goals and a point of contact for each project;

''(C) the 5 projects related to weather observations, short-term weather, or subseasonal forecasts within Office of Oceanic and Atmospheric Research that are closest to operationalization;

''(D) for each project referred to in subparagraph (C)—

''(i) the potential benefit;

''(ii) any barrier to operationalization; and

''(iii) the plan for operationalization, including which line office will financially support the project and how much the line office intends to spend;

''(6) establish teams with staff from the Office of Oceanic and Atmospheric Research and the National Weather Service to oversee the operationalization of research products developed by the Office of Oceanic and Atmospheric Research;

''(7) develop mechanisms for research priorities of the Office of Oceanic and Atmospheric Research to be informed by the relevant line offices within the National Oceanic and Atmospheric Administration, the relevant user community, and the weather enterprise;

''(8) develop an internal mechanism to track the progress of each research project within the Office of Oceanic and Atmospheric Research and mechanisms to terminate a project that is not adequately progressing;

''(9) develop and implement a system to track whether extramural research grant goals were accomplished;

''(10) provide facilities for products developed by the Office of Oceanic and Atmospheric Research to be tested in operational simulations, such as test beds; and

''(11) encourage academic collaboration with the Office of Oceanic and Atmospheric Research and the National Weather Service by facilitating visiting scholars.'';

(2) in subsection (b), in the matter preceding paragraph (1), by striking ''Not later than 90 days after the date of enactment of this Act, the'' and inserting ''The''; and

(3) by adding at the end the following new subsection:

''(c) SUBSEASONAL DEFINED.—In this section, the term 'subseasonal' means the time range between 2 weeks and 3 months.''.

SEC. 110. AUTHORIZATION OF APPROPRIATIONS.

(a) FISCAL YEARS 2017 AND 2018.—For each of fiscal years 2017 and 2018, there are authorized to be appropriated to Office of Oceanic and Atmospheric Research—

(1) $111,516,000 to carry out this title, of which—

(A) $85,758,000 is authorized for weather laboratories and cooperative institutes; and

(B) $25,758,000 is authorized for weather and air chemistry research programs; and

(2) an additional amount of $20,000,000 for the joint technology transfer initiative described in section 102(b)(4).

(b) LIMITATION.—No additional funds are authorized to carry out this title and the amendments made by this title.

TITLE II—SUBSEASONAL AND SEASONAL FORECASTING INNOVATION

SEC. 201. IMPROVING SUBSEASONAL AND SEASONAL FORECASTS.

Section 1762 of the Food Security Act of 1985 (Public Law 99–198; 15 U.S.C. 313 note) is amended—

(1) in subsection (a), by striking ''(a)'' and inserting ''(a) FINDINGS.—'';

(2) in subsection (b), by striking ''(b)'' and inserting ''(b) POLICY.—''; and

(3) by adding at the end the following:

''(c) FUNCTIONS.—The Under Secretary, acting through the Director of the National Weather Service and the heads of such other programs of the National Oceanic and Atmospheric Administration as the Under Secretary considers appropriate, shall—

''(1) collect and utilize information in order to make usable, reliable, and timely foundational forecasts of subseasonal and seasonal temperature and precipitation;

''(2) leverage existing research and models from the weather enterprise to improve the forecasts under paragraph (1);

''(3) determine and provide information on how the forecasted conditions under paragraph (1) may impact—

''(A) the number and severity of droughts, fires, tornadoes, hurricanes, floods, heat waves, coastal inundation, winter storms, high impact weather, or other relevant natural disasters;

''(B) snowpack; and

''(C) sea ice conditions; and

''(4) develop an Internet clearinghouse to provide the forecasts under paragraph (1) and the information under paragraphs (1) and (3) on both national and regional levels.

''(d) COMMUNICATION.—The Director of the National Weather Service shall provide the forecasts under paragraph (1) of subsection (c) and the information on their impacts under paragraph (3) of such subsection to the public, including public and private entities engaged in planning and preparedness, such as National Weather Service Core partners at the Federal, regional, State, tribal, and local levels of government.

''(e) COOPERATION.—The Under Secretary shall build upon existing forecasting and assessment programs and partnerships, including—

''(1) by designating research and monitoring activities related to subseasonal and seasonal forecasts as a priority in one or more solicitations of the Cooperative Institutes of the Office of Oceanic and Atmospheric Research;

''(2) by contributing to the interagency Earth System Prediction Capability; and

''(3) by consulting with the Secretary of Defense and the Secretary of Homeland Security to determine the highest priority subseasonal and seasonal forecast needs to enhance national security.

''(f) FORECAST COMMUNICATION COORDINATORS.—

''(1) IN GENERAL.—The Under Secretary shall foster effective communication, understanding, and use of the forecasts by the intended users of the information described in subsection (d). This may include assistance to States for forecast communication coordinators to enable local interpretation and planning based on the information.

''(2) REQUIREMENTS.—For each State that requests assistance under this subsection, the Under Secretary may—

''(A) provide funds to support an individual in that State—

''(i) to serve as a liaison among the National Oceanic and Atmospheric Administration, other Federal departments and agencies, the weather enterprise, the State, and relevant interests within that State; and

''(ii) to receive the forecasts and information under subsection (c) and disseminate the forecasts and information throughout the State, including to county and tribal governments; and

''(B) require matching funds of at least 50 percent, from the State, a university, a nongovernmental organization, a trade association, or the private sector.

''(3) LIMITATION.—Assistance to an individual State under this subsection shall not exceed $100,000 in a fiscal year.

''(g) COOPERATION FROM OTHER FEDERAL AGENCIES.—Each Federal department and agency shall cooperate as appropriate with the Under Secretary in carrying out this section.

''(h) REPORTS.—

''(1) IN GENERAL.—Not later than 18 months after the date of the enactment of the Weather Research and Forecasting Innovation Act of 2017, the Under Secretary shall submit to the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Science, Space, and Technology of the House of Representatives a report, including—

''(A) an analysis of the how information from the National Oceanic and Atmospheric Administration on subseasonal and seasonal forecasts, as provided under subsection (c), is utilized in public planning and preparedness;

''(B) specific plans and goals for the continued development of the subseasonal and seasonal forecasts and related products described in subsection (c); and

''(C) an identification of research, monitoring, observing, and forecasting requirements to meet the goals described in subparagraph (B).

''(2) CONSULTATION.—In developing the report under paragraph (1), the Under Secretary shall consult with relevant Federal, regional, State, tribal, and local government agencies, research institutions, and the private sector.

''(i) DEFINITIONS.—In this section:

''(1) FOUNDATIONAL FORECAST.—The term 'foundational forecast' means basic weather observation and forecast data, largely in raw form, before further processing is applied.

''(2) NATIONAL WEATHER SERVICE CORE PARTNERS.—The term 'National Weather Service core partners' means government and nongovernment entities which are directly involved in the preparation or dissemination of, or discussions involving, hazardous weather or other emergency information put out by the National Weather Service.

''(3) SEASONAL.—The term 'seasonal' means the time range between 3 months and 2 years.

''(4) STATE.—The term 'State' means a State, a territory, or possession of the United States, including a Commonwealth, or the District of Columbia.

''(5) SUBSEASONAL.—The term 'subseasonal' means the time range between 2 weeks and 3 months.

''(6) UNDER SECRETARY.—The term 'Under Secretary' means the Under Secretary of Commerce for Oceans and Atmosphere.

''(7) WEATHER INDUSTRY AND WEATHER ENTERPRISE.—The terms 'weather industry' and 'weather enterprise' are interchangeable in this section and include individuals and organizations from public, private, and academic sectors that contribute to the research, development, and production of weather forecast products, and primary consumers of these weather forecast products.

''(j) AUTHORIZATION OF APPROPRIATIONS.—For each of fiscal years 2017 and 2018, there are authorized out of funds appropriated to the National Weather Service, $26,500,000 to carry out the activities of this section.''.

TITLE III—WEATHER SATELLITE AND DATA INNOVATION

SEC. 301. NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION SATELLITE AND DATA MANAGEMENT.

(a) SHORT-TERM MANAGEMENT OF ENVIRONMENTAL OBSERVATIONS.—

(1) MICROSATELLITE CONSTELLATIONS.—

(A) IN GENERAL.—The Under Secretary shall complete and operationalize the Constellation Observing System for Meteorology, Ionosphere, and Climate–1 and Climate–2 (COSMIC) in effect on the day before the date of the enactment of this Act—

(i) by deploying constellations of microsatellites in both the equatorial and polar orbits;

(ii) by integrating the resulting data and research into all national operational and research weather forecast models; and

(iii) by ensuring that the resulting data of National Oceanic and Atmospheric Administration's COSMIC–1 and COSMIC–2 programs are free and open to all communities.

(B) ANNUAL REPORTS.—Not less frequently than once each year until the Under Secretary has completed and operationalized the program described in subparagraph (A) pursuant to such subparagraph, the Under Secretary shall submit to Congress a report on the status of the efforts of the Under Secretary to carry out such subparagraph.

(2) INTEGRATION OF OCEAN AND COASTAL DATA FROM THE INTEGRATED OCEAN OBSERVING SYSTEM.—In National Weather Service Regions where the Director of the National Weather Service determines that ocean and coastal data would improve forecasts, the Director, in consultation with the Assistant Administrator for Oceanic and Atmospheric Research and the Assistant Administrator of the National Ocean Service, shall—

(A) integrate additional coastal and ocean observations, and other data and research, from the Integrated Ocean Observing System (IOOS) into regional weather forecasts to improve weather forecasts and forecasting decision support systems; and

(B) support the development of real-time data sharing products and forecast products in collaboration with the regional associations of such system, including contributions from the private sector, academia, and research institutions to ensure timely and accurate use of ocean and coastal data in regional forecasts.

(3) EXISTING MONITORING AND OBSERVATION-CAPABILITY.—The Under Secretary shall identify degradation of existing monitoring and observation capabilities that could lead to a reduction in forecast quality.

(4) SPECIFICATIONS FOR NEW SATELLITE SYSTEMS OR DATA DETERMINED BY OPERATIONAL NEEDS.—In developing specifications for any satellite systems or data to follow the Joint Polar Satellite System, Geostationary Operational Environmental Satellites, and any other satellites, in effect on the day before the date of enactment of this Act, the Under Secretary shall ensure the specifications are determined to the extent practicable by the recommendations of the reports under subsection (b) of this section.

(b) INDEPENDENT STUDY ON FUTURE OF NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION SATELLITE SYSTEMS AND DATA.—

(1) AGREEMENT.—

(A) IN GENERAL.—The Under Secretary shall seek to enter into an agreement with the National Academy of Sciences to perform the services covered by this subsection.

(B) TIMING.—The Under Secretary shall seek to enter into the agreement described in subparagraph (A) before September 30, 2018.

(2) STUDY.—

(A) IN GENERAL.—Under an agreement between the Under Secretary and the National Academy of Sciences under this subsection, the National Academy of Sciences shall conduct a study on matters concerning future satellite data needs.

(B) ELEMENTS.—In conducting the study under subparagraph (A), the National Academy of Sciences shall—

(i) develop recommendations on how to make the data portfolio of the Administration more robust and cost-effective;

(ii) assess the costs and benefits of moving toward a constellation of many small satellites, standardizing satellite bus design, relying more on the purchasing of data, or acquiring data from other sources or methods;

(iii) identify the environmental observations that are essential to the performance of weather models, based on an assessment of Federal, academic, and private sector weather research, and the cost of obtaining the environmental data;

(iv) identify environmental observations that improve the quality of operational and research weather models in effect on the day before the date of enactment of this Act;

(v) identify and prioritize new environmental observations that could contribute to existing and future weather models; and

(vi) develop recommendations on a portfolio of environmental observations that balances essential, quality-improving, and new data, private and nonprivate sources, and space-based and Earth-based sources.

(C) DEADLINE AND REPORT.—In carrying out the study under subparagraph (A), the National Academy of Sciences shall complete and transmit to the Under Secretary a report containing the findings of the National Academy of Sciences with respect to the study not later than 2 years after the date on which the Administrator enters into an agreement with the National Academy of Sciences under paragraph (1)(A).

(3) ALTERNATE ORGANIZATION.—

(A) IN GENERAL.—If the Under Secretary is unable within the period prescribed in subparagraph (B) of paragraph (1) to enter into an agreement described in subparagraph (A) of such paragraph with the National Academy of Sciences on terms acceptable to the Under Secretary, the Under Secretary shall seek to enter into such an agreement with another appropriate organization that—

(i) is not part of the Federal Government;

(ii) operates as a not-for-profit entity; and

(iii) has expertise and objectivity comparable to that of the National Academy of Sciences.

(B) TREATMENT.—If the Under Secretary enters into an agreement with another organization as described in subparagraph (A), any reference in this subsection to the National Academy of Sciences shall be treated as a reference to the other organization.

(4) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated, out of funds appropriated to National Environmental Satellite, Data, and Information Service, to carry out this subsection $1,000,000 for the period encompassing fiscal years 2018 through 2019.

SEC. 302. COMMERCIAL WEATHER DATA.

(a) DATA AND HOSTED SATELLITE PAYLOADS.—Notwithstanding any other provision of law, the Secretary of Commerce may enter into agreements for—

(1) the purchase of weather data through contracts with commercial providers; and

(2) the placement of weather satellite instruments on cohosted government or private payloads.

(b) STRATEGY.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Commerce, in consultation with the Under Secretary, shall submit to the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Science, Space, and Technology of the House of Representatives a strategy to enable the procurement of quality commercial weather data. The strategy shall assess the range of commercial opportunities, including public-private partnerships, for obtaining surface-based, aviation-based, and space-based weather observations. The strategy shall include the expected cost-effectiveness of these opportunities as well as provide a plan for procuring data, including an expected implementation timeline, from these nongovernmental sources, as appropriate.

(2) REQUIREMENTS.—The strategy shall include—

(A) an analysis of financial or other benefits to, and risks associated with, acquiring commercial weather data or services, including through multiyear acquisition approaches;

(B) an identification of methods to address planning, programming, budgeting, and execution challenges to such approaches, including—

(i) how standards will be set to ensure that data is reliable and effective;

(ii) how data may be acquired through commercial experimental or innovative techniques and then evaluated for integration into operational use;

(iii) how to guarantee public access to all forecast-critical data to ensure that the United States weather industry and the public continue to have access to information critical to their work; and

(iv) in accordance with section 50503 of title 51, United States Code, methods to address potential termination liability or cancellation costs associated with weather data or service contracts; and

(C) an identification of any changes needed in the requirements development and approval processes of the Department of Commerce to facilitate effective and efficient implementation of such strategy.

(3) AUTHORITY FOR AGREEMENTS.—The Assistant Administrator for National Environmental Satellite, Data, and Information Service may enter into multiyear agreements necessary to carry out the strategy developed under this subsection.

(c) PILOT PROGRAM.—

(1) CRITERIA.—Not later than 30 days after the date of the enactment of this Act, the Under Secretary shall publish data and metadata standards and specifications for space-based commercial weather data, including radio occultation data, and, as soon as possible, geostationary hyperspectral sounder data.

(2) PILOT CONTRACTS.—

(A) CONTRACTS.—Not later than 90 days after the date of enactment of this Act, the Under Secretary shall, through an open competition, enter into at least one pilot contract with one or more private sector entities capable of providing data that meet the standards and specifications set by the

Under Secretary for providing commercial weather data in a manner that allows the Under Secretary to calibrate and evaluate the data for its use in National Oceanic and Atmospheric Administration meteorological models.

(B) ASSESSMENT OF DATA VIABILITY.—Not later than the date that is 3 years after the date on which the Under Secretary enters into a contract under subparagraph (A), the Under Secretary shall assess and submit to the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Science, Space, and Technology of the House of Representatives the results of a determination of the extent to which data provided under the contract entered into under subparagraph (A) meet the criteria published under paragraph (1) and the extent to which the pilot program has demonstrated—

(i) the viability of assimilating the commercially provided data into National Oceanic and Atmospheric Administration meteorological models;

(ii) whether, and by how much, the data add value to weather forecasts; and

(iii) the accuracy, quality, timeliness, validity, reliability, usability, information technology security, and cost-effectiveness of obtaining commercial weather data from private sector providers.

(3) AUTHORIZATION OF APPROPRIATIONS.—For each of fiscal years 2017 through 2020, there are authorized to be appropriated for procurement, acquisition, and construction at National Environmental Satellite, Data, and Information Service, $6,000,000 to carry out this subsection.

(d) OBTAINING FUTURE DATA.—If an assessment under subsection (c)(2)(B) demonstrates the ability of commercial weather data to meet data and metadata standards and specifications published under subsection (c)(1), the Under Secretary shall—

(1) where appropriate, cost-effective, and feasible, obtain commercial weather data from private sector providers;

(2) as early as possible in the acquisition process for any future National Oceanic and Atmospheric Administration meteorological space system, consider whether there is a suitable, cost-effective, commercial capability available or that will be available to meet any or all of the observational requirements by the planned operational date of the system;

(3) if a suitable, cost-effective, commercial capability is or will be available as described in paragraph (2), determine whether it is in the national interest to develop a governmental meteorological space system; and

(4) submit to the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Science, Space, and Technology of the House of Representatives a report detailing any determination made under paragraphs (2) and (3).

(e) DATA SHARING PRACTICES.—The Under Secretary shall continue to meet the international meteorological agreements into which the Under Secretary has entered, including practices set forth through World Meteorological Organization Resolution 40.

SEC. 303. UNNECESSARY DUPLICATION.

In meeting the requirements under this title, the Under Secretary shall avoid unnecessary duplication between public and private sources of data and the corresponding expenditure of funds and employment of personnel.

TITLE IV—FEDERAL WEATHER COORDINATION

SEC. 401. ENVIRONMENTAL INFORMATION SERVICES WORKING GROUP.

(a) ESTABLISHMENT.—The National Oceanic and Atmospheric Administration Science Advisory Board shall continue to maintain a standing working group named the Environmental Information Services Working Group (in this section referred to as the ''Working Group'')—

(1) to provide advice for prioritizing weather research initiatives at the National Oceanic and Atmospheric Administration to produce real improvement in weather forecasting;

(2) to provide advice on existing or emerging technologies or techniques that can be found in private industry or the research community that could be incorporated into forecasting at the National Weather Service to improve forecasting skill;

(3) to identify opportunities to improve—

(A) communications between weather forecasters, Federal, State, local, tribal, and other emergency management personnel, and the public; and

(B) communications and partnerships among the National Oceanic and Atmospheric Administration and the private and academic sectors; and

(4) to address such other matters as the Science Advisory Board requests of the Working Group.

(b) COMPOSITION.—

(1) IN GENERAL.—The Working Group shall be composed of leading experts and innovators from all relevant fields of science and engineering including atmospheric chemistry, atmospheric physics, meteorology, hydrology, social science, risk communications, electrical engineering, and computer sciences. In carrying out this section, the Working Group may organize into subpanels.

(2) NUMBER.—The Working Group shall be composed of no fewer than 15 members. Nominees for the Working Group may be forwarded by the Working Group for approval by the Science Advisory Board. Members of the Working Group may choose a chair (or co-chairs) from among their number with approval by the Science Advisory Board.

(c) ANNUAL REPORT.—Not less frequently than once each year, the Working Group shall transmit to the Science Advisory Board for submission to the Under Secretary a report on progress made by National Oceanic and Atmospheric Administration in adopting the Working Group's recommendations. The Science Advisory Board shall transmit this report to the Under Secretary. Within 30 days of receipt of such report, the Under Secretary shall submit to the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Science, Space, and Technology of the House of Representatives a copy of such report.

SEC. 402. INTERAGENCY WEATHER RESEARCH AND FORECAST INNOVATION COORDINATION.

(a) ESTABLISHMENT.—The Director of the Office of Science and Technology Policy shall establish an Interagency Committee for Advancing Weather Services to improve coordination of relevant weather research and forecast innovation activities across the Federal Government. The Interagency Committee shall—

(1) include participation by the National Aeronautics and Space Administration, the Federal Aviation Administration, National Oceanic and Atmospheric Administration and its constituent elements, the National Science Foundation, and such other agencies involved in weather forecasting research as the President determines are appropriate;

(2) identify and prioritize top forecast needs and coordinate those needs against budget requests and program initiatives across participating offices and agencies; and

(3) share information regarding operational needs and forecasting improvements across relevant agencies.

(b) CO-CHAIR.—The Federal Coordinator for Meteorology shall serve as a co-chair of this panel.

(c) FURTHER COORDINATION.—The Director of the Office of Science and Technology Policy shall take such other steps as are necessary to coordinate the activities of the Federal Government with those of the United States weather industry, State governments, emergency managers, and academic researchers.

SEC. 403. OFFICE OF OCEANIC AND ATMOSPHERIC RESEARCH AND NATIONAL WEATHER SERVICE EXCHANGE PROGRAM.

(a) IN GENERAL.—The Assistant Administrator for Oceanic and Atmospheric Research and the Director of National Weather Service may establish a program to detail Office of Oceanic and Atmospheric Research personnel to the National Weather Service and National Weather Service personnel to the Office of Oceanic and Atmospheric Research.

(b) GOAL.—The goal of this program is to enhance forecasting innovation through regular, direct interaction between the Office of Oceanic and Atmospheric Research's world-class scientists and the National Weather Service's operational staff.

(c) ELEMENTS.—The program shall allow up to 10 Office of Oceanic and Atmospheric Research staff and National Weather Service staff to spend up to 1 year on detail. Candidates shall be jointly selected by the Assistant Administrator for Oceanic and Atmospheric Research and the Director of the National Weather Service.

(d) ANNUAL REPORT.—Not less frequently than once each year, the Under Secretary shall submit to the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Science, Space, and Technology of the House of Representatives a report on participation in such program and shall highlight any innovations that come from this interaction.

SEC. 404. VISITING FELLOWS AT NATIONAL WEATHER SERVICE.

(a) IN GENERAL.—The Director of the National Weather Service may establish a program to host postdoctoral fellows and academic researchers at any of the National Centers for Environmental Prediction.

(b) GOAL.—This program shall be designed to provide direct interaction between forecasters and talented academic and private sector researchers in an effort to bring innovation to forecasting tools and techniques to the National Weather Service.

(c) SELECTION AND APPOINTMENT.—Such fellows shall be competitively selected and appointed for a term not to exceed 1 year.

SEC. 405. WARNING COORDINATION METEOROLOGISTS AT WEATHER FORECAST OFFICES OF NATIONAL WEATHER SERVICE.

(a) DESIGNATION OF WARNING COORDINATION METEOROLOGISTS.—

(1) IN GENERAL.—The Director of the National Weather Service shall designate at least 1 warning coordination meteorologist at each weather forecast office of the National Weather Service.

(2) NO ADDITIONAL EMPLOYEES AUTHORIZED.—Nothing in this section shall be construed to authorize or require a change in the authorized number of full time equivalent employees in the National Weather Service or otherwise result in the employment of any additional employees.

(3) PERFORMANCE BY OTHER EMPLOYEES.—Performance of the responsibilities outlined in this section is not limited to the warning coordination meteorologist position.

(b) PRIMARY ROLE OF WARNING COORDINATION METEOROLOGISTS.—The primary role of the warning coordination meteorologist shall be to carry out the responsibilities required by this section.

(c) RESPONSIBILITIES.—

(1) IN GENERAL.—Subject to paragraph (2), consistent with the analysis described in section 409, and in order to increase impact-based decision support services, each warning coordination meteorologist designated under subsection (a) shall—

(A) be responsible for providing service to the geographic area of responsibility covered by the weather forecast office at which the warning coordination meteorologist is employed to help ensure that users of products of the National Weather Service can respond effectively to improve outcomes from weather events;

(B) liaise with users of products and services of the National Weather Service, such as the public, media outlets, users in the aviation, marine, and agricultural communities, and forestry, land, and water management interests, to evaluate the adequacy and usefulness of the products and services of the National Weather Service;

(C) collaborate with such weather forecast offices and State, local, and tribal government agencies as the Director considers appropriate in developing, proposing, and implementing plans to develop, modify, or tailor products and services of the National Weather Service to improve the usefulness of such products and services;

(D) ensure the maintenance and accuracy of severe weather call lists, appropriate office severe weather policy or procedures, and other severe weather or dissemination methodologies or strategies; and

(E) work closely with State, local, and tribal emergency management agencies, and other agencies related to disaster management, to ensure a planned, coordinated, and effective preparedness and response effort.

(2) OTHER STAFF.—The Director may assign a responsibility set forth in paragraph (1) to such other staff as the Director considers appropriate to carry out such responsibility.

(d) ADDITIONAL RESPONSIBILITIES.—

(1) IN GENERAL.—Subject to paragraph (2), a warning coordination meteorologist designated under subsection (a) may—

(A) work with a State agency to develop plans for promoting more effective use of products and services of the National Weather Service throughout the State;

(B) identify priority community preparedness objectives;

(C) develop plans to meet the objectives identified under paragraph (2); and

(D) conduct severe weather event preparedness planning and citizen education efforts with and through various State, local, and tribal government agencies and other disaster management-related organizations.

(2) OTHER STAFF.—The Director may assign a responsibility set forth in paragraph (1) to such other staff as the Director considers appropriate to carry out such responsibility.

(e) PLACEMENT WITH STATE AND LOCAL EMERGENCY MANAGERS.—

(1) IN GENERAL.—In carrying out this section, the Director of the National Weather Service may place a warning coordination meteorologist designated under subsection (a) with a State or local emergency manager if the Director considers doing so is necessary or convenient to carry out this section.

(2) TREATMENT.—If the Director determines that the placement of a warning coordination meteorologist placed with a State or local emergency manager under paragraph (1) is near a weather forecast office of the National Weather Service, such placement shall be treated as designation of the warning coordination meteorologist at such weather forecast office for purposes of subsection (a).

SEC. 406. IMPROVING NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION COMMUNICATION OF HAZARDOUS WEATHER AND WATER EVENTS.

(a) PURPOSE OF SYSTEM.—For purposes of the assessment required by subsection (b)(1)(A), the purpose of National Oceanic and Atmospheric Administration system for issuing watches and warnings regarding hazardous weather and water events shall be risk communication to the general public that informs action to prevent loss of life and property.

(b) ASSESSMENT OF SYSTEM.—

(1) IN GENERAL.—Not later than 2 years after the date of the enactment of this Act, the Under Secretary shall—

(A) assess the National Oceanic and Atmospheric Administration system for issuing watches and warnings regarding hazardous weather and water events; and

(B) submit to Congress a report on the findings of the Under Secretary with respect to the assessment conducted under subparagraph (A).

(2) ELEMENTS.—The assessment required by paragraph (1)(A) shall include the following:

(A) An evaluation of whether the National Oceanic and Atmospheric Administration system for issuing watches and warnings regarding hazardous weather and water events meets the purpose described in subsection (a).

(B) Development of recommendations for—

(i) legislative and administrative action to improve the system described in paragraph (1)(A); and

(ii) such research as the Under Secretary considers necessary to address the focus areas described in paragraph (3).

(3) FOCUS AREAS.—The assessment required by paragraph (1)(A) shall focus on the following:

(A) Ways to communicate the risks posed by hazardous weather or water events to the public that are most likely to result in action to mitigate the risk.

(B) Ways to communicate the risks posed by hazardous weather or water events to the public as broadly and rapidly as practicable.

(C) Ways to preserve the benefits of the existing watches and warnings system.

(D) Ways to maintain the utility of the watches and warnings system for Government and commercial users of the system.

(4) CONSULTATION.—In conducting the assessment required by paragraph (1)(A), the Under Secretary shall—

(A) consult with such line offices within the National Oceanic and Atmospheric Administration as the Under Secretary considers relevant, including the the National Ocean Service, the National Weather Service, and the Office of Oceanic and Atmospheric Research;

(B) consult with individuals in the academic sector, including individuals in the field of social and behavioral sciences, and other weather services;

(C) consult with media outlets that will be distributing the watches and warnings;

(D) consult with non-Federal forecasters that produce alternate severe weather risk communication products;

(E) consult with emergency planners and responders, including State and local emergency management agencies, and other government users of the watches and warnings system, including the Federal Emergency Management Agency, the Office of Personnel Management, the Coast Guard, and such other Federal agencies as the Under Secretary determines rely on watches and warnings for operational decisions; and

(F) make use of the services of the National Academy of Sciences, as the Under Secretary considers necessary and practicable, including contracting with the National Research Council to review the scientific and technical soundness of the assessment required by paragraph (1)(A), including the recommendations developed under paragraph (2)(B).

(5) METHODOLOGIES.—In conducting the assessment required by paragraph (1)(A), the Under Secretary shall use such methodologies as the Under Secretary considers are generally accepted by the weather enterprise, including social and behavioral sciences.

(c) IMPROVEMENTS TO SYSTEM.—

(1) IN GENERAL.—The Under Secretary shall, based on the assessment required by subsection (b)(1)(A), make such recommendations to Congress to improve the system as the Under Secretary considers necessary—

(A) to improve the system for issuing watches and warnings regarding hazardous weather and water events; and

(B) to support efforts to satisfy research needs to enable future improvements to such system.

(2) REQUIREMENTS REGARDING RECOMMENDATIONS.—In carrying out paragraph (1)(A), the Under Secretary shall ensure that any recommendation that the Under Secretary considers a major change—

(A) is validated by social and behavioral science using a generalizable sample;

(B) accounts for the needs of various demographics, vulnerable populations, and geographic regions;

(C) accounts for the differences between types of weather and water hazards;

(D) responds to the needs of Federal, State, and local government partners and media partners; and

(E) accounts for necessary changes to Federally operated watch and warning propagation and dissemination infrastructure and protocols.

(d) WATCHES AND WARNINGS DEFINED.—

(1) IN GENERAL.—Except as provided in paragraph (2), in this section, the terms ''watch'' and ''warning'', with respect to a hazardous weather and water event, mean products issued by the Administration, intended for consumption by the general public, to alert the general public to the potential for or presence of the event and to inform action to prevent loss of life and property.

(2) EXCEPTION.—In this section, the terms ''watch'' and ''warning'' do not include technical or specialized meteorological and hydrological forecasts, outlooks, or model guidance products.

SEC. 407. NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION WEATHER READY ALL HAZARDS AWARD PROGRAM.

(a) PROGRAM.—The Director of the National Weather Service is authorized to establish the National Oceanic and Atmospheric Administration Weather Ready All Hazards Award Program. This award program shall provide annual awards to honor individuals or organizations that use or provide National Oceanic and Atmospheric Administration Weather Radio All Hazards receivers or transmitters to save lives and protect property. Individuals or organizations that utilize other early warning tools or applications also qualify for this award.

(b) GOAL.—This award program draws attention to the life-saving work of the National Oceanic and Atmospheric Administration Weather Ready All Hazards Program, as well as emerging tools and applications, that provide real-time warning to individuals and communities of severe weather or other hazardous conditions.

(c) PROGRAM ELEMENTS.—

(1) NOMINATIONS.—Nominations for this award shall be made annually by the Weather Field Offices to the Director of the National Weather Service. Broadcast meteorologists, weather radio manufacturers and weather warning tool and application developers, emergency managers, and public safety officials may nominate individuals or organizations to their local Weather Field Offices, but the final list of award nominees must come from the Weather Field Offices.

(2) SELECTION OF AWARDEES.—Annually, the Director of the National Weather Service shall choose winners of this award whose timely actions, based on National Oceanic and Atmospheric Administration Weather Radio All Hazards receivers or transmitters or other early warning tools and applications, saved lives or property, or demonstrated public service in support of weather or all hazard warnings.

(3) AWARD CEREMONY.—The Director of the National Weather Service shall establish a means of making these awards to provide maximum public awareness of the importance of National Oceanic and Atmospheric Administration Weather Radio, and such other warning tools and applications as are represented in the awards.

SEC. 408. DEPARTMENT OF DEFENSE WEATHER FORECASTING ACTIVITIES.

Not later than 60 days after the date of the enactment of this Act, the Under Secretary shall submit to the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Science, Space, and Technology of the House of Representatives a report analyzing the impacts of the proposed Air Force divestiture in the United States Weather Research and Forecasting Model, including—

(1) the impact on—

(A) the United States weather forecasting capabilities;

(B) the accuracy of civilian regional forecasts;

(C) the civilian readiness for traditional weather and extreme weather events in the United States; and

(D) the research necessary to develop the United States Weather Research and Forecasting Model; and

(2) such other analysis relating to the divestiture as the Under Secretary considers appropriate.

SEC. 409. NATIONAL WEATHER SERVICE; OPERATIONS AND WORKFORCE ANALYSIS.

The Under Secretary shall contract or continue to partner with an external organization to conduct a baseline analysis of National Weather Service operations and workforce.

SEC. 410. REPORT ON CONTRACT POSITIONS AT NATIONAL WEATHER SERVICE.

(a) REPORT REQUIRED.—Not later than 180 days after the date of the enactment of this Act, the Under Secretary shall submit to Congress a report on the use of contractors at the National Weather Service for the most recently completed fiscal year.

(b) CONTENTS.—The report required by subsection (a) shall include, with respect to the most recently completed fiscal year, the following:

(1) The total number of full-time equivalent employees at the National Weather Service, disaggregated by each equivalent level of the General Schedule.

(2) The total number of full-time equivalent contractors at the National Weather Service, disaggregated by each equivalent level of the General Schedule that most closely approximates their duties.

(3) The total number of vacant positions at the National Weather Service on the day before the date of enactment of this Act, disaggregated by each equivalent level of the General Schedule.

(4) The 5 most common positions filled by full-time equivalent contractors at the National Weather Service and the equivalent level of the General Schedule that most closely approximates the duties of such positions.

(5) Of the positions identified under paragraph (4), the percentage of full-time equivalent contractors in those positions that have held a prior position at the National Weather Service or another entity in National Oceanic and Atmospheric Administration.

(6) The average full-time equivalent salary for Federal employees at the National Weather Service for each equivalent level of the General Schedule.

(7) The average salary for full-time equivalent contractors performing at each equivalent level of the General Schedule at the National Weather Service.

(8) A description of any actions taken by the Under Secretary to respond to the issues raised by the Inspector General of the Department of Commerce regarding the hiring of former National Oceanic and Atmospheric Administration employees as contractors at the National Weather Service such as the issues raised in the Investigative Report dated June 2, 2015 (OIG–12–0447).

(c) ANNUAL PUBLICATION.—For each fiscal year after the fiscal year covered by the report required by subsection (a), the Under Secretary shall, not later than 180 days after the completion of the fiscal year, publish on a publicly accessible Internet website the information described in paragraphs (1) through (8) of subsection (b) for such fiscal year.

SEC. 411. WEATHER IMPACTS TO COMMUNITIES AND INFRASTRUCTURE.

(a) REVIEW.—

(1) IN GENERAL.—The Director of the National Weather Service shall review existing research, products, and services that meet the specific needs of the urban environment, given its unique physical characteristics and forecasting challenges.

(2) ELEMENTS.—The review required by paragraph (1) shall include research, products, and services with the potential to improve modeling and forecasting capabilities, taking into account factors including varying building heights, impermeable surfaces, lack of tree canopy, traffic, pollution, and inter-building wind effects.

(b) REPORT AND ASSESSMENT.—Upon completion of the review required by subsection (a), the Under Secretary shall submit to Congress a report on the research, products, and services of the National Weather Service, including an assessment of such research, products, and services that is based on the review, public comment, and recent publications by the National Academy of Sciences.

SEC. 412. WEATHER ENTERPRISE OUTREACH.

(a) IN GENERAL.—The Under Secretary may establish mechanisms for outreach to the weather enterprise—

(1) to assess the weather forecasts and forecast products provided by the National Oceanic and Atmospheric Administration; and

(2) to determine the highest priority weather forecast needs of the community described in subsection (b).

(b) OUTREACH COMMUNITY.—In conducting outreach under subsection (a), the Under Secretary shall contact leading experts and innovators from relevant stakeholders, including the representatives from the following:

(1) State or local emergency management agencies.

(2) State agriculture agencies.

(3) Indian tribes (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304)) and Native Hawaiians (as defined in section 6207 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7517)).

(4) The private aerospace industry.

(5) The private earth observing industry.

(6) The operational forecasting community.

(7) The academic community.

(8) Professional societies that focus on meteorology.

(9) Such other stakeholder groups as the Under Secretary considers appropriate.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oklahoma (Mr. LUCAS) and the gentlewoman from Oregon (Ms. BONAMICI) each will control 20 minutes.

The Chair recognizes the gentleman from Oklahoma.

GENERAL LEAVE

Mr. LUCAS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and to include extraneous material on H.R. 353, the bill now under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oklahoma?

There was no objection.

Mr. LUCAS. Mr. Speaker, I yield myself such time as I may consume.

I first thank the gentleman from Texas, Chairman SMITH, for his continued leadership on the Science Committee.

H.R. 353, the Weather Research and Forecasting Innovation Act of 2017, prioritizes improving weather forecasting for the protection of lives and property at the National Oceanic and Atmospheric Administration. This bill does so by focusing research and computing resources on improved weather forecasting, quantitative observing data planning, next generation modeling, and an emphasis on research-to-operations technology transfer.

As a Representative from Oklahoma, I understand the need for accurate and timely weather predictions firsthand. Every year, the loss of life from deadly tornadoes in my home State is a stark reminder that we can do better to predict severe weather events and provide longer lead times to protect Americans in harm's way.

I am proud that the legislation has a dedicated Tornado Warning Improvement Program. The goal of this program is to reduce the loss of life from tornadoes by advancing the understanding of fundamental meteorological science allowing detection and notifications that are more accurate, effective, and timely. Constituents in my home State will benefit greatly from longer tornado warning lead times, which will save lives and better protect property.

H.R. 353 makes clear that NOAA will prioritize weather research and protect lives and property through a focused, affordable, attainable, forward-looking research plan at the agency's Research Office.

The bill also encourages innovations and new technology capacities by creating a joint technology transfer fund in NOAA's Office of Oceanic and Atmospheric Research. This transfer is

essential to get new forecasting, models, and technologies out of the research side of NOAA and into our operational forecast to better protect our country.

The bill directs NOAA to develop plans to restore our country's leadership in weather forecasting. It is no secret that many people in our weather community are distraught that our forecasting capacities have deteriorated in recent years.

While other countries are making great strides in weather advancements, Americans are paying the price for diminished leadership with their lives and their wallets. This is yet another reminder that we can do better.

This legislation directs NOAA to actively consider new commercial data and private sector solutions to further enhance our weather forecasting capacities. The bill also includes a pilot project, which will provide NOAA a clear and credible demonstration of the valuable data from commercial technologies available today.

H.R. 353 is the result of 4 years of work to craft a meaningful package that will create new and real improvements to our country's weather forecasting systems. The time has come for Americans to have the most accurate and timely weather predictions. They deserve nothing less.

Mr. Speaker, I reserve the balance of my time.

COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE, HOUSE OF REPRESENTATIVES,
Washington, DC, January 9, 2017.

Hon. LAMAR SMITH,
Chairman, Committee on Science, Space, and Technology, Washington, DC.

DEAR CHAIRMAN SMITH: I write concerning H.R. 353, the Weather Research and Forecasting Innovation Act of 2017. This legislation includes matters that fall within the Rule X jurisdiction of the Committee on Transportation and Infrastructure.

In order to expedite Floor consideration of H.R. 353, the Committee on Transportation and Infrastructure will forgo action on this bill. However, this is conditional on our mutual understanding that forgoing consideration of the bill does not prejudice the Committee with respect to the appointment of conferees or to any future jurisdictional claim over the subject matters contained in the bill or similar legislation that fall within the Committee's Rule X jurisdiction. I appreciate you working with us on the base text of the bill and request you urge the Speaker to name members of the Committee to any conference committee named to consider such provisions.

Please place a copy of this letter and your response acknowledging our jurisdictional interest in the Congressional Record during House Floor consideration of the bill. I look forward to working with the Committee on Science, Space, and Technology as the bill moves through the legislative process.

Sincerely,

BILL SHUSTER,
Chairman.

COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY, HOUSE OF REPRESENTATIVES,
Washington, DC, January 9, 2017.

Hon. BILL SHUSTER,
Chairman, Committee on Transportation and Infrastructure, House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: Thank you for your letter regarding H.R. 353, the ''Weather Research and Forecasting Innovation Act of 2017.'' I appreciate your support in bringing this legislation before the House of Representatives, and accordingly, understand that the Committee on Transportation and Infrastructure will forego action on the bill.

The Committee on Science, Space, and Technology concurs with the mutual understanding that by foregoing consideration of H.R. 353 at this time, the Committee on Transportation and Infrastructure does not waive any jurisdiction over the subject matter contained in this bill or similar legislation in the future. In addition, should a conference on this bill be necessary, I would support your request to have the Committee on Transportation and Infrastructure represented on the conference committee.

I will insert copies of this exchange in the Congressional Record during consideration of this bill on the House floor. I appreciate your cooperation regarding this legislation and look forward to continuing to work with the Committee on Transportation and Infrastructure as the bill moves through the legislative process.

Sincerely,

LAMAR SMITH,
Chairman.

Ms. BONAMICI. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 353, the Weather Research and Forecasting Innovation Act. This bill, introduced by my colleague, Mr. LUCAS, is a product of hard work and negotiation over the past two Congresses.

In addition to Mr. LUCAS, I thank Chairman SMITH and also Environment Subcommittee chair, Mr. BRIDENSTINE, and former chair, Mr. CHRIS STEWART, who were great partners in this process. The language before us today is a result of a truly bipartisan and bicameral effort.

The National Oceanic and Atmospheric Administration is responsible for many important tasks at the cutting edge of science and public service, and weather forecasting is one of the tasks most critical to our country.

In the northwest Oregon communities I represent, my constituents rely on timely weather forecasts to decide when to harvest their crops, when to go to sea to fish, how to navigate the roads safely when there is freezing rain or snow, and to prepare for possible flood conditions.

The National Weather Service provides excellent forecasting products to support our economy, but with the increasing frequency of severe weather events, there can be and should be improvements in our forecasting capabilities and delivery.

For example, forecasts can be more precise regarding what will happen and when. Improved forecasts can provide more lead time to allow communities to prepare, especially in severe weather events. Forecast information should also be communicated more effectively to the public and those in harm's way to reduce the loss of life and property. This bill is designed to address those important goals.

The bill connects the research side of NOAA, the Office of Oceanic and Atmospheric Research, more effectively to the forecasting needs of the National Weather Service. This research-to-operations pipeline is essential for the continued improvement of our weather forecasting enterprise.

□ 1715

The bill contains several provisions that will improve interactions and information sharing between NOAA's researchers and the National Weather Service. It also improves communications between NOAA and the broader research and private weather communities.

The bill also establishes interagency coordination, through the Office of Science and Technology Policy, across multiple agencies outside of NOAA that share responsibilities for weather research and forecast communications. This is essential as we face budget constraints, and it will help speed the adoption of best tools and practices across the various agencies.

H.R. 353 also recognizes that even the best forecasts will not serve the public's needs unless there are effective communications systems. The bill directs NOAA to do more research, listen to experts, and improve its risk communications techniques.

The bill also reestablishes a program that allows NOAA to give awards to people who save the lives of others through NOAA's Weather Radio All Hazards program. The bill also formally establishes the pilot program currently operating at NOAA to engage in contracts with the commercial sector for weather forecasting data.

Additionally, the bill requires NOAA to examine the benefits and costs of different sensors by running simulations of different configurations of instruments and datasets on forecasting accuracy. It is important that these requirements are not too prescriptive so that NOAA can use the most efficient, accurate, and cost-effective model for this situation.

This legislation will produce advances in weather forecasting and capabilities that will result in better development of forecast innovations and technology. Ultimately, this will save American lives and property.

I thank the Members on both sides of the aisle for their input and support. Also, I would like to thank the hard-working committee staff on both sides of the aisle for their efforts to continue negotiations to move this bill forward.

I ask my colleagues to support this bill.

Mr. Speaker, I reserve the balance of my time.

Mr. LUCAS. Mr. Speaker, I yield 3 minutes to the gentleman from Oklahoma (Mr. BRIDENSTINE), my colleague

who has worked very diligently on this effort for a number of years.

Mr. BRIDENSTINE. Mr. Speaker, every year that I have had the honor to serve Oklahoma's First Congressional District, I have also faced the unfortunate reality that I will lose constituents to tornadoes, as will many of us who represent constituents in Oklahoma. This terrible fact has motivated me and others from our delegation to work hard for policies that will save lives and property and move us to a day where we have zero deaths from tornadoes or other extreme weather events.

I would like to thank Chairman SMITH, Vice Chairman LUCAS, and Environment Subcommittee Ranking Member BONAMICI for their tireless efforts to see this bipartisan legislation move forward.

The Weather Research and Forecasting Innovation Act of 2017 is the product of extensive negotiations between the Environment Subcommittee, which I chair, and the Senate Commerce Committee, and I am proud of the bipartisan and bicameral agreement that this bill represents.

H.R. 353 directs the NOAA Administrator to prioritize activities that will save lives and protect property. Again, this is critically important to my State, which is in the heart of tornado alley.

This legislation will help NOAA develop more accurate and timely warnings for hurricanes, tornadoes, and other high-impact weather events. It calls on NOAA to develop a plan to maintain forecasting capabilities that are second to none in the world, primarily because, by some metrics, we lag behind our counterparts in Europe, the U.K. and Canada.

The bill encourages better cooperation across NOAA offices and enhances collaboration with universities, such as the University of Oklahoma, which is a national leader in weather research.

It will also ensure that innovative methods and technologies, such as warn on forecast, currently being developed at the National Severe Storms Laboratory in Norman, Oklahoma, are rapidly deployed in operational status so that the American people can benefit.

Further, beyond improvements to short-term forecasts of extreme events, the bill directs NOAA to improve our understanding of seasonal forecasts, which can be immensely useful to industries such as agriculture.

Mr. Speaker, I am particularly pleased this bill finally authorizes a commercial weather data pilot program. H.R. 353 authorizes $24 million over the next 4 years for a pilot program for NOAA to purchase commercial space-based weather data and test it against NOAA's proprietary data. This can improve forecasts and save the Federal Government money. This will allow NOAA to continue to expand upon the two pilot contracts it awarded in September of last year.

Mr. Speaker, this has the potential to be a paradigm-shifting provision. Commercial weather data can augment the data we receive from systems such as JPSS and GOES, while also serving as a mitigation strategy in the event we experience a gap in weather data from these systems. More data from innovative sources has a real potential to improve our forecasting capabilities.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. LUCAS. Mr. Speaker, I yield the gentleman an additional 30 seconds.

Mr. BRIDENSTINE. Mr. Speaker, I believe there will come a time when there will be zero deaths from tornadoes. I think this bill will help us implement the necessary steps to get there.

I once again thank my colleagues on the Science, Space, and Technology Committee for all their very hard work to get this done, and I encourage our counterparts in the Senate to move this legislation to the President's desk quickly.

I urge my colleagues to support this bill.

Ms. BONAMICI. Mr. Speaker, I reserve the balance of my time.

Mr. LUCAS. Mr. Speaker, I yield 5 minutes to the gentleman from Texas (Mr. SMITH) who has guided the Science, Space, and Technology Committee ever so carefully for a number of years.

Mr. SMITH of Texas. Mr. Speaker, first of all, I thank the gentleman from Oklahoma and the vice chairman of the Science, Space, and Technology Committee for yielding, and I thank both him and Mr. BRIDENSTINE, another gentleman from Oklahoma and a member of the Science, Space, and Technology Committee, for taking the initiative and introducing this legislation.

H.R. 353, Weather Research and Forecasting Innovation Act of 2017, will transform our Nation's weather-gathering efforts and help save lives and property.

Severe weather routinely affects large portions of the United States. Nearly every year, we witness the devastating effects of tornadoes across our country. The deaths and the damage from these events underscore the need for a world-class weather prediction system.

H.R. 353 improves weather observation systems by the use of observing system simulation experiments and next generation computing and modeling capabilities. This bill strengthens the underlying atmospheric science, while advancing innovative technology and reforming operations to provide better weather data, models, and forecasts. It prompts NOAA to actively employ new commercial data and solutions through a multiyear commercial weather data pilot program.

Further, it directs NOAA to consider commercial data options rather than rely on slow, costly, and continually delayed government-owned satellites.

For far too long, our government has relied on these massive, multibillion-dollar government satellites. The Science, Space, and Technology Committee has jurisdiction over NOAA's satellite office and has conducted ongoing oversight of the agency's satellite program. Our conclusion is that it is in real need of reform.

Over the years, events at NOAA have revealed mismanagement, cost overruns, and delays of its weather satellites. This detracts from our ability to accurately predict our weather, which unnecessarily endangers Americans.

This bill will right the ship and allow NOAA the flexibility to buy new, affordable, and potentially better sources of data from the private sector, which has the power to make real improvements to our weather forecasting capabilities.

It also creates a much-needed technology transfer fund in NOAA's Office of Oceanic and Atmospheric Research to help push technologies developed through NOAA's weather research into operation. This will ensure that the technologies that are developed are effectively employed and do not idle on the lab bench.

Again, I thank Mr. LUCAS and Mr. BRIDENSTINE for their initiative on this issue. Americans from coast to coast will now be better prepared for severe weather with the passage of this bill.

I urge my colleagues to support the bill.

Ms. BONAMICI. Mr. Speaker, I have no further requests for time, and I urge my colleagues to support this bill.

Mr. Speaker, I yield back the balance of my time.

Mr. LUCAS. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I wish to take a moment to thank the gentlewoman from Oregon (Ms. BONAMICI) for all of her efforts to bring us to this point. We still have a ways to go ultimately, but great strides have been made.

I thank my colleague from Oklahoma (Mr. BRIDENSTINE) for his input and efforts and, of course, again, the chairman of the full Science, Space, and Technology Committee, Mr. SMITH of Texas, for helping in that critical role of being the catalyst for all of this.

From the perspective of a farmer, some will say: What does this really mean? But when it comes to trying to gauge how to plant your crops, how to harvest your crops, whether you are a truck driver driving up and down the highways and bi-ways of America, a citizen moving around the country, someone along the coast, or, as Ms. BONAMICI pointed out, a fisherman, this information will make your life more efficient, it will make your life safer, and it will enhance the productive capacity of this country. This is one of those investments that we will all gain from.

Mr. Speaker, I yield back the balance of my time.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise in support of H.R. 353, the Weather Research and Forecasting Innovation Act of 2017.

This bill is the culmination of more than four years of compromise and negotiation, and demonstrates that the issues of weather and climate can be addressed in a bi-partisan way.

In that regard, I want to recognize the efforts of JIM BRIDENSTINE and SUZANNE BONAMICI, as well as the bill's sponsor, FRANK LUCAS. Their leadership and commitment has really driven this process forward.

Mr. Speaker, weather affects all of us everyday. It is a constant presence in our lives.

Tropical storms batter homes and disrupt lives from my home state of Texas all the way to Maine. States like Oklahoma, Illinois, and again Texas are some of the most tornado prone areas in the entire world.

Sadly, turning on the television to see a part of our country devastated by tornados, or hurricanes, or other severe weather incidents, has become a far too familiar occurrence. To help Americans avoid and cope with these potentially devastating events, we need to have the very best weather forecasting and warning capabilities.

The National Weather Service and the Office of Oceanic and Atmospheric Research at NOAA play a central role in protecting the lives and property of every American.

The bill before us today will help accelerate innovation, and turn cutting-edge weather research into essential weather forecasting tools and products; tools which forecasters can then use to protect American lives.

The legislation removes barriers that exist between the weather research community, our nation's forecasters, and the private-sector weather enterprise. Improving collaboration and cooperation within NOAA, and also between the agency and the broader weather community, will impact the accuracy and timing of our weather predictions. These improvements will ultimately save lives and make our communities safer.

Strengthening our resilience to severe weather events is both vital and necessary to strengthen our nation's economic security. H.R. 353 will advance our weather forecasting capabilities and I urge my colleagues to support its passage.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oklahoma (Mr. LUCAS) that the House suspend the rules and pass the bill, H.R. 353.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 5 o'clock and 26 minutes p.m.), the House stood in recess.

□ 1830

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. DONOVAN) at 6 o'clock and 30 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H.R. 315, by the yeas and nays;

H.R. 304, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. The second electronic vote will be conducted as a 5-minute vote.

IMPROVING ACCESS TO MATERNITY CARE ACT

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 315) to amend the Public Health Service Act to distribute maternity care health professionals to health professional shortage areas identified as in need of maternity care health services, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill.

The vote was taken by electronic device, and there were—yeas 405, nays 0, not voting 28, as follows:

[Roll No. 24]

YEAS—405

Abraham
Adams
Aderholt
Aguilar
Allen
Amash
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barragán
Barton
Bass
Beatty
Bera
Bergman
Beutler
Beyer
Biggs
Bilirakis
Bishop (MI)
Bishop (UT)
Black
Blackburn
Blum
Blumenauer
Bonamici
Bost
Brady (PA)
Brat
Bridenstine
Brooks (AL)
Brooks (IN)
Brown (MD)
Brownley (CA)
Buck
Bucshon
Budd
Burgess
Bustos
Byrne
Calvert
Capuano
Carbajal
Cárdenas
Carson (IN)
Carter (GA)
Carter (TX)
Cartwright
Castor (FL)
Castro (TX)
Chabot
Chaffetz
Cheney
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Coffman
Cohen
Cole
Collins (GA)
Collins (NY)
Comer
Comstock
Conaway
Connolly
Conyers
Cook
Cooper
Costa
Costello (PA)
Courtney
Cramer
Crawford
Crist
Crowley
Cuellar
Culberson
Cummings
Curbelo (FL)
Davidson
Davis (CA)
Davis, Rodney
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
Denham
Dent
DeSantis
DeSaulnier
DesJarlais
Deutch
Diaz-Balart
Dingell
Doggett
Donovan
Doyle, Michael F.
Duffy
Duncan (TN)
Dunn
Ellison
Emmer
Engel
Eshoo
Espaillat
Esty
Evans
Farenthold
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Fortenberry
Foster
Foxx
Frankel (FL)
Franks (AZ)
Frelinghuysen
Fudge
Gabbard
Gaetz
Gallagher
Gallego
Garamendi
Garrett
Gibbs
Gohmert
Gonzalez (TX)
Goodlatte
Gosar
Gottheimer
Gowdy
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Green, Al
Green, Gene
Griffith
Grothman
Guthrie
Hanabusa
Harper
Harris
Hartzler
Hastings
Heck
Hensarling
Hice, Jody B.
Higgins (LA)
Higgins (NY)
Hill
Himes
Holding
Hollingsworth
Hoyer
Hudson
Huffman
Huizenga
Hultgren
Hunter
Hurd
Issa
Jackson Lee
Jayapal
Jeffries
Jenkins (KS)
Jenkins (WV)
Johnson (GA)
Johnson (LA)
Johnson (OH)
Johnson, E. B.
Johnson, Sam
Jordan
Joyce (OH)
Kaptur
Katko
Keating
Kelly (IL)
Kelly (MS)
Kelly (PA)
Kennedy
Khanna
Kihuen
Kildee
Kilmer
Kind
King (IA)
King (NY)
Kinzinger
Knight
Krishnamoorthi
Kuster (NH)
Kustoff (TN)
Labrador
LaHood
LaMalfa
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latta
Lawrence
Lawson (FL)
Lee
Levin
Lewis (GA)
Lewis (MN)
Lieu, Ted
Lipinski
LoBiondo
Loebsack
Lofgren
Long
Loudermilk
Love
Lowenthal
Lowey
Lucas
Luetkemeyer
Lujan Grisham, M.
Luján, Ben Ray
Lynch
MacArthur
Maloney, Carolyn B.
Maloney, Sean
Marchant
Marino
Marshall
Massie
Mast
Matsui
McCarthy
McCaul
McClintock
McCollum
McEachin
McGovern
McHenry
McKinley
McMorris Rodgers
McNerney
McSally
Meadows
Meehan
Meeks
Messer
Mitchell
Moolenaar
Mooney (WV)
Moulton
Mullin
Murphy (FL)
Murphy (PA)
Nadler
Napolitano
Neal
Newhouse
Noem
Nolan
Norcross
Nunes
O'Halleran
O'Rourke
Olson
Palazzo
Pallone
Palmer
Panetta
Pascrell
Paulsen
Payne
Pearce
Pelosi
Peters
Peterson
Pingree
Pittenger
Pocan
Poe (TX)
Poliquin
Polis
Posey
Price (NC)
Quigley
Raskin
Ratcliffe
Reed
Reichert
Renacci
Rice (NY)
Rice (SC)
Richmond
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas J.
Rosen
Roskam
Ross
Rothfus
Rouzer
Roybal-Allard
Royce (CA)
Ruiz
Ruppersberger
Rutherford
Sánchez
Sanford
Sarbanes
Scalise
Schakowsky
Schiff
Schneider
Schweikert
Scott (VA)
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sessions
Sewell (AL)
Shea-Porter
Sherman
Shimkus
Shuster
Sinema
Sires
Slaughter
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Smucker
Soto
Speier
Stefanik
Stewart
Stivers
Suozzi
Swalwell (CA)
Takano
Taylor
Tenney
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiberi
Tipton
Titus
Tonko
Torres
Trott
Tsongas
Turner
Upton
Valadao
Vargas
Veasey
Vela
Velázquez
Walberg
Walden
Walker
Walorski
Walters, Mimi
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Weber (TX)
Webster (FL)
Welch
Wenstrup
Westerman
Williams
Wilson (FL)
Wilson (SC)
Wittman
Womack
Woodall
Yarmuth
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

NOT VOTING—28

Becerra
Bishop (GA)
Blunt Rochester
Boyle, Brendan F.
Brady (TX)
Buchanan
Butterfield
Correa
Davis, Danny
Duncan (SC)
Grijalva
Gutiérrez
Jones
Meng
Moore
Mulvaney
Perlmutter
Perry
Pompeo
Price, Tom (GA)
Ros-Lehtinen
Rush

Russell
Ryan (OH)
Simpson
Visclosky
Wagner
Zinke

□ 1853

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

MOMENT OF SILENCE IN RECOGNITION OF VICTIMS OF THE TWO MOST RECENT TRAGEDIES IN FT. LAUDERDALE AND ORLANDO

(Ms. WASSERMAN SCHULTZ asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I rise today with the Florida delegation and other colleagues with the heaviest of hearts. In the last few days, our State has witnessed two horrific tragedies.

The first occurred Friday, in my congressional district, when a gunman mercilessly unleashed a hail of gunfire on passengers in the baggage claim area at the Fort Lauderdale-Hollywood International Airport, murdering five and injuring six other innocent victims. Our thoughts and prayers are with the victims, the wounded, their families, and the countless others traumatized by this tragedy.

I commend both the Broward County Sheriff's officers who swiftly took down the perpetrator and minimized the loss of life and the airport personnel who are tirelessly reuniting passengers with 23,000 personal items left behind in the chaos that ensued, stranding many of them without identification or an ability to travel.

The second tragedy occurred today when Orlando Police Officer Debra Clayton was slain by a murder suspect. Later, Orange County Sheriff's Deputy Norman Lewis went looking for her killer and died in a traffic accident.

On behalf of the Members from Orlando, I want to say, to lose two officers on Law Enforcement Appreciation Day is an unspeakable tragedy. Mr. Speaker, I ask, on behalf of my colleagues, for this moment of silence to remember these victims.

The SPEAKER pro tempore. The House will observe a moment of silence.

PROTECTING PATIENT ACCESS TO EMERGENCY MEDICATIONS ACT OF 2017

The SPEAKER pro tempore. Without objection, 5-minute voting will continue.

There was no objection.

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 304) to amend the Controlled Substances Act with regard to the provision of emergency medical services, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 404, nays 0, not voting 29, as follows:

[Roll No. 25]

YEAS—404

Abraham
Adams
Aderholt
Aguilar
Allen
Amash
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barragán
Barton
Bass
Beatty
Bera
Bergman
Beutler
Beyer
Biggs
Bilirakis
Bishop (MI)
Bishop (UT)
Black
Blackburn
Blum
Blumenauer
Bonamici
Bost
Brady (PA)
Brady (TX)
Brat
Bridenstine
Brooks (AL)
Brooks (IN)
Brown (MD)
Brownley (CA)
Buck
Bucshon
Budd
Burgess
Bustos
Byrne
Calvert
Capuano
Carbajal
Cárdenas
Carson (IN)
Carter (GA)
Carter (TX)
Cartwright
Castor (FL)
Castro (TX)
Chabot
Chaffetz
Cheney
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Coffman
Cohen
Cole
Collins (GA)
Collins (NY)
Comer
Comstock
Conaway
Connolly
Conyers
Cook
Cooper
Costa
Costello (PA)
Courtney
Cramer
Crawford
Crist
Crowley
Cuellar
Culberson
Cummings
Curbelo (FL)
Davidson
Davis (CA)
Davis, Rodney
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
Denham
Dent
DeSantis
DeSaulnier
DesJarlais
Deutch
Diaz-Balart
Dingell
Doggett
Donovan
Doyle, Michael F.
Duffy
Duncan (TN)
Dunn
Ellison
Emmer
Engel
Eshoo
Espaillat
Esty
Evans
Farenthold
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Fortenberry
Foster
Foxx
Frankel (FL)
Franks (AZ)
Frelinghuysen
Fudge
Gabbard
Gaetz
Gallagher
Gallego
Garamendi
Garrett
Gibbs
Gohmert
Gonzalez (TX)
Goodlatte
Gosar
Gottheimer
Gowdy
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Green, Al
Green, Gene
Griffith
Grothman
Guthrie
Hanabusa
Harper
Harris
Hartzler
Hastings
Heck
Hensarling
Hice, Jody B.
Higgins (LA)
Higgins (NY)
Hill
Himes
Holding
Hollingsworth
Hoyer
Hudson
Huffman
Huizenga
Hultgren
Hunter
Hurd
Issa
Jackson Lee
Jayapal
Jeffries
Jenkins (KS)
Jenkins (WV)
Johnson (GA)
Johnson (LA)
Johnson (OH)
Johnson, E. B.
Johnson, Sam
Jordan
Joyce (OH)
Kaptur
Katko
Keating
Kelly (IL)
Kelly (MS)
Kelly (PA)
Kennedy
Khanna
Kihuen
Kildee
Kilmer
Kind
King (IA)
King (NY)
Kinzinger
Knight
Krishnamoorthi
Kuster (NH)
Kustoff (TN)
Labrador
LaHood
LaMalfa
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latta
Lawrence
Lawson (FL)
Lee
Levin
Lewis (GA)
Lewis (MN)
Lieu, Ted
Lipinski
LoBiondo
Loebsack
Lofgren
Long
Loudermilk
Love
Lowenthal
Lowey
Lucas
Luetkemeyer
Lujan Grisham, M.
Luján, Ben Ray
Lynch
MacArthur
Maloney, Carolyn B.
Maloney, Sean
Marchant
Marino
Marshall
Massie
Mast
Matsui
McCarthy
McCaul
McClintock
McCollum
McEachin
McGovern
McHenry
McKinley
McMorris Rodgers
McNerney
McSally
Meadows
Meehan
Meeks
Mitchell
Moolenaar
Mooney (WV)
Moore
Moulton
Mullin
Murphy (FL)
Murphy (PA)
Nadler
Napolitano
Neal
Newhouse
Noem
Nolan
Norcross
Nunes
O'Halleran
O'Rourke
Olson
Palazzo
Pallone
Palmer
Panetta
Pascrell
Paulsen
Payne
Pearce
Pelosi
Peters
Peterson
Pingree
Pittenger
Pocan
Poe (TX)
Poliquin
Polis
Posey
Price (NC)
Quigley
Raskin
Ratcliffe
Reed
Reichert
Renacci
Rice (NY)
Richmond
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas J.
Rosen
Roskam
Ross
Rothfus
Rouzer
Roybal-Allard
Royce (CA)
Ruiz
Ruppersberger
Rutherford
Sánchez
Sanford
Sarbanes
Scalise
Schakowsky
Schiff
Schneider
Schweikert
Scott (VA)
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sessions
Sewell (AL)
Shea-Porter
Sherman
Shimkus
Shuster
Sinema
Sires
Slaughter
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Smucker
Soto
Speier
Stefanik
Stewart
Stivers
Suozzi
Swalwell (CA)
Takano
Taylor
Tenney
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiberi
Tipton
Titus
Tonko
Torres
Trott
Tsongas
Turner
Upton
Valadao
Vargas
Veasey
Vela
Velázquez
Walberg
Walden
Walker
Walorski
Walters, Mimi
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Weber (TX)
Webster (FL)
Welch
Wenstrup
Westerman
Williams
Wilson (FL)
Wilson (SC)
Wittman
Womack
Woodall
Yarmuth
Yoder
Yoho
Young (IA)
Zeldin

NOT VOTING—29

Becerra
Bishop (GA)
Blunt Rochester
Boyle, Brendan F.
Buchanan
Butterfield
Correa
Davis, Danny
Duncan (SC)
Grijalva
Gutiérrez
Jones
Meng
Messer
Mulvaney
Perlmutter
Perry
Pompeo
Price, Tom (GA)
Rice (SC)
Ros-Lehtinen
Rush
Russell
Ryan (OH)
Simpson
Visclosky
Wagner
Young (AK)
Zinke

□ 1903

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 5, REGULATORY ACCOUNTABILITY ACT OF 2017, AND PROVIDING FOR CONSIDERATION OF H.R. 79, HELPING ANGELS LEAD OUR STARTUPS ACT

Mr. NEWHOUSE, from the Committee on Rules, submitted a privileged report (Rept. No. 115–2) on the resolution (H. Res. 33) providing for consideration of the bill (H.R. 5) to reform the process by which Federal agencies analyze and formulate new

regulations and guidance documents, to clarify the nature of judicial review of agency interpretations, to ensure complete analysis of potential impacts on small entities of rules, and for other purposes, and providing for consideration of the bill (H.R. 79) to clarify the definition of general solicitation under Federal securities law, which was referred to the House Calendar and ordered to be printed.

NATIONAL LAW ENFORCEMENT APPRECIATION DAY

(Mr. PAULSEN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PAULSEN. Mr. Speaker, I rise today on National Law Enforcement Appreciation Day to recognize and support our many men and women bravely serving and protecting their communities all across Minnesota and our country.

Law enforcement officers are heroes. They put their lives on the line to keep our neighborhoods, homes, businesses, and schools safe and secure, as was evidenced by the tragedy that took place in Orlando. We owe them so much for the many risks and difficult decisions they make every single day.

It is important that we don't take their service for granted. Our communities are better, thanks to their unwavering commitment. That is why recognitions like today or National Night Out in August, where we promote police community partnerships through neighborhood block parties and cookouts with officers, are so critically important in strengthening the bond between community and law enforcement.

Our men and women in uniform, as well as their families and loved ones, make tremendous sacrifices for the safety and security of their neighbors. We thank them and recognize them for their daily service.

HONORING LAW ENFORCEMENT OFFICERS KILLED IN ORLANDO

(Mrs. DEMINGS asked and was given permission to address the House for 1 minute.)

Mrs. DEMINGS. Mr. Speaker, I rise today to honor the lives of Master Sergeant Debra Clayton of the Orlando Police Department and Deputy Norm Lewis of the Orange County Sheriff's Office.

As the former Orlando police chief, I had the honor of knowing both Sergeant Clayton and Deputy Lewis. Sergeant Clayton was violently murdered while responding to a call this morning. Deputy Lewis was killed while responding to a scene during the search for the suspect. As we recognize Law Enforcement Appreciation Day, we mourn the deaths of these two public servants.

Sergeant Clayton was a fine officer, wife, and mother. She was 42 years young, and had just celebrated her first anniversary with her husband.

Deputy Lewis was deeply admired by all of his colleagues. He loved helping people, and it showed in his work. He was just 35.

Mr. Speaker, I respectfully ask all Members to join me in observing a moment of silence to honor and remember these heroes during this difficult time.

COMMEMORATING NAT HENTOFF

(Mr. ROTHFUS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ROTHFUS. Mr. Speaker, I rise today to commemorate the late Nat Hentoff, a man who constantly defied expectations. He died this weekend on January 7.

Nat defined himself as a ''Jewish, atheist, civil libertarian, left-wing pro-lifer.'' A writer for the Village Voice and brilliant jazz critic, he joined forces with constituents across political, ideological, and religious spectrums if he believed he shared common ground with them.

He was not afraid to alienate his fellow liberals by agreeing with pro-life heretics, as he once jokingly called them, nor was he afraid to speak to crowds of Christian pro-lifers, even when many of them said being atheist and pro-life were mutually exclusive.

Rather than worry about their judgment, he cared too much about fairness and equality to remain silent. He was more concerned with expressing what he believed to be true: that the unborn have great potential and that, with their own unique genetic code, they are human persons with as much a right to life as any of us.

I commend Nat Hentoff for his courage and intellectual integrity. It is not easy in our culture to swim upstream. It takes a certain spirit, grit, and determination. These are characteristics Nat Hentoff possessed in abundance.

May he rest in peace and may his family be consoled.

□ 1915

NECESSARY STEPS TO RESTORE OUR DEMOCRACY

(Mr. KHANNA asked and was given permission to address the House for 1 minute.)

Mr. KHANNA. Mr. Speaker, I am the son of immigrants, born in Philadelphia as the Nation celebrated our bicentennial. I ran for Congress because we have lost sight of our founding ideals. In Federalist 10, James Madison warned that factions, with their own special interests, may undermine the public good.

Today, Congress is crippled by these factions: powerful PACs and lobbyists. This must change. I am proud to be one of six Members who refuse all contributions from PACs, and we need a bipartisan caucus to eradicate their influence.

We also cannot let congressional seats become feudal estates. The turnover rate here in the people's House is less than European monarchies. Congress desperately needs a 12-year term limit like there is in the California legislature.

Mr. Speaker, banning PAC money and instituting term limits are necessary steps to restore our democracy.

RECOGNIZING SANDRA MYERS

(Ms. FOXX asked and was given permission to address the House for 1 minute.)

Ms. FOXX. Mr. Speaker, today I rise to recognize Sandra Myers of Laurel Springs, North Carolina. This remarkable and talented woman is retiring after spending her entire 40-year career with the Social Security Administration.

Since the age of 18, Sandra has worked in the Wilkesboro field office where she started in an entry-level position and currently serves as branch manager. My district staff and I have had the pleasure of working with her for many years now, and we have always found her to be a kind, caring person who is dedicated to serving others.

Sandra and her husband, John, are nearly lifelong members of their church. Upon her retirement, she plans to continue to assist the community by helping elderly members at her church complete errands, remain active, and attend services.

Sandra Myers is a perfect example of servant leadership, as well as the incredible work ethic that so many of my constituents in the Fifth District share. Alleghany County is fortunate to call this hardworking citizen one of its own.

NATIONAL LAW ENFORCEMENT APPRECIATION DAY

(Mr. LAMALFA asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LAMALFA. Mr. Speaker, today is National Law Enforcement Appreciation Day, and I think it is very appropriate in this body to stand up and show that appreciation, especially in these confused times where signals come out of this place that don't show appreciation but, instead, depict our law enforcement in very unflattering terms.

To our friends in law enforcement, we want you to know that the vast majority of us believe in what you do and that we value you and what you do every day out there to keep us safe, to keep us secure in our homes and our communities. We also honor those—too many—whom we have lost tragically in the line of duty.

I know their families pray every night that they will return home safely. Too often, just in 2016, many of these families' worst fears were realized, as 135 fathers, sons, mothers, and

daughters never returned home from the line of duty. In my home State of California, 11 officers lost, one even from my own district, Deputy Jack Hopkins of the Modoc County Sheriff's Department. We recognize him, and we recognize all the brave men and women around this country who sacrifice, who stand as a thin blue line between us and a lot of mayhem. We are truly grateful and want to take time this day to recognize what you do for us. God bless you all. Amen.

REAL LEADERSHIP TACKLES ISSUES

(Mr. RICHMOND asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. RICHMOND. Mr. Speaker, I rise today to defend an 18-year-old school student who expressed his life experiences, and he did it in the form of art protected by the First Amendment to our Constitution.

But what I also want to do is make sure that we, as Members of Congress, don't use our bully pulpit in this very prestigious and most elite body in the United States to condemn the actions of an 18-year-old who is only expressing what he sees on a daily basis.

What real leadership is is to talk to that young man and ask him why, in his community, this is his perception; ask him why he fears the police; and ask him why, in his neighborhood, they fear the police. We, as Members of Congress, understand the sacrifice of law enforcement and the fact that they put their lives on the line every day, and we honor them.

But when there is a question on any segment of our society that they don't get equal justice, equal protection of the laws, and that the Pledge of Allegiance rings hollow when you say ''and justice for all,'' what real leadership does is tackle that issue as opposed to jumping on an 18-year-old high school student.

COMMENDING LAW ENFORCEMENT OFFICERS

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I rise today on Law Enforcement Appreciation Day to commend the law enforcement officers throughout our Nation who answer the call to serve their communities. Law enforcement officers face increasingly difficult circumstances while working to serve and protect the public. It is a dangerous job, and often it is a thankless job.

Just last week, Pennsylvania mourned the loss of a 23-year-old Pennsylvania State Police trooper who was shot and killed while investigating a domestic incident.

Our officers put on their uniforms each day knowing that they can be in harm's way at any moment. They answer the calls in times of distress, they follow the rules, and they wear the badge proudly.

We must remember that our officers are mothers and fathers, sons and daughters, and husbands and wives. They are human, and they arguably have one of the most difficult jobs in America. So today, and each day, let's honor our brothers and sisters in blue. Let's thank them for the important work they do to keep us all safe.

WE SHOULD BE HELD TO A HIGHER STANDARD

(Mr. YOHO asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. YOHO. Mr. Speaker, the 115th Congress has a unique opportunity to clean the swamp, especially of Members who were convicted of committing felonies while serving in office and drawing a retirement check from the taxpayers.

I reintroduced the Trust Restored to the United States Taxpayer Act, which eliminates the taxpayer-funded portion of congressional pensions for Members who were convicted of a felony while serving. I applaud the 10 fellow Members of the House who cosponsored TRUST, and, in doing so, demonstrated they were willing to hold themselves accountable to their employers, the American taxpayers.

We are willing to hold ourselves to the same standards we hold those who serve in our military and elsewhere. If Members of Congress are serious about cleaning up Washington and are truly accountable for their actions then supporting this bill is common sense. If we break the law and break the trust of the people who have placed us in power as their representatives then we should be willing to forfeit the taxpayer-funded portion of our retirement.

We are not above the law. If anything, we should be held to a higher standard. I encourage my colleagues to support this.

The SPEAKER pro tempore (Mr. LEWIS of Minnesota). The Chair will recognize Members for Special Order speeches without prejudice to the resumption of legislative business.

ISSUES AND CHALLENGES FACING OUR COUNTRY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the gentleman from Louisiana (Mr. RICHMOND) is recognized for 60 minutes as the designee of the minority leader.

GENERAL LEAVE

Mr. RICHMOND. Mr. Speaker, I ask unanimous consent that all Members be given 5 days to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Louisiana?

There was no objection.

Mr. RICHMOND. Mr. Speaker, it is an honor and a privilege to have this opportunity to stand on the House floor and to anchor the Congressional Black Caucus' Special Order hour, where today we want to discuss some of the issues and challenges confronting this country that we hope this newly constituted Congress will be prepared to take up as we move into the 115th Congress.

The first and most glaring issue confronting the Congressional Black Caucus is the nomination and confirmation of JEFF SESSIONS to be the Attorney General of the United States. The members of this caucus, since its inception, have fought for equality and justice, and we do it because it is the right thing to do, and that is how we were raised.

JEFF SESSIONS' record is atrocious when it comes to equal rights, equal protection, justice for all, and voting rights. At worst, he was a coconspirator in the promotion of segregation and discrimination. At best, he lacked the courage and motivation to fight for equality, equal protection, and justice.

In the words of Maya Angelou: ''When someone shows you who they are believe them. . . .'' President-elect Trump has shown us time and time again exactly who he is through his words and his actions. His Cabinet nominations offer further evidence of who he is and what he values. Each of these individuals have shown us who they are as well.

Mr. Speaker, tonight you will hear from many passionate, educated, experienced freedom fighters from our communities, and they will each address their concerns with the nominations coming from the President-elect. We do it out of an obligation to continue to fight for the least of those, those who cannot hire a lobbyist, those who are struggling to make ends meet, those who wake up every day trying to figure out how to put clothes on their kids' back, food on the table, a house, a roof over their head, and to continue to fight for the American Dream, opportunity for their children.

Mr. Speaker, I yield back the balance of my time.

IMPACT OF CABINET NOMINATIONS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the gentleman from Texas (Mr. VEASEY) is recognized for the remainder of the hour as the designee of the minority leader.

Mr. VEASEY. Mr. Speaker, I want to welcome you to tonight's Congressional Black Caucus Special Order hour that will examine the negative impact of President-elect Trump's nominations for the position of U.S. Attorney General, Secretary of Education, and Secretary of Health and Human Services.

Let's be honest here, the 2016 Presidential election showed us both the worst and the best of American politics. The most disturbing development of the election season, of course, was the President-elect's campaign that was an ''us versus them'' type of campaign that really divided the Nation. It was really sad for people to see that on display.

On November 9, after winning the Presidency, the President-elect tweeted: ''Such a beautiful and important evening! The forgotten man and woman will never be forgotten again. We will all come together as never before.''

But will he keep his promise of doing all that he can to repair our divided nation? So far he has been very disappointing. And when you look at the nominations of Senator SESSIONS, Betsy DeVos, and TOM PRICE to key positions in his administration, it seems like he has forgotten, that he has forgotten and ignored our Nation's dark history of oppression, particularly to the African American community.

□ 1930

The President-elect's nominees represent everything that the Congressional Black Caucus has vehemently fought against. As a caucus, we fought to ensure that the African American community is empowered with the tools it needs to achieve the American Dream. Mr. Trump's Cabinet nominations are set to push the dream back so far out of reach for millions and millions of Americans.

Mr. Speaker, we have a list of Members that would like to speak tonight.

I yield to the gentleman from Michigan (Mr. CONYERS), the dean of the United States House of Representatives.

Mr. CONYERS. Mr. Speaker, I thank my colleague from Louisiana (Mr. VEASEY) for opening up this part of our Special Order for which the Congressional Black Caucus has come together to more critically examine the nomination of Senator JEFF SESSIONS.

As the ranking member of the House Judiciary Committee, I led a joint statement in November that was signed by every Democratic member of the Judiciary Committee opposing Senator SESSIONS' nomination for United States Attorney General. The Attorney General is the chief law enforcement officer of the United States, charged with the administration of the criminal justice system and the enforcement of our civil rights. Senator SESSIONS is clearly unsuitable to lead the Department of Justice.

In 1986 testimony before the Senate Judiciary Committee, witnesses said that Mr. SESSIONS had referred to the NAACP, the National Association for the Advancement of Colored People, the Southern Christian Leadership Conference, and other civil rights groups, as both un-American and communist inspired. One prosecutor in the Alabama United States Attorney's Office testified that Mr. SESSIONS referred to him as ''boy'' and counseled him to be careful of what you say to White folks.

His appointment to the Federal branch was opposed by the Leadership Conference on Civil Rights, the National Association for the Advancement of Colored People, and other organizations. Senator SESSIONS has criticized the section 5 preclearance provisions in the Voting Rights Act, which I and many others have been fighting to restore since the 2013 Supreme Court Shelby County v. Holder decision.

In the 114th Congress, Senator SESSIONS opposed bipartisan criminal justice reform efforts. He has also opposed the reauthorization of the bipartisan Violence Against Women Act and nearly every immigration reform bill that has come before the Senate.

A vote to confirm JEFF SESSIONS as Attorney General is a vote against freedom and equality. So I join with many of my colleagues today in urging the Senate to oppose his nomination, and I thank my colleague for yielding to me.

Mr. VEASEY. Mr. Speaker, I thank Mr. CONYERS very much for his words as the dean of the House.

Mr. Speaker, I yield to the gentlewoman from California (Ms. MAXINE WATERS).

Ms. MAXINE WATERS of California. Mr. Speaker, I rise today to encourage opposition to the nomination of JEFF SESSIONS to the Attorney General's Office by this President-elect.

We have been asked and we are constantly asked: Are you saying he is a racist? He defined himself. He defined himself long ago when he was denied a Federal judgeship in 1986 after having been appointed by Ronald Reagan. He was denied because his colleagues said they heard him use the N-word.

Also, it was very well documented that after two of the members of the KKK killed an African American man, he said: Oh, I thought the KKK was okay until I learned they smoked marijuana. This is the same man that said, again, that the NAACP and the SCLC were un-American, that they were communist inspired, and it goes on and on and on. And it is not whether or not we are calling him or we think of him as a racist; he defined himself in that manner. He was denied the appointment to the Federal judgeship, including by Republicans who voted against him.

So here we have a man who is going to be considered for the Attorney General's Office where we have the Civil Rights Division. Should we be worried about that? You bet your bottom dollar we should be worried about that. Not only has he defined himself as a racist, but this is a throwback. This is a man who is a setback. This is a man who does not agree with his colleagues on criminal justice reform. This is a man who loves mandatory minimum sentences. This is a man who does not want the Justice Department to work with local police departments who are in trouble, like what happened in Ferguson. This is a man who is against voting rights. This is a man who has shown himself to be against women. This is a man who does not support the LGBT community. Why would we want him to have this very important, prestigious position as the Attorney General overseeing civil rights? I don't think so.

I advise everybody who is listening and all of our colleagues to support him not being appointed to that position and to get the word over to the Senators that they should not support him, they should not vote for him.

Mr. VEASEY. Mr. Speaker, I thank the gentlewoman from California (Ms. MAXINE WATERS).

Mr. Speaker, I yield to the gentleman from Mississippi (Mr. THOMPSON), the ranking member of the Committee on Homeland Security.

Mr. THOMPSON of Mississippi. Mr. Speaker, I thank Mr. VEASEY for helping organize this Special Order on a topic that is of great concern to me and many of my constituents.

The Attorney General, as we know, serves as the United States' chief law enforcement official. He or she does not serve certain States, certain classes of people, nor is their service limited to a particular party. The Attorney General is there to serve all of us.

With that in mind, I stand here on the floor of the House concerned with Senator SESSIONS' nomination to become the next Attorney General. Based on his record, there are a number of reasons why I believe that Senator SESSIONS is unfit to lead the Department of Justice.

First, at his 1986 confirmation hearing to serve as a Federal judge for the Southern District of Alabama, it was revealed that Senator SESSIONS had called the NAACP and the ACLU un-American and communist inspired. I am a life member of the NAACP and a participating member in the ACLU. Neither one of those organizations are un-American or communist inspired.

A Department of Justice attorney also testified that Sessions said he believed that the Southern Christian Leadership Conference, Operation PUSH, and the NAACP taught anti-American values. Well, if being free, if being able to exercise your right to vote, being able to not determine one's color as a condition for participation, then I am not certain what Mr. SESSIONS was talking about; but I do know that he has called a Black attorney ''boy,'' and he also talked about a White civil rights attorney as a ''race traitor.''

Also, what I am more concerned about is, in the aftermath of the shooting at Emanuel African Methodist Episcopal Church in Charleston, South Carolina, he opposed taking down the Confederate battle flag. Now, if there is one symbol that we all understand that represents hate, it is the confederate

battle flag. I am concerned that Senator SESSIONS continued to try to defend that symbol. I can't imagine someone being the Attorney General having that kind of attitude and that operation.

Mr. Speaker, I join the chorus of other members of the Congressional Black Caucus who raise their voice in opposition to what would be a travesty to the Department of Justice if Senator JEFF SESSIONS is confirmed.

Mr. VEASEY. Mr. Speaker, I thank the gentleman from Mississippi (Mr. THOMPSON) for his timely comments.

Mr. Speaker, I yield to the gentlewoman from Texas (Ms. JACKSON LEE), my fellow Texan from Houston.

Ms. JACKSON LEE. Mr. Speaker, let me thank Mr. VEASEY for his leadership. Let also thank the chair of the Congressional Black Caucus, Mr. RICHMOND, for his leadership.

Before I start, let me offer my appreciation to law enforcement officers across America—this is Law Enforcement Appreciation Day—and join my colleague, VAL DEMINGS, particularly acknowledging the sadness in Orlando today in the loss of two law enforcement officers in the line of duty.

I rise today for not a personal statement or a statement that has to do with personality. As the President-elect said of Mr. SESSIONS, he is a fine and decent fellow. I have no interest in determining whether that is true or false. But I do want to hold the President-elect accountable for the words that he said on election night that he pledged to the Nation that he would be a President for all Americans. That pledge, I believe, will ring hollow for tens upon tens of millions of Americans with the nomination of the Secretary of Education, who is against public schools, the nomination of the Secretary of Health and Human Services, who has no plan for health care, and, finally, the nomination for Attorney General.

Rather than select someone who is championing and protecting, rather than opposing and undermining the precious right to vote, the constitutionally guaranteed right of privacy, criminal justice reform, and the support for reform of the Nation's immigration system, it is quite the contrary in the nomination of Senator SESSIONS—a person who opposed Shelby County v. Holder in terms of the basis of trying to constructively support voting rights, an individual who is hostile to comprehensive immigration reform, and certainly someone who has constantly not sought to fix, but has sought to undermine.

So, for example, as a U.S. attorney, he was the first prosecutor in the country to bring charges against civil rights activists of voter fraud. But, Mr. Speaker, listen to this: he didn't just bring charges; he had 29 counts of voter fraud that resulted in civil rights activists facing 100 years in prison.

He has repeatedly denied the disproportionate impact of voting restrictions on minorities and has been a leader in the effort to undermine the protections of the Voting Rights Act, and he did nothing to reconstruct the Voting Rights Act and restore section 5 when tens upon tens of Members of Congress worked diligently to try to fix the Shelby case.

He criticized Attorney General Eric Holder for challenging State election laws, claiming they are necessary to fight voter fraud. Evidence supports that voter fraud is almost nonexistent, with 31 confirmed cases out of more than a billion ballots cast.

Senator SESSIONS fought to continue practices that harm schools predominantly attended by African American students. He led the fight to uphold the State of Alabama's inequitable school funding mechanism after it had been deemed unconstitutional by the Alabama Circuit Court.

Finally, in the State of Alabama, nearly a quarter of African American students attend what is called apartheid, or what can be called apartheid schools, meaning the school's White population is less than 1 percent.

Now we understand that the Senator has taken credit for desegregation efforts in the State of Alabama. There is no evidence of his participation in the desegregation of Alabama schools or any school desegregation lawsuits filed by then-Attorney General SESSIONS.

□ 1945

I would say to you as I close, we who are vulnerable look to the Department of Justice as the solid rock of justice for the Nation. Whether we are immigrant, whether we are a woman who is trying to fight against violence, whether we need civil rights, whether we are LGBT, whether we are those who are seeking religious freedom or freedom of expression, the Department of Justice is a solid rock of justice for this Nation.

With that in mind, I believe that this nominee, who now stands with the criteria evidenced by the record, stands not prepared, not fit to hold this position of the Attorney General of the United States—a sacred position of law and justice.

Mr. Speaker, as a senior member of the House Committees on the Judiciary and Homeland Security Committee; Ranking Member of the Judiciary Subcommittee on Crime, Terrorism, Homeland Security, and Investigations, and the Congressional Voting Rights Caucus, I rise today to express my views regarding the President-Elect's nomination of U.S. Senator JEFFERSON BEAUREGARD "JEFF" SESSIONS III of Alabama to be the next Attorney General of the United States.

On Election Night the President-Elect pledged to the nation that he would be a president to all Americans.

That pledge will ring hollow to tens of millions of Americans in light of his announced intention to nominate one of the U.S. Senate's most far-right members, Senator JEFF SESSIONS (R–AL) to be the next Attorney General of the United States.

Perhaps nothing would do more to reassure the American people that the President-Elect is committed to unifying the nation than the nomination and appointment of a person to be Attorney General who has a record of championing and protecting, rather than opposing and undermining, the precious right to vote; the constitutionally guaranteed right of privacy, criminal justice reform, and support for reform of the nation's immigration system so that it is fair and humane.

The nomination of Alabama Senator SESSIONS as Attorney General does not inspire the necessary confidence.

As a U.S. Senator from Alabama, the state from which the infamous Supreme Court decision in Shelby County v. Holder originated, Senator SESSIONS has failed to play a constructive role in repairing the damage to voting rights caused by that decision.

He was one of the leading opponents of the reauthorization of the Violence Against Women Act.

He is one of the Senate's most hostile opponents of comprehensive immigration reform and was a principal architect of the draconian and incendiary immigration policy advocated by the President-Elect during the campaign.

And his record in support of efforts to bring needed reform to the nation's criminal justice system is virtually non-existent.

In 1986, ten years before Senator SESSIONS was elected to the Senate, he was rejected for a U.S. District Court judgeship in view of documented incidents that revealed his lack of commitment to civil and voting rights, and to equal justice.

And his Senate voting record and rhetoric has endeared him to white nationalist websites and organizations like Breitbart and Stormfront.

As a U.S. attorney, Senator SESSIONS was the first federal prosecutor in the country to bring charges against civil rights activists for voter fraud.

Senator SESSIONS charged the group with 29 counts of voter fraud, facing over 100 years in prison.

Senator SESSIONS has repeatedly denied the disproportionate impact of voting restrictions on minorities and has been a leader in the effort to undermine the protections of the Voting Rights Act.

Senator SESSIONS has spoken out against the Voting Rights Act, calling it "a piece of intrusive legislation."

Senator SESSIONS criticized Attorney General Eric Holder for challenging state election laws, claiming they are necessary to fight voter fraud.

However, evidence supports that voter fraud is almost nonexistent, with 31 confirmed cases out of more than 1 billion ballots cast.

As Attorney General of the state of Alabama, Senator SESSIONS fought to continue practices that harmed schools predominantly attended by African-American students.

Senator SESSIONS led the fight to uphold the state of Alabama's inequitable school funding mechanism after it had been deemed unconstitutional by the Alabama circuit court.

In the state of Alabama nearly a quarter of African-American students attend apartheid schools, meaning the school's white population is less than one percent.

Although Senator SESSIONS has publically taken credit for desegregation efforts in the state of Alabama, there is no evidence of his participation in the desegregation of Alabama schools or any school desegregation lawsuits filed by then Attorney General SESSIONS.

I call upon the Senate Judiciary Committee to subject the nomination to the most comprehensive, searching, and withering examination.

The United States has been blessed to have been served as Attorney General by such illustrious figures as Robert Jackson, Robert Kennedy, Herbert Brownell, Ramsey Clark, Nicholas Katzenbach, Eric Holder, and Edward H. Levi.

The duty of the U.S. Attorney General is to lead the Department of Justice in protecting and expanding the civil rights of all Americans and the pursuit of equal justice for all, not to turn back the clock on hard won rights and liberties.

No senator should vote to confirm the nomination of JEFF SESSIONS as U.S. Attorney General if there is the slightest doubt that he possesses the character, qualities, integrity, and commitment to justice and equality needed to lead a department, the headquarters building of which is named for Robert F. Kennedy, one of the nation's greatest and most indefatigable champions of civil rights and equal justice for all.

Mr. VEASEY. I thank very much Ms. SHEILA JACKSON LEE of Texas.

Mr. Speaker, I now yield to the gentlewoman from California, Ms. BARBARA LEE.

Ms. LEE. Let me thank Representative VEASEY for hosting this important discussion on President-elect Trump's disturbing nomination and for the gentleman's commitment to defend civil and human rights for all Americans. Now, more than ever, the voices of the CBC's are so important in this fight.

I would also like to recognize our new chair, CEDRIC RICHMOND, as he takes the helm of the CBC during these very challenging times; but I know that, under his leadership, our caucus will continue to fight in a very strong and aggressive way for equality and justice.

The President-elect, Mr. Speaker, ran one of the most divisive and racially tinged campaigns we have witnessed in modern history. Since winning the Presidency, President-elect Donald Trump has nominated individuals to serve in his Cabinet, proving that he will govern just as he campaigned. There is no greater example of this disturbing reality than in Senator JEFF SESSIONS' nomination to serve as our country's Attorney General. The Justice Department is our best tool in protecting civil and human rights and voting rights. By appointing Senator SESSIONS to lead this department, President-elect Donald Trump is making it clear that he will abandon these fundamental values.

Senator SESSIONS has a long history of opposing civil rights and equality. He has called the Voting Rights Act a piece of intrusive legislation. He said that the Supreme Court's disastrous decision to gut voting rights was good news for the South. In the 1980s, he was rejected from serving as a Federal judge due to his blatantly racist comments.

Any one of these statements should be disqualifying. In the proposed, bigoted Trump administration, frankly, I am not surprised; but I am appalled that the President-elect would choose such an extreme and divisive figure to serve as Attorney General. Clearly, someone who has publicly displayed prejudice and intolerance is not qualified to serve as our chief law enforcement officer for our civil rights laws.

By that standard alone, one thing is clear: Senator SESSIONS is wholly unfit to serve as Attorney General. Senator SESSIONS has forcefully degraded the LGBT community, has voted against the Violence Against Women Act, and has undermined the cornerstone of the civil rights movement and the Voting Rights Act. His nomination really is a chilling indication of how a Trump administration intends to govern. This country has made tremendous progress in the fight to protect, preserve, and expand civil rights for all Americans. We will not allow a Trump administration to drag us back into the past.

As the conscience of the Congress, the Congressional Black Caucus is a voice for the marginalized. Our message to the Trump administration and to President-elect Donald Trump is simple: A vote to confirm Senator JEFF SESSIONS is a vote against justice. We will fight to protect any rollback on civil or human rights. We will not be silent.

I call on all of my colleagues to oppose Senator SESSIONS' nomination as the United States Attorney General because his history disqualifies him for this important position.

Mr. VEASEY. I thank very much Representative LEE. I really appreciate the gentlewoman's remarks.

Mr. Speaker, I now yield to someone who, over the last 20 years, has been in nearly every battle in the United States Congress when it comes to the issue of civil rights. He is Representative BOBBY SCOTT of Virginia.

Mr. SCOTT of Virginia. Mr. Speaker, I thank the gentleman for organizing this Special Order.

I will be brief. There are a lot of people who want to speak. I will just speak to the jurisdiction of the Education and the Workforce Committee, on which I have the honor of serving as the ranking member.

Mr. Speaker, as we consider appointments to the Departments of Labor, Education, and Health and Human Services, we shouldn't just look at people's personalities, but at what the policy implications are of their appointments. The Senate must reject those nominees who will fail to stand up to the goals and aspirations of America's children and workers.

The first nominee I will speak to is that of Secretary of Labor, Mr. Puzder, who was the CEO of CKE Restaurants. He has spoken out many times in opposition to an increase in the minimum wage. Many States have recognized that the minimum wage is so low that people who work full time fail to make a wage that exceeds the poverty level.

What is his position going to be on increasing the minimum wage? With overtime, are people entitled to work overtime after 40 hours?

The regulation is in place. Will he enforce that new regulation? Or will he try to overturn the regulation that recognizes and honors the 40-hour workweek, whereby those who work more than 40 hours will get time and a half?

If you look at CKE's retirement plan, it leaves a lot to be desired in terms of fees.

What will his position be?

When you look at the fiduciary rule—which requires financial advisers, when they are looking at somebody's retirement fund, to have the worker's best interest in the forefront, not their personal profits and what they can rip off from someone but to look at the worker's views as paramount—will he change that so that we can go back to the days in which people could take advantage of unsophisticated workers and sell them products that are not in their best interests?

What are his positions going to be on enforcing Federal regulations?

CKE Restaurants has been found in violation of many wage regulations.

Will he vigorously enforce those?

Those are the kinds of things that we need to look at when we look at the Secretary of Labor.

The Secretary of Education, Betsy DeVos, is best known for her support of vouchers. Vouchers in Michigan have shown that they fund schools that are actually worse than the average, so they have not done any good.

Will she support public education? Or will she support the privatization of education?

Finally, Health and Human Services: Will we privatize Medicare? Will we repeal without replacing the Affordable Care Act?

A lot has been said about repeal and then replace later. Let me tell you, until you have seen a plan, you can just count on the repeal; there will probably never be a replace.

What will happen to everybody if there is no plan?

Twenty million people—maybe 30 million—will lose their insurance, and the insurance market for everybody else will be in chaos. We need to make sure that we look at this and get these decisions straight before we confirm anybody.

All of the nominees and others should be reviewed not on their personalities, but on the policy decisions they will be making. The next generation of Americans will base their education, their jobs, and their health care on the decisions these nominees will make. The Senate should reject any of the nominees that will take us in the wrong direction.

Mr. VEASEY. I thank Mr. SCOTT of Virginia very much.

Mr. Speaker, I inquire as to how much time I have left.

The SPEAKER pro tempore. The gentleman has 32 minutes remaining.

Mr. VEASEY. Mr. Speaker, I next yield to the lone voice in the State of

Wisconsin, someone who is always speaking out on these issues not just for her district, but for the many people around her State who want that voice from the CBC: Ms. GWEN MOORE of Wisconsin.

Ms. MOORE. I thank Mr. VEASEY so much, and I thank our new chair of the Congressional Black Caucus for his tremendous effort in putting this very important Special Order hour together.

Mr. Speaker, I rise this evening because I am extremely concerned about the nomination of Senator JEFF SESSIONS.

Certainly, President-elect Trump has a right to nominate people and have them be presented before our Senate, and, certainly, you don't expect a Republican to necessarily agree with all of your positions; but I am concerned about Senator SESSIONS because I think he has aligned himself with extreme ideological views that won't best serve all of the people of the United States.

During the last 7 years, the Department of Justice has investigated at least 23 law enforcement agencies in response to rampant civil rights abuses. I fear that, under an Attorney General JEFF SESSIONS, those consent decrees and that very important work in resolving the conflicts between, particularly, African American communities and police officers will be lost.

I am extremely concerned, as are at least 70 civil rights organizations and organizations that serve women, with an Attorney General JEFF SESSIONS. They are concerned about not just the anti-abortion views that Senator SESSIONS has displayed, but about the zealous anti-choice positions that he has taken—his association and alignment, again, with extreme anti-abortion organizations. They believe that he is not capable of fair and impartial action as Attorney General.

What is so chilling, as an example, is when Senator SESSIONS was asked about President-elect Trump's Access Hollywood scandal in that he said he didn't characterize the grabbing of a woman's genitals as necessarily a sexual assault. Very, very chilling and disturbing.

In being from Wisconsin, where we have fought egregious and unfair voter ID laws that were designed to disenfranchise, particularly, African Americans, Mr. SESSIONS has indicated that the gutting of the Voting Rights Act has actually had no impact and that no one has been denied the right to vote. He seems to be tone deaf to the cries of African Americans across this country to protect their voting rights.

I encourage the Senate to look very carefully at this nominee, because, in fact, the United States Attorney General's only charge is to protect the civil rights of all of the citizens. I don't know that he will be willing or able to do that.

Mr. VEASEY. I thank Representative MOORE. I appreciate the gentlewoman's comments and I thank her for mentioning some of the issues with voter ID in Wisconsin, which may have tilted the election results in that State.

Mr. Speaker, I now yield to my good friend from Brooklyn in the Empire State, Representative YVETTE CLARKE.

Ms. CLARKE of New York. I thank Mr. VEASEY for his leadership this evening. I thank our chairman, CEDRIC RICHMOND, for his vision and his timeliness in bringing this to the floor today.

Mr. Speaker, I rise on behalf of the people of the Ninth Congressional District of New York in opposition to Donald Trump's nominee for the position of Attorney General of the United States, Senator JEFF SESSIONS of Alabama. I stand with my colleagues in the Congressional Black Caucus as we raise our voices on behalf of the millions of Americans who depend on this caucus to speak as the conscience of the Congress—speaking truth to power.

Mr. Speaker, I struggle to understand how Senator SESSIONS can even be considered to lead the Department of Justice when time and time again throughout his political career he has actively opposed the mission and purpose for which the Department of Justice was created. For the better part of my life—at least a half a century—the Department of Justice has assumed a position of leadership in the fight for the civil rights of African Americans who seek the uninhibited right to vote, for young women who seek protection against sexual assault on college campuses, for disabled individuals who fight for equitable access to basic services, and for immigrants who aspire to pursue their visions of the American Dream.

The nomination of Senator SESSIONS does not support the legacy of progress that has been made under the auspices of the modern-day Department of Justice. As a young prosecutor, he directed racial slurs at his African American colleagues. Senator SESSIONS spoke highly of the Ku Klux Klan. He actively targeted and persecuted activists like Mr. Albert Turner—one of Dr. Martin Luther King's advisers—for simply trying to register disenfranchised voters.

□ 2000

When he became Attorney General of Alabama, Senator SESSIONS, a product of segregated education, worked tirelessly to prevent predominantly African American public schools from accessing an equal share of resources that had been long denied to Black students.

As a Member of the Senate, Senator SESSIONS has been an outspoken opponent of criminal justice reforms that many of his Republican colleagues support. He is a leader in the effort to define undocumented Americans as ''the other'' and forcibly separating families in the United States.

The women and men who lead the Department of Justice are called upon to pursue justice; but with such a documented history of hostility toward the most vulnerable populations—people of color, women, disabled individuals, and immigrant families—we cannot expect Senator SESSIONS to pursue justice on their behalf.

I absolutely and unequivocally oppose the nomination of Senator SESSIONS. He has demonstrated his disdain for the most basic of human principles: equality, justice, and fairness. These principles represent the promise of our Constitution. The Senate considering and confirming Mr. SESSIONS would break that very promise.

Mr. Speaker, I stand with the CBC today asking the Senate of the United States to uphold the virtues of the Constitution and reject this divisive nomination.

Mr. VEASEY. Mr. Speaker, I would also like to remind Members that we have 3 minutes per Member left of speaking time. I wanted to just remind Members of that so everyone will have an opportunity to speak on this very important matter.

Mr. Speaker, I yield to the gentleman from Georgia (Mr. JOHNSON).

Mr. JOHNSON of Georgia. Mr. Speaker, I congratulate Representative CEDRIC RICHMOND as he takes the helm of the CBC and manages this exercise tonight; and also Representative MARC VEASEY, who will be the point man for doing these Special Orders.

We are called upon tonight at a critical time in the Nation's history. We have a new President coming in who is polarizing, divisive, inexperienced, and immature. He is making some selections for his appointments, and the Senate has the opportunity to weigh in on those appointments.

So what is happening is that there are incomplete and missing answers to the Senate questionnaires that appointees like Senator JEFF SESSIONS, who I rise in opposition to, have completed and sent in. This puts the Office of Government Ethics that vets these candidates at a severe disadvantage of not having the information that they need in order to vet these appointees, like Senator JEFF SESSIONS. They don't have the information that they need.

So we also have a compressed schedule of nominees to be considered over the next few days. This, combined with the incomplete answers, puts us in a position of not having enough information to conduct full, fair, thorough, and sifting analysis and vetting for the American people. These are the people who are going to serve them into the future.

So I am very concerned, especially about a guy like Senator SESSIONS who has a history of being opposed to civil rights for certain Americans. Now, there are those who would say that this took place 30 years ago, all of the things that he said and did prior to becoming a Senator 20 years ago. Some will say that all of these things that have been cited about Senator SESSIONS are 30 years old.

We have to look at what has occurred in the life of Senator SESSIONS to make

us think that he has changed. It takes a courageous person like George Wallace to come forward and say: I was wrong for being a racist. It takes a strong person like Lee Atwater to say: I was wrong.

Senator SESSIONS has not said he was wrong. There is nothing that Senator SESSIONS has written that says: I apologize for what I did back then. There is nothing that he said. Certainly his legislative record, which is only nine bills over the last 20 years—three of which were ceremonial in nature—there is nothing in that legislation that would lead us to conclude that he has changed. So he is going to be bad for the Attorney General's office.

I conclude by asking my Senate colleagues to think carefully about what you are about to do and say ''no'' to Senator JEFF SESSIONS.

Mr. VEASEY. Mr. Speaker, I now yield to the gentleman from New York (Mr. PAYNE), my classmate and a voice from the New York area.

Mr. PAYNE. Mr. Speaker, I thank the gentleman from Fort Worth (Mr. VEASEY). I was looking forward to a potential clash with his team next week, but I guess you have to get out of Green Bay before you can go to Dallas.

Mr. Speaker, the job of the U.S. Attorney General is to protect the rights and freedoms of every single American. Senator SESSIONS' record and public statements suggest that, if confirmed, he will not uphold our Constitution's values of fairness, justice, and equality for all. Since the election, President-elect Trump's victory has been marred by allegations of voter intimidation and suppression in key States.

It is clear that we need to restore the full protections of the Voting Rights Act. Yet, Senator SESSIONS has called the Voting Rights Act an intrusive piece of legislation. When he was the United States Attorney in west Alabama, Senator SESSIONS used the power of his office to intimidate and dissuade African American voters.

Americans recognize the need for Congress to find a bipartisan solution to immigration reform. Yet, Senator SESSIONS has been one of the loudest opponents of comprehensive immigration reform. He has even fought against legal immigration, arguing, instead, for immigration moderation.

Americans also recognize the dire need for criminal justice reform. Yet, Senator SESSIONS has opposed bipartisan legislation to modernize prison sentencing for low-level drug offenders.

On every measure, Senator SESSIONS has shown that he will be detrimental to African Americans and other minority communities as our Nation's next Attorney General.

The next Attorney General must build on the progress of the last few years under Attorney General Lynch and Attorney General Holder. He or she must safeguard civil rights, prosecute hate crimes, protect the right of due process, and uphold the Constitution and our basic values and freedoms.

Every indication is that Senator SESSIONS is too extreme and unwilling to protect the safety and the rights of every American. If confirmed as U.S. Attorney General, Senator SESSIONS will pose a grave threat to our justice system and to the communities that system is meant to protect. His ideologies are in direct contrast with the Justice Department's mission.

Mr. VEASEY. Mr. Speaker, I yield to the gentlewoman from Ohio (Mrs. BEATTY), my classmate from the Buckeye State, representing the Columbus, Ohio, area.

Mrs. BEATTY. Mr. Speaker, I thank my colleague and chair of this Special Order hour (Mr. VEASEY) and the chair of the Congressional Black Caucus (Mr. RICHMOND). It is indeed an honor, Mr. Speaker, for me to stand here with these colleagues tonight.

We come tonight with a strong message. We are here to speak out against President-elect Trump's Cabinet nominations who, based on their records, are, in my opinion, too divisive, too extreme, too out of touch, and unable to protect the interests and the safety of all Americans—individuals like JEFF SESSIONS and Betsy DeVos.

Trust me, Mr. Speaker, these nominees need to be vetted. The American people deserve to know who will be in charge of these critically important Federal agencies.

We are extremely concerned with Senator JEFF SESSIONS' nomination to be the U.S. Attorney General. SESSIONS, as you have heard tonight and you will continue to hear, has continuously obstructed the progress we have made with the enactment of the historic civil rights legislation of the 1960s.

He has consistently, Mr. Speaker, fought to block legislative efforts to ensure racial equality, including his staunch opposition to full enforcement of the Voting Rights Act—the very bill, Mr. Speaker, if confirmed, he would be in charge of enforcing and protecting.

Mr. Speaker, I join my colleagues. We cannot allow that to happen.

Next up in Trump's Cabinet of cronies is his nominee for Education Secretary, Betsy DeVos, who has pushed to expand taxpayer-funded vouchers for private and religious schools and has absolutely zero experience as an educator or an educational leader. She has, however, Mr. Speaker, spent millions of dollars lobbying for school choice proposals which harm disadvantaged and at-risk communities.

Now, I am from the great State of Ohio, and to have someone owe our Ohio Elections Commission $5.3 million, we cannot allow that to happen. We have to be the voice for the people. Especially those people who are voiceless.

Mr. Speaker, let me end by saying that as a member of the Congressional Black Caucus, I stand here tonight wanting the public to know that we are concerned and we are exercising our right and our voice.

Mr. VEASEY. Mr. Speaker, I yield to the gentleman from New York, the Empire State, (Mr. JEFFRIES).

Mr. JEFFRIES. Mr. Speaker, I thank my distinguished colleague and classmate, Representative MARC VEASEY, for his leadership today; and the chairman of the Congressional Black Caucus, Representative CEDRIC RICHMOND, for convening us and for the leadership that he has already shown.

We have a President-elect who, for 5 years, perpetrated the racist lie that Barack Obama was not born in the United States of America, and who ran one of the most divisive campaigns in the Nation's history and then promised that he was going to bring all of us together.

Then you have got his colleagues on the other side of the aisle who have said: Well, Democrats, people in the civil rights community, African Americans, we should give the new President a chance.

This is the same group of people who declared war on Barack Obama on day one of his Presidency and governed themselves under the following approach: Obstruction today, obstruction tomorrow, obstruction forever.

That should sound familiar to folks from Alabama and the Deep South.

Now they want us to give them a chance. You can't lecture us on Presidential etiquette. You have no credibility in that area. We will decide how we want to engage. As it relates to your pick to head the Department of Justice, it is totally unacceptable, unreasonable, unjust, and unconscionable, not because of anything that he may have said 30 years ago, as offensive as that may be, but because of the positions that Senator JEFF SESSIONS has taken today.

Today, in 2017, based on his recent track record, he supports the Confederate battle flag, not 30 years ago, but today. Today he supports voter suppression efforts that are advanced by his unwillingness to repair section 4 and section 5 of the Voting Rights Act. That is not 30 years ago. I don't care that you showed up in Selma, Alabama, for a photo op. Your position on the Voting Rights Act is unacceptable today.

□ 2015

Today you support mass incarceration, the failed drug war, and the prison industrial complex. And because of your position today, reasonable Americans should oppose your ascension to the Department of Justice.

Mr. VEASEY. I thank the gentleman.

Mr. Speaker, I now yield to the gentlewoman from North Carolina (Ms. ADAMS).

Ms. ADAMS. Mr. Speaker, I thank all of my colleagues from the Congressional Black Caucus for coming out and speaking out.

I rise today to express concern and strong opposition to President-elect Trump Cabinet nominations for Attorney General, Secretary of Education,

and Secretary of Health and Human Services. President-elect Trump chose not to practice what he preached, and he didn't drain the swamp. Instead, he nominated politically divisive individuals to serve in his administration.

Throughout a public service career spanning more than 30 years, Senator SESSIONS used the power of the courts to discriminate against civil rights leaders. He allegedly used racially charged language to disparage minorities, expressed support for the KKK, and then tried to dismiss it as a joke. He celebrated the gutting of the Voting Rights Act and opposed same-sex marriage. He denied the constitutionality of Roe v. Wade and voted against greater access to health care for veterans. He blocked the Paycheck Fairness Act and voted against the reauthorization of the Violence Against Women Act. He does not respect the rights of minorities or women, and he has proven himself to be unfit to serve as United States Attorney General.

Education is the great equalizer. One of the most important investments families make is in their children. The Secretary of Education must be committed to providing a free, world-class education to all students regardless of race, gender, ability, status, financial means, or geography.

Unfortunately, Betsy DeVos has consistently fought for private school vouchers that divert funds from public schools, our communities, and our children who need these investments the most. She has even used her personal wealth to lobby against important transparency and accountability measures that would have provided necessary safeguards for Michigan students.

DeVos' track record of undermining public education and her lack of commitment to defending the civil rights of students causes me great pause in her quest to become Secretary of Education. I can't support it. Betsy DeVos, absolutely no.

Finally, Chairman PRICE. He has made it clear that his budget priorities are highly partisan. We can expect that if he is confirmed, he will strip 20 million people of affordable health care, women would be denied their right to contraception and reproductive health care, and devastating cuts would be levied against Medicaid funding. We can't go back to a time when being a woman is a preexisting condition for insurance coverage. Chairman PRICE's nomination offers just that.

These folks will not unite the American people, and they cannot be trusted to advocate for our most vulnerable populations, so I urge my Senate colleagues to oppose the confirmations of Senator JEFF SESSIONS, Betsy DeVos, and Chairman TOM PRICE.

Mr. VEASEY. I thank the gentlewoman.

Mr. Speaker, I now yield to the gentlewoman from Michigan (Mrs. LAWRENCE).

Mrs. LAWRENCE. Mr. Speaker, I rise today to take a stand against those who seek to further divide our Nation. We face the greatest chaos not by the acts of outsiders or foreign intruders, but by the division and war with each other. The nomination of JEFF SESSIONS as our Attorney General threatens our strength as Americans. Over three decades of a career in public service, JEFF SESSIONS' words and actions lead to one question: Who is included and excluded from the public he chooses to serve?

JEFF SESSIONS has referred to the Voting Rights Act as a ''piece of intrusive legislation.'' The first Federal prosecutor in the country to bring charges against civil rights activists for voter fraud since the passage of the VRA in 1965, SESSIONS has called the Shelby v. Holder case, which eliminated the preclearance formula, ''good news . . . for the South.''

SESSIONS has referred to the NAACP and ACLU civil rights groups saying they have done more harm than good by trying to force civil rights down the throats of the good people of the United States. He has referred to these organizations as un-American and communist inspired.

African Americans and other people of color are disproportionately affected by acts of voter suppression and the criminal justice system. Those, among others, are the key areas in which SESSIONS has shown deliberate disregard for the justice and equality of all Americans.

This is a pivotal moment in our Nation's history, and we simply cannot treat the American people like a social experiment. History will reflect on this moment in time, and our action and inaction will be accounted for.

Mr. VEASEY. I thank the gentlewoman.

Mr. Speaker, I now yield to the gentlewoman from New Jersey (Mrs. WATSON COLEMAN).

Mrs. WATSON COLEMAN. Mr. Speaker, I thank my colleagues who have spoken this evening.

As I have said, I would have liked to have spent this transition period working with the President-elect on ways to solve our Nation's issues. I would have liked to have been reassured that, despite disparaging and divisive rhetoric, his actions would have worked to unite us all. Instead, we are battling against a nominee who has already been deemed unfit for a Federal judgeship. So what can possibly make him fit to serve as our Nation's top law enforcement officer?

The definition of justice is the quality of being just, impartial, or fair. Synonyms include equity, objectivity, and neutrality. Senator SESSIONS has built a reputation and a voting record that does not align with justice. I do not wish to relitigate the past, and while it cannot be ignored, we don't have to look too far back to identify Senator SESSIONS' priorities. In 2006, he voted to renew the Voting Rights Act. In 2013, he supported the Supreme Court decision to strike key provisions of that law.

Following being denied a Federal judgeship, Senator SESSIONS cosponsored legislation to honor Rosa Parks with a Congressional Gold Medal while also voting against legislation in 2009 to extend Federal hate crime protections against people targeted because of their sexual orientation. Further, he has been the ringleader to immigration reform.

How can we in good faith recommend, nominate, or confirm a person to a post that is solely responsible for protecting the civil rights of all Americans, including those who are vulnerable, disadvantaged, and discriminated against?

This administration is continuing to ask us to put aside our intellect and to trust their intentions. I refuse. This administration would like us to support a man who, throughout his career, has determined the rights of those who look like me, like constituents I serve, as inferior. I refuse, and I ask the Senators to please consider this as they listen to whether or not this gentleman deserves to be confirmed.

Mr. Speaker, as I've said before, I would have liked to have spent the transition period working with the President-Elect, Trump, on ways to solve our Nation's issues.

I would have liked to have been reassured that despite disparaging and divisive campaign rhetoric—President-Elect Trump's actions would work to unite us all.

Yet, instead we're here battling against the nominee for the 84th attorney general of the United States who was already rejected as a federal judge.

His disqualification was rooted in allegations that he called a black attorney ''boy'' and his suggestions that a white lawyer working for black clients was a race traitor.

Not only that but Senator SESSIONS found humor in his only issue with the Ku Klux Klan was their drug use, and accused civil rights groups as being ''un-American'' organizations trying to ''force civil rights down the throats of people who were trying to put problems behind them.''

So what could possibly make him fit to serve as our Nation's top law enforcement officer at the Department of Justice?

The definition of justice is the quality of being just, impartial, or fair.

Synonyms for justice include equity, objectivity and neutrality.

Senator SESSIONS has built a reputation and, most importantly, a voting record that does not align with that definition.

I do not wish to re-litigate the past as I would not want to be judged on my actions and thoughts of 30 years ago. However, Senator SESSIONS' growth and commitment to inclusivity—even 30 years later—remains to be seen.

Following being denied a federal judgeship, in the early 90s, Senator SESSIONS co-sponsored legislation to honor Rosa Parks with the Congressional Gold Medal, while also voting against 2009 legislation that extended federal hate crime protections to people targeted because of their sexual orientation or gender identity.

While in 2006 he voted to renew the Voting Rights Act, just years later in 2013 he supported the Supreme Court's decision to strike key provisions of the law.

Furthermore, he has been the ringleader of opposition for immigration reform.

How can we in good faith recommend, nominate, or confirm this person to the post that is solely responsible for protecting the civil liberties of all Americans—including those who are vulnerable, disadvantaged, and discriminated against.

This administration is continually asking us to put aside our intellect and to trust their intention. I refuse.

This administration would like us to support a man who throughout his career has determined the rights of those who look like me and the constituents I serve are inferior. I refuse.

This administration would like us to sit idly by as Donald Trump tries to overwhelm us into tacit submission to his dangerous agenda. I refuse.

A Trump-Sessions Department of Justice would be not only an attack on our civil rights and equality; it would be an insult to the intelligence of the American people.

Mr. VEASEY. I thank the gentlewoman.

Mr. Speaker, I now yield to the gentleman from Virginia (Mr. MCEACHIN).

Mr. MCEACHIN. I thank the gentleman from Louisiana for organizing this hour today.

Mr. Speaker, I stand here today because I believe that confirming JEFF SESSIONS as Attorney General for the United States would jeopardize the progress we have made for equal rights and against discrimination.

Mr. Speaker, it is an affront to common sense to confirm someone who has criticized the Voting Rights Act of 1965 and believes that this landmark law, which provides all Americans with the right to cast a ballot for candidates in our democratic process, is intrusive. It is an affront to common sense, Mr. Speaker, to confirm a nominee who views an old advertisement calling for the death penalty of people who are later exonerated as a mark of conservatism.

Mr. Speaker, it is an affront to common sense to confirm someone who was previously rejected as a choice for a Federal judgeship to lead a Department that, in part, vets future Federal judges. It is an affront to common sense, Mr. Speaker, to confirm someone who does not believe in justice for all to lead the Department of Justice.

Mr. Speaker, it is clear that this nominee would not act in the best interest of all Americans, regardless of color, gender, country of origin, sexual orientation, or economic status. Mr. Speaker, it is my fervent hope that the Senate of the United States will deny the confirmation of this nominee.

Mr. VEASEY. Mr. Speaker, I yield back the balance of my time.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, President-elect Donald Trump's cabinet nominations are nothing short of alarming. With the United States Senate expected to begin nomination hearings this week, we need to ensure that Congress follows a fair and thorough vetting process as we evaluate the suitability of these individuals to fill the various cabinet positions.

One source of concern is the process by which Republicans in Congress are choosing to conduct these nominations. The recent Republican effort to rush the nominees through the process does not invite confidence in our ability to properly consider each individual on their merits. Walter Shaub, Jr., Director of the Office of Government Ethics, raised his concerns of this very fact given that his office is charged with conducting ethics screening reviews of the nominees. The aggressive hearing schedule to consider these nominees is unprecedented and has placed an undue burden on the Office of Government Ethics (OCE) and its ability to conduct thorough ethics reviews. These ethics reviews are essential to the process and help us to identify potential conflicts of interest or other ethical considerations before we confirm these individuals to serve in public office. Director Shaub has stated that it is unprecedented for the Senate to conduct a confirmation hearing before the ethics review process has concluded. This is simply unacceptable and undermines the democratic process.

The nominees themselves are also cause for concern. Namely, I believe that the nomination of Senator JEFF SESSIONS for Attorney General of the U.S. Department of Justice threatens the best interests and safety of the American people. Senator SESSIONS has served in the United States Senate for twenty years, during which his record on civil rights and other national issues was questionable at best. For example, he voted several times against the reauthorization of the Violence Against Women Act, which aimed to hold offenders of violence against women accountable for their actions. He has also taken a very clear position against rights for the LGBT community, which would deny these Americans basic human rights. His positions on criminal justice and government reforms are also disturbing.

Mr. Speaker, I have serious concerns about the means by which my Republican colleagues are approaching the nomination process this Congress. If we are to properly evaluate the qualifications and the ethical suitability of these nominees, we must conduct an exhaustive examination of each nominee based on their merits—not on their politics. The Republicans are failing to uphold these basic principles through their recent actions. In the name of protecting the American people and doing what is best for our country, I urge my Republican colleagues to return to normal order and delay these nomination hearings until OCE can conclude its ethics reviews of the nominees.

The SPEAKER pro tempore (Mr. COMER). Members are reminded to refrain from engaging in personalities against Members of the Senate and the President-elect.

ELECTING MEMBERS TO CERTAIN STANDING COMMITTEES OF THE HOUSE OF REPRESENTATIVES

Mr. CROWLEY. Mr. Speaker, by direction of the Democratic Caucus, I offer a privileged resolution and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 34

Resolved, That the following named Member be and is hereby elected to the following standing Committee of the House of Representatives:

(1) Committee on Armed Services—Mr. Smith of Washington.

The resolution was agreed to.

A motion to reconsider was laid on the table.

APPOINTMENT OF MEMBERS TO PERMANENT SELECT COMMITTEE ON INTELLIGENCE

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to clause 11 of rule X, clause 11 of rule I, and the order of the House of January 3, 2017, of the following Members of the House to the Permanent Select Committee on Intelligence:

Mr. HIMES, Connecticut
Ms. SEWELL, Alabama
Mr. CARSON, Indiana
Ms. SPEIER, California
Mr. QUIGLEY, Illinois
Mr. SWALWELL, California
Mr. CASTRO, Texas
Mr. HECK, Washington

HOPE IN AMERICA

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the gentleman from Texas (Mr. GOHMERT) is recognized for 60 minutes as the designee of the majority leader.

Mr. GOHMERT. Mr. Speaker, it is an honor to be here tonight at the beginning of this new year. It has been great being in east Texas this weekend, last weekend, hearing all of the hope that has arisen as we have entered this new year, 2017. I think it is going to be a good year.

I am told that just on the basis of a new President coming in who is promising to throttle back, remove so much of the heavy, iron boot off of the throat of the economy that firms are starting to hire again. Businesses are making plans to expand and grow. And then we are seeing reports of plants that are deciding to stay in the United States instead of going elsewhere. There is a lot of optimism out there.

There are young people that are asking what was it like back when you came out of college and had multiple job opportunities for most of the people coming out of college instead of opportunities to live with your parents or your grandparents or a parent or the other parent. They actually had multiple job opportunities, and that optimism has arisen.

As we entered this year, also, it is very sad to see a form of racism and negativity that arises. I have said before publicly, and I think it is still true, we need go back no further than the confirmation hearing for Clarence Thomas to the Supreme Court. But the more you look, the more you find that the most persecuted person to be in America these days is a conservative African American. If you are Black and you are conservative, you can expect

slings and arrows and hate from all over the country—vicious, mean.

And it was yet another slap, as if the high-tech lynching of the Senate confirmation hearing, as grossly unfair as it was, that woman that withheld any complaints whatsoever, followed a man from job to job, never raised a complaint until he gets ready to be confirmed to the United States Supreme Court, raised allegations that can't possibly be denied or supplemented, verified—not effectively.

□ 2030

You raise them 20-plus years. That is why we have laws on the books to protect from allegations too many years after the fact. We have statutes of limitations.

If you sit on something and don't tell people for years and years, and then all of a sudden, for political reasons, you raise up allegations against someone who is basically defenseless—the thing is Clarence Thomas was not defenseless. There were like 15 people, 15 women, who came forward and said: Look, I was there around Anita Hill when these things were going on. Those things never happened. Clarence Thomas is a brilliant, fine man, over and over.

Does any of that come up when HBO talks about him? Of course not because they were out to slander him, libel him, make him appear to be some crazy guy.

The guy is brilliant, absolutely brilliant. Some say: well, yeah, of course the only way he got into Harvard—which, at the time, was too conservative, he thought, for him, law school after Holy Cross, and then it was too conservative, and he ends up applying to Yale and going there, one he didn't think quite as conservative.

But he began to notice, as he points out in his book, that the liberals would talk to him about sports and oppression of Black people in America, and that is all they wanted to talk about. But he began to notice that two or three other conservatives, the few that there were in Yale at the time, Yale Law School, basically would talk to him about anything, and I have had a conversation, in prior years, with him about that at Yale.

But it is interesting. You know, the liberals say: oh, yeah, we are the ones that care. Now you are only here because we pushed for affirmative action. You couldn't possibly be smart enough to be in a place where I am, the liberals think. So yeah, it is because of us liberals you are here.

No, the guy is brilliant; he deserved to be there on his own merit, on his own intellect. He deserves to be a member of the United States Supreme Court. He deserves the acclaim that he has never properly gotten. But people who have clerked at that Court know the integrity, the intellect, the consistency of Clarence Thomas.

He was maligned. They thought, basically, it was an effort to ''Bork,'' as it has come to become, or become a verb, what was done to Justice Bork, accuse him of outrageous offenses, derail his confirmation, so that this conservative, principled, qualified individual doesn't make it to the Supreme Court.

Well, the effort worked on assassinating so grossly unfairly the character of Justice Bork, but it didn't work on Clarence Thomas because he is a man of steadfast faith, integrity, and not just the brilliant intellect.

And it is really heartbreaking. I mean, I thought—even though I didn't support President Obama because I didn't want him taking us down a socialist road, a socialist health care road. He talked about these things. The videos were out there. He wanted to get us to where the government controlled health care, single-payer, in other words, socialized medicine, where the government gets to decide whether you get health care or whether it is any good or not and, of course, it ends up not being, most of the time, once the government has total unfettered control.

I didn't want to go those places he wanted to go, but, I think the good thing is, it shows that America is above racism, and this is a man who can bind up this Nation as never before.

And yet, he has spent right at 8 years now creating more division in this country than we have had since the sixties. And who was stirring it up back then? Well, he was in the middle of groups that were stirring it up back then, protege of Bill Ayers. First fundraiser he had in the home of someone who felt like it was a good idea to kill police, at least try to.

I hear constant allegations that are so unfair. Those who know JEFF SESSIONS make some very fair observations. I noted the great fairness of someone with whom I disagree often, but Senator SUSAN COLLINS.

This article from CNN Politics says: '' . . . a moderate Republican elected to the Senate the same year as Sessions in 1996, admits that she and Sessions 'don't agree on a host of issues,' but she was happy to accept his''—JEFF SESSIONS—''request to introduce him at his confirmation hearing alongside senior Alabama Sen. RICHARD SHELBY.''

''He's a decent, honorable, patriotic individual,' Collins said in an interview in her Senate office. 'I felt bad he was not getting a fair shake from those who were denigrating him.' ''

''The Maine lawmaker''—SUSAN COLLINS—''is referring to allegations of racial insensitivity—the same Democrats used to block SESSIONS from moving through committee thirty years ago.''

''Collins explained that she is basing her endorsement of SESSIONS' character on her own experience working with him over the past 20 years.''

Well, isn't that a good thing, Mr. Speaker? You have a Senator that says: You know what? I'm not going to listen to the slings and arrows. I'm going to go based on the evidence that I have seen, heard, and known for myself.

You can denigrate someone all you want, but we are going based on what is real, what is factual; and God bless her for doing so.

''I don't know what happened more than 30 years ago, when JEFF was nominated to be a district court judge, and his nomination failed,' she said. 'But I do know the JEFF SESSIONS that I have worked with in the past 20 years. And he is a good person, and I believe that he will perform very well as attorney general.''

''Another Republican colleague who went out of his way to get to know SESSIONS is Sen. TIM SCOTT, the only African-American GOP Senator. In December, SCOTT invited SESSIONS to visit his home state of South Carolina, where the two lawmakers met with criminal justice professionals in Charleston.''

And, you know, I have such great regard for my colleagues across the aisle, but I am heartbroken that 30 years after the denial of JEFF SESSIONS a judicial bench, when the JEFF SESSIONS that I have come to know in the 12 years I have been in Congress—I have come to know him, I feel like, pretty well. He is a good, decent, fair man. He tries to follow the teachings of Jesus Christ. He tries to treat people fairly and equally.

I saw this quote from assistant—he was Assistant District Attorney Thomas Harrison, who had started in helping prosecute regarding the lynching of a 19-year-old—just horrific—19-year-old African American, Michael Donald in Alabama. And the Assistant District Attorney Harrison, at the time, who prosecuted the case in State Court, he was quoted as saying: ''Sessions asked what we needed''—because Sessions was U.S. Attorney, what they needed, in other words, to go after the culprits that would do such a horrendous criminal act. And he says: '' . . . I said, in order to get a capital murder conviction, we need these things, and he''—talking about JEFF SESSIONS—''said that in that regard whatever the federal agents did or the FBI did he would make those things available. He did in fact do that.''

I don't know, that is the kind of JEFF SESSIONS I have gotten to know over the years, and it is a little heartbreaking to hear allegations about a guy. I really like him.

And then to hear allegations that I have heard made about me in a grossly unfair manner. And I can't explain all of the allegations about—that are so grossly unfair about JEFF SESSIONS. But I can address some of the things that have been alleged to make him unfit to be Attorney General that I know are ridiculous.

One of the points that was made was regarding his concern or opposition to the new Voting Rights Act extension, I guess that is what they were talking about, and I know a great deal about that. That comes through the Judiciary Committee, and I know my friend,

fellow Republican, JIM SENSENBRENNER, had reached an agreement with Democrat JOHN CONYERS and others, and they weren't letting amendments get through.

I was trying to make the point clear, if you want to save the Voting Rights Act, you can't keep punishing a State because they did something wrong 50 years ago. That is not constitutional. And if you insist on continuing to put these punitive positions in the Voting Rights Act that will continue to punish southern States that have recorded these days, and it was pretty well true across the South, they had less racial disparity than places in the North, in Wisconsin, in Massachusetts, in California.

Yet, people from these other States, because they made a majority, said: we don't care that they are—there is less racial disparateness in those southern states. There was harm 50 years ago, and there was, and it needed to be cleaned up. It desperately needed to be cleaned up, and we needed a Voting Rights Act in order to help cure the evils.

But what was pushed through in a voting rights extension, with my opposition—and I don't know what JEFF's arguments were, but I know how wrong it was. And I came down here, and my friend—and I mean that—my friend, JOHN CONYERS, was sitting right there, and it was toward the end of the year. And I said: Look, I have talked to liberal law deans from different parts of the country, New York, California, Texas; and when we discuss what you have put in the Voting Rights Act, you are still treating States punitively that are now doing better than California, New York, Massachusetts, at least some districts in those States. Wisconsin had a district with a huge problem.

You can't do that. It is going to be ruled unconstitutional. And I still cannot support it, but why don't we do a joint amendment and fix this?

And my friend, JOHN CONYERS, he is a very honorable man, and he said: Let me talk to some of our folks. And when I talked to him before the end of the year, he said: We think it is okay, and the people I talked to think it is okay. We don't need to amend it. We are going to leave it just like it is.

Well, it is wrong. Whether it is in a Voting Rights Act, whether it is in a criminal bill, a civil bill, if you are punishing people for the sins of their grandfathers or fathers, it is wrong. It is un-American. And I don't know if JEFF SESSIONS has called something like that un-American, but I will.

When you try to punish an individual for something their father or grandfather did, that is un-American. That is wrong.

And lo and behold, the liberal law professors and deans that I have talked to across the country, before I begged—well, I begged JIM SENSENBRENNER. He was sitting at the back right back there.

□ 2045

He said: Nope, we are not touching that bill.

They were happy to let it go to the Supreme Court one day just the way it was. Just as I explained to JOHN CONYERS right here, just as I explained to JIM SENSENBRENNER right back there, this should be struck down if the U.S. Supreme Court is going to be fair and partial and follow the Constitution.

You can't keep punishing people for something their fathers or grandfathers did when they are doing better than people in your own State and you vote to punish them. Why? Because you can. Their fathers or grandfathers committed a wrong many years ago. A grievous wrong it was, and it needed correction. There are some places where it still does, but you don't keep punishing people 50 years after they bring up their problem.

So I hear people say JEFF SESSIONS is not fit because he opposed the Voting Rights Act. I tried to clean it up. It had an un-American provision in there.

I just can't believe anybody on either side of the aisle would continue to support the idea that we should punish children or grandchildren for something their father or grandfather did many years ago. This child has become an adult and they have made sure there is fairness abounding. Well, there is always going to be injustice.

One of the great problems in this Justice Department is that it was always quick to take up for someone who had been shot by policemen—before they knew any of the facts—and demonize the local police. Sometimes—in rare cases, but every now and then—they did deserve demonizing. But the Department of Justice should not demonize them before we find out the facts.

In most of those cases, when we find out the facts, whether it is Baltimore or other places, most of the time people or even a professor of some kind, like the President, said he acted stupidly, talking about the policeman. It turned out the policeman conducted himself very reasonably. We never did hear whether the President apologized to the policeman or not, but the point is that the President and the Justice Department have spent 8 years dividing us in ways I did not believe were possible 8 years ago.

So I hear my friends come in here and start condemning a man as not being fit to serve because of things like opposing an unconstitutional, un-American provision in the Voting Rights Act. It was then, it is today. If somebody tries to pass a punishment of some group of people for something their grandparents did, it is wrong, it is un-American. I will say it to the day I die.

Now, it is very unfair. I saw it as a felony judge. It broke my heart. In chambers, but never in the courtroom itself, it would bring me to tears. I would break down when I saw the suffering of children because of the sins of their parents. But the government should not be in the business of punishing people intentionally. There was a provision in the Voting Rights Act that did just that.

I also heard an allegation about JEFF SESSIONS either opposing a hate crime extension or hate crime bill. I can tell you from conversations I had years past, back when we were talking about hate crimes bills, we did not need hate crime laws.

What was the fake news that was trotted out here in Washington, trotted out around the country?

Remember what happened down in south Texas?

It wasn't in my district, but I am familiar with what happened down there. There were three White guys that took a poor, decent African American, used a chain, tied him to their truck, and drug him until he was dead. It was in print and publicly.

I would personally have no problem with a jury ordering a sentence, if we could put it in the law, so that the family of that victim could decide what they were going to use to drag the defendants and the terrain they would drag those White defendants over, but that is not the law.

The law in Texas is that our juries can find you guilty and sentence you. Well, the juries don't actually sentence death. That is left to the judge. The juries answer three questions. I know. I have put it to juries three times.

On one occasion the jury came back locked up, so I sentenced that defendant to life. On two occasions of three capital murder cases I tried to completion, the jury found unanimously, number one, he committed the murder and he knew that a murder was going to be committed; number two, that he is a future danger to society; and number three, there was no evidence that mitigated against the imposition of the death penalty.

The jury comes back with yes, yes, and no; and it is left to a judge like me to look a man in the eyes and tell him that I sentence him to death. There is nothing that goes to your soul like looking someone in the eye and saying: You are going to be taken to the Texas Department of Criminal Justice and you are going to be put to death for the crimes you have committed.

I believe in the death penalty, but I believe with all my heart you have to make sure due process occurs. I could care less about race.

I hear these allegations about JEFF SESSIONS. I know JEFF and I know this is ridiculous. As I was listening to some of these broad statements just taking a swat at JEFF SESSIONS, a really fine, decent man, it took me right back to 20 years or so ago when I was that felony district judge in Texas and I tried capital murder cases, murder cases. Never mind the fact that I was court-appointed to appeal the capital murder conviction of an African American man and I did everything I possibly could ethically and within the

law for my client, who I believed was wrongly convicted in this case.

His case was overturned after my argument. I was the only one arguing for our side. I was the one that solely did the brief. Even though the family paid thousands of dollars to somebody from another State, I did the whole thing. I did it all. I didn't have a clerk do it. I did it all.

His capital murder conviction was reversed. His mother used to bring me wonderful food. I loved her. I went to her funeral. She was just an incredible Christian woman and her funeral did her justice. Of course, then her daughter ran against me for Congress three times, but that is another story.

Nonetheless, I can remember back when I was a felony judge and I got served with a subpoena by a defense lawyer. They had taken the position in a pleading in another court that, because I had allegedly appointed a disparate number of White people to be grand jury foremen over African Americans, I must be bigoted. Therefore, convictions in Smith County should be overturned. I think they subpoenaed another district judge or two. We had three.

I knew that lawyer. He knew I wasn't a racist. He subpoenaed me and made allegations in print before he even knew who had been on my grand juries during those years I was a felony district judge, but he made the broad-based allegation that I must be racist and we have got to throw out these cases.

Before I came to testify, he actually got the list of my grand jurors. I didn't get to choose the grand jurors. Those were chosen by grand jury commissioners. The commissioners chose the grand jury members. I got to choose the grand jury foremen. I didn't care about race. I didn't care about gender. I appointed people because, when I looked at the background, the little bios we had on each of the grand jury members, I wanted somebody that was going to be a leader on that grand jury. I didn't care about race.

When the criminal defense lawyers did their homework after they made allegations, they notified me that I would not be called as a witness because I appointed too many African American grand jury foremen. Therefore, it was a disparate number of African Americans. It was too many. Therefore, I would hurt their case because I would show that maybe I was more biased for African Americans than against them. I didn't care about race.

I can remember a couple of grand jury foremen. One of them was, I think, an assistant school superintendent. I knew the guy. He was a solid citizen. I had seen him in action. He was a real leader in the community. He was an honest, fair man. I thought he would be great as a grand jury foreman. And he was.

Probably the best grand jury foreman I ever appointed—she was a saint—was Ms. Glass. I knew enough about her when I saw she was on the grand jury, I knew she would be the foreman. That woman was a saint. She was organized and she called things like they were. You couldn't help but fall in love with Ms. Glass if you were around her for any length of time at all.

Those memories of getting a subpoena alleging that I am a racist until they actually did their homework and found out, oops, he may be too pro-African American, we don't want him to testify, I got that same feeling when I was hearing those allegations against JEFF SESSIONS. It is not based on facts. It is: Oh, we just had the feeling that maybe he was being unfair.

I think somebody mentioned the Southern Poverty Law Center or something. I know that the Southern Poverty Law Center, in my opinion, after they incited hatred against the Family Research Council, incited hatred against other people. The Southern Poverty Law Center was supposed to be the antithesis of hate. Yet, they stirred up a guy so much that he would go into their lobby and try to kill people at the Family Research Council. It is more of this craziness.

The Bible warns of us a day when up will be down, right will be wrong. I keep wondering, Are we there?

We hear from people at the civil rights commission that maybe Christians are the big hate group in the country. Really?

□ 2100

It is the only religion that is truly based on love because to be a Christian, you have to believe God so loved the world that He gave His only Son, that whoever believed in His Son would not perish but have everlasting life. And then His Son so loved the world that He laid down His life for people, even as they called Him names and mocked Him. It is a religion of love. It is not a religion of hate. Yet, right is wrong, up is down, let's call somebody that wants justice and fairness a racist.

Really, is that fair?

So, supposedly, JEFF SESSIONS—I think this was alleged at him at one point—is not fit to serve as Attorney General because he is for vouchers. Mr. Speaker, when you hear from African Americans here in Washington, D.C., about how their children have suffered under horrendous gang conditions in a school, and then for this Camelot-type moment they got vouchers—they won the lottery—that Republicans pushed for, they got to go to great schools. These kids that had been oppressed and shoved in either being in gangs or dealing with gangs, they got to go get a good education because they got a voucher.

When you have an African American mom cry before you and say: My other kids, are they going to have to go face the gangs? Why can't they go be a doctor or an engineer?

I don't think it is hate. I don't think it is prejudice that has your heart ache for a mom like that and says: Yeah, yeah, why don't we give moms and dads or whoever is taking care of the kids money.

You go to the school. It is not an indictment of public schools. We didn't have kindergarten. All 12 years of mine were in public schools. I had fantastic teachers, incredible, inspiring.

I was going to major in history at A&M on an Army scholarship, so it didn't matter much what I majored in. I knew I was going in the Army for 4 years. I hoped to go to law school some day if we weren't at war. But my math teachers in public schools—7th grade, Ms. Edwards. In high school I had fantastic math teachers. Although some students didn't like them, I loved them. They were great.

College algebra, we had a professor who let us either turn in our homework that we had to do for every—it was a Monday, Wednesday, Friday class—turn in the homework or he would give you one question at the beginning of each class. If you didn't want to do the homework, you had to take that one question. If you answered it wrong, you got a zero for the day. I didn't open my book until 15 minutes before the final and never did the homework because my 7th grade teacher, Ms. Edwards, and all my math teachers in high school were so good. I had the foundation. It was there. Of course, I enjoyed math, but I made an A. It was easy because of the public school training I got, but not every public school has that advantage.

I had the advantage of having an 8th grade English teacher for a mother, and she was in public school until the brain tumor took her. That is a burden. You come home after football practice: ''I am going to go lay down. I am exhausted, Mom.''

''Oh, what are you going to lay when you get there?''

''Okay. All right. I am going to lie down. Are you happy? Just cut me some slack. I am going to go lie down.''

Well, that is living with a public schoolteacher. I miss her and love her.

But because I think—or if JEFF SESSIONS feels the same way—I think he may—heck, if schools are not teaching children to read and write so they can excel and become president of their company or President of the country, then let them go to a school. I think public schools will end up winning out. They have got the wherewithal to have the best schools. They just don't have any incentives. That was the purpose of vouchers, to provide incentive.

I have heard the allegation that Trump, you know, was a birther. I haven't had a lot of conversations with Trump. I have had a number of them. But my impression was that he never said that—maybe he did, I just didn't hear him say Obama was not born in America. But I know I have heard people say repeatedly that, I, LOUIE GOHMERT, am a birther. Which is a lie. I have never, ever, ever said that. Yet, it became such a credo of the left, some

guy on FOX News one night—I think he was on Megyn Kelly, a Democratic consultant. She says, Tell me somebody that hates—Well, LOUIE GOHMERT is a birther, he said. And if I recall correctly—I am pretty sure I do—he later wrote an article: Okay, okay, Gohmert never actually said that Barack Obama was not an American citizen, but he did support the birther bill, therefore, he is a birther.

Well, that takes me back to August—I guess it was July of 2009; I believe it was—and my friend BILL POSEY from Florida had a little 2-page bill. It may have been 2 and just a hair at the top of the third page. I think it was a little bit at the top of the third page, just over 2 pages. And it was a good bill. I read the bill. I try to do that before I will ever agree to support a bill. And I read the bill.

I recall that The New York Times and The Washington Post, I think around January of 2008, raised the issue of whether or not JOHN MCCAIN was qualified under the Constitution to be President of the United States because, apparently, he was born in the Panama Canal Zone.

Gee, is that being a natural citizen, born in the Canal Zone?

His dad was in the Navy, military. So, yeah, maybe so. The New York Times and The Washington Post raised the issue.

I was in Israel during August when I got word that I was being accused of being a birther. I can recall out here in the Speaker's lobby a whole slew of reporters wanting to know about my being a birther. One of them, at the time, was with The Washington Post. I knew she was a good reporter. That is why she is not there now. I couldn't believe it. It was kind of: Et tu, Brute? Really, you think I am a birther?

Well, I understand from the White House that you signed on the bill, and, if I recall the words correctly, it was to delegitimize the President and have him thrown out of office.

I said, wow. I think those were the words. It was something like that, but it was exactly the words that every reporter who approached me was using: You are trying to delegitimize the President and have him thrown out of office?

I think Doonesbury used words like that.

So when, privately, this one reporter caught me in another place and said: I understand you are a birther; you are on the birther bill?

I said: Are you talking about BILL POSEY's bill?

She said: Yeah, the birther bill.

I said: Have you read it?

She said: Well, no, but I know it is trying to delegitimize the President and have him thrown out of office.

I said: Tell you what, I haven't been giving statements to these ridiculous allegations. I think I gave a written one I dictated from Israel, but when I was here, it was just absurd.

I said: I tell you what, you read the Posey bill. It is just barely over 2 pages. You read that bill, and if you still want a statement from me, I will give you as long a statement as you want.

The next time I saw her, I said: Did you read the Posey bill?

She said: Yeah. It didn't do anything they said it was going to do.

Exactly. It was a very well-conceived bill. It was not a birther bill. But in the mind of Rahm Emanuel, he saw it as an opportunity to allege that someone was racist, a birther, accusing the President of not being an American citizen. Because my thought was: Well, if he is born to an American mother, what difference does it make? Is it really—

But I do still find it interesting that the President wouldn't come forward, as anybody else in America would, and say: Here is my birth certificate.

It took Donald Trump making a demand for him to finally come forward. Who knows if that is the right one or not. But I never had any issue with Barack Obama being an American citizen. I didn't have any question. I do think he should have come forward and shut down the noise much sooner, but I think he and Rahm Emanuel liked using that and liked to call people like me a birther even though it was an absolute lie. I never believed the President was not an American citizen.

Yes, I signed on to that BILL POSEY bill. What BILL POSEY's bill has been for, what, 11 years now—well, no, I am sorry, 8 years now it has been called a birther bill. All it did—anybody can go read POSEY's bill from back in 2009—it said, before a candidate for his or her party's nomination, or pursues his or her party's nomination for President, the party must make a determination that that individual meets the qualifications of the Constitution. And it would not kick in until 2012.

So the crud these reporters were getting from somebody in the White House—maybe Rahm Emanuel. Who knows? It sounded like Rahm. But whoever sent them the information, whoever sent Garry Trudeau the false lies that he used for a strip never bothered to read the bill and see that the allegations of birtherism—whatever that is—was just a lie. It said beginning in 2012. Nobody was trying to get anybody thrown out of office, but that made perfect sense. So the next time The Washington Post and The New York Times raised an issue of whether or not somebody like JOHN MCCAIN was really qualified to be President, you would get it resolved long before that person got elected President.

I couldn't imagine a worse horror for America than to have someone elected President and then get thrown out after they are elected. We are talking about massive riots. We are talking about destroying this country, just dividing it even worse than this administration has been able to do on its own. I didn't want to yank a President out of office, but I thought BILL POSEY thought of a very fair way to deal with it.

By the way, those who were concerned about my friend TED CRUZ being appropriate to be President, meeting the constitutional requirements, I thought, well, gosh, if the left hadn't so demonized BILL POSEY's bill, he had the framework that would get this all out of the way long before you ever got to a party nomination so that the party had it all resolved, and you couldn't come in at the last minute after the nomination, saying: Nope, you didn't go to the—it would take care of it.

I had a Supreme Court Justice say years ago: Gee, if there is no legislation that sets up a foundation or an enabling process, then don't come running to the Supreme Court. If you are not going to do your job and set it up or have enabling legislation come out of Congress, don't come running to us to fix what you are not doing.

□ 2115

And he wasn't talking about anything specific, but I thought about those comments. Well, great, the Posey bill would be terrific enabling legislation. And if the White House wasn't so freaked out over BILL POSEY's legitimate bill, the Ted Cruz issue would not have been an issue at all. It would have been long determined long before we got into a heated race in the primary, because before a party chair could accept the application to become a candidate, it had to determine whether or not that candidate met the constitutional requirements. And if somebody wanted to challenge, then they would need to come forward and do it at that point, and you get it all worked out. It was a good bill.

But poor BILL POSEY has been so vilified for coming up with a good idea that was branded as a racist birther. It was a really legitimate bill. And I keep coming back to this. It reminds me of what I am hearing being said about JEFF SESSIONS—a very decent man.

I don't try to push my religious beliefs on others, but it is a part of who I am as a Christian. I try to forgive others, and I have been amazed by the grace of God how I have been able to forgive people who have really jerked me around and even work with people that have really stabbed me in the back before. But I have been amazed.

JEFF SESSIONS was called all kinds of things in 1986, yet 10 years later he is elected to the Senate. He never sought any kind of revenge against those who did him so unfairly and unjustly because he cared about justice and doing the right thing.

This country needs to heal. If people are going to keep screaming racism when it appears the biggest source of racism may have been all those people who told me, well, I wanted to vote for the first Black American in our history and I really didn't know much about politics, you mean you voted for someone because of the color of their skin? Yes, I wanted to be able to tell future generations I voted for the first Black President.

I wanted to do that, too. That is why I voted for Alan Keyes in 1996. Sorry, Phil Gramm; I know you are from my State, but I just really thought a lot of the intellect and integrity of Alan Keyes, and I still do. That is why his son works for me. He is brilliant, fair, smart, and pretty doggone funny too.

But I don't care about race, and we need to quit throwing this ''racist'' term about. Enough already. Let's give JEFF SESSIONS a fair hearing. Let's look at what his record really is. And if he, like I did, opposed an unconstitutional punishment of a future generation who had done no wrong for something grandparents had done, then he is right. That is unconstitutional. It is un-American. I am grateful that Donald Trump has nominated a man like JEFF SESSIONS for the Senate. God bless JEFF SESSIONS.

I yield back the balance of my time.

SENATE BILL APPROVED BY THE PRESIDENT PRIOR TO SINE DIE ADJOURNMENT

The President, prior to sine die adjournment of the Second Session of the 114th Congress, notified the Clerk of the House that on the following date, he had approved and signed a bill of the Senate of the following title:

December 23, 2016:

S. 2943. An act to authorize appropriations for fiscal year 2017 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

SENATE BILL APPROVED BY THE PRESIDENT AFTER SINE DIE ADJOURNMENT

The President, after sine die adjournment of the Second Session, 114th Congress, notified The Clerk of the House that on the following date, he had approved and signed a bill of the following title:

January 6, 2017:

S. 3084. An act to invest in innovation through research and development, and to improve the competitiveness of the United States.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. PERRY (at the request of Mr. MCCARTHY) for today on account of illness.

Mr. BISHOP of Georgia (at the request of Ms. PELOSI) for today.

Mr. CORREA (at the request of Ms. PELOSI) for today on account of attending a funeral.

Mr. DANNY K. DAVIS of Illinois (at the request of Ms. PELOSI) for today and January 10 on account of district issues and events.

ADJOURNMENT

Mr. GOHMERT. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 19 minutes p.m.), under its previous order, the House adjourned until tomorrow, Tuesday, January 10, 2017, at 10 a.m. for morning-hour debate.

EXPENDITURE REPORTS CONCERNING OFFICIAL FOREIGN TRAVEL

Reports concerning the foreign currencies and U.S. dollars utilized for Official Foreign Travel during the third and fourth quarters of 2016, pursuant to Public Law 95–384, are as follows:

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DANIEL SILVERBERG, EXPENDED BETWEEN OCT. 25 AND OCT. 28, 2016

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Daniel Silverberg	10/26	10/28	Poland		468.04		14,295.26				14,763.30
Committee total					468.04		14,295.26				14,763.30

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

DANIEL SILVERBERG, Nov. 20, 2016.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DANIEL SILVERBERG, EXPENDED BETWEEN DEC. 11 AND DEC. 16, 2016

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Daniel Silverberg	12/12	12/15	India		1,133.00		13,217.00				14,350.00
Committee total					1,133.00		13,217.00				14,350.00

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

DANIEL SILVERBERG, Dec. 22, 2016.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN JULY 1 AND SEPT. 30, 2016

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Hon. John J. Duncan	7/29	7/31	Spain		507.15		18.79		36.43		562.37
	7/31	8/4	Italy		1,799.49		1,614.15		290.49		3,704.13
	8/4	8/7	Ireland		1,489.47		659.59		555.78		2,704.84
Hon. Daniel Lipinski	8/20	8/22	Israel		1,036.00						1,036.00
	8/22	8/24	Poland		535.87						535.87
	8/24	8/24	Latvia								0.00
	8/24	8/25	Germany		269.15						269.15
	8/25	8/29	Italy		914.52		1,780.96				2,695.48

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN JULY 1 AND SEPT. 30, 2016—Continued

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Committee total					6,551.65		4,073.49		882.70		11,507.84

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

HON. BILL SHUSTER, Chairman, Dec. 21, 2016.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

103. A letter from the Under Secretary, Comptroller, Department of Defense, transmitting a report of multiple violations of the Antideficiency Act, Army case number 16-05, pursuant to 31 U.S.C. 1351; Public Law 97-258; (96 Stat. 926); to the Committee on Appropriations.

104. A letter from the Executive Secretary, Board of Actuaries, Department of Defense, transmitting the 2016 Report of the Department of Defense Board of Actuaries, pursuant to 10 U.S.C. 183(c)(1); Public Law 110-181, Sec. 906(a)(1); (122 Stat. 27); to the Committee on Armed Services.

105. A letter from the Assistant Secretary for Legislation, Department of Health and Human Services, transmitting the Department's Report to Congress On Enhancing Tracking and Tracing of Food and Recordkeeping, pursuant to 21 U.S.C. 2223(a)(3); Public Law 111-353, Sec. 204(a)(3); (124 Stat. 3930); to the Committee on Energy and Commerce.

106. A letter from the Director, Regulations Policy and Management Staff, FDA, Department of Health and Human Services, transmitting the Department's final rule — Postmarketing Safety Reporting for Combination Products [Docket No.: FDA-2008-N-0424] (RIN: 0910-AF82) received January 5, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

107. A letter from the Regulatory Specialist, LRA, Office of the Comptroller of the Currency, Department of the Treasury, transmitting the Department's Major final rule — Industrial and Commercial Metals [Docket No.: OCC-2016-0022] (RIN: 1557-AD93) received January 5, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

108. A letter from the Administrator, Environmental Protection Agency, transmitting the Agency's Report to Congress on the Global Supply and Trade of Elemental Mercury, pursuant to Sec. 6 of the Mercury Export Ban Act of 2008; to the Committee on Energy and Commerce.

109. A letter from the Director, Regulations Policy and Management Staff, Food and Drug Administration, Department of Health and Human Services, transmitting the Department's final rule — Food Additives Permitted in Feed and Drinking Water of Animals; Feed Grade Sodium Formate [Docket No.: FDA-2015-F-4282] received January 5, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

110. A letter from the Director, Office of Congressional Affairs, Nuclear Regulatory Commission, transmitting the Commission's final rule — Increase in the Maximum Amount of Primary Nuclear Liability Insurance [NRC-2016-0164] (RIN: 3150-AJ81) received January 5, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

111. A letter from the Director, Office of Congressional Affairs, Nuclear Regulatory Commission, transmitting the Commission's withdrawal — Withdrawal of Regulatory Guides 1.3, 1.4, and 1.5 [NRC-2016-0246] received January 5, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

112. A letter from the Assistant General Counsel for Legislation, Regulation and Energy Efficiency, Office of Energy Efficiency and Renewable Energy, Department of Energy, transmitting the Department's final rule — Energy Conservation Program: Test Procedures for Compressors [Docket No.: EERE-2014-BT-TP-0054] (RIN: 1904-AD43) received January 5, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

113. A letter from the Acting Assistant Secretary for Export Administration, Bureau of Industry and Security, Department of Commerce, transmitting the Department's final rule — Addition of Certain Persons and Revisions to Entries on the Entity List; and Removal of a Person From the Entity List [Docket No.: 161221999-6999-01] (RIN: 0694-AH23) received January 5, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Foreign Affairs.

114. A letter from the Alternate OSD FRLO, Office of the Secretary, Department of Defense, transmitting the Department's interim final rule — DoD Freedom of Information Act (FOIA) Program [DOD-2007-OS-0086] (RIN: 0790-AI24) received January 5, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Oversight and Government Reform.

115. A letter from the Secretary, Department of Housing and Urban Development, transmitting the Department of Housing and Urban Development's Office of Inspector General Semiannual Report to Congress for the period April 1, 2016, through September 30, 2016, pursuant to 5 U.S.C. app. (Insp. Gen. Act) Sec. 5(b); Public Law 95-452, Sec. 5(b); (92 Stat. 1103); to the Committee on Oversight and Government Reform.

116. A letter from the Senior Procurement Executive, Office of Acquisition Policy, General Services Administration, transmitting the Administration's final rule — General Services Administration Acquisition Regulation (GSAR); Update Contract Reporting Responsibilities [GSAR Change 80; GSAR Case 2016-G508; Docket No.: 2016-0020; Sequence No.: 1] (RIN: 3090-AJ80) received January 5, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Oversight and Government Reform.

117. A letter from the Archivist, National Archives and Records Administration, transmitting the National Archives' report on the gift of a Learning Center and other physical improvements for the Gerald R. Ford Presidential Museum in Grand Rapids, MI, pursuant to 44 U.S.C. 2112(a)(4); Pub. L 90-620 (as amended by Public Law 99-323, Sec. 3(a)); (100 Stat. 496); to the Committee on Oversight and Government Reform.

118. A letter from the Director, Office of Government Ethics, transmitting the Office's interim final rule — Freedom of Information Act Regulation (RIN: 3209-AA39) received January 5, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Oversight and Government Reform.

119. A letter from the Deputy Chief Financial Officer and Director for Financial Management, Office of CFO and Assistant Secretary for Administration, Department of Commerce, transmitting the Department's final rule — Civil Monetary Penalty Adjustments for Inflation [Docket No.: 161220999-6999-01] (RIN: 0605-AA47) received January 5, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on the Judiciary.

120. A letter from the Director, Office of Government Ethics, transmitting the Office's final rule — Post-Employment Conflict of Interest Restrictions; Revision of Departmental Component Designations (RIN: 3209-AA14) received January 5, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on the Judiciary.

121. A letter from the Federal Register Liaison Officer, Alcohol and Tobacco Tax and Trade Bureau, Department of the Treasury, transmitting the Department's final rule — Amendments To Streamline Importation of Distilled Spirits, Wine, Beer, Malt Beverages, Tobacco Products, Processed Tobacco, and Cigarette Papers and Tubes and Facilitate Use of the International Trade Data System [Docket No.: TTB-2016-0004; T.D. TTB-145; Ref: Notice No. 159] (RIN: 1513-AC15) received January 5, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

122. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's IRB only rule — Syndicated Conservation Easement Transactions [Notice 2017-10] received January 5, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

123. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final regulations and removal of temporary regulations — Definitions and Reporting Requirements for Shareholders of Passive Foreign Investment Companies [TD 9806] (RIN: 1545-BK66) received January 5, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

124. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's IRB only

rule — 2017 Section 1274A CPI Adjustments (Rev. Rul. 2016-30) received January 5, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

125. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's IRB only rule — Maintaining certification as a certified professional employer organization (Rev. Proc. 2017-14) received January 5, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

126. A letter from the Chairman, Medicare Payment Advisory Commission, transmitting the Commission's report titled ''Medical Malpractice: Evidence on Reform Alternatives and Claims Involving Elderly Patients'', pursuant to 42 U.S.C. 280g-15(h)(3); July 1, 1944, ch. 373, title III, Sec. 399V-4 (as added by Public Law 111-148, Sec. 10607); (124 Stat. 1013); jointly to the Committees on Energy and Commerce and Ways and Means.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. COLLINS of Georgia: Committee on Rules. House Resolution 33. Resolution providing for consideration of the bill (H.R. 5) to reform the process by which Federal agencies analyze and formulate new regulations and guidance documents, to clarify the nature of judicial review of agency interpretations, to ensure complete analysis of potential impacts on small entities of rules, and for other purposes, and providing for consideration of the bill (H.R. 79) to clarify the definition of general solicitation under Federal securities law (Rept. 115–2). Referred to the House Calendar.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. DUNCAN of South Carolina (for himself, Mr. CARTER of Texas, Mr. GENE GREEN of Texas, Mr. AUSTIN SCOTT of Georgia, Mr. BIGGS, Mr. GOSAR, Mr. HUDSON, Mr. LAMALFA, Mr. HARRIS, Mr. WESTERMAN, Mr. OLSON, Mr. CHAFFETZ, Mr. HENSARLING, Mr. CARTER of Georgia, Mr. LABRADOR, Mr. BROOKS of Alabama, Mr. SMITH of Texas, Mr. BISHOP of Utah, Mr. BRAT, Mr. ABRAHAM, Mr. PALMER, Mrs. LOVE, Mr. BRIDENSTINE, Mr. STEWART, Mr. MARSHALL, Mr. EMMER, Mr. RATCLIFFE, Mr. JODY B. HICE of Georgia, Mr. BUCK, Mr. WEBER of Texas, Mr. MESSER, Mr. MOONEY of West Virginia, Mr. DESANTIS, Mr. NEWHOUSE, Mr. SMITH of Missouri, Mr. GRAVES of Georgia, Mr. LAMBORN, Mr. WENSTRUP, Mr. ROGERS of Alabama, Mr. DESJARLAIS, Mr. MASSIE, Mr. KING of Iowa, Mr. GOHMERT, and Mr. YODER):

H.R. 367. A bill to provide that silencers be treated the same as long guns; to the Committee on Ways and Means, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. CRAWFORD (for himself, Mr. ADERHOLT, Mr. HARPER, Mr. WESTERMAN, Mr. HILL, Ms. SEWELL of Alabama, Mr. PALAZZO, and Mr. WOMACK):

H.R. 368. A bill to provide the force and effect of law for certain regulations relating to the taking of double-crested cormorants to reduce depredation at aquaculture facilities and protect public resources; to the Committee on Natural Resources.

By Mr. ROE of Tennessee:

H.R. 369. A bill to eliminate the sunset of the Veterans Choice Program, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. FLORES:

H.R. 370. A bill to repeal the Patient Protection and Affordable Care Act and health care-related provisions in the Health Care and Education Reconciliation Act of 2010, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committees on Education and the Workforce, Ways and Means, the Judiciary, Natural Resources, Rules, House Administration, Appropriations, and the Budget, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. CLARK of Massachusetts (for herself, Mr. NEAL, Mr. CONYERS, Mr. WELCH, Mr. CICILLINE, Mr. CUMMINGS, Ms. DELAURO, Mr. QUIGLEY, Mr. GARAMENDI, Mr. HUFFMAN, Ms. VELÁZQUEZ, Mr. MEEKS, Mr. LANGEVIN, Mrs. NAPOLITANO, Ms. SCHAKOWSKY, Mr. DEUTCH, Mr. SCHIFF, Mr. GALLEGO, Ms. BONAMICI, Ms. PINGREE, Mr. CAPUANO, Mr. KIND, Mr. EVANS, Mr. NADLER, Mr. COHEN, Mr. PETERS, Mr. SARBANES, Mrs. WATSON COLEMAN, Mr. TED LIEU of California, Ms. HANABUSA, Ms. MENG, Mr. DOGGETT, Mr. MOULTON, Mr. O'ROURKE, Mr. CONNOLLY, Ms. MCCOLLUM, Mr. BEYER, Mr. SERRANO, Mr. BRENDAN F. BOYLE of Pennsylvania, Ms. TSONGAS, Mr. BLUMENAUER, Mr. SOTO, Mr. DESAULNIER, Ms. BROWNLEY of California, Ms. MOORE, Mr. JOHNSON of Georgia, Mr. ENGEL, Mr. KENNEDY, Ms. TITUS, Ms. MATSUI, Ms. SPEIER, Mr. KEATING, Mr. POLIS, Ms. LEE, Ms. KAPTUR, Mr. MCGOVERN, Mr. CARSON of Indiana, Mr. ELLISON, Mr. LOEBSACK, Ms. JACKSON LEE, Mr. TAKANO, Mr. AL GREEN of Texas, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. SMITH of Washington, Mr. DEFAZIO, Mr. THOMPSON of Mississippi, Ms. BASS, Mr. COOPER, Ms. PLASKETT, Mr. CLAY, Mr. LYNCH, Mrs. LAWRENCE, Mr. SCOTT of Virginia, Mr. HIMES, Mr. PASCRELL, Mr. LOWENTHAL, Mr. POCAN, Mr. LEVIN, Mr. GRIJALVA, Mr. FOSTER, Ms. KUSTER of New Hampshire, Ms. JUDY CHU of California, Mrs. DINGELL, Ms. MICHELLE LUJAN GRISHAM of New Mexico, Ms. KELLY of Illinois, Ms. SLAUGHTER, Mr. RASKIN, Mr. PALLONE, Mr. PERLMUTTER, Ms. CASTOR of Florida, Mr. KILMER, Ms. SHEA-PORTER, Mr. YARMUTH, and Mr. SHERMAN):

H.R. 371. A bill to address financial conflicts of interest of the President and Vice President; to the Committee on Oversight and Government Reform, and in addition to the Committees on Ways and Means, and the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. GOSAR (for himself, Mr. BRAT, Mr. BROOKS of Alabama, Mr. DESJARLAIS, Mr. DUNCAN of Tennessee, Mr. GOHMERT, Mr. JONES, Mr. KING of Iowa, Mr. ROE of Tennessee, Mr. AUSTIN SCOTT of Georgia, Mr. YOHO, Mr. FERGUSON, Mr. WITTMAN, Mr. BABIN, and Mr. SMITH of Texas):

H.R. 372. A bill to restore the application of the Federal antitrust laws to the business of health insurance to protect competition and consumers; to the Committee on the Judiciary.

By Mr. GOHMERT:

H.R. 373. A bill to withhold United States assessed and voluntary contributions to the United Nations, and for other purposes; to the Committee on Foreign Affairs.

By Ms. BEUTLER (for herself, Mr. KILMER, Mr. HUFFMAN, Mr. THOMPSON of California, and Mr. DEFAZIO):

H.R. 374. A bill to remove the sunset provision of section 203 of Public Law 105-384 and for other purposes; to the Committee on Natural Resources.

By Mrs. BLACKBURN (for herself, Mr. ROE of Tennessee, Mr. DUNCAN of Tennessee, Mr. FLEISCHMANN, Mr. DESJARLAIS, Mrs. BLACK, Mr. KUSTOFF of Tennessee, Mr. COHEN, and Mr. COOPER):

H.R. 375. A bill to designate the Federal building and United States courthouse located at 719 Church Street in Nashville, Tennessee, as the ''Fred D. Thompson Federal Building and United States Courthouse''; to the Committee on Transportation and Infrastructure.

By Mr. CAPUANO (for himself, Mr. BRENDAN F. BOYLE of Pennsylvania, Mr. CONNOLLY, Mr. CONYERS, Mr. CUMMINGS, Mr. DEUTCH, Mr. ELLISON, Ms. LOFGREN, Mrs. CAROLYN B. MALONEY of New York, Mr. MCGOVERN, Ms. MOORE, Ms. NORTON, Ms. PINGREE, Mr. SARBANES, Ms. SCHAKOWSKY, Ms. SLAUGHTER, Ms. TITUS, Ms. TSONGAS, Mr. YARMUTH, Mr. QUIGLEY, Mr. KEATING, Ms. CASTOR of Florida, and Ms. ESHOO):

H.R. 376. A bill to amend the Securities Exchange Act of 1934 to require shareholder authorization before a public company may make certain political expenditures, and for other purposes; to the Committee on Financial Services.

By Mr. DIAZ-BALART (for himself, Mr. GOHMERT, Ms. GRANGER, Mr. FRELINGHUYSEN, Mr. WEBER of Texas, Ms. ROS-LEHTINEN, Mr. FLEISCHMANN, Mr. GROTHMAN, Mr. DUNCAN of South Carolina, Mrs. BLACK, Mr. MCCAUL, Mr. TROTT, Mr. DESJARLAIS, Mr. CRAMER, Mr. BARLETTA, Mr. HUDSON, Mr. POSEY, Mr. ROSS, Mr. KING of Iowa, Mr. ROUZER, and Mr. YODER):

H.R. 377. A bill to require the Secretary of State to submit a report to Congress on the designation of the Muslim Brotherhood as a foreign terrorist organization, and for other purposes; to the Committee on the Judiciary.

By Mr. FLEISCHMANN (for himself and Mr. COOPER):

H.R. 378. A bill to amend title 5, United States Code, to enhance the authority under which Federal agencies may pay cash awards to employees for making cost saving disclosures, and for other purposes; to the Committee on Oversight and Government Reform.

By Mr. HASTINGS:

H.R. 379. A bill to assist members of the Yazidi and Christian communities residing in Iraq and Syria, and for other purposes; to the Committee on the Judiciary, and in addition to the Committees on Foreign Affairs, Armed Services, and Appropriations, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. MCCAUL:

H.R. 380. A bill to direct the Secretary of State to submit to Congress a report on the designation of Iran's Islamic Revolutionary Guard Corps as a foreign terrorist organization, and for other purposes; to the Committee on the Judiciary.

By Mr. MCCLINTOCK (for himself, Mr. COOK, Mrs. MIMI WALTERS of California, Mr. ROHRABACHER, Ms. MATSUI, Mr. HUNTER, Mr. SWALWELL of California, Mr. ROYCE of California, Mr. LAMALFA, Mr. VALADAO, Mr. GARAMENDI, Ms. LOFGREN, Ms. SÁNCHEZ, Mr. CÁRDENAS, Mr. RUIZ, Ms. SPEIER, Mr. COSTA, Mr. THOMPSON of California, Mr. HUFFMAN, Mr. SCHIFF, Mr. TAKANO, Mr. DENHAM, Mr. NUNES, Mr. LOWENTHAL, Mr. MCCARTHY, Mr. ISSA, Mr. KNIGHT, Mr. CALVERT, and Mr. TED LIEU of California):

H.R. 381. A bill to designate a mountain in the John Muir Wilderness of the Sierra National Forest as ''Sky Point''; to the Committee on Natural Resources.

By Ms. MENG (for herself and Mr. ZINKE):

H.R. 382. A bill to amend the Department of Agriculture program for research and extension grants to increase participation by women and underrepresented minorities in the fields of science, technology, engineering, and mathematics to redesignate the program as the ''Jeannette Rankin Women and Minorities in STEM Fields Program''; to the Committee on Agriculture.

By Mr. POSEY:

H.R. 383. A bill to amend title 18, United States Code, to extend the post-employment restrictions on lobbying by Members of Congress and officers and employees of the legislative branch; to the Committee on the Judiciary.

By Mr. POSEY:

H.R. 384. A bill to provide that a former Member of Congress or former senior Congressional employee who receives compensation as a lobbyist shall not be eligible for retirement benefits or certain other Federal benefits; to the Committee on House Administration, and in addition to the Committee on Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. RADEWAGEN (for herself and Mr. SABLAN):

H.R. 385. A bill to amend the Expedited Funds Availability Act to clarify the application of that Act to American Samoa and the Northern Mariana Islands; to the Committee on Financial Services.

By Mr. SENSENBRENNER:

H.R. 386. A bill to amend the Internal Revenue Code of 1986 to increase the amount excludable from gross income for dependent care assistance and dependent care flexible spending arrangements and to provide for a carryover of unused dependent care benefits in dependent care flexible spending arrangements; to the Committee on Ways and Means.

By Mr. YODER (for himself, Mr. POLIS, Mr. GOODLATTE, Mr. CONYERS, Mr. POE of Texas, Ms. DELBENE, Mr. HURD, Mr. NADLER, Mr. COLLINS of Georgia, and Ms. JUDY CHU of California):

H.R. 387. A bill to amend title 18, United States Code, to update the privacy protections for electronic communications information that is stored by third-party service providers in order to protect consumer privacy interests while meeting law enforcement needs, and for other purposes; to the Committee on the Judiciary.

By Mr. HOLLINGSWORTH:

H.J. Res. 23. A joint resolution proposing an amendment to the Constitution of the United States to limit the number of terms that a Member of Congress may serve to four in the House of Representatives and two in the Senate; to the Committee on the Judiciary.

By Mr. MARINO:

H.J. Res. 24. A joint resolution proposing an amendment to the Constitution of the United States to limit the number of years an individual may serve as a Member of Congress; to the Committee on the Judiciary.

By Mr. MARINO:

H.J. Res. 25. A joint resolution proposing an amendment to the Constitution of the United States to end the practice of including more than one subject in a single law by requiring that each law enacted by Congress be limited to only one subject and that the subject be clearly and descriptively expressed in the title of the law; to the Committee on the Judiciary.

By Mr. CROWLEY:

H. Res. 34. A resolution electing Members to Certain Standing Committees of the House of Representatives; considered and agreed to.

By Mr. DUNCAN of Tennessee (for himself and Mr. ROE of Tennessee):

H. Res. 35. A resolution expressing the sense of the House of Representatives relating to automated external defibrillator (AED) training in the Nation's schools; to the Committee on Education and the Workforce, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

By Mr. DUNCAN of South Carolina:

H.R. 367.

Congress has the power to enact this legislation pursuant to the following:

With this Resolution, Congress is defending the 2nd Amendment prerogative to keep and bear arms. The legislation protects the hearing of those who choose to pursue their rights under the 2nd Amendment without undue government burden. Also, Article I, Section 8, Clause 1 gives Congress the right to lay and collect taxes.

By Mr. CRAWFORD:

H.R. 368.

Congress has the power to enact this legislation pursuant to the following:

Article VI, Clause 2 of the United States Constitution as upheld by the Supreme Court in Missouri v. Holland, 252 U.S. 416 (1920).

By Mr. ROE of Tennessee:

H.R. 369.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8 of the United States Constitution.

By Mr. FLORES:

H.R. 370.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 1 of the Constitution of the United States.

By Ms. CLARK of Massachusetts:

H.R. 371.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8

By Mr. GOSAR:

H.R. 372.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3. (commerce clause)

''The Congress shall have Power to regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes.''

By Mr. GOHMERT:

H.R. 373.

Congress has the power to enact this legislation pursuant to the following:

Article One, Section 8, Clause 18: ''To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States . . .;'' and

Article I, Section 9, Clause 7: ''No money shall be drawn from the Treasury, but in Consequence of Appropriations made by Law.''

By Ms. BEUTLER:

H.R. 374.

Congress has the power to enact this legislation pursuant to the following:

The power of Congress to make rules for the government and regulation of the land and naval forces, as enumerated in Article I, Section 8, Clause 14 of the United States Constitution.

By Mrs. BLACKBURN:

H.R. 375.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18: The Necessary and Proper Clause

By Mr. CAPUANO:

H.R. 376.

Congress has the power to enact this legislation pursuant to the following:

ARTICLE 1, SECTION 8, CLAUSE 3

By Mr. DIAZ-BALART:

H.R. 377.

Congress has the power to enact this legislation pursuant to the following:

Article I, Sec. 8, Clause 3 and Article I, Sec 8, Clause 18

By Mr. FLEISCHMANN:

H.R. 378.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clauses 1 & 18.

By Mr. HASTINGS:

H.R. 379.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8

By Mr. MCCAUL:

H.R. 380.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 1: ''Congress shall have Power To . . . provide for the common Defence and general Welfare of the United States.''

By Mr. MCCLINTOCK:

H.R. 381.

Congress has the power to enact this legislation pursuant to the following:

Article IV, Section 3, Clause 2 (the Property Clause), which confers on Congress the power to make all needful Rules and Regulations respecting the property belonging to the United States.

By Ms. MENG:

H.R. 382.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8 of the U.S. Constitution.

By Mr. POSEY:

H.R. 383.

Congress has the power to enact this legislation pursuant to the following:
Article I, Section 5, Clause 2
Article I, Section 8, Clause 18
By Mr. POSEY:
H.R. 384.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 5, Clause 2
Article I, Section 6, Clause 1
By Mrs. RADEWAGEN:
H.R. 385.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8 of the United States Constitution.
By Mr. SENSENBRENNER:
H.R. 386.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8
By Mr. YODER:
H.R. 387.
Congress has the power to enact this legislation pursuant to the following:
Amendment IV
The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated, and no Warrants shall issue, but upon probable cause, supported by Oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized.
By Mr. HOLLINGSWORTH:
H.J. Res. 23.
Congress has the power to enact this legislation pursuant to the following:
Article V. of the Constitution
By Mr. MARINO:
H.J. Res. 24.
Congress has the power to enact this legislation pursuant to the following:
Article V of the United States Constitution: The Congress, whenever two thirds of both houses shall deem it necessary, shall propose amendments to this Constitution . . . which . . . shall be valid in all intents and purposes, as part of this Constitution, when ratified by the legislatures of three fourths of the several states, or by conventions in three fourths thereof.
By Mr. MARINO:
H.J. Res. 25.
Congress has the power to enact this legislation pursuant to the following:
Article V of the United States Constitution: The Congress, whenever two thirds of both houses shall deem it necessary, shall propose amendments to this Constitution . . . which . . . shall be valid in all intents and purposes, as part of this Constitution, when ratified by the legislatures of three fourths of the several states, or by conventions in three fourths thereof.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions, as follows:

H.R. 5: Mrs. MIMI WALTERS of California, Mr. BISHOP of Michigan, Mr. HOLDING, Mr. ARRINGTON, and Mrs. RADEWAGEN.
H.R. 29: Mr. SMITH of Texas, Mr. JOHNSON of Ohio, Mr. HENSARLING, Mr. GARRETT, and Mr. HURD.
H.R. 38: Mr. GOWDY, Mr. CRAWFORD, Mr. KELLY of Mississippi, Mr. PEARCE, Mrs. BLACK, Mr. ROSS, Mr. RODNEY DAVIS of Illinois, Mr. JOYCE of Ohio, and Mrs. BROOKS of Indiana.
H.R. 41: Mr. BYRNE.
H.R. 74: Mr. GARRETT and Mrs. BLACK.
H.R. 78: Mr. ROYCE of California.
H.R. 79: Mrs. RADEWAGEN, Mr. POSEY, Mr. WILLIAMS, and Mr. KNIGHT.
H.R. 80: Mr. GOHMERT, Mr. COLLINS of New York, Mr. GIBBS, Mr. YODER, Mr. HUNTER, Mr. GRAVES of Louisiana, Mr. FLORES, Mr. JOYCE of Ohio, Mr. YOHO, Mr. CARTER of Georgia, Mr. LAMBORN, Mr. POSEY, Mr. BRADY of Texas, Mr. GOSAR, Mr. COLLINS of Georgia, Mr. SESSIONS, Mr. RICE of South Carolina, Mr. JONES, Mr. MEADOWS, Mr. HARRIS, Mr. BANKS of Indiana, Mr. BROOKS of Alabama, Mr. ROE of Tennessee, Mr. BUDD, Mr. JORDAN, Mr. BIGGS, Mr. GOWDY, Mr. ROUZER, Mr. GRAVES of Georgia, Mr. MARSHALL, Mr. PALMER, Mr. SMITH of Texas, Mr. WESTERMAN, and Mr. MCCAUL.
H.R. 81: Mr. BIGGS.
H.R. 82: Mr. BRAT, Mr. BIGGS, Mr. KING of Iowa, and Mr. SMITH of Texas.
H.R. 83: Mr. JONES, Mr. DUNCAN of South Carolina, and Mr. SMITH of Texas.
H.R. 85: Mr. FRANCIS ROONEY of Florida.
H.R. 90: Mr. CAPUANO.
H.R. 92: Ms. KUSTER of New Hampshire.
H.R. 96: Mrs. RADEWAGEN.
H.R. 99: Mr. SOTO.
H.R. 101: Ms. KUSTER of New Hampshire.
H.R. 102: Ms. KUSTER of New Hampshire.
H.R. 105: Mr. DESAULNIER.
H.R. 112: Mr. ROSS.
H.R. 140: Mr. PALAZZO.
H.R. 179: Ms. SINEMA and Mr. JOHNSON of Ohio.
H.R. 193: Mr. DUNCAN of Tennessee.
H.R. 201: Ms. CASTOR of Florida.
H.R. 242: Mr. DEUTCH and Ms. SLAUGHTER.
H.R. 249: Mr. BIGGS.
H.R. 255: Mr. TONKO, Mr. KNIGHT, Ms. BONAMICI, Mr. COFFMAN, Mr. PERLMUTTER, Mr. FOSTER, Mr. TAKANO, Mr. KEATING, Mr. LIPINSKI, Ms. NORTON, Mr. PAYNE, Mr. COHEN, Mr. DAVID SCOTT of Georgia, Mr. EVANS, Mr. RYAN of Ohio, Ms. JACKSON LEE, Mr. HASTINGS, Ms. KELLY of Illinois, Ms. WILSON of Florida, Mrs. RADEWAGEN, Ms. ADAMS, Mr. SERRANO, Ms. MCCOLLUM, Mr. PETERS, Mr. KILMER, Ms. SEWELL of Alabama, Mr. NORCROSS, Mr. SOTO, Mr. ROYCE of California, Ms. WASSERMAN SCHULTZ, Mr. LANGEVIN, Ms. SINEMA, Mr. COSTELLO of Pennsylvania, Mr. COSTA, Mrs. LOWEY, and Mr. WALZ.
H.R. 257: Mr. KING of Iowa, Mr. GOHMERT, Mr. DUNCAN of South Carolina, Mr. HARRIS, and Mr. ROUZER.
H.R. 263: Mr. KING of Iowa, Mr. SMITH of Texas, Mr. WEBSTER of Florida, Mr. BABIN, Mr. POLIQUIN, Ms. STEFANIK, and Mrs. HARTZLER.
H.R. 274: Mr. ISSA, Miss RICE of New York, Mr. PETERS, Mr. GAETZ, and Mr. COOPER.
H.R. 276: Mr. SABLAN.
H.R. 277: Mr. LOUDERMILK and Mr. BISHOP of Utah.
H.R. 299: Mr. THOMPSON of Pennsylvania, Mr. GARAMENDI, Mr. SENSENBRENNER, Mr. DELANEY, Mr. LAMALFA, Mr. KING of New York, Mrs. COMSTOCK, Ms. BORDALLO, Mr. COSTELLO of Pennsylvania, Mr. BARLETTA, Ms. BROWNLEY of California, Mr. HECK, Mr. MARINO, Ms. MICHELLE LUJAN GRISHAM of New Mexico, Mr. BLUMENAUER, Mr. MCCAUL, and Mr. SCHIFF.
H.R. 302: Mr. HURD, Mr. NOLAN, Mr. GARAMENDI, Mrs. COMSTOCK, Mr. HUDSON, Mr. DEFAZIO, Mr. WALZ, and Ms. MCSALLY.
H.R. 304: Mr. YOUNG of Iowa, Miss RICE of New York, Mr. CALVERT, Ms. PINGREE, Mrs. BUSTOS, and Mr. LANGEVIN.
H.R. 305: Mr. YARMUTH and Mr. QUIGLEY.
H.R. 309: Mrs. RADEWAGEN, Miss RICE of New York, Mr. NOLAN, Mr. ROE of Tennessee, Ms. FRANKEL of Florida, Mr. TIBERI, Mr. MULLIN, and Mr. SWALWELL of California.
H.R. 312: Mr. HECK and Mr. BLUMENAUER.
H.R. 314: Mr. MCCLINTOCK.
H.R. 315: Mr. YOUNG of Iowa, Miss RICE of New York, Ms. BEUTLER, Mrs. RADEWAGEN, Mr. DEFAZIO, and Mr. ROE of Tennessee.
H.R. 321: Mr. KILDEE, Ms. ESHOO, Mr. HURD, Ms. STEFANIK, Mr. LOUDERMILK, Mr. TAYLOR, Mr. MCKINLEY, Ms. HANABUSA, Mr. ROUZER, Mr. WALZ, Mr. DENT, Mr. REICHERT, Mrs. RADEWAGEN, Mr. COLLINS of Georgia, Mr. KILMER, Mr. NORCROSS, Mr. WOODALL, Mr. CULBERSON, Mr. ROGERS of Alabama, Mr. ROYCE of California, Mr. LIPINSKI, Mr. PALAZZO, Mr. PEARCE, Ms. BORDALLO, and Mr. COFFMAN.
H.R. 323: Mr. MURPHY of Pennsylvania.
H.R. 329: Mrs. RADEWAGEN and Mr. GRIJALVA.
H.R. 350: Mr. SANFORD, Mr. GARRETT, Mr. BISHOP of Georgia, Mr. MOONEY of West Virginia, and Mr. LOBIONDO.
H.R. 352: Mr. HUIZENGA and Mr. BUCK.
H.R. 353: Mr. BRIDENSTINE, Mr. SMITH of Texas, Mr. ROHRABACHER, Mr. STEWART, Mrs. RADEWAGEN, and Ms. BONAMICI.
H.R. 355: Mrs. LOVE, Mr. MEADOWS, Mr. BRIDENSTINE, Mr. CRAWFORD, and Mr. THOMPSON of Pennsylvania.
H.R. 356: Mr. BECERRA, Mr. BEYER, Ms. HANABUSA, Mr. LIPINSKI, Mr. O'HALLERAN, Mr. PAYNE, Ms. PINGREE, Mr. BERA, Ms. BLUNT ROCHESTER, Mr. CRIST, Ms. DELBENE, Mrs. DEMINGS, Mr. GOTTHEIMER, Mr. LAWSON of Florida, Mr. SEAN PATRICK MALONEY of New York, Mr. NOLAN, Mr. WALZ, and Mr. VISCLOSKY.
H.R. 357: Mr. CICILLINE and Mr. VISCLOSKY.
H.R. 358: Mr. POSEY, Mr. PEARCE, and Mr. HUDSON.
H.R. 364: Mr. BABIN.
H.J. Res. 6: Mr. BACON and Mr. MEADOWS.
H. Res. 15: Mr. CÁRDENAS, Ms. SPEIER, Mr. COSTELLO of Pennsylvania, Mr. LANGEVIN, Mr. THOMPSON of Pennsylvania, and Mrs. NAPOLITANO.
H. Res. 28: Mr. CÁRDENAS, Ms. SPEIER, Mr. LANGEVIN, Mr. COSTELLO of Pennsylvania, Mrs. NAPOLITANO, and Mr. THOMPSON of Pennsylvania.

CONGRESSIONAL EARMARKS, LIMITED TAX BENEFITS, OR LIMITED TARIFF BENEFITS

Under clause 9 of rule XXI, lists or statements on congressional earmarks, limited tax benefits, or limited tariff benefits were submitted as follows:

OFFERED BY MR. CHABOT

The provisions that warranted a referral to the Committee on Small Business in H.R. 5 do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in Clause 9 of rule XXI.

OFFERED BY MR. CHAFFETZ

The provisions that warranted a referral to the Committee on Oversight and Government Reform in H.R. 5 do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

OFFERED BY MR. GOODLATTE

The provisions that warranted a referral to the Committee on Judiciary in H.R. 5 do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

The amendment to be offered by Chairman GOODLATTE, or a designee, to H.R. 5, the Regulatory Accountability Act, does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

OFFERED BY MR. HENSARLING

H.R. 78 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

OFFERED BY MR. HENSARLING

H.R. 79 does not contain any congressional earmarks, limited tax benefits, or limited

tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

OFFERED BY MR. HENSARLING

The provisions in H.R. 238 that warranted a referral to the Committee on Financial Services do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

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Congressional Record

PROCEEDINGS AND DEBATES OF THE 115th CONGRESS, FIRST SESSION

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Senate

The Senate met at 2 p.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.

We acknowledge today, O Lord, Your power, mercy, and grace. We need Your power, for the challenges we face require more than human wisdom and strength. We need Your mercy, for we transgress Your law and fall short of Your glory. We need Your grace, for we cannot offer anything to merit Your favor or gain Your love.

Lord, empower our Senators for today's journey. Give them confidence to draw near to You, that they may find grace to help them in this time of need. May they pass their days in the companionship of Your everlasting mercy. Enable them to learn the stewardship of time, energy, and abundance. Temper their gifts with Your wisdom, as You help them with their decisions. Remind them that leadership can work miracles with cooperation, but accomplishes little with criticism and bitterness.

We pray in Your Holy 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.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER (Mr. SULLIVAN). Under the previous order, the leadership time is reserved.

CONCURRENT RESOLUTION ON THE BUDGET, FISCAL YEAR 2017

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of S. Con. Res. 3, which the clerk will report.

The senior assistant legislative clerk read 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.

Pending:

Enzi (for Paul) amendment No. 1, in the nature of a substitute.

Sanders amendment No. 19, relative to Social Security, Medicare, and Medicaid.

Sanders (for Hirono/Donnelly) amendment No. 20, to protect the Medicare and Medicaid programs.

The PRESIDING OFFICER. Who yields time?

If no one yields time, time will be charged equally to both sides.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The Democratic leader is recognized.

NOMINATIONS

Mr. SCHUMER. Mr. President, last week, I expressed my sincere hope that the majority leader and I could come to some agreement on the process of nominations. He has negotiated in good faith, and we have made some progress. I sincerely appreciate his willingness to work with us so far. I do want to clarify why Democrats are doing this.

Yesterday, my friend the majority leader went on television and suggested that we were raising concerns about the nominations out of pique or anger. He chalked up these ''little procedural complaints'' to ''sour grapes,'' and he suggested that Democrats ''grow up.''

We are not doing this for sport. Democrats feel very strongly that pushing for a thorough and thoughtful vetting process is the right thing to do. Here is why. The Democratic minority was and is concerned about the hearing schedule, which is so jammed right now that several high-importance hearings will fall on the same day, depriving Senators and the American people a chance to properly participate in the vetting process of these nominees.

Our caucus was and is concerned about the timely completion of the standard paperwork and ethics clearance for nominees before proceeding full steam ahead with confirmation hearings and votes. Bear in mind, President-Elect Trump's nominees pose particularly difficult ethics and conflict-of-interest challenges. Many of them come from enormous wealth. Many have vast holdings in stocks, and very few have experience in government so they have not been appropriately vetted for something like a Cabinet post before.

What had been standard practice for the vast majority of nominees—the completion of a preliminary ethics review before their nomination—was skipped over for the vast majority of President-Elect Trump's nominees. In fact, the independent Office of Government Ethics went so far as to send a letter warning that ''their [the Republicans] schedule has created undue pressure on OGE's staff and agency ethics officials to rush through these important reviews.''

The OGE office is nonpartisan. It has never been political so this has nothing to do with politics. ''I am not aware,'' wrote the Director, Walter Schaub, ''of any occasion in the four decades since OGE was established when the Senate held a confirmation hearing before the nominee had completed the ethics review process.''

The very same majority leader, my friend Senator MCCONNELL, who suggested that Democrats were raising concerns out of pique or resentment, in fact, raised the same concerns in 2009 when he was minority leader. In fact, then-Minority Leader MCCONNELL sent then-Majority Leader Reid a letter laying out his prerequisites for time agreements on the floor for President Obama's nominees. They are almost exactly what Democrats requested.

I don't bring this up to play gotcha. I am doing it to show that our requests are eminently reasonable and, in fact,

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

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have been shared by leaders of both parties. I am going to read the letter because it is amazing how it mirrors our requests. It was sent to Harry Reid from MITCH MCCONNELL in 2009, just as President Obama became President.

Dear Harry:

The Senate has the Constitutional duty to provide its Advice and Consent on Presidential nominations, a duty which we take seriously. In consultation with our Ranking Members, we reaffirm our commitment to conduct the appropriate review of these nominations, consistent with the long standing and best practices of committees, regardless of which political party is in the majority. These best practices serve the Senate well, and we will insist on their fair and consistent application.

Therefore, prior to considering any time agreements on the floor on any nominee, we expect the following standards will be met:

1. The FBI background check is complete and submitted to the committee in time for review and prior to a hearing being noticed.
2. The Office of Government Ethics letter is complete and submitted in time for review and prior to a committee hearing.
3. Financial disclosure statements (and tax returns for applicable committees) are complete and submitted to the committee for review prior to a hearing being noticed.
4. All committee questionnaires are complete and have been returned to the committee. A reasonable opportunity for follow-up questions has been afforded committee members, and nominees have answered, with sufficient time for review prior to a committee vote.
5. The nominee is willing to have committee staff interviews, where that has been the practice.
6. The nominee has had a hearing.
7. The nominee agrees to courtesy visits with members when requested.
8. The nominee has committed to cooperate with the Ranking Member on requests for information and transparency.

There will be additional requirements, honoring the traditions of the Senate, for judicial nominees. These common sense standards and long standing practices will ensure that the Senate has had the opportunity to fairly review a nominee's record and to make an informed decision prior to a vote.

Sincerely,

MITCH MCCONNELL,
Republican Leader.

Mr. President, I ask unanimous consent to have printed in the RECORD the letter.

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

U.S. SENATE,
OFFICE OF THE REPUBLICAN LEADER,
February 12, 2009.

Hon. HARRY REID,
Majority Leader, U.S. Senate,
Washington, DC.

DEAR HARRY: The Senate has the Constitutional duty to provide its Advice and Consent on Presidential nominations, a duty which we take seriously. In consultation with our Ranking Members, we reaffirm our commitment to conduct the appropriate review of these nominations, consistent with the long standing and best practices of committees, regardless of which political party is in the majority. These best practices serve the Senate well, and we will insist on their fair and consistent application.

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Sincerely,

MITCH MCCONNELL,
Republican Leader.

Mr. SCHUMER. Mr. President, I plan to return the exact same letter to my friend, the majority leader, with the same requests. In 2009, the then-minority leader called these benchmarks ''common sense standards'' and ''long standing practices.''

I agree with him. These standards do not indicate a lack of maturity. They show an abundance of common sense, just as his letter said. I remind the majority that several, if not most, of the nominees have actually failed to meet the qualifications laid out by this letter given the hearing schedule.

The majority leader is fond of mentioning that many Obama nominees passed quickly in 2009 and he asks that we do the same, but there is a big difference between 2009 and today. President Obama's nominees met all the standards laid out in then-Minority Leader MCCONNELL's letter. President-Elect Trump's nominees have not.

In 2009, every Obama Cabinet nominee had an ethics agreement in before their hearing. Every Obama Cabinet nominee underwent a full FBI background check before the Senate considered their nomination. President-Elect Trump's nominees are way behind that mark.

I only ask, respectfully, that the Republican majority follow the same set of standards they had in 2009 when the shoe was on the other foot, especially because these nominees raise particular concerns. The standards we have laid out as leaders of both parties address conflict of interest and security concerns.

Of course, those are prime concerns, but there is another concern as well. These nominees have, even collectively, very little experience or record in government. Many of them have taken positions quite different from the President-elect. They need to be thoroughly vetted, not just before the U.S. Senate but before the American people. If, for instance, Representative PRICE is for the privatization of Social Security, but President-Elect Trump said he is not, what position is nominee PRICE going to take? Jamming all these hearings into 1 or 2 days, making members run from committee to committee makes no sense. After all, these nominees are going to hold incredibly powerful positions for potentially the next 4 years. To spend an extra day or two on each nominee, even if it takes a few weeks to get through them all in order to carefully consider their nominations, is well worth it. It is only fair that they are given a thorough and thoughtful vetting and they abide by the ''long standing'' ethics practices that were established—and laid out quite clearly by the majority leader himself—to ensure Cabinet officials were in good standing to work on behalf of the American people.

Thank you, Mr. President.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. BARRASSO). The clerk will call the roll.

The senior assistant legislative 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.

RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER. The majority leader is recognized.

OBAMACARE

Mr. MCCONNELL. Mr. President, earlier today I had a good conversation up in New York with President-Elect Trump about a number of pressing issues. We talked about the upcoming Senate agenda, the President-elect's nominees, and the way forward on repealing and replacing ObamaCare. As I told him, the Senate's focus this week will remain on the process to repeal ObamaCare and keep our commitment to the American people.

ObamaCare has been a flawed system from the start, and things have gotten progressively worse over the last 7 years. From skyrocketing premiums to dwindling insurers in the exchanges, ObamaCare has corroded insurance markets across the country to a point that is simply unsustainable. That is why we are taking action to bring relief to countless American families who have been hurt by ObamaCare. Unfortunately, there are some who will never accept the realities of this failed partisan law. They seem more interested in messaging exercises than replacing ObamaCare with real solutions to improve health care. Catchy slogans, expensive campaigns, or messaging amendments are not going to undo the damage ObamaCare has caused.

Our Nation cannot continue on this trajectory as ObamaCare continues to

unravel at every level, leaving Americans to pick up the pieces.

We may not be responsible for the damage of this law, but we are committed to bring relief nonetheless. We will continue working this week to pass the legislative tools necessary to begin clearing the way for repeal and then a different way forward that will lower costs and increase choices from where they are now.

There is no quick fix to undoing the damage created by this broken and complex law, and repeal is just the first step in that process, but the sooner we act, the sooner we can begin bringing relief to those who need it. Let us continue working to keep our promise to the American people by passing legislation that will help us finally move beyond ObamaCare's broken promises.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. MARKEY. Mr. President, I rise to speak about this impending attack upon the Affordable Care Act and the impact it can have on the hospitals of our country, in terms of draining revenue from them; on the issue of the impact on community health centers across our country and the impact it can have upon them; upon the impact that the repeal of the Affordable Care Act would have on the access of those who are addicted to opioids who need help for opioids, who are in a situation where they are going to need the Affordable Care Act, the access to coverage, so their problems can be taken care of.

So this is no small threat. In fact, this goes right to the core of what started in Massachusetts back 10 years ago when we as a Commonwealth decided that care for people who needed health care was going to be made available to them. We have proven in Massachusetts that we are able to provide health care for 98 percent of our population, at the same time having an unemployment rate of 3.2 percent, while simultaneously having the highest scores for kids in the 4th, 8th, and 10th grades in math, verbal, and science, while having the strongest protections for the environment in the United States, while having an energy efficiency standard that is the tops in the United States.

We have proved conclusively that it is possible to ensure that people do, in fact, receive access to the health care which they need while simultaneously discharging our responsibilities to the economy, to education, to the environment, to all of the other interests, all of the other important stakes that we have in our country to ensure that they are given the attention which they need.

It would be tragic if what we did as part of the Affordable Care Act was to once again flood the emergency rooms of America with people who otherwise would have had health care coverage under the Affordable Care Act. That is a system we have used for 100 years, and it doesn't work because it winds up with the insurance rates of people who do have coverage going up in order to cover it. It winds up with the whole rest of the medical system, in a very chaotic way, being forced to deal with the consequences.

If we begin simultaneously to defund the community health centers across the country and their ability to provide health care, then what we have is a cascading impact that ultimately hits those people who are the poorest, those people who are the most vulnerable. They are the ones who are caught in the crosshairs of this incredible, almost unbelievable attack which the Republicans are waging upon a health care system that has already transformed the lives of 22 million people in the United States.

It is unimaginable to me that we could be in that kind of discussion right now on the floor of the Senate, but I understand it. This is ideological. It is something that is completely and totally detached from the reality of the benefits of the Affordable Care Act, as they have in fact already positively affected tens of millions of families inside the United States.

This week we are about to have an incredible battle waged against the Affordable Care Act. Understand this, right in the crosshairs are the hospitals of our country, not just the famous, big hospitals we all know the names of but Catholic hospitals across our country, hospitals that provide the service for people now under a much more orderly system than they would have done if we had never put the Affordable Care Act on the books in the first place.

At the forefront of all these issues, though, is this largest of all public health epidemics that has ever faced the country, the heroin and prescription opioid epidemic, like OxyContin, which is claiming the lives of more than 90 people every single day across this country. In Massachusetts alone, when all the final numbers have been gathered, 2,000 people will have died in the State of Massachusetts in the year 2016, and 1,500 of them will have been found to have had fentanyl in their blood system. This is an epidemic of unbelievable proportions. Fentanyl is the Godzilla of opioids. It is powerful and deadly and knocking people down the streets all over Massachusetts, all over New England, and all over our country. People are being robbed of their potential and God-given abilities from this epidemic that knows no socioeconomic, ethnic, or political boundaries, and Congress has recognized the importance of tackling the Tsunami of heroin and prescription opioid addiction that is laying waste to these communities.

Just 1 month ago, on the Senate floor, Republicans and Democrats came together and passed a bill to provide $1 billion in new resources to States to address the opioid crisis, resources that can be and are being dedicated to increasing access to treatment for opioid use disorders. Yet, today, pending before the Senate is a Republican budget whose entire premise is to repeal coverage for the exact same vulnerable people who need access to treatment. Not only is that nonsensical, it is downright cruel for all those families and individuals who finally felt a sense of hope, the hope that new resources could mean the difference between life and death for their loved ones. If you kicked this policy in the heart, you would break your toe. That is how heartless it is going to be in terms of its impact upon ordinary families. With this budget, Republicans are repealing the hope that has given families a reason to ensure that they will have the coverage. This is going to make the problem even worse.

Medicaid pays $1 out of every $5 for substance use disorder treatment in the United States. Without Federal investment in the Medicaid program, States like Massachusetts, New Hampshire, Ohio, West Virginia, and Kentucky, which are bearing the brunt of the opioid epidemic today, will have to find even more money in their already dwindling State budgets to aid those who need treatment. We all know what happens in this scenario when States cannot find that money. The most vulnerable among us, the ones who don't have a voice, are the ones who will suffer the most.

The repeal of Medicaid expansion would rip coverage from an estimated 1.6 million newly insured individuals with substance use disorders. At the same time, repeal will put big insurance companies back in charge. If the Republicans have their way, insurance companies would be able to discriminate against people, including individuals with a preexisting condition like an addiction disorder. OxyContin, heroin, fentanyl coverage—gone under the proposal the Republicans are making on the Senate floor this week.

Let's recognize that the Republicans are not just repealing ObamaCare; they are repealing hope. Those suffering from addiction don't have time for Republicans to come up—possibly, maybe, potentially soon, sometime, in the indefinite future—with a replacement plan.

There are 1.6 million people who have insurance for substance disorders right now for heroin, for OxyContin, for fentanyl. These are the people who could potentially die because they don't have medical coverage. What is the plan the Republicans have to deal with these 1.6 million people who are already under a substance disorder medical coverage plan? What is their plan for these families who are already desperate for the medical help they are going need in order to stay alive, in order to get the help they and their families need? Those families know that any delay in a replacement being put on the books could be the difference between getting clean or getting buried.

This repeal effort is the worst kind of bait and switch. It is happening at a

time when the American people can least afford it. Repeal is being done at the same time the Republican budget gives billions, tens of billions, hundreds of billions of dollars to corporations and to the wealthy in tax breaks. So look at that as the balance we are talking about: 1.6 million people who have an addiction, a substance abuse problem, lose their coverage, but billionaires and corporations get the money through tax breaks that are going to be saved from cutting those programs for those who have a medical problem. That is immoral, ladies and gentlemen. That is plain and simply immoral.

You cannot give tax breaks to the wealthiest in our country until you take care of those who are the sickest, until you take care of those who are most in need, until you take care of those with substance abuse disorders in our country. It is immoral to cut the programs so you can give tax breaks to the wealthiest within our society.

We will not save lives and stop this scourge by paying lip service to providing treatment, but this is not the only casualty of this misguided budget before us. The hospitals that each and every one of our constituents depends upon are also at risk. The Affordable Care Act became law in no small part due to the support of those hospitals across the country. During that debate they knew full well the impact that a lack of insurance had not just on individuals but on the entire health care system.

The hospitals are on the frontlines of witnessing the financial burden that uninsured patients have on the system. We tell them they can never turn away a patient in need; then, when these patients cannot afford to pay for the care, it is up to the hospitals to foot the bill. So the hospitals told us that if we worked to reduce the number of uninsured they had to care for, then they would help us pay for improving the entire system.

They did pay, in no small part. That is why we have a new system in our country. As part of the ACA, the hospitals agreed to give up over $150 billion in payment reductions between 2010 and 2019. Those payment reductions came largely from Medicare and were attacked relentlessly by opponents of ObamaCare as an act to destroy the program, but the prophesied destruction did not occur, and the impact on Medicare has been quite the opposite.

Since passage of the Affordable Care Act, Medicare has seen its lowest per-member rate of spending growth in its 50-year history. Premiums paid by enrollees in Medicare Parts B and D have gone down. Perhaps most importantly, the savings have contributed to keeping our promise to America's seniors by ensuring that the program will continue to be there for them. Medicare's projected insolvency in the year 2017 has been extended for over a decade. All of this is possible, thanks to America's hospitals.

Here is what the Republicans are saying to Grandma and Grandpa: Yes, the Affordable Care Act extended the solvency of Medicare 10 years beyond 2017. We are repealing that bill. So, insolvency comes almost immediately to the Medicare system. What a great signal to send to Grandma and Grandpa this year with this bill on the Senate floor: insolvency of the Medicare system, the one thing that Grandma and Grandpa, and, by the way, everybody else inside every family in America is depending upon to take care of Grandma and Grandpa.

So will the budget before us return the savings they are expecting from this bill to the hospitals to help them cover the cost of Grandma and Grandpa? No. For that to happen, Medicare costs will go up. Higher costs will lead to higher premiums for every enrollee in Medicare Parts B and D. These higher costs will also be realized in the entirety of the Medicare Part A program, reducing the time of insolvency from 2028, down to 2024, 2023, 2022, or even earlier.

Those results are unacceptable to the Members of this Chamber and to their constituents, so it is now going to be a historic debate that we have. We can decide instead to simply not cut off the 20 million Americans from the insurance they need. We can ensure that hospitals have the resources to focus on the care for patients when it matters most. We can keep the promise to America's seniors that Medicare will be there to cover their needs when necessary.

I thank the Presiding Officer.

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.

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

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

Ms. CANTWELL. Mr. President, I look forward to having this discussion this afternoon about the Affordable Care Act and the many votes and actions that are going to be taking place. I especially look forward to having this discussion with the Presiding Officer because I know his State is greatly impacted by the health care delivery system and its shortfalls, and I look forward to discussing with him some of the many ideas that our colleagues have.

I will say this at the outset of my comments. I am willing to work with anybody to improve our health care delivery system. I am willing to discuss with anybody what we need to do to improve the quality of health care for Americans, and I am specifically interested in making sure that we improve the outcomes of many Americans' health care and that we also lower costs.

It has been the hallmark of what the Northwest health care delivery system has been all about. Yes, that is right. We get less money and deliver better outcomes. It is not because we all like to hike, although there are many Washingtonians who like to hike. It is because we have had to make do with less, and we have built a better system. We hope the rest of the country can move forward along similar lines.

So I am here to talk about the Affordable Care Act and the many aspects of it that are so important to our Nation in actually slowing health care costs and reducing our deficit. That is one of the cornerstones of why we did delivery system reform and why we did health care reform. We needed to slow the rate of health insurance increases, and we needed to lower the costs for us as a nation as well for the private sector. That was the task at hand. So to my colleagues who are ready to repeal all that, I ask you to wait. I ask you to stop and think about what we are doing, and before you repeal, think about what we are going to put in its place because this is such an important issue.

What does the Affordable Care Act mean? One of the aspects that I think is getting lost in this debate is that people are talking about what has happened in a percentage of the individual market. They are talking about the plans as they related to last October and what happened with rate increases. Some people said: Oh, well, a lot of providers went out and offered a lot of low-ball coverage costs and came back with higher rates later. Some people said: Some of the pools aren't big enough. Some people said: Well, the coverage we are going to guarantee is going to help. But the issue is that the Affordable Care Act is much more than just what we tried to do in the individual markets. It is about providing affordable coverage, but it is also about reducing costs, improving the health care delivery system, protecting women's health, and saving the taxpayers money. I hope my colleagues on the other side of the aisle will think about all of these issues—providing affordable coverage, reducing costs, improving the health care delivery system. I warn my colleagues that if you repeal the Affordable Care Act and take away its improvements to the delivery system, you are going to balloon the deficit, and that is something that we cannot afford.

What am I talking about when I say ''affordable coverage''? Well, let's take Washington State, for example. I am sure the Presiding Officer could take his State also, but in our State, there are 3 million Washingtonians with preexisting conditions who are guaranteed coverage; there are 50,000 young adults who can keep coverage through their parents' plans; and more than 600,000 Washingtonians have been covered by the Medicaid expansion.

To me, the Medicaid expansion is about simple math. Medicaid is expanded because it is the most cost-effective, economical way for that population to get health care coverage and to be part of the health care system, keeping our costs down and keeping that population healthy.

Depending on what State you are from and what philosophy you have as an individual, you may not be for Medicaid expansion. There have been many times that across the aisle we have been able to come to terms on Medicaid expansion and on the CHIP program because we believe that having a healthier population is a good economic policy for our Nation. After the Affordable Care Act implementation, we actually have results, studies, and analysis by various States in the Nation that have said that expanding the Medicaid population has helped our economy and has helped our States overall. So I would say to my colleagues, please do not repeal the Medicaid expansion. Please do not put these people back on the street with their health care problems and health care issues and increase the cost of uncompensated care. That is not a strategy.

What else do we want to do? We want to drop the rate of uninsured Americans. The Affordable Care Act has done that, decreasing by more than 40 percent the number of uninsured Americans. Less than 9 percent of Americans are now uninsured. In our State, the uninsured rate has dropped to 5.8 percent, which is a nearly 60-percent decrease. For us in the State of Washington, we have more people covered. The Affordable Care Act is covering more people, so we have taken more people out of the uninsured market.

The way the other side of the aisle would like to describe this is that the whole thing is falling apart because of some changes and shifts in the individual market, but the facts are there that the law is not only expanding coverage but lowering costs. Looking at what health care costs would have been over the last decade has always been a tricky issue. The rates of health care costs were going up. I like to say that we may want health care costs to keep pace with the rate of inflation—and I will give health costs a little bit of an inflationary bump because of technology and new innovation. It is not the same as the rate of inflation for everything else, but at the same time, we shouldn't be seeing double-digit increases in the costs of health care. Our goal was to change the system to the degree that we would see health care costs more in line or a little bit above the rate of inflation.

This chart shows the national expenditures for health care on the dotted line on these actual and most recent projections of what the health care system is doing now compared to what it would have been before the Affordable Care Act. So again, people are debating over what these increases are, when in reality we were seeing double-digit increases, and now we are seeing the cost growth of health care go down.

So going back to the chart for a second, this projection is so big because of many factors. This is about changing the delivery system; this is about making sure that there are not exorbitant amounts of uncompensated care; and this is about making sure that we don't overspend on the health care delivery system. I can imagine that for some States this must be the most frustrating issue, particularly if the reimbursement rate has led to a population that is constantly underserved because no one wants to see those patients. We in the Northwest have had that frustration because we get somewhere between $1,000 to $2,000 less—maybe even more—per Medicare beneficiary than many other States in the country. That has led to a situation where people don't even see Medicare beneficiaries in parts of our State. That is right. People have to travel a great distance to find a doctor because they can't find one because of the Medicare reimbursement rate.

My solution is, if we are providing health care in my State with better outcomes and lower costs, I shouldn't be penalized for that; I should be rewarded. Every other State should try to practice medicine that actually helps us lower the costs.

So why are we working on this issue? The Affordable Care Act has contributed to slower cost growth. Medicare spent $473 billion less in the 5-year period from 2009–2014 compared to the benchmark—compared to what would have been done if we did nothing. So, my colleagues on the other side of the aisle, I know you are all for repeal. Where will you replace this money? Where are you going to come up with those savings? If you come to the floor and say that you don't want to repeal the delivery system reform that we fought so hard for and crafted, that you are willing to make those changes and keep the delivery system, we will be listening with open arms and great receptivity because there are many people on this side of the aisle who have worked very, very hard on these reforms.

In the private sector, we have also slowed the rate of growth in insurance premiums. I am talking now about the employer-based plans. We slowed the rate to one-third of what it was before.

Individuals are seeing lower increases than what they would have had to pay before these reforms.

So what is the debate about now? What we are trying to do in health care reform is improve health care by decreasing costs, having better patient outcomes, and helping doctors spend more time with their patients than with their paperwork. This is critically important because what we are seeing in the United States is doctors spending more time on the paperwork of the system than on the actual outcomes of their patients.

We want everybody to have a medical home. We want everybody to have a delivery system that rewards outcomes, and that is what we are driving for, but the debate in Washington has not been over this issue of where Americans get their insurance coverage. As you can see from this chart, 49 percent of Americans get insurance through work, 34 percent of them through Medicare and Medicaid and other public programs, and then a much smaller percentage are uninsured or in the individual market. The debate now is over the individual market. The debate is over the 7-percent number.

In some States, the individual market was out of whack for a variety of reasons. Maybe the risk pool was too small, maybe insurers went too low on their original estimates, maybe they made some changes that didn't work in that marketplace, but that doesn't mean we throw out all of the Affordable Care Act that is doing such great work just because 7 percent of the population in the individual market needs further attention. It doesn't mean that we repeal all of this. It certainly doesn't mean that we give this uncertainty to the American people about whether they are going to have health care coverage and give the illusion that the other side of the aisle is doing anything but taking the system and capping Medicare and Medicaid, giving out a check that never keeps pace with inflation, and then taking the savings from the system and channeling it into corporate tax reform relief. No, no, no, no, no. We need to make the health care delivery system work for the American people, deliver better outcomes, and continue to make reforms.

What are the innovations that we are talking about in the delivery system? Well, my colleague, the Presiding Officer, will know, because he understands health care, that the innovation in health care is about everybody having a medical home. Why do you need a medical home? You need a medical home because you need to be seen, not by the emergency room physician but by your doctor and someone who is going to understand your health care needs.

We need to make investments in primary care and prevention and wellness. I am sure the Presiding Officer understands that we don't have enough primary care providers in the United States. We need to change our system for the GME; that is, graduate medical education, so we can get more primary care providers.

We also need to focus on health and wellness. That is what the Affordable Care Act does. It starts to look at the system and rewards prevention and wellness. The Affordable Care Act says: OK, let's try to do this in a new way. Accountable care organizations aim for a global budget instead of all the paperwork that has to happen. A provision I authored, the Basic Health Plan, which is being used in the State of New York, is showing results in lowering

the costs of premiums, giving affordability to people well beyond what they were able to otherwise get.

The other idea is rebalancing nursing care to community-based care. Twenty-one States applied for and were approved to do rebalancing. A lot of these States were Republican States in the South that took the money from the Affordable Care Act and bought into this really smart notion. It says: Let's rebalance away from nursing home care into community-based care, and we as the Federal Government will help incent that. So all the Republican Governors that took that money from the Affordable Care Act to try to rebalance their population away from a very expensive delivery system to a new delivery system, are they now going to pay us back? Is that what repeal is going to mean, that we are going to ask them to pay us the money back or that we are going to forgo this notion that moving people out of nursing homes and keeping them in their community homes is more important?

I will tell you this. We have a problem of an aging population in the United States of America, and the best thing we can do is help change the delivery system so it is more cost effective for the future. That is what the Affordable Care Act did.

The Center for Medicare & Medicaid Innovation, which is also a part of the Affordable Care Act, drove in some incredible efficiencies. The Secretary just spoke today at the National Press Club, talking about focusing on better managing care for many people affected with diabetes because they are one of the biggest cost drivers. So all of this innovation is part of the Affordable Care Act. Are we going to repeal that, too? Are we going to repeal all those health care delivery reforms that are helping reduce the cost of health care?

So what does repeal actually mean?

I am taking it from two different sources here; that is, a full Republican repeal of the Affordable Care Act will increase the deficit by $350 billion over 10 years.

Why does the Congressional Budget Office and the Committee for a Responsible Federal Budget say that? Why do they say that? Why would they make such a claim? Because they know that built into the Affordable Care Act are changes to the health care delivery system that improve access, focus on better outcomes, and change our system for the better. We cannot afford to repeal this as a way to try to say to our base: This is a better way of delivering health care.

What does the Affordable Care Act come down to?

The philosophy we pushed through is to put the patient at the center of the health care delivery system so that it works for them. The repeal attempt by the other side is nothing more than basically saying we are going to come up with a model where you are not at the center of this, you are going to get a check that no longer pays for your full health insurance costs, you are going to get capitated and so is Medicare and Medicaid—or at least that is all we can get out of the other side right now about their plans.

It is very important to me that we do not repeal the Affordable Care Act and that we certainly don't repeal the Affordable Care Act without any idea what it is that we are going to be doing instead. We have millions of Americans who will not be covered, and we are going to throw away our whole system, which has managed to save private employers and individual families millions of dollars—I would say billions of dollars over the time period of this legislation and put us on the right track. If we have to make some changes and adjustments to the system, let's make some adjustments and changes to the system, but let's not throw out the entire legislation, and certainly let us not steal away the Affordable Care Act from the American people.

Basically, that is what repeal is. Repeal is stealing away the affordability they have been granted over these last several years and instead taking it for some other corporate interest. I hope it is not to stuff it into a tax reform bill to give relief to corporate America because that is not what we need. We need a delivery system that works for everyone. We need to save those individuals by making sure there is a cost-effective health care option for them and the marketplace, and I look forward to seeing real and serious legislation—not a poster board but a solution.

I love working with my colleagues who want to work on these ideas. I do. I will because this is a solvable problem. It is. We have shown that. We have enough results. We have to make some adjustments, but repealing is just stealing health care from hard-working Americans. I urge my colleagues to turn that down.

I thank the Presiding Officer.

I yield the floor.

The PRESIDING OFFICER (Mrs. CAPITO). The Senator from Louisiana.

Mr. CASSIDY. Madam President, I rise to address a very important issue in regard to the health care of our poorest Americans and discus my plan, the Medicaid Accountability and Care Act, or the MAC Act, which is also included in my ObamaCare replacement plan which would address the failings of our current Medicaid system. My colleague from Washington just extolled the virtues of ObamaCare. As she pointed out, Medicaid clearly is a major part of the ObamaCare kind of response so it is apropos I would follow.

I wish to first tell you my perspective. I am a physician, and I had been working in a hospital for the uninsured for 25 to 30 years, until they blew it up. I saw prisoners, the uninsured, and Medicaid patients. You might say: Wait a second. Medicaid, it is insurance. Why would somebody with Medicaid insurance be seen at a hospital for the uninsured?

It is because in my State, like in most others, Medicaid pays beneath the physician's cost of seeing a patient. To paraphrase Saint Paul, it is the illusion of coverage without the power of access.

I will point out, the week ObamaCare passed, there was an article in the New York Times, written by a very respected journalist, Robert Pear, tracking a Medicaid patient in Michigan. The physician, the oncologist seeing her, had so many Medicaid patients, the oncologist was going bankrupt because she could not afford to pay her bills so she had to discharge the Medicaid patients from her practice.

I followed up to find out what would happen, and 2 weeks after being discharged from this oncologist's practice, the patient died. This is Medicaid, which is so critical to the purported success of ObamaCare.

Is it that we are not spending enough money; that maybe if we just spent a little bit more on Medicaid it would all be better.

A study from MIT found that 60 percent—let me stop. The State of Oregon did an expansion of Medicaid so researchers from MIT and elsewhere went to study it. This study found that 60 percent of the dollars used for the Oregon Medicaid expansion went to institutions, not for patients—as little as, say, 20 percent to 40 percent—but as little as 20 percent of the money that was put toward the Medicaid Program actually was a benefit for the patient. Let me repeat this. As much as 60 percent went to benefit institutions, not patients. They also found that patients on Medicaid did not have improved outcomes. Think about this. We are giving everybody all of this coverage. It is supposedly wonderful. Yet when they went back 1 year later and 2 years and 3 years later and looked at the patients covered on Medicaid—versus those who were not, those who continued to be uninsured—there were no better health outcomes among those who are on Medicaid.

If we can't agree this is a program to reform, it is going to be hard to agree on anything.

For those who are not familiar with Medicaid, let's talk a little bit about the program. Medicaid is a Federal-State program. The Federal Government provides a certain percentage—a different percentage for each State—but the State actually administers the program. In some States, the Federal Government pays 50 percent of the cost. It can go up as much as 75 percent of the cost. In Mississippi, they put up $25, they get $75. In a State such as New York, they would put up $50 and get back $50 so it is a 1-to-1.

This open-ended financing structure is based solely on how much the State spends. I will agree with my colleague from Washington State. We should not reward States that spend incontinently. We should not reward States that just spend, but under Medicaid, the State is rewarded. The more it

spends, the more it draws down from the Federal Government.

I always smile when people speak about the economic development of Medicaid expansion. Medicaid expansion is not about economic development. It should be about taking care of patients, but I understand that perspective because they pull down at least $1 for every dollar the State spends, sometimes at the 75-percent ratio. Under the ObamaCare Medicaid expansion, States have been drawing down 100 percent of what they spend. If the State is going to draw down 100 percent of what it spends on the Medicaid expansion population—surprise, surprise—they are actually spending at a higher rate on the expansion population than on those Medicaid patients for whom the State actually has to cover part of the cost.

The Federal Government has very little ability to weed out the corruption of the inefficient programs. Again, this matching incentive disincentivizes States from looking for ways to be more efficient, but, still, States have to balance their budget every year and Medicaid is either the second largest or largest budget item in every State. Even though the Federal Government is paying 50 percent to 75 percent of the traditional Medicaid population and 100 percent of the expansion population, the State taxpayer is still on the hook for a lot. On average, States spend 17 cents of every State dollar on Medicaid. My State of Louisiana has the highest percentage. Nineteen percent of our budget goes to Medicaid. The percentage is steadily increasing, nearly doubling since 2000. Sooner or later, even though the Federal Government covers the majority of the cost, the budget crunch gets more difficult because the rate of Medicaid spending is climbing faster than the State tax base.

Because of all the Federal requirements on what a State can change in the Medicaid Programs, in order to come up with the State match, States have two options. They can pay providers less or they can cut other programs such as education and move the money to the Medicaid Program.

First, paying physicians less brings us back to the situation Robert Pear described in his New York Times article, where the oncologist was going bankrupt because she could not afford to see more Medicaid patients.

Let's speak a little bit about education. I am just going to use my hands. In 1963, the State government used about that much for education and when Medicaid started in 1964 or 1965, about that much for Medicaid. In 2009, for the first time ever, on average, States spent more on Medicaid than on education. Now the percentage on Medicaid continues to climb, if you will, cannibalizing the State dollars that could be used to support higher education, primary and secondary education.

Let's look at the effect of the ObamaCare Medicaid expansion. Let's look not at my own State but Kentucky, a State which has been at this for a little bit longer. The previous Governor, Governor Beshear, implemented the ObamaCare Medicaid expansion—-just kind of traditional Medicaid—and expanded it.

Again, my colleague from Washington State was extolling how much ObamaCare has lowered costs. When Kentucky originally implemented it, they expected the long-term cost of Medicaid expansion to be only a 4-percent increase in their current State spending on Medicaid. After only 1 year of the expansion, updated projections showed the expansion cost the Federal Government more than half a billion dollars more than Governor Beshear had projected for 2014, and this will double in the coming years, meaning that the Medicaid expansion will cost $1 billion more per year than expected. Again, this was the projected cost. This is the actual cost.

If this is saving money—oh, my gosh. What would happen if we actually lost money? By anybody's calculation, this is losing money. This has been the situation across the country. States that have expanded Medicaid have turned out to be far more expensive for the Federal taxpayer than originally anticipated. Again, it just isn't a Federal program. Like many other States across the Nation, Kentucky is facing serious fiscal issues. They do not have $1 billion lying around.

On its current path, Kentucky's own projections suggest the State will start losing $45 million in perpetuity beginning in 2021. This is a 10-percent increase. The Federal Government is putting up most, but Kentucky itself will have to put up an extra $45 million per year.

Also, given that the Federal taxpayer—you and me, us, the people watching on TV and in the Gallery—given that we, the Federal taxpayer, put up 90 percent of Kentucky's costs—well, every State's costs, we just happen to be speaking about Kentucky—but every State's costs are 90 percent of the costs in perpetuity. As this cost grows, taxpayers are on the hook for 90 percent of it. Such a deal.

It doesn't have to be this way. Let me compliment Indiana. When Vice President-Elect MIKE PENCE was Governor of Indiana, rather than adopting kind of ObamaCare's let's do the traditional Medicaid and watch the cost explosion—he took an innovative approach and created the Healthy Indiana Plan or HIP as an alternative to simply doling out the dollars. The plan gave each beneficiary a high-deductible plan in combination with a health savings account. It was capitated. Again, my colleague from Washington who just spoke kind of criticized these capitated plans, which means there is a set amount, and the person is, if you will, engaged in managing her dollars.

The State will put up a certain amount on a sliding scale based upon the income of the Hoosier who enrolled. The plan empowered low-income enrollees to become better consumers of health care. Hoosiers who participated—for those not from Indiana, I have learned you don't say Indianans, you say Hoosiers. So Hoosiers who participated changed behaviors. They use 40-percent less charity care than traditional Medicaid patients. Seventy percent contributed to their own HSA. Once they started contributing, virtually all continued to do so regularly. That is despite 83 percent of those participants in the Healthy Indiana Plan earning less than the Federal poverty level. Those Healthy Indiana Plan patients also saw clear improvements in care over traditional Medicaid. They decreased their emergency room utilization by 40 percent relative to Medicaid's average. Thousands more physicians chose to take Medicaid patients. Remember, at the beginning, I discussed how physicians often can't see Medicaid patients. It pays them below the cost of their seeing patients. In Indiana, thousands more chose to take Medicaid patients, improving access to quality care. Clearly, the Healthy Indiana Plan was able to work for Indiana patients. This is the sort of quality innovation that States can devise if we give them the power.

Now, revising the current funding structure would also encourage States to follow Indiana's example and develop innovative Medicaid programs to increase the efficiency in which the program spends money. Again, that is Federal taxpayer money. That is our money. For those watching right now, it is our money. We want to encourage States to be efficient with how they spend it. There should be greater flexibility to design the Medicaid program to better meet the needs of State residents. States will be given the latitude and the freedom to develop various coverage options and specialized delivery systems for different Medicaid patient populations.

This is why I developed the Medicaid Accountability and Care Act, which we call the MAC Act. It reforms the flawed financing of Medicaid by giving each State a set amount according to how many people each State has enrolled in the different categories that each State's Medicaid program treats. That is a mouthful, but it is basically exactly like the Federal Employees Health Benefits Program or like any employer who goes to an insurance company and says: I want to give you a set amount of money per employee who enrolls in your plan. For that matter, it is like Medicaid managed care, where the State will go to a managed care company and give the managed care company a set amount per enrollee in that plan.

Now, I hear people say: Oh, my gosh, it is a set amount. That is all we do in health care, except in Medicaid, where we reward inefficient spending. So if it is good enough for the State to do it to the Medicaid managed care program, why isn't it good enough for the Federal taxpayers to do it to the State? I

am not quite sure I understand the critics of this approach.

But, again, under the Medicaid Accountability and Care Act, or the MAC Act, each State would tell the Federal Government how many beneficiaries it has in different categories of Medicaid and the Federal Government would give each State the amount of money appropriate for that number of enrollees in each category. The advantage of this is it is a set amount. It allows the Federal Government to do that, which it does not do now; and that is, to say to the State government: If you recover fraud, you can keep that money.

Now, let's go back. Under the current situation, the Federal taxpayer pays 50 to 75 percent of the State's Medicaid costs. If there is fraud—and there is lots of fraud in Medicaid—and the State government recovers it, it has to give back to the Federal taxpayers whatever the percent was the Federal Government put up. So if the State goes out and recovers $1 million—spends money on the attorneys, spends money on the investigation, on the court case, and it recovers $1 million—it has to give half a million to $750 million back to the Federal taxpayers. It is responsible for the prosecution, the investigation, but it gives most of the money back to the Feds. So the States don't investigate because it is a disincentive to go after fraud.

Under the MAC Act, if the State goes out and gets $1 million worth of fraud, the State keeps the money. That is good for the State. It encourages the State to root out that fraud and to keep the money and to make sure that fly-by-night scam artists never get to become Medicaid providers in the first place.

The MAC Act's reforms will result in improved health care for Medicaid patients.

I will go back to where I started.

I am a physician who worked in a hospital for the uninsured and Medicaid patients. These are my patients. If this proposal was not about improving patient care, I would not advance it. But recall that Oregon, with their Medicaid program, upon review by MIT, found no improvement in patient outcomes. Then let's go to Indiana, which actually set up health savings accounts and engaged the patient in managing their own health, and there, we do see better outcomes. We should all be about patients having better outcomes.

Along the way, we do other things, such as equalizing the amount of money the Federal Government gives to each State per beneficiary. Again, my colleague from Washington State pointed out that folks in Washington get less money from the Federal Government than do other States. I would attempt to equalize that with the MAC Act.

So let me finish. The American people have been voting against ObamaCare for the last 8 years. Whatever its proponents may say, the American people have found it wanting. One aspect of it that has been wanting is Medicaid. We have a proposal before us based upon my experience of treating patients in the hospital for the uninsured and Medicaid but also taking States like Indiana and elsewhere in which we attempt to give States the initiative to create specialized programs that focus on patient-centered care. In that way, we will see better outcomes. The current Medicaid funding system under ObamaCare works against States, penalizing them for addressing fraud, abuse, and waste. This must change. We need to change this broken framework with a system that will work with States to get their Medicaid programs back on track, benefiting their patients as much as possible.

With that, I yield the floor.

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

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

NOMINATION OF JEFF SESSIONS

Mr. CORNYN. Madam President, as my colleagues know, this week we will take up the nominations of the men and women who President-Elect Trump has selected for his Cabinet. I have to say, for myself, that looking at the quality of the people the President-elect has nominated gives me quite a bit of reassurance about what his administration will be like, starting with the Vice President, MIKE PENCE. Mr. PENCE is somebody well known to those of us here in the Congress, having served 12 years in the House of Representatives, and then he went on to be the Governor of Indiana for 4 years. He is eminently qualified to help the administration and the President-elect navigate the perils and pitfalls of the legislative process here in the Senate and in the House.

Then we look at the other people who have been nominated, whether it is for Secretary of State, Secretary of Defense, or the Department of Homeland Security. In some cases, they are unconventional choices, but, in every case I can think of, they are people who have eminent qualifications to offer to the administration and to the country in this new administration.

This is one of the most important responsibilities a Senator has—to make sure we conduct the advice and consent process and make sure we vet the nominees for these important posts. But in one case in particular, it is not going to be all that hard because we have served alongside Senator JEFF SESSIONS, for 15 years in my case and for 20 years in other cases.

We should be working together, as President Obama himself has said, recognizing the importance of a smooth transition from the outgoing administration to the new one. That should be true no matter what side of the aisle you are on. Unfortunately, I think some of our Democratic friends are still in some shock from the election on November 8.

I remember a book written on the grieving process, describing that first comes denial, then comes anger, and then ultimately acceptance. I think what our Democratic colleagues have to work through is their denial and anger to get to acceptance of the fact that President-Elect Trump and Vice President-Elect PENCE won the election.

So what is our responsibility? It is to work in a bipartisan basis to make sure that they have the people around them that they need in order to run the government.

We are simply trying to stick to the same standard set under President Obama. In 2009, our Democratic colleagues held seven confirmation hearings in one day. That is more than we are planning to do on Wednesday. So my response to our friends across the aisle is to listen to the junior Senator from Connecticut, who told a reporter: ''I can figure out how to walk across the hall and attend two hearings occurring simultaneously.''

One of the most important hearings, in my mind, we will hold is the hearing we are going to have in the Judiciary Committee starting tomorrow on the President-elect's nominee as Attorney General—our friend Senator JEFF SESSIONS. As I said, the junior Senator from Alabama has a lengthy history serving his State and country in law enforcement, but his passion for public service started long before that.

Before we knew him in the Senate, JEFF SESSIONS was an Eagle Scout from Hybart, AL. He later served in the Army Reserves. After college, he taught at Goode Street Elementary School in Montgomery, AL. I bet even those of us who have known him a long time did not know that he taught at Goode Street Elementary School in Montgomery, AL, after college. Then he went on to become a lawyer, receiving his law degree from the University of Alabama. He later worked as a Federal prosecutor, including 12 years as a U.S. attorney for the Southern District of Alabama. Then—where I got to know him—he became his State's attorney general.

Senator SESSIONS' record is one of a person not afraid to go after those who are abusing power. From State judges and senators to county commissioners and school board members, JEFF SESSIONS has rooted out and punished corrupt officials as was his job as a U.S. attorney. As U.S. attorney, he fought to secure the rights of African Americans to vote and successfully advocated to uphold the death penalty sentence of Ku Klux Klan member and murderer Henry Hays.

Here in the Senate, he served on the Senate Judiciary Committee for 20

years, where I have come to know him well. Working with him has shown me not only his sharp mind but his passion for the people of this country and his commitment to the rule of law. He is a hard worker and a person who makes his decisions based on what he thinks is the right thing to do and his own integrity. I know many of us can attest to this, including my colleagues on the other side of the aisle. While holding true to his principles, JEFF SESSIONS has found common ground with folks across the ideological spectrum on many issues, including ones he will work on as Attorney General of the United States.

For example, in 2003, Senator SESSIONS worked closely with the late-Senator Teddy Kennedy, whom I have called the liberal lion of the Senate. Perhaps, I am not the first one, but he certainly was that. He was a larger-than-life personality and somebody who personified our political opposition across the aisle. But JEFF SESSIONS and Teddy Kennedy worked together to help fight sexual assault in prison in a way that was both proactive and pragmatic. Senator SESSIONS crafted legislation to encourage State governments to take affirmative measures that reduced the frequency of sexual assault in jails and prisons. We continue to see the benefits of this legislation today, as more and more States get serious and crack down on this crime. Last Congress, I was proud to work with Senator SESSIONS and Senator LEAHY, the ranking member in the 114th Congress, and others in this Chamber, to pass the Justice for All Reauthorization Act, which created additional tools that strengthened the Prison Rape Elimination Act.

Then there is the work Senator SESSIONS has done with the assistant minority leader, the Democratic whip, and the senior Senator from Vermont, two of this Chamber's more liberal Members, to address sentencing disparities between crack cocaine and powder cocaine. It became obvious over time that many people living in our inner cities were using crack cocaine, but their fellow countrymen living in more affluent areas caught with powder cocaine were subject to far lesser sentences than those in the inner cities using crack cocaine. The work Senator SESSIONS did with Senator DURBIN and Senator LEAHY, called the Fair Sentencing Act, was signed in to law by President Obama in 2010. Senator SESSIONS saw the harsh penalties many young African-American men experienced for possession of crack, compared to the lighter punishments given to suspects found with powder cocaine, who as a group tended to be more White or Hispanic. To me, this is the sort of thing that offends the most basic sensibilities of JEFF SESSIONS—somebody who believes unequivocally in color-blind justice and equal justice under the law. Of course, the utmost responsibility of the U.S. Department of Justice is to enforce the law and ensure equality for all Americans under our Constitution.

Senator SESSIONS has demonstrated that he is qualified and prepared to serve as the Nation's top law enforcement officer—not only thanks to a proven track record but, because at his core, he understands the importance of justice for all and upholding the rule of law. Now, you don't have to take my word for it. Here is what some of our leading Democratic colleagues have had to say about working with Senator SESSIONS over the years:

The incoming Democratic leader, Senator SCHUMER of New York, called JEFF SESSIONS ''straightforward and fair.''

Senator DURBIN, the Democratic whip, in June 2010, working with him to eliminate the disparity between crack cocaine and powder cocaine called JEFF SESSIONS ''a man of his word.''

Then, perhaps, there is an unlikely person to compliment Senator SESSIONS, because of some of the positions Attorney General Holder took that I think Senator SESSIONS found objectionable—particularly when injecting too much politics into the work of the Department of Justice and not enforcing what Senator SESSIONS saw to be the rule of law. Nevertheless, former Attorney General Eric Holder on January 2016, 2009, called Senator SESSIONS ''a great U.S. attorney.''

Senator SESSIONS has both the temperament and experience to restore the faith of all Americans in our justice system, and we have the responsibility to grant him a fair confirmation hearing starting tomorrow. I suspect our Democratic colleagues agree, because in 2015 they penned a letter that said:

> The Attorney General plays a pivotal role in administering our nation's laws and protecting our national security. This is why the Senate, regardless of the party in control, has historically given swift consideration to Attorney General nominees.

Those were our Democratic colleagues. The chance to do so is right before all of us, and I hope they will assist us in a fair and swift confirmation process for a truly honorable and deserving candidate for Attorney General.

I know we will miss Senator SESSIONS in the Senate. Not that we always agreed with him, but he always disagreed in the most congenial sort of manner and in a way that we knew he had respect for people of widely divergent views. But the fact is that our country needs him to lead the Department of Justice now more than ever.

I yield the floor.

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

Mr. ENZI. Madam President, I thank the Senator from Texas for his comments about the Senator from Alabama. Senator SESSIONS has been an outstanding Senator. He came to the Senate at the same time I did. He has served for 20 years. That is a lot of votes that a person can pick apart, if they want to. But here is how it came out. I don't think we have emphasized enough that Senator SESSIONS didn't have a primary opponent in Alabama. I don't know how many Senators in the Senate haven't had primary opponents. Even more unusual, he didn't have a general election opponent. I am not sure if that has happened before. I know it hasn't happened for a long time. But that says something about the kind of respect he has in his home State, which has a wide variety of people. So I thank the Senator for his comments on that.

Madam President, I ask unanimous consent that following disposition of the Paul amendment, there be 2 minutes of debate, divided in the usual form, and that the Senate then vote in relation to the Hirono amendment No. 20.

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

Mr. ENZI. Madam President, I yield the floor.

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

The Senator from Hawaii.

AMENDMENT NO. 20

Ms. HIRONO. Madam President, I rise today to ask the Senate to adopt the Hirono-Donnelly amendment to protect Medicare and Medicaid. During his campaign, President-Elect Trump made the American people a promise that he will protect Medicare and Medicaid.

Today, we are giving Senate Republicans an opportunity to reaffirm this promise to the American people, but I am deeply skeptical that they will do the right thing because they are committed to repealing the Affordable Care Act. Senate Republicans fought for years to repeal the Affordable Care Act, which would drastically cut Medicaid funding for the States, and the President-elect's nominee for Secretary of Health and Human Services is the architect of the Republican plan to privatize Medicare. The assault on the ACA is an assault on Medicare and Medicaid. Both of these programs can be dismantled through the language in the budget that Congress is debating right now.

The President-elect and congressional Republicans might be willing to break their promise to the American people. Instead, I, along with my like-minded colleagues, will do whatever we can, whenever we can, to protect these social safety net programs.

I am fighting for seniors like Anne and Lanny Bruder from Kauai. Lanny is 80 years old, but he is still working three jobs to make ends meet after losing the family home during the 2008 mortgage crisis. Anne has glaucoma and pays what she calls a ridiculous amount for eye drops. Lanny survived a heart attack and has two artificial knees.

Like many of our kupuna—or seniors—living on a fixed income, they simply could not afford the extra $6,000

a year they would be forced to pay if Republicans succeed in their effort to privatize and voucherize Medicare.

I am also fighting for young people like Anne, who walked into the Kokua Kalihi Valley Clinic 3 years ago. She had no health insurance, and she was pregnant at the age of 15. The doctors at the clinic helped Anne apply for Medicaid, which helped her afford prenatal care and gave her support to stay healthy and, very importantly, to stay in school. Medicaid helped Anne and her husband Dan, age 17, welcome a healthy baby boy named Joseph. Today Anne is a graduate of Farrington High School, works part time, and has plans to become a pediatric nurse practitioner. Anne, Dan, and Joseph now have insurance through Dan's employer.

These stories—and there are thousands of similar stories in Hawaii—demonstrate just how important Medicare and Medicaid are to millions of people across the country. It is why we are fighting tooth and nail to prevent any cuts that would jeopardize these social safety net programs.

The Hirono-Donnelly amendment would prevent any partisan attempt to harm Medicare and Medicaid. Specifically, it would block congressional Republicans from using budget reconciliation to privatize Medicare or increase eligibility standards. It would also prevent changes to Medicaid that reduce State funding from current levels.

Adopting this amendment would send a clear message to seniors and working families that Congress is serious about protecting their access to quality, affordable health care.

I urge all of my colleagues to support the Hirono-Donnelly amendment.

I yield the floor to Senator DONNELLY.

The PRESIDING OFFICER. The Senator from Indiana.

Mr. DONNELLY. Madam President, I rise today in support of the amendment Senator HIRONO and I are offering to protect Medicare and Medicaid for the millions of Americans who currently count on these programs for health coverage.

This week, some of our colleagues are beginning the process of repealing the health care law. I want to be clear. I don't think it is a perfect law. In fact, I have long agreed with many of my colleagues in saying it has work to do, and for years we put forward ideas on ways we can work together to improve it.

The repeal strategy we are debating this week, however, is not about improving the health care system. It is about taking people's health care away. And make no mistake, the consequences are very real. A repeal strategy, particularly with no alternative, would throw our health care system into chaos, taking away coverage from nearly 30 million people, increasing premiums on working Hoosiers and families across this country, and threatening to take us back to a time where anyone with a preexisting condition could not get coverage.

It doesn't have to be this way. If we are serious about improving health care in this country, we can do this work together. That is what the American people expect. Just as Hoosiers go to work every day to make life better for their families, they expect us to come to work and do the same thing. At the very least, they expect us to do no harm. Doctors swear by the Hippocratic Oath, where they pledge first and foremost to do no harm when they are treating patients. We should appreciate this. We should approach this debate in the same manner. Do no harm. That is the basis of the Hirono-Donnelly amendment.

''Do no harm'' means not cutting Medicare benefits or turning it into a voucher program. ''Do no harm'' means protecting the health care of those who use the Medicaid program, many of whom have health care for the first time.

Here is what we know: Repealing the health care law reduces Medicare's insolvency by 5 years to 2021. We know that some in Congress, including the nominee to run the Department of Health and Human Services, are intent on privatizing Medicare or turning it into a voucher program, ending the program as we know it.

The Hirono-Donnelly amendment makes it clear that we will not privatize Medicare. The amendment protects Medicare both for the seniors who count on the program to age in dignity and for the tens of millions of Americans who are contributing to the program with the expectation that it will be there when they retire.

''Do no harm'' also means we will protect insurance coverage for those who get their care through the Medicaid program, which, after the passage of the health care law, enabled millions of our friends and our neighbors to access affordable coverage for the first time in their lives. I know this is true because I worked with and supported our soon-to-be Vice President, MIKE PENCE, when he used ObamaCare to establish a program we call the Healthy Indiana Plan, or HIP 2.0. The innovative plan expanded health care coverage to over 200,000 of my neighbors in our beloved State and helped reduce the uninsured rate among Hoosiers by 30 percent. The HIP 2.0 program has been critical in our ongoing effort to provide treatment to those struggling with opioid abuse and heroin use in our State. Don't just take my word for it. In his farewell address as Governor to Hoosiers yesterday, Mr. PENCE said:

> Our innovative Healthy Indiana Plan is a national model of how to provide affordable health care coverage to our most vulnerable citizens. . . . With HIP 2.0, we have also made great strides expanding treatment for those who struggled in the grip of drug addiction.

I agree with the Vice President-elect that HIP 2.0 is something we can be very proud of because it helps Hoosier families across our State every single day. And it was done by working together, Republicans and Democrats, using the health care law to provide access to our friends and neighbors who wouldn't be able to obtain insurance otherwise. That is a great result.

The repeal plan before us today takes all of this away, including the very program that Vice President-Elect Pence and I worked to put in place. The amendment Senator HIRONO and I put forth is simple. It says to seniors and to people participating in HIP 2.0 and Medicaid plans across the country: We will do no harm.

I am happy to work with anyone to strengthen the health care law, but we are not going to take away the health care people have come to rely on. I urge my colleagues to support the Hirono-Donnelly amendment. Instead of going forward with a plan that creates chaos by repealing the health care law with no alternative, we should work together to improve it. That is just common sense. Most of all, we should strive to do no harm. That should be our guiding principle in the Senate. My colleagues on both sides of the aisle can demonstrate their commitment to this principle by supporting our amendment.

I yield the floor.

The PRESIDING OFFICER. The Senator from Hawaii.

Ms. HIRONO. Madam President, I would like to reclaim the time that Democrats have to talk about the Hirono-Donnelly amendment. We are expecting some of our colleagues to be here. I see Senator BLUMENTHAL.

Thank you.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. BLUMENTHAL. Madam President, I am proud to join my colleagues Senators Hirono and Donnelly. I thank them for their very impressive and steadfast efforts on behalf of Medicare and Medicaid, during a time of tremendous uncertainty in our health care system, as, unfortunately, our friends on the other side of the aisle work toward repeal of the Affordable Care Act without any replacement and any clear plan on what the alternative will be.

Not only would repeal of the Affordable Care Act impact children and families but most particularly our seniors who have worked hard and have earned the benefits of Medicare. Any additional changes to the program that have been previously suggested by Republicans, whether changing the eligibility age or privatization, have no place in a reconciliation that has not been fully debated by the House and Senate and without a hearing from constituents and stakeholders about what those changes would mean.

That is why we are here in support of the very important amendment offered by my colleagues. The Congressional Budget Office has estimated that full repeal of the ACA would increase Medicare spending by $802 billion from 2016 to 2025. This increase in potential

spending could lead to higher Medicare premiums, deductibles, and cost sharing for beneficiaries.

Medicare, as it stands, as we all know, benefits our Nation's seniors who have worked hard and earned this program, but they would rather privatize or gut the program. So this action really should be decided not under reconciliation but by a 60-vote margin after hearings and an opportunity to be heard for our constituents.

Similarly, any replacement plan must not include fundamental or restrictive changes to the Medicaid Program. The bottom line is, Medicaid continues to work to provide potential health care to our most vulnerable citizens. I come from a State that is truly making a commitment to make sure our Medicaid Program works. In fact, Connecticut was the first State to take advantage of the Medicaid expansion in the Affordable Care Act, allowing the State to cover 72,000 more of our people in the State of Connecticut.

In Connecticut, the State has also utilized existing flexibility in the Medicaid Program to improve outcomes through the patient-centered medical home. As a result, in 2016, Medicaid hospital admissions decreased by 5.4 percent, emergency department visits fell 4.3 percent, and people requiring intensive case management saw a reduction of hospital inpatient admissions of nearly 40 percent.

These statistics are of staggering scope and scale and profoundly significant. We cannot make mean-spirited changes to the Medicaid Program, such as block granting, that would weaken the safety net, and we cannot allow gutting Medicare, endangering millions of seniors. We will not allow it without a fight. I am determined to join my colleagues in working and fighting for this amendment and keeping the pressure on our colleagues who disagree.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Madam President, I am very pleased to be able to join Senator DONNELLY, Senator HIRONO, and Senator BLUMENTHAL on this extraordinarily important issue that goes right to the heart of what we want health care to be in this country. I have always felt that the really big issues, the really important issues, need to be bipartisan. You need to find a path to some common ground.

As Senator DONNELLY and our colleagues have pointed out, what is being discussed now is an inherently partisan process for dealing with one of the most sensitive and most important issues of our time; that is, Medicare and what it represents. I had a chance to listen to Senator DONNELLY and Senator HIRONO discuss this issue. It made me recall my days when I was director of the Oregon Gray Panthers, the senior citizens group. I was director of the group for almost 7 years before I was elected to Congress. This was back in the days when I had a full head of hair and rugged good looks.

We always talked about Medicare being a promise. It was a promise of guaranteed benefits. They were going to be there. They were going to be secure. They were going to be defined. In effect, all who supported Medicare said they would oppose unraveling that promise, unraveling that pledge of guaranteed benefits. It seems to me, without strong legislation, the kind of legislation my colleagues are advocating, we are putting that promise at risk.

I think when you look back at the history of what was available for older people before Medicare, you would see why this promise and this pledge is so important. For so many older people, there was, essentially, what amounted to poor farms. We had one not far from where we lived at home in Oregon. When Medicare was being debated, people brought out those pictures. They talked about what it meant, in a country as strong and good and rich as ours, for older people not to have a life of dignity and security and decent health care.

When Medicare was adopted in 1965, it was all about the promise. It was all about the guarantee. That is what Senator DONNELLY and Senator HIRONO are standing up for as part of this debate. I know that some who don't share our view are going to say: Well, there are tremendous challenges with respect to Medicare. There is no question about that—10,000 people turning 65 every day for years and years—but there is so much that can be done, Democrats and Republicans, if you want to reject something that is partisan like reconciliation and come together. You can come together around updating the Medicare guarantee. I say this to my friends Senator DONNELLY and Senator HIRONO, who have done such good work on this.

We are not saying there aren't any challenges. The fact is that Medicare today in 2017 is very different than Medicare when it began in 1965. It is dominated by chronic illness: cancer, diabetes, heart disease. But we can come up with fresh, practical approaches for dealing with those challenges, consistent with what Senator DONNELLY and Senator HIRONO are talking about, which is keeping the Medicare promise, keeping the Medicare guarantee, not allowing the program to be privatized.

We started on that with the Affordable Care Act. There were a number of us in the Senate. Senator ISAKSON was very involved. At the time, Senator MARKEY was a Member of the other body. We advocated for something called Independence at Home, which allowed the Medicare Program to begin to take care of those with chronic illness at home.

So I am very appreciative of what Senator DONNELLY and Senator HIRONO are doing because what they are saying is this: Instead of gambling on the health of older people with a partisan reconciliation process, let's work in a bipartisan way to build on the promise of Medicare, the promise of those guaranteed benefits.

We can do that. We can do that by creating more options for caring for older people at home. We can do it by expanding telemedicine and using new technology. We can do it by creating more opportunities for nonphysician providers. These are all ways that we can build on the Medicare promise and the Medicare guarantee and deal with the challenges of our time. But we are not going to be able to deal with those challenges through partisan approaches like reconciliation that would privatize the program and unravel the promise.

So I am very pleased to be able to have a chance to be out on the floor with my colleagues who have been strong advocates for Medicare, who rightly put this issue front and center in the debate, because I think a lot of what is being discussed is really getting lost. A big part of this debate really seems to be about creating a Trojan horse to give tax cuts to some of the most fortunate, while, in effect, raising health care costs for millions of others and breaking the Medicare promise, which is what my colleagues are seeking to protect in their amendment No. 20.

We are going to be talking more about this. Certainly, as the senior Democrat on the Senate Finance Committee, we will be having significant debates about these issues in the committee. But I am very appreciative that Senator DONNELLY and Senator HIRONO have allowed us to jump-start what this debate is really all about; and that is, keeping the promise of Medicare, keeping the promise of guaranteed benefits, working in a bipartisan way to update the guarantee to deal with chronic illness and improve options for home care. I commend them both for their good work.

I yield the floor.

The PRESIDING OFFICER. The Senator from Alaska.

TRIBUTE TO ERNESTINE HAYES

Mr. SULLIVAN. Madam President, I want to talk a little bit about Alaska this afternoon. Alaska is a beautiful State. Anyone who has visited knows that. Those who have watched any of the numerous television shows featuring my State know that. We have the mountains that seem to go on forever, fish-filled rivers and streams and oceans, miles and miles of beautiful tundra, calving glaciers.

People save their whole lives to take a trip to Alaska, to see the wildlife, to see the bears, the salmon in the wild. There is no doubt Alaska is physically beautiful, but for those of us who live there, the true beauty of our State comes from our people. From our urban areas to the hundreds of smaller towns and small villages that dot our State, we have so many great citizens doing so many great things throughout all of our communities.

What I want to do is to recognize some of our citizens and tell their stories. So every week I will be doing that. Every week I will be recognizing an Alaskan who has made a special contribution to our great State and great Nation. For the kickoff of the Alaskan of the Week, I think it is appropriate to recognize a storyteller.

Narratives keep the people in my State connected to one another. They keep history and culture alive in our great State. That is what Juneau resident Professor Ernestine Hayes does for us in her writing. Professor Hayes was recognized by the Alaska Humanities Forum and the Alaska State Council on the Arts as the current Alaska State Writer Laureate.

The recognition is well deserved. Professor Hayes teaches writing at the University of Alaska Southeast and is the author of two extraordinary award-winning memoirs, the ''Blonde Indian,'' and the ''Tao of Raven.'' Her books chart her unique experiences of growing up in Juneau as a Tlingit at a time when Alaska Natives were denied basic rights and ''No Native'' signs were common on storefronts.

Her career as a writer and a teacher began in her fifties. Living the principle that learning should be a lifetime passion, she graduated from the University of Alaska Southeast—magna cum laude, I might add—when she was 55 years old. In between, she moved to California, where she struggled to find purpose, and, as she put it, she was determined to go back home to Alaska or die facing north.

Thankfully, for us, she made it back home. In the ''Tao of Raven,'' she weaves in the story of Raven and the box of light. Professor Hayes writes about the importance of giving back to the community. ''Although Raven could well have decided to keep light and luster and blinding brilliance for only his own pleasure,'' she writes, ''he knew that to keep riches to oneself guarantees their decline.''

I congratulate Professor Hayes for being chosen as our State's Writer Laureate and our first inaugural Alaskan of the Week. Thank you, Professor Hayes, for sharing your blinding brilliance.

I yield the floor.

Mr. WYDEN. I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. MORAN). The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

The Senator from Kentucky.

AMENDMENT NO. 1

Mr. PAUL. Mr. President, tonight we will vote on a conservative budget that balances within about 5 years and saves the country from trillions of dollars of new debt.

This budget that will be presented as an alternative also allows us to repeal ObamaCare at the same time. We have taken the identical language from the underlying budget, put it into the replacement budget, but we have done something different. Instead of allowing spending to continue to grow unabated, instead of allowing spending to grow at such a rate that we will add $9.7 trillion to the debt, we do something novel—something that I consider to be the conservative vision for our country. We actually freeze spending. We just say: no more spending. Interestingly, the budget will balance. The country's budget would actually balance, and we wouldn't add $9.7 trillion if we simply freeze spending. I think there is something in my version of the budget for both Republicans and Democrats because mine calls for a freeze in spending but would allow the different Appropriations subcommittees to decide where the spending would be cut.

So, for example, if you decided that we needed more military spending but you thought that maybe we could spend less on corporate welfare, you might cut out the Department of Commerce. You might not know it once we did it. You might not know that the Department of Commerce really could be eliminated and you really wouldn't notice that it was gone.

We look at the budget and we look at the spending every year, and we recount all of these terrible wasteful episodes of spending. Yet they never get fixed. Why? Because we continue to give government more money. The current budget that we will vote on will increase spending at about 5 percent a year.

You will hear from people this ''Washingtonese''—this language that says: Well, we are just holding to the baseline. All this is the baseline. Son, just vote for the baseline. Jump on the team and vote for the baseline. The problem is that the baseline is not flat. The baseline is inclined, and that increase in spending every year is what is bankrupting the country. Spending is going up 5 percent a year. That is what the baseline is. So when people say that we are going to cut trillions of dollars or this is a frugal budget, they are talking about cutting spending from the proposed increases in spending.

To illustrate that, the budget I am offering isn't even a cut of any kind. It is a freeze. Has anybody in America ever had their income frozen? Has anybody in America ever had to take a cut? Why shouldn't government? Why shouldn't we force government to look at their finances and say: You know what, this spending is good, and this is not so good.

I will give you an example. We spent $700,000 last year studying Neil Armstrong's statement on the moon. Neil Armstrong landed on the moon and said: ''That's one small step for man, one giant leap for mankind.'' Your government, in its infinite wisdom, spent $700,000 to study that to determine whether Neil Armstrong said ''one small step for a man'' or ''one small step for man.'' After spending $700,000, your government concluded that they still don't know.

They spent $500,000 studying selfies. If you take a selfie of yourself and you smile, will you feel better later? They spent $2 million studying whether or not if you are standing in a food line at a buffet and the guy in front of you sneezes on the food, are you more or less likely to eat the food.

You can't make this stuff up. Yet the budget that we are being offered does nothing to fix any of that. It just puts a stamp down and says: We are going to keep doing things the same way we have always done them. Well, my friends I think we should do things differently.

I think a $20 trillion debt is alarming. I think it is the No. 1 problem we face as a country, and someone ought to do something about it. So I didn't have much luck saying: You know what, guys, we should produce a balanced budget.

So what we got is $9.7 trillion, and I can't support that. So I offer an alternative for people who believe that debt is a problem. They can vote for my alternative, and it still maintains the exact same language that the underlying budget has for repealing ObamaCare. You can do both. Why should it be an either/or? Why should it be that, well, we have to vote for a crummy budget, but that is the only way we can get to ObamaCare. Why don't we vote for a budget that balances? I thought that was what we were for.

I remember a time when Republicans talked about not only freezing spending, but some actually said we should reduce the size and scope of government. That is what Ronald Reagan said. Yet government grows inexorably. Over and over, year after year, government grows. We had Republicans in charge about 10 years ago. Remember? George W. Bush was President. We controlled, I think, both branches for at least one period of time, and yet the debt doubled under George W. Bush's administration from $5 trillion to $10 trillion. Under President Obama, it has gone from $10 trillion to $20 trillion. Now you have Republicans saying: Put us in charge. Put us in charge of the House. You did, in 2010. Put us in charge of the Senate. You did, in 2017. Put us in charge of all three branches, and we will make a conservative vision for the country. We will balance budgets. We will reduce spending. Yet this is an all-Republican Congress where only Republicans will vote on the budget today, and yet we will be voting on a budget that will add $9.7 trillion.

I am told by some: This really isn't a budget; we are going to call it the vehicle to repeal ObamaCare.

That is not what it is called. It is sitting right here. It is called the concurrent resolution on the budget for 2017—because, whoops, we didn't get to it last year, but we are getting to it this year.

This is the budget. It does have numbers in it, and I think the numbers in the budget are of significance. I think, when we look at the numbers, we should make them mean something. But people say to me: Well, numbers don't mean anything. Just vote for it so we can repeal ObamaCare. We have to repeal ObamaCare. So just vote for the numbers, no matter what they are.

I guess my response is this: If the numbers don't mean anything, why don't we put good numbers in there? If the budget is inconsequential and means absolutely nothing and only Republicans are going to vote for it, why don't we put numbers in it that lead to balance, because then we can go home to the people who voted for us and said they wanted us to balance the budget and wanted us to restrain ourselves and we can say we did what you told us to do. Instead, I have to go home and tell people that the Republicans introduced a budget that allows $9.7 trillion. I am told that we are going to do a better job, and 3 or 4 months from now we will do it again. I fear that in 3 or 4 months, when we come back, they will say: Well, you already voted for it once. Why don't you vote for it again? It is the same thing you voted for last time, and it is just a baseline. Well, the baseline is not flat. The baseline is increasing at 5 percent a year, and that is a problem.

We have to look at spending across the board. All of the spending has to be looked at. The great thing about what I offered as an alternative is that, whether you are a liberal or conservative, it doesn't define exactly where you have to have the cuts come from. It says what the overall number will be, and it will keep us from increasing spending. What you could do to get to a freeze is you could cut or eliminate some parts of the government, like maybe the $700,000 we spent studying Neil Armstrong's statement, which could be eliminated completely, and maybe the $30 billion we spend on corporate welfare in the Department of Commerce. Maybe that can be eliminated and not one poor person would go hungry. Maybe a couple of rich CEOs will have to fly in their own jet instead of flying in a taxpayer jet when they are flying around the world. You could eliminate the Department of Commerce and you could keep spending for other items. If you think the military is bloated, you can actually cut money in the military and spend it on other items in the budget.

The bottom line is, if you vote for this amendment, you will be voting for fiscal conservatism that says: Enough is enough. We have a $20 trillion debt. We are borrowing $1 million a minute, and enough is enough. If you are a fiscal conservative, if you are worried about the debt of the country, I hope you will support my amendment, which replaces the underlying budget with a Federal on-budget spending freeze and actually leads the budget into balance in the near future.

Thank you, Mr. President.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, it is my understanding there is 2 minutes equally divided between the proposer and the opposition.

The PRESIDING OFFICER. Who yields time?

The Senator from Kentucky.

Mr. PAUL. Mr. President, I propose the Senate vote for this budget because it leads to balance, it is fiscally conservative, it allows the Senate and the Congress to decide where money will be spent and where it will not be, it will eliminate waste, and—above all—will get us on the right track toward eliminating or at least staying the expansion of a $20 trillion debt. I think this is the biggest problem we face as a country.

As much as I think ObamaCare is a mistake, just ignoring the debt to get to ObamaCare is also a mistake.

For those who are or claim to be fiscally conservative, I ask that you will consider voting for a budget that actually balances and continues to have the underlying language in it that would also allow us to repeal ObamaCare.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, I begin by thanking Senator PAUL. He has shown a lot of courage for standing and exposing the hypocrisy of the Republican budget resolution.

Year after year, we have heard from our Republican colleagues that the United States is going broke, that we have huge deficits, that we have a $19 trillion national debt, that we have to cut Social Security, we have to cut Medicare, we have to cut Medicaid, we have to cut funding for education, we have to deal with the deficit.

As Senator PAUL has indicated, if the Republican budget resolution passes, the Federal deficit would more than double over the next decade, going from $571 billion this year to over $1.3 trillion 10 years from now.

I hope all of the deficit hawks on the Republican side hear what Senator PAUL has to say and support him.

I will not support him because I understand that the cuts that he is proposing are devastating to working families, to the elderly, to the children, to the sick, and to the poor. They would mean massive cuts in Medicare, Medicaid, Federal aid to education, and a variety of programs people desperately need, so I will oppose the amendment.

All of my Republican friends who talk about the deficit year after year, here is a vote you should cast.

Thank you.

The PRESIDING OFFICER. The time of the Senator has expired.

The question is on agreeing to the amendment.

Mr. PAUL. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Missouri (Mr. BLUNT), the Senator from South Carolina (Mr. GRAHAM), and the Senator from North Carolina (Mr. TILLIS).

The PRESIDING OFFICER (Mr. LANKFORD). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 14, nays 83, as follows:

[Rollcall Vote No. 3 Leg.]

YEAS—14

Crapo	Lankford	Rubio
Cruz	Lee	Sasse
Daines	Moran	Scott
Flake	Paul	Toomey
Kennedy	Risch	

NAYS—83

Alexander	Fischer	Murphy
Baldwin	Franken	Murray
Barrasso	Gardner	Nelson
Bennet	Gillibrand	Perdue
Blumenthal	Grassley	Peters
Booker	Harris	Portman
Boozman	Hassan	Reed
Brown	Hatch	Roberts
Burr	Heinrich	Rounds
Cantwell	Heitkamp	Sanders
Capito	Heller	Schatz
Cardin	Hirono	Schumer
Carper	Hoeven	Sessions
Casey	Inhofe	Shaheen
Cassidy	Isakson	Shelby
Cochran	Johnson	Stabenow
Collins	Kaine	Sullivan
Coons	King	Tester
Corker	Klobuchar	Thune
Cornyn	Leahy	Udall
Cortez Masto	Manchin	Van Hollen
Cotton	Markey	Warner
Donnelly	McCain	Warren
Duckworth	McCaskill	Whitehouse
Durbin	McConnell	Wicker
Enzi	Menendez	Wyden
Ernst	Merkley	Young
Feinstein	Murkowski	

NOT VOTING—3

Blunt	Graham	Tillis

The amendment (No. 1) was rejected.

AMENDMENT NO. 20

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes of debate equally divided prior to a vote in relation to amendment No. 20 offered by the Senator from Vermont, Mr. SANDERS, for the Senator from Hawaii, Ms. HIRONO.

Who yields time?

The Senator from Hawaii.

Ms. HIRONO. Mr. President, I rise today to urge my colleagues to vote for amendment No. 20. What this amendment does is to protect Medicare and Medicaid in a way that will help millions of people in our country, and it comports with President-Elect Trump's promise to protect Medicare, Social Security, and Medicaid. So I urge my colleagues to vote for amendment No. 20.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, this amendment is corrosive to the privilege in the budget resolution, meaning that it is outside of 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 amendments to a budget resolution be germane. Since this amendment does not meet the standard required by budget law, a point of order would lie against it; 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 Hawaii.

Ms. HIRONO. 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 motion.

The clerk will call the roll.

The bill clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Missouri (Mr. BLUNT), the Senator from South Carolina (Mr. GRAHAM), and the Senator from North Carolina (Mr. TILLIS).

Mr. DURBIN. I announce that the Senator from Delaware (Mr. CARPER) is necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 49, nays 47, as follows:

[Rollcall Vote No. 4 Leg.]

YEAS—49

Baldwin	Harris	Nelson
Bennet	Hassan	Peters
Blumenthal	Heinrich	Reed
Booker	Heitkamp	Sanders
Brown	Heller	Schatz
Cantwell	Hirono	Schumer
Cardin	Kaine	Shaheen
Casey	King	Stabenow
Collins	Klobuchar	Tester
Coons	Leahy	Udall
Cortez Masto	Manchin	Van Hollen
Donnelly	Markey	Warner
Duckworth	McCaskill	Warren
Durbin	Menendez	Whitehouse
Feinstein	Merkley	Wyden
Franken	Murphy	
Gillibrand	Murray	

NAYS—47

Alexander	Flake	Perdue
Barrasso	Gardner	Portman
Boozman	Grassley	Risch
Burr	Hatch	Roberts
Capito	Hoeven	Rounds
Cassidy	Inhofe	Rubio
Cochran	Isakson	Sasse
Corker	Johnson	Scott
Cornyn	Kennedy	Sessions
Cotton	Lankford	Shelby
Crapo	Lee	Sullivan
Cruz	McCain	Thune
Daines	McConnell	Toomey
Enzi	Moran	Wicker
Ernst	Murkowski	Young
Fischer	Paul	

NOT VOTING—4

Blunt	Graham
Carper	Tillis

The PRESIDING OFFICER. On this vote, the yeas are 49, the nays are 47.

Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained and the amendment falls.

The PRESIDING OFFICER. The Democratic whip.

Mr. DURBIN. Mr. President, there was debate on the Senate floor that went on for years. It was a personal thing, a personal issue with two Senators—one was a Republican, the other a Democrat. The Republican was Senator Pete Domenici of New Mexico. The Democrat was Senator Paul Wellstone of Minnesota. The two of them had teamed up with a very simple goal in mind. They wanted to make sure every health insurance policy in America covered mental illness.

When you think about the fact that so many Americans suffer from some form of depression and that mental illness is something that so many families—at some point or another—face, you wonder: Well, why didn't the health insurance policies cover mental illness? The reason, of course, was that it takes some extended, and oftentimes expensive, care to help those with mental illness. In other cases, there was an argument made that you will not find a cure.

Things have changed a lot in the world of mental illness over the last few decades and changed for the better. There are new medications that are available and some even better ones on the way. There is new treatment available and more hope for people. Pete Domenici, a Republican from New Mexico, and Paul Wellstone, a Democrat from Minnesota, did not give up. They insisted on it, and they won.

They won with the requirement that health insurance policies cover not just mental illness and treatment but also substance abuse treatment. I will be honest with you. I followed that debate closely. I did not pay that much attention, at the time, to the substance abuse treatment part of their effort. Now I have. I think many people across America have. There was a supplement in the Chicago Sun Times this morning, published by USA TODAY. It is entitled ''Obamacare repeal jeopardizes mental health, addiction coverage.''

I tore it out of the paper on the airplane to bring it to the floor of the Senate because this a good day for us to reflect on what this article has to say. We are now in the midst of the budget resolution effort that is designed by the Republican majority to repeal ObamaCare.

The Republicans hate ObamaCare. They hate it almost as much as the devil hates holy water. They have tried for 6 years to repeal it with a singular focus. I don't know how many times they voted in the House—some said over 60 times—to repeal it. They have said that for so many years, and we have said to them: What will you do after you repeal it? They said: Well, we have a plan. For 6 years, they have said: We have a plan to replace it.

We have never seen it. No one has ever seen it. It raises the question about whether they do have a plan. They certainly have a plan to repeal it, but when it comes to replacing it, they don't offer anything—but they are going to go ahead with it. They are bent on doing this regardless of the outcome. For a lot of people across America, this could be devastating. This article talks about a family in Kentucky, the home State of the Republican leader. Melissa Fleckinger of Edgewood, KY. She had to pay for heroin treatment for her daughter Amanda before the Affordable Care Act. Her son Brian's treatment for heroin addiction was covered by the ACA, but unfortunately he died of an overdose in 2015.

This article goes on to talk about what it means to have children who are addicted to drugs and parents who are desperately trying to find treatment. Some of the things that are said in the course of this are really worrisome because this article spells out what happens to families without health insurance that covers substance abuse treatment. They become helpless, unable to take care of their kids.

The Republicans have come back and said: Well, we will just do a partial repeal of the Affordable Care Act. Listen to what this articles says:

Almost any route taken on Capitol Hill leads to an unraveling of addiction and mental health coverage for those people. Even the partial ACA repeal Congress is considering would eliminate the tax credits that reduce the premiums for about 85 percent of the people who buy insurance on the exchanges. Most of those who get the tax credits pay less than $100 a month for health insurance and have very low out-of-pocket costs that make it possible for them to afford coverage.

What they go on to say here is that putting a requirement in the health insurance policy that it cover mental health illness and substance abuse treatment means nothing if the people cannot afford to pay the premiums for the health insurance policy. So the Republican plan that would eliminate the tax credits families need to be able to afford the policy means there is no way they are going to get coverage for themselves and their kids.

Who is going to be affected by that? I will tell you what I found in Illinois. What I found in Illinois is that the current opioid and heroin epidemic is everywhere. There is no town too small, and there is no suburb too wealthy to avoid it—story after story of teenagers and young people addicted who have no place to turn.

If the Republicans have their way in the Senate and the House, they will close the door for many of these young people. I see my colleague from the State of New Hampshire. I was stunned to read—I don't know if it is still the case, but I was stunned to read several months ago that when you look at the average number of deaths from opioids

and heroin across the Nation—and Illinois is, I am not making any excuses here, we are average—the rate of death for heroin-opioid overdoses in West Virginia is twice the national average, and the rate in New Hampshire is three times the national average.

Listen to what the repeal of the Affordable Care Act would mean in New Hampshire. I might say to the Senator from New Hampshire that she is quoted in this article.

Repealing the ACA would cause [in New Hampshire] nearly 120,000 people to lose coverage in the State, where federal data show a nearly 200% increase in overdose deaths in the past five years. More than 48,000 Medicaid claims were for substance use disorder in 2015, making an ACA repeal [in the words of Senator SHAHEEN] ''literally a matter of life and death.''

Ohio. At the Cincinnati Center for Addiction Treatment, CEO Sandra Kuehn said about 30% of Kuehn's patients are covered for treatment because of the expansion [under ACA]. Overdose deaths in Ohio climbed from 2,531 in 2014 to 3,050 in 2015, up more than 20 percent.

Kentucky.

The home State of the Republican Senate leader.

Overdose deaths here totaled 1,248 in 2015, up 17% from the previous year. Fentanyl—which is much stronger than heroin—was involved in 420 fatal overdoses in 2015, up nearly 250% over the previous year.

The lady who was quoted earlier who lost her son to the overdose was not surprised. She knows several other people who have overdosed and many others who have died, including one last week.

Chicago.

I am proud to represent it.

Up to 30% of the 9,000 inmates in the Cook County Jail have a diagnosed mental illness. . . . ''The ACA has been a game changer for those who were in and out of Cook County Jail,'' says Mark Ishaug, CEO of Thresholds, a Chicago treatment provider. It costs less than $20,000 a year for Threshold's highest level of community-based mental-health care with a housing voucher. . . .

So $20,000 a year or less than that. Do you know what it costs to incarcerate that same person? It costs $70,000 a year to incarcerate them. About one-third of the patients being treated by Thresholds are covered by the Affordable Care Act. What is the alternative, I say to my Republican friends. They can't wait to repeal this, but they don't have an alternative.

Meanwhile, in Illinois, in New Hampshire, in Maine, and every State in the Nation, mental illness is still a challenge, and substance abuse is on the rise and people are dying from heroin and opioid overdoses. This is the height of irresponsibility, to repeal this measure with no replacement. It is sad to say we have reached this point where a political score has to be settled now that the Republicans are in control of the House and the Senate.

Now that they have an incoming President, the Republicans finally get their day. Someone said to me: Why is public sentiment starting to change on this issue and even among Republican politicians? I said: They have been saying irresponsible things for a long time, but now people are taking them seriously. As they take them seriously, they realize what a devastating impact it is going to have.

Nicholas Kristof wrote in the New York Times last week:

If the Republicans ran a home renovation business, they would start tearing down your roof this month and promise to return in 2019 with some options for a new one—if you survived.

Last week, Senator RAND PAUL of Kentucky wrote an op-ed arguing that repeal should not be done without simultaneously being replaced. Senator BOB CORKER, Republican of Tennessee, has said that repealing the law without replacing it is ''a flawed concept'' and that having a replacement ready first would be a more ''prudent approach'' in the Republican Senator's words.

Senator SUSAN COLLINS, Republican of Maine, has said she would like to see ''detailed framework'' accompanying any repeal.

Senator TOM COTTON, Republican of Arkansas, said: ''I don't think we can just repeal ObamaCare and say we are going to get the answer 2 years from now.''

Over and over again, these Republican Senators are realizing how totally irresponsible it would be if we go forward with this proposal. I will tell you what troubles me as a representative of a State that has the great city of Chicago and a wonderful metropolitan area. I come from the other end of the State, the rural part of our State. I wonder what is going to happen to our rural hospitals if the Affordable Care Act is repealed. I think about Franklin Hospital in Benton, IL, population, 7,300. The hospital has been there 60 years. In the past 15 years, it has been teetering on the brink of bankruptcy. It all changed 6 years ago with the passage of the Affordable Care Act and the expansion of our Medicaid Program in Illinois.

Because of those changes, Franklin Hospital found they could survive. Expanding Medicaid cut Franklin Hospital's uncompensated care in half. In Franklin's emergency room, they saw 600 fewer no-pay patients and 428 more Medicaid patients compared to the previous year. This, combined with increases in Medicaid funding, allowed Franklin Hospital to invest in much needed improvements and to consider bringing nuclear medicine and a retail pharmacy to Benton, IL. What does that mean in that city? Well, it means all the difference in the world. There is something else that has to be said. If that hospital—Franklin Hospital in Benton—closes, it will not just mean a longer drive for critical health care, it is going to mean job losses. It will mean the loss of 4,300 jobs in the 12th congressional district, where Franklin Hospital is located.

So when the President-elect talks about saving 6 or 800 jobs at Carrier Corporation, good; I am glad. But then for his party to turn around and pass a measure which could kill 84,000 to 95,000 jobs in Illinois, that is a move in the wrong direction. I say to my Republican friends, go home and talk to the people you represent. Listen to what they have to say about what we are doing—addiction, mental illness, and rural hospitals that are on the brink of closing, if you have your way politically. This is no victory for the people of America to repeal the Affordable Care Act without a replacement that is as good or better.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, my colleague from Illinois has addressed very clearly what some of the human consequences of this are going to be. I am going to take a few minutes as well to describe it. I am very pleased our colleague Senator MURRAY is here because she has really led the effort—and I have been very pleased to join her—in terms of trying to promote expanded health care services for vulnerable women in America.

I say to Senator MURRAY, I saw there was a comment made by some who advocate the repeal of the Affordable Care Act. They said: Nobody was going to get hurt—nobody in America was going to get hurt. The reality is, that is not true for the hundreds and hundreds of thousands of women who depend on Planned Parenthood for basic health care, for preventive health services, for essential services, for example, like cancer screens.

So this notion that somehow nobody is going to get hurt by repealing the Affordable Care Act is simply contradicted, from rural Oregon to rural Maine, when you see the kind of pain and suffering this is going to end up generating for some of the poorest and most vulnerable women in our country. The fact is, what has been set in motion by Republicans here in the Senate is a scheme that I call repeal and run. It is about very large tax breaks for the most fortunate, paid for by taking health insurance away from millions of working people. Under it, the insurance companies are back in the driver's seat, health care costs skyrocket across the board, and that is true even for those who get their insurance at work.

The replacement plan our colleagues on the other side have promised for years is somehow hidden away, with tens of millions of Americans in the dark about what is coming next for their health care.

Whenever I hear about the replacement, the whole notion of what would be there for families in the future, it reminds me of what used to be the old movie house in town. It had a big marquee up at the top of it, and it would always talk about the movie ''coming soon,'' but the movie never actually got there. When I hear about the replacement, what I think about is that everybody is going to be sitting in the dark again.

What is essentially at stake here is whether America is going to go back to the days when health care was for the healthy and the wealthy. That is what health care used to be all about. If you were healthy, no problems, nothing to worry about. If you were wealthy, you could just write out checks when you had a whole host of preexisting conditions.

What the Senate is going to vote on this week is whether to green-light the first step in this scheme to go back to the days when health care was for the healthy and wealthy with a budget resolution.

I think it is fair to say budget resolutions usually aren't the prime topic at dinner table conversations in America, but this year there are serious consequences—serious consequences—personal, life-and-death consequences because of this scheme that is being pushed through the Senate. That is where I believe the focus ought to be and why I am going to spend the remainder of my time talking about persons whose lives in Oregon are going to be directly affected and, in some cases, endangered.

Maleta Christian is from Douglas County, OR, a beautiful rural community. She is a personal support worker, providing care to adults with intellectual and developmental disabilities. She had always carried health insurance until she was unexpectedly laid off from her job. She was without coverage for more than a year, but then she was able to buy a plan through the Affordable Care Act.

For Maleta, having insurance meant cancer screenings that, very likely, saved her life. Doctors found tumors that had to be removed. Later, she was diagnosed with a degenerative hip and back problems that caused her pain every day, making it difficult to get through a physically demanding and grueling job.

Her prescription drug coverage, which she gets through a plan under the Affordable Care Act, is what makes it possible for Maleta to get up every morning and get through that workday. Thanks to the care she has received, Maleta made it to her daughter's wedding, and she was proud that she even baked the cake.

Another Oregonian, Rita from Salem, comes from a family who has been struggling with depression. It is a condition that has been stigmatized for far too long in this country.

I know something about this because my late brother, Jeff, faced the stigma of mental health. He was a schizophrenic, and he passed at far too early an age. Far too many of those with mental illness have been denied care and shunted to the fringes of society.

Before Rita got coverage through the Affordable Care Act, she was forced to pour a staggering share of her income into health-related expenses. It was nearly two-thirds in 2011. Even then, she didn't have access to the mental health treatments she needed. Her depression used to keep her out of work.

With coverage from the Affordable Care Act tax credits that made it affordable, Rita's costs have fallen substantially. She now gets the prescription and therapy that help her manage her condition, and she can live a healthier life.

Another of my constituents is Mary, who lives in Milwaukie, OR, with her husband and 7-year-old daughter. She has a hereditary disease known as HAE. It is a rare genetic condition that causes dangerous swelling, lasting days at a time, affecting various parts of the body. If Mary goes without treatment, attacks come on regularly, even multiple times a week. When they do, it is completely disabling.

Before she got insurance through the Affordable Care Act, she rotated through health plans and insurers to maintain coverage and avoid hitting caps on treatments. She sought out clinical studies to get free care, typically participating in one each year.

So on top of holding down a job, raising a daughter, battling a life-threatening condition that affects 1 in 50,000 Americans, she was basically out trying to cobble some decent health care together. The system was so badly broken, she basically sewed her own health care safety net, but the ACA protected patients like Mary from discrimination and guaranteed access to care.

These are three Oregonians. They come from different backgrounds, and they have battled different conditions, but they share a lot in common with each other and with people around the land.

Not long ago, in the eyes of insurance companies, the women who I just mentioned would have worn their preexisting conditions like scarlet letters. But the insurance they have now gives them the opportunity for healthier, more productive lives, and that is what is endangered because of the scheme that is being pushed through Congress, pushed through the Senate by Republicans right now.

Costs are going to shoot up if the plan goes forward. The premium subsidies millions of Americans count on to buy insurance could be eliminated. Even if Americans with preexisting conditions have access to health care after this repeal scheme goes through, it doesn't mean they can afford it.

What my colleagues on the other side have said repeatedly for years is that they were going to repeal and replace—no gap, no harm done to anybody. The replacement would be ready on day one.

It sure looks as though that promise is going to be broken. The replacement is still hidden somewhere, but the process of repeal is rolling forward. In the meantime, millions of Americans are left guessing what is going to happen to their care if this plays out.

The bottom line for me and my colleagues is really this. If Members on the other side want to debate how to solve this country's health care challenge, we will have that debate.

I would say to my colleagues on the other side: I have spent about as much time as anybody here in this body looking for bipartisan approaches to address health care. So let's find ways to bring down costs for families. Let's make prescription drugs more affordable. Let's uphold the promise of Medicare because that is what it is; it is a promise of guaranteed benefits. But we are not going to be able to do that on a partisan scheme called the budget resolution and reconciliation. That is not about bringing people together for a bipartisan effort. That is about tearing things down, tearing down the Affordable Care Act, so I want that understood.

My colleague Senator MURRAY is here. She and I work together closely because of our committees. We feel very, very strongly about how uniquely important this time is because this is a time when our country has to decide not to go back to the dark days when health care was reserved for the healthy and wealthy. That is what the other side has on offer right now. It is a proposition that my colleagues and I are going to fight with all our strength.

With that, Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Mr. President, I come to the floor of the Senate tonight with my colleagues to share the stories of families in our home States whose lives are now healthier or have even been saved because of the Affordable Care Act, including those who depend on Medicare and Medicaid, people whose voices now more than ever need to be heard here in Washington, DC.

But first, I am going to make clear how the Republican plan to repeal the Affordable Care Act will rip apart our health care system. And after what came to light late last week, I also come to the Senate floor tonight to stand with the millions of women, men, and families nationwide who are rightly outraged that this reckless and harmful effort also includes a plan to defund Planned Parenthood.

For 7 years now, congressional Republicans have made all kinds of empty promises about how undermining families' health care isn't going to hurt anyone; that if the Republican-controlled Congress privatizes Medicare, cuts Medicaid, defunds the Nation's largest provider of women's health care, and guts public health and prevention programs, somehow families are going to be magically better off.

Well, let me be clear. Ripping apart our healthcare system with no plan to replace it will create chaos. This is a view shared not just by the Senate Democrats who are here tonight but by independent experts. In fact, it is a view shared increasingly by State Republican leaders across the country, including some Senators and Congressmen.

Last Friday, just to cite one example, the Republican Governor of Arizona urged his party in Congress not to rush to repeal the Affordable Care Act, saying: ''I don't want to see any Arizonan have the rug pulled out from underneath them in terms of changing this law.''

Mr. President, if Republicans repeal the Affordable Care Act, it is women and kids and seniors and patients with serious illness and people with disabilities who will bear the burden. Premiums will skyrocket. Out-of-pocket prescription drug costs will rise, and overall health care costs will increase. It is a perfect storm to make America sick again and is absolutely the wrong direction for our families and our economy.

Mr. President, I have to say, I have never seen a start like this to a Congress, where the majority is jamming legislation through on a fast-tracked basis with no hearings for public debate or actual legislative text. As a former chairman of the Budget Committee, I have to say I have never seen such an abuse of the budget process.

What many of my Republican colleagues are doing right now is unprecedented, but it gets worse. As if all of their harmful plans weren't enough, House Republicans announced last week after meeting with Vice President-Elect Pence that they plan to defund Planned Parenthood in this budget. In other words, congressional Republicans are not only trying to undo a law that protects women from being charged more than men for their health care and ensures birth control is covered without a copay, they are also going after the Nation's largest provider of women's health care as well. They are doubling down on their shameful and tired obsession with undermining women's access to health care, and it will have devastating consequences for women's health and rights and economic security.

So I am here with a very clear message: not on my watch. I, along with my colleagues and women and men across the country, have fought this fight before in 2011, in 2013, in 2016, and we will fight it in 2017. We know what Planned Parenthood means to millions of patients—men and women—who have trusted it for over 100 years for cancer, STD screenings, for HIV tests, birth control, and so much more. We are not going to let extreme politics get in the way of their health care. So if Republicans think causing chaos in our health care system, heightening economic uncertainty, attacking women's health and rights, and burdening our seniors and their families with higher health care costs somehow makes our country ''greater,'' they are obviously not listening to millions of families who did not vote in November for higher premiums or a health care system thrown into chaos.

I have gone back to my home State of Washington, and I have heard from moms and dads and grandparents who are finally experiencing some stability and are able to cover their families with quality, affordable health insurance—many for the very first time. There was a mom from Bellingham, WA, who sent me a story about how the Affordable Care Act helped save her son's life when doctors found a life-threatening blood clot during a routine physical. She was not only able to afford the preventive check-up that found the clot because of her new coverage, but her son's treatment was then covered by the Affordable Care Act through the Medicaid expansion.

I heard from a small business owner from Spokane, WA, who told my office about his wife, a retired nurse of 62, and how she was able to get a better plan thanks to the Affordable Care Act. He told us what this meant for his wife and his family. You bet he gets upset when he hears Republicans say the law hasn't worked for anyone or that they want to privatize Medicare by turning it into a voucher program.

Finally, I want to share the story of Kalon, who is a software engineer from Seattle, and his son Bryce. Kalon reached out to my office right after the November election. Two years ago, his son Bryce was kayaking in West Virginia and he injured his back. The pain in Bryce's back didn't go away for months. What doctors first suspected as a stubborn muscle strain ended up to be a rare type of bone cancer called Ewing's sarcoma, a horrible illness. Thankfully, his family had health insurance.

Today Bryce is getting excellent treatment at Seattle Children's Hospital, where doctors have been able to ease some of his pain, and he is responding well now to chemotherapy. Bryce, who is now almost 18, will need care—expensive care—for many years to come, and Bryce's dad, Kalon, is greatly concerned that, if the Affordable Care Act goes away, the preexisting condition protection that we fought so hard for in this law will go away, and his son will not be able to afford health care or get the benefits or treatments he is going to need in the future.

Those are just three stories, but they represent many of the more than 600,000 people in my State who are part of the 30 million Americans across the country who are benefitting from this law today. Of course, there is more we need to do. I said it before. The work didn't end when the Affordable Care Act was passed—far from it. Democrats are ready. We have always been ready to work together to make health care more affordable and more successful and better for our families.

I hope Republicans reverse course right now and agree to work with us on improvements to the health care system. That is the path to take if they are truly serious about helping families. If they don't, and if they continue rushing to take away families' health care with no alternative plan, they will be fully responsible, and they certainly will be held accountable. The real impact will be on millions of families across our country, families like the ones I just talked about and those you are going to hear about throughout tonight—Democrats, Republicans, and Independents who do not want to see this law repealed and want us to work together to improve it instead.

I hope Republicans are listening. I urge them to make the right choice.

Thank you. I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. REED. Mr. President, I rise in opposition to the budget resolution that the Senate will vote on this week. We are nearly half way through the fiscal year, and the Republicans have offered this budget resolution not to set a path forward for spending for the year but to give them the ability to repeal the Affordable Care Act through the budget process, requiring less support than is needed under regular order. This budget is nothing more than a sham, being used to take away health insurance from more than 20 million Americans. What is worse is that my Republican colleagues intend to do so without any plan in place to mitigate the impact and protect the people who will be harmed.

The uninsured rate is at its lowest point in recent history. Since the implementation of the ACA in my State of Rhode Island, the uninsured rate has fallen from 12 percent to under 4.5 percent. In real terms, that means that over 100,000 people in Rhode Island have gained coverage because of the ACA. That is about 10 percent of my State's population. Over 30,000 middle-income Rhode Islanders get tax credits averaging $250 a month to help them afford coverage on the State's health insurance marketplace.

We cannot go back to a system that allows private insurers to deny coverage for preexisting conditions or charge more to those who need insurance the most. In fact, the Republican plan for repealing the ACA means that nearly half a million Rhode Islanders with preexisting conditions, about half the State's population, will be denied coverage or will be charged more. Again, as Senator MURRAY described so eloquently in the case of a young man who needs years of expensive treatment, if preexisting conditions are once again possible and if that young man is dropped from his parents' plan at 21, both of those factors will probably deny him the coverage that he enjoys today, and that is not what we want to do. I hope that is not what we want to do.

In my State, there are over 106,000 Rhode Islanders with diabetes, over 112,000 with asthma, and nearly 63,000 cancer survivors who will be forced to pay more for coverage. These are huge numbers in my State—roughly 1 million people in population. They have these conditions, and insurance companies said in the past: We won't cover

you, or, by the way, you will be spending 2, 3, 5, 10 times as much for the coverage we extend to someone else.

We have also been able to improve coverage through the ACA for those who are getting their care through their employer. Before the ACA, insurance plans, including employer-sponsored health coverage, could impose annual or lifetime limits on coverage, meaning that coverage could end when it was most needed. You could have a job, and you could have insurance at a job, but if you have a serious condition, when you reach that limit, that is it—no more responsibility by the company. That is exactly the time you need the help because you have already either exhausted some of your own resources or you are in a position where you have been sick for so long that your ability to go back into the workplace is practically nonexistent. The ACA prohibits these limits, along with ensuring free preventive care and coverage of dependents up to age 26, ensuring real coverage for nearly 600,000 workers in Rhode Island with employer coverage.

There is a perception out there that the ACA doesn't apply to employer coverage and that it has no effect—that if it is repealed, it is fine because I get my health insurance from my employer. That is not the case. The impact will be there, and it could leave many people devastated.

Additionally, the ACA strengthened the rate review processes to help control premiums. Prior to the ACA, double-digit increases were always the norm. When I served in the House and in my first years in the Senate, invariably, when trade associations came to visit me, the first or second issue on the list was this: Our insurance coverage just went up 20 percent. We can't afford it anymore. We are dropping coverage or telling our workers: Do you want a raise, or do you want coverage? You can't get both.

Well, we have to do more to keep premiums under control and bring down costs, but there has been an improvement under the ACA in my State and in many other States. In 2 of the last 3 years, premiums actually went down from the previous year in Rhode Island. During open enrollment for 2017, Rhode Islanders saw decreases of as much as 5 percent in their premiums. In fact, due to the ACA, consumers in Rhode Island have saved nearly $220 million since 2012, according to the State resource.

This program has done something that we were feverishly trying to do, which was to somehow bring costs under control and reduce them if we could but certainly eliminate the double-digit growth, when every year every employer group was coming in and saying: We can't afford this. We want to cover our workers, but we can't. We are giving them that choice, or we will have to sadly say we can't give you insurance anymore. Repealing the ACA would end all of these consumer protections and put insurance companies back in charge.

One other thing that it has done is that we actually required that a significant amount of the premium be used for health care, not overhead. We actually built into the law that, if you are going to charge a premium, it better go to help people get health care, not just to boost your profits, dividends, or anything else. That is another factor that has helped positively this rate and premium structure.

Then, of course, there is a huge economic impact of ACA repeal. For years I have heard my Republican colleagues very sincerely and adamantly declare that the ACA is a job killer, that it was going to destroy millions of jobs. That was one of the refrains that echoed throughout this Chamber as we were debating the ACA for months and years afterwards. But what has happened? We have had an unprecedented 75 consecutive months of job growth—something we haven't seen since 1939. Repealing the ACA would wreak havoc on this progress. Premiums for everyone, not just those in the individual market, will skyrocket. Large businesses will see their health care costs go up, which means workers will forgo pay increases as their employers struggle to simply maintain health care coverage or they will drop the coverage entirely.

We have come a long way since the economic downturn in 2008, and we have much more work to do to keep things moving in the right direction, but one of the worst things we can do for the economy is to repeal the ACA.

Rhode Island stands to lose over $7 billion in Federal funding over the next 10 years with repeal. Again, that is a staggering number in my State—$7 billion. That would be devastating for the State because they would have to step up as best they could, and frankly, they don't have the kind of resources to replace that loss. It would have an effect on hospitals and other health care providers. Hospitals in Rhode Island stand to lose nearly $2 billion in funding on top of the added expenses of emergency room care for the newly uninsured. We remember the old model of health care. The old model was that, if you didn't have insurance, you went to the emergency room. Those emergency rooms were crowded with people. They were much more expensive to treat because they were there without any previous experience with the physicians and without health records, in many cases. They had to do diagnostic tests that were not available and that are now available at the health care facilities because they have insurance. All of that would come undone. It will be a huge impact on the economy.

One of the largest employers in the State of Rhode Island is the hospital system. I don't think we are alone. If you go out into the rural parts of the United States, in many cases, the biggest employer in many counties is the health care system, the hospital system. When they can no longer make their books balance, they are going to have to start closing down operations, laying people off. That is what is going to happen. This is not farfetched. We have seen it before. We have seen struggling hospitals struggling under emergency room uncompensated care. We have seen all these things happen before. Repealing the ACA would lead to a combination of all these factors—skyrocketing premiums and the loss of Federal funding in health care for States, which would have a ripple effect throughout the country.

If Rhode Island or any other State has to step in and partially make up for the loss of Medicaid funds or any other aspect of this program, where are they taking it from? Where are they taking it from? Education, infrastructure, public safety. They will suffer. Ultimately, it is the jobs—the jobs of the people in my State and the jobs of people across the Nation.

So there are things we can do to strengthen the bill. Senator MURRAY was very clear about attempts we have made. She has been one of the great leaders in this effort to make improvements. We have been working on and improving Medicare since 1965, and we still have some work to do, but that was a different program. That was a program that was a bipartisan program, one that was embraced and developed and supported. In fact, one of the ironies today is some of the staunchest supporters and protectors of Medicare are Republicans, as well as Democrats, but that was a program that took several decades to work through, and we are still working through issues with respect to Medicare. We are prepared to do that with the Affordable Care Act in a principled, thoughtful, practical, pragmatic way, not to score political points, but to make it a system that is more affordable, more effective, and that gives more American families a chance. Frankly, you don't have much of a chance for a good education, a good job, or a secure retirement when your health is in jeopardy and your finances are equally in jeopardy.

At this point, the Republicans have offered no plan to replace the ACA, and it is a tough task. I served on the HELP Committee as we were drafting this, and we spent over a year on this law. We spent countless moments reaching out to our colleagues on the Republican side asking: Can we make this better? What improvements can we make? We had numerous folks in the mix. It is tough work. To suggest that we can just repeal this and something will magically appear, I don't think that is particularly logical, obvious, or will happen.

Roughly, 7 years have gone by since the passage of this bill, where the Republicans have had a chance to prepare a detailed plan to replace aspects of the ACA or replace it. I don't think that plan is out there. It is certainly not being communicated.

We have to ensure—and Senator MURRAY was very effective in making this point—that we can improve ACA,

not demolish it, that, if we get into a legislative process, we produce a better outcome for the American people, not an outcome of denial of health care and financial uncertainty and perhaps even financial ruin.

So we have to get to work. I think we are prepared to do this but in the context of something pragmatic and productive for the benefit of the American people.

Let me switch gears, just for a moment, and talk about Medicare and Medicaid because, when people talk about Medicare and Medicaid, they usually don't make an association with the ACA. They think that is something else. I can recall being in a public discussion in August of 2009, when we were discussing ACA before it became law, and something came up that was very critical about the program because they didn't want publicly funded insurance in any way, shape, or form, and I asked: Where do you get your health care?

Well, I have a private provider.

Again, I asked: Where do you get your health care?

I am on Medicare.

Medicare is, as I recall, a single-payer national system of health care, a funded entitlement by the government, with some copayments by participants.

Medicare and Medicaid are effective in a significant way. We made historic improvements to these programs, enhancing benefits. Indeed, we added 9 years of solvency to the Medicare trust fund. One of the great issues that reverberates throughout this Chamber is we have to control entitlements. We have to prepare for the future. We have to make sure these social programs like Medicare, Social Security, Medicaid, and others are solvent. We added years of solvency to the program in the ACA. If it is repealed, subtract 9 years of solvency from the Medicare trust fund. Tell seniors and people in their fifties who are getting ready to enjoy the benefits: Just take 9 years off your expected benefits, or at least a portion of the benefits.

The ACA made a number of other improvements. They closed and are closing the doughnut hole for prescriptions, they eliminated cost sharing for cancer screenings, for example, for Medicare recipients. Over 15,000 Rhode Islanders saved $14 million on drugs in 2015. That is an average of $912 per Medicare beneficiary because of what we did with respect to the doughnut hole. In the same year, over 92,000 Rhode Islanders—huge numbers in my State—took advantage of free preventive services, representing over 76 percent of the beneficiaries. Seventy-six percent of the Medicare beneficiaries in my State took advantage of free services. Otherwise, they would have paid out of their pocket, and, frankly, many seniors don't have the resources to do that. Repealing the ACA means these benefits go away, and it shortens the trust fund by about a decade.

Repeal would also mean cutting $270 million in Federal funds to help pay for health coverage for low-income adults, children, seniors, and people with disabilities through Medicaid. The ACA expanded eligibility and streamlined enrollment and made it easier for the most vulnerable to access quality health care coverage. As a result, approximately 70,000 Rhode Islanders were able to access coverage for the first time through Medicaid—their previous source of health care: most times, the emergency room, if they could get there.

I want to point out a couple of things about Medicaid. Medicaid has become a program for our senior citizens that happens to also help struggling Americans. Seniors make up a small percentage of the Medicaid population but account for approximately half of Medicaid spending nationwide. Nearly 60 percent of nursing home residents are covered by Medicaid. Think about that. Sixty percent of all nursing home residents need Medicaid. The next time you hear someone casually suggest drastic cuts and changes to Medicaid, think about that. Those cuts will work their way back to nursing homes throughout your State. Those families of those seniors are not all people who have been poor and on the margins all of their lives; they are our neighbors, and they will feel it.

In Rhode Island, over 30,000 seniors access health care coverage through Medicaid. My colleagues across the aisle want to make drastic cuts to Medicaid. Make no mistake, cuts to Medicaid mean cuts to nursing home services for seniors and a return to pre-Medicaid times when the elderly had few options. In the 1950s and 1960s, before Medicare and Medicaid, your grandmother or grandfather was in your living room in a hospital bed being taken care of by typically your mother. That is the way you grew up back in the 1950s and 1960s in most middle-income neighborhoods. That was at least my experience. If you want to go back, that is what would happen, in some respects, if we repeal this law.

If Republicans want to come and work with us, we are ready—more than ready—but we can't stand by and allow them to do the damage they propose: to take away coverage from 20 million Americans and cut benefits to seniors. That is not the right direction for America and for our country.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, I am here to join so many of my colleagues to oppose efforts to repeal the Affordable Care Act. Outright repeal without a replacement plan will hurt hundreds of thousands of people in New Hampshire as well as millions across this country. The estimate is anywhere from 20 million to 30 million people who will lose their health insurance coverage.

There are all kinds of reasons why this is a bad idea. Many of those have been addressed by my colleagues very eloquently. I wish to speak about a couple of those reasons.

The first is one Senator DURBIN alluded to earlier; that is, what repeal of this law will mean for the heroin and opioid epidemic that is facing New Hampshire and so many States across this country. Repeal will dramatically worsen that epidemic because it will deny treatment for people who are abusing substances, and it will also deny them access to mental health services. That will mean a surge in overdose deaths, and it will reverse so much of the progress we are beginning to make.

I understand that sweeping health care reform is not easy. We all know the Affordable Care Act is not perfect. It needs work. The way to address it is not to repeal it, it is to work together to make it better. Rather than rush to destroy the Affordable Care Act with no replacement in sight, we should be working together, on a bipartisan basis, to make commonsense improvements to the law. It can be done. I know, because TIM SCOTT and I worked together to pass the PACE Act last year to make it easier for us to control health care insurance increases and to allow States to make the determination about group size for health insurance plans.

One of the things I am hopeful about is that President-Elect Trump, in the course of many visits to New Hampshire over the last year, again and again pledged to take robust action to combat the opioid epidemic in New Hampshire and across America. Yet, by repealing the Affordable Care Act, President-Elect Trump and the Republican leadership in Congress will make the opioid crisis so much worse. This would be a broken promise to communities all across this country that are struggling with addiction.

The Affordable Care Act has given millions of Americans access to treatment and recovery and saved countless lives, and repealing it would deny treatment to people suffering from substance use disorders. It will cost lives. It will take a terrible toll on communities across America.

In New Hampshire alone, health care reform has helped over 100,000 people gain access to health care coverage—people like Keith from Rindge, NH. Keith was one of the thousands of Granite Staters able to access quality, affordable health insurance through our State's Medicaid expansion program.

Keith told my office that the Medicaid expansion literally saved his life. Keith was suffering from several health issues when he went to see his doctor after he signed up for the New Hampshire Health Protection Plan, which is what we call our expansion of Medicaid. He told us that had he not had insurance, doctors likely would not have caught his kidney cancer early like they did, but because he had that health insurance, Keith was able to afford and quickly access treatment for

his cancer. He is thankfully now cancer-free, and he credits having insurance through Medicaid expansion with saving his life.

As I said, New Hampshire is in the midst of a heroin and opioid epidemic. We have talked about the grim statistics frequently in the last year as we have come to the floor. In 2014, we lost 47,000 Americans due to heroin and opioid overdoses. In New Hampshire, when all of the analysis is in for 2016, we are expecting to have lost almost 500 people due to overdose deaths. As Senator DURBIN pointed out, we have one of the highest percentages of overdose deaths in the country.

It doesn't have to be that way because addiction is an illness. It is an illness that doesn't have a cure, but we have made progress in treating it. The Affordable Care Act ensures that substance misuse services are covered by insurance. As a direct result of the Affordable Care Act, many of those suffering finally have access to counseling and therapy like medication-assisted treatment.

In addition to covering substance misuse counseling, the Affordable Care Act is also built on mental health parity provisions that require group health plans and insurers offering coverage of mental health services to provide comparable coverage to what they provide for other medical care when it comes to substance misuse.

The Affordable Care Act extended these parity goals by requiring mental health services to be covered as essential health benefits, and it also helped expand access to these services by insuring more patients.

We worked very hard, in a bipartisan way, over the last year in this Chamber to pass the Comprehensive Addiction and Recovery Act and to pass the 21st Century Cures Act that provided $1 billion to address heroin and opioid problems in this country. Both of those bills provide significant benefits to people who are suffering from substance misuse. If we repeal the Affordable Care Act, we are going to undo all of the progress we have made through these supplemental pieces of law because it would reverse the treatment access so many people in New Hampshire and across this country have. Why would we deliberately take away access to this lifesaving treatment from so many people who are struggling to overcome addiction?

Repealing the Affordable Care Act will affect people like Ashley Hurteau of Dover, who said her access to health care as a new Medicaid enrollee was critical to her addiction recovery. She told our newspaper, the Union Leader: ''I am living proof that, by giving individuals suffering with substance use disorders access to health insurance, we, as a society, are giving people like me the chance to be who we really are again.''

I had the opportunity last Friday to visit a program called Hope on Haven Hill in Rochester, NH. It provides help for women with substance misuse issues who are pregnant or who have just delivered babies. It works because these young women are enrolled in our Medicaid expansion program. Without that, they would lose any opportunity for treatment for their substance misuse. When I visited them, they talked about what it was like to be in a place where it was like a home, where people wanted to help them so that they could provide a better life for themselves and their children.

Without access to lifesaving addiction treatment, many people like Ashley and like those young women at Hope on Haven Hill would succumb to their addiction. Again, what is so frustrating about this situation is that it is completely preventable. It is not only the right thing to do, but it is the economic thing to do because the cost of failing to provide treatment for people who have substance misuse disorders is to make sure that they cannot become profitable, taxpaying members of our society.

One other benefit of the Affordable Care Act that, as Senator MURRAY said, is so critical to 50 percent of our population is access to health care for women. Before the Affordable Care Act, women paid more for health insurance, and contraceptives were something that made insurance cost more. Particularly for women who don't have the economic means, the Affordable Care Act has, for the first time, made contraceptives available to women without cost-sharing requirements like copays, deductibles, and coinsurance. Study after study has shown that access to contraceptives is one of the greatest indicators of success for women. When women are able to plan their pregnancies, they are more likely to graduate from high school, to enroll in college, to have stable and higher paying jobs, and to make sure that their health outcomes are better for themselves, their children, and their families.

It is especially frustrating that last week our Republican colleagues in the House leadership announced that they are going to use the budget processes not only to repeal the Affordable Care Act and the help that it provides to women for contraceptive coverage, but they are also going to use this vehicle to defund Planned Parenthood. This is not only irresponsible, it is dangerous.

Just this morning, Senator HASSAN and I visited a Planned Parenthood clinic in Exeter, NH. We talked with women who have benefited from the vital services this center provides to thousands of Granite Staters. They talked about how 94 percent of the services provided in New Hampshire Planned Parenthood clinics are related to prevention. This is what one of the volunteers said in talking about the women with whom she had met who had come to Planned Parenthood clinics: What they tell me is that Planned Parenthood saved me.

For so many women who have economic challenges, for low-income women who need access to services in New Hampshire and across the country, they don't have any other place where they can get services if we close down Planned Parenthood clinics. Two counties in New Hampshire don't have community health centers and a place where women can readily go. So defunding Planned Parenthood, closing the doors to Planned Parenthood health centers—in New Hampshire and across this country—would put millions of women in a situation where they have nowhere to go to access basic health care services. This will cost women and their families access to preventive care, and, ultimately, it is going to cost the lives of women.

Repealing the Affordable Care Act is going to actively worsen health outcomes. It will provide less access to care for our most vulnerable populations. It will increase unplanned pregnancies. It will mean that people who have preexisting conditions will not be able to access health insurance in the future. The list goes on and on. The repeal of the Affordable Care Act will not only throw millions of people off their health care, but it will also impact the coverage of millions of others because millions of Americans will see their premiums rise. They will see reinstatement of lifetime limits. They will see reinstatement of expensive cost-sharing requirements, higher deductibles, a reinstatement by health insurance companies of coverage denials, or sky-high premiums because of preexisting conditions. Why would we go back to those exclusionary and detrimental practices? Why would we go back to a time when we had over 20 million fewer people in this country who had access to health insurance?

Now is the time for us to come together. Instead of scrapping this law, we should be working together to improve it, to make it work for all Americans.

Make no mistake, repealing the Affordable Care Act without a replacement plan, stripping away health insurance for tens of thousands of Granite Staters and over 20 million Americans is not only counterintuitive but it is dangerous. We can do better in America.

I yield the floor.

The PRESIDING OFFICER (Mr. DAINES). The Senator from Massachusetts.

Ms. WARREN. Mr. President, for 8 years Republicans have complained about health care in America. They have blamed everything in the world on President Obama. They have hung out on the sidelines, name-calling, making doomsday predictions, and cheering every stumble that they could blame on someone else. They spent a lot of energy rooting against families who needed help paying for health insurance or who wanted coverage but were frozen out because of preexisting conditions. They jeered and carried on. But what they didn't do—ever—was lift a finger to try to improve health care

in America. But they are in charge now. They get to call the shots.

So what is the first thing on the Republican agenda now that they are in control? Is it working to help improve health care in America, working to bring down premiums and deductibles, making fixes to expand the network of doctors and the number of plans that people can choose from—any of those? No, the very first thing on the Republican agenda in the 115th Congress is to shatter health care in America. The first thing is to rip health insurance out of the hands of millions of Americans who need it. The first thing is to massively raise the cost of health insurance for everyone who has it. The first thing is to create chaos for hospitals, clinics, and insurance companies, and send their costs spiraling out of control. The first thing is to abandon the people they were elected to represent. The first thing is to repeal and run away.

Republicans have been rushing around Capitol Hill for the past couple of weeks, huddling in meetings and trying to come up with a plan to replace the Affordable Care Act. They are shocked—shocked—to discover that guaranteeing Americans access to health care is a complex business, and they don't have any good ideas.

Now, after 8 years of complaining, they are trying to convince each other that it will all be OK if they just repeal health care access, with nothing to replace it. They are trying to reassure each other that they know what they are doing.

Get real. They don't have a clue what to do next. For 8 years they have had no plan, and they don't have a plan now.

Let's be very clear about what is going on here. Republicans want to tear apart our Nation's health care system—a health care system that protects kids with cancer, protects women getting mammograms, protects independent contractors, protects new moms, protects college kids, protects grandparents, protects disease survivors, and protects so many of America's families. They want to tear it apart, and they don't have the first clue what to do with it afterwards. Repeal and run, that's the Republican plan.

In Massachusetts, we know how important health reform is because we have been working on it now for years—long before the Affordable Care Act was even a spark on the horizon in Washington.

My Republican colleagues could learn a lot from our work in Massachusetts. In Massachusetts, the belief that everyone should have access to affordable health insurance coverage is a shared value that Democrats, Republicans, business leaders, hospitals, insurers, doctors, consumers, and advocates have all worked to implement over the past decade. It is not just the lip service we are hearing right now here in Washington. It is real commitment, and, because of it, in Massachusetts we got real results.

Just because we are all behind this effort together in Massachusetts doesn't mean that health care reform has been a cake walk. Finding ways to cover more people and bring down costs, all while improving the quality of care, is a tough job. You have to be in it for the long haul. That is why, in Massachusetts, we didn't just pass one health care law in 2006 and then just run away. We came back a couple of years later with additional legislation to make fixes and adjustments. We formed commissions to study how things were working and to make recommendations for more changes. We passed amendments. We revised our regulations where they needed to be changed to support implementation. We worked to make coverage more affordable. We set standards to make sure insurance is a good value. We invested in prevention programs to keep people healthy in the first place. We got more coverage for more people, and we lowered health care costs.

We kept working month after month, year after year because we knew what it meant for a family to have the peace of mind that comes with affordable, high-quality health insurance coverage. We kept working because we knew it was the right thing to do. We kept working because we knew that is what Massachusetts residents expected us to do. Once we started something, we had to see it through. When it got tough, we worked harder. We didn't repeal and run.

When the Affordable Care Act was signed into law in 2010, Massachusetts went all in. We expanded our Medicaid program. We used Federal funds to cover people who still lacked insurance even after our State reforms. We set up a State health insurance exchange, the Health Connector, and we combined Federal and State dollars to make sure that insurance was truly affordable.

Just 2 months ago, we signed an ambitious new Medicaid agreement with the Federal Government that will allow us to set up innovative partnerships among health providers, insurers, and community organizations so we can better serve Medicaid patients in our State.

We have a great deal to be proud of in Massachusetts. More than 97 percent of our citizens are insured. People have coverage. They have good coverage—coverage they can afford. This wasn't something we got done overnight, but it is something we worked at, and it is something we can achieve in every State if we are willing to do the work.

Democrats and nonpartisan government officials have worked for years here in Washington to try to make this health system work, and we have made real progress. Now Republicans in Congress are ready to throw away these years and years of progress. They are ready to threaten the collapse of our insurance markets. They are ready to threaten the health and the safety of millions of Americans simply to make a political point. They are ready to repeal and run.

In Massachusetts, right now, families are watching this debate, and they are worried about what happens to them. Kids with diabetes and moms with cancer are worried. Hospitals and insurers are watching, too, and they are worried—worried about an irresponsible Republican Party that is more interested in political stunts than in helping Americans get access to health care.

I don't blame them for being worried because this isn't a game. There is no magic replacement plan that will suddenly make everything all better. In Massachusetts, we can't just snap back to our old health insurance system if Republicans decide to rip up the Affordable Care Act. Other States across the country are also facing the terrifying prospect that they will be left high and dry as a result of the Republicans' reckless actions.

Every Senator here has ideas about how to improve health care in America, but no Democratic Senator will vote to destroy it today based on the vague assurance that maybe at some point Republicans might think up some kind of replacement plan later on. The Republicans' strategy is repeal and run. Repeal and run. That is not governing. That is not leadership. It is one of the most reckless and irresponsible things that has ever been proposed in this Congress. I know some Republican Senators agree with that. I know they are worried about whether this is the right move forward, given all that hangs in the balance. I hope their consciences get the better of them and they scuttle this plan before it is too late. I hope they remember that every single Senator who votes to destroy health care in America will be responsible for the disastrous consequences that come next.

If Republicans actually want to improve health care in America, let's talk about how to do that. That is what we were sent here to do. That is what voters—conservative and liberal, Republican and Democratic—expect us to do. If Republicans want to destroy health care in America, I will fight them every step of the way. The stakes are too high for the millions of Americans whose futures are about to be sacrificed so one party can make a political point.

Let's stay and do the work that needs to be done to make sure every American gets access to high-quality, affordable health care. Repeal and run is for cowards.

Mr. President, I yield.

The PRESIDING OFFICER. The Senator from New Mexico.

Mr. UDALL. Mr. President, I rise, along with Senator WARREN and my other colleagues this evening, to oppose this action by President-Elect Trump and congressional Republicans to take health care away from tens of thousands of New Mexicans.

Let me be clear. What President-Elect Trump and Republicans are doing now will throw health care into chaos. It is reckless. It will hurt thousands of New Mexicans and millions of Americans. The worst part is, the Republicans have no plan to replace care they will take away.

The Affordable Care Act is not a perfect law. I have always said we should work to improve it. It has helped thousands of people in my home State of New Mexico. Before we passed the Affordable Care Act, New Mexico had a high rate of people without health insurance. It was one of the highest in our region and in the country. Since 2010, that number has gone down 44 percent—pretty incredible.

Countless people have written me, called my office, and stopped me on the street to tell me how relieved they are to have health care. Others tell me we can't afford to go back to having insurance companies in charge, we can't go back to caps on coverage, back to allowing corporations to deny care because of a preexisting condition, and back to lifetime limits.

Tonight I want to share what just a few of my constituents have told me.

''Save my daughter.'' That was the heartbreaking plea that came to me from one of my constituents, Kevin from Albuquerque. Kevin's 33-year-old daughter Amber has multiple sclerosis. It is a tough disease, as we all know.

To treat her MS, Amber must follow an exact and rigorous drug regimen, coupled with regular visits to her neurologist and annual MRIs. The retail cost of her drugs is $60,000 per year. Her doctor visits and MRIs would run into the thousands of dollars.

Amber works. In fact, she has a good-paying job, but her employer does not provide health insurance. Amber purchases health insurance through the individual open market without Affordable Care Act subsidies. Amber is able to work because she gets the medical care she needs through insurance. Kevin fears his daughter will lose the right to health insurance if the Affordable Care Act is repealed. The ACA makes it illegal for an insurance company to deny you coverage if you have a preexisting condition such as MS.

The Affordable Care Act provides assurance that Amber will get the coverage she needs to remain healthy, to lead a normal life, to work, to contribute to society, and to stay off public assistance, and to survive. This one provision protects an estimated 861,000 New Mexicans and an estimated 134 million Americans. It is a safe bet that all of us here know at least one person like Amber. It isn't surprising that the vast majority of Americans—close to 70 percent—want to keep this protection.

The Kaiser Family Foundation estimates more than one-quarter of all adults under age 65 have health problems and that could make them uninsurable without the Affordable Care Act. If President-Elect Trump and the Republicans get their way, all of this will be at risk. Kevin is also scared because the cost of treating Amber's disease is so high. Without the ACA, any insurance company could cut off her health coverage if her medical expenses exceeded the company's lifetime limit. This provision protects an estimated 550,000 New Mexicans and an estimated 105 million Americans.

People who need medical care the most, people with serious medical problems, have some of the highest medical costs. If President-Elect Trump and Republicans have their way, care for people like Amber would be wiped away. I am the father of a daughter, and I am angry this father has to worry about whether his daughter will get the medical care she needs to live a healthy and productive life.

Let me tell you about Pam and Mike. They are a husband and wife from Placitas. They own a small business. They signed up for an insurance plan under the Affordable Care Act as soon as they could because premiums before the ACA were too expensive and Pam had a preexisting condition. Using their new preventive care, they found out that Mike had an aggressive form of cancer. Thankfully, doctors caught the cancer at an early stage. Mike was treated at the New Mexico Cancer Center and is now cured. Pam says there is no question that the ACA saved her husband's life.

Because of the ACA, private health plans must cover a range of free preventive services—everything from cancer screening to flu shots. Over 730,000 New Mexicans now benefit. Discovering a disease early saves lives and reduces health care costs, but preventive care is expensive if you are uninsured or poor.

An overwhelming majority of Americans—83 percent, in fact—support making preventive health care free. What would President-Elect Trump and Republicans do to make sure Pam and Mike and millions of others can keep getting cancer screenings? Nothing. They have no plan. They talk but no plan.

Next, I want to tell you about Karen from Albuquerque, the mother of two college-aged children. Karen's son graduates next May and turns 23. She is worried he will not get health insurance for an entry-level job. Her concern is well-founded since young adults have the lowest rate of access to employer-based insurance. Young adults do get sick, and one in six has a chronic illness such as cancer, diabetes, or asthma. Karen wants her son to have medical care if he needs it.

Today, the ACA allows him to stay on her insurance policy until he turns 26. This is one of the ACA's most popular provisions. The vast majority of Americans—85 percent—want young adults to be able to get insurance, but President-Elect Trump and congressional Republicans would leave an estimated 15,000 New Mexicans, like Karen's kids, and an estimated 2.3 million Americans without coverage because they have no plan to replace the Affordable Care Act.

New Mexico is not a wealthy State. A lot of working people qualify for Medicaid. New Mexico wisely adopted the Medicaid expansion under the ACA, allowing 82,000 more people to get health care. Before the ACA, the only place many New Mexicans could get health care was in the emergency room. Now many are scared that President-Elect Trump and Republicans will take their health care away.

Take Amy, her husband, and her four boys—ages 13 to 19. Amy and her husband own a family business in Sante Fe. Before the ACA, they went without health insurance because they couldn't afford it. They just hoped nothing catastrophic happened to them. As soon as she could, Amy applied for health insurance under the Medicaid expansion. It covers her, her husband, her oldest son. Amy says she is grateful that because of the ACA, medical bills will not ''drain us financially.''

There are 8.4 million people across this country like Amy. Like Amy, many are low-income workers. They have jobs but no health insurance. They couldn't afford health insurance before the ACA, and they will not be able to afford it if President-Elect Trump and congressional Republicans have their way and repeal it with no plan to replace it.

These hard-working Americans deserve good medical care. Americans agree. Eighty percent favor the Medicaid expansion for low-income, uninsured adults.

Finally, we have 19 pueblos—Indian pueblos—and 4 tribes in New Mexico. Native Americans make up more than one-tenth of our population. As vice chair of this body's Indian Affairs Committee, I represent all of Indian Country. Native Americans are eligible to receive care through the Indian Health Service, but it is severely underfunded.

Long delays are common. As a result, many tribal members rely heavily on Medicare, Medicaid, and the ACA health exchanges. More than 132,000 tribal members are enrolled in Medicaid in New Mexico alone. The All Pueblo Council of Governors, which represents all 19 pueblos, tells me, without the ACA, more tribal members will go back to the days of long delays, many will see their coverage cut.

This is also the subject of an amendment I will be offering. Indian Health Services' hospitals are heavily dependent on third-party collections for clinical services. In fact, current Federal funding covers less than half of their operational costs. Fortunately, increases in revenue from the Medicaid expansion have offset those annual costs. But without that revenue, necessary services may no longer be available throughout Indian country. This is unconscionable. My amendment would protect the Indian Health Service from any cuts in Federal funding if the Affordable Care Act is repealed.

There are tens of thousands of stories in New Mexico like those of Kevin,

Pam, Mike, Karen, and Amy. Over 360,000 New Mexicans have gained health care since the Affordable Care Act was passed, and over 21 million Americans have health insurance because of ObamaCare. I have heard from New Mexicans who are terrified because there is no plan to replace the Affordable Care Act's protections, benefits, and rights.

Republicans have called to repeal and replace the Affordable Care Act for years. They have had years to figure out how to replace it, and they have not. They have no plan. Repeal and replace is not a sound public policy. It is only a sound bite.

Health care is a basic human right. Providing adequate medical care for everyone should be our guiding principle for health care policy. What is the guiding principle of repeal and replace? Act now; figure it out later.

I have said it before: The Affordable Care Act is not perfect, but it was historic—the biggest expansion of health care since the 1960s. It has helped millions of Americans get care. Many of them now can see a doctor regularly for the first time ever.

We need to work to improve, not repeal the Affordable Care Act.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Mexico.

Mr. HEINRICH. Mr. President, I am here tonight to join my colleague the senior Senator from New Mexico and all my other colleagues on the Senate floor to stand up for hundreds of thousands of my constituents in New Mexico who will lose their health care coverage if Republicans repeal the Affordable Care Act and throw our Nation's health care system into chaos.

It is absolutely criminal for Republicans to strip millions of their health care without even a conceptual replacement plan in place. To my colleagues on the other side of the aisle, I want to make it clear that ''we will fix it later'' simply doesn't cut it.

They promised repeal and replace, and now they are giving us repeal and run, and that will cause chaos in our health care system. In my home State of New Mexico, according to the Urban Institute, an estimated 266,000 people will lose their health care coverage. This is not a change to their plan or a different premium. They will lose their coverage in its entirety. Thousands more of our State's 2 million residents will lose access to birth control and other preventive services and Medicare prescription drug coverage. Nearly everyone will be subjected to higher costs for lower quality insurance, especially those with preexisting conditions. Dismantling our health care system would also put at risk many of the gains we made in protecting the 860,000 New Mexicans who have preexisting conditions like cancer, diabetes, and heart disease. These individuals will be forced to pay more for their health care coverage and possibly lose access altogether.

This is not a game; this is a matter of life and death. Without any plan in place, this repeal and run maneuver will cause health care costs for all Americans to skyrocket. Dismantling our health care system literally means taking hundreds of dollars each month away from hard-working families. In my book, that is highway robbery. How? It is simple. This reckless Republican repeal and run will strip away the tax credits that help many working Americans afford their premiums. More than 32,000 New Mexicans rely on those tax credits, which average about $200 a month—well over half of their monthly premium for health care coverage. Many of the sickest, oldest, and the poorest of our neighbors and family members will lose their health care coverage altogether.

Over 20,000 New Mexican seniors will be forced to pay $1,000 more per year for their prescription drugs. Fixed income seniors can't afford to pay more for prescription drugs.

Dismantling our health care system is particularly problematic in our Nation's rural areas, including much of the State of New Mexico. Last fall I went on a multiday rural health care listening tour across communities throughout Northeastern New Mexico. Rural hospitals like those in Raton, Clayton, and Santa Rosa are often the only health care providers for hundreds of miles in any direction. Under the Affordable Care Act, rural hospitals agree to exchange higher rates of insurance coverage for their patients for a reduction in reimbursement rates. In other words, they aren't being paid as much per patient as they once were, but the number of patients who come in without any insurance is dramatically lower. Now Republicans are going to take away coverage from a quarter million New Mexicans, but they aren't going to give rural hospitals their higher reimbursement premiums back. This repeal and run maneuver will cause many rural hospitals that already are operating on the margins to shut their doors or to simply turn away sick patients.

Nationwide, nearly 700 local hospitals in rural communities face the risk of imminent closure. Think about that. That is nearly one-third of the Nation's hospitals. Almost all of them would be forced to turn away patients if the Republicans move forward in dismantling our Nation's health care system. In New Mexico, that would mean forcing many of my constituents to drive for hours to access critical lifesaving care. It would also shake our State's economy to its core.

Health care jobs were one of the few economic bright spots in New Mexico over the past 6 years, particularly in rural communities, but this reckless plan—or I should say lack of one, to be accurate—throws our Nation's health care system into chaos and scars New Mexico's rural communities for years to come. A community whose hospital shuts down may never recover. That is what is at stake here. Denying a family health care, denying a whole community health care is reckless and immoral.

You might hear Republicans say they want to tear everything apart now, but we shouldn't worry because they will fix it later. Let me be clear: We have the capacity to fix and improve our current health care system in a bipartisan way without throwing it all into chaos, but Republicans have to make that choice before it is too late. I would welcome honest attempts to find ways to improve our Nation's health care laws, to make them work better for all Americans.

In the past, I have taken the lead on commonsense fixes to our Nation's health care policies. In 2010, in the House of Representatives, I led the fight to extend coverage to the children of military families covered by TRICARE up until the time they are 26 years old. After hearing from many small businesses in New Mexico, I fought to repeal unnecessary 1099 tax reporting requirements for small businesses. To this day, I continue to work with Republicans like DEAN HELLER of Nevada to eliminate the so-called Cadillac tax that would place an incredibly unfair tax burden on employer-provided health insurance that many working families rely on.

Republicans need to put partisan politics aside and remember why Congress passed the ACA in the first place: To expand access to quality health care for all Americans. Before we passed health care reform, New Mexico had the second highest rate of uninsured citizens in the entire Nation.

I have heard from a lot of New Mexicans who have told me how access to health care coverage has impacted their lives, even saved their lives. I would like to tell you just one story of one of those New Mexicans.

Karen from Santa Fe is a registered nurse, and she is a breast cancer survivor. As a nurse, Karen has seen how health care reform and the reduction of uninsured and uncompensated care has helped community hospitals better serve their patients. But the real impact of health care reform for Karen has been personal. When she was diagnosed with breast cancer in 2002, Karen's insurance company dropped her coverage. When she had to pay out of pocket for her coverage, her costs doubled. As she went through several more recurrences of cancer, Karen went bankrupt. She lost her home.

In a letter to me, she said: ''Cancer is hard enough, but not to be able to afford my co-pays and appointments caused me so much stress it made me more vulnerable for complications.''

Today, Karen is able to afford health care coverage even with her preexisting condition. But Republicans are threatening to take that all away from her and from hundreds of millions of other Americans.

Karen went on to say in her letter:

No one should go without health care because of income. Good health is not a privilege for a wealthy few, but a human right.

It is hard to say it any better than that. No American has sent their elected representative to Washington to score political points and threaten the health and finances of hard-working Americans. Republicans need to realize that is exactly what they are doing. What they are doing means chaos. It means less health care. It is that simple.

I wish we could be here today talking about pragmatic policy solutions to reduce health care costs and improve how providers actually deliver that care. Instead, and unfortunately, we are here trying to stop Republicans from turning bumper sticker governance into a very real disaster for thousands of my constituents and millions of Americans. This reckless effort threatens the very lives and the livelihoods of the people of New Mexico.

I will not stand for that, and I know my constituents will not either.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. FRANKEN. Mr. President, like my colleagues here today, I rise to talk about the Republican effort to repeal and replace the Affordable Care Act. I have been talking to a lot of people in Minnesota who have health insurance, thanks to the Affordable Care Act, or whose lives are changed by the protections in the ACA that benefit every American. Frankly, they are scared, hard-working people for whom this is literally life or death. If their health insurance is taken away, they do not know what they are going to do.

Today, on their behalf, I have one request for my Republican colleagues: Show us your health care plan. You must have one. We would like to hear it. We would like to see it now. You can understand the question, right? If your child had cancer and the Affordable Care Act was the reason you could get health insurance, you wouldn't want to rip up the ACA before knowing what would replace it. I am not the only Senator with constituents whose lives are on the line here, so I know that you don't intend to rip up the Affordable Care Act and leave them with nothing. You have to have a plan, right? So let's just see it.

Last week, President Obama said that if Republicans produce a plan that is ''demonstrably better than ObamaCare,'' he would support it, and so will I. Just show it to me. President-Elect Trump clearly has a plan. He laid it out, laid it all out during his campaign. His plan was, he said, to ''repeal ObamaCare and replace it with something terrific.'' That is what he said. Then he went into a little more detail and explained that ''something terrific'' would be ''so much better, so much better, so much better.''

Terrific. So much better. That sounds great. Let's see it. One of Trump's top advisers said on MSNBC: ''We don't want anyone who currently has insurance to not have insurance.'' Great. Neither do we. Speaker RYAN said that there will ''be a bridge so that no one is left out in the cold, so that no one is worse off.'' That is wonderful. No one being worse off is exactly what we want to see.

I am sure Speaker RYAN's staff was mistaken when they later told a reporter that the ''no one worse off'' applied only to the transition period, not to the replacement period. Show me the plan, please. Please show me the plan that keeps coverage for the 20 million people who have gained coverage that would continue to bend the cost curve so the cost of the entire health care system continues to grow less quickly than it did before ACA was adopted, the plan that would ensure that nobody gets denied coverage when they need it or has to unfairly pay more than someone else because of their gender or a preexisting condition. Show me that plan.

I know Republicans have put forward some different plans, a lot of different plans, but a lot of plans is not a plan. A lot of plans is not a plan. We want to see the plan, you know, the one you have been working on for 6 years. I was here in 2009 when we passed the ACA. I know how hard it was. If I could, let me offer you something. Some of your Republican friends actually did come up with a health care plan a while ago. It all started at the Heritage Foundation, which is a bona fide conservative think tank.

Over at Heritage, they did not like the idea of single-payer health care insurance, where the government is everyone's insurer. So what they wanted to come up with was a way to use the magic of the marketplace to solve the problem of providing everyone access to insurance.

Here is what they came up with, a three-legged stool. The first leg is, insurance companies can't deny coverage to people with a preexisting condition. They can't charge them more. We can all agree on that, right? President-Elect Trump and I agree on that, for sure. It is a great idea—great idea—but there is a catch. If you can not turn people down because of preexisting conditions, you cannot charge them more, well then everyone would just wait to buy health insurance until they get sick and need care. But the whole idea of health insurance is that at any given moment, most of the people paying premiums are healthy. So their premiums cover the cost of the people who are sick.

If the only people with insurance are sick, the premiums will skyrocket. So you need a way to get healthy people into the system to bring the cost of insurance down, which brings us to leg No. 2. Everyone has to be insured, otherwise known as the individual mandate. Everyone has to be insured. The Heritage Foundation said that. They called it the free rider syndrome. They said, no, everyone has to be insured.

This is what conservatives now say they hate; that the government says everyone has to buy insurance. But if you have to sell everyone insurance, then everyone has to buy it or the cost explodes. Now, look, if you have a better way to keep people covered and keep costs down, show me the plan. Show me the plan. But this is the best one the Heritage Foundation could come up with.

But wait, what if someone can't afford that health insurance? That brings us to the third leg. The government will subsidize insurance for people who can't afford it. Voila. There you have it, the Heritage Foundation plan, which a Republican Governor then implemented in a State to huge success.

Let me ask you, my Republican friends, is that your plan? Because if it is, it works for me. Guess what. Then we don't even have to repeal the Affordable Care Act in order to replace it with this plan because this plan was the model for the Affordable Care Act. The Affordable Care Act is not perfect. Premiums went up a lot this fall for people buying insurance through the marketplace.

It is often ignored that subsidies cover the cost increases for about 70 percent of those folks, but for many those increases genuinely hurt. That is a real problem. Then the solution to it is to recognize that subsidies don't provide enough help and don't go to enough people. Let's fix that. There are places where there is not enough competition. The best and most direct solution that I know of is to introduce a public option.

If my Republican colleagues have another idea about how to address these costs and competition issues that would ensure that people don't lose their coverage, I am ready to roll up my sleeves and go to work. While we are honest about the shortcomings, let's not forget the bottom line. As a primary care doctor for Indiana University's Health Physicians said, ''I've been a registered Republican my whole life, but I support the Affordable Care Act because it allows patients to be taken care of.''

For 6 years, you have been blasting the ACA, promising to replace it with something better. Let's see what you have, but don't just tell me your plan. I want you to join me on a trip to Minnesota to see Dolly. Dolly is one of my constituents who wrote to me about her husband's pulmonary embolism. Before the ACA, she and her husband both had jobs that did not offer health insurance, but once the ACA passed, they were able to buy insurance and go to the doctor.

The doctor discovered her husband's embolism and saved his life. I would like you to look Dolly in the eye and explain how your plan—your plan—will ensure that her husband's life will not be endangered.

I would like you to join me in talking to Gina. Before the ACA became law, Gina's father was undergoing treatment for leukemia. Then one day he was told he had hit the lifetime maximum on his insurance coverage. From that point on, the family would have to

pay for his treatment out of pocket, but they did not have the money so they stopped treatment. Gina's father died 3 days later.

Since then, Gina's fiance was diagnosed with Crohn's disease. So I want you to explain to Gina how exactly under your plan Gina will not face the same kind of impossible financial situation with her future husband's condition that she did with her dad. Sit down with Gina and tell her that.

Now, once you are done calming Gina's concerns about what your plan might do to her family, we will go over and talk to Leanna. Leanna's 3-year-old son Henry has been diagnosed with acute lymphoblastic leukemia. His treatment will last until at least April of 2018. He often needs around-the-clock care to manage his nausea, vomiting, pain, and sleepless nights. Little Henry's immune system is so compromised that he is not supposed to go to daycare. So Leanna has left her job to take care of him. They are supported by her spouse, but they could not pay for his treatment on one salary.

Leanna says:

> It is because of the ACA that Henry gets proper health care. Henry can get therapy and the things he needs to maintain his health and work towards beating cancer. Henry is still with us because of the ACA.

Let me say that again. ''Henry is still with us because of the ACA.'' I want you to sit down with Leanna, as she holds her precious 3-year-old son, and explain how Henry will still be with us under your plan. Show us your plan. Show us your plan.

I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. BLUMENTHAL. Mr. President, I am honored to be here tonight with my very eloquent colleague Senator FRANKEN from Minnesota and also with two colleagues who will follow me shortly, Senator SCHATZ and Senator MARKEY, all of them great champions of better, more affordable health care for all the people who live in this great country.

This is the greatest country in the history of the world because we care about each other and we care about the common good. That is what the Affordable Care Act represents. It is not perfect. No great social reform ever is the first time around, including Social Security, but it can be repaired and improved without completely repealing it.

So repeal without a replacement is the height of irresponsibility. The first order of business for the Republican leadership during this session of Congress is to tear down and rip apart the Affordable Care Act, not to deal with job creation or economic growth. In fact, the Affordable Care Act provides 3 million jobs in our country, and repealing it would eliminate those jobs. No, it is to destroy and decimate a program that has literally saved lives, opened new futures, transformed the existences of millions and millions of Americans who would lose health care coverage if this measure is just repealed.

In fact, 22 million people across the country and more than 100,000 in Connecticut would lose that critical insurance. Preexisting conditions would become, again, an excuse for the health care industry and insurance companies to deny coverage. Women would be charged more simply because they are women. And young people would be denied access to their parents' health care coverage up to the age of 26.

Those kinds of losses just begin the list, but among the most egregious of the profound defects to this approach is the effect on the Prevention and Public Health Fund. I know it isn't a household term: Prevention and Public Health Fund. It is not exactly on everyone's tongue, but it is a measure that is profoundly important to the future of this Nation if you care about lives and dollars. And if you care about dollars, the $931 million from the Prevention and Public Health Fund is allocated to provide funding for things like diabetes prevention, preventing healthcare-associated infections, chronic disease management, smoking prevention, lead poisoning, suicide prevention, and Alzheimer's disease prevention.

You may not consider these kinds of challenges—smoking prevention, lead poisoning, Alzheimer's disease, hospital-acquired infections—as the most glamorous, but treating them costs millions and millions and millions of dollars—in fact, billions of dollars.

Just to give you one example, the Tips From Former Smokers campaign, which the Prevention and Public Health Fund supports, has led to an estimated 1.6 million smokers attempting to quit smoking and has helped 100,000 Americans quit smoking. Tobacco use is the single largest preventable cause of disease and premature death in the United States. The country spent $133 million on tobacco-related healthcare costs between 2000 and 2012.

I just made I think an error. I said $133 million. In fact, it is $133 billion. How easy it seems to confuse billions with millions—$133 billion by investing this kind of money from the Prevention and Public Health Fund. We can literally save tens of billions of dollars on smoking-related diseases and premature deaths.

Improving public health outcomes and preventing the public from getting sick and dying are important goals in and of themselves because the human suffering and the premature deaths they cause are important, humane causes to our Nation, a nation that cares about people. But the $1.3 trillion in treatment costs and lost productivity every year—let me repeat that—$1.3 trillion in treatment costs and lost productivity every year on chronic diseases like cancer, diabetes, heart disease, and stroke can be reduced and, dare I say at some point, reduced by so much that we may look back, and we will say: That Prevention and Public Health Fund was one good investment, but not if it is decimated and destroyed by the repeal of the Affordable Care Act, which costs us money as well as lives.

In Connecticut, the fund has invested over $27 million in our communities since 2010, improving the lives and well-being of the people of Connecticut literally every day.

This strong investment has provided more Connecticut women with screenings for cancer, mammograms, other critical, preventive care, and it has given our State health department the ability to prevent diabetes, heart disease, and stroke and to fight obesity through improved physical activity.

It has allowed our State to address school health much more effectively, and we are talking about the Nation's children—preventing obesity, smoking, diabetes, which, as we know, more and more affects our children.

It has staved off disease outbreaks by providing Connecticut with millions of dollars to provide vaccinations for young people who otherwise would go without, children who would be denied this essential means of preventing emotionally crippling, if not physically debilitating, diseases that can transform their lives forever.

Perhaps most importantly, the Prevention Fund has relied on the communities impacted by the money for solutions. That means stronger collaboration between community organizations and the health system to prevent suicides, for example, in the Community Transformation Grants Program that encourages healthier lifestyles across our State.

The ACA, in short, has reflected a historic shift. We are trying to prevent, not just treat the disease, and that kind of investment from the Prevention and Public Health Fund in my State and many others has already produced a return on that investment which is of invaluable importance.

I have authored an amendment, which currently has 12 cosponsors, to create a budget point of order against any piece of legislation that would take away funding for preventive care. It is very simple. If we are going to work toward reducing the cost of health care in this great country, we should not be talking about getting rid of effective and efficient ways of preventing disease. We ought to be talking about reducing drug prices, stopping costly addictions, preventing disease, and improving the quality and efficiency of care.

I want to stress, again, the importance of reducing pharmaceutical drug prices, which has been a concern to me for years in this job and for many more years when I served as our State's attorney general.

But reducing health care costs and improving quality is not what our Republican colleagues are trying to do.

They are trying to make good on campaign rhetoric and political promises to completely repeal the Affordable Care Act without any replacement, without following through on their commitment to provide health insurance to our Nation's people. We are expected to just wait and see what they have in the plan. Meanwhile, millions of people will be left without health care, and the health care industry will be in confusion and chaos as insurance companies wonder what comes next.

The simple fact is that our Republican colleagues have no idea, no clue, no plan. In their view, the Earth is flat. They can abolish something and promise to replace it because they know something will come. That is unacceptable, and I will fight to ensure that the Affordable Care Act continues to mean access to affordable health care for millions of Americans. Most importantly, fairness and effectiveness in health care means prevention. The Prevention and Public Health Fund is critical to that effort.

I hope my colleagues will recognize the importance of prevention, safeguarding our health, and heed the voices and faces that have been so dramatic and powerful to me, so inspiring in their courage and strength, as they were just this morning when I met with and presented to the people of Connecticut at an event we did there. Three brave women came forward to talk about what the Affordable Care Act had meant to them and what its loss would mean as well. These perhaps not immediately visible voices and faces should be a stirring reminder to our colleagues that we need to do better, improve the Affordable Care Act, make it better—but not simply trash it, decimate it, destroy it, and abandon the great hope and ideal of assuring affordable care for all.

I yield now to my colleague from Hawaii, Senator SCHATZ, who has been a champion of affordable care in this Nation and is a great credit to his State of Hawaii.

The PRESIDING OFFICER. The Senator from Hawaii.

Mr. SCHATZ. Mr. President, I thank the senior Senator from Connecticut for his leadership on this and so many other issues on behalf of the people of his home State.

Before I get into prevention as a policy issue, I just want to reiterate a process point.

Here we are in the world's greatest deliberative body—the world's greatest deliberative body—and there really are so many talented individuals who come from county counsels, who come from State assemblies, who come from State senates, who come from the U.S. House, and find themselves in the U.S. Senate, the world's greatest deliberative body. And here we are debating one of the biggest public policy issues over the last decade, arguably over the last generation. Here we are.

I am thinking about my early days in the Hawaii legislature and what we would do. If we wanted to move a bill along but we weren't sure exactly what to do, we would flaw the effective date because we knew the language didn't work yet, but we wanted to take it to conference committee. We didn't want it to be enacted into law, but we wanted it to move through the process. So what we would do is we would flaw the effective date. We would say ''Effective year 2100,'' so that even if it were accidentally enacted into law, it wouldn't have the force of law.

Yet once in a while, a staffer or a member would make a clerical error and actually enact something with a delayed effective date into law, and they were humiliated. This was a mistake. This was a clerical error, and this showed that it was amateur hour. This showed that somebody didn't know what they were doing. This showed that somebody wasn't a very serious legislator.

Yet here we are in the Nation's legislature, here we are in the world's greatest deliberative body, and we are doing that on purpose. We are doing that right away. We are doing this with the Affordable Care Act after 7 years of blasting this law because they know they can't repeal the parts that are popular. So what they are going to do is eviscerate the revenue attached to the bill and leave themselves, as one of my colleagues said, in a ''box canyon'' so the only thing they can do is shovel money to insurance companies—borrowed money—to maintain the benefit because they don't want to deal with the political ramifications of what they had done to their constituents on preexisting conditions, on coverage for people up to the age of 26, on prevention.

This is the most unserious effort I have seen in this legislative body. This is absolutely unserious. And whatever your political persuasion is, you should ask every Member of the Senate to stand up and be counted and say what they want to do about health care in the United States.

The answer can no longer be because it is an article of faith that because the Affordable Care Act has ''Obama'' in its name—it is ObamaCare—it must be bad, and it must be repealed root and branch. That is no longer acceptable.

This President is only President for another 10 days, and we have an obligation to our constituents to say what we are going to do about this law. We all know that we should get a regular check-up from our doctor, eat fruits and vegetables, and exercise as much as possible, as difficult as it is for all of us at times. Why do we do this? Any doctor will tell you that it is better to stay healthy and prevent disease than to get sick. It is not just common sense. It is not only less painful for people, but it is less costly to prevent illness than to treat it.

The same is true for public health. If we can prevent drunk driving or the spread of diseases such as Zika, we could save lives and save the public money. That is why Senator CASSIDY and I introduced the Public Health Emergency Response and Accountability Act last Congress. Our bill, on a bipartisan basis, recognized, basically, that we should be able to respond quickly to public health threats before they spread and harm more Americans and cost more money.

That is what the ACA does through its Prevention and Public Health Fund. The fund serves a very important dual purpose, investing Federal dollars in effective programs that prevent disease and also it saves money.

It is a simple concept. We should stop diseases from developing or spreading before they start. This sounds like common sense to almost everybody, but here is the problem. In the partisan battle around the ACA, even a really good idea within the Affordable Care Act must be bad because it is part of ObamaCare. This is insane.

This is the Prevention and Public Health Fund that provides money to the Centers for Disease Control. The CDC did an incredible job with the U.S. Public Health Service, with the U.S. military in addressing the Ebola crisis. The CDC did an incredible job, again, with the National Institutes of Health and others in addressing the potential Zika crisis, which looks to have abated. The CDC does incredibly important work in tobacco prevention and cessation, and this Prevention and Public Health Fund has gotten 1.8 million individual smokers to call and try to quit smoking. That is hundreds of thousands of lives saved, not just in blue or purple States but all across the country. This Prevention and Public Health Fund helps our elderly to avoid falls. It helps our elderly to avoid falls. I know there are people of goodwill on both sides of the aisle. I know that we are all responsive to our senior citizens in our individual communities, and I know that this is a smart and humane use of public health money. If we can prevent an elderly citizen from falling in their own home or falling on the way to a bus stop or to church or to a family member's home, that is money well spent, not just morally but fiscally.

This is my great regret when it comes to the Affordable Care Act and the debate that is happening. The only time I hear a serious-minded, good-faith debate between a Republican and a Democrat in the Senate when it comes to the Affordable Care Act is in private, because if you look at this side of the Chamber, there is only one Member of the Republican caucus who is here. We are not having the world's greatest deliberative body deliberate over the Affordable Care Act. We have an empty Chamber, full of Republicans who are absolutely bound and determined to walk off this cliff and take 22 million Americans with them.

Public health prevention works. Public health prevention is fiscally prudent, and it is the humane thing to do. That is just one of the many attributes

of the Affordable Care Act that ought to be preserved.

If there is to be a good faith conversation about how to improve upon the Affordable Care Act, we are all ears. I can guarantee you that there are 48 of us who want to have that conversation, but do not put the whole country into this box canyon. Excuse me for mixing my metaphors. Do not take the whole country off this cliff because it is going to be very, very difficult for us to make good policy after that.

With that, I yield the floor to the senior Senator from Massachusetts.

Mr. MARKEY. Thank you. I yield to Senator DAINES.

The PRESIDING OFFICER (Mr. YOUNG). The Senator from Montana.

Mr. DAINES. Mr. President, I ask unanimous consent that it be in order to call up the Flake amendment No. 52, and that at 2:30 p.m. tomorrow, the Senate vote in relation to Flake amendment; further, that following the disposition of the Flake amendment, there be 2 minutes of debate, equally divided in the usual form, prior to the vote in relation to the Sanders amendment No. 19.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

MORNING BUSINESS

Mr. DAINES. 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.

ANNIVERSARY OF DECEMBER/JANUARY FLOODING

Mr. DURBIN. Mr. President, I come to reflect on the 1-year anniversary of rain and winter storms that swept across the State of Illinois, causing widespread flooding and devastation.

In the midst of the holidays, heavy rainfall of over 7 inches a day in some areas caused water levels on rivers in Illinois to reach record, or near record, heights. The Mississippi River at Thebes reached its highest crest level on record at 47.7 feet.

Flooding forced many communities to evacuate their homes for their own safety. Damages to property in these Illinois communities totaled more than $15 million.

Sadly, these storms were so severe that flooded roadways tragically claimed the lives of 10 people whose vehicles were swept away by flooding.

Alexander and Randolph counties were two areas most impacted by this flood. I went to visit two towns in these areas—Olive Branch, IL, and Evansville, IL—and I saw miles of flood damage to agricultural lands, homes, and businesses. What I saw was heartbreaking.

I spoke with residents who were concerned about being able to recover from the flood and resulting damages and who were concerned about what could happen if levees overtop and breach again in the future.

People like Bruce Ford, from Olive Branch, IL, worked day and night to clean out debris and move equipment back into their businesses, but he worried about how long he would be out of business and whether or not he would be able to rebuild in the event of another disaster. And he is not alone—many residents in these communities worry that they will not have the means to fix properties and businesses all over again.

The Governor declared 23 counties State disaster areas, and State and local emergency responders were dispatched to affected areas. I supported his request for a Federal disaster declaration for 21 counties in the State.

The State disaster declaration allowed people in affected communities whose homes and businesses were damaged to start repairs and receive the help they needed.

And I want to say thanks for the hard work and dedication of James Joseph, head of the Illinois Emergency Management Agency; he was there when his constituents and communities needed him the most.

The State provided over 997,000 sandbags, over 4,000 tons of sand, and 117 Illinois Department of Transportation trucks for flood mitigation and response efforts.

The Small Business Administration also made loans available to homeowners and businesses in Christian, Iroquois, Ford, Kankakee, Macon, Montgomery, Sangamon, Shelby, and Vermilion Counties.

I want to acknowledge the dedication of the State and Federal employees who pitched in at every level, from the Federal Emergency Management Agency and the Army Corps of Engineers to the Illinois Emergency Management Agency.

Finally, I can't overstate how proud I am of the volunteers, National Guard members, and local law enforcement agencies who came forward to keep our communities safe. Before flooding began, local law enforcement and emergency responders went door-to-door to advise residents to evacuate and move to higher ground, saving the lives of many who heeded the call and sought out shelter with family and friends before the flooding began.

There is still work to be done, but the people who live and work in the damaged communities have made incredible progress rebuilding. Thousands of volunteers have helped with the cleanup. People from all over the State pitched in to help their neighbors and even strangers get back on their feet. Hearing these kinds of stories make me proud to be from Illinois.

Our thoughts remain with the many people who lost their loved ones, their homes, and other property last year.

I want to thank everyone who has been engaged in the rescue and cleanup.

We are rebuilding—as Illinoisans always do—and we will be stronger for it.

SECRETARY OF STATE KERRY'S SPEECH ON A TWO-STATE SOLUTION TO THE ISRALEI-PALESTINIAN CONFLICT

Mr. LEAHY. Mr. President, last week the junior Senator from Texas spoke about Secretary of State Kerry's recent speech explaining the administration's decision to not veto U.N. Security Council Resolution 2334 and supporting a two-state solution to the conflict between Israel and the Palestinians. The Senator asserted that Secretary Kerry ''equated'' Israel and Hamas, that President Obama and Secretary Kerry are ''relentless enemies of Israel'' who ''consider the existence and creation of Israel to be a disaster.'' He said their actions toward Israel were intended to ''facilitate assaults on the nation of Israel.'' He also accused them of ''turning a blind eye'' to terrorism.

Anyone who reads Secretary Kerry's speech will recognize the fallacy of those baseless and inflammatory accusations. To the contrary, Secretary Kerry eloquently and compellingly and with a foreboding sense of urgency about the receding prospects for a two-state solution reaffirmed the administration's condemnation of terrorism and incitement, its unprecedented support for Israel's security, and his own longstanding commitment to Israel's survival as a democratic state, living in peace with its Arab neighbors.

I urge all Senators to read his speech and to arrive at their own conclusions. The situation the Secretary describes should be alarming to anyone who wants peace and security for Israel and a viable, independent state for the Palestinian people, which are of vital importance to the national interests of the United States. While the Secretary's speech is too long to be printed in the RECORD in full, I ask unanimous consent that the first half of his remarks be printed in the RECORD.

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

REMARKS OF JOHN KERRY, SECRETARY OF STATE, THE DEAN ACHESON AUDITORIUM, WASHINGTON, DC, DECEMBER 28, 2016

Thank you very much. For those of you who celebrated Christmas. I hope you had a wonderful Christmas. Happy Chanukah. And to everybody here. I know it's the middle of a holiday week. I understand. But I wish you all a very, very productive and Happy New Year.

Today, I want to share candid thoughts about an issue which for decades has animated the foreign policy dialogue here and around the world—the Israeli-Palestinian conflict.

Throughout his Administration, President Obama has been deeply committed to Israel and its security, and that commitment has guided his pursuit of peace in the Middle East. This is an issue which, all of you know, I have worked on intensively during my time as Secretary of State for one simple reason: because the two-state solution is the only

way to achieve a just and lasting peace between Israelis and Palestinians. It is the only way to ensure Israel's future as a Jewish and democratic state, living in peace and security with its neighbors. It is the only way to ensure a future of freedom and dignity for the Palestinian people. And it is an important way of advancing United States interests in the region.

Now, I'd like to explain why that future is now in jeopardy, and provide some context for why we could not, in good conscience, stand in the way of a resolution at the United Nations that makes clear that both sides must act now to preserve the possibility of peace.

I'm also here to share my conviction that there is still a way forward if the responsible parties are willing to act. And I want to share practical suggestions for how to preserve and advance the prospects for the just and lasting peace that both sides deserve.

So it is vital that we have an honest, clear-eyed conversation about the uncomfortable truths and difficult choices, because the alternative that is fast becoming the reality on the ground is in nobody's interest—not the Israelis, not the Palestinians, not the region—and not the United States.

Now, I want to stress that there is an important point here: My job, above all, is to defend the United States of America—to stand up for and defend our values and our interests in the world. And if we were to stand idly by and know that in doing so we are allowing a dangerous dynamic to take hold which promises greater conflict and instability to a region in which we have vital interests, we would be derelict in our own responsibilities.

Regrettably, some seem to believe that the U.S. friendship means the U.S. must accept any policy, regardless of our own interests, our own positions, our own words, our own principles—even after urging again and again that the policy must change. Friends need to tell each other the hard truths, and friendships require mutual respect.

Israel's permanent representative to the United Nations, who does not support a two-state solution, said after the vote last week, quote, ''It was to be expected that Israel's greatest ally would act in accordance with the values that we share,'' and veto this resolution. I am compelled to respond today that the United States did, in fact, vote in accordance with our values, just as previous U.S. administrations have done at the Security Council before us.

They fail to recognize that this friend, the United States of America, that has done more to support Israel than any other country, this friend that has blocked countless efforts to delegitimize Israel, cannot be true to our own values—or even the stated democratic values of Israel—and we cannot properly defend and protect Israel if we allow a viable two-state solution to be destroyed before our own eyes.

And that's the bottom line: the vote in the United Nations was about preserving the two-state solution. That's what we were standing up for: Israel's future as a Jewish and democratic state, living side by side in peace and security with its neighbors. That's what we are trying to preserve for our sake and for theirs.

In fact, this Administration has been Israel's greatest friend and supporter, with an absolutely unwavering commitment to advancing Israel's security and protecting its legitimacy.

On this point, I want to be very clear: No American administration has done more for Israel's security than Barack Obama's. The Israeli prime minister himself has noted our, quote, ''unprecedented'' military and intelligence cooperation. Our military exercises are more advanced than ever. Our assistance for Iron Dome has saved countless Israeli lives. We have consistently supported Israel's right to defend itself, by itself, including during actions in Gaza that sparked great controversy.

Time and again we have demonstrated that we have Israel's back. We have strongly opposed boycotts, divestment campaigns, and sanctions targeting Israel in international fora, whenever and wherever its legitimacy was attacked, and we have fought for its inclusion across the UN system. In the midst of our own financial crisis and budget deficits, we repeatedly increased funding to support Israel. In fact, more than one-half of our entire global Foreign Military Financing goes to Israel. And this fall, we concluded an historic $38 billion memorandum of understanding that exceeds any military assistance package the United States has provided to any country, at any time, and that will invest in cutting-edge missile defense and sustain Israel's qualitative military edge for years to come. That's the measure of our support.

This commitment to Israel's security is actually very personal for me. On my first trip to Israel as a young senator in 1986, I was captivated by a special country, one that I immediately admired and soon grew to love. Over the years, like so many others who are drawn to this extraordinary place, I have climbed Masada, swum in the Dead Sea, driven from one Biblical city to another.

I've also seen the dark side of Hizballah's rocket storage facilities just across the border in Lebanon, walked through exhibits of the hell of the Holocaust at Yad Vashem, stood on the Golan Heights, and piloted an Israeli jet over the tiny airspace of Israel, which would make anyone understand the importance of security to Israelis. Out of those experiences came a steadfast commitment to Israel's security that has never wavered for a single minute in my 28 years in the Senate or my four years as Secretary.

I have also often visited West Bank communities, where I met Palestinians struggling for basic freedom and dignity amidst the occupation, passed by military checkpoints that can make even the most routine daily trips to work or school an ordeal, and heard from business leaders who could not get the permits that they needed to get their products to the market and families who have struggled to secure permission just to travel for needed medical care.

And I have witnessed firsthand the ravages of a conflict that has gone on for far too long. I've seen Israeli children in Sderot whose playgrounds had been hit by Katyusha rockets. I've visited shelters next to schools in Kiryat Shmona that kids had 15 seconds to get to after a warning siren went off. I've also seen the devastation of war in the Gaza Strip, where Palestinian girls in Izbet Abed Rabo played in the rubble of a bombed-out building.

No children—Israeli or Palestinian—should have to live like that.

So, despite the obvious difficulties that I understood when I became Secretary of State, I knew that I had to do everything in my power to help end this conflict. And I was grateful to be working for President Obama, who was prepared to take risks for peace and was deeply committed to that effort.

Like previous U.S. administrations, we have committed our influence and our resources to trying to resolve the Arab-Israeli conflict because, yes, it would serve American interests to stabilize a volatile region and fulfill America's commitment to the survival, security and well-being of an Israel at peace with its Arab neighbors.

Despite our best efforts over the years, the two-state solution is now in serious jeopardy. The truth is that trends on the ground—violence, terrorism, incitement, settlement expansion and the seemingly endless occupation—they are combining to destroy hopes for peace on both sides and increasingly cementing an irreversible one-state reality that most people do not actually want.

Today, there are a similar number of Jews and Palestinians living between the Jordan River and the Mediterranean Sea. They have a choice. They can choose to live together in one state, or they can separate into two states. But here is a fundamental reality: if the choice is one state, Israel can either be Jewish or democratic—it cannot be both—and it won't ever really be at peace. Moreover, the Palestinians will never fully realize their vast potential in a homeland of their own with a one-state solution.

Now, most on both sides understand this basic choice, and that is why it is important that polls of Israelis and Palestinians show that there is still strong support for the two-state solution—in theory. They just don't believe that it can happen.

After decades of conflict, many no longer see the other side as people, only as threats and enemies. Both sides continue to push a narrative that plays to people's fears and reinforces the worst stereotypes rather than working to change perceptions and build up belief in the possibility of peace.

And the truth is the extraordinary polarization in this conflict extends beyond Israelis and Palestinians. Allies of both sides are content to reinforce this with an us or—''you're with us or against us'' mentality where too often anyone who questions Palestinian actions is an apologist for the occupation and anyone who disagrees with Israel policy is cast as anti-Israel or even anti-Semitic.

That's one of the most striking realities about the current situation: This critical decision about the future—one state or two states—is effectively being made on the ground every single day, despite the expressed opinion of the majority of the people.

The status quo is leading towards one state and perpetual occupation, but most of the public either ignores it or has given up hope that anything can be done to change it. And with this passive resignation, the problem only gets worse, the risks get greater and the choices are narrowed.

This sense of hopelessness among Israelis is exacerbated by the continuing violence, terrorist attacks against civilians and incitement, which are destroying belief in the possibility of peace.

Let me say it again: There is absolutely no justification for terrorism, and there never will be. And the most recent wave of Palestinian violence has included hundreds of terrorist attacks in the past year, including stabbings, shootings, vehicular attacks and bombings, many by individuals who have been radicalized by social media. Yet the murderers of innocents are still glorified on Fatah websites, including showing attackers next to Palestinian leaders following attacks. And despite statements by President Abbas and his party's leaders making clear their opposition to violence, too often they send a different message by failing to condemn specific terrorist attacks and naming public squares, streets and schools after terrorists.

President Obama and I have made it clear to the Palestinian leadership countless times, publicly and privately, that all incitement to violence must stop. We have consistently condemned violence and terrorism, and even condemned the Palestinian leadership for not condemning it.

Far too often, the Palestinians have pursued efforts to delegitimize Israel in international fora. We have strongly opposed

these initiatives, including the recent wholly unbalanced and inflammatory UNESCO resolution regarding Jerusalem. And we have made clear our strong opposition to Palestinian efforts against Israel at the ICC, which only sets back the prospects for peace.

And we all understand that the Palestinian Authority has a lot more to do to strengthen its institutions and improve governance.

Most troubling of all, Hamas continues to pursue an extremist agenda: they refuse to accept Israel's very right to exist. They have a one-state vision of their own: all of the land is Palestine. Hamas and other radical factions are responsible for the most explicit forms of incitement to violence, and many of the images that they use are truly appalling. And they are willing to kill innocents in Israel and put the people of Gaza at risk in order to advance that agenda.

Compounding this, the humanitarian situation in Gaza, exacerbated by the closings of the crossings, is dire. Gaza is home to one of the world's densest concentrations of people enduring extreme hardships with few opportunities. 1.3 million people out of Gaza's population of 1.8 million are in need of daily assistance—food and shelter. Most have electricity less than half the time and only 5 percent of the water is safe to drink. And yet despite the urgency of these needs, Hamas and other militant groups continue to rearm and divert reconstruction materials to build tunnels, threatening more attacks on Israeli civilians that no government can tolerate.

Now, at the same time, we have to be clear about what is happening in the West Bank. The Israeli prime minister publicly supports a two-state solution, but his current coalition is the most right wing in Israeli history, with an agenda driven by the most extreme elements. The result is that policies of this government, which the prime minister himself just described as ''more committed to settlements than any in Israel's history,'' are leading in the opposite direction. They're leading towards one state. In fact, Israel has increasingly consolidated control over much of the West Bank for its own purposes, effectively reversing the transitions to greater Palestinian civil authority that were called for by the Oslo Accords.

I don't think most people in Israel, and certainly in the world, have any idea how broad and systematic the process has become. But the facts speak for themselves. The number of settlers in the roughly 130 Israeli settlements east of the 1967 lines has steadily grown. The settler population in the West Bank alone, not including East Jerusalem, has increased by nearly 270,000 since Oslo, including 100,000 just since 2009, when President Obama's term began.

There's no point in pretending that these are just in large settlement blocks. Nearly 90,000 settlers are living east of the separation barrier that was created by Israel itself in the middle of what, by any reasonable definition, would be the future Palestinian state. And the population of these distant settlements has grown by 20,000 just since 2009. In fact, just recently the government approved a significant new settlement well east of the barrier, closer to Jordan than to Israel. What does that say to Palestinians in particular—but also to the United States and the world—about Israel's intentions?

Let me emphasize, this is not to say that the settlements are the whole or even the primary cause of this conflict. Of course they are not. Nor can you say that if the settlements were suddenly removed, you'd have peace. Without a broader agreement, you would not. And we understand that in a final status agreement, certain settlements would become part of Israel to account for the changes that have taken place over the last 49 years—we understand that—including the new democratic demographic realities that exist on the ground. They would have to be factored in.

But if more and more settlers are moving into the middle of Palestinian areas, it's going to be just that much harder to separate, that much harder to imagine transferring sovereignty, and that is exactly the outcome that some are purposefully accelerating.

Mr. LEAHY. Mr. President, the complete text of the Secretary's speech, which, again, I urge all Senators to read in its entirety, can be found at the following Web site: https://www.state.gov/secretary/remarks/2016/12/266119.htm.

REMEMBERING STANLEY RUSS

Mr. BOOZMAN. Mr. President, today I wish to pay tribute to former Arkansas State Senator Stanley Russ of Conway, AR.

Stanley Russ was born in Conway in 1930. He graduated from Conway High School in 1948 and went on to attend Arkansas Tech University and Arkansas State Teachers College, now the University of Central Arkansas, before earning a bachelor of science in education from the University of Arkansas in Fayetteville.

Russ also served his country in multiple ways, including in the U.S. Army from 1952 to 1954, where he completed officer candidate school. Later, he served as a company commander in the Arkansas National Guard. Russ was inducted into the U.S. Field Artillery OCS Hall of Fame at Fort Sill in 1995.

Senator Russ served in the Arkansas Senate from 1975 to 2000. He was the president pro tempore from 1995 to 1997 and served as the majority leader in 1997. During his time in public office, he was known as an advocate for public, private, and higher education.

Russ was named one of the Ten Outstanding State Legislators in the United States by the Assembly of State Government Employees in 1981. Four years later, he was honored for Distinguished Service by the Municipal League of Arkansas. He was elected into the Arkansas Tech University Hall of Distinction in 1994 and the Arkansas Agriculture Hall of Fame in 2000.

Stanley Russ was a beloved public servant who devoted his life to Arkansas. He was a leader who worked with colleagues on both sides of the aisle and didn't care who got the credit as long as the goal was accomplished. Stanley showed kindness and consideration to everyone who approached him. I sincerely appreciate his devotion to our State and its citizens.

He will be greatly missed by all. My thoughts and prayers go out to his family during this difficult time.

ADDITIONAL STATEMENTS

TRIBUTE TO NELL PAYNE

• Mr. COCHRAN. Mr. President, I wish to commend Nell Payne for her distinguished career in public service.

For the past 16 years, she has served as the director of government relations for the Smithsonian Institution, where she has been a tireless advocate for the Smithsonian. She has worked to advance the institution's mission of promoting the increase and diffusion of knowledge.

Her professionalism, expertise, and integrity have helped the Smithsonian improve on its reputation as the premier museum system in the world. Her leadership and vision have directly benefited the millions of Americans and international travelers who enjoy Smithsonian exhibits and programs each year.

She also served our country in the U.S. Senate on the staff of the Budget Committee and in the White House as a special assistant to the President.

I congratulate Nell Payne on her retirement and thank her for the important contributions she has made to the Smithsonian Institution and throughout her professional career.•

REMEMBERING TONY REYNA

• Mr. HEINRICH. Mr. President, for generations, Tony Reyna served his people in Taos Pueblo and northern New Mexico as a respected community leader and constant source of wisdom and kindness.

Last year, Mr. Reyna joined friends, family, and community members to celebrate his 100th birthday, which the New Mexico State Legislature officially proclaimed as Tony Reyna Day. After a full life of service and dedication to his community Mr. Reyna passed away last month surrounded by his family and loved ones.

Mr. Reyna was the last remaining survivor from Taos Pueblo of the Bataan death march. On April 9, 1942, Mr. Reyna and 1,800 other members of the New Mexico National Guard were among the more than 75,000 American and Filipino soldiers who were taken as prisoners of war by Japanese forces.

The Bataan death marchers were forced to endure 3 and a half years of brutal captivity. They were marched for days in the scorching heat through the Philippine jungles. Thousands died. Those who survived faced the hardships of a prisoner of war camp. Others were wounded or killed when unmarked enemy ships transporting prisoners of war to Japan were sunk by U.S. air and naval forces.

After returning to Taos after the war, Mr. Reyna opened Tony Reyna's Indian Shop in 1950, which has remained open to this day. He served two terms as governor of Taos Pueblo. He also served the Town of Taos as a police commissioner and as a museum board member. He was a lifetime member of the Taos Pueblo tribal council.

He leaves behind an enduring legacy thanks to his lifelong efforts to preserve the culture, resources, and traditions of Taos Pueblo. He played a vital role in the return of Blue Lake, the Pueblo's sacred headwaters in 1970. And

in 1992, when Mr. Reyna was serving his second term as governor, UNESCO designated Taos Pueblo as a World Heritage Site.

In 2015, at a Veterans Day ceremony at the Indian Pueblo Cultural Center in Albuquerque, Mr. Reyna, then age 99, said, ''I served my country. I served my people. I'm still serving. I'm available anytime they ask me!''

The people of Taos Pueblo and all of us in New Mexico owe an enormous debt of gratitude to Mr. Reyna for his full lifetime of service.●

MESSAGE FROM THE PRESIDENT

A message from the President of the United States was communicated to the Senate by Mr. Williams, one of his secretaries.

EXECUTIVE MESSAGE REFERRED

As in executive session the Presiding Officer laid before the Senate a message from the President of the United States submitting nominations which were referred to the Committee on Armed Services.

(The message received today is printed at the end of the Senate proceedings.)

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

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

By Mr. HELLER (for himself and Mr. HEINRICH):

S. 58. 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. CRAPO (for himself, Mr. MORAN, and Mr. PAUL):

S. 59. A bill to provide that silencers be treated the same as long guns; to the Committee on Finance.

By Mr. ALEXANDER (for himself and Mr. CORKER):

S. 60. A bill to designate the Federal building and United States courthouse located at 719 Church Street in Nashville, Tennessee, as the ''Fred D. Thompson Federal Building and United States Courthouse''; to the Committee on Environment and Public Works.

By Ms. CANTWELL (for herself, Ms. MURKOWSKI, Mr. WYDEN, Mrs. MURRAY, Mr. MERKLEY, and Mrs. FEINSTEIN):

S. 61. A bill to remove the sunset provision of section 203 of Public Law 105–384 and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. FLAKE (for himself and Mr. MCCAIN):

S. 62. A bill to authorize the Secretary of the Interior to establish the January 8th National Memorial in Tucson, Arizona, as an affiliated area of the National Park System, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. MORAN (for himself, Mr. CRAPO, Mr. DAINES, Mr. FLAKE, Mr. GARDNER, Mr. JOHNSON, Mr. LANKFORD, Mr. MCCAIN, Mr. THUNE, Mr. WICKER, and Mr. RISCH):

S. 63. A bill to clarify the rights of Indians and Indian tribes on Indian lands under the National Labor Relations Act; to the Committee on Indian Affairs.

By Mr. MCCAIN:

S. 64. A bill to amend the Federal Food, Drug, and Cosmetic Act to allow for the personal importation of safe and affordable drugs from approved pharmacies in Canada; to the Committee on Health, Education, Labor, and Pensions.

By Ms. WARREN (for herself, Mr. CARDIN, Mrs. FEINSTEIN, Mr. COONS, Mr. DURBIN, Mr. MERKLEY, Mr. LEAHY, Mrs. MURRAY, Mr. WYDEN, Mr. REED, Ms. STABENOW, Mr. BROWN, Mr. CASEY, Ms. KLOBUCHAR, Mr. WHITEHOUSE, Mr. BENNET, Mrs. GILLIBRAND, Mr. FRANKEN, Mr. BLUMENTHAL, Ms. BALDWIN, Mr. MARKEY, Mr. BOOKER, Mr. PETERS, and Ms. DUCKWORTH):

S. 65. A bill to address financial conflicts of interest of the President and Vice President; to the Committee on Homeland Security and Governmental Affairs.

By Mr. HELLER (for himself and Mr. TESTER):

S. 66. A bill to amend title 10, United States Code, to permit certain retired members of the uniformed services who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation, and for other purposes; to the Committee on Armed Services.

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

S. 67. A bill to direct the Secretary of State to submit to Congress a report on the designation of Iran's Revolutionary Guard Corps as a foreign terrorist organization, and for other purposes; to the Committee on Foreign Relations.

By Mr. CRUZ (for himself, Mr. HATCH, Mr. INHOFE, and Mr. ROBERTS):

S. 68. A bill to require the Secretary of State to submit a report to Congress on the designation of the Muslim Brotherhood as a foreign terrorist organization, and for other purposes; to the Committee on Foreign Relations.

By Mr. ROBERTS (for himself, Mr. BLUNT, Mr. FLAKE, Mr. CRAPO, and Mr. WICKER):

S. 69. A bill to codify and modify regulatory requirements of Federal agencies; to the Committee on Homeland Security and Governmental Affairs.

By Mr. ENZI (for himself and Mr. BARRASSO):

S. 70. A bill to designate the mountain at the Devils Tower National Monument, Wyoming, as Devils Tower, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. NELSON (for himself and Mr. RUBIO):

S. 71. A bill to amend the Internal Revenue Code of 1986 to temporarily allow expensing of certain costs of replanting citrus plants lost by reason of casualty; to the Committee on Finance.

By Mr. NELSON:

S. 72. A bill to require that certain information relating to terrorism investigations be included in the NICS database, and for other purposes; to the Committee on the Judiciary.

By Mr. NELSON (for himself and Mr. RUBIO):

S. 73. A bill to provide standards for physical condition and management of housing receiving assistance payments under section 8 of the United States Housing Act of 1937; to the Committee on Banking, Housing, and Urban Affairs.

By Mr. NELSON:

S. 74. A bill to improve the ability of the National Oceanic and Atmospheric Administration, the Coast Guard, and coastal States to sustain healthy ocean and coastal ecosystems by maintaining and sustaining their capabilities relating to oil spill preparedness, prevention, response, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mrs. MCCASKILL (for herself and Mr. BLUNT):

S. 75. A bill to provide for the reconsideration of claims for disability compensation for veterans who were the subjects of experiments by the Department of Defense during World War II that were conducted to assess the effects of mustard gas or lewisite on people, and for other purposes; to the Committee on Veterans' Affairs.

ADDITIONAL COSPONSORS

S. 16

At the request of Mr. PAUL, the names of the Senator from South Carolina (Mr. SCOTT) and the Senator from Arkansas (Mr. BOOZMAN) were added as cosponsors of S. 16, a bill to require a full audit of the Board of Governors of the Federal Reserve System and the Federal reserve banks by the Comptroller General of the United States, and for other purposes.

S. 23

At the request of Mr. CASSIDY, the name of the Senator from Montana (Mr. TESTER) was added as a cosponsor of S. 23, a bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to adopt and implement a standard identification protocol for use in the tracking and procurement of biological implants by the Department of Veterans Affairs, and for other purposes.

S. 27

At the request of Mr. CARDIN, the names of the Senator from Washington (Mrs. MURRAY), the Senator from Massachusetts (Mr. MARKEY) and the Senator from Maryland (Mr. VAN HOLLEN) were added as cosponsors of S. 27, a bill to establish an independent commission 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.

S. 30

At the request of Mrs. FEINSTEIN, the names of the Senator from Connecticut (Mr. BLUMENTHAL) and the Senator from Florida (Mr. RUBIO) were added as cosponsors of S. 30, a bill to extend the civil statute of limitations for victims of Federal sex offenses.

S. 41

At the request of Ms. KLOBUCHAR, the name of the Senator from New Hampshire (Ms. HASSAN) was added as a cosponsor of 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.

S. 42

At the request of Mr. HELLER, the name of the Senator from Minnesota

(Ms. KLOBUCHAR) was added as a cosponsor of S. 42, a bill to inspire women to enter the aerospace field, including science, technology, engineering, and mathematics, through mentorship and outreach.

S. 45

At the request of Mr. CRUZ, the names of the Senator from Pennsylvania (Mr. TOOMEY) and the Senator from Kansas (Mr. ROBERTS) were added as cosponsors of S. 45, a bill to amend the Immigration and Nationality Act to increase penalties for individuals who illegally reenter the United States after being removed and for other purposes.

S. 51

At the request of Mr. GRASSLEY, the name of the Senator from Georgia (Mr. PERDUE) was added as a cosponsor of 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 or driving while intoxicated.

S. 57

At the request of Mr. CASSIDY, the name of the Senator from Wyoming (Mr. ENZI) was added as a cosponsor of S. 57, a bill to require the Secretary of Veterans Affairs to revoke bonuses paid to employees involved in electronic wait list manipulations, and for other purposes.

S.J. RES. 1

At the request of Mr. BOOZMAN, the name of the Senator from Utah (Mr. HATCH) was added as a cosponsor 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.

S.J. RES. 2

At the request of Mr. CRUZ, the name of the Senator from Indiana (Mr. YOUNG) was added as a cosponsor of S.J. Res. 2, a joint resolution proposing an amendment to the Constitution of the United States relative to limiting the number of terms that a Member of Congress may serve.

S. RES. 6

At the request of Mr. RUBIO, the names of the Senator from Louisiana (Mr. CASSIDY), the Senator from Oklahoma (Mr. LANKFORD), the Senator from Utah (Mr. LEE), the Senator from Wisconsin (Mr. JOHNSON), the Senator from Mississippi (Mr. WICKER), the Senator from Missouri (Mrs. MCCASKILL), the Senator from North Dakota (Ms. HEITKAMP), the Senator from Georgia (Mr. ISAKSON), the Senator from South Carolina (Mr. SCOTT), the Senator from Colorado (Mr. GARDNER), the Senator from North Carolina (Mr. TILLIS) and the Senator from Nebraska (Mrs. FISCHER) 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.

AMENDMENT NO. 9

At the request of Ms. KLOBUCHAR, the names of the Senator from New York (Mrs. GILLIBRAND) and the Senator from New Hampshire (Ms. HASSAN) were added as cosponsors of amendment No. 9 intended to be proposed to S. Con. Res. 3, a concurrent resolution 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.

AMENDMENT NO. 12

At the request of Mr. MENENDEZ, the names of the Senator from Maryland (Mr. CARDIN) and the Senator from Massachusetts (Ms. WARREN) were added as cosponsors of amendment No. 12 intended to be proposed to S. Con. Res. 3, a concurrent resolution 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.

AMENDMENT NO. 13

At the request of Mr. NELSON, the names of the Senator from Minnesota (Mr. FRANKEN), the Senator from Michigan (Ms. STABENOW), the Senator from West Virginia (Mr. MANCHIN), the Senator from Hawaii (Ms. HIRONO), the Senator from Ohio (Mr. BROWN), the Senator from Massachusetts (Ms. WARREN) and the Senator from New York (Mrs. GILLIBRAND) were added as cosponsors of amendment No. 13 intended to be proposed to S. Con. Res. 3, a concurrent resolution 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.

AMENDMENT NO. 15

At the request of Mr. VAN HOLLEN, the name of the Senator from Michigan (Ms. STABENOW) was added as a cosponsor of amendment No. 15 intended to be proposed to S. Con. Res. 3, a concurrent resolution 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.

AMENDMENT NO. 17

At the request of Mr. BLUMENTHAL, the names of the Senator from Minnesota (Mr. FRANKEN), the Senator from Ohio (Mr. BROWN) and the Senator from Delaware (Mr. CARPER) were added as cosponsors of amendment No. 17 intended to be proposed to S. Con. Res. 3, a concurrent resolution 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.

AMENDMENT NO. 18

At the request of Ms. BALDWIN, the name of the Senator from West Virginia (Mr. MANCHIN) was added as a cosponsor of amendment No. 18 intended to be proposed to S. Con. Res. 3, a concurrent resolution 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.

AMENDMENT NO. 19

At the request of Mr. SANDERS, the names of the Senator from Massachusetts (Ms. WARREN), the Senator from Minnesota (Mr. FRANKEN), the Senator from Hawaii (Mr. SCHATZ), the Senator from Oregon (Mr. WYDEN), the Senator from New York (Mr. SCHUMER), the Senator from Washington (Mrs. MURRAY), the Senator from Connecticut (Mr. MURPHY) and the Senator from Illinois (Mr. DURBIN) were added as cosponsors of amendment No. 19 proposed to S. Con. Res. 3, a concurrent resolution 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.

AMENDMENT NO. 20

At the request of Ms. HIRONO, the names of the Senator from Minnesota (Mr. FRANKEN), the Senator from Michigan (Ms. STABENOW), the Senator from New Mexico (Mr. UDALL), the Senator from Wisconsin (Ms. BALDWIN), the Senator from Rhode Island (Mr. WHITEHOUSE), the Senator from New Jersey (Mr. MENENDEZ), the Senator from Oregon (Mr. WYDEN), the Senator from New York (Mr. SCHUMER), the Senator from Illinois (Mr. DURBIN), the Senator from Montana (Mr. TESTER), the Senator from New Hampshire (Ms. HASSAN), the Senator from Rhode Island (Mr. REED), the Senator from New York (Mrs. GILLIBRAND), the Senator from Vermont (Mr. SANDERS), the Senator from California (Mrs. FEINSTEIN), the Senator from Vermont (Mr. LEAHY), the Senator from Ohio (Mr. BROWN), the Senator from Oregon (Mr. MERKLEY), the Senator from Connecticut (Mr. MURPHY), the Senator from Washington (Mrs. MURRAY), the Senator from New Jersey (Mr. BOOKER), the Senator from Delaware (Mr. CARPER), the Senator from Delaware (Mr. COONS), the Senator from Massachusetts (Ms. WARREN), the Senator from Michigan (Mr. PETERS), the Senator from Illinois (Ms. DUCKWORTH) and the Senator from New Hampshire (Mrs. SHAHEEN) were added as cosponsors of amendment No. 20 proposed to S. Con. Res. 3, a concurrent resolution 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.

At the request of Mr. DONNELLY, the name of the Senator from Pennsylvania (Mr. CASEY) was added as a cosponsor of amendment No. 20 proposed to S. Con. Res. 3, supra.

AMENDMENT NO. 21

At the request of Mr. PETERS, the names of the Senator from Michigan (Ms. STABENOW), the Senator from

Delaware (Mr. CARPER) and the Senator from New York (Mrs. GILLIBRAND) were added as cosponsors of amendment No. 21 intended to be proposed to S. Con. Res. 3, a concurrent resolution 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.

AMENDMENTS SUBMITTED AND PROPOSED

SA 22. Mr. CORKER (for himself, Mr. PORTMAN, Ms. COLLINS, Mr. CASSIDY, and Ms. MURKOWSKI) 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.

SA 23. Mr. CORKER (for himself, Mr. PORTMAN, Ms. COLLINS, Mr. CASSIDY, and Ms. MURKOWSKI) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 24. Mr. FRANKEN submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 25. Mr. FRANKEN submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 26. Mr. COONS (for himself and Mr. VAN HOLLEN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 27. Mr. COONS (for himself, Mr. CARPER, and Mr. VAN HOLLEN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 28. Mr. COONS (for himself, Mr. CASEY, Mr. BROWN, Ms. KLOBUCHAR, Mrs. GILLIBRAND, Mr. VAN HOLLEN, Ms. BALDWIN, Mrs. FEINSTEIN, Ms. STABENOW, Ms. DUCKWORTH, and Mr. KING) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 29. Mr. CARDIN (for himself, Ms. HIRONO, and Mr. BOOKER) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 30. Mr. CARDIN (for himself and Ms. STABENOW) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 31. Mr. CARDIN (for himself and Ms. STABENOW) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table

SA 32. Ms. KLOBUCHAR (for herself, Mr. BLUMENTHAL, Mr. WHITEHOUSE, and Ms. HASSAN) 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 33. Ms. KLOBUCHAR (for herself, Ms. HASSAN, 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 34. Mrs. SHAHEEN (for herself, Mr. VAN HOLLEN, and Ms. STABENOW) 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 35. Mrs. SHAHEEN (for herself, Mr. COONS, Mr. VAN HOLLEN, and Mr. BOOKER) 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 36. Mrs. SHAHEEN (for herself, Mr. VAN HOLLEN, and Mr. BLUMENTHAL) 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 37. Mrs. SHAHEEN (for herself, Mr. VAN HOLLEN, Ms. STABENOW, and Mr. BLUMENTHAL) 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 38. Mr. FLAKE submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 39. Mr. FLAKE submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 40. Mr. FLAKE submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 41. Mr. FLAKE submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 42. Mr. FLAKE submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 43. Mr. FLAKE submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 44. Mr. FLAKE submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 45. Mr. FLAKE submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 46. Mr. FLAKE submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 47. Mr. FLAKE submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 48. Mr. WHITEHOUSE (for himself and Mr. BROWN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 49. Mr. WHITEHOUSE (for himself, Mr. COONS, and Ms. KLOBUCHAR) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 50. Mr. WHITEHOUSE submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 51. Mr. WHITEHOUSE submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 52. Mr. FLAKE submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 53. Mr. FRANKEN (for himself and Mr. VAN HOLLEN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 54. Mr. FRANKEN (for himself, Ms. HEITKAMP, and Mr. VAN HOLLEN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

SA 55. Mr. BOOKER (for himself, Mrs. SHAHEEN, Mr. BROWN, Mrs. MURRAY, Mr. VAN HOLLEN, and Ms. WARREN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 22. Mr. CORKER (for himself, Mr. PORTMAN, Ms. COLLINS, Mr. CASSIDY, and Ms. MURKOWSKI) 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:

On page 45, line 15, strike ''January 27'' and insert ''March 3''.

On page 46, line 11, strike ''January 27'' and insert ''March 3''.

SA 23. Mr. CORKER (for himself, Mr. PORTMAN, Ms. COLLINS, Mr. CASSIDY, and Ms. MURKOWSKI) 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:

On page 45, strike line 2 and all that follows through page 46, line 14, and insert the following:

SEC. 2001. RECONCILIATION IN THE SENATE.

(a) COMMITTEE ON FINANCE.—The Committee on Finance of the Senate shall report changes in laws within its jurisdiction to reduce the deficit by not less than $1,000,000,000 for the period of fiscal years 2017 through 2026.

(b) COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS.—The Committee on Health, Education, Labor, and Pensions of the Senate shall report changes in laws within its jurisdiction to reduce the deficit by not less than $1,000,000,000 for the period of fiscal years 2017 through 2026.

(c) SUBMISSIONS.—In the Senate, not later than March 3, 2017, the Committees named in subsections (a) and (b) shall submit their recommendations to the Committee on the Budget of the Senate. Upon receiving all such recommendations, the Committee on the Budget of the Senate shall report to the Senate a reconciliation bill carrying out all such recommendations without any substantive revision.

SEC. 2002. RECONCILIATION IN THE HOUSE OF REPRESENTATIVES.

(a) COMMITTEE ON ENERGY AND COMMERCE.—The Committee on Energy and Commerce of the House of Representatives shall submit changes in laws within its jurisdiction to reduce the deficit by not less than $1,000,000,000 for the period of fiscal years 2017 through 2026.

(b) COMMITTEE ON WAYS AND MEANS.—The Committee on Ways and Means of the House of Representatives shall submit changes in laws within its jurisdiction to reduce the deficit by not less than $1,000,000,000 for the period of fiscal years 2017 through 2026.

(c) SUBMISSIONS.—In the House of Representatives, not later than March 3, the

committees named in subsections (a) and (b) shall submit their recommendations to the Committee on the Budget of the House of Representatives to carry out this section.

SA 24. Mr. FRANKEN 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 III, add the following:

SEC. 3_____. DEFICIT-NEUTRAL RESERVE FUND RELATING TO ACCELERATING GENERIC DRUG COMPETITION.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to reducing the cost of prescription drugs, which may include removing incentives to enter into pay-for-delay exclusivity agreements between brand and generic pharmaceutical manufacturers, by rescinding the 180-day exclusivity period for generic pharmaceutical manufacturers entering into a pay-for-delay agreement, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

SA 25. Mr. FRANKEN 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 III, add the following:

SEC. 3_____. DEFICIT-NEUTRAL RESERVE FUND RELATING TO UNFAIR TAX BREAKS TO DRUG COMPANIES.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to the deduction for advertising and promotional expenses for prescription drugs, which may include reducing the cost of prescription drugs by disallowing the deduction for direct-to-consumer advertising of prescription drugs, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

SA 26. Mr. COONS (for himself and 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:

At the end of title III, add the following:

SEC. 3_____. DEFICIT-NEUTRAL RESERVE FUND RELATING TO REQUIRING NOTICE BY THE PRESIDENT REGARDING CUTS IN BENEFITS, LOWER QUALITY INSURANCE, OR ELIMINATION OF INSURANCE AS A RESULT OF REPEALING THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to requiring the President to notify any individual or family who will receive a cut in benefits, receive lower quality insurance, or have their insurance eliminated as a result of any repeal of all or part of the Patient Protection and Affordable Care Act (Public Law 111–148; 124 Stat. 119), or an amendment made by that Act, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

SA 27. Mr. COONS (for himself, Mr. CARPER, and 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:

At the end of title IV, add the following:

SEC. 4____. POINT OF ORDER AGAINST SHIFTING THE COSTS OF TREATING THE NEWLY UNINSURED TO WORKING AMERICANS WITH EMPLOYER-SPONSORED COVERAGE.

(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 increases in premiums, deductibles, copayments, or other out-of-pocket costs for working Americans with employer-based health insurance coverage compared to the premium and out-of-pocket costs working Americans and their employers would have paid, as projected in the most recent Congressional Budget Office baseline during the period of fiscal years 2017 through 2026, as determined by the Congressional Budget Office.

(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 28. Mr. COONS (for himself, Mr. CASEY, Mr. BROWN, Ms. KLOBUCHAR, Mrs. GILLIBRAND, Mr. VAN HOLLEN, Ms. BALDWIN, Mrs. FEINSTEIN, Ms. STABENOW, Ms. DUCKWORTH, and Mr. KING) 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 REDUCE HEALTH CARE BENEFITS AND CONSUMER PROTECTIONS FOR INDIVIDUALS WHO LOST A JOB, WAGES, OR BENEFITS DUE TO OUTSOURCING, TRADE DEALS, AUTOMATION, OR OTHER TYPES OF ECONOMIC DISRUPTION.

(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 reduce the health care benefits and consumer protections provided through the Patient Protection and Affordable Care Act (Public Law 111–148) for individuals (and their families) who lost a job, wages, or benefits due to outsourcing, trade deals, automation, or other types of economic disruption, unless legislation is enacted to provide comparable benefits and protections for such individuals and their families.

(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 29. Mr. CARDIN (for himself, Ms. HIRONO, and Mr. BOOKER) 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 ACCESS TO, OR AFFORDABILITY OF, HEALTHCARE SERVICES FOR MINORITY AND DISENFRANCHISED POPULATIONS OF THE UNITED 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 reduce access to, or affordability of, healthcare services for minority and disenfranchised populations of the United States, including American Indians and Alaskan Natives, Asian Americans, African Americans, Latino Americans, and Native Hawaiians or other Pacific Islanders, by reversing the significant gains in access to and affordability of healthcare services made by the Affordable Care Act, including—

(1) the expansion of Medicaid coverage to low-income Americans with incomes up to 138 percent of the Federal poverty level in the States that have implemented the Medicaid expansion, benefitting 51 percent of American Indians and Alaska Natives, 32 percent of African Americans, 26 percent of Asian Americans, and 25 percent of Latino Americans; and

(2) the establishment of the cost-sharing reduction tax credits, allowing 19 percent of American Indians and Alaska Natives, 23 percent of African Americans, 18 percent of Asian Americans, and 16 percent of Latino Americans to become newly eligible for essential healthcare coverage.

(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 30. Mr. CARDIN (for himself and Ms. STABENOW) 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 REDUCE ACCESS TO MENTAL HEALTH SERVICES AND PROTECTIONS, WORSENING THE MENTAL HEALTH CRISIS.

(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 eliminate or reduce access to mental health services by repealing the mental health protections applied by the Patient Protection and Affordable Care Act to Medicaid alternative benefit plans.

(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 31. Mr. CARDIN (for himself and Ms. STABENOW) 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 ELIMINATE OR LIMIT ACCESS TO PEDIATRIC DENTAL CARE AND PROTECTIONS.

(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 eliminate, limit access to, or reduce affordability of pediatric dental services by repealing all or parts of the Patient Protection and Affordable Care Act (Public Law 111–148), block granting the Medicaid program or imposing a per capita limit on Federal funding for State Medicaid programs, or otherwise negatively impacting children's access to coverage and services for pediatric dental care.

(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 32. Ms. KLOBUCHAR (for herself, Mr. BLUMENTHAL, Mr. WHITEHOUSE, and Ms. HASSAN) 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 III, add the following:

SEC. 3_____. DEFICIT-NEUTRAL RESERVE FUND RELATING TO IMPORTATION OF PRESCRIPTION DRUGS.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to requiring the Secretary of Health and Human Service to promulgate regulations permitting American consumers to legally and safely import into the United States from approved Canadian pharmacies prescription drugs for personal use by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

SA 33. Ms. KLOBUCHAR (for herself, Ms. HASSAN, 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; which was ordered to lie on the table; as follows:

At the end of title III, add the following:

SEC. 3_____. DEFICIT-NEUTRAL RESERVE FUND RELATING TO PRESCRIPTION DRUGS.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to eliminating anticompetitive pay-for-delay patent settlements between branded drug and generic drug manufacturers that delay competition and increase prescription drug costs by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

SA 34. Mrs. SHAHEEN (for herself, Mr. VAN HOLLEN, and Ms. STABENOW) 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 FUNDING FOR DIABETES RESEARCH, TREATMENT, AND PREVENTION.

(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 reduce funding for diabetes research, treatment, and prevention.

(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 35. Mrs. SHAHEEN (for herself, Mr. COONS, Mr. VAN HOLLEN, and Mr. BOOKER) 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 WEAKENING OR ELIMINATING THE SMALL EMPLOYER HEALTH INSURANCE CREDIT.

(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 weakens or eliminates the tax credit to help small businesses purchase health insurance under section 45R of the Internal Revenue Code of 1986.

(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 36. Mrs. SHAHEEN (for herself, Mr. VAN HOLLEN, and Mr. BLUMENTHAL) 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:

(a) POINT OF ORDER AGAINST LEGISLATION THAT PROHIBITS THE USE OF FOREIGN AID FOR ABORTION SERVICES IN THE CASE OF RAPE, INCEST, OR DANGER TO THE LIFE OF A PREGNANT WOMAN.—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 interprets section 104(f)(1) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(f)(1); commonly referred to as the ''Helms amendment'') as prohibiting recipients of United States humanitarian aid from using such funding for abortion services in the case of rape, incest, or danger to the life of a pregnant woman.

(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 37. Mrs. SHAHEEN (for herself, Mr. VAN HOLLEN, Ms. STABENOW, and

Mr. BLUMENTHAL) 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 LIMIT CONTRACEPTION COVERAGE UNDER THE TRICARE PROGRAM.

(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 limit contraception coverage under the TRICARE program under chapter 55 of title 10, United States Code, including long-acting reversible contraceptives and emergency contraception, contraception education and counseling, and providing emergency contraception for all sexual assault survivor servicewomen at all military treatment facilities.

(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 38. Mr. FLAKE 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 III, add the following:

SEC. 3_____. DEFICIT-NEUTRAL RESERVE FUND RELATING TO HIRING ADDITIONAL VETERANS JUSTICE OUTREACH SPECIALISTS.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to requiring or authorizing the Secretary of Veterans Affairs to hire additional Veterans Justice Outreach Specialists to provide treatment court services to justice-involved veterans, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

SA 39. Mr. FLAKE 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 III, add the following:

SEC. 3____. DEFICIT-NEUTRAL RESERVE FUND RELATING TO ELIMINATING PREVAILING WAGE MANDATES AND REQUIREMENTS FOR FEDERALLY FUNDED INFRASTRUCTURE CONSTRUCTION PROJECTS.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to eliminating prevailing wage mandates and requirements under subchapter IV of chapter 31 of title 40, United States Code, for federally-funded infrastructure construction projects by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

SA 40. Mr. FLAKE 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 III, add the following:

SEC. 3_____. DEFICIT-NEUTRAL RESERVE FUND RELATING TO WESTERN AREA POWER ADMINISTRATION RATEPAYER TRANSPARENCY AND RESPONSIVENESS.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to the establishment and implementation of a program to reduce unobligated balances in the Western Area Power Administration and to provide for transparency and responsiveness with respect to customers for power and transmission service from the Western Area Power Administration by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

SA 41. Mr. FLAKE 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 III, add the following:

SEC. 3_____. DEFICIT-NEUTRAL RESERVE FUND RELATING TO EXPANDING HEALTH SAVINGS ACCOUNTS.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to expanding health savings accounts, which may include the use of such accounts in connection with the replacement of policies enacted by the Patient Protection and Affordable Care Act, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

SA 42. Mr. FLAKE 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 III, add the following:

SEC. 3_____. DEFICIT-NEUTRAL RESERVE FUND RELATING TO DELAYING THE ENFORCEMENT OF THE 2015 OZONE STANDARDS AND REQUESTING A NEW RULEMAKING.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to delaying the enforcement of the final rule entitled ''National Ambient Air Quality Standards for Ozone'' (80 Fed. Reg. 65292 (October 26, 2015)) until January 1, 2025, and requesting a new rulemaking to implement national primary and secondary ambient air quality standards for ozone by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

SA 43. Mr. FLAKE 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 III, add the following:

SEC. 3_____. DEFICIT-NEUTRAL RESERVE FUND RELATING TO IMPROVING FOREST HEALTH.

(a) IN GENERAL.—The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to the forest health improvements described in subsection (b) by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

(b) FOREST HEALTH IMPROVEMENTS DESCRIBED.—The forest health improvements referred to in subsection (a) are any of the following:

(1) Increasing timber production from Federal land and providing bridge funding to counties and other units of local government until timber production levels increase.

(2) Decreasing forest hazardous fuel loads.

(3) Improving stewardship contracting.

(4) Reforming the process of budgeting for wildfire suppression operations.

SA 44. Mr. FLAKE 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 III, add the following:

SEC. 3_____. DEFICIT-NEUTRAL RESERVE FUND RELATING TO DROUGHT PREVENTION.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to updating flood control operations, water conservation in the Colorado River Basin, invasive riparian species control, assisting the States in carrying out drought prevention plans, watershed protection programs, or the authority of the Secretary of the Interior to designate funds for rural water projects and Indian irrigation and water settlement projects by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

SA 45. Mr. FLAKE 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 III, add the following:

SEC. 3_____. DEFICIT-NEUTRAL RESERVE FUND RELATING TO PROHIBITING THE SECRETARY OF VETERANS AFFAIRS FROM EMPLOYING FELONS AND MEDICAL PERSONNEL WITH REVOKED OR SUSPENDED LICENSES OR CREDENTIALS.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to prohibiting the Secretary of Veterans Affairs from employing individuals who have been convicted of a felony and medical personnel who have ever had their medical licenses or credentials revoked or suspended, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

SA 46. Mr. FLAKE 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 III, add the following:

SEC. 3_____. DEFICIT-NEUTRAL RESERVE FUND RELATING TO BRINGING ADDITIONAL INDEPENDENT OVERSIGHT TO U.S. CUSTOMS AND BORDER PROTECTION POLYGRAPH EXAMS.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to bringing additional independent oversight to U.S. Customs and Border Protection polygraph exams, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

SA 47. Mr. FLAKE 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 EARMARKS.

(a) IN GENERAL.—When the Senate is considering a bill, joint resolution, motion, amendment, amendment between the Houses, or conference report, if a point of order is made by a Senator against an earmark, and the point of order is sustained by the Chair, that earmark shall be stricken from the measure and may not be offered as an amendment from the floor.

(b) FORM OF THE POINT OF ORDER.—A point of order under subsection (a) may be raised by a Senator as provided in section 313(e) of the Congressional Budget Act of 1974 (2 U.S.C. 644(e)).

(c) CONFERENCE REPORTS.—When the Senate is considering a conference report on, or an amendment between the Houses in relation to, a bill or joint resolution, upon a point of order being made by any Senator pursuant to subsection (a), and such point of order being sustained, such material contained in such conference report or House amendment shall be stricken, and the Senate shall proceed to consider the question of whether the Senate shall recede from its amendment and concur with a further amendment, or concur in the House amendment with a further amendment, as the case may be, which further amendment shall consist of only that portion of the conference report or House amendment, as the case may be, not so stricken. Any such motion in the Senate shall be debatable. In any case in which such point of order is sustained against a conference report (or Senate amendment derived from such conference report by operation of this subsection), no further amendment shall be in order.

(d) SUPERMAJORITY WAIVER AND APPEAL.—In the Senate, this section may be waived or suspended only by an affirmative vote of three-fifths of the Members, duly chose and sworn. An affirmative vote of three-fifths of 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.

(e) DEFINITION.—In this section, the term ''earmark'' means—

(1) a congressionally directed spending item, as defined in rule XLIV of the Standing Rules of the Senate; and

(2) a congressional earmark, as defined in rule XXI of the Rules of the House of Representatives.

SA 48. Mr. WHITEHOUSE (for himself and Mr. BROWN) 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 III, add the following:

SEC. 3_____. DEFICIT-NEUTRAL RESERVE FUND RELATING TO ACCESS TO MEDICARE FOR ALL AMERICANS.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to providing all Americans, regardless of age, the ability to buy into the Medicare program to secure quality, affordable health insurance coverage by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

SA 49. Mr. WHITEHOUSE (for himself, 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; which was ordered to lie on the table; as follows:

At the end of title III, add the following:

SEC. 3_____. DEFICIT-NEUTRAL RESERVE FUND RELATING TO ADDRESSING THE PRESCRIPTION OPIOID ABUSE AND HEROIN CRISIS.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to fully funding all programs authorized by the Comprehensive Addiction and Recovery Act of 2016 (Public Law 114-198) by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

SA 50. Mr. WHITEHOUSE 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 III, add the following:

SEC. 3_____. DEFICIT-NEUTRAL RESERVE FUND RELATING TO PERMANENTLY EXTENDING THE ENHANCED FEDERAL MATCHING RATE FOR MEDICAID EXPANSION.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to permanently extending the 100 percent Federal medical assistance percentage to State Medicaid programs to maintain coverage expansion by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

SA 51. Mr. WHITEHOUSE 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 III, add the following:

SEC. 3_____. DEFICIT-NEUTRAL RESERVE FUND RELATING TO CONTINUING STATE OPERATED HEALTH INSURANCE EXCHANGES.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to allowing State-operated exchanges to continue and maintaining advance premium tax credits and cost-sharing reductions at current levels for eligible individuals in those States by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

SA 52. Mr. FLAKE 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 III, add the following:

SEC. 3_____. DEFICIT-NEUTRAL RESERVE FUND RELATING TO PROTECTIONS FOR THE ELDERLY AND VULNERABLE.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to protections for the elderly and vulnerable, which may include strengthening Social Security and Medicare, improving Medicaid, housing reform, and returning regulation of health insurance markets to the States, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

SA 53. Mr. FRANKEN (for himself and 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:

At the end of title IV, add the following:

SEC. 4____. POINT OF ORDER AGAINST LEGISLATION THAT WOULD DRIVE UP HEALTH INSURANCE COMPANY PROFITS.

(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 enable health plans to use less than 80 percent of premium income to pay for claims and quality improvement measures.

(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 54. Mr. FRANKEN (for himself, Ms. HEITKAMP, and 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:

At the end of title IV, add the following:

SEC. 4____. POINT OF ORDER TO PROTECT THE RURAL HEALTH WORKFORCE.

(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 if the Congressional Budget Office has determined that such legislation would—

(1) reduce the number of doctors, nurses, and health care providers in rural communities;

(2) reduce financial or other incentives for such providers to practice in rural communities, including programs that provide loans, loan repayment, scholarships, or training, including the National Health Service Corps funding established under the Patient Protection and Affordable Care Act (Public Law 111-148); or

(3) otherwise undermine the support for the health care workforce in rural communities as outlined by title V of the Patient Protection Affordable Care Act.

(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 55. Mr. BOOKER (for himself, Mrs. SHAHEEN, Mr. BROWN, Mrs. MURRAY, Mr. VAN HOLLEN, and Ms. WARREN) 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 III, add the following:

SEC. 3_____. DEFICIT-NEUTRAL RESERVE FUND RELATING TO ENCOURAGING PRIMARY HEALTH CARE PROVIDERS TO PARTICIPATE IN THE MEDICAID PROGRAM.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to encouraging primary health care providers, including board-certified family physicians, to participate in the Medicaid program and provide important primary care services to beneficiaries, through measures such as reinstating the enhanced matching rate for primary care services, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

PRIVILEGES OF THE FLOOR

Mr. REED. Mr. President, I ask unanimous consent that Michael Martin and Jeremy Gelman, fellows in my office, be granted privileges of the floor for the remainder of this session of Congress.

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

ORDERS FOR TUESDAY, JANUARY 10, 2017

Mr. DAINES. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 12 noon, Tuesday, January 10; 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.

CONCURRENT RESOLUTION ON THE BUDGET, FISCAL YEAR 2017—Continued

Mr. DAINES. Mr. President, I ask unanimous consent that the Senate resume consideration of S. Con. Res. 3.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

ORDER FOR ADJOURNMENT

Mr. DAINES. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent

that it stand adjourned under the previous order, following the remarks from my Democratic colleagues.

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

The Senator from Massachusetts.

Mr. MARKEY. Thank you, Mr. President.

I just want to follow up on the statements made by the Senator from Connecticut, Mr. BLUMENTHAL, and the Senator from Hawaii, Mr. SCHATZ. They have laid out in eye-watering detail the problems that the Republicans are creating by their attempt to repeal the Affordable Care Act. What Senator SCHATZ and Senator BLUMENTHAL did was just get to the heart of this matter.

What the United States did for 100 years was to not run a health care system but to run a sick care system—a system that spent 97 cents on what happens after people got sick and only 3 cents of every dollar on trying to prevent people from getting sick. For the first time in American history, that changed in the Affordable Care Act.

What President Obama did, what America did was to create a Prevention and Public Health Fund, and that fund in the Affordable Care Act is spent on prevention programs. It is spent on looking at people who could get asthma, diabetes, heart disease, obesity, high blood pressure, stroke, or die from too much smoking and just say for the first time, in a comprehensive way, that the United States was going to put programs in place that would prevent people from getting the diseases that every preceding generation of Americans have suffered from. That is what the prevention fund is all about. That is what the Republicans are going to repeal, take off the books—this fundamental change to the direction toward prevention, toward wellness that all Americans of all generations want to see remain on the books.

In Massachusetts, if you are in New Bedford or Fall River or if you are in Springfield, those programs target racial minorities, they target low-income families, they target seniors who would otherwise be vulnerable to diseases that these programs can help to prevent. That money is just going to be sliced out of the Federal budget. What will be the consequences? Well, quite clearly, it will cost America a lot more money.

For example, my father died from lung cancer, smoking two packs of Camels a day. How many other fathers, mothers, sisters, and brothers die from a totally preventable disease? Well, ladies and gentlemen, this prevention fund put into place the kind of funding on a consistent basis not just for antismoking programs but for all programs across the books.

I will give you a good example. Back in the 1930s, no women, for the most part, died from lung cancer in the United States. But in the 1950s and 1960s, the tobacco industry hired the smartest PR person in America. This campaign basically said: ''You've come a long way, baby.'' You have an equal right to get cancer, as your husband, boyfriend, father, or brother has, and 20 years later, unbelievably, women began to die in the United States from lung cancer at a rate that was higher than the number of women who were dying from breast cancer.

Now that is a public relations success of the first and highest magnitude. We didn't have prevention programs in place. We didn't have a warning system to say to women, to say to kids: This is dangerous to your health. What did we see? We saw just about every family in America with somebody who died from lung cancer—pretty much every family—and it was totally preventable.

Well, inside of the Affordable Care Act we have this huge, great, innovative breakthrough—a health and prevention program that could be used in every city, every town, and every State across the whole country, targeting the most vulnerable, the most likely to be targeted, the ones most likely to be engaging in dangerous behaviors that are otherwise preventable. We have cured most of the diseases that our grandparents died from. The diseases that people die from today are the diseases that they give to themselves. They are behavioral choices. They are environmental situations into which they are placed that then result in them, unfortunately, contracting the chronic diseases that wind up first harming them and ultimately killing them.

What is a good example? Well, a good example is opioids. Opioids are now a killer of a magnitude that is almost incomprehensible. In Massachusetts, 2,000 people died in 2016 from opioid overdoses. Now, we are only 2 percent of the population of the United States of America. If you multiply that by 50, it is 100,000 people dying from opioid overdoses if they die at the same rate as the people who are dying in Massachusetts—100,000 a year, two Vietnam wars of deaths every single year from opioid overdoses. If ever there was a preventable disease, if ever there was something that was completely and totally subject to having programs put in place that could help people avoid ever getting into that addiction situation—or, once they did, giving them the program money which they need—then opioid addiction is it.

Well, what the Republicans are doing here is just wiping it out. They are wiping out that prevention fund. Moreover, just for the sake of understanding how incredible everything they are considering is going to be in terms of prevention of opioid disease, Medicaid right now pays $1 out of every $5 for substance use disorder treatment in the United States of America. In other words, without these prevention funds, without Medicaid funding, the only choice for these families is either getting help or getting buried. That is the bottom line. What the Republicans are doing is just wiping out the help.

So the option is going to be not just 2,000 in Massachusetts multiplied by 50,000, 100,000 deaths a year, we are just going to see this number skyrocket because without public health, without prevention programs, this is an inexorability, it is an inevitability. This is the future. This is just a repetition of everything America did for the preceding 100 years before we put the Affordable Care Act on the books. It doesn't make any difference whether you come from Connecticut or Hawaii, from Virginia or Michigan, from Massachusetts or from any other State in the Union, there are no barriers to opioid overdose, tobacco deaths, obesity, all of these preventable diseases. It is all coming as a preview of coming attractions to families all across the country. Here it is. This is what the Republicans are promising you: your family, once again, exposed.

Listen to this number. When the Affordable Care Act gets repealed by the Republicans, if they are successful—listen to this number: 1.6 million people who right now are covered for substance use disorders will no longer have coverage. Let me say that again: 1.6 million people who have coverage for substance use disorders will no longer be covered. So we have the prevention fund over here, we have the insurance over here—both gone.

I say to my colleagues, these Republicans—it is almost unbelievable. If you kick them in the heart, you are going to break their toe. We are talking about the most vulnerable people in our country. We are looking at the children. We are looking at people who have substance abuse disorders. We are looking at people who otherwise would never have smoked a day in their life if prevention programs were in place. We are looking at people who would never have to suffer through a life of obesity because the programs were put in place.

What are they saying? They are saying we are going to substitute and create a new program. When? Maybe soon. Maybe just around the corner. Maybe next year. Maybe whenever we get to it. What do you say to those families? What do we say to them?

This isn't just health care; this is also hope. This is also hope for these families who have chronic diseases, these families who have diseases that were otherwise preventable.

What the Republicans are saying is, we are just going to pull a bait and switch on you. We are going to repeal right now and replace at some point of our choosing in the future, even though we have harbored an ancient animosity toward the creation of a national law in the first place, and the American people are supposed to gullibly accept that argument. Well, we know what they have always wanted to do: leave all of these health care programs, from Medicare to Medicaid, to Social Security, as death-soaked relics of the programs as they have been created by Franklin Delano Roosevelt, by Lyndon Johnson, by Bill Clinton, by Barack Obama. They have always harbored

that animosity toward those programs. This is just the beginning of an assault upon generations of promises to American families who have been transformed by these programs.

Let us fight hard, I say to my colleagues, to make sure these prevention funds are not taken off the books. It is the transformative way of looking at health care which the Affordable Care Act introduced into our society. I thank my friend Senator BLUMENTHAL for leading us on this charge and Senator SCHATZ.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. KAINE. Mr. President, I rise with my colleagues, and I am thrilled to be here with them, to save our health care and to try to convince our colleagues that a repeal of the Affordable Care Act would be health care malpractice, and because health care is one-sixth of the American economy, it would be economic malpractice as well.

What I thought I would do basically is just tell two stories. I am going to tell a Virginia story from before the passage of the Affordable Care Act, and I am going to tell a Virginia story since the passage of the act.

I was first elected to statewide office in 2001, and I became the Lieutenant Governor of Virginia. Shortly after, I started to attend, on a fairly regular basis, a most amazing annual event. It is called the Remote Area Medical clinic in Wise County, VA. It is in the heart of Appalachia, in a community on the border of Kentucky where my wife's family is from. This was an annual medical clinic that was set up by some Catholic nuns who were driving a van around trying to offer medical care to people who didn't have it, and they decided they would recruit volunteers. They would set up at a dusty county fairground, the Virginia-Kentucky fairground in Wise, VA, and open the doors on Saturday to people who didn't have health care. It had been going for many years when I first went as Lieutenant Governor. I had heard so much about it, and I was anxious to go see it.

Here is what I saw when I first went there. People start to come on about Tuesday of the week when it is going to open on Friday, and they come in groups of three or four families, and then they come in groups of ten or dozens, and then hundreds, and then thousands, to this dusty county fairground in late July—hot in Southwestern Virginia. They gather so that on Friday morning, at about 7 o'clock when it opens, they have gotten a number, they know where they are in the line, and sometime over the course of Friday and Saturday, they will be able to see a doctor, in some instances for the first time in their lives. There are doctors, dentists, medical students, the Lions Club volunteers to give vision screenings, hundreds of volunteers, and thousands of people seeking medical care.

The first year I went to this, I was overwhelmed at the magnitude of the philanthropic spirit of the volunteers, and I was also overwhelmed at the depth of the need. Something made it more palpable by walking around the parking lot to see where people had come from.

This is a community that is on the border of Virginia and Kentucky so I wasn't surprised to see Virginia license plates and Kentucky license plates. It is kind of near West Virginia so I wasn't surprised to see West Virginia license plates. It is near Tennessee. I saw Tennessee license plates. I saw North Carolina license plates. What struck me as I went through the parking lot was to see license plates from Georgia and license plates from Alabama and license plates from as far away as Oklahoma.

We are the richest Nation on Earth. We are the most compassionate Nation on Earth. Yet, in order to get medical care, people would get in their cars and drive for days, and then camp for days, for the chance to see a doctor or a dentist.

It reminded me that first year, and it reminds me still, of the way health care was delivered in the poor country of Honduras where I served as a missionary in 1980 and 1981. There wasn't really a health care network. Occasionally, missionaries or others would set up a clinic in a mountain community once a year—maybe less than that—and people would gather, and that was the way we were delivering health care in a successful State, in the most compassionate and wealthiest Nation on Earth. It is just not right. It is just not right.

The RAM clinic still goes on. It hasn't gone away, but I will tell my colleagues what has happened since the passage of the Affordable Care Act. The percentage of Americans without health insurance has dropped from over 16 percent to about 8 percent. It has almost been cut in half, and the uninsurance rate in this country is at its nearly lowest percentage since we have been able to record that number. That means there is less of a need for the RAM clinics because more people can have a medical home and can seek care. That decline has also been significant because in Virginia, we were about 14 percent uninsured in 2010, and that number has now come down to about 9 percent.

So that first story—the story of this RAM clinic, pre-Affordable Care Act, with one in six Americans not having health insurance—we have done a good thing as a Congress to provide access to dramatically reduce that number.

Let me tell my colleagues a second story. The second story is just about a family, a story in a letter that I received just a few days ago. It is a different aspect of the Affordable Care Act. It is not so much about the reduction in the uninsured, but it is about more peace of mind and security for the majority of Americans who do have health insurance.

Dear Senator KAINE,

As a Senator, you have been charged with an immense task. Your constituents rely on you to work on our behalf to uphold and protect the freedoms we enjoy as Virginians and Americans. We also rely on you to safeguard the legislation that exists to keep our family and so many of our friends and neighbors healthy and safe.

When I graduated from the University of Virginia, I was fortunate to enter a career through which I received excellent benefits. I taught second grade and kindergarten in both Chesterfield and Albemarle Counties. My health insurance was comprehensive and affordable. I didn't know how good I had it.

After years in the classroom, I put my career on hold while I stayed at home with our children. We were so lucky to have been in a position to be able to make that choice. I know that being able to rely on a single income is not a reality for many Virginians. We enrolled in a private health insurance plan through my husband's company, a small business based out of Richmond, Virginia.

Our new plan came at a higher cost than my excellent public-school teachers' insurance, but it was comprehensive and it allowed my husband and me, and especially our children, access to outstanding health care. Just this past year, my husband, who was by then a part-owner in the company, left his position to open his own Financial Advisory firm. It was a move that was made easier because we had the option of enrolling in a health insurance plan through the Affordable Care Act, which we did in July of 2016.

In addition to well checkups, sick visits, prescriptions for antibiotics, and vaccinations, we rely on our health insurance made affordable through ''ObamaCare'' to, quite literally, save our children's lives.

Our oldest son is ''medically complex.'' He was diagnosed with multiple and severe food allergies when he was just 10 months old. Though he was initially highly reactive to over 13 foods, with the help of a vigilant pediatric allergist, multiple blood draws, tens of skin prick tests, and four in-office, hours-long oral food challenges, my son can now safely eat all foods except for nuts, peanuts, milk, and shellfish. Still, we pay a premium for life-saving prescriptions that we hope he'll never need: Epi-pens. He needs one at school and one that travels with him from home to extracurricular activities. Even after insurance, we pay nearly $1,000 each year for these prescriptions.

In addition to his pediatrician and allergist, we have been to a psychologist for his anxiety and a cardiologist for a detected heart murmur. More recently, after his pediatrician became concerned about his stagnation on his growth chart, my nine-year old has been subjected to more blood draws, weight checks, countless hemoglobin level checks, and a consultation with a gastroenterologist. Next week he will undergo an endoscopy and a colonoscopy to, hopefully, diagnose a treatable condition that, once known and treated, will enable him to get back on that weight chart and thriving.

Because of our health insurance, we have the peace of mind of being able to afford these doctors' visits, lab work, and medical procedures for our son. Our medical insurance through the Affordable Care Act allows us access to the best medical care and professionals in our area.

Please do what is right for our family. Please do what is right for your constituents. Please do what is right for our country. Please save the Affordable Care Act.

Thank you for taking the time to read one little piece of our family's story.

Sarah Harris, Crozet, VA.

My first story was about people who didn't have health insurance. My second story is about people who do have

health insurance, but the health insurance is now affordable and comprehensive. My second story about the Harris family is also about something else important. Her husband was able to leave a job with health benefits to start his own company, which we want to encourage in this country. We want to encourage entrepreneurs. We want to encourage innovators. Before the Affordable Care Act, somebody like Mr. Harris couldn't leave his job and start a company because he wouldn't have been able to buy insurance that would have covered a child with a preexisting condition. Imagine being a parent with a dream, like so many have, of starting your own business, and realizing you could not achieve that dream and you would have to put it on hold because if you changed your job, you would not be able to get health insurance for your child.

I gave a speech about this on the floor last week. I will just conclude and say this. Health insurance is to provide a protection for you when you are ill or injured, but that is not all it is about because if you are a parent, even if your child is healthy, but you do not have health insurance, you go to bed at night wondering what is going to happen to my family if my child gets sick tomorrow or if I am in an accident tomorrow. Who is going to be there? How is my family going to be taken care of?

So what the Affordable Care Act is about is, as Sarah Harris said, peace of mind. It is about coverage, but it is also about the peace of mind that you need as a parent to know that your child will be protected if you are ill or if your child is injured. That is what the Affordable Care Act has done for the Harris family of Crozet, VA. That is what it has done for tens of millions of Americans.

The Urban Institute indicated that if the Affordable Care Act is repealed without a replacement, or even a delayed replacement, it could cause 30 million Americans to lose their health insurance—and 30 million Americans is the combined population of 19 States in this country. This is not a game. This is very, very serious, life and death, that we are grappling with in this body. My strong hope is that our colleagues will join together and decide that we want to fix and improve the health care system of our Nation but not break it.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Ms. KLOBUCHAR. Mr. President, I thank the Senator from Virginia for his leadership. He recently led a letter which a number of us joined in on to suggest that we make reforms to this bill. I said the day it passed that the Affordable Care Act was not an end but a beginning.

But we have not had opportunity, save for just a few examples where we changed some tax-reporting provisions under 1099. I was one of the people who led the successful efforts to suspend the medical device tax—something the Presiding Officer cares a lot about in his home State—but in truth, we have not had the opportunity that Senator KAINE suggested to make changes to this bill. Instead, we have been faced with the thought of just simply repealing this bill, with no replacement, with no plan in place. So we would all say to our colleagues across the aisle: Show us the plan. Show me the plan. Once we see that, we can start talking, but that is not what is happening today.

Additional changes could be made to the act, including increasing the amount of subsidies available to exchange enrollees, something important in my State; establishing perhaps State-based reinsurance programs; doing something about the pharmaceutical prices, something I have long advocated for. I have been ready and willing to work with my colleagues on both sides of the aisle and to find additional commonsense improvements to the law, but repealing without a replacement plan is simply unacceptable. It is chaos.

As my colleague from Virginia reminded us with a touching letter that he read from his constituent, let's remember what health care reform means to families across this country, why we have this bill in the first place. Americans with preexisting conditions, like asthma, diabetes, heart disease, and cancer, can no longer be denied access to health insurance coverage. Children can stay on their parents' plans until they are 26, a dramatic change that helps so many families across America. Women are no longer charged more than men for health insurance.

We had a lot of issues when we debated this bill, making sure that being a woman or being a victim of domestic violence was not a preexisting condition. I see the Senator from Michigan, Ms. STABENOW, who fought for maternity benefits. I will never forget the story in her committee, when one of the Senators suggested that maybe maternity benefits shouldn't be mandatory as part of a plan because he had never used them. Without missing a beat, Senator STABENOW looked across the table and said: I bet your mother did.

The point is, we made good changes in this bill that help people. There are no longer annual or lifetime limits on how much health insurance companies will cover. All health insurance plans must now cover a basic set of services, which includes mental health care, addiction treatment, prescription drug coverage.

If the ACA is repealed, nearly 30 million Americans could lose access to health insurance, increasing the number of uninsured by 103 percent. More than 80 percent of these Americans are members of working families. In Minnesota, it is estimated that 380,000 fewer people would have health insurance in 2019 if full repeal is successful.

Many Minnesotans have contacted me in the last few months, frightened about the future of their health care coverage.

I heard from a man in Orono. His wife was diagnosed with cancer this year. On top of everything his family is now dealing with, he is terrified that his family will lose coverage if there is a repeal. He wrote to me, begging me to help. He and his family will be bankrupt by the cost of his wife's treatment if they lose their health insurance.

I heard from a 24-year-old young woman from St. Paul. She has a chronic disease, and her medication would cost $4,000 a month. Thanks to the ACA, she has been able to stay on her dad's health insurance plan, which covers a significant amount of these costs. If she isn't able to remain on her dad's plan, she will not be able to afford the lifesaving medication she needs.

I heard from small business owners in Aurora. Before health care reform, one of the owners had a lifelong preexisting condition and was denied access to health insurance. Once the Affordable Care Act took effect, she was finally able to purchase coverage through her small business. She also qualified for the small business tax credit. She reached out to me because she fears she will lose the coverage she needs to stay healthy and be able to run her business.

I heard the story of a woman from Crystal. She works two part-time jobs, neither of which offers health insurance. Before health care reform, she couldn't afford to go to a doctor. Thanks to the Affordable Care Act, she gained coverage through Minnesota's Medicaid expansion and was able to get treatments she needed and wouldn't have been able to afford without her insurance. Now she is scared she will lose her coverage. If the Medicaid expansion is repealed, she knows she will not be able to afford any of the treatment she needs.

These are just some of the heartbreaking stories of people who have contacted my office. There are many more. The Affordable Care Act repeal will have real consequences for families in Minnesota and across the country, but families aren't the only ones who will see the negative impacts. They are going to see it through rural hospitals. Health care reform provided a lifeline to these hospitals by extending coverage to millions of patients who can now get prescription drugs and treatment without having to turn to emergency rooms for assistance. This lifeline was helpful in three ways.

First, the health care reform law included a provision to extend prescription drug discounts—between 25 and 50 percent—to over 1,000 rural hospitals through the 340B Program. The RiverView Health facility in Crookston used the savings from the 340B Program to recruit orthopedic surgeons and oncology specialists, update equipment, start a clinic, and start a 24/7 onsite lab.

Second, the Medicaid expansion, under health care reform, provided coverage for millions of previously uninsured patients in rural States. This means crucial new revenue for rural hospitals.

Third, health care reform enabled nearly 2 million rural Americans, including in my State, to purchase subsidized private coverage on exchanges last year alone—which is an 11-percent increase from 2015. Even with these gains, the National Rural Health Association recently said that most rural hospitals have been ''operating on a break-even margin or at a loss in certain cases.'' These hospitals can't afford to see a repeal of the ACA with no replacement that works for them.

As we look to improvements, I would mention a few things with prescription drug prices. According to a 2016 Reuters report, prices for 4 of the Nation's top 10 drugs increased more than 100 percent since 2011. The report also shows that sales for those ten drugs went up 44 percent between 2011 and 2014, even though they were prescribed 22 percent less. In any given month, about half of all Americans and 90 percent of seniors take a prescription drug.

So what has happened? The price of insulin has tripled in the last decade. The price of the antibiotic doxycycline went from $20 a bottle to nearly $2,000 a bottle in 6 months. As was pointed out, naloxone, a rescue medication for those suffering from opioid overdose, was priced at $690 in 2014 but is $4,500 today. This is a rip-off, and this cycle can't continue. A recent study showed that one in four Americans whose prescription drug costs went up said they were unable to pay their medical bills. They are skipping mortgage payments. They are not being able to pay their bills.

So what are some solutions? I recently introduced and am leading a bill, with a number of other Senators, for negotiation for prices under Medicare Part D. The President-elect has voiced support for this kind of effort. Let's get it done.

Secondly, drug importation. Senator MCCAIN and I introduced and reintroduced our bill again, which allows for less expensive drugs to come in from Canada so we finally have some competition. It would simply require the FDA to establish a personal importation program that would allow Americans to import a 90-day supply of prescription drugs from an approved and safe Canadian pharmacy. We wouldn't need this if we didn't have these escalating prices.

Third, Senator GRASSLEY and I have a proposal to crack down on pay-for-delay that prevents less expensive generic drugs from entering the market.

Finally, Senators LEAHY, GRASSLEY, MIKE LEE, and I have introduced our bipartisan Creating and Restoring Equal Access to Equivalent Samples Act, to make it easier for generics to enter the market and stay in the market. The answer to this is competition, and we are not going to have competition if we deny access to that competition.

In conclusion, no family should be forced to decide between buying food and filling a prescription or paying the mortgage and taking a drug as prescribed. It is time to pass legislation to ensure that Americans have access to the drugs they need at the prices they can afford. I am more than happy to talk to my colleagues about some of these proposals, but we simply cannot repeal this bill with no plan on the table to replace it.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I rise this evening to speak about the Republican effort in the Senate, by way of a budget resolution, which includes so-called reconciliation instructions to repeal the Patient Protection and Affordable Care Act, in this case, unfortunately, without any replacement for that legislation we passed a number of years ago.

In a word, I think this is a plan for chaos—chaos certainly for insurance markets but more particularly chaos and damage done to middle-class families whose costs will go up. Of course, their coverage will be affected adversely. A repeal act without replacement would raise the price of prescription drugs for older Americans across our country, put insurance companies back in charge of health care, cost our economy millions of jobs, and devastate funding for rural hospitals and rural communities in Pennsylvania and across the country.

I think, on a night like tonight, where we are just beginning a long debate about how to bring affordable care to Americans and how to continue that, we should reflect back on where things were before the Patient Protection and Affordable Care Act.

Over 50 million Americans were uninsured in 2009—50 million people. People with any sort of medical condition were routinely denied health insurance or were charged exorbitant rates because of their health histories. Women in the United States were routinely charged more than men for their health insurance. This is not an exhaustive list. Finally, individuals who were ill were routinely dropped from their health care coverage because they had reached arbitrary caps on the amount of care an insurer would pay for a given year.

So let us talk about what has happened since then. Since the passage of the Affordable Care Act in 2010, we have come a long way. More than 20 million Americans, including almost 1 million in Pennsylvania, have received health insurance as a result of this one piece of legislation. One hundred five million Americans are protected from discrimination due to preexisting conditions. Those are 105 million Americans with preexisting conditions who are no longer barred from treatment or coverage as they were before. Nine million Americans have received tax credits to help them cover the cost of their insurance. Eleven million seniors have saved over $23 billion from closing the Medicare Part D prescription drug plan's so-called doughnut hole. Doughnut hole is a benign way of saying burn a hole—costs that were burning a hole in the pockets of America's seniors.

Finally, hospitals in States like Pennsylvania are getting a lot of help due to the legislation. In Pennsylvania, our hospitals have saved $680 million due to reductions in uncompensated care. I think, in the end, most of this is about real people and real families and their real lives and, unfortunately, the real consequences that would adversely impact their lives.

Among the 3 million Pennsylvanians with preexisting conditions, there are two remarkable young women whose mother first contacted me in 2009—Stacie Ritter, from Manheim, PA. Stacie is a mother of four children, including twin girls, Hannah and Madeline. That is a picture of Hannah and Madeline a number of years ago. Hannah and Madeline were diagnosed at the age of 4 with a rare and dangerous type of leukemia, at such a young age.

Stacie and her husband went bankrupt. They literally went bankrupt trying to pay for their daughters' medical bills. She wrote to me at the time, saying that without health care reform ''my girls will be unable to afford care, that is if they are eligible for care that is critically necessary to maintain this chronic condition. Punished and rejected because they had the misfortune of developing cancer as a child.''

So said Stacie Ritter, one mother in one community in Pennsylvania in 2009. She was talking about her daughters being punished and rejected, as if they had any control over the cancer they were diagnosed with. Fortunately, Hannah and Madeline are healthy young women today. Madeline and Hannah are freshmen at Arcadia University and are doing well. The Affordable Care Act protects them by assuring they will have access to affordable coverage, whether on their parents' plan or on a plan in the market. Because of their medical histories, they have ongoing health care needs, and they don't know what they would do without the Affordable Care Act.

Here is a picture of them today, and you can see what a difference health care makes in the life of a child—in this case, the life of two children who are now young women and in college. I don't even want to think about it, but we should think about what would have happened without this legislation. We should not ever put children and their families in that circumstance.

If you are talking about a new plan, you better have a plan that would cover children like Hannah and Madeline, and you better be able to pay for it. You can't just talk about it. You can't just promise it. You have to be able to pay for it, as we did in this legislation.

While we are on the question of costs, let's talk about it in human terms—human terms meaning young women like Hannah and Madeline. We have heard an awful lot from Republican Members of the Senate and Republican Members of the House of Representatives. They have been promising to come up with a ''better plan'' than the Affordable Care Act since 2010. Since March of 2010, when this passed, you would think that by now they would have a plan—a plan that would replace what they had repealed. That is part one. Part two is a plan that is better, because that is what they promised. They used other words to describe it as well.

Now almost 7 years later—and it will be 7 years in March—where is their plan? I don't think anyone has been able to find their plan. Some Members of the Senate on the Republican side of the aisle have said recently that they have a plan but they haven't released it yet, or they have parts of a plan or different plans but they are putting them together, and we will see them soon. Others don't seem to know whether there is a plan or not. So they promised to replace the Affordable Care Act only after they repealed it and only after millions of Americans would lose their insurance.

Where is the plan after 7 years? You would think, if you were serious about a matter of public policy—something as substantial and as consequential in the lives of families—that after 6-plus, almost 7 years you would have a plan ready to go, and that plan would be comprehensive, and that plan would cover at least 20 million people, maybe more.

That plan would have all the protections that I spoke of earlier. Young women like that, when they were children, would not have their treatment capped. Someone with a preexisting condition would be protected. Women would not be discriminated against. All of those protections, including the coverage, would be part of that plan—you would think.

It seems as if to find the Republican plan here in Washington, you would need to hire a really good private investigator to look in every corner of Washington. Maybe it is in some of the desks here. Maybe we just haven't found it yet. So far, there is no plan—no plan. There is a lot of talk and a lot of hot air about repeal but no plan.

What does the Brookings Institution say? They say that the number of uninsured Americans would double if the act is repealed. To be precise, that would leave 29.8 million people without insurance. It would go from 28.9 to 58.7 million people. I started tonight talking about 50 million uninsured in 2009. If you repeal this legislation and you don't replace it with something that is very close to comparable, that means you no longer have 50 million uninsured like we did in 2009, you have 58.7 million—let's round it off to 59 million Americans without insurance—despite all the gains we have made in the last number of years.

What does that mean for Pennsylvania? Since the bill was passed, 956,000 Pennsylvanians stand to lose their coverage because that is how many have gained it. The Congressional Budget Office, which is the Congress's referee or scorecard, estimates that insurance premiums would rise by 20 percent if the act is repealed without a replacement.

The Commonwealth Fund, in a recent report, estimated that repealing the act would cost our economy 2.5 million jobs per year—not over 5 years or 10 years but 2.5 million jobs per year.

Pennsylvania is a State where, despite having huge urban areas in both Philadelphia and Pittsburgh and a lot of cities in between, we have millions of people literally that live in so-called rural communities, rural counties. By one estimate of our 67 counties, 48 of them could be categorized as rural counties. We have a lot of people who live in, make their living in, and work very hard in rural communities.

One of the headlines that caught my attention last week was from the Fiscal Times. This is from January 5. You can't see it from a distance, but the headline reads: ''Obamacare Repeal Could Push Rural Hospitals to the Brink.'' It is all focusing on rural hospitals and the cost of repeal.

We know that a couple of years ago there was a report by First Focus that focused specifically on rural children and their health care. Here is what the conclusion of that report was. As of 2012, the year they examined, Medicaid and the Children's Health Insurance Program covered 47 percent of rural children, compared with 38 percent of urban children. Almost half of rural children, as of this report, received their health care from Medicaid or the Children's Health Insurance Program. Both would be adversely impacted by both the repeal of the Affordable Care Act and the implementation of the House Republican budget, which I think is the most extreme budget ever proposed in Washington.

That is the reality just for rural children and their health care and, also, the predictions about what will happen to rural hospitals. A lot of people employed in Pennsylvania—tens of thousands—are employed in rural hospitals in our State.

One of the individuals who contacted us to talk about this issue in the context of being in a somewhat rural community but someone who is actually doing farming—and, of course, farming does not occur just in rural areas—is Julia Inslee, from Coatesville, PA. That is in Southeastern Pennsylvania, where we have a lot of farms, as well, just like we do in the middle of the State and in the western, northeastern, and northwestern part of the State. Julia turned her family's hobby farm into a full-time operation. Here is what she wrote to her office in November.

> I am one of the millions of people who have benefited greatly from affordable access to health care. I work part time as a tutor at a community college and nearly full time as a farmer. Neither one of these jobs provides me with health care, nor do I make enough to pay several hundred dollars in premiums per month. The government subsidy is what makes it possible for me to have healthcare. If Obamacare is taken away, I will most likely have to give up farming, and if anything, we need more farmers, not fewer.

That is what she says. ''If Obamacare is taken away, I will most likely have to give up farming.''

Why would we do that? Why would we say that to someone who has achieved success in any profession or any job or any career—but especially something as fundamental to the economy of Pennsylvania? By one estimate, our largest industry is agriculture in Pennsylvania. Why would we say to that farmer: They have this idea to get rid of legislation in Washington. You are just going to have to come up with a new profession. Why would we force people to give up farming in order to meet the demands of some people in Washington?

Julia is facing the likelihood, if the act is repealed, of losing her ability to support herself because her insurance would be too expensive.

I have to ask: Is this a ''better plan''? Is this what Republicans have come up with? We shall see.

Rebecca Seidel is a dairy farmer as well. She is from Douglassville, PA. Rebecca co-owns a herd of dairy cows, and she talked with me just last week about how dangerous farming can be and how scary it is not to have insurance. She says:

> As the daughter, granddaughter, and great-granddaughter of Pennsylvania dairy farmers, I've seen my share of agricultural catastrophes. Between equipment and large animals, every day comes with potential hazards. Will I break a rib getting between two cows who are fighting? Will a blade come loose from the bedding chopper and hit me? Will my hand be broken through miscommunication with someone operating the skidloader? These are realities with which I live every day and I am able to go about my job bravely because I know none of these events would financially destroy my family.

She said the Affordable Care Act allowed her to work, and she wrote:

> Threats to the ACA are threats to our future, Senator, and to the future of small businesses, agriculture, and families.

Rebecca and her husband don't know what to expect with repeal of the law. They want to start their own business, allowing their current employer to hire more people, but they don't know what they will be able to afford in such an environment of uncertainty. Rebecca and her husband don't know if they will be able to realize their plans to start a new business. How is this a better result for them, we would have to ask.

Finally, we have a story of a businessman, Anthony Valenzano. Anthony is a small business owner who has been successful with the hard work of one employee who purchases an affordable

and comprehensive plan through Pennsylvania's health insurance marketplace. This is what Anthony said as a small business person:

> It is my opinion that the Affordable Care Act is the best thing the federal government has ever done for a real small business like mine. This bill paved the way for entrepreneurs to strike out on their own, knowing that they have a way to get health insurance. The bill allowed these entrepreneurs to attract professional employees who would otherwise have never left a corporate job to join a small startup.

His business relies on his one employee—in this case, he has one who is central to his business—being able to purchase affordable health insurance, since, with only one employee, he cannot get her on employer-sponsored coverage. He said, ''Looking forward, we plan to do even bigger and better things, but she still needs health insurance to do it, and if we lose the Marketplace, iQ Product Design will likely lose its key employee and will be unable to create the next big market-changing product.''

He is asking: What is going to happen? Is there a replacement plan? What happens to his employee? What happens to his business? We have a long way to go to debate these issues. But I have to ask again, if there is such a better idea here after almost 7 years now, where is this replacement plan? We haven't heard one word about the details of it. Where is it? I think that is what a lot of Americans are asking. We know what Republicans want to do: Repeal the Affordable Care Act or patient protections in the Affordable Care Act for all those people with insurance who had much better protections solely because of this legislation.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan.

Ms. STABENOW. Mr. President, first I want to thank my good friend and colleague from Pennsylvania who serves with great distinction with me on the Agriculture Committee. I love that he is speaking about our farmers. In a few minutes, I am going to talk about Sonya, who is a blueberry farmer and small business owner from Michigan. We know there are so many small business owners and farmers who finally have been able to find affordable health care because of what was passed in the health care reform act.

I want to thank Senator CASEY for being such a strong advocate for those dairy farmers. We have a few dairy farmers in Michigan, as well, and we appreciate very much his advocacy.

I want to take a step back and look broadly for a moment at what is really happening here and why we are so concerned and why we have spent all of this evening and are going on into the night to talk on behalf of the people we represent on the impact of what repealing the Affordable Care Act without having a replacement that is as good or better in place at the time would really mean for people.

Republicans get sick. Democrats get sick. Independents get sick. People who don't vote get sick. This is not a partisan issue. This is about one of the most basic human needs, most basic things that we care about for our families. People go to bed at night and say: Please God, don't let the kids get sick. Make sure Mom is OK, Dad is OK.

Because of the Affordable Care Act, because of the increases in access to affordable health care that we were able to pass a number of years ago, fewer people are having to worry. There are still people worrying, and there are still issues. There are still costs, and there are still things to do. I am anxious to get about the business—all Democrats are anxious to get about the business of making sure that health care is more affordable and doing more to bring down the cost of prescription drugs. I am also concerned about small businesses. There are things that we can do together, that we should be doing on a bipartisan basis, but we shouldn't be repealing health care and unraveling the entire system and creating chaos in the entire system instead of focusing on how we make health care better for families.

The bottom line of what is being proposed—and what this budget resolution is really all about—is going to make America sick again. That is the bottom line. We are going to create a situation where more Americans will be sick and not be able to see a doctor, not be able to find affordable insurance, or not be able to have the protections that they currently have under what we like to call the Patient's Bill of Rights—the patient protections for everybody. Seventy-five percent of Americans get their health insurance through their employer, and every one of them—all of us—have benefited from changes in health care that have taken total control out of the hands of insurance companies and given us more assurances that if we get sick, we are not going to get dropped. If we have an illness or our child has juvenile diabetes or cancer or Alzheimer's or leukemia or high blood pressure or if you are a woman of child-bearing age, which is viewed as a preexisting condition so you have higher rates—all of those things were changed in the interest of the American people.

Basically, when we look at it, there are four different areas where health care reform has made a difference in people's lives and what we are fighting for tonight. We are fighting for these things. We are fighting to have them not taken away and to have the system not ripped up and not create a situation where we cause incredible harm by what Republican colleagues are talking about doing.

The first general category is putting insurance companies back in charge by repealing the patient protections. That is what is being talked about: keeping young people, your son or your daughter, on your insurance until age 26. They graduate from college; they probably already have mounds of debt. Letting them get started in the workplace and stay on your insurance has made an incredible difference for hundreds of thousands of young people across the country. That is gone.

Guaranteed access to essential health benefits. I did fight very hard so that we had a benefit package that includes simple things, important things for women, like maternity care. Prior to health care reform, about 70 percent of the insurance policies that were available in the private market—if a woman were to go out and try to find insurance, about 70 percent didn't provide basic maternity care. Now all the policies have to provide maternity care. Policies have to include mental health and addiction services like physical health, so we are saying that if you have an illness above the neck, it ought to be treated the same as an illness below the neck. These are patient protections for all of us.

In health care today, you can't have your services capped. I have seen and spoken with so many doctors who treat cancer in children and adults. Families talk about the fact that in the past there would be a financial cap or a number of visits or a number of treatments as a limit, and if you were done with your treatment and your doctor didn't feel that you received enough treatments, too bad. Your yearly cap is up or the lifetime cap is up. Right now, that is gone. But with the repeal, those caps come back.

Preventive services with no copay. We want folks getting a wellness visit, getting a mammogram, being able to get contraceptive coverage, being able to get preventive cancer screenings. Doing that without a copay has made a tremendous difference in people being able to get the preventive care they need.

There are so many other things that have been put in place for everyone who has insurance. All of that gets ripped away with repeal, and there is no excuse for that. There is no way we are going to allow that to happen without continuing to fight as hard as we can. It is outrageous.

The second thing is cutting Medicare and Medicaid. All of the health care system is tied together. When we made changes in Medicare, we lengthened the solvency of the trust fund—12 more years of solvency in the trust fund, 12 more years of making sure it is solid, financially viable. That goes away.

My colleagues have talked about prescription drugs and the fact that we have closed this gap in coverage. If you have high bills related to the cost of medicine, right now you are covered. When you get to a certain point and there is a complete gap in coverage and you are not covered anymore, and then you are covered again—folks call that the doughnut hole. We are closing that so there is no gap in coverage.

With repeal, the doughnut hole comes back. Coverage is lost. Costs for medicine go up. Preventive services under Medicare are ripped away if we see a repeal. And there is not a replacement that is put in place that is equal

to or better than what we currently have.

Medicaid. We have so many people who are working for minimum wage, working really hard at minimum wage jobs, who never had the opportunity to have health insurance before, and now they do. That is gone if the whole system is ripped up. Most of Medicaid goes for seniors in nursing homes, long-term care. If you look at the nominee for Secretary of Health and Human Services, who has proposed completely rewriting, ripping up Medicare as we know it, as well as health reform and the Affordable Care Act—if you put all that together with this repeal and somebody who wants dramatic changes—I believe it is $1 trillion in cuts proposed by the current chairman of the Budget Committee or the gentleman who now is being proposed for Secretary of Health and Human Services—Medicare and Medicaid are seriously threatened by all that is talked about right now.

We are talking about, in total, kicking 30 million Americans off their insurance. In Michigan, all together, counting Medicaid and those who are purchasing through the new insurance pools, it is over 2 million people. One out of five people in Michigan and their families will lose their access to a doctor and medical care.

What does all of this mean? It means costs are going to go up both for coverage and prescription drugs. And for Republican colleagues who say: Well, we are going to repeal it now, but not really because we are going to say it is repealed and then we are going to wait 2 or 3 years—first of all, Republicans have had 6 years of talking about repeal. It has been over 50 times in the House of Representatives. You would think within that time they would have been able to come up with a plan, not a bunch of ideas but a plan to show that, in fact, these things aren't going to happen; that they are not going to unravel the health care system; that they have something bigger, better, greater, but that is not what we are hearing. We are hearing: Well, we don't have it yet; we don't know if we are going to have it. We will try to figure it out somehow, and we will wait 2 or 3 years.

What happens in the insurance market when insurance companies don't have predictability? Rates go up. What happens when hospitals—and I have already been told this in Michigan—don't know what is coming? You pull back. You pull back on investments. You pull back on what you are doing in terms of coverage because you don't know what is coming.

This makes no sense whatsoever. I understand politics. I understand slogans. I understand all the rhetoric that has been said for years about repealing health care reform, but this is the most irresponsible thing I have ever seen in my life if there is a repeal with no replacement immediately that at least equals what people have today—the protections, the coverage, the strengthening of Medicare, the lowering of prescription drug prices under Medicare, the help for people who work hard every day on minimum wage and are finding access to a regular doctor instead of using the emergency room, which, by the way, raises health care costs.

The truth is, we all are here because we care deeply about this. If our colleagues want to stop this craziness of running the cow off the cliff and decide that maybe we are going to work on just fixing it together, we are ready, willing, and able to do that. We know, as with any major change in form, that after they work a while, you have to figure things out and you have to fix problems. We are more than willing; we want to do that. We have been offering to do that and suggesting that for the last several years. But this approach is outrageous and completely irresponsible, and, in fact, it will make America sick again.

Let me conclude by just sharing a couple of stories from constituents in Michigan. I have heard from a lot of people, particularly small business owners, people who have the freedom now to be able to leave their job where they were working only because of the insurance. That has happened to my own family and friends, where folks are in a job that does not work for them but at least they have insurance.

The Affordable Care Act has given the flexibility for someone to step away, to be able to start their own business or their own farm, like Sonia who is a blueberry farmer in Michigan. She has written me, indicating they are extremely fearful that they are going to lose their insurance under the new administration because of what Republicans are talking about.

She says:

> A number of years back in 2000 I quit my traditional job and my husband, who had been laid off, and I bought my step-dad's blueberry farm. He had passed away in 1995, and we took care of my mom who had inherited the farm, and lived with us for a year and a half until her death. We are full-time farmers, small farmers, about 15 acres of blueberries. We also have a small garden center, Sweet Summer Gardens, which is open from May to September, and a small bead store, the Enchanted Bead. It is open year round.

She says:

> We are hard-working people who love the life that we have carved out for ourselves, but there some drawbacks to being self-employed and small business owners. In 2012, I tore the meniscus in my right knee. I did nothing to take care of it because I did not have insurance. But then in April of 2015, 3 years after the injury, I finally got to the point where I could no longer take the pain. Luckily, we had signed up for insurance through the Affordable Care Act. I was able to have the severe tear repaired.

Then she goes on to talk about how a little later there was a cancer scare, and she had to go in for ultrasounds and lab work and an outpatient D&C.

Because she was able to do that, she was fortunately able to find out it was not cancer, thank goodness. Again, because of the Affordable Care Act and her insurance, she was able to get the services she needed. She goes on to talk about a number of different health challenges for them, including the following:

> Finally we have coverage for preventive care. My husband had a physical, the first time since high school, and we found out that there was an issue that needed to be addressed. He was referred to an orthopedic surgeon, discovered he had severe arthritis. It was causing constant pain. Again, we were able to have insurance coverage. Because of the Affordable Care Act, he was able to have this repaired.

She says:

> We are hard-working people. We have never asked for help. But we are extremely concerned because we could not afford our insurance right now without the tax credits—the subsidy.

She says:

> This morning, watching the news, we were met with a story that the Republicans are all ready to repeal ObamaCare. They said that while they couldn't take away the insurance, they could take away the subsidies. This would put insurance out of our range and we would no longer be able to afford it. My husband Larry said to me, ''they couldn't just throw us out to the dogs, could they?''

She says:

> My reply was, ''anything is possible.''
>
> I know the Affordable Care Act isn't perfect. I know that not everyone has taken advantage of it, but there has to be a way to fix it without hurting the millions of people who have been helped by it.

In fact, Sonia, there is a way to fix it without hurting you and your husband, full-time farmers and small business owners. I have a number of other stories. I am going to pause because I have other colleagues who I know want to speak who care deeply about this as well. I will share those at a later point.

Let me just say, what we are talking about is not a game. It is not. This is about real people with real lives who are encountering situations that could happen to any of us. Too many people are not in a situation, without Medicare or Medicaid coverage or access to health care through the exchanges, to be able to see the doctor and get the care they need. That has changed in the last number of years.

There is more to do. We can work together to make it even better, but the idea that people are not being helped today, that small business owners and farmers and families are not getting medical care today because of what was done is just not true. It is just not true. The reality is, we are in a better spot with more to do. Pulling the thread and unraveling the entire system and creating chaos in the entire system makes no sense.

So we as Democrats are going to do whatever we can. We know that ultimately the votes are there. If the Republicans in the House and the Senate and the new President want to completely dismantle the health care system, unravel the health care system, weaken Medicare, and weaken Medicaid, you can do it. You have the votes to do it.

People right now who get care, the millions of people, the over 2 million people in Michigan alone who have been directly helped by the Affordable Care Act, they know that. They will know when that is no longer available to them. It will hurt many, many people. We hope colleagues will take a second look and decide to work with us in a way to move forward on health care that will allow people to get the care they need at an affordable price for themselves and their families.

I know that is what we all want for our families. We should be doing everything humanly possible to make sure people have the affordable care they need and the protections they need to get care when they need it.

I yield the floor.

The PRESIDING OFFICER. The Senator from Colorado.

Mr. BENNET. Mr. President, I would like to welcome the Presiding Officer to the Senate and just say thank you very much for your willingness to sit here this evening. To my colleagues, thank you for being here. The hour is getting late so I am not going to take up a lot of time with my own words, but I did want to come to the floor and read the words of people who have written my office, Coloradans who took the trouble to tell me what their concerns were with this suggested repeal of the Affordable Care Act.

Given the fact that they took the time to write, I wanted to have the opportunity to be here tonight to read their words into the RECORD. It matters to a lot of people in my State because more than 600,000 people are now insured in Colorado who were not insured before the Affordable Care Act. We have had one of the largest drops of the uninsured rate in the country. We have dropped from 14 percent to 7 percent, really importantly from the point of view of saving money. The amount of uncompensated care has gone down by 30 percent. So those are at the hospital. Those are statistics, but the letters tell the human dimension, the human story that so often is lost in the Chambers of this Capitol.

A letter from Kathryn from Denver who wrote:

> The Affordable Care Act has been crucial to my family the last several years. . . . My sister, a Type 1 diabetic since age 10, is now a Colorado business owner.
>
> The Affordable Care Act allowed her to pursue business ownership because—for the first time in her life—she could get individual health insurance coverage without being denied due to her preexisting condition. ACA allowed her to leave her full-time job and start a part-time business and get benefits through ACA.
>
> I truly believe so much good has begun to come from this legislation and repealing it will have catastrophic consequences for my family and for so many others.

Terry from Denver writes:

> I am writing concerning the Affordable Care Act (ACA). In 2010, I left my conventional job and took a risk, forming a company to perform engineering consulting services. Since that time, I have helped multiple organizations improve the safety and reliability of their products and consider my efforts to be quite successful.
>
> However, I would not have taken the chance to go off on my own if it had not been for the Affordable Care Act (ACA).
>
> The ACA gave me options in health insurance that I would not have had prior to its passage. There are millions of people like me who count on the security of the ACA. These people are entrepreneurs, freelancers, the self-employed, early retirees, and the like who would not have health insurance if not for the ACA.
>
> Therefore, I am asking you to continue your support for the ACA.

Catherine, a nurse from Aurora:

> I want to tell you a personal story, in the hopes that you will think about the people in your state who might be affected if the Affordable Care Act is repealed.

That is whom we are here to talk about tonight. That is whom we are here to think about tonight. Catherine wrote:

> I have a daughter with Schizophrenia. . . .
>
> When we had to bring her home from college, we were terrified about what might happen to her and where she would find treatment.
>
> Because of the Affordable Care Act, she was able to stay on our insurance for the next 3 years, even though she was no longer a student.

That is one of the most popular provisions of the Affordable Care Act.

> Although it was a long process and not easy, we were able to help find quality mental health care providers and her care was covered because of provisions in the law that provided for mental health coverage.

Provisions that I know the Senator from Michigan worked on.

> She is now doing very well. She is married and able to work part time and function as an active member of society.
>
> As a nurse, I have cared for many people over the years who had chronic conditions through no fault of their own. Before this law was passed, many would not get insurance, or if they did, the cost was beyond their reach.

Nicholas from Denver:

> My wife was diagnosed with stage IV colon cancer at the age of 38, almost 4 years ago. We have been living with it as a chronic disease and she is in stable condition.
>
> Health care costs have been about $15,000 a year for us out of pocket, but we've been able to manage because of the protections afforded by the ACA, specifically no caps on annual or lifetime benefits and no denials for preexisting conditions. . . .
>
> Please assure me you will do all you can to keep those protections we so desperately rely on from disappearing.

Sarah writes:

> On June 20, 2016, my second child, my daughter Emma, was born. . . . She was born six weeks early and weighed 3 lbs. 10 oz. At birth. We knew prior to her birth that she had a heart defect (a hole in her heart) that would need to be repaired through open-heart surgery during the first year of her life.
>
> We also knew that she wasn't growing properly and she might have other issues. . . . During the past five months, Emma has undergone more surgeries and procedures than most people will undergo in their entire lives. . . . I haven't recently tallied the cost of Emma's medical care, but I believe she will easily reach $1 million (or much) in medical expenses before she turns 1.
>
> I have become extremely anxious about how my family will meet Emma's ongoing needs if the ACA is repealed and insurance companies are allowed to reinstate lifetime maximums and to discriminate against preexisting conditions. . . .
>
> I beseech you to do everything you can to preserve the provisions that will help my family—and to do everything possible to ensure that the millions who have finally been able to acquire health insurance since the ACA was passed don't lose their insurance.

People have received probably hundreds of thousands of these letters in the Senate. It seems to me—I mean, yes, we should be having a conversation about how to make the law better. I have said from the very beginning that I don't think it is perfect. I think there were big problems with our health care system before we passed the Affordable Care Act. I think there are big health care problems with our health care system today. That is a fact that anybody in America ought to be able to notice. And the Senate ought to be able to notice that and say: Why don't we make it better? Why don't we improve it? We should improve it.

I would love to meet with colleagues here to talk about how we deal with the fact that in rural Colorado, there is not enough competition in health insurance for people. I would love to be able to have a conversation here about how to drive the cost of insurance down in rural Colorado, rather than continue to see those costs increase.

I would say this. If there is somebody here with a solution to that problem, on either side of the aisle, I would be happy to write that amendment with them. But the problem I have with where we are in this debate—and I will close with this—is that we are talking about throwing out all the protections that all of these people have come to rely upon, that all of these people have come to count on in America with our health care system. We are going to throw them out, but we are not going to tell you what we are going to put in its place. In fact, for all you know, we are not going to put anything in its place because what we have heard is that there is no consensus on the other side about how we should move forward.

Part of the problem I have had with this legislation since the beginning is that we have been unable to forge a bipartisan consensus on how to deal with the fact that this country is spending 16 percent of its GDP on health care when every other industrialized country in the world is spending about half that or, in some cases, less than half that and delivering better results. I would love to see a bipartisan consensus. But what we have come to understand in the days leading up to this debate is that there is not a consensus on the Republican side about how we should go forward.

After 7 or 8 years, you would think we would have the opportunity to see a plan. It is not hard to think about what the values would be underlying a plan—the values that would say: Let's

try to maximize coverage where we can. Let's try to increase quality where we can. Let's try to drive prices down where we can. Let's try to spend less, as a country, on health care where we can.

Those are not Democratic or Republican ideals. It would seem to me that those values would have the virtue of being able to inform Democratic pieces of legislation and Republican pieces of legislation. But in 8 years, we haven't seen a plan.

Here we are tonight, talking about repealing the protections that Coloradans are counting on every single day for their peace of mind and so they can plan for the sake of putting nothing in its place. It reminds me—and, colleagues, I will close with this—of the complaints that I have had in my office and as I travel the State of Colorado, where people say: Michael, we paid into our health insurance company. Month after month after month, we paid our premiums. Then, when my kid got sick and I called them up, their response was to keep me on the phone as long as possible without an answer in the hope that I would give up and go home and that the claim wouldn't have to be paid.

To be honest, colleagues, I have heard that before we passed the Affordable Care Act, and I have heard that since we have passed the Affordable Care Act. We have more to do. That is the honest thing to say here.

But for us to talk about repealing this, taking away the benefits that people have, the protections that people have, the security and peace of mind that people have, and replacing it with the equivalent of leaving the American people on hold so they will give up, so they will move on to the next thing is beneath the dignity of this place and is not worthy of the Members of the Senate.

I want to close by saying what I have always said. I will work with anybody—Democrat or Republican—to make sure that we really do have affordable health care in this country for the American people, for the people whom I represent in Colorado, and I look forward to our getting to a place where that is the politics we are pursuing in this Chamber, instead of the politics we have seen over the past number of years.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Wisconsin.

Ms. BALDWIN. Mr. President, I rise this evening to join my colleagues—Democrats, Independents—to fight together to protect the health and economic security of the American people.

In 2012, when I was elected to the Senate, I can assure you that the people of Wisconsin did not send me here to take their health care away.

We are barely into the second week of the new Congress, and the Republican establishment is already wielding its power to accomplish just one thing, making America sick again.

The budget resolution that we are considering this week will repeal the Affordable Care Act, put insurance companies back in charge of people's health care, strip health care away from millions of Americans, and raise premiums. It will take us from affordable coverage to chaos.

This is the first step toward higher costs, fewer people with health insurance, and more uncertainty for American families. In short, the Republicans believe they have a mandate to make America sick. By repealing the law and taking away the health care that families already have, Republicans are forcing 30 million Americans to lose their insurance.

Republicans are putting the health care coverage of over 200,000 Wisconsinites at risk, and they are raising taxes on more than 190,000 Wisconsinites who rely on and receive premium tax credits to help them afford high quality health insurance.

Instead, they are giving tax breaks to big corporations and handing over control to the insurance companies, which will be free, once again, to deny coverage if you have a preexisting condition, to jack up premiums simply because you are a woman, and to drop your coverage if you get sick or have a baby.

I could continue to list some very disturbing facts and statistics of what this Republican repeal of health care reform will do to our working class and what it will mean to rip away protections from families struggling with cancer or other serious illnesses, but these facts seem to fall flat on the other side of the aisle. So, instead, I am demanding that my Republican colleagues listen—not to me but to the calls from the real people who we are here to represent and fight for, our constituents back home.

I demand that they listen to Randy. Randy is from Rhinelander, WI. Randy told me that the Affordable Care Act has been a ''savior'' for his wife, who was diagnosed with kidney failure more than 2 years ago as a result of an autoimmune disease. She has to have dialysis three times a week.

The law eliminated her lifetime maximum limit, and that helps them afford her lifesaving care, and it prevents her from being denied coverage because of her preexisting condition.

Randy said that repealing the law will force them to face the harsh reality of not only losing insurance but also declaring bankruptcy.

I also heard from Sheila, from Neenah, WI. Sheila is a small business owner who relies on the premium tax credits that helped her purchase her health plan through the marketplace. She writes:

> I just wanted to let you know how devastating it will be for my family if the Affordable Care Act is repealed. To take away the subsidies would pretty much turn the plan into the Unaffordable Care Act.

Sheila has owned a small hair salon for 35 years and said that the premium tax credits under the law have made it possible for her to buy decent health insurance for the first time in her whole career.

I want my Republican colleagues to listen to Joel. Joel is a physician from Milwaukee. He is on the frontlines of delivering high quality health care, and he told me that he had witnessed tremendous good that has occurred as a result of the health care law. He has been able to provide his patients with better care because they have increased coverage. He is especially aware of the positive impact of allowing children to stay on their parents' health plans until age 26.

But Joel remembers the days before the Affordable Care Act. He said that he has seen firsthand the insurance companies callously denying or dropping coverage for families with preexisting conditions or those struggling with a new diagnosis. He doesn't want to go back to the days when insurance companies were in charge and literally dictated his patients' health.

I want my Republican colleagues to listen to Chelsea from Shelby, WI. When Chelsea was pregnant with her daughter Zoe, she learned that Zoe would be born with a congenital heart defect. At just 5 days old, Zoe had to have open heart surgery. She had it at Children's Hospital in Wauwatosa, WI, and was fighting for her life. Thankfully, she is recovering, and she is living a healthy life.

Chelsea wrote to me:

> The Affordable Care Act protects my daughter, it allows her to have health care access and not be denied. I'm pleading to you as a mother to fight for that and follow through on that promise. There are so many kids in Wisconsin with heart defects (as well as other kids with pre-existing conditions) that are counting on you to protect that right.

So for Zoe, I want to call on my Republican colleagues to stand with me—with all of us—to protect these health care rights and benefits for all of our families.

These are our families who are benefitting right now from the protections in the law and the quality, affordable health care options it provides. They are calling on Congress, calling on the Republican majority to stop their plot that is going to take this all away.

I could continue to share stories of real Wisconsinites whose coverage is at risk today, but I want to take a moment to illustrate what life was like before the Affordable Care Act was the law of the land, before these sweeping reforms and protections had been put in place.

Now, during my time in the House of Representatives, Sue from Beloit, WI, reached out to me. She told me:

> My husband was diagnosed with lung cancer. After treatment began, we found out that the insurance company had a small loophole. Under our insurance, they have a $13,000 limit per year on radiation and chemotherapy.
>
> That amount did not even cover the first treatment of either radiation or chemo.

I was not going to have my husband die for lack of treatment, so we started to use our savings and our available credit to pay for medical expenses.

My husband later died.

She told me:

After having completely depleted our savings and facing insurmountable credit card debt, I had no choice but to file bankruptcy. . . .

Sue's devastating ordeal was a common story all across our country, almost 8 years ago, before health care reform was enacted to prohibit lifetime caps and to restrict annual limits on care.

Before the health law, I heard from too many working Wisconsin families that went bankrupt, sold their homes, and even spent their entire life's savings just to get the health care that they needed. This was when America was sick and when lawmakers prioritized the health of insurance companies over the health of the American people. Republicans will take us back to those days when they vote to make America sick again.

I want to share one last story about life before the Affordable Care Act, and that is my own. As many of you may know, I was raised by my maternal grandparents in Madison, WI. When I was just 9 years old, I was diagnosed with a serious childhood illness similar to spinal meningitis, and I spent 3 months at the age of 9 years old in the hospital. My grandparents had health insurance but learned that their plan didn't cover me. Since their insurance didn't cover me, they made incredible sacrifices to pay for the care that I needed. When I got better, my grandparents did what any responsible parent or grandparent would do: They looked for an insurance policy that would cover me into the future, but look as they might, they discovered that because of my previous illness, they couldn't find a policy. They couldn't find it from any insurer at any price, and at 9 years old I had been branded with those magic words: preexisting condition.

Well, thanks to the Affordable Care Act, children today have new protections, and no one can be denied insurance coverage because of a preexisting condition. My family experience helped inspire me to enter public service and to fight to ensure that every American has quality, affordable health care as a right, not a privilege. This is what I fought for and will continue to fight with my colleagues to protect, these vital benefits that the health care law guarantees to all Wisconsinites and families across this great country.

But we cannot fight alone. Republicans are hard at work making America sick again, taking us back from affordable care to chaos, handing over the reins to insurance companies and driving up health care costs for all Americans. I call on them to stand accountable to our families. It is the American people that we are charged to represent. I call on them to join us to fight for Sue who was forced into medical bankruptcy. I call on them to fight to protect Zoe from predatory insurance companies who want to deny her coverage because of her heart condition, to fight for Sheila and other entrepreneurs like her, and to fight for our health care professionals, nurse's aides, occupational therapists, physical therapists like Joel, and to fight for Randy and his wife as they battle her kidney failure.

We have been ready for over 6 years to work together to keep all that works with the Affordable Care Act and to fix what doesn't, but instead of working on bipartisan reforms to improve the Affordable Care Act, this Republican plan to repeal historic health care reforms will create nothing short of chaos. I know I speak for my colleagues, my Democratic colleagues and Independent colleagues, in saying that we are here and we will stay here on the floor because we are ready. We are ready to work across the aisle to protect coverage and to improve the Affordable Care Act, but we will not help you make America sick again and we will not help you take away people's health care.

I yield the floor.

The PRESIDING OFFICER (Mr. KENNEDY). The Senator from Oregon.

Mr. MERKLEY. Mr. President, the Hippocratic Oath that guides health care practitioners begins with these powerful words: ''First, do no harm.'' This is certainly good guidance for our doctors and other health care practitioners, but isn't it good guidance also for those who are in the realm of health care policy, for those who are health care policy practitioners, as well as the doctors themselves? ''First, do no harm.''

Those powerful first words of the Hippocratic Oath, very relevant to this discussion, are being ignored by my colleagues across the aisle, by the Republicans who have come to power and said: We are going to dismantle health care across this Nation for millions of Americans, and we don't know what we are going to do next. We are going to repeal this plan, and we are going to run away, and in a few years we might figure out how to replace these health care provisions. This is an irresponsible perspective. We hold in our hands the health care challenges of America, and to repeal and run will do a tremendous amount of harm.

The irresponsibility of it is terrifying families across America. They are scared of what the future holds, of the uncertainty that awaits them under this strategy of making America sick again. Folks are afraid that if they have ever been sick or injured they will soon be denied coverage because they have a preexisting condition. They are afraid that they may be one of the more than 20 million Americans who will lose insurance, having gained insurance and access to affordable quality health care through the ACA. They are scared that premium hikes will make health care unaffordable to lower and middle-income Americans. They are afraid of an unforeseen emergency wiping them out financially, driving them into bankruptcy.

Our seniors are afraid as well. They remember the situation that existed before they reached 65 or if they had health care needs and didn't have insurance, they had to wrestle between paying for their prescriptions or paying their heating bills. They don't want to be in that position again. They know how much progress we have made by filling the doughnut hole that paid for prescriptions throughout the continuum, and they don't want us to go backward.

From so many different directions, Americans are terrified of the Republican repeal-and-run strategy threatening to do harm to their lives. How do I know this? I know this because they are writing to me and to my colleagues, and we are sharing those stories tonight.

The letter I have from a young woman in Portland starts out:

I must implore you to protect the ACA. Its existence saves the lives of millions, including mine. I was born in full renal failure. I currently maintain Stage 3 renal function with the help of prescription medication. If I am unable to afford my medication, I will enter end-stage renal function, i.e., kidney failure. I will die.

She ended her message by saying:

I am so scared. . . . I am only 26, I have so much more to do.

Cameron of Beaver Creek writes:

My wife and daughter both have chronic health conditions, and the ACA has allowed us to have them covered by health insurance despite having preexisting conditions. If the ACA is repealed, we will lose this protection and I don't know how we could afford to pay for their medical costs directly.

Lisa in Wilsonville wrote to me about the impact that repealing the ACA will have on her special needs daughter. Lisa says: ''If the ACA is repealed, we lose funding that directly impacts her programs, her respite care, her Medicaid, and I will no longer get support to take care of my daughter.''

Just before Christmas I got a message from Nick in Portland. Nick wrote to share his story of a recent medical emergency that threatened his life. He said:

Without notice this past March, my heart suffered a debilitating viral infection which resulted in congestive heart failure. As things stand, I require a new heart, and await that occurrence with patience and resolve. Thanks to the ACA, I was able to purchase health insurance the month prior to that diagnosis. Without it, I don't know how I could have paid for my initial three-week hospitalization. . . . Without it, my ability to obtain a replacement organ would be uncertain. And without it, I envision a bankruptcy filing as the only viable financial option.

Those individuals are writing about their challenges as patients, but doctors are also writing to share their observations as folks who see hundreds of patients in the course of a year.

Meg writes:

I have practiced both before and after the Affordable Care Act, and witness the sense of hope and relief the expansion of Medicaid in Oregon brought to my patients who are facing serious illnesses. We have been able to participate in community and state level innovations to help transform health care delivery, lowering costs, improving outcomes, and making people's lives better.

Isn't that what we should be about? Not a strategy of doing harm to millions of Americans but a strategy to make these people's lives better.

A physician from Roseburg, a hand surgeon, wrote about the challenges that he and his wife face, the serious medical challenges, and says:

Prior to the Affordable Care Act, we were uninsurable due to these preexisting conditions. It seems clear that the ACA will be repealed, and we, among millions of other Americans, will again be uninsurable. This will not simply be a matter of insurance being expensive; it will be a matter of the insurance not being available at any cost.

And he continues:

So I am pleading to you to enact legislation prohibiting insurers from denying the ability to sell policies to individuals with prior medical conditions. The health of millions of Americans rests on your shoulders.

And I might add that the health of millions of Americans rests on the debate and the discussion and the decision of the U.S. Senate.

Angela, another doctor in Portland, wrote about her work with the LGBTQ community, saying:

The loss of the affordable care act will be devastating to my community. We have only just won the right for patients to access medical care, hormones and surgery in the last year. I have seen a great improvement in my patients' well-being and mental health over the last year with these new privileges. With the loss of the affordable care act many of my patients will be devastated. There is a 50 percent suicide rate in the transgender community already. Please help me prevent any further suicides by protecting the affordable care act.

There is message after message after message saying ''first, do no harm.'' That means we as a body need to come together and move away from this reckless repeal-and-run strategy being proposed by the Republicans. People are writing to express their fears and frustrations and they are calling on us to do the right thing—folks like Meg and Nick and Cameron and Lisa and Douglas. Their lives are better because we enacted the Affordable Care Act.

These folks are writing because they are among the millions of people who are affected by the changes in this law—the millions who gained insurance coverage because of the law or they are among those who gained coverage because of the extension of Medicaid or they gained coverage because tax credits made health care affordable to lower and middle-income families or they are among the 27 million Americans who live with preexisting conditions who couldn't get insurance on the private market or they are among those who lost coverage because of annual or lifetime limits before the ACA. These stories are powerful because these individuals are on the frontline, and health care is essential to their quality of life, not just in America but in any location on this globe.

There is enormous stress connected with a faulty health care system, and what we have achieved with the Affordable Care Act is peace of mind for millions of Americans—peace of mind that there will be the care in place when they need it, that they will be able to afford it and they won't be bankrupt, that their loved ones will be able to have their health care challenges addressed.

Folks used to come to my townhalls and say: Senator, I am just trying to stay alive till I reach 65 because I have a preexisting condition and I can't get medical care. Can you imagine the stress involved with that? Folks would say: I would love to get insurance and address the health care issues I have, but I can't because I can't afford it. And now they can afford it because of the subsidies provided through the ACA.

There was a woman who came up to me at a multiple sclerosis fundraising march and she said: Senator, things are so different this year.

I said: What do you mean? What has changed?

She said: A year ago, in the MS community, if you got a diagnosis and you didn't have insurance, you wouldn't be able to get insurance because you had a preexisting condition.

She said: If you did have insurance, it is a mysterious and expensive disease, and because of annual limits or lifetime limits, you would probably run out of health care. Now we have the peace of mind to know our loved ones will get the care they need.

That is what we are fighting for—to first do no harm and, second, make life better for millions of Americans. Let's come together and defend these massive advances that we have achieved over the last few years and not destroy it with this reckless, irresponsible repeal-and-run strategy.

Thank you, Mr. President.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. COONS. Mr. President, I rise to join my colleagues in raising the alarm about the possible impact for all of us in America and, in particular, for my constituents in my home State of Delaware should we indeed as a body proceed with barreling forward and repealing the Affordable Care Act without a plan to replace it, as seems to be the intention of the majority.

When I was first elected to the Senate back in 2010, the Affordable Care Act wasn't even a year old. Yet Republicans were already trying to repeal it, without offering any comprehensive plan with which to replace it. Now, more than 6 years and 60 repeal attempts later, it is truly disheartening to see that when it comes to plans for the American health care system, seemingly nothing has changed. Instead of working across the aisle to find constructive fixes to this Affordable Care Act that could win bipartisan support, instead of finding new ways to invest in infrastructure or strengthen American manufacturing or coming together to respond to the Russian attack on American democracy or even waiting a week to take this upcoming vote so we Senators can give our full focus to vetting the President-elect's Cabinet nominees, instead of pursuing any of these priorities, it seems we are once again spending—even wasting—the American people's time to fulfill a misguided and, in my view, mean-spirited promise to repeal the Affordable Care Act at all costs, without a clear plan to replace it. Sadly, in that sense, nothing has changed since I first came here in 2010, not so for the American people, as plenty has changed for them and for my home State of Delaware.

More than 20 million Americans now have gained access to high-quality health insurance across our whole country, including 38,000 more Delawareans. Now, 38,000 is not a big number of people, but in my little State of 900,000, 38,000 more people who couldn't get access to health insurance before and can now is a big deal. Across the whole country, the rate of uninsured Americans is at a record low of just 11 percent, and in Delaware fewer than 8 percent, and this is well down below pre-ACA levels.

Let me focus on what I think is the biggest, broadest, and most important benefit of the Affordable Care Act, not just those tens of thousands in my State who have gotten coverage on the exchanges, but in my little State of 900,000, 560,000 Delawareans get their health insurance through their employer, as the vast majority of Americans do. For those half a million or more Delawareans, they have gained lifetime improvements to the quality of the health insurance they have through the ACA: no discrimination against preexisting conditions, young people can stay on their parents' health insurance until they turn 26, free preventive care, no lifetime limits on coverage and recovery, and a requirement that insurance companies spend 80 cents of every dollar on health care versus overhead. These five key consumer protections have been the center of the best of what the Affordable Care Act has delivered to Delawareans and Americans. Americans no longer have to make the phone calls they used to make to their Senators, their Congressmen, their local representatives, pleading that they could somehow find access to quality and affordable coverage. These reforms have made a real and tangible impact on Americans across the country.

I have also come to this floor, on a number of occasions over many years, and recognized the challenges of the Affordable Care Act, the ways in my home State that it has fallen short of our hopes and goals when it was initially passed, and I have offered, with an open hand, to work across the aisle

to find vehicles to repair and improve elements of it that haven't worked as had been hoped.

Before I turn to that, though, let us focus for a few minutes on hearing the stories of Delawareans who have reached out to me because at the end of the day, my passionate defense of the Affordable Care Act is rooted in individuals I have met and heard from, people whose lives have been changed by access to quality, affordable, accessible health care.

As Republicans move us forward to a repeal vote, it is my hope that they will listen to these and other stories and think about what possible alternative pathway there might be that would save the opportunity for them to have access to decent, quality health care.

I grew up in this tiny town of about 1,500 called Hockessin, DE, and Nicole is also from Hockessin. She reached out to me to tell me her 2-year-old daughter has cystic fibrosis. She spends at least an hour every day administering her daughter's breathing treatments and at least $5,000 a month. Her medications aren't cheap. Nicole is confident that without the Affordable Care Act, she would have exceeded her annual cap on medical expenses well before the end of each year.

Nicole makes it pretty clear to me that without the consumer protections put in place by so-called ObamaCare—the ACA—she would have one of three choices, choices tragically faced by many Delawareans and Americans before the Affordable Care Act. One, hope she somehow qualifies for Medicaid, which she probably doesn't because she is hard-working enough and successful enough that her income makes her ineligible for Medicaid. Option No. 2, go into deep debt to pay for her daughter's needed and lifesaving treatment. Option No. 3, stop giving her daughter some of the medication she depends on and just hope and pray that she will not suffer needlessly. That is all assuming that her daughter's cystic fibrosis was not a preexisting condition, preventing her from getting any insurance at all.

Let me review that because Nicole's story starkly outlines the reality that millions of Americans could face if we continue barreling down this misguided path of repealing the Affordable Care Act wholesale without coming together around a plan for replacement. That reality for so many sick Americans or Americans with sick children is this: First, hope you don't get sick. If that fails and you don't qualify for some other form of government assistance, either go into debt or try to get by without health care. That is it. That is what it was before the Affordable Care Act, and following its repeal, that may sadly be what it is again.

Over the last few weeks, I have heard many other stories, and I will cover a few quickly, if I may. Kim, from Wilmington, DE, is a thyroid cancer survivor who was able to get insurance because her cancer is no longer considered a preexisting condition. Will her ability to access affordable, quality health care be repealed?

There is Sue from Frankford, DE, whose husband got sick a decade ago—desperately sick—and hasn't been able to work since. They are retired but not quite eligible for Medicare. Yet, despite his illness, they have been able to find coverage now on the individual market. Will repeal of the Affordable Care Act deny Sue and her husband access to quality health insurance?

There is Carla from Odessa, DE, whose son was able to stay on her health insurance when his employer didn't cover it. Not only that, but Carla's sister—a self-employed gardener with a 40-year history of insulin-dependent diabetes, also known as a preexisting condition, was able to get health insurance when she tragically divorced at age 63 and lost coverage through her husband's employer.

There is Matthew from Wilmington, whose son was diagnosed with brain cancer. The year before his son's diagnosis, Matthew and his family were on a non-ACA-compliant health insurance plan. As Matthew wrote me, ''Our family was all young and healthy, and we thought this plan was right for us. Then, my 11-year-old got sick right out of the blue. It can happen to anyone at any time.''

Matthew is right. Illness can strike any one of us at any time—and not just the flu, not just a cold, but tragic, expensive, terminal illnesses can strike any family in America at any time.

Just listen to the story of Kerry from Wilmington, DE, a massage therapist who considers the Affordable Care Act, as she puts it, ''nothing short of miraculous.'' Here is why. Kerry signed up for health insurance in 2014 thanks to the subsidies, the tax credits provided through the Affordable Care Act. She had long had nagging abdominal and lower back pain. She didn't think much of it considering she had no family history of terrible diseases and had never even had a stitch before. Fast forward to January of 2015, when a routine diagnostic procedure covered by her new health insurance revealed that Kerry had stage III colon cancer. She had surgery a week later, followed by 6 months of chemotherapy, and ended up facing no out-of-pocket expenses besides her annual deductible. Kerry's cancer has now been in remission since September of 2015, and as she writes, ''The ACA came along at the last possible moment to save my life. I am certain that without it, I would have just continued to live and work with the discomfort and try to self-treat until the cancer was so advanced it could not have been successfully treated.''

I have many more, but stories like Kerry's and Matthew's and Carla's and Sue's and Kim's have been pouring into the inboxes of my colleagues in States around the country.

My Democratic colleagues and I know, and have known since the day it was signed into law, that the ACA is not perfect. I have talked to small businesses that want to offer health insurance for their employees but have struggled to find affordable options in Delaware. I have met plenty of Delawareans whose deductibles or premiums are higher than they would like to see, and I have heard from economists and budget forecasters who know our country's fiscal health depends on doing even more to control health care costs.

That is exactly why 2 years ago I came to this floor with a simple, commonsense request of my Republican colleagues: work with us to make the Affordable Care Act better. A colleague, a physician from the State of Louisiana, happened to be listening that day, and we have had a number of constructive and positive conversations since. Sadly, despite many attempts over many years, I so far have been unable to find a Republican partner willing to actually cosponsor meaningful, constructive fixes to the law.

In my view, and as I said 2 years ago, no conversation about the Affordable Care Act and how to improve it can be complete without reconciling the reality of the millions of Americans it has helped and the many others for whom it has fallen short.

I have sought to address the affordability of health care coverage for all families. I have cosponsored bills to increase tax credits to make it more affordable for small businesses, looked for ways to make sure there is more competition in the marketplace, especially in small States like Delaware, and pursued commonsense regulatory reforms and cost-containment efforts to further slow the growth in health care costs. For years, my colleagues and I have asked our Republican friends to put aside their rhetoric and focus on pursuing bipartisan fixes like these.

Today, the bottom line is still this: I know the Affordable Care Act has helped millions of Americans just like the Delawareans whose stories I have read. Kerry, Carla, Matthew, Sue, and Kim today live healthier, safer, and more secure lives.

Let's take a look at the alternative. There is no single proposed plan. There are dozens of bills in the House and Senate that would do lots of different things, but it would be very hard to predict with precision what the alternative really is. We know what repeal will do. As of today, the alternative—let's call it TrumpCare—is nothing more than a wholesale repeal with no clear plan to replace.

TrumpCare, a simple repeal, by one estimate would kick 26 million Americans—more than 50,000 Delawareans—off their health insurance. Even for those who don't lose their insurance, those hundreds of thousands of Delawareans who get their insurance through their employer, it would be much lower quality because it would

remove all the consumer protections that we have all come to embrace. It would give a nearly $350 billion tax cut to the wealthiest 1 percent of our country and a nearly $250 billion tax cut to big corporations. While tax cuts have their day and their reason, pushing aside all of that revenue with no plan for how to replace the Affordable Care Act and how to pay for it will become a desperate and dangerous move. TrumpCare, a simple repeal of the Affordable Care Act, would cut 3 million jobs and trigger negative economic impacts well beyond the health care sector by creating profound uncertainty. Lastly, it would burden State and local governments, which would lose nearly $50 billion in tax revenue.

That is the reality. Describing a repeal of the Affordable Care Act as anything other than the injection of wild uncertainty into our daily lives, into the health insurance and health care markets is just not square. That is the reality. Describing it any other way is political rhetoric, and that is, sadly, what this debate is about. It is repeal without replace.

Matthew from Wilmington, whose 11-year-old son was diagnosed unexpectedly with brain cancer, concluded his note to me with one last thought. He wrote of his son: ''He's my hero and I will fight for him and all others who continue to suffer similarly every day.''

Thank you, Matthew. Thank you for sharing your story and continuing the fight. I promise you and all the Delawareans who have reached out to me to do my level best to stand with you and fight for you every step of the way every day until we find a better path together.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maine.

Mr. KING. Mr. President, my colleagues have spoken tonight eloquently about a number of consequences that would follow from the repeal of the Affordable Care Act: increasing drug costs for seniors, a devastating impact on rural hospitals, elimination of consumer protection in everybody's health insurance—not just those on the Affordable Care Act—and limitations on mental health coverage and substance abuse. All of those issues have been presented eloquently and passionately.

I want to do something a little different. This isn't easy for me, but I want to tell my own story and why I feel so strongly about the issue of health insurance for all of our people.

Forty-three years ago—I think it was just about this week—I was a young staff member here in the Senate. I was a junior staff member who was covered by health insurance provided by my employer, the U.S. Senate. I paid a share, and the Senate paid a share. The health insurance that I had, as part of it, had free preventive care—exactly like that required by the Affordable Care Act.

The other thing the plan I chose had was a Wednesday night doctor's session. So because I had a free checkup and because it was on Wednesday night and I didn't have to miss any work, in late January or early February of 1974, I went in for a checkup—the first one I had had in 8 or 9 years. Everything looked fine. As I was putting my shirt back on, the doctor said: Well, you have a mole on your back, ANGUS, and I think you ought to keep an eye on it.

That night, I went home and mentioned it to my wife. The next morning, she said: I don't like the looks of that thing. Let's have it taken off.

I went back in the following Wednesday night because they had Wednesday night hours and I didn't have to take off from work. I had coverage so I didn't have to worry about what it was going to cost me, and the mole was removed. When they called me to come back in—I will never forget this moment as long as I live—the doctor said: ANGUS, I think you had better sit down. He told me that I had what was called malignant melanoma.

At the time, I didn't know what it meant. I thought it was simply a skin cancer. You hear about those all the time. You have them taken off, and it is no big deal. No, malignant melanoma is one of the most virulent forms of cancer. One of its characteristics is that it starts with a mole, but if you don't treat it, it then gets into your system and goes somewhere else. If you don't catch it in time, you will die.

I caught it in time. I had surgery. They took out a big hunk of my back in surgery and up under my arm. To this day, my shoulder is still numb from that surgery, but here I am.

It has haunted me since that day that I was treated and my life saved because I had health insurance. I know to a certainty that had I not had that coverage, had I not had that free checkup, I would not be here today. It has always stayed with me that somewhere in America that week, that month, that year, there was a young man or a young woman who had a mole on their arm or their back or their neck, couldn't do anything about it, didn't really think about it, didn't do anything about it until it was too late, and they are gone. And I am here. I don't know why I was saved. Maybe I was saved in order to be here tonight. But for the life of me, I cannot figure out why anyone would want to take health insurance away from millions of people. It is a death sentence for some significant percentage of those people.

In 2009, the American Journal of Public Health did a study—a comprehensive study. What they concluded was that for every million people who are uninsured, you can predict about 1,000 premature unnecessary deaths. So the math is pretty simple. Right now, we are talking about over 20 million people who have been afforded health insurance, either through the exchanges or through the expansion of Medicaid, who didn't have it before. If we take that away, that is 22,000 deaths a year. How can we do that with good conscience? How can we sentence people to death? We are talking about bankruptcies. We are talking about all the kinds of stories we have heard. They are all valid. They are all important. But for me, this is personal. This is about life itself. It is about our ethics, our morality, and our obligation to our fellow citizens.

Like all the other speakers, I know there are lots of problems with the Affordable Care Act. I wasn't here when it passed. It isn't exactly the way I would have worked on it or written it. I am ready to sit down with anybody who wants to talk about finding a solution, but let's not talk about the solution being ripping coverage away from people who desperately need it. It is just wrong.

I understand the political impulse. Folks on the other side of the aisle have been talking about this for 6 years, and, by golly, they are going to repeal it and get rid of it, and people cheer and all of that kind of thing. But now it is real. This isn't rhetoric anymore. This isn't a bumper sticker anymore. This isn't a rally anymore. This is real people's lives.

So let's just slow down. If people want to come up with a different solution, if they want to modify the current system, if they want to try to make changes that make it easier for small businesses and change the hours of work and the definition of full time—all of those things can be discussed. I don't care who leads it. I don't care whether we call it TrumpCare, McConnellCare, or RyanCare. We can call it whatever we want, but the fundamental principle here is that health insurance is a life or death matter, and we should honor the commitment that has been made to those millions of people—including over 80,000 people in Maine—who have taken advantage of this program, many of whom have never had health care before, many of whom have had tragic stories that we have heard all night about children born with birth defects or children that had some disease at a young age or an adult who, as we just heard a few minutes ago, finds they had cancer and if they hadn't had the coverage and gone in, they wouldn't be here.

This isn't politics. This is people's lives. I can't believe that the good people that I know in this body on both sides of the aisle can't figure out a way to say: Let's slow down. Let's slow down and talk about how to fix it, how to change it, how to replace it. But put that before repeal because once repeal occurs, there are all kinds of bad results, even if they are grandfathered.

People say we are going to repeal and delay. That is repeal and chaos. The insurance industry is going to start to pull back. The health care industry is going to say: Well, we don't know what the situation is going to be. We are going to have to slow down. We are going to stop hiring. We are going to lay people off.

All those changes are going to start happening right away. They can't be prevented. To tell people don't worry, we are going to cover you—that is cruel. I don't think my colleagues intend to be cruel. There is not a mean-spirited person in this body. We just have a different view of how to achieve these results. But the fundamental results should be people have health insurance so they don't have to risk their lives every day and live under that threat. That is what this discussion is all about. That is why I am here.

I view this as much more than a political issue. I understand the differences, I understand the history, and I understand the politics of it, but I just think that now that it is real, let's slow down and find another way to solve this problem that protects the gains that have been made and sands off the rough edges of the law but allows us to protect the fundamental idea of helping people to find health insurance they can afford and keep them from being denied health insurance for reasons through no fault of their own.

I think this is a moral and ethical issue, and I go back and I feel so strongly about this because of my own experience. I feel I owe it to that young man in 1974 who didn't have insurance, who didn't have the checkup, who had melanoma, and who died. I have an obligation to that young man to see that doesn't continue to happen in the wealthiest, most developed society on Earth.

This is something we have within our power to do. I deeply hope that we can take a deep breath, back away from this idea that we have to repeal, and talk about fundamental principles of helping people to cope with this most serious and personal of issues.

I have confidence in this body. I have confidence in the good will of this body and of the American people. If we can get away from talking about it in the abstract as a political issue, we can talk about real people. That is what I hope we can do over the next weeks and months, and I am convinced we can come to a solution—not that will make everybody happy but that will save lives and make our country a better place.

I yield the floor.

The PRESIDING OFFICER. The Democratic leader.

Mr. SCHUMER. Mr. President, first, let me thank my good friend from Maine for his usual eloquent remarks.

I thank my colleague from Connecticut, who is one of our great speakers and mainstays, who has let me sneak in ahead of him. So I will be brief.

My Democratic colleagues are holding the floor tonight to demonstrate our solidarity and our commitment to defending the Affordable Care Act. It is not just defending some abstract law. It is not about protecting President Obama's legacy or Democrats' legacy. It is about people. It is about the American people and their access to affordable health care. It is about defending a health care system that has been made fairer, more generous, more accessible, and more affordable for the American family. It is about men and women and children whose stories we have heard tonight from Member after Member, one part of the country to the other, and their lives have been changed. In many cases, their lives have been saved by health care reform.

That is why Democrats have held the floor tonight. Though the hours have waned on, we will fight this repeal with every fiber of our being. We will not go gently into that good night.

The history of health care reform has been cast and recast by both parties, but there is a truth to be told amidst a lot of fiction. Here is a truth. Before the Affordable Care Act, our health care system was a mess. Health care costs were growing at a rate much faster than they are today, eating into workers' paychecks, dissuading them from taking risks and changing jobs lest they lose good coverage. A debilitating illness could wipe away a lifetime of hard-earned savings because insurers could put limits on how much treatment they would cover. Women were charged more for the same health care coverage. Many couldn't get insurance if they had a preexisting condition. Some insurance companies would simply delete you from the rolls if you got sick; in short, premiums spiraling up, spotty coverage, discriminatory practices, a marketplace out of balance. I remember the days before health care reform, before ACA. Everyone was complaining about the system. This idea that everything was hunky-dory and then ACA came in is fiction.

I was involved. We knew health care reform would be difficult. It is a $3 trillion industry with complicated rules and procedures. The politics were arduous. For that reason, health care reform had bedeviled Congresses and Presidents for decades. We knew in 2009 that we had a rare opportunity and that it was too important to let politics or lobbyists or special interests or fear stand in the way.

In the past, Democrats were able to make progress on smaller slices of the overall pie. The CHIP program, my dear friend who is no longer here, Senator Jay Rockefeller, championed it. Getting generic prescription drugs on the market, I was involved in that, along with the Senator from Utah. Never, never was a Congress able to pass a comprehensive package of reforms to the health care system until the ACA—the greatest leap forward in American health care, certainly since the passage of Medicare and Medicaid.

You can measure the results. The law has helped bend the health care costs curve down, insured more Americans than any time in our Nation's history since we started measuring the uninsured rate, all while providing higher quality health care.

Is the act perfect? No, no one ever said it was. I have listened to my friend the majority leader and our Republican colleagues on the floor these past few weeks. They used quotes from President Obama saying the law could use improvements as proof that it is failing.

That doesn't hold up. Go look at the full quotes. No one ever said the law would be perfect. We all know it could use some fixes. I, for one, am for a public option—we nearly had it in 2009—to increase competition in marketplaces where there is still too little. But scrap the whole thing and go back, back to a chaotic marketplace, inconsistent coverage, skyrocketing premiums? No way. Back to 40 million uninsured Americans, back to discriminating against women and Americans with preexisting conditions? No way.

Democrats don't want to make America sick again. We don't want to repeal the largest expansion of Affordable Health Care since Medicare and Medicaid and leave chaos in its wake—chaos instead of affordable care. That is what the Republican plan would do, sure as I am here tonight.

This evening, as colleague after colleague has come to the floor to describe how the ACA is helping their constituents, helping nurses, helping rural hospitals, helping students, helping seniors, I hope my Republican friends may have listened to them. The American people certainly are. They have been watching this debate. We have been talking to them on the phones, and they will carefully consider the consequences of repealing this law, and I hope our Republican colleagues will—particularly without a viable comprehensive replacement.

With the close of this long night, I make a simple plea to my Republican colleagues: Turn back. It is not too late. You are already hearing the grumblings from Members on the left side of your caucus and the right side of your caucus.

Well, they are starting to say, now that you have some power here, you are in the majority, maybe we shouldn't repeal without replace, even though for 6 years you have been unable to come up with a replacement.

The Republican Senators from Maine, Arkansas, Tennessee, and Kentucky, former Senator Rick Santorum, even the President-elect says that maybe we should replace and figure out how to replace before we repeal, but with this vote, it would just repeal it.

My simple advice to my Republican colleagues is turn back. The health care of Americans hang in the balance. Affordable care for every American hangs in the balance. If Republicans repeal the ACA without a detailed comprehensive plan to replace it, not a mere framework, not a set of principles, not a bunch of small-ball policies cobbled together, they will create utter chaos, not affordable care.

It is not too late. Work with us Democrats. If you tell us tomorrow you are giving up on repeal, we will work with you to improve it. We know there

needs to be some improvements, but don't scrap the law, leaving all those in the lurch and then come to us and say: Now let's fix it.

You better have a replacement. Something you haven't been able to do for 6 years. It is not too late. Work with us Democrats on improving the law. Work with us on making it better. Don't scrap it and make America sick again. Turn back before it is too late. It will damage your party. It will hurt millions of Americans, far more importantly, and hurt our great country.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. MURPHY. Mr. President, once again, congratulations on your election. I haven't gotten a chance to talk with the Presiding Officer in detail about his path to the U.S. Senate, but I have had a chance to talk to a lot of my colleagues about how they got here, and I think we can all agree it is not often a real pleasant experience. You get your name dragged through the mud. You get called all sorts of names. You have to call lots of friends and strangers and ask them for money. It is no walk in the park to run for political office or to put your name out there and be the subject of both praise and a lot of ridicule.

It is not surprising the reason that people do this. The reason that the 100 of us have decided to run for office and to put ourselves out there in the public spotlight is because we deeply care about our neighbors, about the people who live in our States. We are doing this job, to a man and woman, because we want to make life better for people; in particular, people who have been just thrown big curveballs by life.

I grew up in a pretty economically secure house, but I understand a lot of kids don't have that opportunity, and I feel like both Republicans and Democrats are here because we want to lift those kids up. I have had a pretty healthy life, a few bumps and bruises along the way, but I feel like both Republicans and Democrats are here because we get that other people aren't as fortunate. They got sick. They got diagnosed with something terrible. Our role should be to try to help get them some cures or some treatments.

We are here not because we think it is fun to run elections, we are not here because we like the look of our name on the door, we are here because we care desperately about people. I think this is what Senator KING was getting at in his remarks. All of the tabloids and the TV news shows, they spend 80 percent of their time focusing on politics, and we end up chasing our tail off in here because if the daily political rags and the cable news shows are talking about politics, then maybe we should be talking and thinking about politics as well, but that is not why we decided to do this. We decided to run for the Senate because we care about people.

Why we are here tonight is pretty simple. Ultimately, the repeal of the Affordable Care Act, with no replacement, with no plan for what comes next, will hurt millions of real people in very real ways. In the end, I don't believe that my Republican colleagues want to cast a vote that will do that.

This tall guy right here is Josh Scussell. He lives in Connecticut. He is from Guilford. He is standing next to his bone marrow donor and her boyfriend. This is Josh's wife. Josh was diagnosed with stage IV non-Hodgkin's lymphoma in 2012.

Here is what Josh says. He will tell you the unvarnished truth. Josh says: ''The ACA is entirely responsible for me still being alive.''

He relapsed after an additional diagnosis before he turned 26, and the only way he was able to get insurance was because of the Affordable Care Act, which allowed him to stay on his mother's insurance up until he turned 26. During the course of his treatments, he underwent stem cell transplants, which could be up to $200,000 each. Because of those transplants, he needed ongoing weekly treatments at a cost of $10,000 per treatment.

He recalled how he was getting his first stem cell transplant and he was in the hospital during the Supreme Court deliberations on the Affordable Care Act. He said, ''I was in a hospital bed watching the TV, when the Supreme Court approved the ACA, and just the feeling I had in my body was a feeling that I had never experienced before because I knew that I was going to be taken care of.''

Josh is in remission. In a few more years of being cancer-free, the doctors tell him he might be out of the woods. He says, ''I'm more fearful for other people in my position. . . . Because there's no way I would have been able to afford any of those treatments'' if it wasn't for the Affordable Care Act.

This little guy, his name is Rylan. This is his mother Isabelle. Rylan was born with a congenital heart defect. One day he had to be rushed to Connecticut Children's Medical Center for emergency open-heart surgery to keep him alive. Isabelle says that she never really thought about health insurance. She knew she had it, but she didn't really think about it until Rylan went for that emergency surgery. She thought: Oh, no, is our insurance going to cover it? Will they cover all the treatments he needs going forward now that he will have had a preexisting condition? She found out that the Affordable Care Act protected her because it eliminated a common practice of insurance companies to cap the amount of coverage you get in any one given year or over the course of your lifetime.

Isabelle tells it plainly. She says:

> Without the Affordable Care Act, we would have never been able to afford the care for Rylan. We would have had to make awful decisions—decisions about whether we kept our house, kept our car, whether we could still afford to work.

It was the Affordable Care Act that protected her and her family.

Finally, this is John. John is a hero in my book. John was born with cystic fibrosis. John tells the story about how health care is the most important thing to him in the world. It is more important than salary. It is more important than his job. It is more important than friends. He struggles every day to live. The only way he lives is that he is able to take medications that allow him to continue to breathe and that allow his lungs to continue to function amidst this crippling disease and diagnosis.

John is on the Affordable Care Act, and John will tell you, just as plainly as Josh and Isabelle, that without the Affordable Care Act, he would die—not 2 years from now, not 3 years from now. John would die within a matter of weeks because without his medications, he cannot live.

It is not hyperbole to suggest that the absence of the Affordable Care Act is a matter of life and death. John will tell you that without the Affordable Care Act, he doesn't have insurance. Without insurance, he cannot afford the medications to keep him alive. Without the medications to keep him alive, John disappears from this Earth.

These are real people. I care about them because I know them, and I have had the chance to meet John and Isabelle and Josh. But you have these people in your State as well. My Republican colleagues have just as many of them. Some of the biggest numbers of enrollment in the Affordable Care Act aren't in States represented by Democrats; they are in States represented by Republicans. And this mythology that the Affordable Care Act hasn't worked or that it is in some death spiral is just political rhetoric. It is not true.

This is an AP fact check story from today, I believe. Here is the beginning of it. It says:

> President-elect Donald Trump says that President Barack Obama's health care law ''will fall of its own weight.''
>
> House speaker Paul Ryan says the law is ''in what the actuaries call a death spiral.''
>
> And Senate Majority Leader Mitch McConnell says that ''by nearly any measure, ObamaCare has failed.''

The AP says:

> The problem with all these claims: They are exaggerated, if not downright false.

The Affordable Care Act has not failed for the 20 million Americans who have insurance now because of it. The Affordable Care Act has not failed for the millions more who are paying less because insurance companies can no longer discriminate against them if they have a preexisting condition. The Affordable Care Act has not failed for seniors all across this country who are on Medicare and are paying less for prescription drugs.

There is no doubt that the Affordable Care Act isn't perfect. Medicare wasn't perfect when it was passed. We amended it 18 different times. The Affordable Care Act needs to be amended and perfected, as well, but if you really care about people instead of political headlines, then the prescription here is simple: Stop. Take a step back. Don't

lurch the entire health care economy into chaos when you don't have to.

I am pretty sure that Donald Trump is going to be President for the next 2 years. I am pretty sure that Republicans are going to control the Senate and the House of Representatives for the next 24 months. You have time. You don't need to prove some point to the political talk show hosts and the conservative radio commentators. You can step back and rescue these real people from the fate that you are about to subject them to by—instead of engaging in a partisan repeal with no replacement for what comes next—reaching out across the aisle and working with Democrats to try to fix this law.

I have been here the last 6 years. I was part of the passage of this law when I was in the House of Representatives. I have listened to my colleagues say, literally tens of thousands of times in Washington and across the country, that their priority was to repeal and replace this law. I watched on TV our President-elect say in response to a question about the process for health care repeal going forward:

> No, we are going to do it simultaneously [repeal and replace the law]. It'll be just fine. We are not going to have, like, a two-day period and we are not going to have a two-year period where there is nothing. It will be repealed and replaced.

There will not be a 2-day period in between repeal and replace. And that is what I heard from my Republican colleagues: Put your vote where your mouth has been because the alternative is a death spiral.

The Associated Press calls the mistruths out and says: No, the Affordable Care Act is not in a death spiral. But those same health care economists who are quoted in that story will tell you that if you repeal this bill without any replacement for what happens next, that is what creates the death spiral. Why? Because when you put a clock ticking on the life of the Affordable Care Act, then a couple of things happen. First, people who need some procedure done rush into those exchanges and they drive up the actuarial cost, and insurers just look at themselves and say: Why would you hang around for that? And they bolt. So the Affordable Care Act falls apart if you telegraph to people that you have only 1 year or 2 years left.

You don't have to do this. You don't have to visit that kind of harm on real people. I know that is not why Republicans ran for office. I know we have philosophical differences on how to get health care to people, about how to insure more people, but let us sit down and figure out a middle ground so we can save the lives of all these people who are relying on us.

What we are doing right now is extraordinary. This is absolutely extraordinary. We were sworn in less than a week ago. The new President has not even been inaugurated. There isn't even a conceptual plan for what will replace the Affordable Care Act, and we are rushing forward with repeal. There is an enthusiasm to this cruelty that is hard to understand.

I hope that some of the Republicans who just in the last 24 hours have called for a delay in this debate are heard by Republican leadership. I know that Democrats will continue to be on this floor to make this case. I guess I am still optimistic enough about what is still a pretty broken town that, in the end, my Republican friends aren't so cold-hearted, aren't so barbaric as to take away insurance from people like those we have been talking about here today when there is an alternative, when there is another way, when there is no political imperative to do this kind of damage to people right now.

I yield the floor.

The PRESIDING OFFICER. The Senator from Hawaii.

Mr. SCHATZ. Mr. President, I want to thank the junior Senator from Connecticut for his leadership on ACA. Since we arrived in the Senate together, he has been stalwart, not just on the many benefits of ACA but specifically on mental health and the benefits and the destigmatization of mental health care in the context of ACA.

It wasn't so long ago that people wouldn't step up and say: I need help. I need mental health care. But now I think it is broadly accepted on both sides of the aisle, partly because of CHRIS MURPHY's leadership, that mental health is health and that just as if you tweak your shoulder or need something with your lungs or have a crick in your neck, if you have some mental health issues, you need to get them taken care of.

The plan to repeal the Affordable Care Act with no replacement reminds me of a car I used to have. It was an OK car. I remember I bought it in 2006. It was a 2005, but it was new—one of those in the back of the lot. I got it for $2,500 less than MSRP. It was a station wagon. It was ugly. It was purple, and I just sort of rode it into the ground. I kept driving it. I didn't take great care of it. I have gotten better about taking care of my cars. At the time I just rode it and rode it. The AC busted, and I didn't fix it. There was a fender bender, and I didn't fix that. The car was OK. It needed some TLC, but it got me around. What if I had taken this car to Jiffy Lube in Honolulu just to get a little tuneup and left it, and then I came back an hour later and it had been dismantled? That is what the Republicans are doing with the Affordable Care Act. Instead of fixing what is wrong and keeping what is working, they are going to destroy the American health care system.

I try very hard not to be too apocryphal with my language. I try very hard not to be too nasty and too partisan on this floor, but this is factual. They are going to destroy the American health care system. That is what repeal and replace is all about. They are going to remove a law from the books and come up with something terrific in a few months or a few years, but they are also going to keep the stuff you like.

Here is the first thing that everybody across the country needs to know about this process. It is not on the level. There is no way around it. This is just not on the level. Anybody who has spent any time thinking about health care policy knows that covering people with preexisting conditions like cancer, mental illness, and diabetes is a popular thing to do. It is the right thing to do. People also know that the only way to do that is to create a risk pool that includes healthy people. If you are going to insure folks, you can't just be paying out for the expensive cases; you also have to be bringing in revenue and not paying out, so you need young people in the risk pool. You need professionals in the risk pool. You need nonsick people in the risk pool. That is how this all works. Everybody understands that.

Everybody who is working on this in good faith understands that you need to create a risk pool in order to cover more people. So they know that if they eliminate the individual mandate, they eliminate the benefit, but they are stuck with a promise they made to repeal this law totally, root and branch—not to improve upon the law.

Just remember that it was an article of faith that we couldn't make even the most modest improvements to this law at any point in the last 6 or 7 years; that if you did so, you ran afoul of Republican orthodoxy. It is not that they wanted to fix the law. It is that they had told everybody it was so bad—partly because it was ObamaCare—that there was nothing good in it; there was nothing worth preserving about the Affordable Care Act.

Now they are into repeal and replace. They are stuck with the promise they made to repeal this law totally, and they know people are about to be very, very angry because President Obama is the President only for another 10 days, and people are not going to accept the premise that we are going to rip health care out from under you, but don't you hate health care because it is called ObamaCare? That is an argument that may have worked 3, 4, or 5 years ago, but with a new President-elect and a new Congress, we have an obligation to have a better strategy than that.

Republicans do not have a replacement plan. If they had one, they would be adopting it shortly. It has been 7 years. It has been 7 years, and we haven't seen any legislative language—none. They have no plan at all for American health care other than to cause immediate harm and to try to blame it on the law that they are repealing.

There are only a few ways this could end up. I will give you a couple of them. First there could be the equivalent of a health care cliff, which is similar to what we have done with our fiscal situation where they have to periodically shovel money at the problem

and bail out the insurance companies. What will happen is they are basically eviscerating the revenue that provides the subsidies for individuals, but they are going to realize: Hey, these subsidies are quite popular, but we just eliminated the revenue. We don't want to increase taxes so let's borrow money and keep shoveling money at the insurance companies or they may make minor reforms in the ACA and call it a replacement. That would be great. I do not see that they are on this path right now or they are really going to repeal the law and take health care coverage away from millions of Americans. This is completely irresponsible.

So what happens when they repeal ACA? Twenty-two million people will have their health care coverage ripped away from them, more than 22 million men, women, and children. For those of you who still have coverage, I want you to know that this impacts you too. If you have a preexisting condition as common as diabetes or high blood pressure or mental health issues or cancer or Crohn's disease or Lupus or in a lot of instances pregnancy is a preexisting condition, you are not going to be able to keep your coverage.

If you are a woman, you are likely going to lose access to preventive health care services like birth control. If you live in a rural area—everybody in rural America should understand this.

There is this thought that there are rural States and nonrural States. Every State is both a rural State and a nonrural State. I know the Presiding Officer has an urban area and plenty of rural areas. I have one of the densest cities in the United States, and then I have far-flung, very small towns that are old plantations. Everybody in the Senate represents rural America in some form or fashion.

If you live in a rural area, chances are that your local hospital will lose millions of dollars in funding, which will force many rural hospitals to turn away patients and close their doors. This is not an exaggeration. I encourage every Republican Member of the Senate, Member of the House, citizen out there to ask their health care leaders in rural hospitals what is about to happen. They are in a panic.

Let's be totally clear about what this means. You lose rural hospital money and you lose rural hospitals. For a lot of small towns, from Hawaii to the Dakotas, to the Carolinas, and everywhere in between, the rural hospital is the economic center of the community. It is often by far the largest employer. I want you to understand, if a rural community loses its rural hospital, a lot of the working-age folks leave. They move to a more urban area.

What happens is, the elderly citizens also have to leave because if you need access to emergency services but you are nowhere near any of that care, you are going to have to go too. So there is not a single thing we can do in the Congress that would harm rural communities quicker than what is being done this week by the Republicans.

I want to be really clear about how much harm is about to be done to rural communities, not just rural health care providers, not just nurses and doctors and technicians and admins and janitors and everybody who works at those rural hospitals.

That is important because in a lot of instances, that is the economic driver of a small town. It is also about, people start to make choices with their own life and with their own planning, especially as they get older, and they think to themselves: How do I stay close to health care? If that rural hospital goes away, that rural town goes away.

We have seen it in Hawaii. That is why we fight for Molokai Community Hospital. That is why we fight for Lanai Community Hospital. That is why we fight for Waianae Coast Comprehensive Treatment Center. That is why everybody fights so hard for their community rural hospitals—because it is the center of a community, not just economically, but without it, you basically have no community.

All of this will cause the entire insurance market to unravel, raising costs for everyone. This means families are going to pay more for prescription drugs, pay more on their premiums, and pay more for out-of-pocket costs.

So if the Republicans are still unfazed by the health impacts of the repeal I just outlined, and have been outlining for the last 4 or 5 hours, over the last 3 or 4 days, there is another reason to be extremely cautious about what is about to happen. As we know, the vehicle for this is a budget resolution, right? They are trying to characterize this as, no, it is not a budget resolution.

The only reason they are doing it as a budget vehicle is so they can do reconciliation. What does that mean? That means they only need 51 votes, where otherwise they would need 60 votes, but this is a budget. If it were not a budget, they would not be subject to the 51-vote threshold. This is the Federal budget. This Federal budget increases the deficit by trillions of dollars.

This Federal budget increases the deficit by trillions of dollars—not trillions of dollars at a flat line with the previous Federal budget, this is trillions of dollars more than last year's Federal budget.

So if you are a fiscal hawk, gosh, you must be swallowing hard over the next couple of days. This must be a bitter pill to swallow because on the one hand, boy, do you hate ObamaCare. On the other hand, boy, do you hate running up the national deficit—not the debt, deficit—by trillions of dollars. This is insane. This deficit—what we are doing to the debt and deficit in the next 2 or 3 days makes everything that we have done in the last 3 or 4 years pale in comparison.

If you are a fiscal hawk, I cannot see how you get to yes on this. You cannot vote to increase the national debt by trillions of dollars and then still call yourself a fiscal hawk. So we have a choice in front of us. Do we build on the progress of the Affordable Care Act or do we strip millions of Americans of their health care coverage, leave those with preexisting conditions out in the cold, and raise the national debt?

We know ACA has its flaws. No one ever said it was perfect. Let us be clear. Every major piece of legislation, every signature piece of legislation that this body has ever passed has been flawed in some way. What do we do when we are a functioning world's greatest deliberative body? We iterate it. We work on a bipartisan basis to fix it. That is what we should do.

The benefits of ACA are undeniable. That is what we should be debating, improvements to the ACA, not an implosion. So let's keep our eye on the ball and remember what our common goal is: giving every American the opportunity to get quality, affordable health care they deserve.

I yield the floor.

The PRESIDING OFFICER (Mr. SASSE). The Senator from New Jersey.

Mr. BOOKER. Mr. President, the hour is late, even though you look like you have a lot of work there to do, sir. I think I am going to be merciful and keep this short. I want to thank the Senator from Hawaii, the senior Senator from Hawaii, for his remarks.

I just want to wrap up. We have had multiple speakers now driving home a number of points. Two of them I just want to reiterate, which is the fact that as I look at a lot of more moderate and conservative outlets, from the American Enterprise Institute all the way to the American Medical Association, that did not support ObamaCare in the first place, you have this chorus growing of responsible, thoughtful people who said: Hey, we may want to repeal ObamaCare, but to do it without putting up a plan and showing the American public what you are going to replace it with is not only contrary, obviously, to a lot of the political rhetoric we heard during the campaign season, but it is against the logic, it is not prudent, it is actually reckless, and it is going to hurt a lot of people.

This is what we have to understand. I say it is akin to pushing someone off a ledge and telling them, as they are falling down, that, hey, we are going to get a plan, don't worry. The problem is, people are going to get hurt in the interim. The cost of medical care, not having that kind of business certainty that you need, it is going to spike markets and make things very difficult.

I just want to say that this body, which I respect—and I am happy to hear voices like Senator RAND PAUL and others on the Republican side begin to come out and say that we should not be repealing this without replacing it. I want to offer my gratitude to them because I think there are a lot of people—I even heard CHUCK

SCHUMER say himself that he is ready to roll up his sleeves and talk about ways to improve this.

We have heard from the President-elect, saying that he is going to have a health care system that is better and that costs less. I think he used the word ''terrific'' to describe what he is going to bring to the American people.

Well, where is it? Where is the plan? What is the idea? Because there are too many people right now in our country who are fearful of what might happen. When I say ''fearful,'' it is a base fear; for example, some people from my State of New Jersey. This is Martha, who lives in a town called Montclair—not quite the same town that the Senator from Hawaii was speaking of before, which I cannot pronounce yet. I hope he will help me with that. Mahalo; is that right? I am doing all right.

But this young lady from Montclair very dramatically writes:

> I want to take a moment to thank you for fighting as hard as you have to protect those of us who are disabled and vulnerable to financial ruin, medical crisis, and debt if the ACA is repealed. I am a psychotherapist in private practice for over 20 years. I have served my community by keeping one-third of my caseload no fee or low fee for those who have had no insurance.
>
> For over 20 years, I have purchased my insurance privately and paid dearly for my medical coverage. Two months ago, I was diagnosed with an extremely rare cancer in my central nervous system. I am fortunate that doctors believe that it can be controlled, but not cured, by my taking a low dose of oral chemotherapy for life. I now, as a result of this condition, have zero chance of being able to afford reasonable medical coverage purchased from an unregulated open market.
>
> My life, literally without hyperbole, depends on my being able to maintain continuity of care and insurance regulations that eliminate exclusions for preexisting conditions. My energies are limited due to my illness. So I thank you for doing all you can to fight for my life and my family. The idea that people with preexisting conditions aren't contributing to the economic health of our country is a distortion. I personally address gaps in our health care system as a provider by sliding my scale.
>
> The safety net is us, and if I lose my health coverage and can no longer afford it, I will no longer be able to afford to devote one-third of my caseload to those who cannot afford it. It becomes a profound domino effect.

That is where we are right now. I have heard so many of my colleagues, Republican and Democratic, speak to the things they like about ObamaCare or at least they like in the abstract, not giving ObamaCare any credit. They like the fact that people with preexisting conditions can get insurance. They like this idea that there will be no lifetime caps. That means that a child who might have leukemia and beats it and then becomes an adult can't find insurance because nobody wants to insure him because they have exceeded these ideas of lifetime caps. They have gotten rid of this idea that you cannot stay on your parent's insurance just because you have turned 23, 24. Now you can do it until you are 26. There are so many aspects of ObamaCare that people say they like. One thing that even Republican Governors talk about liking is just the idea of Medicaid expansions that have occurred in 32 States and have enabled millions of Americans, hard-working families, their children, people living in nursing homes, those who suffer from addiction, and the poor and the underserved, to get access to quality health care.

That is what is incredible. We have people who are coal miners and sick who have benefited from this. We have folks who are in nursing homes who have benefited from this. We have folks who are suffering in this opioid crisis with addictions who have been able to get access to coverage and access to care. More than this, we have now created a system that equates and understands that mental illness and physical illness is in parity—that insurance companies have to offer that as well.

In addition to all of that, we now have a system that says to anybody that you cannot be denied for the kind of reasons you were denied before and find yourself falling into the trap that so many Americans did; that the No. 1 reason—or at least one of the top reasons people were declaring bankruptcy was because they could not afford their medical bills. These are all things that are universally—or at least the overwhelming majority of Americans want.

So we all agree on many of the basic goals. The question is, How do get there? It has been indicated by the President-elect and others that they have a plan to get there, to preserve all of these things that are now being savored by Americans, that are literally, as Martha from Montclair points out, saving people's lives. The question is, How are you going to get there? By the way, if you try to shortcut it and don't tell us how you are going to get there and just repeal ObamaCare, then you introduce uncertainty to the market. Insurance companies are speaking up. The American Medical Association is speaking up. The American Diabetes Association is speaking up. The American Cancer Society is speaking up. All of these nonpartisan or maybe even conservative folks are speaking up, saying: You can't do the repeal unless you put forward what you are going to replace it with.

Free market folks know you don't introduce uncertainty into the markets without consequences, and those consequences would be a disruption to the individual marketplace, the spiking of prices, people pulling out, and that death spiral.

I believe in the prudence of this body. I have seen it from people on both sides of the aisle—the thoughtfulness that they won't rush to embrace a pure political victory at the expense of real people. Well, this is one of those moments.

What are we going to do as a body? Are we going to repeal and not replace? Or are we going to have a great discussion about what that replacement will be?

So tonight we have heard from a lot of my colleagues. I am really proud that folks have taken to the floor. I am even more proud that, from my office, we are hearing from people on both sides of the political aisle. Not everybody likes ObamaCare. Not everybody voted Democratic. It is people from both sides of the aisle. They do not understand why we would rush forward doing the repeal without the replace.

I want to thank everybody who has spoken tonight. The hour is late, and I just want to thank a lot of the folks who don't normally keep these kinds of hours. There are some pretty incredible people who work up around the President's desk.

We have a lot of pages here who do not get enough thanks on both sides—Republican pages and Democratic pages. I want to thank them, as well, for staying late, even though, technically—and I hate to call them out on this—if they have to stay up past 10 p.m., they don't have to necessarily do their homework and show up for school the next day. That is what I hear. So we might have done you a favor. But either way, I want to thank everybody tonight.

Mr. President, I want to suggest the absence of a quorum.

Oh, I am sorry. I want to—what do I want to do? I want to just drop the mic.

Mr. SCHATZ. That is the first time the Senate has ever ended with that one.

ADJOURNMENT UNTIL TODAY

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 12 noon today.

Thereupon, the Senate, at 12:16 a.m., adjourned until Tuesday, January 10, 2017, at 12 noon.

NOMINATIONS

Executive nominations received by the Senate:

IN THE ARMY

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY MEDICAL CORPS UNDER TITLE 10, U.S.C., SECTIONS 624 AND 3064:

To be major

JEREMY D. KARLIN
IRAHAM A. SANCHEZ

IN THE NAVY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant commander

MATHEW M. LEWIS

EXTENSIONS OF REMARKS

OBJECTING TO UNITED NATIONS SECURITY COUNCIL RESOLUTION 2334

SPEECH OF

HON. LUCILLE ROYBAL-ALLARD

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, January 5, 2017

Ms. ROYBAL-ALLARD. Mr. Speaker, I will vote for House Resolution 11, ''Objecting to United Nations Security Council (UNSC) Resolution 2334 as an obstacle to Israeli-Palestinian peace,'' because I believe the UN resolution was not objective, but rather one-sided by placing the blame solely on Israel as the obstacle to peace.

For years, I have strongly advocated for direct peace negotiations between Israel and Palestine because I firmly believe peace can be achieved only if Israel and Palestine negotiate directly in good faith and on fair terms. I remain hopeful this will happen.

While I deeply oppose the continued building of settlements in the West Bank and the Gaza Strip, I believe the United Nations Security Council Resolution does more harm than good. Here's why:

First, Resolution 2334 passed by the UNSC does nothing to advance peace. Instead it bolsters Israel's enemies and pushes the two state solution to peace further out of reach by forcing nations to choose between supporting Israel or Palestine.

Second, while I agree the settlements serve as one of many obstacles to peace, the UNSC resolution singles out the settlements and ignores Palestinian violence, the role of Hamas and its refusal to recognize Israel as the Jewish state. These are essential and critical issues that must be addressed to achieve lasting peace.

This omission is unacceptable. My vote on Resolution 11 illustrates this belief and my strong desire for fairness and peace between Israelis and Palestinians which will enable Israel to protect its security and its existence as a Jewish and democratic state. This can only be achieved by a two state solution.

HONORING GARY GIACOMINI

HON. JARED HUFFMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, January 9, 2017

Mr. HUFFMAN. Mr. Speaker, I rise today in memory of Gary Giacomini, who passed away on December 2, 2016, after a lifetime of service to his community.

Born in San Francisco in 1939, Mr. Giacomini spent most of his life as a resident of Marin County. He attended St. Mary's College in Moraga, and earned his law degree at San Francisco Hasting College of Law in 1965 as an honor student. A stalwart, civic-minded community member, Mr. Giacomini occupied many roles over the course of his highly productive professional and political career. Renowned for his bedrock strength, and sometimes cantankerous demeanor, he was always straight-forward and clear about his principles and convictions.

Political from a young age, Mr. Giacomini was student body president of Marin Catholic High School. He won a seat on the Lagunitas School Board in 1968, and was elected to represent Marin's 4th District on the Board of Supervisors in 1972, where he served until 1996. Upon his retirement from the Board of Supervisors, he was the longest-serving county supervisor in the history of California. In addition, he was a member of 25 other state and regional boards and commissions, including 10 years on the California Coastal Commission and 20 years on the Golden Gate Bridge District. In 2007, Marin Magazine named him one of the 13 most influential people in county history.

Chief among his many exceptional accomplishments for Marin's residents and environment, Mr. Giacomini led the movement to preserve West Marin open space, protect the environment, and preserve the county's historic ranchlands. In appreciation for his enduring resolve and track record protecting these lands, in 2001 a 1,500-acre open space preserve in the San Geronimo area was named for Giacomini. He was dubbed as one of the heroic group of Rebels with a Cause for his work to save a vast stretch of Marin's coastline for parks and farms. He also instigated, with his colleagues, public ownership of the Southern Pacific Railroad right-of-way from Marin to Eureka in the 1980s, paving the way to Sonoma-Marin Area Rail Transit's future use of the tracks, where service is expected to begin this year.

In 1985, Mr. Giacomini coordinated a strenuous battle to ensure the Buck Trust, bequeathed to Marin for its needs and programs by Ross philanthropist Beryl Buck, was not dispersed outside Marin. This culminated in the formation of the Marin Community Foundation in 1986. After leaving public service in 1996, Mr. Giacomini went on to serve two terms on the board of the Marin Community Foundation, including time as Chairman of the Board.

Over the years, Mr. Giacomini developed a well-earned reputation, as noted by the Marin Independent Journal, for his ability to promote common ground between the interests of Marin's diverse agricultural community and preservationists. He is survived by his wife, Linda; two sons, Andrew and Antony; a sister, Roberta Powers; and five grandchildren. He has left an indelible mark not just on his family and the community of Marin, but on children and families far and wide.

A formidable force whose presence will be greatly missed, it is my honor, Mr. Speaker, to recognize the breadth and depth of Mr. Giacomini's legacy of commitment and his many victories for the people and places of Marin. It is therefore appropriate that we pay tribute to him today and honor his memory.

PERSONAL EXPLANATION

HON. TRENT FRANKS

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Monday, January 9, 2017

Mr. FRANKS of Arizona. Mr. Speaker, on January 5, 2017, during the vote on roll call 11, on H. Res. 11, I inserted my voting card believing that my YEA vote had been recorded. It was my intention to vote YES on H. Res. 11.

TRIBUTE TO KAYE FRANCES WILLIAMS

HON. TERRI A. SEWELL

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Monday, January 9, 2017

Ms. SEWELL of Alabama. Mr. Speaker, I rise today to honor the extraordinary life of Kaye Frances Williams, formerly of Selma, Alabama—a childhood friend, outstanding lawyer, devoted wife, doting aunt, amazing sister, loving daughter and special friend to many.

Born on January 4, 1962, Kaye was the eldest daughter of the late Martha and Fred D. Williams, Jr. and the sister to my childhood best friend Kimberly Joyce Williams, whom I affectionately called ''Kimmie Jo''.

Every childhood memory I have includes the Williams family. I can still see that house in Lakewood and I will never forget that home telephone number. I am so grateful for the love and support I received from the Williams family. I spent so much time with them that I even called their parents Uncle Fred and T-Mart. I can still smell the aroma of their mother's homemade fried chicken—Colonel Sanders had nothing on T-Mart's chicken.

Kaye grew up a true ''Southern Belle'' from the most affluent African American family in the historic town of Selma, Alabama. The Williams were the epitome of black high society in Selma. The Williams family owned Black Selma—they were the premier florist, owning Fred's Flower and Gift Shop as well as JH Williams Funeral Home. They were the top educators, entrepreneurs, doctors and philanthropists. The Williams family had it ''goin on''. They even summered at Cape May—when black folks in Selma didn't even know Jersey had a shore.

Deprived of female siblings myself, Kim was my sister/BFF and Kaye was ''our big sister''. Kaye had it all—she was beautiful, smart, fun and talented—Kaye was the girl we all wanted to be.

Kaye Frances Williams was a trailblazer. She blazed the trail that so many of us in Selma aspired to follow. I set my own goals by the achievements of Kaye Williams. I wanted to be a debater because Kaye was the first black debater at Selma High School. I wanted to be in student government because Kaye was the first black President of the Selma

High Student Council. I wanted to be the valedictorian because Kaye graduated top of the Class of 1979 at Selma High and then attended Goucher College and Georgetown Law School. I wanted to be a securities lawyer because Kaye was a top lawyer at the Securities Exchange Commission. Like so many others, I spent my life trying to live up to Kaye's exceptionalism.

I will never forget the summer of 1984 when Kim and I, as college students, lived in Kaye's apartment and worked in Washington, DC while Kaye was a summer associate in a Los Angeles law firm. What a summer—Kim and I knew we were truly grown—living in DC in our big sister's apartment with a car. Being a responsible elder, Kaye left us a list of ''Dos & Don'ts'' which we promptly ignored. What precious memories Kim and I made that summer—all because of Kaye. Those were the days.

Kaye emanated a bright light that blazed a path that will shine on in the lives of the many people she impacted. She was beloved by her family and she was the ''Best Aunt ever'' to Kim's children—McKenzie and Madison. Kaye met every challenge in life with the same fierce determination and indomitable spirit that helped her succeed in every endeavor she undertook. She graciously assumed the mantle of the matriarch of the Williams family when her parents died and she was the devoted caregiver to her loving husband Earl.

On December 7, 2016, that bright light dimmed far too soon. Kaye Williams had many more miles to go before she slept. Although Kaye will be missed by us all, let us find comfort in the fact that she will forever live in the hearts of so many people she nurtured, influenced, and affected. Kaye would not want us to mourn her but rather she would want us to celebrate the extraordinary life she led and be inspired by the example she set.

I know that I would not be Alabama's first black Congresswoman had Kaye Frances Williams not been my ''Big Sister''. My gratitude is immeasurable and I will seek to repay that debt by ensuring that the path she blazed in Selma, Alabama shall never be extinguished but will continue to light the way for the next generation of brilliant, beautiful and talented African American women.

On behalf of the 7th Congressional District, the State of Alabama and this nation, I ask my colleagues to join me in celebrating the life and accomplishments of Kaye Frances Williams.

IN RECOGNITION OF MR. JACOB BENNETT MIZNER

HON. DAVID G. VALADAO

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, January 9, 2017

Mr. VALADAO. Mr. Speaker, I rise today to thank Mr. Jacob Bennett Mizner for his service to my office and California's Central Valley.

Mr. Mizner was born on July 16, 1994 in Tulare, California to Kevin and Sharon Mizner. After graduating from Tulare Western High School in Tulare, California in 2012, Mr. Mizner graduated from Fresno Pacific University in Fresno, California in 2016. While attending Fresno Pacific University, Mr. Mizner, a lover of music, was involved in Fresno Pacific Concert Choir.

Mr. Mizner has been a Field Representative in Kings and Tulare County, California from June 1, 2016 to January 5, 2017. As Field Representative, Mr. Mizner was known for his friendly, optimistic personality throughout both counties. He is a hard, dedicated worker who was highly respected by his peers and was able to create and foster connections with constituents, business leaders, and public officials, all of which are integral skills of congressional staffers.

Outside of work, Mr. Mizner enjoys music; he is an avid saxophone player and enjoys singing in choir, as well. Mr. Mizner is a member of California Baptist University Choir and Orchestra.

Mr. Mizner's time with my office came to a close on January 5, 2017 when he left to pursue an eleven-month mission trip with The World Race to serve needy groups in eleven countries in Central America, Asia, and Africa. Knowing Mr. Mizner, his character, and his work ethic, I have no doubt that he will achieve many great things in his future.

Mr. Speaker, I ask my colleagues in the United States House of Representatives to join me in commending Mr. Jacob Mizner for his public service to the people of the Central Valley and wishing him well as he embarks on the next chapter of his life.

INTRODUCING THE JUSTICE FOR YAZIDIS ACT

HON. ALCEE L. HASTINGS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Monday, January 9, 2017

Mr. HASTINGS. Mr. Speaker, I rise today to introduce the Justice for Yazidis Act, legislation that will expand mental health, physical therapy, and other health services to religious minority groups that have suffered the greatest persecution under the Islamic State (IS). These programs, though modest, are greatly needed and will help victims of genocide begin the long process of healing. In addition, this legislation establishes a P2 Processing system for Iraqi and Syrian religious minority groups, allowing these groups and individuals to apply directly to the United States for refugee status without compromising the rigorous vetting standards already in place.

The crimes committed by IS are horrifying and brutal. Countless articles have been published detailing the unimaginable abuse that groups like the Yazidis have endured. Apart from the mass killings, the beheadings and torture, IS created a system of organized kidnapping, rape, forced marriage, and sexual slavery primarily targeted against girls from religious and ethnic minority groups. It's not hidden: they sell captives in the open, like cattle at market, where militants come and go as they please to select slaves as young as nine years old. Once sold, girls and women are traded among fighters for months at a time. Fighters believe they are entitled—and obligated—to enslave, rape, and forcibly convert these girls. They even published a pamphlet in December 2014 on how to treat female slaves.

Thousands of women remain enslaved. For those who have escaped or been rescued, the road to recovery in war-torn Syria and Iraq is daunting. The United States, through the Department of State and the United States Agency for International Development (USAID) has provided services and goods for these groups, but the need continues to grow on a daily basis.

Human Rights Watch recently documented the severity of the need for trained trauma specialists, explaining that ''doctors need to be better trained in examining women who have been victims of sexual assault . . . otherwise, the exams could be harmful and humiliating for women and girls, and make them feel like they have no control over their bodies—which is what they felt when they were abducted by ISIS.'' By dedicating specific resources dedicated to providing access to trauma-informed counseling, the United States can play a significant role in rehabilitating these traumatized and often suicidal survivors of IS.

Mr. Speaker, I hope this body will expeditiously pass this measure. Doing so will reaffirm America's commitment to those around the world suffering from great injustice.

CONGRATULATIONS AND THANK YOU TO RETIRING SHERIFF MICK EPPERLY

HON. BILLY LONG

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Monday, January 9, 2017

Mr. LONG. Mr. Speaker, I rise today to recognize Sheriff Mick Epperly of Barry County, Missouri, who is retiring after 28 years of service in law enforcement.

Sheriff Epperly took his first oath as Sheriff of Barry County on January 1, 1997. Now, 20 years later, he has become the longest serving sheriff in Barry County's history.

During his career, Sheriff Epperly has come to be known as the ''working sheriff.'' On the job, Sheriff Epperly has consistently been an active sheriff arriving first on the scene for search and rescue missions, going into work at all hours, even on weekends and holidays, regularly going on patrols with his officers and working every homicide case that the Sheriff's Office has been involved in during his tenure.

I am honored to recognize Sheriff Epperly's years of service and hard work on the job for the people of Barry County. On behalf of Missouri's Seventh Congressional District I ask all of my colleagues to join me in wishing Sheriff Epperly the best in retirement and thanking him for 28 years of work in law enforcement.

IN MEMORY OF RIVERSIDE COUNTY SUPERVISOR JOHN BENOIT

HON. PAUL COOK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, January 9, 2017

Mr. COOK. Mr. Speaker, I rise today to recognize and honor the life of Riverside County Supervisor John Benoit, who passed away on December 26, 2016 at the age of 64. John was a lifelong public servant, having spent 31 years in law enforcement prior to his first foray into elected office in 1999 as a board member for the Desert Sands Unified School District.

In 2002, John was elected to the California State Assembly, where I had the pleasure of

calling him a colleague. I was always impressed with John's keen understanding of developing sound public policy on behalf of his constituents. He was a true statesman in every sense of the word. John was elected to the California State Senate in 2008 and was eventually appointed to the Riverside County Board of Supervisors in 2009 by California Governor Arnold Schwarzenegger.

On the Riverside County Board of Supervisors, John represented the largest and, arguably, most diverse district in the county. Yet, he never let his partisan leanings interfere with his duty to serve his constituents. This, undoubtedly, will be one of John's many lasting legacies.

John is survived by his wife, Sheryl; son, Ben; daughter, Sarah; and two grandchildren, Abrielle and Nick. On behalf of the U.S. House of Representatives, I would like to offer our condolences to John's family and friends during this difficult time. May he rest in eternal peace.

HONORING LAW ENFORCEMENT OFFICERS

HON. DOUG COLLINS

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Monday, January 9, 2017

Mr. COLLINS of Georgia. Mr. Speaker, I rise today—on National Law Enforcement Appreciation Day—to honor the commitment, courage, and sacrifice of law enforcement officers in Georgia's Ninth District and throughout the United States.

As the son of a Georgia State Trooper, I have always had an admiration for the commitment that law enforcement officers make to their communities. Despite the challenges and costs that come with the oath to protect and serve, these brave men and women diligently work to make their communities safe.

The risk that law enforcement officers take has become all too evident, highlighted even more so by incidents in recent months. In fact, less than a month ago, Lavonia Police Officer Jeffery Martin and Captain Michael Schulman were both shot after stopping a suspect driving a stolen vehicle. Thankfully, despite sustaining injuries, both of them survived the attack.

Others haven't been as fortunate. During that week alone, six law enforcement officers in Georgia were shot. The enormous risk that these officers take every day became the ultimate sacrifice for two of those officers, who tragically joined the ranks of the fallen last December. They joined 133 fellow law enforcement officers who lost their lives in the line of duty in 2016, which saw a 10 percent rise in officer fatalities over 2015.

I ask that we all keep these officers and their families in our hearts and prayers. We should remember the sacrifices of law enforcement officers every day, but today serves as a particular reminder to thank our men and women in blue.

We must continue to support law enforcement officers throughout the country as they tirelessly serve to protect our neighborhoods, families, and friends.

OBJECTING TO UNITED NATIONS SECURITY COUNCIL RESOLUTION 2334

SPEECH OF

HON. BETTY McCOLLUM

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Thursday, January 5, 2017

Ms. MCCOLLUM. Mr. Speaker, I rise in opposition to H. Res. 11, Objecting to United Nations Security Council Resolution 2334 as an obstacle to Israeli-Palestinian peace.

H. Res. 11 is a gross mischaracterization of the U.S. position on U.N. Security Council Resolution 2334 and of President Obama's steadfast commitment to Israel.

The United States has always been, and will remain, a loyal friend of Israel. In fact, President Obama recently reinforced the U.S.-Israeli bond with the signing of an agreement providing Israel with $38 billion in U.S. security assistance over the next decade, the largest agreement in the history of our security relationship with Israel.

While President Obama has been steadfast in preserving our relationship with Israel over the course of his presidency, he also understands that friends need to tell friends hard truths. Lockstep U.S. support for all of Israel's policies is in fact counterproductive to maintaining the strong bonds of friendship between our two countries.

This is particularly true when it comes to the issue of illegal Israeli settlement expansion. This policy is one of the most serious obstacles to achieving a two-state solution, the only viable avenue to peace between Israel and the Palestinians. It has long been the bipartisan policy of U.S. administrations to oppose settlement expansion on land belonging to Palestinians before the 1967 war precisely because these settlements diminish the prospects of reaching a two-state solution and are not essential to Israel's security. Even President Ronald Reagan said of the issue in 1982 that "further settlement activity is in no way necessary for the security of Israel and only diminishes the confidence of the Arabs that a final outcome can be freely negotiated." It was for this reason that President Obama chose to abstain on U.N. Security Council Resolution 2334, and I strongly supported his decision to do so.

Unfortunately, H. Res. 11 ignores the history of this conflict, distorts decades of bipartisan U.S. policy and completely disregards the facts on the ground today. The U.S. abstention on U.N. Security Council Resolution 2334 was not an aberration in the history of our relationship with Israel. Dating back to President Johnson, both Republican and Democratic Administrations have repeatedly abstained from U.N. Security Council resolutions related to Israel. These abstentions have often been at odds with the position of the Israeli government.

Mr. Speaker, achieving a lasting peace between Israelis and Palestinians is not an easy task. It requires both sides to make hard choices and embrace steps necessary to making the two-state solution a reality. Right now, neither side seems willing to make the necessary sacrifices needed to resolve this conflict.

Unfortunately, H. Res. 11 embraces the extreme policies of the Netanyahu government that are designed to make the two-state solution impossible, and I oppose it precisely because I am committed to securing a lasting peace for both Israelis and Palestinians.

NATIONAL LAW ENFORCEMENT APPRECIATION DAY AND THE SIX-MONTH ANNIVERSARY OF THE DALLAS SHOOTING

HON. EDDIE BERNICE JOHNSON

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Monday, January 9, 2017

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I would like to join communities and individuals all across the United States in recognizing Law Enforcement Appreciation Day. Today is just one of many opportunities throughout the year when we come together to recognize the bravery and sacrifice of our fellow men and women in law enforcement, who work day in and day out to protect our families, friends, and communities.

Our recognition here today is timely, given that the six-month anniversary of the shooting in Dallas on July 7, 2016 took place over the weekend. This tragic shooting claimed the lives of four Dallas Police offices and one DART officer, while injuring nine others. It was a traumatic day for our city. However, the people of Dallas came together in unprecedented numbers to honor the fallen and support the Dallas Police Department through this most trying time. It was a testament to the focus and resolve of the American people as individuals from all across the country came together to denounce the violence and support our law enforcement officers.

Last year alone, 135 law enforcement officers lost their lives in the line of duty. This was the highest number of line of duty deaths in five years, and represents a ten percent increase over 2015. While I do not believe that this is a normal trend, we need to be cognizant of the violence within our communities and ensure that we are taking steps in our everyday lives to reduce the tension between law enforcement and the communities they protect.

Mr. Speaker, I am proud to stand with my colleagues today in honor of this day of recognition. Law enforcement officers—including the brave men and women of the Dallas Police Department—perform their duties often without praise or recognition of the day-to-day challenges that they face. While it is important to recognize law enforcement officers on special occasions such as these, we must not forget that these brave men and women are patrolling our streets each and every day and rightly deserve the same recognition.

SENATE COMMITTEE MEETINGS

Title IV of Senate Resolution 4, agreed to by the Senate of February 4, 1977, calls for establishment of a system for a computerized schedule of all meetings and hearings of Senate committees, subcommittees, joint committees, and committees of conference. This title requires all such committees to notify the Office of the Senate Daily Digest—designated by the Rules Committee—of the time, place and purpose

of the meetings, when scheduled and any cancellations or changes in the meetings as they occur.

As an additional procedure along with the computerization of this information, the Office of the Senate Daily Digest will prepare this information for printing in the Extensions of Remarks section of the CONGRESSIONAL RECORD on Monday and Wednesday of each week.

Meetings scheduled for Tuesday, January 10, 2017 may be found in the Daily Digest of today's RECORD.

MEETINGS SCHEDULED

JANUARY 11

9 a.m.

Committee on Foreign Relations

Business meeting to consider protocol to the North Atlantic Treaty of 1949 on the Accession of Montenegro (Treaty Doc. 114–12); to be immediately followed by a hearing to examine the nomination of Rex Wayne Tillerson, of Texas, to be Secretary of State.

SD–106

9:30 a.m.

Committee on the Judiciary

To continue hearings to examine the nomination of Jeff Sessions, of Alabama, to be Attorney General, Department of Justice.

SR–325

10 a.m.

Committee on Health, Education, Labor, and Pensions

To hold hearings to examine the nomination of Betsy DeVos, of Michigan, to be Secretary of Education.

SD–430

10:15 a.m.

Committee on Commerce, Science, and Transportation

To hold hearings to examine the nomination of Elaine L. Chao, to be Secretary of Transportation.

SR–253

JANUARY 12

9:30 a.m.

Committee on Armed Services

To hold hearings to examine the nomination of James N. Mattis, to be Secretary of Defense; to be immediately followed by a business meeting to consider legislation to provide for an exception to a limitation against appointment of persons as Secretary of Defense within seven years of relief from active duty as a regular commissioned officer of the Armed Forces.

SD–G50

10 a.m.

Committee on Banking, Housing, and Urban Affairs

To hold hearings to examine the nomination of Benjamin Carson, of Michigan, to be Secretary of Housing and Urban Development.

SD–538

Committee on Commerce, Science, and Transportation

To hold hearings to examine the nomination of Wilbur L. Ross, Jr., to be Secretary of Commerce.

SR–253

Committee on Foreign Relations

To continue hearings to examine the nomination of Rex Wayne Tillerson, of Texas, to be Secretary of State.

SD–106

Select Committee on Intelligence

To hold hearings to examine the nomination of Mike Pompeo, of Kansas, to be Director of the Central Intelligence Agency.

SH–216

1 p.m.

Select Committee on Intelligence

To hold closed hearings to examine the nomination of Mike Pompeo, of Kansas, to be Director of the Central Intelligence Agency.

SH–219

Daily Digest

Senate

Chamber Action

Routine Proceedings, pages S125–S179

Measures Introduced: Eighteen bills were introduced, as follows: S. 58–75. **Page S154**

Measures Considered:

Budget Resolution—Agreement: Senate resumed consideration of 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, taking action on the following amendments proposed thereto: **Pages S125–51, S161–79**

Rejected:

By 14 yeas to 83 nays (Vote No. 3), Enzi (for Paul) Amendment No. 1, in the nature of a substitute. **Pages S125–37**

Pending:

Sanders Amendment No. 19, relative to Social Security, Medicare, and Medicaid. **Page S125**

During consideration of this measure today, Senate also took the following action:

By 49 yeas to 47 nays (Vote No. 4), three-fifths of those Senators duly chosen and sworn not having voted in the affirmative, Senate rejected the motion to waive section 305(b) of the Congressional Budget Act of 1974, with respect to Sanders (for Hirono/Donnelly) Amendment No. 20, to protect the Medicare and Medicaid programs. Subsequently, the point of order that the amendment was in violation of section 305(b)(2) of the Congressional Budget Act of 1974, was sustained, and the amendment falls. **Pages S125, S137–38**

A unanimous-consent agreement was reached providing that it be in order to call up Flake Amendment No. 52; that at 2:30 p.m., on Tuesday, January 10, 2017, Senate vote on or in relation to Flake Amendment No. 52; and that following the disposition of Flake Amendment No. 52, there be two minutes of debate equally divided in the usual form prior to a vote on or in relation to Sanders Amendment No. 19 (listed above). **Page S151**

A unanimous-consent agreement was reached providing for further consideration of the concurrent resolution at approximately 12 noon, on Tuesday, January 10, 2017. **Page S161**

Nominations Received: Senate received the following nominations:

Routine lists in the Army and Navy. **Page S179**

Additional Cosponsors: **Pages S154–56**

Additional Statements: **Page S153**

Amendments Submitted: **Pages S156–61**

Privileges of the Floor: **Page S161**

Record Votes: Two record votes were taken today. (Total—4) **Pages S137, S138**

Adjournment: Senate convened at 2 p.m. on Monday, January 9, 2017 and adjourned at 12:16 a.m. on Tuesday, January 10, 2017, until 12 p.m. on the same day. (For Senate's program, see the remarks of the Acting Majority Leader in today's Record on page S151.)

Committee Meetings

(Committees not listed did not meet)

No committee meetings were held.

House of Representatives

Chamber Action

Public Bills and Resolutions Introduced: 21 public bills, H.R.367–387; and 5 resolutions, H.J. Res. 23–25; and H. Res. 34–35, were introduced.

Pages H234–35

Additional Cosponsors: **Page H236**

Report Filed: A report was filed today as follows:

H. Res. 33, providing for consideration of the bill (H.R. 5) to reform the process by which Federal agencies analyze and formulate new regulations and guidance documents, to clarify the nature of judicial review of agency interpretations, to ensure complete analysis of potential impacts on small entities of rules, and for other purposes, and providing for consideration of the bill (H.R. 79) to clarify the definition of general solicitation under Federal securities law (H. Rept. 115–2). **Page H234**

Speaker: Read a letter from the Speaker wherein he appointed Representative Harris to act as Speaker pro tempore for today. **Page H197**

Recess: The House recessed at 12:12 p.m. and reconvened at 2 p.m. **Page H199**

Recess: The House recessed at 2:09 p.m. and reconvened at 4:30 p.m. **Pages H200–01**

Suspensions: The House agreed to suspend the rules and pass the following measures:

National Clinical Care Commission Act: H.R. 309, to amend the Public Health Service Act to foster more effective implementation and coordination of clinical care for people with a complex metabolic or autoimmune disease, a disease resulting from insulin deficiency or insulin resistance, or complications caused by such a disease; **Pages H201–03**

Improving Access to Maternity Care Act: H.R. 315, to amend the Public Health Service Act to distribute maternity care health professionals to health professional shortage areas identified as in need of maternity care health services, by a ⅔ yea-and-nay vote of 405 yeas with none voting ''nay'', Roll No. 24; **Pages H203–04, H217–18**

Sports Medicine Licensure Clarity Act of 2017: H.R. 302, to provide protections for certain sports medicine professionals who provide certain medical services in a secondary State; **Pages H204–06**

Protecting Patient Access to Emergency Medications Act of 2017: H.R. 304, to amend the Controlled Substances Act with regard to the provision of emergency medical services, by a ⅔ yea-and-nay vote of 404 yeas with none voting ''nay'', Roll No. 25; and **Pages H206–08, H218**

Weather Research and Forecasting Innovation Act of 2017: H.R. 353, to improve the National Oceanic and Atmospheric Administration's weather research through a focused program of investment on affordable and attainable advances in observational, computing, and modeling capabilities to support substantial improvement in weather forecasting and prediction of high impact weather events, and to expand commercial opportunities for the provision of weather data. **Pages H218–17**

Recess: The House recessed at 5:26 p.m. and reconvened at 6:30 p.m. **Page H217**

Committee Election: The House agreed to H. Res. 34, electing Members to certain standing committees of the House of Representatives. **Page H227**

Permanent Select Committee on Intelligence: The Chair announced the Speaker's appointment of the following Members of the House to the Permanent Select Committee on Intelligence: Representatives Himes, Sewell (AL), Carson (IN), Speier, Quigley, Swalwell (CA), Castro (TX), and Heck.

Page H227

Quorum Calls—Votes: Two yea-and-nay votes developed during the proceedings of today and appear on pages H217–18 and H218. There were no quorum calls.

Adjournment: The House met at 12 noon and adjourned at 9:19 p.m.

Committee Meetings

REGULATORY ACCOUNTABILITY ACT OF 2017; HALOS ACT

Committee on Rules: Full Committee held a hearing on H.R. 5, the ''Regulatory Accountability Act of 2017''; and H.R. 79, the ''HALOS Act''. The committee granted, by voice vote, a structured rule for H.R. 5. The rule provides one hour of general debate equally divided and controlled by the Majority Leader and the Minority Leader or their respective designees. The rule waives all points of order against consideration of the bill. The rule provides that the bill shall be considered as read. The rule waives all points of order against provisions in the bill. The rule makes in order only those amendments printed in part A of the Rules Committee report. Each such amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read,

shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question. The rule waives all points of order against the amendments printed in Part A of the report. The rule provides one motion to recommit with or without instructions. Additionally, the rule granted a structured rule for H.R. 79. The rule provides one hour of general debate equally divided and controlled by the chair and ranking minority member of the Committee on Financial Services or their respective designees. The rule waives all points of order against consideration of the bill. The rule provides that the bill shall be considered as read. The rule waives all points of order against provisions in the bill. The rule makes in order only those amendments printed in part B of the Rules Committee report. Each such amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question. The rule waives all points of order against the amendments printed in part B of the report. The rule provides one motion to recommit with or without instructions. Testimony was heard from Representatives Huizenga, Marino, Johnson of Georgia, Graves of Louisiana, Jackson Lee, Young of Iowa, and Krishnamoorthi.

Joint Meetings

No joint committee meetings were held.

COMMITTEE MEETINGS FOR TUESDAY, JANUARY 10, 2017

(Committee meetings are open unless otherwise indicated)

Senate

Committee on Armed Services: to hold hearings to examine civilian control of the Armed Forces, 9:30 a.m., SH–216.

Committee on Homeland Security and Governmental Affairs: Permanent Subcommittee on Investigations, to hold hearings to examine backpage.com's facilitation of online sex trafficking, 10 a.m., SD–342.

Full Committee, to hold hearings to examine the nomination of General John F. Kelly, USMC (Ret.), to be Secretary of Homeland Security, 3:30 p.m., SD–342.

Committee on the Judiciary: to hold hearings to examine the nomination of Jeff Sessions, of Alabama, to be Attorney General, Department of Justice, 9:30 a.m., SR–325.

Select Committee on Intelligence: to hold hearings to examine Russian intelligence activities, 1 p.m., SD–106.

Full Committee, to hold closed hearings to examine certain intelligence matters, 2:30 p.m., SH–219.

House

Committee on Rules, Full Committee, hearing on H.R. 78, the "SEC Regulatory Accountability Act"; and H.R. 238, the "Commodity End-User Relief Act", 3 p.m., H–313 Capitol.

Permanent Select Committee on Intelligence, Full Committee, organizational meeting for the 115th Congress; business meeting to consider an access request, 10 a.m., HVC–304. This meeting will be closed.

Next Meeting of the SENATE

12 noon, Tuesday, January 10

Senate Chamber

Program for Tuesday: Senate will continue consideration of S. Con. Res. 3, Budget Resolution. At 2:30 p.m., Senate will vote on or in relation to Flake Amendment No. 52, and that following the disposition of Flake Amendment No. 52, there be two minutes of debate equally divided in the usual form prior to a vote on or in relation to Sanders Amendment No. 19.

Next Meeting of the HOUSE OF REPRESENTATIVES

10 a.m., Tuesday, January 10

House Chamber

Program for Tuesday: Consideration of H.R. 79—Helping Angels Lead Our Startups Act (Subject to a Rule). Consideration of measures under suspension of the Rules.

Extensions of Remarks, as inserted in this issue

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