(7) Collective defense unites the 29 members of the North Atlantic Treaty Organization, each committing to protecting and supporting one another from external adversaries, which bolsters the North Atlantic Alliance.

(b) SENSE OF SENATE.—It is the sense of the Senate that:

(1) to express the vital importance of Article 5 of the North Atlantic Treaty, the charter of the North Atlantic Treaty Organization, as it continues to serve as a critical deterrent to potential hostile nations and terrorist organizations;

(2) to remember the first and only invocation of Article 5 by the North Atlantic Treaty Organization in support of the United States after the terrorist attacks of September 11, 2001;

(3) to affirm that the United States remains fully committed to the North Atlantic Treaty Organization and will honor its obligations enshrined in Article 5; and

(4) to condemn any threat to the sovereignty, territorial integrity, freedom, or democracy of any country that is a member of the North Atlantic Treaty Organization.

THE PRESIDING OFFICER. The majority leader.

AMENDMENT NO. 255
Mr. MCCONNELL. Madam President, I ask unanimous consent that the title amendment at the desk be agreed to.

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

The amendment (No. 255) was agreed to, as follows:

Amend the title so as to read: “An Act to Promote Congressional Review and to Counter Iranian and Russian Governments’ Aggression.”

UNANIMOUS CONSENT AGREEMENT—EXECUTIVE CALENDAR
Mr. MCCONNELL. Madam President, I ask unanimous consent that the motion at the desk be agreed to.

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

The amendment (No. 255) was agreed to, as follows:

Amend the title so as to read:

“A proposed Joint Resolution to Amend and Clarify Section 107 of the ‘Titles IV and V, and Subtitle D of Title VI, of the Affordable Care Act, to Schedule Costs of Pre-Existing Conditions, and for Other Purposes.’ ”

EXECUTIVE CALENDAR
Mr. MCCONNELL. Madam President, I move to proceed to executive session to consider Calendar No. 94.

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

EXECUTIVE SESSION
EXECUTIVE CALENDAR
Mr. MCCONNELL. Madam President, I move to proceed to executive session to consider Calendar No. 94.

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

EXECUTIVE SESSION
EXECUTIVE CALENDAR
Mr. MCCONNELL. Madam President, I move to proceed to executive session to consider Calendar No. 94.

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

The PRESIDING OFFICER. The member will report the nomination.

The senior assistant legislative clerk read the nomination of Sigal Mandelker, of New York, to be Under Secretary for Terrorism and Financial Crimes.

CLOTURE MOTION
Mr. MCCONNELL. Madam President, I send a cloture motion to the desk.

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

The senior assistant legislative clerk read as follows:

CLOTURE MOTION
We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Sigal Mandelker, of New York, to be Under Secretary for Terrorism and Financial Crimes.


LEGISLATIVE SESSION
Mr. MCCONNELL. Madam President, I move to proceed to legislative session.

The PRESIDING OFFICER. The member will report the nomination.

The senior assistant legislative clerk read the nomination of Marshall Billingslea, of Virginia, to be Assistant Secretary for Terrorism Financing, Department of the Treasury.

CLOTURE MOTION
We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Marshall Billingslea, of Virginia, to be Assistant Secretary for Terrorism Financing, Department of the Treasury.

Mitch McConnell, Orrin G. Hatch, John Hoeven, Tim Johnson, John Barrasso, John Boozman, Mike Rounds, Chuck Grassley, Steve Daines, Thom Tillis, John Thune, Mike Crapo, Bill Cassidy, James M. Inhofe, Thad Cochran, Tom Cotton, Roger F. Wicker.

Mr. MCCONNELL. Madam President, I ask unanimous consent that the cloture motion be waived.

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

The senior assistant legislative clerk read as follows:

CLOTURE MOTION
We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Marshall Billingslea, of Virginia, to be Assistant Secretary for Terrorism Financing, Department of the Treasury.

Mitch McConnell, Orrin G. Hatch, John Hoeven, Tim Johnson, John Barrasso, John Boozman, Mike Rounds, Chuck Grassley, Steve Daines, Thom Tillis, John Thune, Mike Crapo, Bill Cassidy, James M. Inhofe, Thad Cochran, Tom Cotton, Roger F. Wicker.

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They have no large employer to cover them.

Prior to finding a plan through the ACA in January 2015, our monthly insurance premiums were to increase to nearly $3,000 a month. UNBELIEVABLE! On top of that, our health insurance had an annual cap on prescription coverage of $5,000. The Humira that my daughter takes to combat her Crohn’s Disease costs for $3,800 a month, and that is not the only medication she requires. So basically, after one month, we reached the prescription coverage cap, meaning we would have to pay $3,800 a month for medication on top of $3,000 a month premiums. Who has an extra $6,800 a month to pay for this? That is way more than we earn monthly as farmers.

With the health insurance plan we got through the ACA, our premiums for 2015 were $1,500 a month, less than half of what we would have been paying under the previous plan. But the real saving grace was no prescription cap, so my daughter’s medications are covered with a copay after we reach the deductible. This is still a lot of money, but at least we can treat our daughter’s disease and hopefully keep her healthy. And even though our premiums have gone up to nearly $2,000 a month for the first 3 years of the program, and $1,600 a month under the ACA, at least we can still have insurance.

For families like Lauren’s and Laura’s, the individual marketplace is critical. But like Laura said, premiums are frequently too high. You have to have robust enrollment, competition, and certainty for premiums to come down. Unfortunately, there has been increasing uncertainty in the individual market due to actions taken by the current administration. On January 20, 2017, President Trump signed an Executive order directing relevant agencies not to enforce key provisions of the Affordable Care Act. Later in January, the administration terminated components of outreach and enrollment spending, including advertising to encourage people to enroll in the individual marketplace.

The administration has also repeatedly threatened to end cost-sharing reductions for approximately 6 million people with incomes below 250 percent of the poverty level. These actions, these statements, these inactions, and this uncertainty have created uncertainty in the individual marketplace, leading to instability for insurance carriers, higher premiums, and reduced competition.

In Virginia, we have seen Aetna and United leave the individual marketplace, and they have cited this uncertainty as the principal reason. In other States, there are counties that are at risk to have no insurers offering coverage on the marketplace in particular States or sometimes in regions in the State.

So this is a problem we can address, and we don’t have to repeal the Affordable Care Act to do it. We just need to improve the Affordable Care Act, using a tool that has had bipartisan support in this body for some time. So yesterday Senator CARPER and I introduced the Individual Health Insurance Marketplace Improvement Act, and I want to thank the other original cosponsors of the bill: Senators Nelson, Shaheen, and Hassan.

One way to address uncertainty is to use a common insurance tool, reinsurance—a permanent reinsurance program that would help control increase competition. The Affordable Care Act originally had a reinsurance program. It was temporary. It lasted for the first 3 years of the program, and it did hold premiums down. What we are doing here is we would replicate that idea, which worked, and we would make it permanent. We would make it permanent and modeled after a very successful and bipartisan program: Medicare Part D. Medicare Part D provides a prescription drug benefit for seniors. It was passed with bipartisan support during the administration of President George W. Bush. Now more than a decade ago, and the reinsurance program has helped hold down costs.

This reinsurance program would provide funds rather than expected insurance claims for health insurance companies participating in State and Federal marketplaces. It would encourage them to offer more plans in a greater number of markets, thereby increasing competition, and driving down costs for patients and families. Basically, if reinsurance can cover high costs, an insurance company will know it has a backstop, which gives it a measure of stability, and also can set premiums at a more reasonable level for everyone.

The bill would also do one other thing that is important. It would provide $500 million a year from 2018 to 2020 to help States improve outreach and enrollment for the health insurance marketplaces, especially to draw in new members and educate the public—especially young people who are maybe moving just past their 26th birthdays and can no longer be covered under their parents’ insurance and need to be insured. The outreach funding prioritizes counties where there are limited insurers left in the marketplace.

This is not the only improvement that is needed for our healthcare system. We need to do more to keep costs down, figure out a way to have prescription drugs be more affordable, and we can certainly use technology and data to drive better health outcomes, but this is a vital part of an important part of our system, the individual market. It is a fix using an idea that has already worked and has already compelled the support of both Democrats and Republicans—reinsurance in Medicare Part D. This should be something Democrats and Republicans can agree to.

My worry is that we are participating now in a secretive effort to write a healthcare bill behind closed doors and possibly put it on the floor for a vote without hearing from a single patient, without hearing from a single provider, a hospital, a business that has a hard time buying insurance for its employees, an insurance company, or a pharmaceutical company. We ought to be debating these bills in the world’s greatest deliberative body and proposing amendments and hearing from stakeholders and then doing the best job we can. But I think this is a fix with the most important expenditure that anybody ever makes in their life, healthcare. Healthcare is also one of the largest segments of the American economy, one-sixth of the economy. Why would we want to pass a bill in secret?

Senator CARPER, my colleagues, and I have introduced this bill as a good faith effort to say what I actually said when I first got on the HELP Committee in early January of 2015. There is a huge group of us just waiting for the door to open so that we can have a meaningful discussion about moving our system forward, and I believe this bill could be a very good part of stabilizing and improving the individual marketplace and bringing relief to many Americans.

With that, I yield the floor. I suggest the absence of a quorum.

Mr. PETERS. Mr. President, I rise today to reiterate my support for the resolution of disapproval related to the sale of certain defense articles to the Kingdom of Saudi Arabia. While the resolution, unfortunately, did not pass the Senate in a recent vote, I believe its goals remain important.

The Saudi-led military campaign in Yemen is fueling a humanitarian disaster in the world’s poorest country. Over 3 million people have been displaced as the conflict has exacerbated poverty, famine, and disease. According to UNICEF, the United Nations Children’s Fund, a cholera outbreak in Yemen could quadruple to infect 300,000 people in the coming weeks. Half of the current cholera cases affect children, and the ongoing conflict leaves few hospitals to turn to and almost no medical supplies.

In addition to deaths related to famine and the outbreak of other diseases, we are seeing civilian casualties as a direct result of Saudi military action. Earlier this year at a Senate Armed Services Committee hearing, I asked General Votel, the commander of U.S. Central Command, which is responsible for the Middle East, to assess the cause of the large number of civilian casualties in Yemen. General Votel responded: “I attribute those type situations more to the competence of the forces that are operating there, and their ability to properly target.”

I am concerned that even with the precision munitions the United States
has sold to Saudi Arabia in the past, air strikes continue to hit civilian targets. The number of civilian injuries and deaths shows that there is simply not enough progress to reduce civilian casualties.

I could not in good conscience vote to support providing advanced precision munitions—bombs capable of hitting targets guided by laser targeting or GPS—to a campaign conducted by forces who are unwilling or unable to limit strikes to targets of military necessity.

Civilians, including women, are killed, wounded, and suffer indiscriminately by targeting in Yemen. Iran provides weapons and training to Houthi rebels that fuel conflicts, and Iran’s military consistently behaves in an unprofessional manner, putting American troops at risk.

I must stress, though, the critical importance of addressing Iran’s malign influence. I believe most Iranian citizens want to play a productive role in the world. It is their government that is the problem. I believe that pressure provided by additional sanctions for destabilizing activity can improve the behavior of the Iranian regime, and we must send a clear signal that their actions are simply unacceptable.

This legislation also provided a vehicle to address another nation’s leadership whose actions have warranted international condemnation—Russia. This bill included one amendment that I supported to enhance sanctions on Russia.

This amendment ensures that sanctions imposed by President Obama are codified in law and cannot be removed without congressional review. It also imposes new sanctions on Russians who facilitate human rights violations, supply weapons to the Syrian Government, conduct cyber attacks on behalf of the Russian Government, and do business with the Russian intelligence and defense sectors.

Let me be clear: Russia is not our friend. The Russian Government has conducted an information warfare campaign against our own country and sought to undermine our democratic process.

This is not a one-time incident. Russia continues to attempt to disrupt democratic institutions and interfere with our allies.

Congress has supported imposing tough sanctions on Russia, and it is important that Congress has an opportunity to review any attempt to remove them. I am glad this amendment was adopted on a broadly bipartisan basis.

Finally, I am a cosponsor of an amendment offered by Senator GRAHAM that reaffirms the importance of NATO, particularly article 5, the collective defense provision, which states that an attack on one is an attack on all. Article 5 has been invoked only once, in response to the September 11 attacks on the United States. With the inclusion of this amendment, the Senate sends a strong, clear signal that the United States stands by our commitment to security and stability throughout the world, and we always will.

I suggest the absence of a quorum.

Mr. WICKER, Mr. President, I ask unanimous consent that the roll call be rescinded. The PRESIDING OFFICER: The clerk will call the roll. The legislative clerk proceeded to call the roll.

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

Mr. WICKER. Mr. President, I rise to continue my discussion about the case for a bigger Navy, a bigger fleet, and to endorse the requirement of the experts in the Department of Defense that we move to a 355-ship Navy.

When a crisis strikes around the world, the President asks his national security team: Where are the carriers? Where are the aircraft carriers?

Each of our carriers is a 100,000-ton giant, accompanied by an entire carrier group that consists of mighty warships and aircraft. The carrier, itself, represents 4.5 acres of sovereign U.S. territory.

Early in January of this year—and Senators do not know this—a strange and profoundly disturbing thing happened. The answer to the Commander in Chief’s question, had it been asked at that point—where are the carriers?—would have been that none of them had been deployed—not a single one. For the first time since World War II, the United States had no carriers deployed anywhere—not in the Persian Gulf, not in the Mediterranean, not in the Western Pacific.

There is a gap in our global carrier presence, and there is a gap in our fleet. This comes from years of complacency. Also, it comes from a different set of facts that we face today, and a different set of challenges that we are faced with in our quest to make our presence known and to protect our national security interests on the open seas. We have ignored the great naval tradition that is our core competency elsewhere—the fact that it is accelerating.

We have taken our Navy and our sailors and marines for granted.

Simply put, the Navy we have today is too small. We cannot accomplish the critical maritime missions of preserving the status quo. Right now, we have 277 ships, and we need to get to 355 ships. That was reiterated today by the Chief of Naval Operations and the Secretary of the Navy in a hearing before the full Armed Services Committee.

I will reiterate to my colleagues and to the American people what the Navy does for America and why the current fleet is too small to meet current and emerging challenges.

First, the global presence of the Navy ship matters to American prosperity—to the quality of life of Americans. Ninety percent of global trade is seaborne. Maritime traffic has increased by 400 percent over the past quarter century. In addition to commerce, nearly all intercontinental telecommunications transit via a web of undersea cables. Undersea cables are responsible for nearly all of our international telecommunications traffic.

Second, a strong Navy deters aggressive behavior and reassures our allies as the Nation’s first-on-the-scene force. A strong Navy can help keep bad situations from spiraling out of control and getting worse. For example, the President recently dispatched multiple carrier strike groups to the Sea of Japan following North Korea’s missile tests. The President asked where the carriers were, and he dispatched them to a place of crisis. A mix of ships gives our naval forces the ability to project power all around the world and to support a larger Navy.

Mr. WICKER. It is time for America and the United States to build the world’s greatest Navy—big enough to meet the challenges of today and big enough to meet the challenges of tomorrow.
Third, if deterrence fails, our naval forces can provide a decisive response to aggression. Surface ships, submarines, and the aircraft on the carriers can launch missile strikes, control air and sea traffic, and intercept missile threats. The recent U.S. action in Syria is a good example, where a striking admiral knew. In using destroyers in the Mediterranean, the Commander in Chief delivered precision strikes against Syrian airfields. He enforced the redline against outlawed chemical weapons.

accomplishing these missions as the nation's 1st and 1st requires a big Navy. Admiral John Richardson, the Chief of Naval Operations, put it best in "The Future Navy" white paper that was released last month. He said:

Numbers matter. The number of ships in the Navy's fleet determines where we can be, and how many we can be. The U.S. has 277 ships, and 272 of them are deployed. The other two-thirds are for heavy maintenance, routine sustainment, or are training to deploy. The Navy recently validated its requirement for 355 ships—a 47-ship increase over the previous requirement.

The lack of ships has created coverage gaps all over the world. I will give two examples.

First, the commander of Pacific Command, ADM Harry Harris, recently told Congress he has only half the submarines he needs. Admiral Harris is responsible for deterring China and North Korea, but he is missing half of the submarines he needs. Closers to home, the commander of Southern Command, ADM Kurt Tidd, has zero Navy ships permanently assigned to his area of operations. These are just two of the many alarming instances where the lack of ships is having major consequences.

While we watch our edge erode, America's real and potential adversaries are building the size and capability of their fleets. They are on the field competing while, in America, many of our players are still in the locker room.

China is building a modern navy capable of projecting global power. China is modernizing every type of ship and submarine in its fleet. China commissioned 18 ships last year. In April, China launched its first domestically built carrier and plans to build at least six more carriers. By 2030, China will have more than twice as many attack submarines and four times as many small surface ships as the United States. Beijing is developing its first overseas naval base in the Horn of Africa. China's naval buildup may attempt to push the United States first out of the Western Pacific, away from critical chokepoints and our allies in South Korea and Japan.

I would call the attention of Members to the poster that I have, and I hope it is printed large enough for my colleagues to see. In terms of five types of ships, it compares where we were in 2000, where we are today, and where we are projected to be if current trends continue.

For example, on the farthest column shown on the chart, in attack submarines—and the black portion of each circle represents China's capability, and the gray portion represents the United States capability in the United States of America. In 2000, it was 64 to 55 in favor of the Chinese. In 2016, as we can see, 56 to 57. But under current projections, by the year 2090, when it comes to attack submarines, the Chinese will have 67 and the United States will have only 42—a disturbing trend which the Navy would like to reverse if we have the ability and the wisdom to give them the requirements they have said they need, should not be any less than the U.S. missile requirement they have said they need.

The Navy recently validated its requirement for 355 ships—a 47-ship increase over the previous requirement. The lack of ships has created coverage gaps all over the world.

Again, the current fleet of about 277 ships is way too small. It is important to remember that not all ships are deployed or deployable. In fact, only about 100 ships out of the 277 are currently deployed. The other two-thirds are for heavy maintenance, routine sustainment, or are training to deploy. The Navy recently validated its requirement for 355 ships—a 47-ship increase over the previous requirement.

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And, of course, we need to turn to the subject matter of North Korea. Kim Jong Un will stop at nothing to develop a nuclear weapon that can strike our allies and that can strike deployed U.S. forces and eventually our homeland. A nuclear ballistic missile would essentially make North Korea impervious to threats of preemption. North Korea is building fortified submarine bunkers and began testing submarine-launched ballistic missiles within the last year.

Iran is another rogue state developing a massive fleet of fast attack boats and mini-submarines to deny the free passage of ships through the vital Strait of Hormuz.

Naval competition is a fact. China, Russia, North Korea, and Iran have clearly been building up the size and the sophistication of their fleets. The Chief of Naval Operations has a word to describe the pace of competition, and that word is "exponential." The CNO puts it this way:

"Time is an unforgiving characteristic of the maritime environment. Things are moving faster, including our competitors. We are running out of time. Building a larger fleet is a national project. It will require sustained commitment by the President, the Congress, and the Department of Defense."

As chairman of the Seapower Subcommittee, I intend to begin laying a firm foundation this year for a significant buildup in the future, and I hope my colleagues will join me.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania, ROGER WILLIAMS, who was hurt at the scene as well—not a shooting victim. He has been released. Representative STEVE SCALISE from the State of Louisiana—we are thinking of his family and praying for them, and we hope for his speedy recovery. Matt Mika, who works for Tyson Foods, was also a shooting victim. Zack Barth, who works for Congressman ROGER WILLIAMS, was also a shooting victim, and Special Agent Crystal Griner, of course, of the Capitol Police, who exhibited such courage in the line of duty. We are thinking of Crystal at this time as well.

As we know, there were individuals injured at the scene, including Special Agent David Bailey of the Capitol Police, who was not shot, apparently, but suffered an injury and was released from the hospital. We are happy to announce that he has been released. Representative ROGER WILLIAMS, who was hurt at the scene as well—not a shooting victim but—and, of course, two of
our colleagues were there at the time, Senator RAND PAUL and Senator JEFF FLAKE. We are thankful they were not injured in any way.

On these days, we come together as a family to remember those who have been victims, and we are thinking of them and their families and praying for them.

HEALTHCARE LEGISLATION

Mr. President, I rise today to talk about the healthcare debate and in particular not just the issue of healthcare but the effort underway by Senate Republicans in their attempts to repeal the Patient Protection and Affordable Care Act.

I have grave concerns about the substance of the legislation—what we know about it. It has been kind of a secret process. We don’t know a lot, but we have some general sense of where they are headed. I also have grave concern about the lack of transparency employed by the Republican majority around the development of this healthcare plan.

Like millions of Americans, I oppose this secretive process—and I have to say it is a partisan process as well—that could result in major legislation that would be harmful to children who will lose their healthcare, especially by way of the cuts to Medicaid. It could harm individuals with disabilities—and by one recent estimate in Pennsylvania, that means over 722,000 Pennsylvanians with disabilities who rely upon Medicaid; and, of course, seniors—a lot of seniors across the country cannot get into a nursing home absent the full support of the Medicaid Program, and we are concerned about them as well; and finally, middle-class families who may not be able to afford healthcare if the House bill were to become law or a substantially similar bill passed by the Senate.

In 2009, the legislation passed the Senate after a yearlong, open process that included a total of 44 bipartisan hearings, roundtables, and summits. That was in the Committee on Health, Education, Labor, and Pensions, of which I was a member at the time and remember well those hours and hours and days and days of hearings. The Committee on Finance at that time also had many hearings over many months. This whole process by two committees led to the consideration of some amendments offered by both parties, majority and minority, and a full debate on the Senate floor that lasted over 25 consecutive days. In fact, a number of Republican Senators were able to offer and get a vote on their amendments, some of which passed and became a part of the Patient Protection and Affordable Care Act.

Yet, in the last 5 months, there have been no Senate hearings on this proposed legislation, no hearings on the House proposal, and certainly no hearings on what is being developed here in the Senate. If that is the case—if that remains the case over the next couple of days and weeks—then I believe we should institute a very basic rule: If you have no hearings, you have no vote. In other words, you can’t have a vote on the Senate floor on a bill that will affect so many tens of millions of Americans and will change dramatically and, I would argue, adversely, to the detriment of all of us, our healthcare system. I hope the majority will agree with that—that if you don’t have a hearing, you shouldn’t have a vote on the Senate floor.

There have been no relevant bills considered by the Senate. And there is no evidence by any of the committees of jurisdiction. Every indication is that the Republican majority will jam this legislation through with minimal opportunity for debate. This is unacceptable to me, but I also believe it is unacceptable to people across the country in both parties.

We know, for example, the reason—or one of the many reasons—folks would want a hearing before a vote, and that is because we are getting a sense of what that bill is at stake when it comes to this bill and when it comes to Medicaid.

In addition to those numbers, I want to highlight a few individual stories of people who will be affected. This is at stake when it comes to this bill and when it comes to Medicaid.

This past Friday, I met with German Parodi from Philadelphia. Here is his story:

In 2001, he was a victim of a carjacking and was shot in the neck, leaving him paralyzed and unable to use his legs and having limited use of his arms. He was nursed back to health by his grandmother and has worked for the past 16 years to be a full citizen, going to school, working, owning his home, now caring for his grandmother who once cared for him. German, who now uses a wheelchair to get around, has worked to achieve what every American wants—to be a successful student, to own a home, and to care for his family. He can do this because of his knowledge, skills, and perseverance, and he has been able to achieve these goals because he gets direct care through Medicaid. His direct care professional helps him get out of bed in the morning, get showered, dressed, breakfast, and get to work. Medicaid and the services it provides makes it possible for him to use his skills to be successful.

German told me that without Medicaid, “I would end up having to live in an institution. This would dramatically affect my life and my grandmother’s life.”

In talking with me, he said: “Please do everything in your power to protect my life and the lives of millions like me.”

I am short on time but here is another example. Latoya Maddox, whom I met at the same meeting, is from the Germantown section of Philadelphia. She was born with arthrogryposis multi-plex congenital, a disability that limits the use of her limbs. Latoya also uses a wheelchair to get around, including getting to school and getting dressed. She is also the mother of a soon-to-be 6-year-old. She is now a junior at West Chester University working on her bachelor’s
degree in social work and works part time at Liberty Resources, Incorporated, one of Pennsylvania’s independent living centers.

Like German, Latoya is a successful young professional because she works hard and takes advantage of the opportunities presented to her. She has support from Medicaid in the form of direct support professionals who help her with her daily tasks. Without Medicaid, the wheelchair and other medical equipment she needs and her direct care worker would not be able to work, attend school, and care for her son.

While I was talking with Latoya, she told me: “Medicaid makes it possible for me to live a regular, full, productive life, to be a parent, to go to school, and to be a reliable employee.”

While talking with her, it was clear that Latoya was proud of her son and proud to be his mother. She was clear that the support she receives from Medicaid makes it possible for her to be that proud parent.

She closed her remarks by saying that Medicaid “makes it possible for me to be me.”

My next example is Karen Stauffer. Karen Stauffer is from Bucks County, PA. She is a small business owner. She operates the River of Life Natural Foods store. Karen purchased her healthcare policy from the Pennsylvania Affordable Care Act exchange. She said to me that prior to the passage of the ACA, she saw her healthcare premiums increase from $300 a month in the late 1990s to $1,300 in the mid-2000s. She said to me that because of preexisting conditions such as high blood pressure and a long bout of Lyme disease, she was worried she would lose her healthcare. She said passage of the ACA was both an emotional and financial relief for her. Her premiums were reduced to $500 a month after passage of the ACA and she knew she had the protection of the law when it came to nondiscrimination because of her preexisting conditions.

As she spoke, she shared her fears from what she has been hearing about the House bill and what might come out of the Senate; that, at 61 years of age, her premiums could be five times the standard, five times the cost of the ACA if passed by just a few votes in the Senate. She said she is a credibility strong. Unless you are 100 percent Native American, you are either together to make this Nation incredibly strong. Unless you are 100 percent Native American, you are either an immigrant yourself or the son or daughter of immigrants. We bring that diversity to bear and we make this Nation powerful in ways few other nations could ever even begin to have.

Let’s take this as a moment in which we seek to encourage public participation in all the legitimate forms of free speech but put hate speech out of bounds and hate violence out of bounds.

Mr. President, it is ironic that this conversation takes place at a moment where we really have a unique process underway designed to limit political discourse. Everything I am saying about participation assumes you will have a chance to weigh in, whether you are elected or whether you are a citizen.

We have a process in the Senate that is designed to prevent the citizens of America from weighing in and to prevent debate by the Members of the Senate. That is not acceptable. It is not acceptable that in a “we the people” constitutional republic, a democratic republic, that we have a process designed to speak for all of my colleagues who are holding the victims of that attack in their hearts and in their prayers: Congressman STEVE SCALISE, still in critical condition; Zack Barth, legislative correspondent for Congressman WILLIAMS of Texas, who was injured; Matt Mika of Tyson’s Foods, who represents them here on the Hill; and two of our police officers, David Bailey and Crystal Griner of the U.S. Capitol Police. Without those two police officers present, this could have been a much more tragic event.

We have to reinforce the understanding that we are blessed to have the opportunity to raise our voices in our democracy and cannot be able to raise them by speaking to our members who are elected in local and State and Federal Government, by writing to them, by meeting with them in town-halls. In my State, you can call them up, and they will sit down with you in a cafe. We have an opportunity to weigh in through writing letters to the editor, by protesting in the streets, by overflowing the email lines and flooding the phone lines. We have all kinds of ways to weigh in, in America, but violence is absolutely unacceptable. We have to try to diminish and eliminate the hate speech, which so often becomes the foundation for hate violence.

We have had a very divisive 18 months here in America, where various folks have sought to increase the divisions between groups of Americans, to attack women, to attack African Americans, to attack Hispanics, to attack Muslims, to attack LGBT citizens. We need to eliminate that strategy of division.

Here, in America, we are a tapestry of talents from all over the world, of different cultural backgrounds who come together to make this Nation incredibly strong. Unless you are 100 percent Native American, you are either an immigrant yourself or the son or daughter of immigrants. We bring that diversity to bear and we make this Nation powerful in ways few other nations could ever even begin to have.

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of all is the complete exclusion of the United States of America. It is unacceptable.

I was fascinated by the fact that the majority decided to have this secret 13 committee. Thirteen is considered to be a lucky number by the people of America—Friday the 13th or buildings that don’t have a 13th floor. In this case, I hope that having 13 Members meet in secret is unlucky; that is, unlucky in terms of trying to fulfill their mission of passing a bill with no input by the public.

Last week, the majority leader started the process to make this happen without a committee. It is called the rule XIX process. It is a process designed to bring up a healthcare bill that would rip healthcare coverage from millions of Americans and, by the way, give away billions of dollars to the richest Americans, all in the same bill, straight to the Senate floor without a committee being involved—not the Finance Committee, which certainly has many elements related to the financing of healthcare in America, and not the HELP Committee, which has Members of both parties who have worked for years to develop expertise and stakeholders to understand what works and what doesn’t work, and they benefit from each other’s input.

I was part of the HELP Committee in 2009. For 5 weeks we sat in a room with a television camera operating so the public could see what we were doing, and we proposed amendments and debated them around this big square set of tables. There was full public scrutiny. There was 5 weeks of bipartisan dialogue about what should go in healthcare. That was 2009. The Finance Committee had a very similar process. But now we have a different objective by the majority leader wanting to bring this bill with no Finance Committee involvement, no HELP Committee involvement, and no citizen involvement. In fact, there is no chance for Senators who aren’t in the secret circle to participate and see the bill and hold townhalls and ask people what they think of this.

I do a lot of townhalls. I am doing a couple more this weekend. I have had 20 townhalls this year. I have had a townhall an average of every 10 days since I was elected in 2000 and came to the Senate in 2009. I am going to keep holding these townhalls.

I know that my constituents would like to see this bill and be able to go through the elements and give me feedback on what makes sense and what doesn’t. That is the “we the people” democratic republic. That is our strategy—that is not. That is not. That is a strategy for nonconstitutional governments. That is a strategy for dictators. That is a strategy for Kings and Queens. That is a strategy for people who hate democracy.

Let’s not have that process in the United States. Let’s have colleagues from both sides of the aisle go to the leadership and say: This is unacceptable. I want my citizens to have a chance to see this bill. I want to benefit from talking to the hospitals in my community and my State and get their feedback. I want to talk to the health insurance companies for feedback. I want to talk to the doctors and find out what they think. I want to hear from the nurses because they are so respected in their understanding of the direct delivery of healthcare.

That is what President Trump of the Senate should be saying to our majority leader. This process of secrecy, no debate, and the public being excluded is totally unacceptable.

Why is this process going on? In fact, earlier today, the secret 13 went into a room off a hallway where the press is not allowed so they couldn’t be seen coming and going from the room. When they were coming and going from the room, they couldn’t be talked to by the Press. Reality TV. They boil it down to this: They know the American people don’t like what is in this bill. They are terrified of getting that feedback. If they get that feedback, they might lose a majority in passing this bill.

How much public support is there for the TrumpCare bill? Just 21 percent, according to a recent Quinnipiac poll. That is not very much support for it.

Even President Trump said TrumpCare is terrible. He said it this way: “That bill from the House is ‘mean.’” That was his exact quote, that it is “mean.” Then he used another phrase, “mean,” on the floor of the Senate, to say just how absolutely awful that bill is.

Today in committee, I asked the Secretary of Health, Tom Price: Do you share, as Secretary of Health, the President’s opinion that his own bill, his own TrumpCare bill passed out of the House, is an absolutely terrible bill, a mean bill?

He didn’t want to answer the question. Certainly, not, and that curious, that the Secretary of Health will not tell us whether he shares the President’s opinion.

Then I asked him: Why did the President call it a mean bill? Is it because it throws 20 million people out of healthcare?

The Secretary didn’t want to answer. Did the President say it was a mean bill because it eliminates the guarantee of essential health benefits and drives insurance prices up for older Americans, because it is in fact insuring you when you get sick rather than perhaps not even being worth the paper it is printed on?

There were a lot of healthcare insurance policies before we had an essential benefits package. You paid the insurance company, but when you got sick, they didn’t cover anything. Those policies weren’t worth the paper they were printed on.

So I asked the Secretary of Health: Is that the reason the President said this is a mean process or a mean bill? Is that the reason he described this bill in terms that I won’t repeat on the floor?

The Secretary of Health wasn’t interested in relaying or giving insights into why the President said it was a mean bill.

I asked: Is it because the bill destroys the guarantee that if you have preexisting conditions, you can still get a policy at the same price as everyone else?

Again, there was no answer.

I said: Or is it a mean bill because if you are an older American, you have to pay perhaps up to eight times more for the same policy as you pay under current law?

You know, an individual who is 64 years old, a man who is earning $26,500 a year, currently that individual would pay about $140 a month for a policy under current law. The same policy under TrumpCare would cost $1,200 a month. Is there anyone in this Senate Chamber who thinks an individual earning $26,500 a year can afford a healthcare policy costing $1,200 a month?

Let me translate this. If you are earning $26,000 a year, you are earning a little over $2,000 a month. Is there anyone in this Chamber who believes— please come to the floor and tell us if it is because that individual cannot buy a healthcare policy costing $1,200 a month? Is there anyone who thinks it is an egregious mistake to use high pricing to force older Americans out of our healthcare system? I believe in truth that that individual cannot buy a healthcare policy costing $1,200 a month.

The TrumpCare bill isn’t even popular in the President’s own party. Just 48 percent of Republicans surveyed in the same poll supported President Trump and Speaker Ryan’s TrumpCare plan. But when asked if they like the current healthcare plan, 55 percent said they do.

Right now, regular order, the regular legislative, deliberative process that makes sure there is a full debate before a significant bill comes to a vote, that makes sure there is significant and substantial time for the citizens of America to weigh in, that regular order or regular process is being run over by a steamroller. It is in fact being demolished. Why would my colleagues support destroying the fundamental principles of legislative debate?

I would love to hear the answer. Perhaps it is because, like President Trump said, the bill is mean. Perhaps it is because it is extremely unpopular with the American people, who believe there should be affordable, quality healthcare available to every single American.

We have heard that the secret 13 have a plan to sweeten the bill, a little spoonful of sugar to make the medicine go down. What is that plan? We, are hearing that maybe they will put
in extra funds to help take on the opioid addiction epidemic. That is a good thing. Why have they fought so hard against supporting such programs to help Americans on this crucial question?

We have heard they want to slow down the process of throwing people off healthcare so it will not hurt them in the 2018 elections and maybe not even hurt them so much in the 2020 elections. But if you are destroying something piece by piece, you are still destroying something piece by piece. And if you turn up the heat fast or you turn up the heat slowly, you still kill the lobster. And this bill is still going to kill healthcare for millions of Americans. Doing it more slowly doesn’t make it a good thing. Putting in a spoonful of sugar doesn’t make a dialectical act better.

Franklin Roosevelt once said:

Let us never forget that government is us.

And he continued:

The ultimate rulers of our democracy are not a President and Senators and Congressmen and Government officials but the voters of this country.

And isn’t that what “we the people” mean—everyone of, by, and for the people? But nowhere in the Republican secret 13 process can the voices of the people of the United States be heard. How about if one of the 13 comes to the floor now and distributes the bill? I mean we should have weeks to consider this. We should have maybe a month to consider it. We had a whole year of process in 2009.

Wouldn’t that be the right thing to do, to clue in folks about what is in this bill so we can get the stakeholders engaged and the citizens engaged and hold those townhalls and get that feedback? Wouldn’t that be the right thing to do?

Well, unfortunately, we are still waiting. We are still bill paused, saying: Please, bring the bill to the floor. Distribute it. Maybe it is not your final draft, but that is OK.

We had draft after draft after draft of the healthcare bill in 2009. We had, in the Senate Finance Committee, 53 hearings on healthcare reform. They spent 8 days marking up their version of the ACA—the committee’s longest markup in 22 years. During those 8 days, 135 amendments were considered—enough to fill 1000 pages. Then, there was the HELP Committee, which I served on, and it held 47 bipartisan hearings, roundtables, and walkthroughs. There were 300 amendments during a month-long markup—one of the longest in the history of Congress. More than 100 Republican amendments, minority amendments, were accepted into the committee’s version of healthcare reform.

Right here in this Chamber, we spent 25 days considering the bill before we voted—25 days considering a lot of floor amendments, a lot of floor time. Is there a single member of the majority party who will commit to having at least 25 days of debate on the floor of the Senate so we can get a full vetting of the issues, so we can get full input by the citizens of the United States of America?

We: I am concerned and I am afraid what are we on a path where powerful special interests are meeting secretly with 13 Members of the Senate are crafting a bill that is great for the powerful and the privileged but in fact is terrible for Americans, and that is why they are so afraid to show us the bill.

So this is unacceptable, and we need the citizens of America to pay attention because why is this happening right now? Well, because the fact that this secret process is going on, it can be camouflaged by all the conversation about Russiagate—how much did the Russians interfere in our elections, and what about all those secret meetings by members of the campaign team, were they coordinating, or collaborating? We don’t know the answer, but that question is central to whether they were coordinating or collaborating, undermining the integrity of our elections.

So let’s do this now, the secret healthcare plan, with no debate while America is trying to fight for the fairness and integrity of our elections. Let’s do it now when schools are out of session and we are in summer and people are on vacation. Let’s sneak it through now, this act that strips healthcare for millions of Americans.

Here is the principle we should come back to: No hearing; no vote. No hearing; no vote. No vote on a piece of legislation that affects the lives of millions of American families if we haven’t had due deliberation by the key committees. No vote on a bill that destroys healthcare for millions of families if we haven’t had the chance to consult with the experts in healthcare—the nurses, doctors, hospitals, and clinics.

No hearing; no vote. No vote if we haven’t had a full chance for the citizens of America to weigh in, to see the full details, and say what they like and what they don’t like and share that with their respective Senators. On an issue of this magnitude, one that will impact the health and well-being of millions of Americans, we need a full, thorough legislative process.

The choices that are made in this Chamber over the next few weeks will have a big impact on the quality of life of millions of American citizens. A provision that eliminates Medicaid expansion, the Oregon health plan expansion in my State, whether it is implemented slowly or implemented fast is going to rip healthcare from 400,000 Oregonians. That is enough Oregonians that if they were holding hands, they would stretch from the Pacific Ocean to Idaho, 400 miles across the State. That is a profound impact.

In addition, those folks who are going to the clinics and hospitals who don’t have healthcare, they will not be able to pay for it. So the finances of the clinics and the hospitals will be dramatically hurt, I asked Secretary Price today: Is it true that the President said the TrumpCare bill out of the House is a mean bill? Is that the reason he used a derogatory phrase to attack the TrumpCare bill out of the House? Is it because of the fact it will undermine the finances of the clinics and the hospitals.

He said: You know, I don’t accept the premise that will happen.

Well, covering your eyes and covering your ears and pretending, on such an important issue, is not a responsible act by a Secretary of Health. The clinics have been coming to us and saying this is how our finances improved when our citizens were able to pay for the services because our rate of uncompensated care dropped dramatically and, with that income, we hired a lot more people.

I have a clinic in the northeast corner of our State where the number of people employed, that it was enabled from 20-something to 50-something. They are able to provide a lot more healthcare in that local, rural community, and that is true in clinic after clinic after clinic. If one would take their hands off their ears or off from in front of their eyes and listen to the president or the executive directors of rural hospitals, they would hear them say: This will rip healthcare from 20 million Americans, this will destroy essential benefits and undermine the finances of the clinics.

The President should weigh in and say: No secret process on a bill so important to the healthcare of millions of Americans. TrumpCare.

Is that what the President meant when he said this bill is mean? Well, if that is what he meant, if what he meant is it is mean because it rips healthcare from 20 million Americans, then I agree with him. If he said it because it will destroy essential benefits and allow there to be insurance policies that aren’t worth the paper they are written on, then I agree with the President.

If it does, it is going to greatly increase the cost of insurance for older Americans, up to eightfold times. If that is why the President said it is mean, I agree with the President.

The President should weigh in and say: No secret process on a bill so important to the healthcare of millions of Americans. TrumpCare should weigh in and say: I don’t want a bill that looks anything like that House bill because it is defective in this area, in this area, and in this area, hurting everybody in the communities, undermining the clinics, undermining the
On June 2, the Omaha World-Herald announced that 100,000 Nebraskans could end up with zero options for individual coverage in 2018. Insurers have been pulling out of the exchanges right and left.

In February, Humana announced its decision to completely pull out of the exchanges for 2018. Three months later, Aetna, which had already sharply reduced its exchange participation in 2017, also confirmed it would pull out completely in 2018. In total, 12 of U.S. counties had just one choice of insurer on their healthcare exchange. In 2017, this year, roughly one-third of U.S. counties have just one choice of insurer. Based upon the information available so far, the New York Times is currently estimating that about 45 percent of U.S. counties will have one or no insurer next year.

One thing is for sure, Mr. President, Americans are facing fewer and fewer health insurance options. And prices of those choices are going up.

Proposed rates, proposed rate increases for 2018 are emerging, and once again they are not looking good. Some of the average rate hikes facing Americans in 2018 nationwide dwell on 17.2 percent, 33.8 percent, 30 percent, 45 percent, 38 percent, 58.8 percent.

Three weeks ago, the Department of Health and Human Services released a report comparing the average individual market exchange premium in 2013, which is the year that most of ObamaCare’s regulations and mandates were implemented, with the average individual market exchange premium in 2017 in the 39 States that use healthcare.gov. What they found is that between 2013 and 2017, the average individual market monthly premium in the healthcare.gov States increased by 105 percent—105 percent.

In other words, on average, individuals in these States more than doubled in just 5 years. That is from HHS in their report that just came out in the last couple of weeks. Three States saw their premiums triple over the same period—triple in just 5 years.

I don’t know too many families who can afford to have their premiums triple over 5 years. What we know is that the ObamaCare status quo is unacceptable, and it is unsustainable.

More than one insurance CEO has suggested that if the market dies in a death spiral, and it is pretty hard to disagree. Combine soaring premiums with a steady insurer exodus, and sooner or later we get a partial or complete exchange collapse, which is what we are facing today, not to mention all the other ObamaCare problems, such as the deductibles that are so high that sometimes people can’t actually afford to use their healthcare plans or narrow plan networks with few provider choices. We have higher premiums, higher deductibles, higher costs, fewer options, fewer choices.

Republicans are currently working on legislation to help Americans struggling under ObamaCare. My colleagues in the House made a good start, and in the Senate we are working to build on the bill they passed.

We are committed to helping Americans trapped on the ObamaCare exchanges. We are committed to addressing ObamaCare’s preexisting conditions. We are committed to preserving access to care for Americans with preexisting conditions, and we are committed to making Medicaid more sustainable by giving States greater flexibility while ensuring that people who rely on this program don’t have the rug pulled out from under them. We need to make healthcare more affordable, more personal, more flexible, and less bureaucratic.

My colleague from Oregon was just talking about the complaints they have about the healthcare process, the discussions that are going on, and how much pain, if this passes, it is going to cause the American people. I can tell you one thing: Today, it is pretty darn painful for families like mine who have talked to me in my State of South Dakota, hard-working farm and ranch families who are having to pay $2,000 a month, $24,000 a year for insurance coverage—in some cases with $5,000 deductibles, assuming they can even afford to use that expensive policy by being able to cover the deductible. There are people across this country who are hurting because of this failed healthcare insurance program. It is high time for us to fix it.

I believe the American people want to see Congress act in a way that will make healthcare insurance more affordable to them, more personal, so that they will have more choices, greater options, and more competition that will help bring those premiums down to a more reasonable level. They need to have more than one choice. When 45 percent of the counties in America have one choice or no options on the exchanges, that is an unacceptable situation and one that we have to fix.

COUNTERING IRAN’S DESTABILIZING ACTIVITIES BILL

Mr. President, I also want to take a few minutes today to discuss the national security bill the Senate just passed, the Countering Iran’s Destabilizing Activities Act.

I hardly need to recite the long list of Iranian activities that threaten our country, destabilize the region, and are a threat to peace and stability in the Middle East and throughout the world. Iran remains the world’s leading state sponsor of terrorism. It engages in systematic human rights abuses from torture to the targeting of religious minorities. Of course, Iran has long provided critical support to Syrian President Bashar al-Assad, who is perhaps most notable for the repeated use of chemical weapons on his own people. The fact that Assad still remains in power after the long list of atrocities his regime has committed is due in no small part to the support that Iran has provided.
In addition to propelling up Assad’s reign of terror, Iran also provides support to the Houthi rebels in Yemen. Secretary of Defense James Mattis recently noted: “We see Iranian-supplied missiles being fired by the Houthi into Saudi Arabia.”

Well, providing these missiles puts Iran in violation of at least two U.N. Security Council resolutions—not that Iran appears to care. In fact, violating U.N. Security Council resolutions and international law is common practice for the Iranian and Russian Governments, whether it involves supplying missiles to the Houthis or increasing Iran’s own stockpiles.

When it is not violating the letter of the law, Iran is also happy to violate the spirit of international agreements. After the misguided Iraq war was taken into effect, Iran resumed ballistic missile testing, even though the U.N. Security Council resolution endorsing the nuclear deal called upon Iran not to engage in these activities.

Most recently, Iran unsuccessfully tested a submarine missile in the Strait of Hormuz in May, following ground-based missile testing in January and March. Many of those missiles have the ability to reach targets, notably throughout the Middle East but outside of Iran.

Under the last administration, Iranian belligerence was too often ignored or even rewarded. That needs to end now. We must show the Iranians that we are committed to stopping them, that we are willing to use force if necessary, to de-escalate the tensions in the Middle East. We need to make it clear that the United States and its new leadership will not tolerate Iranian aggression and the terrible human suffering that has resulted.

We need to assure our allies—especially Israel, our closest and most reliable ally in the Middle East—that we are committed to standing with them against Iranian threats. The Countering Iran’s Destabilizing Activities Act will send a clear signal to Iran that the United States and its new leadership will continue to destabilize the Middle East.

This bill will sanction individuals involved in Iran’s ballistic missile program or any other program designed to deliver weapons of mass destruction. It will sanction individuals who contribute to Iranian violations of arms embargoes. It will allow the President to impose sanctions on individuals who have perpetrated human rights violations against human rights crusaders in Iran. Perhaps most importantly, this legislation identifies and will hold accountable the entire Iranian Islamic Revolutionary Guard Corps, not just the Quds Force, for its role in implementing Iran’s destabilizing agenda.

There is no easy solution to the unrest and violence in the Middle East, but this bill offers one commonsense step forward.

Yesterday the Senate passed an amendment to this bill imposing additional sanctions against another country stirring up unrest in the Middle East, and that is Russia. Russia’s increasing boldness on the international stage is a natural consequence of the Obama administration’s passive foreign policy. From annexing Crimea to supporting the murderous Assad regime and from supporting rebels in Syria to meddling in elections, we cannot allow this level of Russian aggression to go unchallenged.

The Russia sanctions amendment codifies and strengthens existing Russian sanctions and imposes a number of new sanctions on individuals supplying weapons to Assad’s regime, hackers acting on behalf of the Russian Government, and Russians involved in corruption all sanctioned in this amendment.

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Latino youth accounted for an estimated 20 percent, of all new HIV infections among youth in the United States;

Whereas, between 2006 and 2014, the number of Asian Americans diagnosed with HIV increased by nearly 70 percent;

Whereas, in 2014, Native Hawaiians and Pacific Islanders were 1.7 times more likely to be diagnosed with HIV than non-Latino whites;

Whereas Native Hawaiians living in the State of Hawaii are 5.7 times more likely to die of illness than non-Latino Whites living in Hawaii;

Whereas Native Hawaiians and Pacific Islanders are 30 percent more likely to be diagnosed with cancer than non-Latino Whites;

Whereas, whereas the prevalence of obesity is high among all population groups in the United States, 42 percent of American Indian and Alaskan Natives, 41 percent of Native Hawaiian and Pacific Islanders, 40 percent of African Americans, 31 percent of Latinos, 24 percent of non-Latino whites, and 11 percent of Asian Americans are obese;

Whereas, in 2015, Asian Americans were 1.2 times more likely than non-Latino Whites to contract Hepatitis A;

Whereas, among all ethnic groups in 2015, Asian Americans and Pacific Islanders had the highest incidence of Hepatitis A;

Whereas Asian American women are 1.3 times more likely than non-Latina Whites to die from viral hepatitis;

Whereas Asian Americans are 3 times more likely than non-Latino Whites to develop chronic Hepatitis B;

Whereas of the children living with diagnosed perinatal HIV in 2014, 65 percent were African American, 15 percent were Latino Americans, and 11 percent were non-Latino whites;

Whereas the Department of Health and Human Services has identified heart disease, stroke, cancer, and diabetes as some of the leading causes of death among American Indians and Alaskan Natives;

Whereas American Indians and Alaskan Natives die from diabetes, alcoholism, unintentional injuries, homicide, and suicide at higher rates than other people in the United States;

Whereas American Indians and Alaskan Natives have a life expectancy that is 4.4 years shorter than the life expectancy of the overall population of the United States;

Whereas African American babies are 3.5 times more likely than non-Latino White babies to die due to complications related to low birth weight;

Whereas American Indian and Alaskan Native babies are twice as likely as non-Latino White babies to die from sudden infant death syndrome;

Whereas American Indian and Alaskan Natives have 1.5 times the infant mortality rate as that of non-Latino whites;

Whereas American Indian and Alaskan Native babies are more likely to die from accidental deaths before their first birthday than non-Latino White babies;

Whereas only 5 percent of Native Hawaiian and Indian children were born alive in 2014, 6 percent of African Americans, 8 percent of Latinos, 9 percent of African Americans, and 14 percent of American Indians and Alaskan Natives received mental health or substance abuse treatment in the past year, compared to 18 percent of non-Latino whites;

Whereas marked differences in the social determinants of health, described by our World Health Organization as “the high burden of illness responsible for appalling premature loss of life” that “arises in large part because factors in which people are born, grow, live, work, and age”, lead to poor health outcomes and declines in longevity;

Whereas the Patient Protection and Affordable Care Act (Public Law 111–144; 112 Stat. 119)—

(1) has reduced the uninsured rate for minorities from over 33 percent;

(2) has helped further combat health disparities for low-income individuals through coverage expansions in the Medicaid program and the Health Insurance Premium Tax Credit and through the Social Security Act (42 U.S.C. 1396 et seq.) and the individual health insurance marketplaces; and

(3) provides specific protections and rights for American Indians and Alaska Natives, 21.4 percent of whom lack health insurance;

Whereas, despite the substantial improvements in health insurance coverage among women overall, women of color are more likely to be uninsured;

Whereas, in 2012, 36 percent of Latina women, 29 percent of American Indian women, 23 percent of African American women, 19 percent of Asian and Pacific Islander women, and 14 percent of non-Latina White women were uninsured;

Whereas community-based health care initiatives, such as prevention-focused programs, present a unique opportunity to use innovative approaches to health practices across the United States and to sharply reduce disparities among racial and ethnic minority populations; Now, therefore, be it

Resolved, That the Senate supports the goals and ideals of National Minority Health Month in April 2017, which include bringing attention to health disparities faced by minority populations in the United States, such as American Indians, Alaskan Natives, Asian Americans, African Americans, Latinos, Native Hawaiians or other Pacific Islanders.

Mr. CARDIN. I thank Senators Menendez, Blumenthal, Brown, Hirono, Markey, Klobuchar, Van Hollen, Booker, Peters, Duckworth, and Carper for their help in regard to minority health and the resolution.

HEALTHCARE LEGISLATION

So we couldn’t do that, which is a pretty easy thing to do, but now the Republicans are looking to bring out in the next 2 weeks a rewriting of our entire healthcare law, one-sixth of our economy, and I am asking about bringing this out for perhaps passage in the U.S. Senate during the next 2 weeks.

I don’t know of anyone who has seen a copy of this bill. I certainly have not seen it, and I am a member of the Senate Finance Committee. Senator CAPRIO is a member of the Senate Finance Committee. We have not seen a copy of the bill, even though we are the committee of jurisdiction, along with the Appropriations Committee. I certainly want to be able to look at this bill, make sure that there are public hearings and an opportunity for input from all Members of the U.S. Senate—first those who serve on the relevant committees through the committee markup process, and then on the floor of the U.S. Senate. But what I understand from the majority leader is that may not be the case. That would be an affront to our Democratic institution. That would be insulting the Members of the Senate and the committee that I serve on, the Senate Finance Committee.

I need to mention that because we do know what the House of Representa-
keep our insurance after this type of legislation. We are going to be adversely affected. Why? Because who do you think pays for those who do not have health insurance? You get cost shifting, and it is done in a more costly, expensive way so our healthcare costs go up. Those of us who have insurance pay more, and those who do not have insurance do not get the early interventions they need in order to stay healthy.

The vulnerabilities continue because one of the things that was affected by the House-passed bill was what we call the essential health benefits. What we did is require that those benefits be provided under all healthcare plans, including Medicaid.

So, yes, I could talk about obstetrics for women, which would be covered under all plans, and that women who need obstetrics would not have to pay a much higher premium as they would be in a high-risk pool. Because of the way that would be done, women who would need that would get into the plan, and it would cost a lot more. Yes, that discriminates against women.

Again, I could also talk about minority communities that now have coverage for mental health and addiction because that is required under the Affordable Care Act. When it becomes discretionary with the States and they get into tight budget problems, they will lose that coverage.

We are all talking about the explosion of opioid addiction in our communities. In Maryland, I think the rate now is 60 percent higher this year than last year of overdose deaths. Do we really want to cut one of the major tools we have in trying to get this epidemic under control? That is what we are talking about in regard to what the House-passed bill does.

At a minimum, we need to have public hearings to know what we are doing. This is a democratic institution. Under the Affordable Care Act, we had dozens of hearings. The committees of jurisdiction need to work on this bill. They need to be able to offer amendments, which was afforded to every Senator in this body under the Affordable Care Act. Many of our colleagues who voted against the Affordable Care Act have amendments that were included in the Affordable Care Act. That is how it works.

Everyone is affected by this process but particularly the vulnerable, particularly those who are uninsured and those who will become uninsured. Those who have insurance and who have very few other options are going to find their benefits reduced. Minorities, our disabled population, older Americans, and women all will be discriminated against.

At a time at which we want to focus on solutions that we have made to narrow the gap in minority health and health disparities, it would just be a tragedy to move in the wrong way, to reverse the progress we have made, and to do that without an appropriate process of transparency, which has been the hallmark of American democracy.

I urge my colleagues in that there is still time. If you have proposals, work with us, certainly, have worked with my Republican colleagues on many healthcare issues that are now the law of this land.

We offer to work with you. All we say is don’t tell us that you are going to do this by repealing and then come to us to try to fix it. Work with us to improve our healthcare system, and we will work with you. There is still time. Let’s work together. Let’s have public hearings. Let’s get public input. Let’s use the old-fashioned process of allowing us to offer amendments. Let’s debate those amendments. The end result will not only be better legislation for the American people but legislation that we know will stand the test of time and give predictability to the healthcare stakeholders in our country.

Mr. President, I yield the floor.

THE PRESIDING OFFICER. Senator from Delaware.

Mr. O’NEILL. Mr. President, thank you.

Mr. President, Senator CARDIN and I, my friend, my neighbor from Maryland, for inviting a number of us to come to the floor today, this afternoon, to talk a bit about the Affordable Care Act. I am really honored to stand next to him. I want to thank him and others on the Finance Committee and on the Environment and Public Works Committee. He is a great leader on both of those committees.

SANCTIONS LEGISLATION

Mr. President, Senator CARDIN and I were on the floor earlier today, along with the Presiding Officer, and we voted on legislation that attempts to send a message to Iran.

By the way, it just had elections, gosh, not even a month ago, whereby the reformist President Rouhani was sanctioned for again. They are actually keeping their word with respect to complying with the nuclear agreement. They are actually keeping their word with respect to him here as we do sit next to each other.

By the way, the Iranians are basically keeping their word with respect to the agreement between five nations, including the United States, China, Russia, Britain, France, and Germany. They are actually keeping their word with respect to complying with the nuclear agreement that was entered into, oh, gosh, 2 years ago. What they are doing and that we disagree with is they are testing ballistic missiles, and there is basically the U.N.’s strong message to Iran that “if you do, we will sanction you in different ways.”

But they have continued to test ballistic missiles. They say it is for defensive purposes, but you cannot be sure so we strengthened those sanctions.

With those sanctions, we also included sanctions that basically say to Russia—and all 17 intelligence agencies say Russia intervened in our last election—sanctioning them increased on behalf of one candidate, Mr. Trump. They wanted to elect him, and they wanted to make sure Hillary Clinton did not get elected. They succeeded. That is not just Democratic messaging.

Even on the 117th Avenue, agencies have come to the same conclusion and has testified publicly to that effect.

As a result, this legislation was initially focused just on Iran, but it re-focused and pivoted—maybe refocused even more—on Russia in order to sanction them for their misdeeds, which I think are, in many ways, more significant than what the Iranians have done and have been sanctioned for again.

Why do I go back to this legislation that we just debated and adopted here this morning?

Consistent with what Senator CARDIN has talked about—and he is very much an architect involved right in the middle of the effort to bring that legislation to the floor, it came out of his committee. He is the senior Democrat, the ranking member. Bob Corker, of Tennessee, is the chair. A number of members—Democratic and Republican—on that committee worked together to fashion that legislation, to bring bipartisan legislation to the floor.

I say to my colleague Senator CARDIN that I didn’t know what the final vote count was. It was 98 to 2. That is what we can accomplish when we work together, and I think it is a great message as we pivot and talk about the Affordable Care Act.

HEALTHCARE LEGISLATION

Mr. President, when our friend from South Dakota, Senator Grassley, a great friend for, I think, all of us and admired by both sides—was talking about how deplorable ObamaCare was and how it is in a death spiral and so forth, I just wanted to stand up and ask him to yield to me so I can say that when Barack Obama and Joe Biden stepped down as President and Vice President of the United States, my recollection was that every county of every State in this country had access to healthcare through the health exchanges.

Where did the idea for health exchanges come from? It came from the Republicans in 1993, from the Heritage Foundation, the rightwing Republican think tank.

They came up with an idea that says: Let’s create exchanges in every State, where people who don’t have healthcare coverage can get their coverage through large purchasing pool. There would be one in every State. The legislation said: Let’s have a sliding scale tax credit to make sure low-income families who do not have coverage can afford that coverage in the
As their income goes up, the tax credit buys down the cost of coverage. The exchange goes down, and it eventually goes away.

The Republican legislation in 1993, fashioned by Heritage, said there was going to be an individual mandate. This was followed by the most senior Republicans in the Senate, including being the two most senior Republicans on the Finance Committee on which Senator CARDIN and I are privileged to serve.

I want to close with this: Some of you know I spent some of my years of life in uniform. For a while, I was a civil air patrol cadet growing up in Virginia. I went to the Air Force Academy, but I just didn’t know how to apply. I applied too late and missed it. I learned about the Navy ROTC and applied for a scholarship. I was fortunate enough to win it, and went to Ohio State. I became a midshipman and 4 years later a naval flight officer and then off to Pensacola. I spent 5 years in Active Duty in Southeast Asia and after that in the Cold War as a P-3 Navy aircraft commander. I loved the Navy. I feel privileged that it helped me go to undergraduate school and, after Active Duty, to move to Delaware and get an MBA thanks to the GI Bill. I was privileged to serve as a Napoleon officer and serve as the commander in chief of the Delaware National Guard for 8 years beyond that. Over half of my life has been involved in the military.

A lot of times when I was younger, I would think about who is helped in healthcare under Medicaid. I used to think that folks who are helped the most by Medicaid are women, poor women, and their children. As it turns out, today, especially as the baby boomers get older and more and more of the seniors are now being covered by Medicaid. They receive their coverage because they spend down their assets. A lot of them have dementia and have other
disabilities, and they end up in nursing homes. More than half of the money we are spending on Medicaid these days is on those folks. A lot of them are part of my generation and older—our parents, uncles, and aunts.

As it turns out, unknown to me, about 2 million of the roughly 23 million veterans we have in this country—22 million veterans we have in this country are served by Medicaid.

The day I showed up at Ohio State to be a midshipman, we had only White males in our ROTC. It turned out that is what they had in the Army ROTC and in the Air Force ROTC at Ohio State. When I got to my squadron on Active Duty—in the many years I was in my Active Duty squadron, I think we had just two or three African-American officers. I don’t remember ever having an Asian-American officer. There were no women who were officers or even among our enlisted personnel. That has all changed now. The face of our military corps and enlisted corps looks a whole lot more like America today than it used to.

As it turns out, the folks who are veterans in this country—those 22 million people—look a whole lot more like America today than it used to.

Yesterday, the Federal Reserve, for the fourth time in the last year and a half, increased the Federal discount rate by one-quarter point—one-quarter point. That is a rousing error in most people’s imaginations; yet, I think it is a very important number. That is the fourth increase in the last year and a half that amounts to 100 basis points or a 1 full percentage point increase in the discount rate. With a $20 trillion debt, that equates to about $200 billion of additional interest we will be required to pay out of the revenue we get off the backs of working men and women in America.

I have frequently come to this floor to speak about the $20 trillion debt, and now, as we start talking about growth in the economy, we see a demand for capital and interest rates rising. We also see the Federal Reserve talking about adjusting their balance sheet—some $4.5 trillion on their balance sheet, the largest balance sheet they have had in history—they are now talking about unwinding that.

So these have dramatic impacts on what we are talking about right now: that is, how we fund what we are going to be doing not only in healthcare but also our military, as well as the domestic programs we are going to try to balancing that. What is even more disturbing about the debt we are talking about and the increases in interest is the structure of that debt. Over the last 8 years, the prior administration decided strategically to keep our bond portfolio that supports this debt, the bonds we issue that pay for this debt—the average duration, the length of those bonds, is under 3 years. Some 60 percent, almost, of all the government debt we have in the United States matures in 3 years or less. That means these increases we are talking about are going to roll on us and the backs of the American taxpayer almost immediately. This is not something that is going to happen in 10 or 15 years; it is right here on us.

I will close with this: This story can end badly, or it can end in a better way. We have just gotten a good example of how to do it right with the legislation we just passed earlier today: the sanctions against Russia and Iran. My hope is that we will use that as a template to come back and make changes to the Affordable Care Act and that we will do it in a way that fixes what needs to be fixed and preserves what needs to be preserved.

I thank my friend from Maryland for his leadership on this and God knows how many other issues.

Mr. President. I yield the floor.

Mr. PERDUE. Mr. President, I rise today to speak about a train wreck that is coming to our country right before our very eyes.

Yesterday, the Federal Reserve, for the fourth time in the last year and a half, increased the Federal discount rate by one-quarter point—one-quarter point. That is a rousing error in most people’s imaginations; yet, I think it is a very important number. That is the fourth increase in the last year and a half that amounts to 100 basis points or a 1 full percentage point increase in the discount rate. With a $20 trillion debt, that equates to about $200 billion of additional interest we will be required to pay out of the revenue we get off the backs of working men and women in America.

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I let me put that in perspective. Most every other country in the world that has significant debt—and there are a number of countries there that we do—have already dealt with this duration problem. The UK, for example, over the last 8 years, instead of going short when interest rates were virtually zero, they went long. Forty percent of the United Kingdom’s debt is 20 years or longer in maturity. Again, 60 percent of our debt, because of the last administration’s strategic decision to stay short—borrow short and spend long—that is a prescription for failure, in business and in government.

Sixty percent of our debt matures in less than 3 years. That is a formula for absolute disaster, and that is what I am talking about.

But even more important than the debt and the duration and the way these interest rate increases are going to impact us almost readily is the fact that this is coming to the floor last week and reported that we had 50 days left, and today we have 43 working days left in this fiscal year before September 30. That means we have only done that four times in regular order; according to the 1974 Budget Act, only four times.

What is worse than that is that in the 43 days that we have, from an effective standpoint, we really only have 25 working days left in this Senate. I would argue that with the debt ceiling, with healthcare, with the tax package, and with the funding of the government, I just don’t see any way that is possible. I think that when we are talking to the American public, we need to come clean.

I believe that, like in most years in the past, we are going to be pressured in this body again, just like we have 178 times. We have been forced into a continuing resolution in this body in order to get past some arcane financing limitation we have had. So that means we have by the end of September to fund the Federal Government. Historically, we have only done that four times, according to regular order. The other way, either a CR or an omnibus was done. But 178 continuing resolutions got us past the end of the fiscal year, moved on to an omnibus of some sort, and then the re-release valve in all of those occasions was more debt, more spending, and the funding of the government.

It is very difficult because the budget process itself is broken. And because of that, between now and the end of September, I personally—I am just a business guy, but I have no imagination of others. We are going to fund this government by passing 12 appropriations bills. As a matter of fact, since 1974, this body has only averaged passing 2.5 appropriations bills a year out of the 12. Now, you tell me, in the next 43 days, how we are going to pass 12 bills to fund this Federal Government? There is no way.

So my call on our colleagues here on both sides of the aisle is, let’s get busy right now, rather than borrow short. I think the structure of the United States is, as long as it is not a continuing resolution because that ties the hands of our military. They cannot deal with that. It limits their ability to move money from one department to another. We are going to fund this government by passing 12 appropriations bills. With the risks we face around the world today, that is an impossibility.

We are working feverishly right now to change the budget process, and it will not affect us this year. This is something we have to get serious on right now.
I believe we are poised to have a turnaround in this economy. Consumer confidence is up. It hasn’t been higher than this level in 13 years. CEO confidence is higher than it has been in 15 years. Manufacturing confidence hasn’t been this high in over 20 years. Why? Because the regulations that were being rolled back right now by this administration and this Senate.

We passed 13 bills out of 14 that we brought forward that pulled back onerous regulations. Just this week, we had the Secretary of Treasury tell us that some 70 percent of the limitations on our banks—not the controls that protect us against another 2008 and 2009 disaster but the controls that are unnecessary and keeping capital tied up in small and regional banks unnecessarily.

We have some $6 trillion not at work in this economy because of bad fiscal policy right here in Washington. What we are trying to do is unwind that, get it back to the free enterprise system.

By the way, if the Federal Reserve releases their $4.5 trillion and we don’t find a way to unleash this $6 trillion, tell me where the capital is going to come from.

I am here to tell you that I believe we are on the brink of an economic turnaround if we can, in fact, effect a reasonable improvement in healthcare, get on and fund the government in a responsible way before September 30, and do all of that and get a tax package done this year.

People right now are working on their budgets for business for fiscal year 2018—right now. By the end of their Q3, they will have that done. Their capital budgets, which go out many years, are being done too. So they are handicapping right now whether we will in fact get that tax package done.

My argument is this: Let’s get these things dealt with right now on a timely basis—the debt ceiling, funding the government—and move on to this tax package so we can, in fact, get that done so that business entities and our free enterprise system can, in fact, budget accordingly so that we can get some of these benefits into the economy as early as late next year. If we don’t get that tax package done before Christmas, I don’t believe we will have any impact in fiscal year 2018 from that.

HEALTHCARE LEGISLATION

Mr. President, with the events this week, I would hope our body could find a way to lower the vitriol, to lower the hysteria when we have a difference of opinion and to find a way to look at what we might agree on, on an issue, as well as what we might disagree on.

Yet, as I stand here today listening to some of the speeches, just today I am shocked because it is business as usual in this body. The vitriol is at a very high level. The misinformation is at an extremely high level.

Remember when then-President Obama said: If you like your insurance you can keep your insurance; if you like your doctor you can keep your doctor; premiums will go down under ObamaCare; deductibles will go down; everybody will have insurance. The CBO overestimated by 20 million the number of people who would sign up for ObamaCare. If, oh, by the way, we are going to institute a 30-hour workweek limitation to define “full-time work” and we are going to limit it so anybody with over 51 employees has to comply.

We now know—both sides even agree—that it is failing. What they are saying now, though, is that they are relying back on the argument: Let’s move to regular order now; let’s make sure we all get this done together. Where was that conversation in 2008 and 2009, when behind closed doors a supermajority crammed down the throat of the minority this thing called ObamaCare? Remember that in the House of Representatives then-Speaker Pelosi stood up and said, ‘In 10 days, the House is going to comprehensively see this bill in what is in the bill, you have to vote for the bill. I think it was a matter of hours that day before when the Senate got the bill, they had to look at the bill before they had to vote on it that night.

But let’s look at the reality. ObamaCare is collapsing under its own weight. We know rates are up over 100 percent nationally. In my State alone, they have more than doubled in the last weight. We know rates are up over 105 percent nationally. In my State alone, forty-five percent of the counties in the United States are down to one carrier. In my State alone, Georgia, we have 159 counties and 96 are down to one carrier. States like Ohio, Virginia, Iowa, Tennessee, and Missouri are told now that they are losing their last carrier in the individual market.

But let me highlight the reality here. Before the Affordable Care Act, 48 million people in the United States did not have insurance. That was a catastrophe. We all agree with that. Today, however, what nobody on the other side talks about is that 38 million people today in America—the richest country in the history of the world—still do not have healthcare coverage. I can’t see how that is a success by any measure. Of the 20 million who got insurance over the last 6 years, 16 million of them did not get it through ObamaCare. They were the Med-, health-insurance, Med-Medicaid expansion. Of the remaining 4 million, 2 million are like me and my wife, who were canceled and then had to come back into the Affordable Care Act unwillingly. That was our only choice. Oh, by the way, we had to have a program that had so many other features in it that our rates doubled over that period of time.

It just seems to me that what we have before us today is an opportunity to clean up this mess and provide for the healthcare problems we have. We know we have to cover preexisting conditions. We don’t want people to have their insurance canceled just because they get sick. That is not the American way. That had to be fixed, and we are going to continue that.

People have to have access, though, and right now, with the cost, many people are coming off of healthcare in the individual market because they simply can’t make the financial equation work. The premiums are too much. In my own family, one of my sons can’t understand the deductibles. So the financial equation for the very people who need it doesn’t make any sense.

We can do things to get premiums down by allowing the free market to provide the types of services inside insurance products that people actually want and not ask them to pay for products they don’t need.

We have to make sure Medicaid can be sustained long term.

Lastly, I think we have to make sure that, as we deal with the preexisting conditions, we make sure that everybody in America has access to healthcare. Nobody is talking about taking away access from the American people in terms of healthcare.

Whether it is healthcare, the military, the VA, or any of our domestic programs, we have underlying problem. Our mechanism that funds the programs is broken. It has never worked since 1974, except for four times, and that was prior to 1980, and we have to fix it. But right now, in 43 days, we have to fund the government, or all the other rhetoric will be idle chatter.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. INHOFE. Mr. President, I ask unanimous consent to be recognized for such time as I may consume as in morning business.

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

Mr. INHOFE. Mr. President, first of all, let me say that I am really glad the junior Senator from Georgia has taken this on. This is something that some of us who have been around a little bit longer have gone through before.

I think everyone realizes that what was attempted to be done by President Obama was a single-payer system. Ultimately, that is what liberals want. I remember back in the 1990s what was referred to at that time as Hillary care. It was during the Clinton administration. I remember so well the efforts that were taking place.

Sometimes I go back to my State of Oklahoma just to be around logical people, and they will ask the question: If this system is not working in Canada, is not working in Sweden, and it is not working in Great Britain, why do they think it will work here? Liberal individuals will never tell you this, but what they are really thinking is this: It would work if I were running the show.

So we are going through a similar thing again, and I am so happy we have leaders, as the occupier of the Chair,
CLIMATE CHANGE AND PARIS AGREEMENT

Mr. President, I noticed in the news this morning one more of these incidents that they have of people going to either the Antarctic or the Arctic to try to reaffirm their positions that somehow the world is coming to an end because of global warming and global warming is because of man. That is, of course, not the case. The interesting thing about yesterday was that a group of some scientists, some individuals, and some environmental extremist activists was going to the Arctic to show that things were melting, and they got stuck in the ice. This is the fourth time this has happened in the last 4 years because they didn’t anticipate the fact that we have actually some areas where it is increasing.

If that is true, it is time to make one last compliment to the President when he had the courage to pull out of the Paris climate agreement.

A lot of people don’t know what these climate agreements are. This was the 21st, and there was a climate agreement. It was all started by the United Nations some 21 years ago. The idea was to go to exotic places around the world and invite all 192 countries to come in to convince them that they need to reduce their own greenhouse gases. CO2 emissions.

Toward the end of the Obama administration, after eight such meetings they decided this wasn’t going to work. They finally decided they would go ahead and try to make one more like an agreement, and, hence, there was the Paris Agreement—not a treaty but an agreement, not anything that would come through ratification, obviously.

I have been over there for some of these meetings. What is interesting about this is that most of the 192 countries involved in these meetings think that if the President says something, it is going to happen. They forget about the fact that we have another branch of government called Congress, and we have to ratify some of these decisions.

So I do want to make a couple of comments about what the President has accomplished by getting out of this agreement.

First, since there is a deliberate effort to make people who are reluctant to believe one narrow view, in terms that the world is coming to an end is a reality, they try to make it change into the argument that as to climate change, anyone who is against the idea that we are having these problems out there is opposed to the idea of climate change.

Look, we have said so many times on the floor that the climate has always changed. All the evidence—historic evidence, scriptural evidence, archeological evidence—shows very clearly that climate is always changing. The arrogance is that somehow climate change can be managed by man. Did man ever cause the ice age or any of the other extreme weather patterns the Earth has seen just over the last few thousand years? The answer is no.

But earlier this year, a climate change study that was found that little agreement is found with climate modeling simulations and consistently overstate recent summer warming and underestimate preindustrial temperature changes. So that was more surprising than they found forecasts to be inaccurate. According to the environmental extremists, every summer is going to be the hottest. I have yet to see a summer that wasn’t going to be the hottest. Every year they say that is going to take place.

In one of the charts from the study I have here, all you have to do is go back and look historically at what has happened in this country. We go through warming periods. We go through cooling periods. We go through extreme periods. I think the interesting thing about this chart. The largest increase we had in global warming happened right after World War II, in 1945. That was the year we had the largest number of CO2 emissions that took place. Historically, no one disagrees. That is the science on which they are building their case. What is interesting about this chart here, that somehow this all happened in a recent period of time. It is not significant in the grand scheme of things, as we can see by this chart. People like to vilify those of us who talk about this subject and openly question the inaccurate statements and so-called findings of fearmongering scientists who tell everyone the world is ending because of mammade gases. They think that just because many of us recognize that science is not settled and we question exactly how much of that is regulated, we say that corruption must be involved, and so forth.

But we look at the real science. I have not yet met him personally, but I know about a guy named Dr. Richard Lindzen. Dr. Richard Lindzen is an MIT professor. He arguably could be considered the most knowledgeable person in this field. He made this statement: Regulating CO2 is a bureaucrats dream. If you regulate CO2, you regulate life. So that is what is behind this, and we have watched but have watched for about 20 years. To question the idea that man is single-handedly responsible for the changes in climate and doomsday is near due to the fact that we burn fossil fuels is entirely inapprop- riate and, frankly, unnecessary.

I remember very well a climate fanatic named Michael Mann. I mentioned that Paris was the 21st meeting the United Nations has had. In 2009, that meeting was held in Copenhagen. At that time, I chaired the Environment and Public Works Committee. The first year of the Obama administration, I remember getting ready to go to Copenhagen to explain to people they had been lied to. At that time, Obama was going over. Hillary Clinton was going over, John Kerry was going over, and all the rest, saying we in the United States were going to pass cap and trade. I wanted to make sure they knew we were not going to be passing cap and trade.

I was getting ready to go over. Lisa Jackson was the first Obama designee to be the Director of the EPA. I looked at her, and I said: I have a feeling that someone is going to have to have an end-angerment finding so you can start regulating this stuff. She kind of smiled. I said: When that happens, it has to be based on science. So tell me, what science will you base this government scheme of things, as we can see by this chart, that somehow this all happened in a recent period of time? She said: Well, it is going to be based on the IPCC.

IPCC stands for the Intergovernmental Panel on Climate Change. That is the United Nations. As luck would have it, right after that, a matter of days after that statement was made by her, we had climategate. Do you remember climategate? Not many people remember it because the media didn’t play it up like they do with things around the world. Climategate was where they caught two scientists—one was Michael Mann and one was Phil Jones—who had rigged—there was evidence of this through communications that were disclosed—they were actually rigging the science. They didn’t pay much attention to it here in the United States, but I remember at the time that Christopher Booker of the UK Telegraph—that is one of the biggest communication operations in the UK—they called this the worst scientific scandal of our generation. That is climategate. That is cooking the books on science to make people believe things that weren’t true.

Clive Cook of the Financial Times said:

The close-mindedness of these supposed men of science, their willingness to go to any lengths to defend a preconceived message, is surprising, even to me. The stink of intellectual corruption is overpowering.

That is the science on which they have relied for a long period of time. In fact, to give you an example of the hockey stick—that was what Michael Mann came up with in trying to show, instead of what we are showing on this chart here, that somehow this all happened in a recent period of time. It is another research exploration that was wrong.

I started off talking about what happened on the climate change research exploration that just took place in the last few days. Many of these were post- poned in the Arctic because of the un- usual amount of snow that has taken place. Before a research team could embark on their exploration to study climate change—keep in mind, this group went there to try to show what things are happening, the ice is melting all over the world. Their ship, the Canadian research icebreaker Amundsen, had to be borrowed by the Canadian Coast Guard for search and rescue
efforts to help fishing boats and supply ships that were trapped in the unexpected, large amount of ice.

This is at least the fourth time this has happened in recent years to research ships around the world. There was a situation a few years ago when a Russian ship carrying climate scientists and journalists and activists and tourists and an entire crew became trapped in ice that was at least 10 feet thick. An Australian icebreaker arrived 6 days later to rescue them, but it wasn’t very effective because of the ice. A few days after that, a Chinese icebreaker sent out a helicopter that was able to airlift 52 of the passengers from the Russian ship to safety on the Australian icebreaker. Unfortunately, during the rescue effort, the Chinese icebreaker became trapped as well.

I tell you these stories because all of these expeditions that were going to the various posts were doing so to try to prove that ice was not accumulating, but it was just stuck in the ice. Most of the predictions that have been published over the last few decades have been widely inaccurate, but most have been accepted by the environmental groups and some of the extreme environmental groups because they are making their war on fossil fuels although Trump has ended that.

I have to say that one of the reasons I go back to my State of Oklahoma every weekend is to talk to real people. They will ask a question: I remember that during the Obama administration, he had a war on fossil fuels—fossil fuels are coal, oil, and gas—but he also didn’t like nuclear. You don’t get these questions asked in Washington. They asked me: Inhofe, explain this to me. We have a President who is trying to do away with fossil fuels—coal, oil, and gas—and nuclear, and we are currently dependent upon coal, oil, gas, and nuclear for 89 percent of the power it takes to run this machine called America. What is going to happen if we are not able to do it?

Of course, as I said, you don’t hear those questions around Washington. Anyway, by fearmongering techniques, environmental extremists and the Al Gore fan club can easily convince a large number of people that regulatory burdens like the EPA’s Clean Power Plan, the Quad Oa, the venting and flaring rules, and the water and the U.S. rule are a good thing and that we can save the Earth without any consideration of the effect these rules have on energy.

By the way, for any conservatives who are out there, I would like to remind them that even though it didn’t get much play in the media, this President in the first 100 days in office has been able to do away with some 47 of the regulations. The two ways of doing away with a regulation—one is through Executive order, and the other is the CRA, the Congressional Review Act. In fact, I was proud that the first signing ceremony our new President had was signing a bill that I had passed. It is one that has really made an effort to try to save enough of the oil and gas industry to run this machine, as I mentioned, called America.

Now we are actively working to face the problems inherited from the pre-Obama era. Over the past 8 years under the Obama administration, the American economy suffered under the effects of his climate agenda. That era is over. President Trump has delivered on his campaign promises since he was sworn in. The strongest signal of this is his decision to pull out of the Paris climate accord. It was just a few weeks ago that I was on the Senate floor urging President Trump to pull out of this Paris Agreement. That same day, 21 of my Senate colleagues and I sent a letter to the White House with that same request. Our message resonated with the President, and it was clear that our voices were heard because it was exactly 1 week later that the President announced to the world he was getting out of a bad deal.

Let me mention one thing about this Paris Agreement. The Paris Agreement supposedly is something that 192 countries—each said it was going to promote—but only their CO2 emissions. For example, the agreement President Obama said at that time—he said: We commit that we will reduce our CO2 emissions by between 26 and 28 percent by 2025. The strong thing about that is that it can’t be done. In fact, immediately after he made that statement, we had a televised public hearing of the EPA to ask them how in the world we could reduce by some 27 percent greenhouse gases in the United States of America. They said it is impossible and we couldn’t do it. So what the President was doing then was telling people that we in the United States were able to do something—we were going to do something meaningful by our reduction, even though he knew at the time it could not be done.

Then we have the other countries—China, for example. China is the second largest emitter of CO2. Currently, as we speak right now, they are cranking out one coal-fired power plant every 10 days. What did they agree to in this Paris accord? They said: Well, we will continue to increase our output in China. We will continue to have a new power plant every 10 days or so until 2025. At that time, we will consider reducing it.

Then along comes India, the third largest emitter of CO2. India said: Yes, as long as we get $2.5 trillion, we are willing to do it. Well, where would that $2.5 trillion come from? The good old United States. The big green fund.

That is how ridiculous that whole thing was. It was the right decision for him to make this a reality.

Many believe that if we lose our ability to negotiate with other nations—this is the only legitimate complaint I have gotten that I really heard during the time. They said: Well, if we don’t have a place at the table, then we are not going to be able to be in on any future discussions.

That was wrong, and those who are using that argument were wrong because the agreement that gave us a headache was already ratified by the United States, meaning the Senate gave its advice and consent. It is known as the United Nations Framework Convention on Climate Change. This was in the 1992 treaty that supports all of the big parties that are happening now. They are still at that table. That decision was made a long period of time ago. We will be at any future activities that take place.

I will wrap up by saying that this was the right thing to do. Stop and think about it. The previous speaker on the floor, the junior Senator from Georgia, was talking about the dilemma we have in this country, the spending dilemma, and how we are going to have to do something about it. We are going to eventually have to get to some of the entitlements, the big spending items.

If we had stayed with the program that the President had outlined and had committed to the other 192 countries, that would have constituted arguably the largest single tax increase in the history of America, and there would have been nothing that would have been accomplished by it.

My final thought. I would like to thank President Trump for pulling out of the Paris Agreement. It is the right decision, and it will without question help the United States in the long run. I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. MORAN. Mr. President, I ask unanimous consent that the order for theorum be reselected.

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

Mr. MORAN. Mr. President, I ask unanimous consent to be able to address the Senate as in morning business.

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

The PRESIDING OFFICER. The clerk will call the roll.

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

COUNTERING IRAN’S DESTABILIZING ACTIVITIES BILL

Mr. MORAN. Mr. President, I joined our colleagues today at lunch, and one of the conversations I had with one of my Democratic colleagues was how surprising, perhaps, but certainly how pleasing it was that today the Senate, in a bipartisan fashion, addressed some contentious issues related to sanctions in regard to Iran: issues related to sanctions in regard to Russia. Both of those issues, because of the political climate and because of past history, could be fraught with great opportunity for partisanship to be exhibited in a way that has not been the case with my colleague was how surprising and, more importantly, how pleasing it was that didn’t happen.
I commend the Senate and its leadership for working together to resolve their potential differences and creating this opportunity for us to have a debate, a discussion, both on public policy—that I think is important to the security of the world—and the safety of American citizens and allies in the United States and its allies around the globe.

I am here, in part, to express my support for the Countering Iran’s Destabilizing Activities Act, the legislation we addressed today. It permits our government to target those individuals and institutions responsible for a foreign policy that puts American lives at risk and undermines the security, particularly in the Middle East, but really of the globe.

The theocratic, autocratic regime’s survival in Iran depends currently on the human rights abuses and political oppression. Eight years after the Green Movement’s protests, the group’s leaders remain under house arrest. Members of that movement were tortured. Stills of Americans were unreasonably detained with hope for release in Iran. The Iranian regime’s survival depends further on its control of its economy. When it was brokered, proponents of the Joint Comprehensive Plan of Action, it was and it would provide economic benefit to the Iranian people.

So when President Obama negotiated—and this Congress, this Senate, failed to reject the JCPOA—one of the arguments about its benefits is that everybody would enjoy greater economic opportunity. Instead, a recent Reuters study shows businesses directly tied to the Supreme Leader and the IRGC are the main beneficiaries of those changes in our relations with Iran. Despite renewed economic growth, Iran’s unemployment rate is estimated to be as high as 12 percent, and that figure could be as high as almost 30 percent among Iranian youth.

Survival of Khamenei’s regime depends on stoking hatred of America as a way to whip up support. Iran uses small boats to swarm American Navy vessels as well as in Israel and Panama. Two terrorists, Dan Byman of Georgetown and Scott Stewart of Stratfor, tweeted in reaction to this news that this could be a case of Iran sending us an ominous message; that Iran can play the terror card if it wants to. If that is indeed the signal Tehran is sending to us, it is important—it is imperative, in fact, that we send a message of our own that no civilized country resorts to planning to and planning to claim to the world that we have passed today informs that regime that the JCPOA does not provide impunity for Iran to make such plans.

Iran threatens its neighbors with its ongoing support, its terrorism which was not part of the JCPOA. Hezbollah is armed with tens of thousands of rockets, threatening Israel’s security. This is the same group which has been instrumental in propping up the Assad regime in Syria and which is responsible for the deaths of hundreds of thousands. The head of the IRGC forces was seen on the Syria and Iraq border just this past weekend. We know Assad’s regime would have not survived without Iran’s continued financial and military support. Again, this legislation underscores the Senate’s belief that the Iranian regime must not be allowed to continue conducting and destabilizing activities under the shield of the JCPOA. I was an opponent to the JCPOA, but today’s actions are unrelated to undermining that agreement, which is now in place. They are designed to hold back further activities by the Iranian regime against America and its interests. It is really a requirement that Iran act within the nation-states’ Code of Conduct—the normal behavior of a country around the globe.

Previous administrations, in my view, failed to challenge Iran on way too many fronts. With this legislation, the Senate is intent on pushing back on Iran’s adventurism in the Middle East and beyond. By imposing appropriate sanctions and requiring the Secretaries of State, Defense, and Treasury, as well as Director of National Intelligence, to formulate a coherent strategy to counter Iran’s influence in the region, we say to the regime that their activities will be countered every step of the way.

This legislation plays a part in doing what Dan Byman, the professor—the terrorism expert—testified to our House counterparts last month. His words were to “highlight the costs of Iran’s adventurism to ordinary Iranians, the depth of its awareness of, and discontent with, the regime’s foreign policy.”

There remains more that can be done to challenge Iran and construe its resources. Many amendments were filed to strengthen this legislation that were not ultimately considered. One of those was mine. Last year, the Obama administration announced it would pay $1.7 billion to Iran in an effort to settle a longstanding financial dispute. Transferring cash to a leading state that is supporting and funding terrorism against Americans is a conflict of interest for the United States and our allies in the Middle East.

The amendment I offered to today’s legislation would limit the President’s ability to transfer funds to Iran. This amendment directs that the U.S. Government puts justice for American victims of Iranian terrorism ahead of the payments to the Iranian regime. No administration should transfer funds related to the Iran-United States Claims Tribunal without first requiring settlement of all damages already awarded in judgments made in the U.S. Court of Claims against Iran for their terrorism crimes against our own citizens. Paying our own citizens from that fund before any money is transferred to the Iranian regime makes sense, common sense, and it is surrounded by the sense of neighbors and right.

While my amendment was not one of those considered by the Senate yet, we will be introducing this concept as freestanding legislation in the near future.

I know sanctions alone will not change Iran’s regime’s behavior. Incidentally, we need our allies and friends to join us in this sanction effort. Yet we know the Countering Iran’s Destabilizing Activities Act remains an important tool to impose costs on the regime in Iran and, hopefully, to encourage more of the discontent we saw during the recent elections. Perhaps there will rise an equivalent to the 2009 Green Movement that offers Iranians one more opportunity to throw off the yoke of theocratic rule of tyranny and get the government they deserve—one that respects their rights and has the desire to coexist peacefully with its neighbors and right.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

HEALTHCARE LEGISLATION

Mr. WYDEN. Mr. President, I want to start my remarks on healthcare and what is ahead over the next couple of weeks in this way.

For almost 7 years before I got elected to the Congress, I was the director of the Oregon Gray Panthers, which is a senior citizens group, and I ran a legal and office for the elderly. I made the judgment then that healthcare was and always would be the most important issue. I made that judgment because I have always felt that if you and your loved ones do not have their health, then pretty much everything else does not matter.

The Presiding Officer of the Senate, of course, is a skilled healthcare provider and knows a lot about these issues, and I am really going to use that as my reference point today in making the judgment that having quality, affordable healthcare for your families and yourselves is paramount to everything else.
My view is that the proposal being considered here in the Senate of cutting hundreds of billions of dollars in funds from the social safety net—the Medicaid Program, which is the lifeline for seniors and kids with special needs and those who are disabled—is going to put at risk the health and well-being of millions of Americans if it is passed.

It is why I want to take some time to explain what it actually does so that people in this country will be in a position to make their voices heard—to speak up, to do their part—so that when this debate comes to the floor of the U.S. Senate, as I believe it will in the next couple of weeks—and it moves very quickly—every Member of this body will have heard, loud and clear, what Americans think of this proposal, and I do not think that that assessment is going to be too kind.

Now, the House passed their version of TrumpCare. So I am going to read a quote from Senator GRASSLEY, the chairman of the Finance Committee. The Senate Finance Committee has been cut out of this process. The chairman, Senator HATCH, I, and 24 other committee members—there has been nothing for us to examine as a group to do what the Finance Committee tries to do best, which is to work in a bipartisan way. That is what we have done so often in the past, which is to sit down and try to take the good ideas that come from both sides, from the staff who knows healthcare inside and out, with your experience working on healthcare matters.

I have a little bit of a special interest in this because I wrote something called the Healthy Americans Act before the Presiding Officer was here in this body. Thirteen Democrats and eight Republican Senators joined together in comprehensive healthcare reform for the first time—for the first time ever before.

We had a lot of good work on issues that represent the big challenges ahead. We know, for example, Medicare today isn’t the Medicare of 1965, when it was about broken ankles, Part A or Part B, a bad case of the flu. Today Medicare is about chronic illness—diabetes and heart disease and strokes and cancer. We have worked on that in a bipartisan way. Bipartisanship is what the Finance Committee is all about.

So in the runup to the Affordable Care Act, we held more than 50 hearings, more than 400 amendments, it wasn’t exactly exciting. We always used to say: If you are having trouble sleeping, come by for a while and you will be knocked out in a matter of minutes. But that is where you do the hard work of legislating.

When the Finance Committee finished the drafting process, the legislation sat online for 6 days before we went through the formal committee consideration—what we know up here is a markup. A markup of 566 amendments were posted online before the markup began for all to read. The markup lasted 8 days. There were 130 amendments in the longest markup in 22 years. Two dozen Republican amendments were adopted, and the bill passed with a bipartisan vote.

We all got pretty sick of the hearing room by the time it was over. I will just read a quote from Senator GRASSLEY with respect to the Finance Committee markup of the Affordable Care Act. Senator GRASSLEY is the chairman, of course, of the Senate Judiciary Committee and the former committee chairman of the Finance Committee, and a very careful, thoughtful legislator. He said: “This was the most open and inclusive process the committee has undertaken in its history....” He went on to say: “... I believe, since I have been on the committee...”

Senator MURRAY has similar accounts of the process under the late Senator KENNEDY. That legislation was online for days as well.

That is what the legislative process is supposed to look like. It is a process that starts from the bottom up, and it is out in the open. Sunlight has always been the best disinfectant. You get hearings. You get study. You get debate. You marry the best ideas of both sides.

I have always felt that bipartisanship is not about taking each other’s lousy ideas; bipartisanship is about taking each other’s good ideas, because of the process the Republican leader is insisting on, that is not what the majority has on offer. What is in the works is hidden away so the public and Americans across this country who might not be sitting in a coffee shop and would like to take a look at the proposal—try to put it in a pleasant way, over here, they can’t do it, and there aren’t any hearings on what might be going in the bill as well. That, in my view, is the wrong way to build a sweeping, massive proposal like this, which for so many of those who are on an economic tightrope, balancing their food against their fuel and their fuel against their medical care, this isn’t some abstract issue for them. It is a matter of life and death.

This proposal is being built around an attack on Medicaid. The last version of the bill that anybody has been allowed to see cut the program by more than $800 billion, but there haven’t been any hearings on what that would mean for the millions of Americans who get their healthcare coverage through Medicaid. Nobody has been brought before the Finance Committee to talk about how you would not endanger the Medicaid nursing home benefit with this proposal, and that benefit pays for two out of three nursing home beds in America. There hasn’t been a hearing examining the effect of the staggering implications of Medicaid cuts on 37 million kids enrolled in the program, particularly what it means for kids with disabilities and kids in special education classes.

At home in Oregon, when we had town meetings and roundtables on it, I just brought up—and raised the issue very gently—about the prospect of those special needs kids being hurt with this proposal, and the room just broke out in sobs.

There haven’t been any hearings on how much worse the opioid epidemic will get in States across the country if people enrolled in Medicaid lose access to treatment for mental health and substance abuse disorders. Just this morning, I talked about...
brand new idea that seems to be picking up some interest in the majority about basically coming up with kind of a separate way to fund the coverage for opioids. Instead of it being a guarantee of being able to get access to services, it would sort of be a separate program, which again would not be a healthcare policy. As the Presiding Officer knows, so often those addicted to opioids have multiple conditions. In other words, if you are a young person who is addicted to opioids, you might well have mental health services, as well. If you are an older person who is addicted to opioids, you might need services relating to chronic illness.

So I want everybody in those States across the country—particularly in the Midwest and in the industrial Northeast—although opioid addiction has hit this country like a wrecking ball from Portland, OR, to Portland, ME. There are a lot of people paying attention to what is going to happen with respect to coverage for those addicted to opioids, and based on this proposal I have been reading about that is being floated, this is a prescription for trouble for those trying to come back from opioid addiction.

So I want to mention the bill's provisions on preexisting conditions. When the Affordable Care Act was written in committee, the bedrock guarantee of protection against discrimination for those who have preexisting conditions and preexisting conditions with airtight, loophole-free protection—that was at the heart of the Affordable Care Act. My view is TrumpCare takes a jackhammer to that bedrock protection, cracking open loopholes that benefit insurance companies. Americans are aghast that their elected representatives would support the idea. I know that because I have had 46 townhall meetings in my State this year, and I hear about it at nearly every one.

So one would think this would generate a lot of interest in the Senate Finance Committee—the committee with jurisdiction over Medicaid, for example—because there are a lot of those folks who have preexisting conditions. No discussion. Zero discussion—zero—of any proposal that the Senate could be considering over the next couple of weeks that rolls back protections on preexisting conditions.

I give the Senate bill just basically takes the waiver process, which in the Affordable Care Act was designed to let States do better; in the House, they let States do worse—considerably worse—and one of the most objectionable features is the States can get a waiver and unravel some of those strong protections for people with preexisting conditions.

Now, if the healthcare changes I have mentioned so far aren't bad enough, TrumpCare also takes hundreds of billions of dollars of healthcare from needy and vulnerable people and, in effect, hands it in tax breaks to the most fortunate. Nobody has come before the Senate Finance Committee with authority over taxes to explain why the Congress ought to raid healthcare programs for the vulnerable to fund tax cuts for the fortunate few.

Our companion and I, along with all the Democrats and several of the Republicans—has been prevented from legislating out in the open on this proposal because the Senate TrumpCare plan has essentially been pushed out of view. It is clear that this is a TrumpCare plan—straight from the Finance Committee. The public—the American people—have been cut out of the process when healthcare policy that will affect millions for years to come is being written here.

The majority leader has said he pretty much is not interested in input from Democrats. The Republican healthcare plan is going to move by reconciliation. That is a Washington word, folks—when you are at a coffee shop, nobody is talking about reconciliation, but it is basically our way or the highway. We are going to do it our way, and that is it. That is the most partisan road you can go down in the Senate. It relies on moving as quickly as possible with the light. As far as I can tell, the Senate bill is going to be hidden until virtually the last minute, at which point it will come straight to the floor for a very short, abbreviated debate.

That is a Washington word, folks. That is what happened when the Affordable Care Act came up. The Senate spent 25 consecutive days in session on healthcare reform, the second longest consecutive session in history—week after week, spirited debate, mid-November into late December, vote after vote after vote. In total, the Senate debated the Affordable Care Act for nearly 220 hours. That kind of extended give-and-take from both political parties just hasn't happened, but that is basically our way or the highway approach known as reconciliation.

When the Senate plan hits the floor, there will be 20 hours of debate before time expires and the final votes are cast. That is it. That is it. We won't have seen a bill until the last minute, and then one-sixth of our economy is going to be handled and framed for decades to come in a short and regrettable partisan debate.

I have said from day one that the Affordable Care Act was not perfect. No major piece of legislation ever is. For major legislation to work and for it to last, it has to be bipartisan. That is why I mentioned that I put in a bipartisan bill—eight Democrats and eight Republicans. But you don't get it exactly your way. So I was very glad when the Affordable Care Act took that portion of our bill—the portion of the bill that had airtight, guaranteed protection for Americans from discrimination when they had preexisting conditions.

The reason we felt it was so important—the 16 of us, eight Democrats and eight Republicans—is that if we open up the opportunity for discriminating against people with preexisting conditions again, we take America back to the days when healthcare was for the healthy and the wealthy. That is what happens if you allow that discrimination. If you are healthy, there is no problem, either. You can just write out the checks if you have preexisting conditions.

The process the Senate is headed down now is as partisan as it gets. Unfortunately, what Senate Republicans are doing now makes what the House was up to almost transparent.

I am going to close here with just one last comment. Now is the time for the American people to get loud about healthcare—really loud—because the well-being and health of millions of Americans is at stake here in the Senate over the next 2 weeks. For older people who could need nursing home care, for seniors who aren't yet eligible for Medicare who are between 55 and 65 and who could add premium hikes, for the millions who work for employers who thought they were safe, the House bill removes the caps on the out-of-pocket expenses they have. If somebody gets cancer in America, they bust those caps in a hurry. That is what the House is willing to do, and I don't see any evidence the Senate is willing to change.

This debate didn't end when the theatrical production on the South Lawn of the White House took place a few weeks after the vote in the House of Representatives. My hope is—and I sure heard about it from Oregonians last week when we had townhall meetings across the State; there is concern, there is fear, and there is frustration about why they can't be told what is in this bill—that there is still time for Americans to make a difference because political change doesn't start from the top and go down. It is bottom up. It is not top down. It is bottom up. There is still time for American people to be heard and to make sure their Senator understands how they feel about this, what is at stake, and, in particular, to get an explanation about why they can't be told now what is in this bill.

I yield the floor.

The PRESIDING OFFICER (Mr. BLUNT). The Senator from Texas, the majority whip.

PROTECT OUR CHILDREN ACT OF 2017

Mr. CORNYN. Mr. President, I am glad to see my friend from Connecticut, Senator Blumenthal, on the floor because last week the Senate Judiciary Committee reported the PROTECT Our Children Act, which helps protect children across the country from exploitation over the internet.

This is a bipartisan bill, not surprisingly so because last time this legislation passed, originally back in 2008, it